The Prevalence of Female Contraception in a Zero-Growth Population Policy

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ARTICLE INFORMATION

ABSTRACT

This study aims to find the relationship between the number of live birth children and the unmet need for contraception. Secondary data analysis shows that unmet need for contraception is not always positively related to fertility. This is related to the characteristics of women of childbearing age such as education, economic participation, and urban area status. A woman's socio-economic status is related to the value of children to her. Women who work, are educated and live in cities think that the children they have must be of good quality and have a better life than themselves. This group of women tends to limit or control births. Meanwhile, they do not want to poison their bodies through family planning methods that have side effects. Even though they do not use family planning methods, they are responsible for limiting or controlling births.

INTRODUCTION

This study aims to describe the reasons couples decide to have unmet needs and the impact on the family and the country of doing that. Population growth has always been linked to women. Women have an influential role in population growth. Selvaratnam (1988) writes that in demographic factors such as fertility, mortality, and migration, women are instrumental and even referred to as indicators in all these implementations.

Selvaratnam (1988) explains that in most studies, women are the people who have the most influence on the development of the world and the face of a nation. Decreasing fertility rates, and lowering maternal, infant, and child mortality rates are key for women. According to Selvaratnam, when a woman or a mother has a high education level, the demographic problems will gradually decrease.

Discussing population growth and the role of the state is not enough. In this case, women must be involved in policy making and implementation on the field. Women are the key to population growth. Also, it is necessary to understand population growth trends. According to Nations (2022), the most important part of population growth is a government that has development planning with a sustainable concept and implementation involving women. This issue is included in the implementation agenda of SGDs 20230.This means that when a country has a high population growth, the state must be able to provide adequate public services for its people. because public services such as health services, education, and good public transportation make the resulting population a quality generation.

Demena (2005) imagines when a country has a population growth of more than 2% per year, it has many obstacles in economic affairs. The higher the birth rate in a country, the less secure the economy. The higher the birth rate in a country, the more insecure the economy becomes because there are needs to be met. For example, in the

REGULATION OF THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA NUMBER 340/MENKES/PER/III/2010 Class A General Hospitals must have medical service facilities and capabilities of at least 4 (four) Basic Specialist Medical Services, 5 (five) Specialist Medical Support Services, 12 (twelve) Other Specialist Medical Services and 13 (thirteen) Sub-Specialist Medical Services. This means that if all these needs are not met, everything will be covered. Service quality and quality of customers.

However in Dribe et al (2014) there is no consistent evidence to support the hypothesis that socioeconomic status has a positive relationship with fertility. but they explain that groups have differences in participating in population control. They mentioned the community's upper and middle classes are considered to be the pioneers in this transition. Meanwhile, community Farmer farmers have a contribution to make in increasing population growth and fertility rates. This group is late to participate in population control because there are limitations in knowledge of contraceptives, and where to access them. This affects why the two groups are different even though they are both actors who should be contributing to population growth.

If we refer to the work of Zeman et al (2018) , since 1940 developed countries such as Europe, Japan fertility has decreased. Each woman at that time only had about 1.9 to 2.5 children. The countries with high fertility rates in that year were Korea and Singapore. In 1970, the youngest women born in the country had, on average, less than two children in all developed countries except Australia, France, New Zealand, Norway, the United States, and a few of Europe's smaller countries. It means child restrictions are important for it. The work of John Caldwell in Hirschman, (2001) also supports information on the decline in fertility rates. The decrease in fertility in the global realm began in the 1960s and 1970s. It started from industrialized countries in the West. Such as in the United States, Canada, Australia, and New Zealand. According to John Caldwell, this happened because of increasingly sophisticated technology. Therefore, the contraceptive pill was invented. Besides technology, ideologically at that time, there was a change, namely that many people began to consciously want to contribute to reducing the global fertility rate.

Many literature explain fertility occurs due to a variety of factors such as socio-economic, cultural acceptance, new technology, ideology, and organized family planning programs. These all have an influence on fertility rates in a country, even globally. one of which is Studi from Widyatami et al., (2021). They explained that one of the obstacles to reducing TFR is an unmet need, which is the need to use contraceptives that cannot be fulfilled. This is at risk of unwanted pregnancies.

