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ANALYSIS OF THE INFLUENCE OF SOCIAL AND ECONOMIC FACTORS ON THE USE OF CONTRACEPTION AND FERTILITY IN KUTA DISTRICT

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ABSTRACT

The population problem is a problem faced by almost all developing countries in the world, including Indonesia, which is the country with the fourth largest population in the world after India, China and the United States. The objectives of this research are 1) Analyzing the direct influence of education level, income, migration status and gender preference on the duration of contraceptive use, 2) Analyzing the direct influence of education level, income, migration status and gender preference on the number of children born alive, and 3) Analyze the indirect influence of education level, income, migration status and gender preference on the number of children born alive through the duration of contraceptive use. This research was conducted in Kuta District. The respondents in this study were 121 EFA samples using a non-probability sampling method. Data analysis techniques use descriptive statistical analysis techniques, path analysis, direct influence testing and indirect influence testing. The research results showed that 1) education level, income level and migration status had a positive and significant effect on the length of use of contraceptives while they had a negative and significant effect on the number of children born alive, 2) gender preference had a negative and significant effect on the length of use of contraceptives while has a positive effect on the duration of contraceptive use, 3) the duration of contraceptive use has a negative and significant effect on the number of children born alive, and 4) education level, income level, migration status and gender preference have an indirect effect on the number of children born alive through duration of use of contraceptives.

Keywords: Education, Income, Migration, Gender Preference, Contraception, Fertility.

INTRODUCTION

Fertility is a woman's ability to give birth to a live baby, which is one of the factors increasing population along with other factors such as increased in-migration.Data published by the Central Statistics Agency (BPS) shows that the total fertility rate in Indonesia has decreased from around 5.6 children per woman in the 1970s to around 2.4 children per woman in 2020. (Pakarti et al, 2023).

Even though the fertility rate in Indonesia has shown a significant decline, there are still quite large differences between urban and rural areas, as well as between one province and another. In general, birth rates in rural areas tend to be higher than in urban areas. The differences in rural-urban fertility levels are influenced by differences in: economy, culture, tradition and mechanization (Yusuf, 2020).

According to Hidayat, et al. (2022) the current increase in birth rates will lead to an increase in population in the future. Increasing population will not support better welfare so this will lead to land shortages, increased unemployment, lack of education and health facilities. One way to control the population is to monitor or control the birth rate.

Crude Birth Rate (CBR) is a demographic indicator used to measure the number of births that occur in a population in a particular year, calculated by taking the number of births in the middle of the same year and dividing it by the number of people in that group, then multiplying it. by 1000. This number gives an idea of the birth rate of a region or country, and can be used to analyze demographic trends and their impact on population growth.

Table 1. Number of Births by District in Badung Regency in 2022

Subdistrict	Total population	Number of Births	CBR
Evening	38,453	315	8.19
Abiansemal	113,149	1,109	9.80
Mengwi	136,503	1,797	13,16
Kuta	**53,663**	**1,455**	**27.11**
South Kuta	89,157	1,975	22.15
North Kuta	118,602	1,550	13.06
BADUNG	**549,527**	**8.201**	**14.92**

Source: Badung Health Office 2023 Public Health Sector, processed

Table 1 shows that the number of births in the Kuta District area is stated to be high, reaching 1,455 people. The Crude Birth Rate (CBR) in Kuta District also shows the highest value, namely 27.11. This number even exceeds the CBR level in Badung Regency, namely 14.92. Therefore, it is necessary to study the influence of couples of childbearing age on fertility in order to understand the factors that influence birth rates.

A couple of childbearing age is a couple who has the potential to get pregnant and give birth to a child. A large number of EFAs can increase the birth rate and population growth rate. The female population aged 15-49 years is called the reproductive age population, where the population is in the reproductive period. The reproductive period is the age at which a woman is able to give birth, namely from the time she gets her first menstruation (menarche) and ends when menstruation stops (menopause) (Manuaba & Marhaeni, 2023). Therefore, it is important to know the number of EFAs in an area.

Controlling population growth can be done by reducing the birth rate through family planning programs (Harsoyo & Sulistyaningrum, 2018 in Anjani & Marhaeni, 2023). Family planning programs can help couples decide on the desired number and spacing of births according to the family's economic and health conditions. The family planning program provides reproductive health information and services to couples to help them choose contraceptive methods that suit their family's economic and health conditions.

Table 2. Number of couples of childbearing age by village/subdistrict in Kuta District in 2022 and 2023

Village/Subdistrict	Number of Couples of Childbearing Age		Number of Active Family Planning Participants		Proportion of Active Family Planning (%)	
	2022	2023	2022	2023	2022	2023
Tuban	2,490	2,858	1,023	1,816	41.05	63.56
Kuta	2,209	2,199	808	861	36.58	39.16
Kedongan	910	910	539	481	59.34	52.75
Legian	473	512	237	285	50.11	55.66
Seminyak	356	387	103	188	28.93	48.57
KUTA	**6,438**	**6,866**	**2,710**	**3,631**	**42.08**	**52.85**

Source: Bali Province BKKBN 2024, processed

Table 2 shows that from 2022 to 2023 there will be an increase in the number of couples of childbearing age and the number of active family planning participants. Kuta District is a sub-district in Badung Regency with the number of PUS in 2023 amounting to 6,866 pairs with a total of 3,631 pairs of active family planning users. Of the large number of PUS, only 52.85 percent of PUS use family planning and the remaining 47.15 percent of PUS do not use family planning. The lowest percentage of active family planning participants in 2023 will be in Kuta Village/Subdistrict. Meanwhile, Tuban Village/Subdistrict is the Village/Subdistrict that has the highest percentage of active family planning participants with a total of 2,858 EFA pairs in the Village/Subdistrict of Kuta District.

