

The Decision Understanding of Contraception Usage on Fertile Age Couple in Terjun Village

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ABSTRACT

Total Fertility Rate in North Sumatera is enough high reach until 3 % that indicate increasing of fertility rate. The woman chance for fertilizing and boring makes the woman to illness and even the death. So, it is necessary to move up fertile couple age participation more in using contraception for along time. The rate of fertile couple age in Terjun area at 2013 is about 1.863 persons (37,5%).

The research to analyze the process of making decision fertile couple age in using contraception. This research used qualitative method with interpretive paradigm. This research was done in Terjun area District Medan Marelan from January 2013 to April 2014. The informants in this research were the every persons who knows and also take part in using contraception. Such as, fertile couple age (PUS) staff KB in Terjun, friends, and other families. The data collected by interviewing and observation. The real data test by validating test and data reliability.

The result of research showed that in making decision contraception usage, fertile age couple (FAC) consider their decision first by analyzing some important aspects relate with religion and the effect to their health. The culture in around them, and also economy aspect and accessibility of method. Taking decision for fertile couple age we know that there were three (3) type of decision. The decision of husband-wife with his wife herself to become an acceptor, decision husband wife with her husband himself to be an acceptor, decision husband only with his wife become acceptor.

The need for a lot of activities that can empower the public perception that business planning is not a matter for women alone. For it is expected that stakeholders such as NGOs (NGO) said that the Board and other relevant agencies to be more focused and concerned to deal with these problems by providing opportunities for women to acquire good knowledge about contraceptives. The village government is also expected to improve access and quality of information, education, counseling and contraceptive services provided to the fertile couples age through the advocacy of health workers who are skilled and friendly. The presence of approaches to religious leaders and community leaders to work together in an effort to increase the use of contraception in fertile age couples needs to be increased again.

Key words : Decision making, contraception, fertile couple age

Introduction

The growth of the world population is increasing rapidly from year to year. Population growth has been proven in large population countries such as China, India, USA and Indonesia. Indonesia to contribute a lot to the total population. approximately 1.9 to 2 million / year ".¹

The population of Indonesia in 2025 is estimated at 273.7 million, an increase of 67.9 million of the total population in 2000 as 205,8.2 North Sumatra province has the fourth largest population in Indonesia, which reached 12.98 million, after Java west, East Java and Central Java with the greatest number are in the city of Medan as much as 2,141,637 (16.16%).³ the pressure of population dense backfire related to political, economic, social, cultural, endurance / order, and national security (Poleksusbudhankamnas) so that any problems will cause ketegangan.¹ KB Program unsuccessful will have negative implications on other development sectors such as education, health and lainnya.² sector TFR (Total Fertility Rate) or the number of births in North Sumatra were also quite high at 3.

This means TFR North Sumatra is still above the national TFR is 2,6.4 Need special attention of the government towards the development of population and family planning in order to anticipate Babyboom (births) .⁵ In 2012 the maternal mortality rate in Indonesia ranged 359/100.000 live births. AKB is also still above the target of the MDG's is 32/1000 births live.⁶ AKI's North Sumatra Province in 2012, reaching 230 / 100,000 live births and neonatal northern Sumatra in 2013 is

still below the target of MDG's as many as 40/1000 live births. ³ it required effort to reduce the number of these through the efforts of Safe Motherhood, one of which is the family Berencana.²

Family planning has a role in lowering the risk of maternal death through pregnancy prevention, delay pregnancy through the maturation of child-bearing age, space pregnancy or limit pregnancy if the child is considered cukup.⁸ Provision of an appropriate range of contraceptive methods for women and men is an integral part of reproductive health care program thorough. High-quality contraceptive services include the provision of a safe and appropriate choice for women and pria.⁹ This program should provide a variety of methods to meet the various needs of individuals and couples who are different. Each contraceptive method has advantages and disadvantages.

It can be seen from the number of participants of the national family planning BKKBN period of August 2012 of 6.152.231 participants. When viewed premix contraceptive IUD then the percentage amounted 459 177 participants (7.46%), participants implant as many as 527.569 (8.58%), participants injecting as much as 2.949.633 (47.94%), peserta pil amounted 1.649.256 (26,81%). participants condom amounted 462.186 (7.51%), participants MOW amounted 87.079 (1.42%) dan peserta MOP amounted 17 331 (0.28%). The new planning participants nationally by December 2012 of 9,388,374 participants. When viewed premix contraception, the percentage is 706

102 participants IUD (7.52%), 131 053 participants MOW (1.40%), 27 680 participants MOP (0.29%), 766 461 condoms participants (8.16%), 806 532 participants implants (8.59%), 4.406.898 hypodermic participants (46.94%) and 2.543.648 pills of participants (27.09%).¹⁰

In addition to a decline in population and the prevention of death is the main reason of family planning services, there are other reasons that are not less important that all women still require services that are safe, effective and accessible to free them from the fear of unwanted pregnancy. Although most people have put the brakes on the process of reproduction, in practice there is always a discrepancy between regulation by the male reproductive and contraceptive use is the fact perempuan.¹¹ sexual conduct gender bias. In general, the more pleased the husband asked his wife who uses contraception for pregnancy is considered a female-only affairs. In many developing countries, the issue of having children or not is often more of a decision of the husband or in-laws.

