

DECISIONS ON SELECTION OF CONTRACEPTIVE DEVICES AND SOCIO-ECONOMIC CONDITIONS ON FERTILITY

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Abstract

Indonesia has a population that is quite high compared to 2007, namely 237,641,326 people in 2014 or an increase of 1.5 percent, namely from 232,900,000 people and in 2020 there were 270,203,917 people. The distribution of the female population is 133,542,018 and the male population is 136,661,899. Based on the results of population projections, in 2019 the population of North Sumatra is 14,562,549 people consisting of 7,266,207 men and 7,296,342 women or with a sex ratio of 99.59 (every 100 women there are 99 men). The aim of the study was to find out the relationship between the decision to choose contraceptive devices and socio-economic conditions on the fertility of couples of childbearing age in the working area of the Bukit Kapur Health Center in Dumai City in 2022. The research method is observational and the type of research is descriptive analytic with cross sectional, namely studying the correlation between risk factors with effects in the form of certain health status. The results of the study showed that there was a relationship between the decision to choose the type of contraception and fertility in the working area of the Bukit Kapur Health Center, Dumai City, in 2022 where the p-value was 0.003 ($p < 0.05$) and there was no relationship between socio-economic status and fertility in the Bukit Kapur City Health Center work area. Dumai in 2022 where the p-value is 0.078 ($p < 0.05$). Communities are able to seek information and increase knowledge about the Relationship between Contraceptive Selection Decisions

Keywords: Decision, Contraceptives, Socio-Economy, Fertility.

INTRODUCTION

The reproductive results of a woman or a group of women with live births are referred to as fertility. Fertility itself supports changes in a population. Fertility is the same as a live birth where the birth is not based on gestational age. (Fandro, et al. 2021)

Indonesia has a population that is still quite high compared to 2007, namely 237,641,326 people in 2014 or an increase of 1.5 percent, namely from 232,900,000 people and in 2020 there were 270,203,917 people. The distribution of the female population is 133,542,018 and the male population is 136,661,899. In 2007, Indonesia had the largest population in the world after China, namely 1,326,526,463 people, India 1,140,455,260 people and the United States 302,711,006 people. (Mahendra, 2017)

Based on the results of population projections, in 2019 the population of North Sumatra is 14,562,549 people consisting of 7,266,207 men and 7,296,342 women or with a sex ratio of 99.59 (every 100 women there are 99 men). The population of North Sumatra is less than 15 years old, and only 4.63 percent are aged 65 years or more and the remaining 64.31 percent are of productive age (15-64 years). In 2019 in North Sumatra, 53.99 percent of women aged 15-49 years with married status who had (currently and no longer use) used contraceptive methods/methods, and 40 who were actually still actively using contraceptive methods/methods. 38 percent. In terms of the Raskin program, based on the 2019 Susenas data, in North Sumatra there were 13.52 percent of households that had purchased/received Raskin in the last 4 months. (Statistics of People's Welfare of North Sumatra Province, 2019)

Fertility has stagnated over the last 10 years (2.6 children) and has failed to reach the 2015 RPJMN target of 2.1 children. Meanwhile, the use of contraception increased by less than one percent, and under-five mortality only decreased slightly. This is probably because the Population and Family Planning program is not a priority. (Syahmida, 2016)

The fertility rate in a country is influenced by several variables such as age, gender, marital status, use of contraceptives or other characteristics. According to Davis and Blake, the factors that affect fertility are intermediate variables, namely variables that directly influence and indirect variables, such as social, economic and cultural factors. According to Easterlin, the level of fertility is partly determined by background characteristics such as perceived value of the child, religion, living conditions, education, working status, age at first marriage, income, infant/child mortality. Every family has fertility norms and attitudes based on the above characteristics. (Sri Yuniarti, 2022)

Many factors influence the Total Birth Rate (TFR), namely income level, education level, level of health and use of contraceptives, and level of urbanization. (Mahendra, 2017)

The results of a preliminary survey conducted on couples of childbearing age aged 25-37 years at 10 PUS found 4 couples of childbearing age who used contraception such as hormonal and 6 non-hormonal and the decision making in using hormonal or non-hormonal contraception was 100% the decision was made by the wife.

From a socio-economic perspective, the couple of childbearing age are 100% farmers and their socio-economic conditions are pre-prosperous. Based on the problems above, the researcher is interested in conducting research with the title "Relationship of Contraceptive Selection Decisions and Socio-Economic Conditions on Fertility in 2022.

RESEARCH METHOD

This research method is observational/survey, namely data collected from respondents using a questionnaire or questionnaire without intervene on research subjects. This type of research is descriptive analytic with cross sectional, namely studying the correlation between risk factors and effects in the form of certain diseases or health status. (Charsel, 2018)

RESULTS AND DISCUSSIONS

The research result based on independent variables can be seen in the following table:

Table 1: Frequency Distribution Based Characteristics

No.	Characteristics of Respondent	Total(n)	Persent (%)
1.	Age		
	<20>35 years	64	41
	20-35 years	92	59
	Total	156	100
2.	Type of Contraception		
	Hormonal	84	54
	Non Hormonal	72	46
	Total	156	100
3.	Decision Maker		
	Husband	27	17
	Wife	129	83
	Total	156	100
4.	Socioeconomic Status		
	Pre-prosperous	12	8
	Prosperous	144	92
	Total	156	100
5.	Fertilitation		
	>2 Child	123	79
	<2 child	33	21
	Total	156	100

The results showed that the majority of mothers had age 20-35 years of 92 (59 %), minority age <20>35 years of 64 (41%). majority of mothers had type contraception hormonal of 84 (54 %), minority type non-hormonal of 72 (46%). majority of decision maker had wife of 129 (83 %), minority had husband of 27 (17%). majority of Socioeconomic Status had prosperous of 144 (92 %), minority had pre-prosperous of 12 (17%). majority of Fertilitation had >2 child of 123 (79 %), minority had < 2 child of 33 (21%).