The low number of participating couples of childbearing age who use contraceptives is caused by family planning services that are still of poor quality, limited contraceptives, delivery counseling and IEC (communication, information and education) have not been implemented well, barriers in culture, groups of women who are no longer want another child but do not use contraception (unmet need), and the hard core group is a group of women who do not want to use contraception either now or in the future (Pinem, 2009 in Dewi & Notobroto, 2014). One effort to address this problem is to increase education regarding the importance of contraceptive use.

Contraception is the regulation of pregnancy using devices or methods with the aim of preventing pregnancy (Susanti & Sari, 2020). The use of contraception is a shared responsibility and choice between men and women, so that the contraception to be used is in accordance with the needs and desires of the couple (Sari & Sudibia, 2020). In Indonesia, the family planning (KB) program has been launched since the 1970s to increase awareness and access to contraception.

Education level can influence a couple's decision to use contraception. Knowledge is closely related to the use of contraception, the better a person's knowledge about contraception, the more rational they are in using contraception (Sari & Sudibia, 2020). Apart from that, couples who have access to information about contraception also tend to find it easier to choose contraceptives that suit their needs.

Income is one of the economic factors that influences fertility levels (Iandira & Tisnawati, 2024). Income has a negative effect on fertility levels, which means that the higher a household's income, the lower the birth rate, and vice versa (Fajri et al, 2019),

(Wang, 2019). Couples with low incomes tend to have limitations in purchasing expensive contraceptives and meeting their daily living needs. In addition, women who are working will be more consistent in using contraception compared to women who are not working (John, et al. 2020).

A partner's migration status can also influence contraceptive use. The general phenomenon shows that migration tends towards urban areas (Octania & Murjana Yasa, 2014). Couples who are new arrivals or from other regions may face challenges in accessing contraceptive information and services available in their new region. Social and economic factors resulting from migration can also influence a couple's decision to use contraception. Likewise, the increase in the number of births can be caused by migration (Chattopadhyay, et al. 2006).

Gender preferences or Sex Preferences arise due to the existence of gender norms (Staab, 2018). Gender preference has a significant effect, meaning that if the gender of the child is the same then the opportunity to immediately have more children will increase. If a household tends to expect two genders of children, namely a boy and a girl, then when they do not get one of the two, they will try to get the gender of the child according to their wishes (Rayhana & Putri, 2023).

Based on the explanation above, it is urgent to carry out research, namely research on the influence of social and economic factors on the use of contraceptives and the number of children born alive in Kuta District.

RESEARCH METHODS

This research design uses quantitative methods that are associative in nature. The purpose of quantitative research is to create and apply mathematical models, theories, and hypotheses to the phenomena under study (Sugiyono, 2015). Associative research is research that analyzes the relationship or influence between two or more variables. In this study, associative research was used to analyze the influence of social and economic variables on the length of use of contraceptives and the number of children born alive in Kuta District.

This research was conducted in Kuta District. The respondents in this study were 121 EFA samples using a non-probability sampling method. Data analysis techniques use descriptive statistical analysis techniques, path analysis, direct influence testing and indirect influence testing.

RESULTS AND DISCUSSION

Results of Research Data Analysis

Results of Descriptive Statistical Analysis

Table 3. Results of Descriptive Statistical Analysis

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Education Level (X1)	121	6.00	18.00	11.3306	3.21815
Income Level (X2)	121	2.00	18.00	6.0661	3.65145
Migration Status (X3)	121	.00	1.00	.4793	.50165
Gender Preference (X4)	121	.00	1.00	.5702	.49710
Duration of Use of Contraceptives (Y1)	121	1.00	60.00	19.4959	15.25567

Number of Children Born Alive (Y2)	121	1.00	5.00	2.6198	1.14205
Valid N (listwise)	121				

Source: Processed Primary Data, 2024

Based on Table 3, the results of the descriptive statistical analysis shown are the minimum value, maximum value, average and standard deviation, as well as N which is the number of samples processed. The education level variable (X1) has a minimum value of 6.00 and a maximum value of 18.00. The average education level value was 11.3306, which indicates that the respondents in this study had an average education level at high school level with a standard deviation value of 3.21815.

The income level variable (X2) has a minimum value of 2.00 or Rp. 2,000,000 and the maximum value is 18.00 or IDR 18,000,000. The average income level is 6.0661 or Rp. 6,066,100, which shows that the respondents in this study have an average income level with a standard deviation value of 3.65145.

The migration status variable (X3) has a minimum value of 0.00 and a maximum value of 1.00. The average value of migration status is 0.4793 with a standard deviation value of 0.50165. This states that on average couples of childbearing age (PUS) in Kuta District are residents with non-migrant status because the average value tends to lead to the value 0. This is because the measurement of the migration status variable uses a dummy variable, namely residents with migrant status are given a value 1 and non-migrant status is given a value of 0.