The implementation of family planning programs still run into some obstacles. The factors that led to the EFA reluctant planning participants, among others, due to the terms of service, in terms of availability of contraceptives, in terms of the delivery of counseling and IEC (Communication, Information, and Education), cultural barriers, a group of women who no longer want children, but not used contraceptives (Unmeet Need), group Hard Core namely group of women not contraception usage both at present and in the next time.⁸ Based on the exposure of apparent powerlessness

of women to use reproductive rights. Where in fact the right to determine the number of children and birth spacing as well as the right to development and family planning is a right that must be obtained perempuan.¹²

According Ginting Melvida Research on the Analysis of factors associated with the use of contraception in EFA in the Karo district in 2010 found that approximately 62.5% of contraceptive use in women who have knowledge EFA bad. While the use of contraceptives in women who have a good knowledge PUS 85.1%. It can be concluded that the better a person's knowledge, the higher is also the use of the tool or tool kontrasepsi.¹³ Choosing a method of contraception is not an easy thing because of the effects of the impact on the body will not be known for not using it. Besides the values, culture, religion, perception of gender bias contributed to or impede women from participating in the program KB.¹⁴ If the selection of contraceptive methods on EFA based on consideration of the effectiveness of each method of contraception, the use of contraceptives in the EFA can longer and longer and it would be good because it will reduce the risk of morbidity, and even mortality among women of reproductive.

The researchers want to examine in Falls Village. Selection of EFA in the Village Falls as a location for research because the researchers felt it would be easier to get information where this location is home to researchers. The informant is needed is a relationship researcher. The diversity of family planning method makes women EFA in Falls Village also choose a lot of

contraception with various reasons given. In addition there is also the use of contraceptives by using other methods of contraception such as the use of herbs.

So, The researcher want to research in Air terjun Village Medan municipality close to the puskesmas namely health centers and one ethnic Falls there are Malays with the number 6051 jiwa.¹⁵ Based on the initial survey has been done many wives couples of reproductive age (EFA) which use herbs as a contraceptive. Just who are willing to confirmation by 2 people. The existence of traditional contraceptive use is due to hereditary history of the family who have long been using contraception ini. Keberhasilannya been shown to prevent pregnancy.

Based on monthly reports Sub level control field Falls in July 2013 the number of couples of reproductive age as much as 4,974 people with the number of participants active family planning as many as 3,111 people (62.5%) while the number of couples of childbearing age who are not participants KB as 1,863 people (37.5%). Selection of the use of contraceptives in family planning participants actively assortment, which use an IUD as many as 77 people (24.7%), MOW many as 17 people (5.4%), MOP as much (5.7%), condoms were 63 people (20.2%), implant as many as 123 people (39.5%), injecting as many as 1,329 people (42.7%), the pill as many as 1,484 (47.7%).¹⁶

The decision to use contraception is based on many considerations vary by couples of reproductive age (EFA). Such considerations can not be separated from religion, culture and even for decisions / orders husband.

The existence of health workers in Falls Village is expected to provide more information to the EFA in this village. Not all EFA willing to enable him to seek information about the use of contraceptives to health workers even more so for women. Most couples make the decision to use contraception because of their more based on the experience of others, command their husbands or in-laws and very little by choice.

Based on the description on the background of the above can be seen that the increase in population can be characterized by a high Total Fertility Rate (TFR) both national and provincial. The TFR is still high meant that the participation of couples of reproductive age (EFA) in contraceptive use need to be scaled back. To the researchers want to explore in depth information how couples of reproductive age (PUS) to make decisions about contraception to be used. To analyze the decision-making process of fertile couples (EFA) in the use of contraception

Methods

This study used qualitative research methods with interpretive paradigm. The study was conducted in Falls Village district of Medan Marelan city of Medan on the grounds selection of sites is the ease of access for the aspects of in-depth interviews (in depth interview) and observations (observation) in each case which is the subject of research. The research was conducted starting in January to April 2014. The informants in this study are the ones who know and are involved in the use of contraceptives such as couples of reproductive age (EFA), Officer of

KB in Kelurahan.Informasi can be obtained from the parents / in-laws, friends, and family more. Informants in this study consists of 7 (seven) of fertile couples (PUS) were willing to be interviewed. There is 1 (one) of the

informants as well as a religious figure among the seven (7) members of the EFA and 1 (one) person is an officer of family planning services in the Air Terjun Village.