The results of the analysis can be seen in Table 2. Below:

Table 2: The Tabulation of Decision Maker and Fertilitation

No	Decision Maker	Fertilitation				Amount		p-value
		> 2 Child		< 2 Child		F	%	
		f	%	f	%			
1	Husband	27	17	0	0	27	17	0,003
2	Wife	96	62	33	21	129	83	
Total		123	79	33	21	156	100	

Based on the table 2 above, it shows that there is a relationship between the decision maker and fertility in the 12 Belawan 1 environment, Medan Belawan district, Medan City district in 2022 where the *p-value* is 0,003 ($p < 0.05$).

Table 3: The Tabulation of Socioeconomic Status and Fertilitation

No	Socioeconomic Status	Fertilitation				Amount		p-value
		> 2 Child		< 2 Child		F	%	
		f	%	f	%			
1	Pre-prosperous	8	5	6	4	14	17	0,078
2	Prosperous	115	74	27	17	142	83	
Total		123	79	33	21	156	100	

Based on the table 2 above, it shows that there is a no relationship between the Socioeconomic Status and fertility in the 12 Belawan 1 environment, Medan Belawan district, Medan City district in 2022 where the *p-value* is 0,078 ($p > 0.05$).

Discussion the research based on table 6 above, it shows that there is a relationship between the decision to choose the type of contraception and fertility in the working area of the Bukit Kapur Health Center, Dumai City, in 2022 where the *p-value* is 0.003 ($p < 0.05$).

Based on table 7 above, it shows that there is no relationship between socio-economic status and fertility in the Working Area of the Bukit Kapur Community Health Center, Dumai City, in 2022 where the *p-value* is 0.078 ($p < 0.05$).

The fertility rate in a country is influenced by several variables such as age, gender, marital status, use of contraceptives or other characteristics. According to Davis and Blake, the factors that affect fertility are intermediate variables, namely variables that directly influence and indirect variables, such as social, economic and cultural factors.

According to Easterlin, part of the fertility rate is determined by the characteristics of the background background such as the perceived value of children, religion, housing conditions, education, work status, age at first marriage, income, infant/child mortality. Every family has fertility norms and attitudes based on the above characteristics. (Sri Yuniarti, 2022)

Women who have five or more children are more likely to be found in those whose husbands do not agree with the use of contraceptive methods. With a value of $p = 0.001$, it indicates that there is a significant relationship between the opinion of the husband/partner and the use of contraceptive methods. More women who have 1-2 children are found in those who have had contact with family planning officers in the last 6 months. Conversely, women who have five and more children are found to be high in those who have not had contact with family planning officials in the last 6 months. As shown in Table 7, this condition is indicated by a significant relationship between contact with family planning officers and the number of children a woman of childbearing age has ($p=0.01$). The proportion of women who have 1-2 children is higher for women who have access to media who provide information about family planning than women who do not have access to media. In contrast, women who have more than two children tend to be those who do not have access to information about family planning from the media. Access to media about family planning has a significant relationship with the number of children born alive with a value of $p=0.001$. Among women who have 1-2 live born children, there is no difference in the proportion of husbands/partners who agree and do not agree with the use of contraceptive methods/methods. The results of the analysis show that the husband's opinion in family planning holds the key to having children, namely: the highest proportion of women who have 1-2 children are those/women whose husbands/partners agree/agree to use contraception.

In the economic analysis of fertility, it is discussed why the demand for children decreases when income increases. New household economics argues that firstly, parents start to prefer children with higher quality in small quantities so that the "buying price" increases then secondly when income and education increase, more time (especially mother's time) is spent on take care of children. So the child will be more expensive. H. Leibenstein argues that children are seen in terms of utility and cost. Its use is to provide satisfaction, can provide economic remuneration or assist in production activities and is a source that can support parents in the future. While expenses for raising children are the costs of having these children.

If there is an increase in income, parents' aspirations will change. Parents want children of good quality. This means costs go up. Meanwhile, its usefulness has decreased because even though children still provide satisfaction, their economic remuneration has decreased. In addition, parents are also not dependent on children's donations. So the costs of raising children outweigh the benefits. This causes the demand for children to decrease or in other words, fertility decreases. Robinson and Harbinson describe the framework of economic analysis of fertility. Economic considerations in determining fertility are related to income, costs (direct or indirect), tastes, modernization and so on. According to Bulatao, modernization affects the demand for children in terms of making latent demand effective. According to Bulatao, demand for children is influenced (determined) by various factors such as child costs, family income and tastes. (A. Mahendra, 2017).

CONCLUSION

Based on table 6 above, it shows that there is a relationship between the decision to choose the type of contraception and fertility in the working area of the 12 Belawan 1 environment, Medan Belawan district, Medan City district in 2022 where the p-value is 0.003 ($p < 0.05$). Based on table 7 above, it shows that there is no relationship between socio-economic status and fertility in the in the 12 Belawan 1 environment, Medan Belawan district, Medan City district in 2022 where the p-value is 0.078 ($p < 0.05$). Suggestions for research locations There are efforts to increase freedom with good commitment in the decision to choose contraceptives and improve socio-economic conditions for fertility.

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