The gender preference variable (X4) has a minimum value of 0.00 and a maximum value of 1.00. The average value of gender preference is 0.5702 with a standard deviation value of 0.49710. This means that on average couples of childbearing age (PUS) in Kuta District are residents with a gender preference because the average value tends to lead to the value 1. This is because the measurement of the gender preference variable uses a dummy variable, namely PUS who has a preference. gender is given a value of 1 and PUS who do not have a gender preference are given a value of 0.

The variable length of use of contraceptives (Y1) has a minimum value of 1.00 and a maximum value of 60.00. The average value of gender preference was 19.4959 months, which shows that the average value of respondents in this study used contraceptives with a standard deviation value of 15.25567.

The variable number of children born alive (Y2) has a minimum value of 1.00 and a maximum value of 5.00. The average number of children born alive was 2.6198, which shows that the respondents in this study had an average number of children born alive of two children with a standard deviation value of 1.14205.

Path Analysis Results (Path Analysis)

1) Influence of Education Level (X1), Income Level (X2), Migration Status (X3), and Gender Preference (X4) on Length of Use of Contraceptives (Y1) in Kuta District.

The first structural test was carried out with the aim of determining the influence of the variables education level (X1), income level (X2), migration status (X3), and gender preference (X4) on the length of use of contraceptives (Y1). The model can also be expressed in structural equations as follows:

Structural equation 1

$$Y_1 = \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4$$

$$Y_1 = 0{,}212 X_1 + 0{,}217 X_2 + 0{,}218 X_3 + (-0{,}204 X_4)$$

2) The Influence of Education Level (X1), Income Level (X2), Migration Status (X3), and Gender Preference (X4) on the Number of Children Born Alive (Y2) in Kuta District.

The second structural test was carried out with the aim of determining the influence of the variables education level (X1), income level (X2), migration status (X3), gender preference (X4), and length of use of contraceptives (Y1) on the number of children born alive. (Y2). The model can also be expressed in structural equations as follows:

Structural equation 2

$$Y_2 = \beta_5 X_1 + \beta_6 X_2 + \beta_7 X_3 + \beta_8 X_4 + \beta_9 Y_1$$

$$Y_2 = (-0{,}295 X_1) + (-0{,}154 X_2) + (-0{,}215 X_3) + 0{,}148 X_4 + (-0{,}263 Y_1)$$

3) Path Coefficient Summary Results

Based on Table 3, it states that the variables education level (X1), income level (X2), migration status (X3), and gender preference (X4) have a significant effect on the length of use of contraceptives (Y1). And the variables education level (X1), income level (X2), migration status (X3), gender preference (X4), and length of use of contraceptives (Y1) have a significant effect on the number of children born alive (Y2) in Kuta District.

Table 4. Summary Results of Path Coefficients

Connection Variable	Standardized Coefficients	Std. Error	t count	p value	Information
X1→Y1	0.212	0.444	2,264	0.025	Significant
X2→Y1	0.217	0.398	2,279	0.024	Significant
X3→Y1	0.218	2,408	2,752	0.007	Significant
X4→Y1	-0.204	2,564	-2,445	0.016	Significant
X1→Y2	-0.295	0.026	-3,989	0,000	Significant
X2→Y2	-0.154	0.024	-2,043	0.043	Significant
X3→Y2	-0.215	0.144	-3,403	0,000	Significant
X4→Y2	0.148	0.152	2,233	0.027	Significant
Y1→Y2	-0.263	0.005	-3,656	0,000	Significant

Source: Processed Primary Data, 2024

Information:

Y1 = Length of Use of Contraceptives
Y2 = Number of Children Born Alive
X1 = Education Level
X2 = Income Level
X3 = Migration Status
X4 =Gender Preference

Table 5. Summary of Direct Effect, Indirect Effect, and Total Effect Between Variables

Regression	Direct Influence	Influence No Direct	Total
X1→Y1	0.212		0.212
X1→Y2	-0.295	-0.055	0.157
X2→Y1	0.217		0.217
X2→Y2	-0.154	-0.057	0.160

X3→Y1	0.218		0.218
X3→Y2	-0.215	-0.057	0.161
X4→Y1	-0.204		-0.204
X4→Y2	0.148	0.053	-0.151
Y1→Y2	-0.263		-0.263

Source: Processed Primary Data, 2024

4) Standard Estimated Error Value

To find out the value of e1 which shows the amount of variance in the variable length of use of contraceptives (Y1) which cannot be explained byeducation level (X1), income level (X2), migration status (X3), and gender preference (X4) are calculated using the formula:

$$e_1 = \sqrt{1 - R_i{}^2}$$
$$e_1 = \sqrt{1 - 0{,}382}$$
$$e_1 = 0{,}786$$

The standard error value e1 obtained is 0.786, which means 78.6 percent of the variancevariable length of use of contraceptives (Y1)to the number of children born alive(Y2)cannot be explained by education level (X1), income level (X2), migration status (X3), and gender preference (X4).

Meanwhile, to find out the e2 value which shows the variable variance in the number of children born alive(Y2) which cannot be explained byeducation level (X1), income level (X2), migration status (X3), gender preference (X4) andduration of use of contraceptives (Y1)calculated by the formula:

$$e_2 = \sqrt{1 - R_i{}^2}$$
$$e_2 = \sqrt{1 - 0{,}629}$$
$$e_2 = 0{,}609$$

The standard error value e1 obtained is 0.609, which means 60.9 percent of the variancevariablenumber of children born alive(Y2)cannot be explained by education level (X1), income level (X2), migration status (X3), gender preference (X4), andduration of use of contraceptives (Y1)

5) Model Validity Check

To check the validity of the model, there are indicators to carry out the inspection, namely the total coefficient of determination which can be calculated as follows.