Result and Discussion

1. The Characteristics of Fertile Age Couple Demography

Table 1. The Characteristics of Informant Demography

| No | FCA M/F | Ethnic | Religion | Education M/F | Occupation M/F | Children Amount |
|----|------------|--------|----------|---------------------------------------|--|--------------------|
| 1 | 42 / 45 | Malay | Moslem | Senior High School | Housewife/District office employee | 3 (three) people |
| 2 | 33/ 35 | Malay | Moslem | Senior High School | Teacher/ Entrepreneur | 2 (two) people |
| 3 | 33/34 | Malay | Moslem | Vocational School/ Senior High School | Housewife/Private employees | 3 (three) people |
| 4 | 32/31 | Malay | Moslem | Senior High School/ Vocational School | Housewife & Entrepreneur/ Private employees | 1 (one) people |
| 5 | 32/32 | Malay | Moslem | Junior High School | Teacher/Lecturer | 2 (two) people |
| 6 | 42/42 | Java | Moslem | Senior High School | Housewife & Entrepreneur/ Freelancer | 4 (four) people |
| 7 | 46/51 | Java | Moslem | Elementary School | Housewife / Freelancer | 11 (eleven) people |
| 8 | 52 | Java | Moslem | S1 Public Health | Civil servant (Officers of family planning services) | 2 (two) people |

2. Decision making of fertile age couple (FAC) for Determining Child and Contraceptive Methods Used

Based on the results of in-depth interviews, known that there were three types of decisions in an effort to regulate the number of children and the use of contraceptive methods that will be used were: a decision based on the agreement of husband and wife and the wife who became family planning acceptors, a decision based on the agreement of husband and wife and husband who became family planning acceptors, a decision based on the wishes of husband and wife as acceptors.

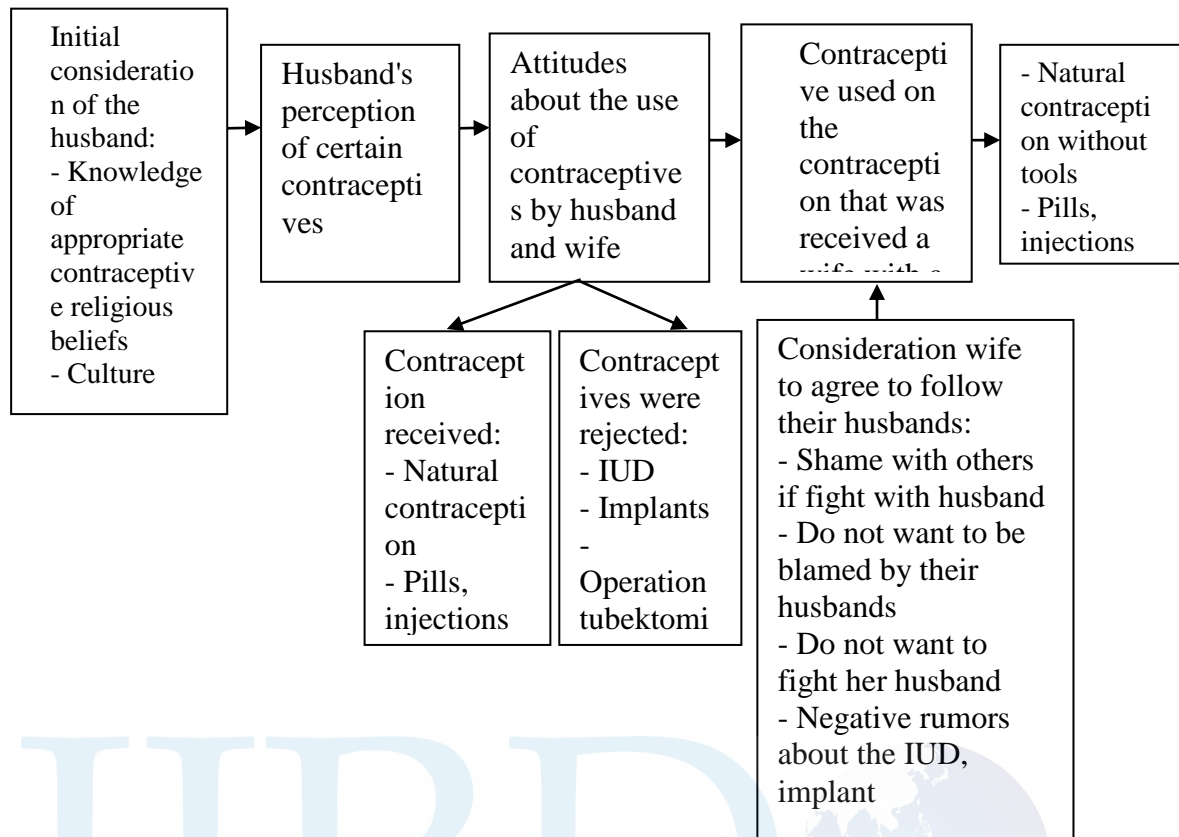
A decision based on the agreement of husband and the wife who became family planning acceptors