Jones, (2007) in his study explained that marriage has a very important role in fertility. According to Cheng, (2020), the country's institutions affect fertility in East Asia to a very low value. In China, Japan, Hong Kong, South Korea, and Taiwan   Cheng notes the country has decision-making during the family formation process. Even since the beginning, it has been based on patriarchal values and credentialism. The country and culture also influence the fertility rate. The state and culture also have an influence. It even encourages marriage with the postponement of birth and childfree marriages. Besides these reasons, Cheng said, it happens because of financial considerations and the responsibility to provide wellbeing for children, including the high cost of supporting and sending children to school, daycare. It all has an important role in the decision of when to marry and childfree or not.

Morgan & Rackin, (2010) noted that in 1960-2005 each woman had more than 8 births. In 2005 it started to change, there were almost no births in one woman. The general situation in Indonesia, however, based on the work of Arsyad et al (2021), the millennial family group in fertility is the highest. This group wants more than two children. It means they still want to have more children. Indonesia is one of the countries implementing the SDGs. The implementation is based on the National Long-Term Development Plan (RPJMN) 2005-2025. At the national level, the demographic process as the main quantitative target, including fertility, mortality, and population distribution, as an effort to achieve balanced population growth conditions (replacement level fertility) is a population whose rate of change is constant and the proportion for each age group is fixed, the population growth rate in conditions can be positive, zero or negative. The Balanced Growth Population is expected to be achieved in 2015, characterized by a Total Fertility Rate (TFR) of 2.1 per woman and a Net Reproduc NRR of 1 per woman. according to (Widyatami et al., 2021) and (Sarlis, 2019) a decrease in TFR occurred. But until now, all of this is still constrained by unmet need. According to Sarlis (2019) Spouse or husband, husband's age, husband's education can determine the occurrence of unmet need. If a husband supports the use of contraception, there is a possibility that they use contraception. On the other hand, if the husband has more power in the family, there is a possibility that they do not use contraceptive methods. According to Agustin, 2014 in (Sarlis, 2019) the older the age of the respondent, the higher the unmet need is likely to increase.

METHOD

This study used qualitative approaches and was supported by secondary data. Referring to the writings of Corbin, & Strauss, (2015) qualitative research is a method that is not rigid in analysis. This type of research is more interpretative, the process is dynamic and can flow freely. By using this type of approach, according to Corbin, & Strauss, the research is more in-depth and can provide new knowledge about human behavior, and dynamism in the process.

This research in determining informants uses purposive. We have criteria that will be interviewed in depth. The criteria are married women who live in Yogyakarta and are in unmet need, and women using contraceptives with low or high fertility in Yogyakarta. Collected data by conducting in-depth interviews with 8

women.

RESULTS AND DISCUSSION

I. Fertility and poverty

In a population study, fertility is measured by the total number of live births, Live birth according to WHO and Lucas et., (1995) is the event of the release or separation of a product of conception from the mother's womb, regardless of the length of pregnancy, and after that, the baby breathes or shows other signs of life such as heartbeat and pulse. Live birth children are the number of children born to a woman who are still alive today or have died.

Fertility in demographic studies is not interpreted as fecundity, which means the natural ability to produce offspring. Fecundity is the chance of giving birth in one cycle. Fecundity concerns a person's ability to give birth. Biologically identified fertile women, known as fecund, are not necessarily able to child bear. It is difficult to measure a woman's biological fertility, which requires a life born indicator to describe the fertility rate.

Multiple measures are calculated to express the fertility rate of an area. However, the simplest fertility indicator is the crude birth rate, which describes the fertility of the population. This measure of fertility is the crude birth rate, which describes the fertility of the population. Sensitivity and accuracy are challenges until fertility is calculated, which describes the number of children each woman has during her reproductive years, referred to as the age-specific birth rate for women aged 15 to 49 years, or TFR (total fertility rate).

The following graph describes the TFR in Indonesia and Yogyakarta from 1971 to 2020. Fertility in Indonesia is decreasing. The fertility decline was highly significant from 1971 to 2000. In 30 years fertility decreased from 5.61 to 2.3. The National Family Planning Coordinating Board (BKKBN) succeeded in promoting the value of family size in Indonesia's society during this period.

From 2000 to 2020 the TFR was constant at 2.1. This condition was caused first, during that period when Indonesia experienced a policy change to decentralization. At the second-level regional or district level, population policy merges with other related services such as the health service. The impact felt by the population and family planning program is not the main or superior program at the service.