$R^2_m = 1 - (e_1)^2 (e_2)^2$
$R^2_m = 1 - (0{,}786)^2 (0{,}609)^2$
$R^2_m = 1 - (0{,}617) (0{,}370)$
$R^2_m = 1 - 0{,}228$
$R^2_m = 0{,}772$

Information:

R^2m = Total coefficient of determination

e^1, e^2 = Standard estimate error value

Based on the results of calculating the total coefficient of determination, a result of 0.772 is obtained, which means that 77.2 percent of the variationnumber of children born alive (Y2) in Kuta District, Badung Regency is influenced by variationseducation level (X1), income level (X2), migration status (X3), and gender preference (X4), the remaining 21.8 percent is influenced by other variables not included in the model.

Direct Effect Test Results

Direct testing was carried out with the aim of determining the effect variableeducation level (X1), income level (X2), migration status (X3), and gender preference (X4) directly affect the duration of contraceptive use (Y1) and the number of children born alive (Y2) in couples of childbearing age in the District Kuta. The real level used in direct influence testing is a = 5% or 0.05.

Direct influence of education level on length of use of contraceptives in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_1 \leq 0$, meaning the level of education does not have a positive and significant effect on the length of use of contraceptives in Kuta District.

$H_1 : \beta_1 > 0$, meaning that the level of education has a positive and significant effect on the length of use of contraceptives in Kuta District.

ii). Real Level

Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria

H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$

H_0rejected if the value is $t_{count} \leq 0{,}05$ or tcount $> t_{table}$

iv). Calculation

Based on calculations using SPSS, the standardized coefficient beta value is 0.212 and the probability value is 0.025.

v). Conclusion

The standardized coefficient beta value is 0.212 and a probability value of $0{,}025 < 0{,}005$ indicates that H0 is rejected and H1 is accepted. These results mean that the level of education has a positive and significant effect on the length of use of contraceptives in Kuta District. This shows that the higher the PUS education, the longer the period of use of the contraceptive device. So, every one year increase in educational success will increase the duration of contraceptive use by 0.212 months.

Direct influence of income level on length of use of contraceptives in Kuta District

i). Hypothesis Formulation

$H_0 : \beta_2 \leq 0$, meaning the income level does not have a positive and significant effect on the length of use of contraceptives in Kuta District.

$H_1 : \beta_2 > 0$, meaning that income level has a positive and significant effect on the length of use of contraceptives in Kuta District.

ii). Real Level

Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria

H_0accepted if the value is $t_{count} > 0{,}05$or $t_{count} \leq t_{table}$

H_0rejected if the value is $t_{count} \leq 0{,}05$or $t_{count} > t_{table}$

iv). Calculation

Based on calculations using SPSS, the standardized coefficient beta value is 0.217 and the probability value is 0.024.

v). Conclusion

The standardized coefficient beta value is 0.217 and a probability value of $0{,}024 < 0{,}005$indicates that H0 is rejected and H1 is accepted. These results

mean that income level has a positive and significant effect on the length of use of contraceptives in Kuta District. This shows that the level of family income has a positive relationship with the length of use of contraceptives, which means that the higher the family income, the longer a person will use contraceptives. So, every increase in income of one million rupiah will increase the length of use of contraceptives by 0.217 months.

The direct influence of migration status on the duration of contraceptive use in Kuta District.

i). Hypothesis Formulation
$H_0 : \beta_{3i} \leq 0$, meaning that PUS with migrant status use contraceptives no longer than PUS with non-migrant status.
$H_1 : \beta_{3i} > 0$, meaning that PUS with migrant status use contraceptives longer than PUS with non-migrant status.

ii). Real Level
Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria
H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$
H_0rejected if the value is $t_{count} \leq 0{,}05$ or $t_{count} > t_{table}$

iv). Calculation
Based on calculations using SPSS, the standardized coefficient beta value is 0.218 and the probability value is 0.007.

v). Conclusion
The standardized coefficient beta value is 0.218 and a probability value of $0{,}007 < 0{,}005$indicates that Ho is rejected and H1 is accepted. These results mean that migration status has a positive and significant effect on the duration of contraceptive use in Kuta District. This shows that PUS with migrant status tend to use contraceptives for 0.218 months longer than PUS with non-migrant status.

The direct influence of gender preference on the duration of contraceptive use in Kuta District.

i). Hypothesis Formulation
$H_0 : \beta_{4i} \geq 0$, meaning that PUS who have a gender preference have no lower duration of use of contraceptives than PUS who do not have a gender preference in Kuta District.
$H_1 : \beta_{4i} < 0$, meaning that PUS who have a gender preference have a lower duration of use of contraceptives than PUS who do not have a gender preference in Kuta District.

ii). Real Level
Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria
H_0accepted if the value is $t_{coun} > 0{,}05$t or $t_{count} \leq t_{table}$
H_0rejected if the value is $t_{count} \leq 0{,}05$ or $t_{count} > t_{table}$

iv). Calculation
Based on calculations using SPSS, the standardized coefficient beta value is -0.204 and the probability value is 0.016.

v). Conclusion

The standardized coefficient beta value is -0.204 and a probability value of -$0{,}016 < 0{,}005$ indicates that H0 is rejected and H1 is accepted. These results mean that gender preference has a negative and significant effect on the duration of contraceptive use in Kuta District. This shows that the higher a person's gender preference, the less time a person has to use contraception. So, every increase in gender preference will reduce the length of time they use contraceptives by -0.204 months.

