

Self-Independence of Family Planning In Urban Area

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Abstract—The TFR (Total Fertility Rate) East Javan Trend in the IDHS (Indonesia Demographic and Health Survey) 2012 remained 2.6 per woman. This potentially causes an increase in the number of births. FP (Family Planning) services are free and priority is given to the poor. FP acceptors must pay from their own money to get contraception. After the 2007 economic crisis, people have difficulty meeting these needs, especially in urban areas. The necessities of life in urban areas are higher than in rural areas. Gresik District's new FP acceptors are still lower than in other districts. The purpose of this study is to analyse couples of reproductive age in relation to the self independence of FP. This study is observational with a cross sectional design. The population of the study is couples of reproductive age in all of the villages in the Gresik District. The sample consists of 39 couples determined by Multi Stage Random Sampling. The data was analysed descriptively. The results indicate that the educational level of the majority of the husbands and wives are that they are graduates from high school. A total of 46.2% of women and 92.3% of men are working. The majority of the couples work as employees in the industrial sector. The majority of the couples want two children and have had enough children (46.2%). 47.62% of the wives use a syringe for compatibility reasons. While 5.1% of the husbands use condoms, FP use independently is 7.7%. FP services are not obtained by spending the majority of their income but from facilities in the workplace. The majority of family expenditures are expected to meet the daily needs of the family. These conditions can have an impact on their drop out, or it shifts the effective birth control in to becoming ineffective. Therefore, efforts should be made to raise public awareness about family planning and to create better access to contraceptive family planning services.

Keywords—family planning; family planning services; independent family planning; self independence of family planning

I. INTRODUCTION

The results of the Indonesian Demographic and Health Survey (IDHS) 2012 showed that for the first time since 1987, the current TFR (Total Fertility Rate) does not show a downward trend that is stagnant at 2.6 per woman up to 2012 [1]. The results of IDHS 2012 also showed that TFR East Java experienced an increase compared to the 2007 IDHS from 2.1

to 2.3 [2]. Considering that, the Family Planning (FP) program needs serious attention because of the increasing number of people in Indonesia demanding the regulation and fulfilment of their related needs.

Success in the implementation of family planning programs is influenced by several factors. The existence of extension workers and the support of government/local government is needed. In addition, the role of the community program is also a key to the success of the program [3].

After the economic crisis hit Indonesia, the price of goods increased and lowered the purchasing power of the community. This had a huge impact on society, especially in relation to spending money and determining the priority scale in the household. This led to two possibilities made by the public which are the increase in cases of contraceptive users dropping out and the change of use of contraception from more effective to less effective. Moreover, the existence of subsidies for contraceptives at this time is very limited. Community participation as a participant in the family planning program may decrease. Communities, when they want to participate in the FP program, are required to be more independent when getting family planning services. The budget of family planning services should be paid by the community [4]. Self-supporting FP has become one of the choices for people who want to be FP acceptors.

Meeting the needs of everyday life still includes the main needs being met by the community. This certainly affects public participation in FP. This is especially for urban communities whose cost of living is more expensive than that in the more rural areas [5]. Urban and rural conditions have different characteristics. Urban facilities and infrastructures are more complete, and the access to communication and information is easier, while the level of education is relatively high [6].

Gresik District is one of the districts in East Java with a low TFR achievement of 1.88 in 2014. Even in 2013, based on reports of FP acceptor data in the National Population and Family Planning Board (BKKBN) Representative of East Java (2013), the addition of new FP acceptors was quite low at 15% compared to other districts. Therefore, it is necessary to study community participation in relation to the self independence of Family Planning (FP) in the urban area of Gresik District.

II. METHODS

This study was an observational study with a cross sectional design. The population in this research was all of the reproductive age couples in Gresik District. Reproductive age couples are married couples whose wives are 15 - 49 years old (reproductive age). The sample of this study is reproductive age couples who were randomly selected in the selected villages using Multi Stage Random Sampling. The villages are in the Sidomoro and Kebomas sub-district. The data collected in this study included primary data and secondary data. The primary data collection was conducted through interviewing the reproductive age couples by distributing a questionnaire. Then the data was analysed descriptively.

III. RESULTS

Gresik District is one of the districts located in the East Java Province. Gresik District is located in the northwest of Surabaya City, which is the Capital of East Java Province with an area of 1,191.25 km². Gresik District is divided into 18 sub-districts and consists of 330 rural and 26 urban area [7]. The development of many industrial centres in Gresik District makes Gresik one of the most industrial cities in East Java.