Second, TFR 2.1 is in the low category. In a period of 20 years, Indonesia's Total Fertility Rate was able to fall by 2.3 points when conditions were still high, namely 5.6. However, after the TFR figure was low, namely 2.3, within 20 years it only fell by 0.2. This proves that reducing something that is already low is more difficult than reducing something that is still high.

Third, the success of BKKBN in socializing small family norms. The results of interviews with mothers in

Yogyakarta City as a representation of urban areas and mothers in Gunungkidul as a representation of rural areas showed that there were feelings of shame and discomfort when stating that they had more than two children.

**Figure 1**. Total Fertility Rate in Indonesia and Yogyakarta
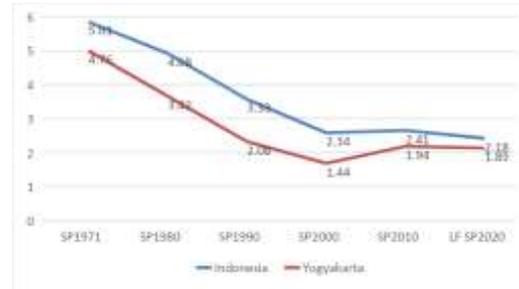
The awareness of population and family planning program's importance returned with the regulation on Population Development Grand Design (GDPK) in 2014. The regulation determined the population target of a no-growth population in 2045 measured by TFR equal to 2.1 and NRR equal to 1.

The GDPK has five aims responsible for local governments, and controlling the population is one of them. Therefore, BKKBN focuses on improving the quality of human resources and strengthening family resilience, instead of just demographic interventions. The idea is consistent with Freedman's (1962) idea that norms and values towards intermediate variables and family size are important factors in decision-making on the number of children to have.

Freedman (1962) explained that intermediate variables do have a direct effect on fertility. However, the influence of this variable is influenced by the norms prevailing in a society. In the end, fertility behaviors are influenced by the norms that are in existence, namely norms about family size and norms about the intermediate variable itself. The norms about family size and the intermediate variables are consequently influenced by the mortality rate and the socio-economic structure of the society. The analytical framework of fertility proposed by Freedman in Figure 2, describes the following.

Figure 2: The framework for the sociological analysis of fertility: Freedman
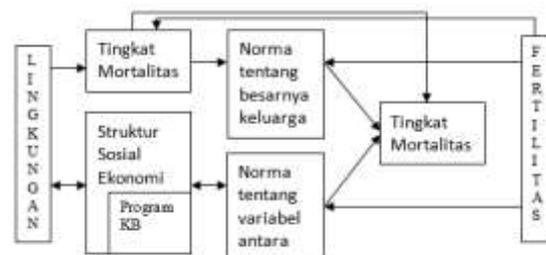
Source: Ronald Freedman, The Sociology of Human Fertility (1962)

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Freedman (1962) refers to norms as "prescriptions". It means norms are a person's basis for behavior. When this is discussed with fertility, and the fertility case in Indonesia. Indonesia once had the slogan "many children many fortunes" and "two children are enough". This is an indication that the state has a role to play in increasing fertility rates and reducing fertility rates. At the time, the government was able to create normative values for children. Some people believe that children are a private right. The government must respect and safeguard it. Sociologically, general issues arise continuously and have social consequences. It tends to create a normative method of solutions. The solution is a negotiation social generates a system of norms about behavior that becomes a culture. The community indoctrinates continuously and sustainably until all members of the community conform to the existing values. Otherwise, a social sanction will be obtained for community members who do not comply with the established social norms. The number of children a couple will have is a very common issue. The child has value in the parent.

The Yogyakarta human development index reached 80.6 in 2022. The Yogyakarta city's average years of schooling reached 11.89 years. The social environment influences families in making decisions concerning number of children to have. The results of interviews with women from the Girisubo sub-district in Gunungkidul indicated that parents want their children to have a high level of education. It is considered an asset to get a career. Hopefully, this will help to provide a livelihood for children. A housewife and Tegal farmer who has one child at junior high school (SMP) level of education.