Direct influence of education level on the number of children born alive in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_5 \geq 0$, meaning the level of education does not have a negative and significant effect on the number of children born alive in Kuta District.

$H_1 : \beta_5 < 0$, meaning that the level of education has a negative and significant effect on the number of children born alive in Kuta District.

ii). Real Level

Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria

H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$

H_0rejected if the value is $t_{count} \leq 0{,}05$ or $t_{count} > t_{table}$

iv). Calculation

Based on calculations using SPSS, the standardized coefficient beta value is -0.295 and the probability value is 0.000.

v). Conclusion

The standardized coefficient beta value is -0.295 and a probability value of -$0{,}000 < 0{,}005$ indicates that H0 is rejected and H1 is accepted. These results mean that the level of education has a negative and significant effect on the number of children born alive in Kuta District. This shows that the higher the level of EFA education, the more likely it will be to reduce the number of children born alive. So, every one year increase in education will reduce the number of children born alive by -0.295.

Direct influence of income level on the number of children born alive in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_6 \geq 0$, meaning the income level does not have a negative and significant effect on the number of children born alive in Kuta District.

$H_1 : \beta_6 < 0$, meaning that income level has a negative and significant effect on the number of children born alive in Kuta District.

ii). Real Level

Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria

H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$

H_0rejected if the value is $t_{count} \leq 0{,}05$ or $t_{count} > t_{table}$

iv). Calculation

Based on calculations using SPSS, the standardized coefficient beta value is -0.154 and the probability value is 0.043.

v). Conclusion

The standardized coefficient beta value is -0.154 and a probability value of -$0{,}043 < 0{,}005$ indicates that H0 is rejected and H1 is accepted. These results mean that income level has a negative and significant effect on the number of children born alive in Kuta District. This shows that the higher the family income, the less the number of children born alive. So, every increase in income of one million rupiah will reduce the number of children born alive by -0.154.

Direct influence of migration status on the number of children born alive in Kuta District.

i). Hypothesis Formulation
$H_0 : \beta_{7i} \geq 0$, meaning that PUS who are migrants have no higher number of children born alive than non-migrant PUS in Kuta District.
$H_1 : \beta_{7i} < 0$, meaning that PUS who are migrants have a greater number of children born alive than non-migrant PUS in Kuta District.

ii). Real Level
Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria
H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$
H_0rejected if the value is $t_{count} \leq 0{,}05$or $t_{count} > t_{table}$

iv). Calculation
Based on calculations using SPSS, the standardized coefficient beta value is -0.215 and the probability value is 0.000.

v). Conclusion
The standardized coefficient beta value is -0.215 and a probability value of -$0{,}000 < 0{,}005$ indicates that H0 is rejected and H1 is accepted. These results mean that migration status has a negative and significant effect on the number of children born alive in Kuta District. This shows that the number of children born to PUS with migrant status is less than to PUS with non-migrant status by -0.215.

The direct influence of gender preference on the number of children born alive in Kuta District.

i). Hypothesis Formulation
$H_0 : \beta_{8i} \leq 0$, meaning that PUS who have a gender preference have a number of children born alive that is not higher than PUS who do not have a gender preference in Kuta District.
$H_1 : \beta_{8i} > 0$, meaning that PUS who have a gender preference have a higher number of children born alive than PUS who do not have a gender preference in Kuta District.

ii). Real Level
Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria
H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$
H_0rejected if the value is $t_{count} \leq 0{,}05$ or $t_{count} > t_{table}$

iv). Calculation
Based on calculations using SPSS, the standardized coefficient beta value is 0.148 and the probability value is 0.027.

v). Conclusion

The standardized coefficient beta value is 0.148 and a probability value of $0{,}027 < 0{,}005$ indicates that Ho is rejected and H1 is accepted. These results mean that gender preference has a positive and significant effect on the number of children born alive in Kuta District. This shows that every increase in gender preference will increase the number of children born alive by 0.148.

The direct effect of the duration of contraceptive use on the number of children born alive in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_9 \geq 0$, It meansduration of use of contraceptivesdoes not have a negative and significant effect on the number of children born alive in Kuta District.

$H_1 : \beta_9 < 0$, It meansduration of use of contraceptiveshas a negative and significant effect on the number of children born alive in Kuta District.

ii). Real Level

Real level 5%, confidence level 95% (α = 0.05)

iii). Testing Criteria

H_0accepted if the value is $t_{count} > 0{,}05$ or $t_{count} \leq t_{table}$

H_0rejected if the value is $t_{count} \leq 0{,}05$ or $t_{count} >$ ttable

iv). Calculation

Based on calculations using SPSS, the standardized coefficient beta value is -0.263 and the probability value is 0.000.

v). Conclusion

The standardized coefficient beta value is -0.263 and a probability value of $-0{,}000 < 0{,}005$ indicates that Ho is rejected and H1 is accepted. These results mean that the duration of use of contraceptives has a negative and significant effect on the number of children born alive in Kuta District. This shows that PUS who use contraception for longer will reduce the number of children born by -0.263.

Indirect Effect Test Results

Indirect effect of education level on the number of children born alive through the length of use of contraceptives in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_9 = 0$, It means The duration of contraceptive use does not mediate the effect of education level on the number of children born alive in Kuta District.

