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Research

Women's Responsibilities in Choosing Injectable Family Planning in Timor Tengah Selatan District

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ABSTRACT

Background: Injectable contraception is the most popular contraceptive method in Indonesia with a user percentage of 63.71% of the coverage of modern family planning users. In addition to the benefits and practicality of its use, this method also has various negative impacts that can endanger the health of the acceptor. This study aims to explore and describe the acceptor's response to the negative impacts experienced as a form of responsibility for the health of the acceptor.
Subjects and Method: This study was conducted using descriptive qualitative method with triagulation analysis technique that connects empirical facts. The dependent variable is injectable family planning. The independent variables are responsibility, patriarchal culture, and decision making. The study was conducted on 18 informants who are injection family planning acceptors in Timor Tengah Selatan Regency.
Results: The informants do not mind experiencing the negative impacts of using injectable contraceptives and prioritize the benefits and practicality of their use. The low level of education of informants is a problem in receiving and digging information. Limited access to information is also hindered by the lack of infrastructure to reach health facilities. The high pressure of patriarchal culture is one of the decision-making factors and the high number of injecting family planning users.
Conclusion: The acceptor's lack of information regarding the contraceptive method used is a barrier in responding to the negative impacts experienced.

Keywords: women's responsibility, injectable family planning

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BACKGROUND

Injectable family planning is the most popular type of family planning acceptors in Indonesia. The number of injectable family planning acceptors is 15,261,014 people or 63.71% of the coverage of modern family planning in Indonesia (Kemenkes RI, 2018). Along with the high percentage of injectable family planning acceptors, the injectable family planning method also has quite a number of side effects, Depo Medroxyprogesterone Acetate (DMPA) injection acceptors are at risk of developing herpes simplex virus type-2 (HSV-2) as

much as 6 times greater than non-hormonal family planning acceptors (Grabowski et al., 2015). Menstrual cycle disorders, bleeding (spotting) to amenorrhea (Sinaga, 2018). Acceptors of hormonal contraceptives containing progesterone have lower sleep quality due to insomnia compared to women who do not use any hormonal contraceptives (Bezzera, 2019). The occurrence of weight gain, mood changes, decreased sexual desire (Dianat et al., 2019) There is a risk of hypertension in DMPA users with a duration of 5 years (Elsera et al., 2019). The use of hormonal contraceptives 5 years can increase the risk of gliomas, especially those containing progestin alone (Andersen et al., 2014). Does not protect against HIV/ AIDS (Kemenkes RI, 2014) Hormonal family planning acceptors with smoking habits 5 cigarettes/ day have a 2/3 times risk of cervical intraepithelial neoplasia (CIN) (Xu et al., 2018).

SUBJECTS AND METHOD

1. Study Design

The method used in this study is a descriptive qualitative method, the researcher intends to explain how the injection family planning acceptor is responsible for his decision to choose the injectable contraceptive method as the right contraceptive method for him. This research was conducted in 6 Puskesmas located in Timor Tengah Selatan Regency for 1 month.

2. Population and Sample

The population of this study were injectable family planning acceptors. In this study, there were 18 injection family planning acceptors with complaints as key informants, 18 husbands of injection family planning acceptors and 6 midwives as supporting informants.

3. Study Variables

The dependent variable is the injectable contraceptive. The independent variables are responsibility, patriarchal culture, and decision making.

4. Operational Definition of Variables

Injectable contraception is a contraceptive device in the form of a liquid containing the hormone progesterone which is injected into a woman's body periodically (1 month or every 3 months).

Responsibility is the attitude and behavior of a person to carry out the duties and obligations that he should do to himself, society, the environment (natural, social and cultural) of the state and God (Mustari, 2011).

Patriarchal culture is associated with the husband's role in the household which is more dominant by providing support to the wife so that it can influence the wife's attitude or actions (Prasetya et al., 2019).

The decision-making process is a process of stages starting from analyzing or the first introduction to a product that you want to have in accordance with your needs and desires based on suggestions from the surrounding environment, both the influence of parents and peers, after that if it is in accordance with the wishes then the purchase can be made. (Septiyandi, 2018).