> "*I want my child to go to school in the city. Don't be stupid like me who could only get the blue-collar in Tegal (agriculture). I want my child to live a more successful quality of life, working in an office. I know that being poor is uncomfortable, that's why I want my child not to be poor. I work hard to get him to go to high school and have a more comfortable livelihood.*"

A similar opinion was expressed by an informant from Sleman. The informant was a mother with one child and employed at a public university cafeteria in Yogyakarta. The poverty experienced by this informant motivates her to send her children to higher education. She believes that the ambition to educate her child to a higher level is difficult to realize when the number of children has more than one.

> "*I feel that I cannot support the education of my children until university, if I have more than one child. I wanted to go to high school, but my parents had no money, which is why I wanted my child to study at university. I hoped my child could study at a public university, where the costs are less. However, I hear that it's expensive too. But I will try anything to get them to study at university. I pray every time I finish praying, hoping that my child is one of the students here (university)*"

The informants who live in different areas, namely rural and urban, have the same mindset in decision-making about fertility. The environment of Yogyakarta as a university town has provided the importance of education for children's future lives. The parents believe education is one of the requirements to change the family's well-being. Rakhman (2022) argues that education is delivered as an activity to increase knowledge including improving skills, decisions and finding solutions that concern life. This situation is in line with the concept of human development stated by the United Nations. The concept of human development is to instill independence in determining life choices.

Bulato writes of the concept of demand for children and supply of children. The concept of demand for children is the desired number of children. The concept of demand for Children is measured through survey questions about "ideal or expected or desired family size". The modernization influences on the demand for children are the cost of children, family income, and taste. The supply of children is defined as the number of children a couple will survive if they do not separate/divorce at some point. The supply depends on the number of births and the chance of survival. The supply of children is related to the concept of natural fertility.

Richard A. Easterlin, suggested that the demand for children is determined by individual characteristics such as religion, education, place of residence, family type and so on. Families have fertility norms and attitudes based on these characteristics. Fertility is naturally dependent on physiological or biological factors, and cultural practices. An increase in income will result in changes in the "supply" of children due to improved nutrition, health and other biological factors. Similarly, changes in demand are caused by changes in income, prices and "tastes".

Families with a good level of welfare generally have a good level of education, employment and income. They will educate their children as high as possible and look for quality schools. The risk is the high cost of education.

On the other hand, families with the lowest level of welfare want their children not to experience suffering and have a less fortunate life. Economic capacity is limited, while education is understood to be the only way to change life for the better, reducing the burden of life by limiting the number of children must be done. In this group, they are not yet at the stage of choosing a school but being able to go to school is enough.

The expectations parents have of their children's lives influence the decision on the number of children they have. Expectations for children's lives can be caused by experiences of excessive economic pressure that are not expected to be experienced by future children. Families with well-being want children's lives to be no worse than the environment in which they have lived. Different parental life backgrounds will lead to the adoption of the fertility goal, which is low fertility.

II. High unmet need do not automatically generate higher fertility Sub-heading of the discussion

Family planning is a program for managing births. The meaning of regulating can be to increase if it is too low, but it also means to decrease if it is too high. High or low birth rates at the macro level are measured by population. The limit for discussing too high or too low is adjusted to the carrying capacity of an area. For example, a population is said to be dense when the calculation of residential land per capita is less than 8 m2 according to the Ministry of Public Works and Public Housing (PUPR).

The Sociology of Fertility theory by Davis & Blake (1956) describes family planning as one of the eleven intermediate variables used to explain fertility. The relationship between the two in each region is different. Some areas have a negative relationship, which means a higher Contraceptive Prevalence Rate (CPR) is correlated with a lower fertility rate. Some areas have a positive relationship. This indicates that a high CPR rate is followed by a high fertility rate. Figure 3 presents four patterns of the relationship between contraceptive prevalence and fertility.

The first is an area with a low contraceptive prevalence rate, followed by a high fertility rate or a negative relationship between the two. The second is an area with a high contraceptive prevalence rate followed by a decrease in the birth rate. Both patterns are linear or in line with Davis & Blake's theory that contraceptive methods have a relationship with fertility. Based on Figure 3, there are far more areas in pattern one than in pattern two, indicating that the negative relationship between contraceptive use and fertility occurs in areas with the highest birth rate and the lowest contraceptive prevalence rate. The relationship decreases when the fertility rate declines to a specific point.