$H_1 : \beta_9 \neq 0$, It means The duration of contraceptive use mediates the effect of education level on the number of children born alive in Kuta District.

ii). Real Level

The real level is 5% (α = 0.05), then $Z_{0{,}05/2} = 1{,}96$

iii). Testing Criteria

H_0accepted if $|Zhitung| \leq 1.96$

H_0rejected if $|Zhitung| > 1.96$

iv). Calculation

$$z = \frac{ab}{S_{ab}}$$

$$z = \frac{ab}{\sqrt{b^2 S_a^2 + a^2 S_b^2}}$$

$$z = \frac{(1{,}004)(-0{,}020)}{\sqrt{(-0{,}020)^2(0{,}444)^2 + (1{,}004)^2(0{,}005)^2}}$$

$z = -1{,}968$

v). Conclusion

Because of value$Zhitu_{(}$-1.97) and $|Zhitung|$ = 1.97 > 1.96, this is significant H_0 rejected. Thus, the level of education influences the number of children born alive indirectly through the length of use of contraceptives in Kuta District. Can be interpretedThe variable length of use of contraceptives is a mediating variable for the level of education on the number of children born alive in Kuta District.

Indirect effect of income level on the number of children born alive through the length of use of contraceptives in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_9 = 0$, It meansThe duration of contraceptive use does not mediate the effect of income level on the number of children born alive in Kuta District.

$H_1 : \beta_9 \neq 0$, It meansThe duration of contraceptive use mediates the effect of income level on the number of children born alive in Kuta District.

ii). Real Level

The real level is 5% (α = 0.05), then$Z_{0,05/2} = 1{,}96$

iii). Testing Criteria

H_0accepted if $|Z\text{count}| \leq 1.96$

H_1rejected if $|Z\text{count}| > 1.96$

iv). Calculation

$$z = \frac{ab}{S_{ab}}$$

$$z = \frac{ab}{\sqrt{b^2S_a^2 + a^2S_b^2}}$$

$$z = \frac{(0{,}907)(-0{,}020)}{\sqrt{(-0{,}020)^2(0{,}398)^2 + (0{,}907)^2(0{,}005)^2}}$$

$$z = -1{,}980$$

v). Conclusion

Because of value$Zhitu_{(}$-1.98) and $|Zhitung|$ = 1.98 > 1.96, this is significantH_0rejected. Thus, income level influences the number of children born alive indirectly through the length of use of contraceptives in Kuta District. Can be interpretedThe variable length of use of contraceptives is a mediating variable for income level on the number of children born alive in Kuta District.

Indirect influence of migration status on the number of children born alive through the length of use of contraceptives in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_9 = 0$, It meansThe duration of contraceptive use does not mediate the effect of migration status on the number of children born alive in Kuta District.

$H_1 : \beta_9 \neq 0$, It meansThe duration of contraceptive use mediates the influence of migration status on the number of children born alive in Kuta District.

ii). Real Level

The real level is 5% (α = 0.05), then $Z_{0,05/2} = 1{,}96$

iii). Testing Criteria

H_0accepted if $|Z\text{count}| \leq 1.96$

H_1rejected if $|Z\text{count}| > 1.96$

iv). Calculation

$$z = \frac{ab}{S_{ab}}$$

$$z = \frac{ab}{\sqrt{b^2S_a^2 + a^2S_b^2}}$$

$$z = \frac{(6{,}627)(-0{,}020)}{\sqrt{(-0{,}020)^2(2{,}408)^2 + (6{,}627)^2(0{,}005)^2}}$$

$$z = -2{,}267$$

v). Conclusion

Because of value $Z\text{count}$ (-2.27) and $|Z\text{count}|$ = 2.27 > 1.96, this is significant H_0 rejected. Thus, migration status influences the number of children born alive indirectly through the length of use of contraceptives in Kuta District. Can be interpretedThe variable length of use of contraceptives is a mediating variable for migration status on the number of children born alive in Kuta District.

Indirect influence of gender preference on the number of children born alive through the length of use of contraceptives in Kuta District.

i). Hypothesis Formulation

$H_0 : \beta_9 = 0$, It meansThe duration of contraceptive use does not mediate the effect of gender preference on the number of children born alive in Kuta District.

$H_1 : \beta_9 \neq 0$, It meansThe duration of contraceptive use mediates the influence of gender preference on the number of children born alive in Kuta District.

ii). Real Level

The real level is 5% (α = 0.05), then $Z_{0,05/2} = 1{,}96$

iii). Testing Criteria

H_0accepted if $|Z\text{count}| \leq 1.96$

H_1rejected if $|Z\text{count}| > 1.96$

iv). Calculation

$$z = \frac{ab}{S_{ab}}$$

$$z = \frac{ab}{\sqrt{b^2S_a^2 + a^2S_b^2}}$$

$$z = \frac{(-6{,}267)(-0{,}020)}{\sqrt{(-0{,}020)^2(2{,}564)^2 + (-6{,}267)^2(0{,}005)^2}}$$

$$z = -2{,}088$$

v). Conclusion

Because of value $Z\text{count}$ (-2.09) and $|Z\text{count}|$ = 2.09 > 1.96, this is significantH_0rejected. Thus, gender preference influences the number of children born alive indirectly through the length of use of contraceptives in Kuta District. Can be interpretedThe variable length of use of contraceptives is a mediating variable for gender preferences on the number of children born alive in Kuta District.