5. Study Instruments

In this research, the main instrument is the researcher. The function of the researcher as an instrument is to determine the focus of the research, to select participants and informants as data sources, to collect data, to assess the quality of the data, and to draw conclusions from the research.

a) Interview Guidelines

Researchers prepare research instruments in the form of questions that will be submitted to participants in accordance with the research objectives. This guide is prepared not only based on the purpose of the study, but also related to the problem under study.

b) Voice Recorder

A voice recorder is useful as a tool during interviews so that the data collection process does not have to stop to record answers from participants and informants. The recording device can only be used after obtaining permission from the participants and informants. The recording device used by the researcher is a cellphone with a memory capacity of 64 GB so that it can record information during data retrieval.

c) Stationery

Stationery is useful for recording events at the research site when conducting in-depth interviews with informants who are not recorded by a voice recorder.

6. Data analysis

Data reduction is data analysis which is done by selecting important things and looking for themes and patterns. Recorded data obtained in the field are written and typed in the form of a detailed description or report.

b) Presentation of data

The presentation of the data is done in the form of a narrative text.

c) Conclusion drawing inerification

From the data obtained, then categorized, searched for themes and patterns and then drawn conclusions. The initial conclusions put forward are provisional. and will change if no strong evidence is found at the next stage of data collection.

RESULTS

The lack of information provided by health workers regarding contraceptive methods is one factor in the high number of injecting family planning users in Kab. crossword clue.

> *"They (midwives) never offered to use this or that, the medicine was already prepared and we were injected at the office (ATL:W1:N20). They never said anything, they (midwives) only asked if they were menstruating or not, otherwise it means they have been silent, if they answered menstruation, they (midwives) were silent. Anyway, I never gave any socialization about whether menstruation is good or not (for family planning users) (ATL:W1: N22)."*
>
> *"Not explained (the purpose of using injectable contraceptives) (DK:W1: N36). Not informed (side effect of contraceptive injection by midwife) (DK:W1: N42). From neighbors (information about the existence of injectable family planning) (DK:W1:N48)."*

The high number of injecting family planning users in TTS Regency is also influenced by trends that occur in the community.

> *"Most of them choose injectable contraception because the former is more like people (IF:W1:N18). So far, everyone has followed suit and they have previously used injectable contraception, so when giving birth to the 2nd, 3rd, or so on, they prefer injectable contraception (IF:W1:N22)."*
>
> *"The feeling is that they (patients) here follow friends, neighbors or acquaintances, so they (patients) come and immediately say "my mother wants implants" or "my mother wants injections" (YMB:W1:N8)".*

The lack of knowledge of acceptors and their husbands about the contraceptive method used makes mistakes in their attitude to deal with the negative impacts of injectable family planning and the lack of health facilities along with the lack of infrastructure is a barrier for people to reach health facilities in order to get family planning services.

> *"From the beginning, we used injecttion contraceptive. So I was never offered implants or anything (ATL:W1: N14)."*
>
> *"Most of them are mothers, because*

most of the men here don't want family planning (SK:W1:N16) they think that the men have to have surgery (MOP) so imagining that surgery they can't work hard, for example like a handyman or in the garden, the wife also cleans the garden so for family planning it is dominated by mothers if the fathers rarely (SK:W1:N18).

Geographically, TTS district has an area of 3,955.36 km2 with a hilly structure. The asphalt road infrastructure available in TTS Regency is 299.6 km long while the gravel road is 893.3 km (TTS Regency Government, 2020), the lack of transportation facilities in rural areas and poor infrastructure are barriers for people to reach health facilities. In addition, the lack of concern and busyness is also the cause of getting the right information.

The community in TTS Regency adheres to a patriarchal culture that requires acceptors to ask permission from their husbands before acting.

"He (husband) is the head of the household so we have to follow his (husband) talk (EN:W1:N92)."

“Because this household belongs to men, not women. Because he (husband) is the head of the household, so if you want to do something, you have to tell your husband first (RT: W1:N37-39).”