Figure 4

The third relationship pattern is that an increase in contraceptive prevalence rates is not followed by a decrease in fertility, or the fourth pattern is that an increase in contraceptive prevalence rates is not followed by a change in fertility rates. The fourth pattern occurs in areas with low fertility rates close to the replacement level of 2.1. This means that the increase in contraceptive prevalence is carried out by families with low fertility. The awareness to control the number of children is excellent, parents do not have a preference for sexuality and expect a more comfortable condition for their children's lives.

The study of deepening the theory of the variable between Davis & Blake needs to be conducted to determine the explanatory factors for the direction of the relationship between contraceptive use and fertility. The strategy and direction of population policy need to take into account the characteristics of the community to make the implemented program effective in achieving its goals.

The contraceptive prevalence rate is a direct variable or called an intermediate variable in Davis & Blake's theory. Prevalent contraceptive use has a negative relationship with fertility, meaning that when the prevalence of contraceptive use increases, the fertility rate will decrease.

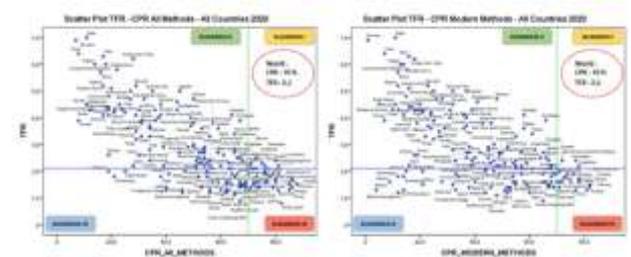**Figure 4**. TFR- CPR all countries 2020

Figure 4 describes four patterns of the relationship between contraceptive prevalence and fertility. The first quadrant depicts a condition where an increase in contraceptive prevalence rates is followed by an increase in fertility rates. Quadrant two depicts an increase in contraceptive prevalence followed by a decrease in fertility. Quadrant three depicts a decrease in contraceptive prevalence followed by a decrease in fertility, while quadrant four shows a decrease in contraceptive prevalence followed by an increase in fertility.

The second and fourth quadrants are theoretically acceptable, meaning that fertility rates are strongly related to contraceptive prevalence. It means that when the government has a target to reduce the fertility rate, it is necessary to increase the number of people using contraceptives. However, based on the figure, the relationship between CPR and TFR for both modern methods and all methods is positive. Therefore, the fertility rate is not related to the contraceptive prevalence rate.

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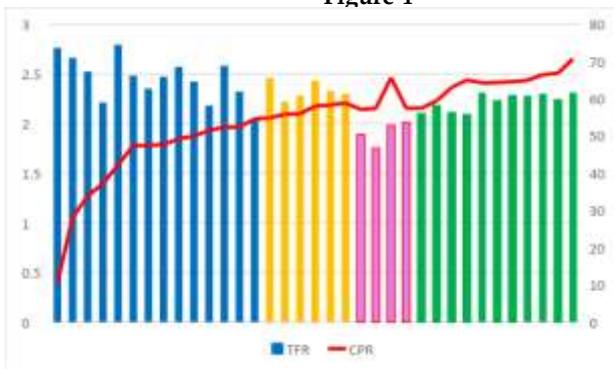
Based on Figure 2, the CPR and TFR correlation that is not linear with the theory happens a lot in a region. To explain this correlation, several factors can be used:

1. The quality of human capital. Regions with high-quality human resources, specifically women, can be used to explain the unrelatedness of CPR and TFR. An educated and successful woman considers the birth of a child to be a responsibility, which indirectly restricts the pregnancy without the use of contraception. This group of women is called an unmet need because they do not want children, but they do not use contraception. The following is an expression from a woman in Kabupaten Sleman with a master's degree and working as a government employee.

> " *Since I was married, I have not used modern contraception, it might be called traditional. I use a calendar, and sometimes sexual intercourse is decided. The point is discipline and awareness. Alhamdulillah, the first child's separation from the second child was 7 years, and after that, until now, I have not been using contraceptives and thank God, I have not been pregnant.*"
>
> "*When I have a child, I take care of myself. Pregnant women have to have cravings, not to mention breastfeeding, moreover, if our children are sick we can't focus on work. I worked as a tour leader, so you can imagine how much of a report card it would be if I were pregnant. Although for those who are doing it, actually there is no difference, the company does not hire pregnancy.... You might get sued*".