This study showed the persistence of inequality in gender relations between husband and wife as an acceptor were in some cases informants such as contraceptive use by couples of Mrs. Ani (42 years old) and Mr. Muhammad or most often called by Mr. Muh (42 years old). Mrs. Ani described the circumstances of the decision in accordance with the theory of Deontology by Immanuel Kant in which the action is due Mrs. Ani motivation who wanted to please her husband and did not want to argue him again.¹⁷

wife. Research data showed the lack of concern for her husband in the decision for spacing or do not want more children until the restrictions on the types of contraception that will be used. Decision dominated husband wishes his own

On Mrs. Basyariah or with everyday nickname is Mrs. Basar (42 years old) and Mr. Muhammad Nur (45 years old) couples. Based on the explanation above showed that the fact that patriarchal ideology was still very strongly influenced various aspects of life and society structure.¹⁸

Overview of the decision making process in fertile age couple (FAC) in the category of decisions based on the wishes of husband and wife as acceptors as described above could be illustrated in the following scheme:



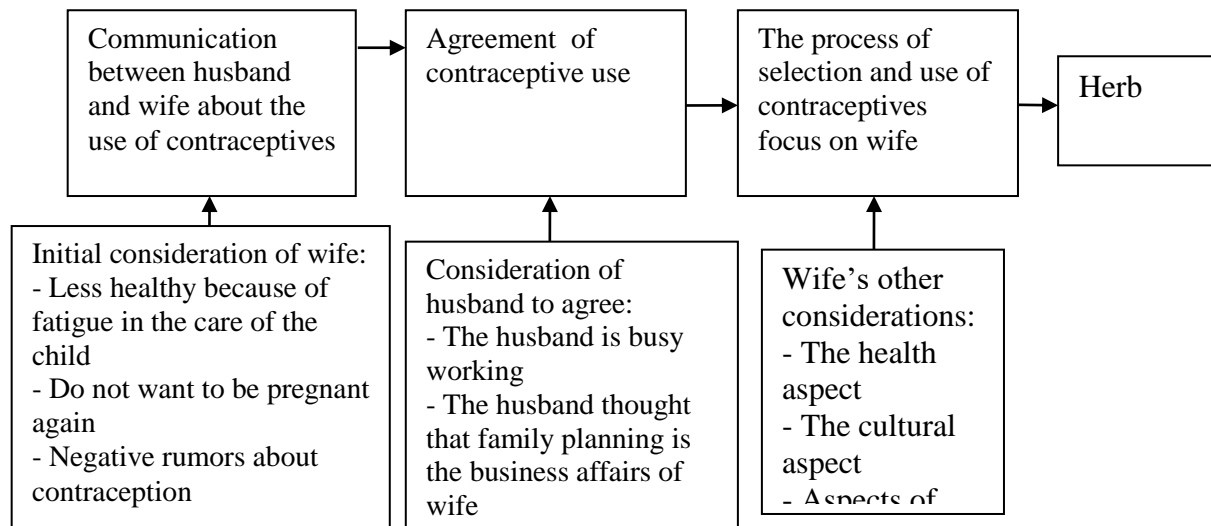
Picture 1. Scheme Contraceptive Use Based on Decision Making Decisions As a husband with a wife Acceptors

Agreement of Husband-Wife with Wife As Acceptors

The situation was experienced by Mrs. Ina with full name Rohana and her 33-year-old husband named Muhammad Adnan or often known by the nickname Amat 34 years old. Mrs. Ina and her husband took a joint decision that the use of contraception was used by Mrs. Ina's own reasons who did not want to give birth again because was tired of caring for her child. This situation appeared precisely because the wife was more interested because the wife was pregnancy, childbirth and breastfeeding her baby and not a husband. Action decisions taken by Mrs. Ina reflected the theory of decision-making by Aristippos in the theory of hedonism that every man seek his nature to seek pleasure and avoid displeasure and according to the Epicurean that pleasure

was not only judged sensual pleasure alone but free from anxiety soul and pain.¹⁷

There was also a 33-year-old Mrs. Dali with her husband, Mr. Adi was 35-year-old. Mrs. Dali's husband, Mr. Adi handed over the affairs of the contraceptive use on his wife because he thought that his wife was more to know about the affairs of the family planning. This situation was the wife looked dominant desire to use contraception, but it did not mean the wife was more powerful for its own decisions. The decision was based on the agreement of husband and wife with his own wife who used contraception and illustrated in the following scheme:



Picture 2. Scheme of Decision Making Use of Contraceptives Treaty Husband and Wife with Wife As Acceptors

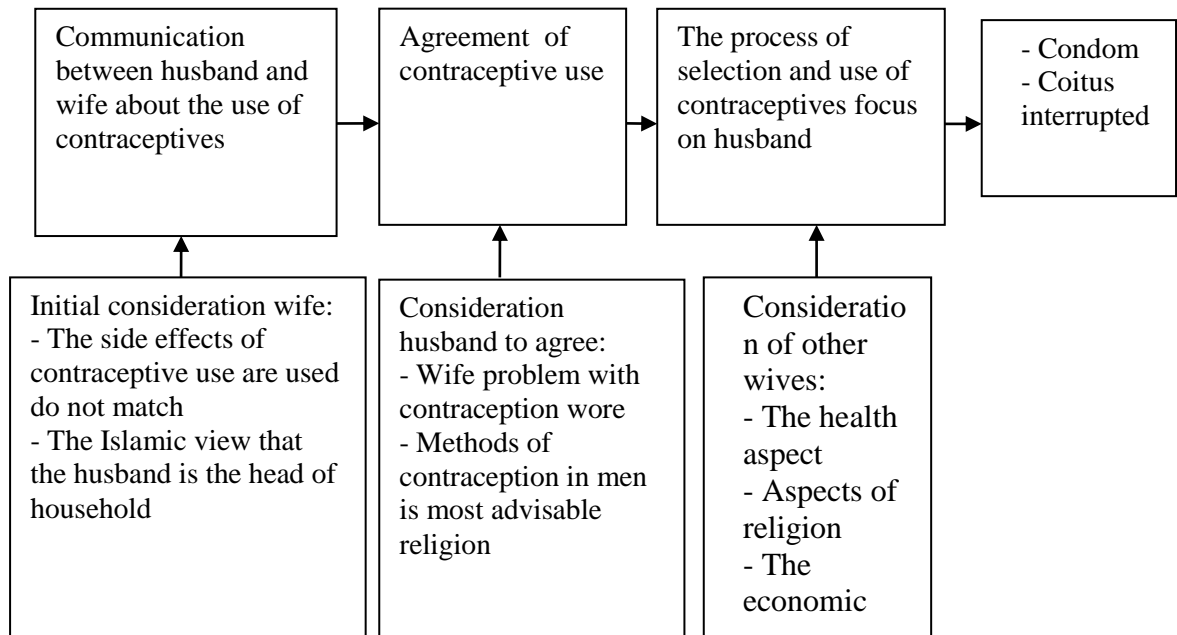
Agreement of Husband and Wife with Husband As Acceptors

Decision making patterns of contraceptive use in pair of Mrs. Eka with her full name Atiqah Azizah (32 years old) and her husband, Mr. Syahril or often called by the name Syahril (32 years old). His views in matters how many children, what method to use it still led to human nature that should not be opposed to God, which regardless of the number of children still might not be limited in number. Just spacing by simple methods such as condom use, do coitus interruptus and may only use herbs.

In addition there were also pairs of Mrs. Umi and Mr. Agus. Mrs. Umi, 32-year old, with full name Umi Kalsum and her husband, Mr. Agus was 31 years old. Mrs. Umi said that to her domestic affairs she used to

discuss with her husband. Moreover, for the determination of the number of children she has used to compromised with her husband first. Contraceptive use was done by men such as condoms use on Mr. Agus, Mrs. Umi's husband and use natural methods were used to be done by the Mrs. Eka's husband, we also need to value that was not purely from their consciousness. Therefore, they used a male contraceptive after contraceptive use by women troubled at his wife. Decision-making in accordance with the theory husband Deontology according to Immanuel Kant which was based motive.¹⁷

Therefore, the decision-making process that began with husband and wife deal with her husband who used contraceptives can be described in the following scheme:



Picture 3. Scheme Decision Making Based Contraceptive Use Agreement husband and wife with a husband who Became Acceptors

Consideration aspect of fertile age couple (FAC) in the Decision to Use Contraception

Based on seven (7) informants who were the subject of this study, it could be seen that there were some aspects on which to base their considerations in the decision to use a particular contraceptive which they consider to be appropriate contraception for them. As for the aspects of the judgment could be described in the following table:

Decision Making Matrix of Contraceptive Use on fertile age couple (FAC) in Terjun district

| No | Informants | Decision Maker | Contraceptive Users | Consideration Aspect | Type of Contraceptive Used |
|----|-----------------------------|----------------|---------------------|---------------------------------------|-----------------------------------|
| 1 | Informant no 1 (Mrs. Basar) | Husband | Wife | Religion, medical and cultural aspect | Pills and injection contraceptive |
| 2 | Informant no 2 (Mrs. Dali) | Husband-Wife | Wife | Medical and cultural aspect | Herb |
| 3 | Informant no 3 (Mrs.Ina) | Husband-Wife | Wife | Religion, medical and cultural aspect | Herb |
| 4 | Informant no 4 (Mrs. Umi) | Husband-Wife | Husband | Medical aspect | Condom |
| 5 | Informant no 5 (Mrs. Eka) | Husband-Wife | Husband | Medical aspect | Pills and injection |
| 6 | Informant no 6 (Mrs.Ani) | Husband | Wife | Religion aspect | Pills and injection |

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|------------|----|---|-----------|--------|-------------|--|
| nt yuk) | no | 7 | band-Wife | usband | and economy | interrupted and es did not use ptive |
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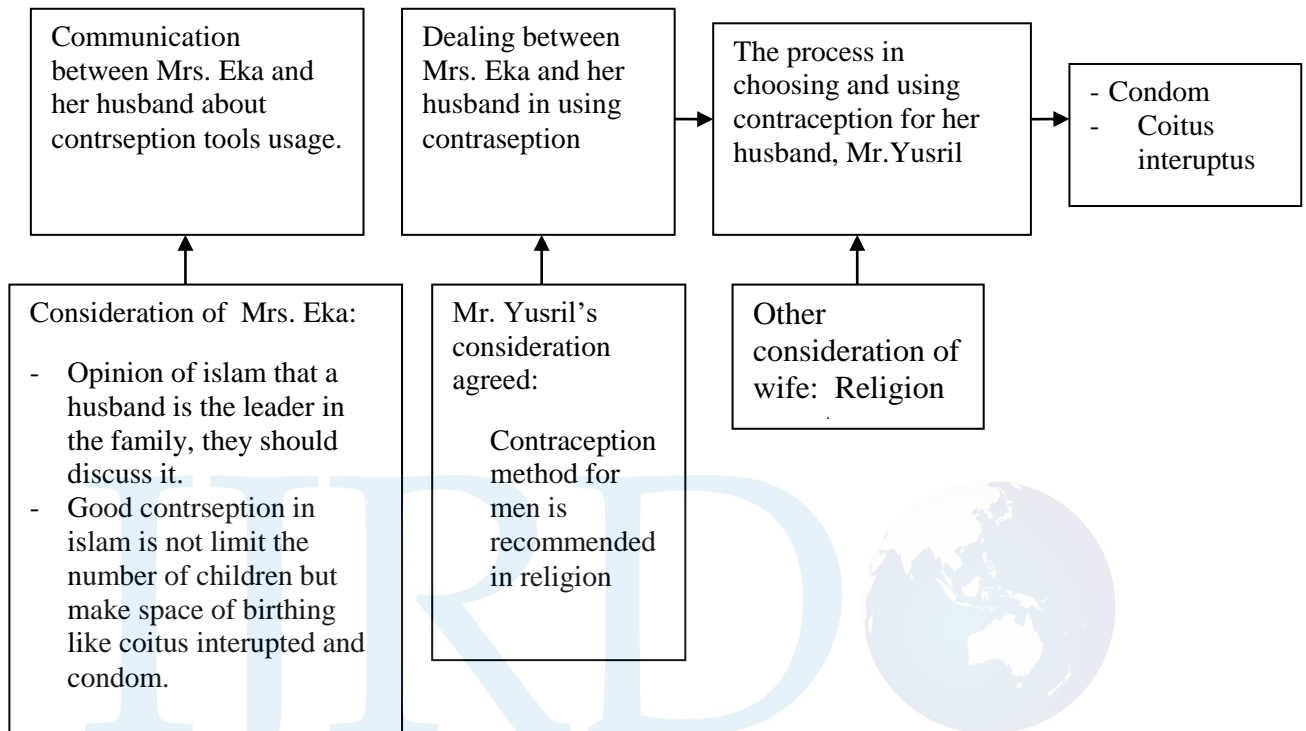


Figure 4. Scheme of contraception consideration on fertile age couple (EFA) of Mr. And Mrs. Yusril

1) Health Aspect

Informant Mrs. Umi and Mr. Agus.