Discussion of Research Results

Discussion of the direct influence of education level on the length of use of contraceptives in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is 0.212 and the probability value is 0.025, which is smaller than 0.05. The research results of the education level variable show that the level of education has a positive and significant effect on the length of use of contraceptives in Kuta District. The positive and significant influence of the level of education on the length of use of contraceptives is also supported by research conducted by (Suryadana & Sudibia, 2024) entitled "Analysis of Factors that Influence the Use of Contraception and Fertility in Manggis District, Karangasem Regency" in this research states that the educational variable has a positive and significant influence on the length of use of contraceptives. This is also in line with research conducted by (Saskara & Marhaeni, 2015) entitled "The Influence of Social, Economic and Demographic Factors on Contraceptive Use in West Denpasar". This means that the higher the level of PUS education will influence a person's attitude in making decisions, this is because the higher the education, the knowledge of reproductive health will also increase so that someone who has a higher education will choose to use contraception in terms of preventing pregnancy. unwanted and also regulates the birth spacing of children who are born.

Discussion of the direct influence of income level on the length of use of contraceptives in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is 0.217 and the probability value is 0.024, which is smaller than 0.05. The research results of the income level variable show that income level has a positive and significant effect on the length of use of contraceptives in Kuta District. The positive and significant influence of income level on the length of use of contraceptives is also supported by research conducted by (Puti & Mustika, 2023) entitled "Analysis of Factors that Influence Married Women's Decisions in Choosing Contraceptive Methods in Denpasar City" in this research states that the income variable has a positive and significant influence on the length of use of contraceptives. This is also in line with research conducted by (Iandira & Tisnawati, 2024) entitled "Analysis of Factors that Influence Fertility through the Use of Contraceptives in West Denpasar District" in this research states that the income variable has a positive and significant influence on length of time. use of contraceptives. This means that the higher the family income received by women will cause an increase in the value of the time women have for outside activities such as entering the job market and will influence behavior related to the number of births such as reducing their time for giving birth, caring for or raising children so that This results in the number of children being born decreasing.

Discussion of the direct influence of migration status on the duration of contraceptive use in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is 0.218 and the probability value is 0.007, which is smaller than 0.05. The research results of the migration status variable show that migration status has a positive and significant effect on the length of use of contraceptives in Kuta District. The positive and significant influence of migration status on the length of use of contraceptives is also supported by research conducted by (Pranata & Sudibia, 2020) entitled "The Influence of Social, Economic and Demographic Factors on Fertility Levels in West Denpasar" in this study

states that The migration status variable has a positive and significant influence on the duration of contraceptive use. This is also in line with research conducted by Oey (1981) entitled "The Impact of Migration on Fertility: A Case Study of Transmigrants in Lampung, Indonesia" stating that there is a significant influence between immigration status and the use of contraceptives. This means that couples of childbearing age (PUS) who have migrant status tend to use contraceptives for longer than residents who have non-migrant status.

Discussion of the direct influence of gender preference on the length of use of contraceptives in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is -0.204 and the probability value is 0.016, which is smaller than 0.05. The research results of the gender preference variable show that gender preference has a negative and significant effect on the length of use of contraceptives in Kuta District. The negative and significant influence of gender preference on the length of use of contraceptives is also supported by research conducted by (Manuaba & Marhaeni, 2023) entitled "Determinants of Fertility of Formal Sector Female Workers in South Denpasar District". Gender has a negative and significant influence on the duration of contraceptive use. This is also in line with research conducted by (Herawati & Parnomo, 2015) entitled "Analysis of Patriarchal Culture and Understanding of Family Planning Information with Contraception Participation." a patriarchal culture. This means that couples of childbearing age (PUS) who have a gender preference have a shorter duration of contraceptive use than PUS who do not have a gender preference.

Discussion of the direct influence of education level on the number of children born alive in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is -0.295 and the probability value is 0.000, which is less than 0.05. The research results of the education level variable show that the level of education has a negative and significant effect on the number of children born alive in Kuta District. The negative and significant influence of the level of education on the number of children born alive is also supported by research conducted by (Hanum & Andiny, 2018) entitled "The Influence of Education Level, Age of First Marriage and Infant Mortality on Fertility in East Aceh Regency" in research This states that the education variable has a negative influence, meaning that the higher the education, the lower the fertility rate. This is also in line with research conducted by (Putri & Yasa, 2015) entitled "The Influence of Social and Economic Factors on the Number of Children Born Alive in Denpasar City". This means that someone who has a higher level of education will have fewer children born. By pursuing higher education, of course, it takes longer, so someone will delay marriage and this means they will delay having children.

Discussion of the direct influence of income level on the number of children born alive in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is -0.154 and the probability value is 0.043, which is smaller than 0.05. The research results of the income level variable show that income level has a negative and significant effect on the number of children born alive in Kuta District. The negative and significant influence of income level on the number of children born alive is also supported by research conducted by (Sugiarto et al, 2021) entitled "The Influence of Social and Economic Factors on Fertility Levels in East Java Province" in this research states that the income

variable has a negative and significant influence on fertility levels. This is also in line with research conducted by (Imrey et al, 2021) entitled "Socioeconomic status and fertility treatment outcomes in high-income countries: a review of the current literature" which states that families with higher incomes will have lower rates of fertility because parents will focus more on the quality of children compared to the quantity of children. This means that someone who has a higher family income will have fewer children born. With a high income, someone will delay giving birth and this means they will delay having children.