2. Studies in developed countries showed that it is difficult for low fertility rates to shift to positive birth rates because the awareness of limiting pregnancy comes from the needs of women, or other groups of the same size.
3. The contraceptive options used are long-term, indicating that over a long period, there is not an increase in contraceptive prevalence, but fertility rates show a decrease. The prevalence of established contraception is highly effective and efficient in reducing pregnancies. The failure rate of this contraceptive is low.
4. The infertility rate for women is high, which means that some women who do not use contraception do not get pregnant successfully. Regarding age, the women are classified as reproductive. However, in terms of fertility, they do not generate live births.

III. The Dynamics of Fertility in Indonesia

The following discussion is about the dynamics of population policy. Population policy has an impact on the way people approach population control programs. For example, in the 1970s when population growth was very high, even though the population was not as large as today, population policy focused on efforts to control population growth or limit births. In the 2000s, population policy shifted towards improving the quality of human resources.

On September 7, 1968, the President of Indonesia issued Presidential Instruction Number 26 which contained a mandate to guide, coordinate, and supervise all aspirations in the community in the field of family planning to the Minister of People's Welfare. This point in time was the embryo for the formation of the National Family Planning Coordinating Agency (BKKBN). The program prioritized more relevant health aspects and the idea of family planning had strong challenges.

In 1990, the family approach was used to encourage community participation in the family planning movement. The family planning program aims to improve the quality of the population, the quality of human resources, health, and social welfare. The regulation of births, the maturation of the age of marriage, and the improvement of family resilience and welfare became the agenda of population development. The fertility reduction that is the main target is not only approached by the use of contraceptives that are directly related to fertility but also beyond fertility, which is a variable that is indirectly related to fertility.

The decrease in the prevalence rate in 2022 as a result of the Covid 19 pandemic. According to the head of BKKBN, this figure has increased compared to the 2000-2021 covid period of 57.9 percent. Society is expected to use long-term contraceptive methods to be less vulnerable to momentary shocks such as the Covid-19 pandemic with a policy of restricting movement. The policy has limited community activities including accessing health services. The Posyandu activities have been inactive for some time until finally the contraceptive dropout rate cannot be avoided. Short-term contraception is one of the causes of the high contraceptive dropout rate.

Figure 5: The development of Indonesia's contraceptive prevalence percentage
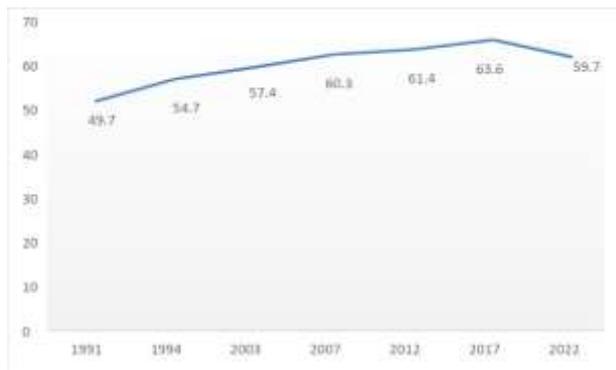

Bongaarts & Potter (1983) identified a model of proximate determinants of fertility through 7 variables, and contraceptive use was the main determinant in addition to other variables such as marital pattern, intentional abortion, post perfume fecundability, frequency of sexual intercourse, unintentional abortion, and sterilization or sterility. The situation described by Bongaarts & Potter is quite relevant to the condition of the Special Region of Yogyakarta (DIY) (Indonesia). DIY has a unique population phenomenon. DIY has an extremely low birth rate.

Figure 5 explains that since 1990 the Total Fertility Rate (TFR) has been below 2.1. The condition has continued until now and at one time was even below 2. However, on the other the province of Yogyakarta has a high rate of unmet need for contraception. In 2011, Yogyakarta's unmet need rate was 9.38 percent. The figure increased by more than 2 to 20.50 in 2022.

IV. Childfree, & Not Using Contraceptives

An unmet need is a contraception that is not fulfilled or childfree. Sexual intercourse but unwilling to use contraceptives as a method to prevent or regulate pregnancy. The definition of unmet need here has two perspectives, meaning that from the service provider side, the government is unable to provide the types of contraceptives needed by the community. There is no match between the contraceptive methods available and the needs of the community. Another perspective is from service users who are unwilling to use contraceptives or contraceptive methods for certain reasons. It is important to address the side impacts, convenience, and other reasons why people decide against contraception.