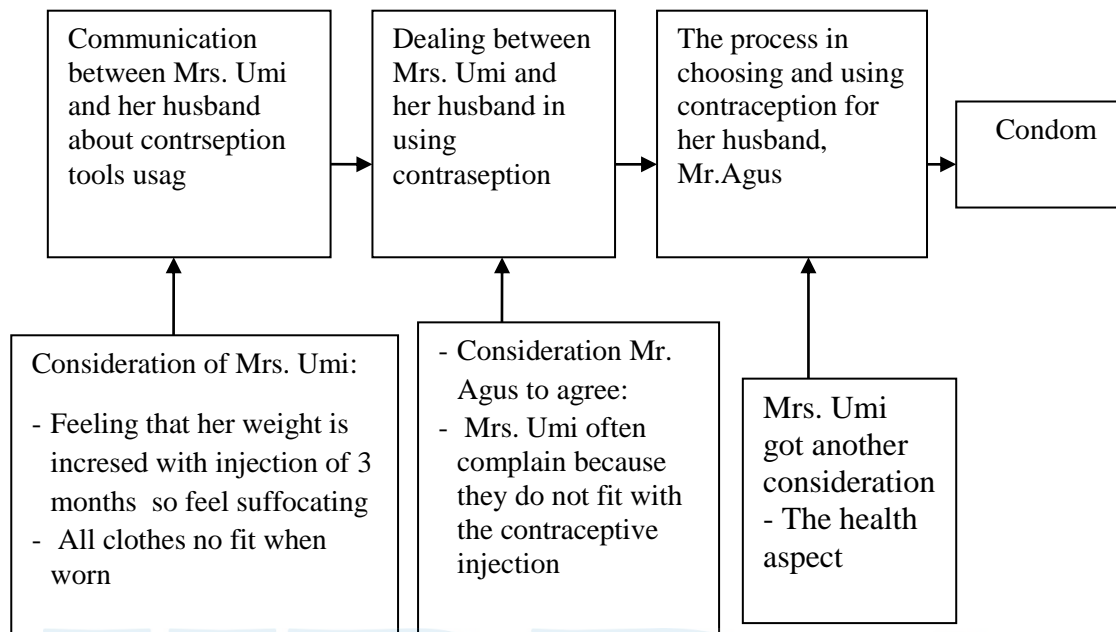


Figure 5. Schematic Decision Contraceptive Use the spouses of fertile age (EFA) Mrs. Umi and Mr. Agus

2) Cultural Aspects

The informant's mother Dali and Mr. Adi. Aspek Budaya

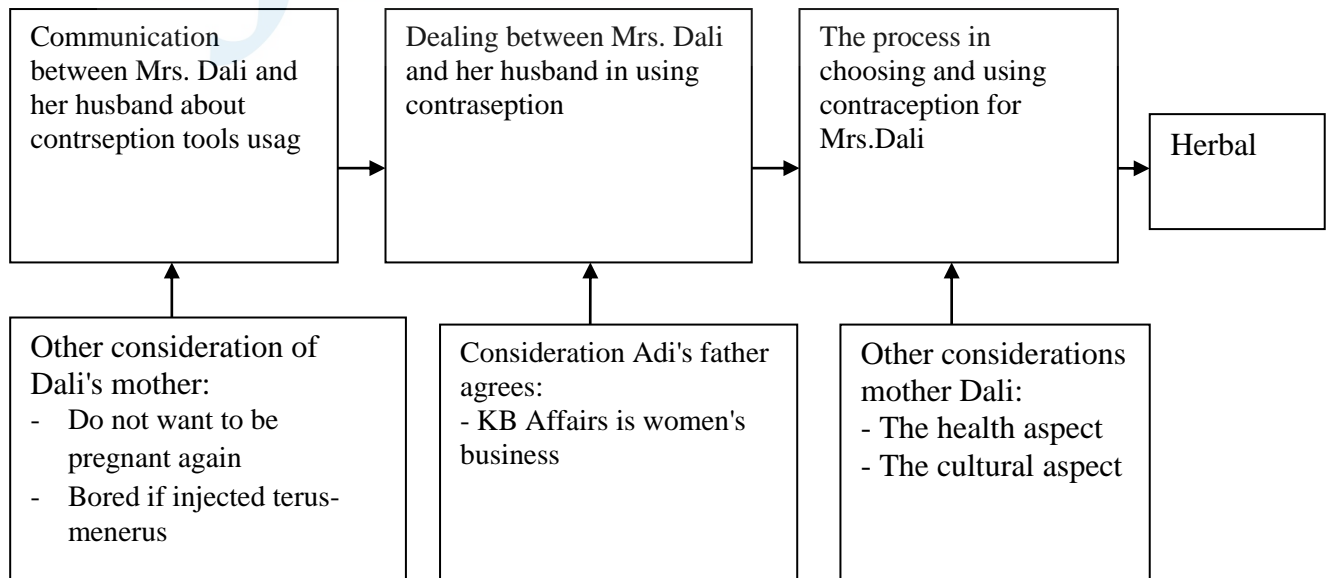


Figure 6. Scheme Decision Making Use of Contraceptives in spouses of fertile age (EFA) Mrs. Dali and Mr. Adi