Discussion of the direct influence of migration status on the number of children born alive in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is -0.215 and the probability value is 0.000, which is less than 0.05. The research results of the migration status variable show that migration status has a negative and significant effect on the number of children born alive in Kuta District. The negative and significant influence of migration status on the number of children born alive is also supported by research conducted by (Pranata & Sudibia, 2020) entitled "The Influence of Social, Economic and Demographic Factors on Fertility Levels in West Denpasar". that the migration status variable has a negative and significant influence on the number of children born alive. This means that couples of childbearing age (PUS) who have migrant status have fewer live birth children than PUS who have non-migrant status.

Discussion of the direct influence of gender preference on the number of children born alive in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is 0.148 and the probability value is 0.027, which is smaller than 0.05. The research results of the gender preference variable show that gender preference has a positive and significant effect on the number of children born alive in Kuta District. The positive and significant influence of gender preference on the number of children born alive is also supported by research conducted by (Manuaba & Marhaeni, 2023) entitled "Determinants of Fertility of Formal Sector Female Workers in South Denpasar District" in this research states that the preference variable Gender has a positive and significant influence on the number of children born alive. This is also in line with research conducted by (Yusuf, 2020) entitled "Fertility Determination: Case Study in West Nusa Tenggara" which states that in NTB boys are a valuable asset for the family, in contrast to girls who are still considered as family burden. So, it can be concluded that patriarchal culture influences the number of children born. This means that couples of childbearing age (PUS) who have a gender preference have a higher number of children than PUS who do not have a gender preference.

Discussion of the direct influence of the duration of contraceptive use on the number of children born alive in Kuta District.

Based on calculations using SPSS, the standardized coefficient beta value is -0.263 and the probability value is 0.000, which is less than 0.05. The research results of the variable length of use of contraceptives show that the length of use of contraceptives has a negative and significant effect on the number of children born alive in Kuta District. The negative and significant influence of the duration of use of contraceptives on the number of children born alive is also supported by research conducted by (Prisilla & Rujiman, 2023) entitled "Analysis of Factors that Influence Fertility Levels in Female Workers in Medan City (Medan District Deli)" in the study stated that the use of

contraceptives has a negative and significant influence, meaning that every increase in contraceptive use will cause a decrease in fertility rates. This is also in line with research conducted by (Singh et al, 2020) entitled "Determinants of Modern Contraceptive Use and Unmet Need for Family Planning among the Urban Poor" which states that the longer female couples of childbearing age use contraceptives, the more reduce the number of births. Apart from that, research conducted by (Hanifah & Asyik, 2014) entitled "The Influence of Education, Employment, Age at First Marriage, Use of Contraceptives on the Number of Children" stated that the use of contraceptives has a significant effect on the number of children born to women of childbearing age couples (PUS) in Merak Batin Village, Natar District, South Lampung Regency, which shows that PUS women who use short-term contraceptive methods (Non MKJP) tend to have more children. This means that couples of childbearing age (PUS) who use contraception for longer will reduce the number of children born alive.

Discussion of the indirect influence of education level, income level, migration status and gender preference on the number of children born alive through the duration of contraceptive use in Kuta District.

Based on the calculation of the indirect effect test results, it is stated that education level, income level, migration status and gender preference influence the number of children born alive through the length of use of contraceptives in Kuta District. It can be interpreted that the variable length of use of contraceptives is a mediating variable for education level, income level, migration status and gender preference for the number of children born alive in Kuta District. This is supported by research conducted by (Fitri, Trisnaningsih & Suwarni, 2016) entitled "The Relationship between Educational Levels of Contraceptive Use and the Number of Children Born by PUS Women" in this research states that there is a relationship between the level of education and the use of contraceptives and the number of children who was born to a PUS woman in Pemanggilan Village, Natar District, South Lampung Regency. Research conducted by (Suryadana & Sudibia, 2024) entitled "Analysis of Factors that Influence the Use of Contraception and Fertility in Manggis District, Badung Regency" in this study stated that the variable length of contraceptive use was indirectly able to mediate the variable of family income on the level of fertility in Manggis District. Research conducted by (Pranata & Sudibia, 2020) entitled "The Influence of Social, Economic and Demographic Factors on Fertility Levels in West Denpasar" in this study states that migration status has an indirect effect on the number of children born alive through the length of use of tools. contraception. Research conducted by (Rahadja & Catursaptani, 2021) entitled "Children's Gender Composition,Family Planning and Fertility Program" in this research shows that parents' preferences for having both male and female children in a family have an influence on fertility and contraceptive use.

CONCLUSION

Based on the results of the analysis explained in the previous chapter, the following conclusions can be drawn:

1) Education level and income level have a positive and significant effect on the length of use of contraceptives in Kuta District.
2) PUS with migrant status use contraceptives longer than PUS with non-migrant status in Kuta District.

3) PUS who have a gender preference have a shorter duration of use of contraceptives than PUS who do not have a gender preference in Kuta District.
4) Education level, income level, and duration of use of contraception have a negative and significant effect on the number of children born alive in Kuta District.
5) PUS with migrant status have fewer children born alive than PUS with non-migrant status in Kuta District.
6) PUS who have a gender preference have a higher number of children than PUS who do not have a gender preference in Kuta District.
7) The duration of contraceptive use mediates education level, income level, migration status and gender preference on the number of children born alive in Kuta District.

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