Figure 6. The Development of Unmet Need Percentage in Yogyakarta
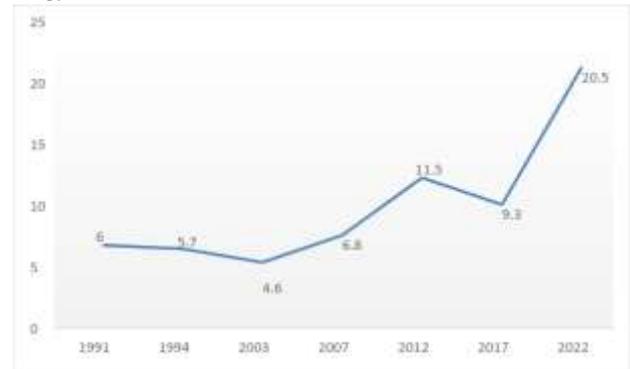
Listyaningsih (2021) describes that one of the factors behind the phenomenon of unmet needs is the quality of human resources, especially women. Highly educated women who are involved in the labor market tend to limit children because children have a negative value or burden for these women. Consequently, the awareness to limit births will still be carried out by these types of women, without having to use contraceptives or methods that are believed to have side effects.

Meanwhile, in terms of the quality of the population, there are around 11.34 percent who are below the poverty line (BPS. 2020), although when compared to 2010 it has decreased by 4.3 percent from 2010. The level of unemployment has decreased from around 6.02 percent in 2010 to 3.58 in 2023. Generally, Yogyakarta has achieved a human development index that exceeds the national index of 80.64. Freedman argues that socioeconomic conditions influence family size norms and family planning norms as one of the intermediate factors. However, Yogyakarta as a province with a low fertility rate is not automatically followed by high family planning participation.

DIY is a province with a successful fertility decrease. The Total Fertility Rate in 2020 was 1.89 below replacement. This figure is lower than the condition in 1970, which amounted to 4.47. The birth rate in Yogyakarta is already extremely low and has even met the requirements for balanced population growth, namely a TFR below 2.1. The problem faced by Yogyakarta is how to maintain the already low fertility rate. One of the things that needs to be seen is the determinants of fertility, which consists of women's characteristics including their involvement in the public sector, teenagers' sexual behavior, and teenagers' perceptions of the number of children wanted.

V. A Balanced Population Growth

Citizens are at the center of all development policies and programs. Citizens are the subject and object of development whereas the subject of development, the population becomes the driving force of development. Development, however, must also be enjoyed by the people concerned, development must be developed by taking into

account the capabilities of the people, so that the entire population can actively participate in the dynamics of development. Conversely, development is only said to be successful if it can improve the welfare of the population in a broad sense.

The national three main quantitative targets, which include fertility, mortality, and population distribution, are directed at achieving balanced population growth conditions (replacement level fertility) is a population whose rate of change is constant and the proportion for each age group is fixed, the population growth rate in conditions can be positive, zero or negative. The Balanced Growth Population is expected to be achieved in 2030 which is characterized by a TFR of 2.1 per woman and an NRR of 1 per woman, the condition needs to be consistently reduced so that by 2035 the Total Fertility Rate (TFR) in Indonesia reaches 1.85 per woman and a Net Reproduction Rate of 0.89 per woman. The Crude Birth Rate (CBR) will also decrease from 16.8 per 1000 population in 2015 to 13.19 per 1000 population in 2035.

The main objective of the Population Development Grand Design as described in Presidential Regulation No. 153/2014 is balanced population growth. The goal to be achieved is of course the realization of an ideal LPP which provides opportunities for the government and the community to continue development so that the results are truly felt by all Indonesian people. There were three fundamental reasons why the government wanted to realize Balanced Population Growth: first, in terms of numbers, Indonesia's population is huge. Based on the 2020 Population Census, Indonesia's population reached 271.9 million people. This is ranked fourth in the world after China (1.4 billion people), India (1.4 billion people), and the United States (341.2 million people). The huge population, if not balanced with quality, will never be a development capital, but rather a burden on development.

Secondly, in terms of growth, in 1971-1980 when the family planning program was made a national program, the LPP reached 2.32 percent, in 1980-1990 it had decreased to 1.98 percent and in 1990-2000 it fell again to 1.44 percent, in 2000-2010 the population growth rate increased slightly to 1.49. However, in the 2010-2020 period, it decreased to 1.25. Although Indonesia has the fourth largest population in the world, its growth rate has begun to be controlled.