2) Economic Aspects and Accessibility

Mother informant Mrs. Yayuk and Mr. Miskam

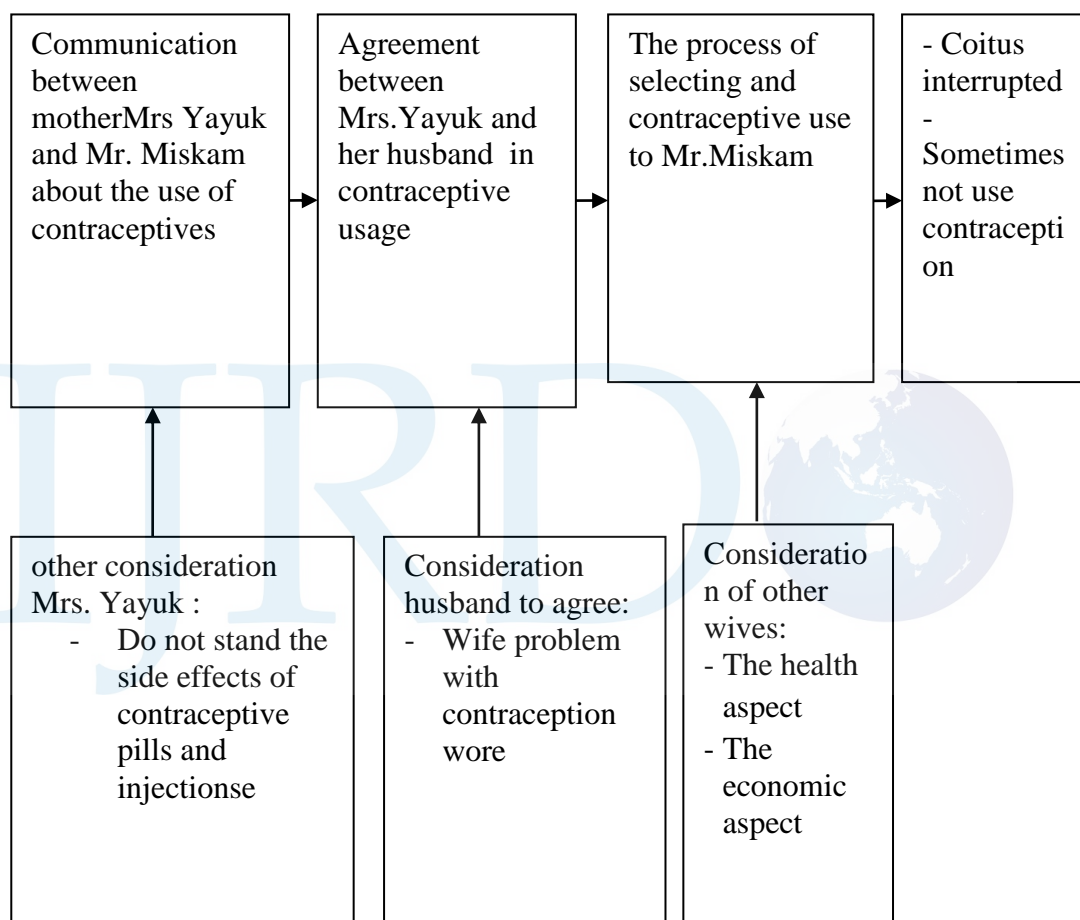


Figure 7. Schematic Decision on a pair of fertile age (EFA) Mrs. Yayuk and Mr. Miskam

Conclusion

There are three (3) types of decision-making in couples of fertile age (EFA) in the determination of the number of children and the usage of contraceptive methods that will be used are The decision of the couple with his own wife who becomes the acceptor. The decision of the husband and wife with her own husband who became acceptors. The decision of the husband with the wife who becomes the acceptor.

The condition of husband and wife's decision as an acceptor in the decision to use contraception on EFA begins for consideration religious aspects and the cultural aspects that are believed by the husband.

Condition mutual decision of husband and wife with the wife as the acceptor, once considered first wife with the consideration of aspects of their health because they feel tired of taking care of children and their cultural aspects related to the number of negative rumors of some contraceptives.

The condition of mutual agreement of husband and wife with a husband who becomes the acceptor is an act that indicates the participation of the husband to use contraception in men. But not entirely well into consciousness husband. In addition there are other motives also considered that in the particular religion of Islam that contraceptive methods that exist in men, especially coitus interruptus is the most recommended in Islam.

Suggestion

It is needed a lot of activities that can empower the public perception that business planning is not an affair female-only. it is expected that stakeholders such as NGOs (NGO), BKKBN and related Agencies to be more focused and concentrated to deal with the problem of inequality reproduction of men and women by providing opportunities for women to acquire knowledge about reproductive health and on contraception good order to increase the bargaining position of women, especially in matters of family planning.

It is expected to the local government to improve access and quality of information, education, counseling and contraceptive services provided to the community, especially the couples of fertile age (EFA) through advocacy, health workers are skilled and friendly.

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