

INDEPENDENT FAMILY PLANNING IN RURAL AND URBAN AREAS GRESIK DISTRICT

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INTRODUCTION

Based on the results of IDHS 2012 showed for the first time for 7 times IDHS since 1987, Indonesia TFR (Total Fertility Rate) figures currently show a downward trend, but settled (stagnant) in the figure of 2.6 per woman until 2012. [1] The IDHS results can be seen in figure 1.

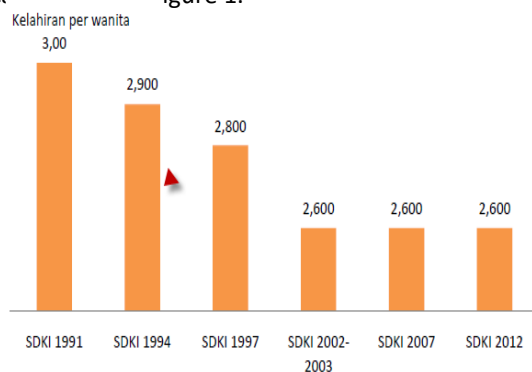


Figure 1. Tren TFR Indonesia, 1991 – 2012 (IDHS 2012)

Figure 1. shows that the TFR of 2.6, which means that every woman until the end of her reproductive life on average have 2.6 children. It has the potential occurrence of higher birth rates in the coming decades. Results Demographic and Health Survey 2012 showed that the TFR in East Java today has increased rather than IDHS 2007 of from 2.1 to 2.3.[2] Considering this, the family planning program needs serious attention, given the increase of population in Indonesia requires the setting and subsistence good and decent. The success in the implementation of family planning programs is influenced by several factors. Presence Extension FP and the support of government / local governments is crucial. Besides the role of the public to participate directly in the program is also a key to the success of the program. Participation of the community as participants in the program experienced a fluctuating conditions, when at this time are required to be more independent in getting family planning services. Funding for family planning services should be paid by the communities themselves. On the other hand, after the economic crisis hit the country, resulting in the price of goods

has increased and lower purchasing power. This gives a huge impact on society, especially in spending money and setting priorities in the household. This will lead to two possibilities were done by the people, namely, the first is a higher incidence of drop-out users of contraceptives and the second is a change in use of contraceptives from effective to ineffective. Moreover, the existence of subsidies for contraceptives at this time is very limited. FP independently be one option for people who want use FP including for people in rural and urban areas. Conditions rural and urban have different characteristics. The rural tends to be holding culture / customs, do not easily accept new things, facilities and infrastructure is not as complete as in urban area, education is still relatively low. [3] Gresik district is one of district in East Java with the achievements of TFR were categorized high at 2.20 in 2012. Even in 2013 based on data reports acceptors in East Java Legislative BKKBN (2013) the addition of new family planning acceptors is quite low at 15 % compared to other districts. Therefore, it is necessary to study the conditions of rural and urban communities in Gresik in Independent Family Planning (FP).

METHODS

This research was an observational study with cross sectional design. The population in this study were all reproductive age couples in Gresik District. Reproductive age couples was a married couple in which the wife aged 15-49 years (of childbearing age). While the sample is randomly selected reproductive age couples in selected in rural and urban area at the neighborhood level by way of the Multi Stage Random Sampling. Respondents in this study is 90 couples. The data collected in this study included primary data and secondary data. Primary data were collected through interviews the couples with the tools questionnaire. Secondary data obtained from existing data in government agencies such as the Office of the District, Village / Village and BPPKB Gresik district. Data were analyzed descriptively.

RESULT

Gresik is one of the counties located in East Java province. Location Gresik is located in the northwest city of Surabaya, which is the capital of East Java province with an area of 1191.25 km². Gresik District is divided into 18 subdistricts and consists of 330 rural area and 26 urban area. [4]. Construction of many industrial district of Gresik. That makes Gresik one of industrial town in East Java.

Characteristics Reproductive Age Couples

Wives age in the rural area between 21-49 years old and 26-49 years old in urban areas. Husband age in the rural around 27-55 years old and 27-71 years old in urban areas. Highest level of wife education in rural is a high school graduate as many as 21 respondents (41.2%) as well as the majority completed high school in urban areas as many as 26 respondents (66.7%). Similarly, the education level of the majority husband was graduated from high school, in the rural as much as 25 respondents (49.1%) and in urban areas as many as 23 respondents (59%). The majority of rural and urban areas wanted to have two children alone. There are 18 wives (46.2%) in urban areas do not use tools / methods / ways of contraception while as many as 21 wives in rural areas (41.2%). Tool / method / planning methods used by the reproductive age couples can be seen in Table 1.

Independent Family Planning (FP)

There are 21 wives (53.8%) were participants in urban and his wife 30 (58.8%) in rural areas, while the husband as much as 2 respondents (3.9%) in rural areas and 3 respondents (7.7%) in urban areas. The planning participants obtain the tools / free family planning services with a total of 18 respondents (35.3%) in rural areas and by paying as much as 12 respondents (23.5%) to the reproductive age couples wife in the urban. While the husband was only 4 respondents (10.25%) in urban paid and 17 respondents (43.6%) were free. Distribution of independent FP can be seen in Table 2. Total cost of money must be spent independently by FP about Rp. 8,000 to Rp. 15,000.