"Before there was an activity, there must have been a letter for EFA but in fact, only women and wives were present, while most of the men didn't because they probably thought that family planning was the duty of mothers (DT:W1:N38)"

"If he (the patient) has chosen injecttable contraceptive, we want to explain that he will still choose injectable contraceptive because maybe he has already received approval from his husband, so he (patient) will still participate (initial decision) (DT:W1:N6)."

"Using family planning is a woman's business (MB:W1:N26)"

DISCUSSION

South Central Timor (TTS) is one of the regencies in East Nusa Tenggara (NTT) Province, precisely on the island of Timor. Astronomically, South Central Timor is located between 9⁰26'- 10⁰10" South Latitude and 124⁰49'01" - 124⁰04'00" East Longitude (BPS, 2020).

The high need to regulate the number of children and the age gap of children in the family makes injecting contraception acceptors prioritize the benefits of using injectable contraception without finding out the impact of using injectable contraceptive for a long period of time on the health of the acceptors themselves, which results in confusion in their actions to deal with the impacts. negative experience.

The characteristics of the informant's age are included in the reproducetive age (WUS), which is between the ages of 15-49 years (Novitasary et al., 2013). The age of the informant is related to work productivity which directly affects the selection of the type of family planning used. The majority of the people of South-Central Timor work as farmers, which means that the acceptors have strenuous physical activities. This is in line with Ningrum et al., (2016) which states that the use of contracepttive methods is influenced by the acceptor profession.

The various educational levels of the informants consisted of 9 informants with basic education, 7 informants with secondary education and 2 informants with higher education (education criteria based on the National Education System Law No. 20 of 2003). The higher the level of education of the acceptor, it will affect the absorption of information about the contra-

ceptive method used and vice versa. This is in line with the theory (Indrayani, 2014) which states that the higher the level of education of the acceptor, the easier it will be for the acceptor to accept an innovation and the more likely it is to use modern family planning tools/ methods.

The informant's knowledge of injectable contraceptive is limited to the purpose of using the family planning and does not know the advantages and disadvantages of using it. This is because the informants received services to the extent of their needs and did not receive complete information even since the first visit.

The area of South Central Timor Regency is 3,955.36 Km2 consisting of 266 villages and 32 sub-districts where there are 2 hospital facilities and 36 community health centers (PUSKESMAS). The asphalt road infrastructure available in Timor Tengah Selatan Regency is 299.6 km long, while the gravel road is 893.3 km (TTS District Government, 2020) is an obstacle to access for the community to reach health facilities in order to obtain information from appropriate and reliable sources. This is in accordance with the statement (Shaw and McGuire, 2017) which states that geographic information systems applied to health services can assist health services to be provided including disease surveillance, health risk analysis, access and planning and public health profiles.

The people of Timor Tengah Selatan Regency adhere to a patriarchal culture which can be seen from the community's assumption that using family planning is a woman's duty and responsibility as a wife. In addition, a woman's right to use family planning must have permission from her husband as the head of the household who is considered responsible for the lives of her family members. This is in accordance with the statement (Prasetya et al., 2019) which states that patriarchal culture is associated with the husband's role in the household which is more dominant by providing support to the wife so that it can influence the wife's attitude or actions.

AUTHORS CONTRIBUTIONS

In this study, researchers contribute to the development of health information, especially in the field of reproductive health and family planning. In addition to the information found in this study, the researcher also provided information and education counseling regarding the meaning of contraception, the purpose of using contraception, the types of contraception available in Indonesia along with the disadvantages, advantages, benefits and side effects of these types of contracepttion to research informants (Injecting family planning acceptors) and their husbands can increase their knowledge about contraception, which aims to make family planning acceptors more careful in considering the type of contraception used or to be used later and to increase the husband's role in maintaining and protecting the reproductive health of his partner.

FINANCIAL AND SPONSORSHIP

This research uses private funds.

CONFLICT OF INTEREST

In this study, researchers saw the high negative impact on acceptors caused by the use of injectable contraception that researchers could not ignore. Apart from the purpose of using contraception, the researcher sees that regulating the number of children and the age gap of the children in the family are the duties and responsibilities of husband and wife that cannot be fully delegated and borne by the woman (wife) as is the condition in today's society.

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