Figure 7: Population size and growth rate in Indonesia

The third is that the number of children per woman is still quite high. Indonesia's Demographic and Health Survey (IDHS) 2017 shows that the number of children is still around 2.3 children per woman of childbearing age (WUS). The condition has been relatively stagnant in the last five years, Indonesia's TFR reached 2.4 children per WUS. It means that BKKBN and its staff need to work hard to boost the achievements of new family planning participants and maintain the sustainability of active family planning participants.

The fourth is that the teenage birth rate, which is the population less than 20 years old, is still quite high. Indonesia's Demographic and Health Survey in 2017 noted that there were still 33 births per 1000 women aged 15-19 years. Child or adolescent marriage is one of the targets of Sustainable Development Goals goal 5, such as gender equality. Maziyah (2019) has concluded that education and poverty are significant factors in child and adolescent marriage. The population of poor Indonesians in 2023 reached 25.90 million people or 9.36 percent.

The four components suggested that balanced population growth may not be achieved if teenage marriage, poverty, and school enrollment of mainly females are low. These variables have a positive contribution to fertility decisions or in other words, the threat of achieving a population without growth. An interview with an employee of the Yogyakarta Provincial Office of Women's Empowerment, Child Protection, and Family Planning revealed that he was optimistic about achieving a no-growth population.

> "*Population without growth, in my opinion, is not a necessity. In Yogyakarta, for example, birth rates continue to decline and there is currently a free-child phenomenon. It means that the current generation is different from the older generation in viewing the presence of children. Parents used to expect a boy and a girl. Nowadays, parents are more logical, and the children they want to have are tailored to their abilities and expectations of the child's life. We have socialized on several occasions that teenagers should have at least 2 children to maintain the ideal population of an area.*"

A similar opinion was also expressed by one adolescent about the number of children desired. Adolescents are currently not thinking about having a child because they

have not yet entered the family level. Adolescents' hope to complete their studies to the highest level is an important aspect of their reluctance to discuss family. The following are adolescents' expressions about the number of children they want,

> "*I am not thinking about marriage at the moment. I will focus on getting through high school. When I finish my studies, I'll think about family. .If you ask me, what is the ideal number of children? I would say the number of children depends on the parents' ability. You have to be calculating and logical in deciding the number of children you want to have.*"

The optimism of achieving no population growth due to higher socioeconomic capabilities is explained in the empirical studies. Studies show a negative relationship between education and fertility. Jungko Kim argues there is an inverse relationship between female education and fertility. Schultz (1997) has argued that education has been used as a wage proxy and that education represents value for more than just time. Education of women can impact fertility through several mechanisms, including demand for children, supply of children, or availability of contraceptives. The impact of education on fertility through women's wages. The study was also conducted in the United Kingdom and Northern Ireland (Silles, 2011), the United States and Norway (Blacket al., 2008), Germany (Cygan-Rehm & Maeder, 2013), Canada (De-Cicca & Krashinsky, 2020), Sweden (Grönqvist & Hall, 2013), and the United Kingdom (Geruso & Royer, 2018). Regarding Continental Europe, Fort et al (2016) found that the additional education brought about by the reform led to a decrease in the expected number of births per woman or an increase in the number of childless children.

CONCLUSIONS

Family planning is a variable directly related to fertility. However, in looking at it, you need to pay attention to the social, economic, and cultural conditions of society. People with good socio-economic conditions, especially women. For educated and working women, having children is a burden. Limiting the number of children is a necessity, but not necessarily using contraception. In communities with poor economic conditions, acceptance of the norm of small families will also limit births even though they do not have to use modern contraception.

The unmet need for contraception is interpreted as an unmet need for modern contraception. The family continues to carry out birth arrangements but in a traditional way. They have ways to reduce the failure rate.

Unmet need Yogyakarta as a cultural area with good socio-cultural conditions has a negative correlation with fertility. This means that birth can still be controlled. However, in terms of institutional performance, the unmet need for modern contraception with the risk of failure must still be reduced because its success in limiting births is very dependent on community commitment and awareness.

This research has weaknesses because it does not take into account cultural variations, community experiences or horizontal mobility. Perceptions or decisions about the number of children are largely determined by community experience and expectations.

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