A. Characteristics of Reproductive Age Couples

The age of the wife in the couple ranges from 26-49 years old and the husband's age ranges from 27-71 years. The education level of the majority of the wives is that of having finished high school for 26 respondents (66.7%). Similarly, the education level of the majority of the husbands was that they had graduated from high school for 23 respondents (59%). A total of 18 wives (46.2%) were working and 36 husbands (92.3%) the same. The majority of couples in urban areas want to have 2 children only. There are 18 wives (46.2%) in urban areas that do not use contraceptive tools/methods. The tools/methods/methods of family planning used by the reproductive age couples can be seen in Table I.

TABLE I. FAMILY PLANNING METHODS

Acceptor FP	Methods	Urban	
		n	%
Wives	Not use	18	46.15
	IUD (Intra Uterine Device)	4	10.26
	Calendar	2	5.13
	Pill	2	5.13
	Injection	10	25.64
	Implant	1	2.56
	Tubectomy	2	5.12
Husbands		39	100.00
	Not use	36	92.31
	Coitus interruptus	1	2.56

	Condom	2	5.13
		39	100.00

B. Self Independence of Family Planning (FP)

There are 21 wives (53.8%) representing FP participants while husbands make up 3 respondents (7.7%). The number of FP participants obtaining free family planning tools/services is 17 respondents (43.6%) and paid for 4 of the respondents (10.25%). For the husband, there were only 2 respondents (5.13%) who paid and 1 respondent (2.56%) who got it free. The total expense that should be issued independently by the acceptors is from Rp.8,000 up to Rp. 15,000.

TABLE II. DISTRIBUTION OF SELF INDEPENDENCE OF FAMILY PLANNING

Independent FP	Category	Urban	
		n	%
Wives	Not use contraception	18	46.15
	Not independent FP	17	43.60
	Independent FP	4	10.25
Husbands		39	100.00
	Not use contraception	36	92.31
	Not independent FP	1	2.56
	Independent FP	2	5.13
		39	100.00

IV. DISCUSSION

A. Characteristics of Reproductive Age Couples

Based on the characteristics of the reproductive age couples, it can be seen that the average age of the wife is 38 years old and the average age of the husband is 42.3 years old. At that age, there is still the possibility for the occurrence of pregnancy especially when the youngest wife is 26 years old. This is related to the birth as described by David and Blake (1956) in Mantra (2009) [8], in that one of the determinants of fertility is the time at which sexual intercourse begins and ends. The age of marriage begins with the time when the couples begin sexual intercourse. So, the early start of a sexual relationship will result in a higher chance for more births.

The majority education level of the wife and husband of reproductive age couples was that they had graduating from high school for both. The level of education is quite high although there is still no elementary school stage. One characteristic of the urban community is that the average member of the community already has a fairly high level of education [3]. Urban communities are relatively more open and better receive new information including about family planning.

The husbands and wives of the reproductive age couples in urban areas have quite a lot of work, especially in the industrial sector. This possibly influences the pregnancy rates. Wives who work will add to their busy life. The business will certainly affect the wife, such as the wife's time and energy. Even the meeting frequency of the husband and wife will be disrupted due to the shift-based working hours in the industrial

sector [9]. This, of course, can reduce the impact of pregnancy and birth rates. Gresik District is known as one of the more industrial areas in East Java. The majority of people work in the industrial sector and on the other hand, they also develop services, are entrepreneurs and trade. The income level of the respondents is quite varied but already above the minimum salary of Gresik District. The minimum salary in Gresik District in 2015 was Rp. 2,707,500 while the average family income reached Rp. 3,844,102,6 in the urban areas [6]. Based on that fact, it is still possible to pay independently to obtain tools/methods for FP. This condition is certainly different when not accompanied by the conditions of the crisis which further reduces the value of money in the community, and increases the price of goods. The impact of the financial crisis is certainly felt by people in urban areas [5].

B. Self Independence of Family Planning (FP)

The majority of reproductive age couples have 2 children only and indeed, the majority also want 2 children only. The desire of this child according to Lucas (1990) is also associated with the value of the child as someone [10]. If the child is seen of as having an impact on the family's larger economic expenditure, then reproductive age couples will limit childbirth. Based on these conditions, reproductive age couples will make efforts to prevent pregnancy. The prevention of pregnancy can be done using various tools/methods of FP that are felt to be suitable or comfortable for the reproductive age couples. The majority of the wives use FP injections while many husbands do not use the tools/method FP, as their wives already use an FP tool/method. The majority of FP participants still use the free facility that is available. 10.3% of FP participants are self independent family planning participants. This shows that the majority of reproductive age couples still do not have the desire to spend their own money on FP. The costs to meet basic needs will certainly be prioritised over others. This can have an impact on the drop out or move of the FP tool from effective to ineffective [12]. Freedman's (1983) dependent regulation is influenced by the cost of obtaining the desired tools/methods [8]. The cost perceived by society as the burden will make the society not meet the needs of family planning. Although the cost intended in Freedman et al's theory is not only in the form of money spent on transportation, as salaries are cut off because they have to leave work to get contraception. This cost also includes fear, discomfort, perceived pain, side effects from family planning and other sacrifices. This cost also includes the fees for accessing and when using contraceptive tools/methods. If the cost has a greater influence than the motivation to regulate pregnancy, then the arrangement of pregnancy will not be done. Similarly, if the cost is not assessed as a burden compared to the desire to make the arrangement of pregnancy, then the arrangement of pregnancy will be go ahead. , the couple can keep using the commonly used or second most common method of contraception, or they can seek to replace the cheapest or most economical contraceptive tools in the public view. The replacement of this contraceptive tools/method can be changed from effective to ineffective. On the other hand, not all people