Table 1. Family Planning Methods

Acceptor FP	Methods	Urban		Rural		
		n	%	N	%	
Wives	Not use	18	46,15	21	41,18	
	IUD	4	10,26	3	5,88	
	Calendar	2	5,13	3	5,88	
	Vasectomy	1	2,56	0	0,00	
	Pill	2	5,13	7	13,73	
	Injection	10	25,64	11	21,57	
	Implant	1	2,56	4	7,84	
	Tubectomy	1	2,56	2	3,92	
			39	100,00	51	100,00
Husbands	Not use	36	92,31	49	96,08	
	Coitus interruptus	1	2,56	0	0,00	
	Condom	2	5,13	2	3,92	
			39	100,00	51	100,00

Table 2. Distribution of Independent Family Planning

Independent FP	Category	Urban		Rural		
		n	%	n	%	
Wives	Not use contraception	1		2		
		8	46,15	1	41,20	
	Not independent FP	1		1		
		7	43,60	8	35,30	
		4	10,25	2	23,50	
	Independent FP	3	100,0	5	100,0	
		9	0	1	0	
	Husbands	Not use contraception	3		4	
			6	92,31	9	96,08
Not independent FP		1	2,56	0	0,00	
		2	5,13	2	3,92	
Independent FP		3	100,0	5	100,0	
		9	0	1	0	

DISCUSSION

Characteristics Reproductive Age Couples
 Based on the characteristics of EFA in mind that the average age of 36.49 years old, while wife of an average age of 41.06 years old husband in the urban area while average age of husband and wife of 38 years old to 42.3 years old in urban areas. At that age it is still possible for the occurrence of pregnancy. Especially when seen that the wife of the youngest age was 21 years old and 26 years old in rural and urban areas. This will be associated with the occurrence of birth as described by David and Blake (1956) in Mantra (2009) [5] that one of the determinants of fertility is a start and end time of sexual intercourse. Age begin mating relating to initiate sexual intercourse. So the early start of sexual intercourse will be a chance for the higher

incidence of low birth. The education level of husband and wife is finishing high school in reproductive age couples majority in rural and urban areas. The level of education is quite high though still encountered that did not complete primary school either in rural or urban areas. One of the characteristics of rural communities to say that average people still have low levels of education compared to urban areas. [3]. Gresik District was known as one of the industrial areas in East Java. The majority of people working in the industrial sector and on the other hand also develops the service sector, entrepreneurs and trade both in rural and urban areas. The income level of the respondents are varied but already above of Minimum Wages Gresik District. Minimum Wages Gresik District in 2014 amounted to Rp. 2,727,000 while the average family income reached Rp. 3,510,784.31 in rural and Rp. 3,844,102.6 in urban areas. [6] Based on this it is possible to pay on their own to get the tools / means / methods of family planning, of course, when not accompanied by a crisis which is increasingly reducing the money in the community. The impact of this crisis is certainly perceived differently for people in the village or in the city. [9]

Independent Family Planning (FP)

Reproductive age couples majority have 2 children only, and indeed the majority also wanted 2 children only. The desire to have children according to Lucas (1990) is also related to value for one's children. [7] If the child is seen impacted by economic spending larger families reproductive age couples will certainly limit the birth of a child. Under these conditions certainly reproductive age couples take steps to prevent pregnancy. Efforts to prevent such pregnancies can be done using a variety of ways / tools / methods FP perceived suitable or convenient for couples. The majority wife use FP tools using injectables either in the rural or in the urban, while the husband many are not using the tools / means / methods of family planning with their wives reasons already use. The majority of participants planning are still using the free facilities that are not paying. While 10.3% independent FP of urban and 23.5% rural. This shows the majority of reproductive age couples is still no desire to spend money on their own for FP. Costs for basic needs must be prioritized over others. This could have an impact on their drop out or move of an effective birth control to be ineffective. Fertility arrangement according to Freedman et al (1983) is influenced by the costs to get the tools / means / methods of birth control is desired. [5] The cost of people's perceived as a burden to be made public do not meet the needs of this family planning. Although the cost of which is intended in theory Freedman et al not only in the form of money spent for transportation, salaries

withheld since had to leave work to get contraception. This fee also covers the fear, discomfort, pain that is felt, the side effects of birth control and other sacrifices. This fee also includes any charges for accessing and when using the tool / means / method of contraception. If the cost of having a greater influence than the motivation for birth control, the regulation of pregnancy will not do. Likewise, if cost is not a burden than a desire value make arrangements pregnancy, pregnancy arrangements will be made. These arrangements do pregnancy there can be two possibilities. First, continue to use the tool / means / method of contraception that is normally used or second, replacing cheaper contraceptives or economical in view of the public. Replacement equipment / means / methods of contraception can be effective / ineffective. On the other hand, not all people use contraceptives, although it said it had not wanted to have more children. [8] Therefore, efforts should be made to raise public awareness about family planning and access to contraceptive family planning services. Ease of family planning services include health care facilities are close, low cost / affordable even for free.

CONCLUSION

Birth control related to various factors, one of which is the ease to get the tools / means / methods of family planning and costs. Cost of living in the urban area is higher than in the rural area into a major consideration in choosing the tools / means / methods of family planning. Rural area often still do not get easier access with regard to facilities, infrastructure, information and even health services, including family planning. Therefore, it is still at least independent FP in community shows that they required the provision of equipment / means / methods of family planning that people want it cheap and even free. Moreover, the financial crisis is accompanied by rising prices of goods is still felt by the public. Their planning participants drop out or move out of the effective contraceptives to no / less effective will be a very big place. Similarly, urban communities in need tool / method / family planning methods are easy, cheap and effective. Although some people get free from both government and private, the expensive cost of living in the city is a top priority to be met rather than giving contraceptives.

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