use contraceptives, even though they say that they do not want children [8].

Therefore, a lot of effort should be made to improve community knowledge and awareness about family planning and the ease of obtaining family planning services. The convenience of family planning services includes close health care facilities and cheap/affordable or even no fees.

V. CONCLUSION

Birth control is related to several factors: age, educational level, working status, the ease of obtaining family planning tools/methods, and any costs incurred. The living cost in urban areas is more expensive than in the rural areas, and is a primary consideration when choosing a family planning tools/method. People generally prefer family expenses in order to meet basic family needs. This impacts on the awareness of obtaining free tools/methods FP. Therefore, there are still communities, as participants, in the self independence of FP in urban areas. It also indicates that it is still necessary to provide the tools/methods of FP that people want cheaply and for free. Moreover, the monetary crisis that is accompanied by the rising prices of goods to date is still felt by the public. The presence of FP participants who drop out or move contraceptives from effective to less effective will be a very large percentage. Although some people get free family planning tools/methods, both from the government and private companies, the expensive living costs in the city are the top priority to be met rather than providing contraceptives.

References

- [1] BKKBN Jatim, "Dr. Wendy Hartanto, MA, Hadiri Sosialisasi dan Resmikan Website Kependudukan Jatim", BKKBN Jatim. , 18 Desember 2012, cited February 26, 2014, http://jatim.bkkbn.go.id/berita.php?p=berita_detail&id=749.
- [2] Canning. D, Schultz. T, "Series family planning 4, economic consequences of reproductive health and family planning", July 10, 2012, pp. 2-4, <http://www.mamaye.org/sites/default/files/evidence/The%20economic%20consequences%20of%20reproductive%20health%20and%20family%20planning.pdf>.
- [3] Christiani. Y, Byles. J E, Tavener. M, Dugdale. P, "Do women in major cities experience better health? a comparison of chronic conditions and their risk factors between women living in major cities and other cities in indonesia", *Journal Global Health Action*. 2015;vol.8(0):1-9, Co Action Publishing, cited July 20, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4685294/>
- [4] David. L, "Pengantar Kependudukan", Yogyakarta: Gadjah Mada University Press, 1990, pp.80-88.
- [5] Diskominfo Jatim. "Daftar UMK jatim 2015", Diskominfo, 2015. www.jatimprov.go.id/read/data-ppid/daftar-umk-jatim-2015
- [6] Khosim. A, "Geografi Kelas XII", Grasindo: Yogyakarta, 2006.
- [7] Mantra. I B, "Demografi Umum", Pustaka Pelajar: Yogyakarta, 2009.
- [8] National Population and Family Planning Board, "Indonesia Demographic and Health Survey", Jakarta: National Population and Family Planning Board, 2013.
- [9] Pemkab. Gresik, "Gresik Dalam Angka", Pemkab. Gresik, 2016, Cited: November 20, 2016, <http://gresikkab.go.id/profil/geografi>.
- [10] Pemkab. Gresik, "Industri pengaruhi angka kelahiran bayi", September 18, Pemkab Gresik, 2015.

http://gresikkab.go.id/berita/2015_09_18_industri_pengaruh_angka_kelahiran_bayi.

- [11] Steyn. P S, Cordero. J P, Gichangi. P, Smith. J A, Nkole. T, Kiarie. J and Temmerman. M, "Participatory approaches involving community and healthcare providers in family planning/contraceptive information and service provision: a scoping review". *Journal Reproductive Health*, vol.13, Juli 2016, Bio Med Central Publisher, pp 1-4, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4957852/pdf/12978_2016_Article_198.pdf.
- [12] Sulistyorini. Y, Indriani. D, Puspitasari. N and Indawati. R, "Partisipasi PUS dalam KB mandiri kabupaten gresik", Fakultas Kesehatan Masyarakat Universitas Airlangga, 2014.