



Qualitative Study of Decision Making Family Selection of Mother's Contraception

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ABSTRACT

The purpose of this study to determine and demonstrate the theory about the factors that influence family decisions on the selection of contraception in postpartum maternal health center Gayaman Mojokerto. This research is a descriptive study using qualitative methods approach. Technique of data collection by deep interviews. Informant or informants in this research five pairs of husband and wife who own characteristics and work the same tribe. The research was conducted by using a tape recorder and aided by assistant interview. In analyzing the data is done by data reduction, categorization of data, displaying of data and then draw the conclusions..The result of each informant the interview be the amplifier for the writer in validating the theory and explore what is purpose of the writer in this research. The result the form of the expression from every interviews the informant appear and explained in the chapter results of interviews. It can be concluded that the factors that influence the family decision making to election of contraceptives are environmental factor, individual differences factor, health factor, and pair of contraceptive factor method. While for the process of psychology factor the researcher could not prove the that these factors include the factor that influence the the decision making to election of contraceptives are health factor. The factor most instrumental to influence in decision making to election factor of contraception is contraception method, where it concerns the social and economic factor.

Keywords: Contraception; Family; Psychology

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INTRODUCTION

Reducing the maternal mortality rate (MMR) in Indonesia can be achieved through efforts to reduce the incidence of high-risk pregnancies and deliveries (including high parity), as well as reducing abortion rates through family planning programs². Implementation of family planning in Indonesia faces various obstacles, including inadequate counseling, limited information received by (potential) family planning participants, health issues, funding, access to family planning services, and obstacles from husbands, families, and the community³.

Gayaman District has the highest number of couples of childbearing age (PUS) in Mojokerto Regency, with 74,231 couples (27.08%). After conducting a preliminary study, researchers found that the number of couples of childbearing age (PUS) at the Gayaman Community Health Center was 1,365, while the total number of family planning acceptors was only 675. These included 22 using IUDs, 31 using implants, 236 using injectables, 156 using pills, 98 using condoms, and 15 using MOW. 3. Natural family planning (periodic abstinence and calendar abstinence) was 117. The gap is clear: more than half of the population in Gayaman District, Mojokerto Regency, is not using family planning, thus falling short of the target set by the National Population and Family Planning Board (BKKBN) of over 70% of PUS acceptors.

Severe anxiety during pregnancy harms the mother-baby relationship and reduces the mother's ability to fulfill her role as a mother⁴. Physical experiences and studies show that maternal prenatal stress is associated with an increased risk of miscarriage itself, premature delivery, fetal abnormalities, fetal growth retardation, and asymmetrical growth of the baby. Additionally, high stress during pregnancy increases stress hormones, which can lead to elevated blood pressure and decreased birth weight⁵. Mothers experiencing anxiety and stress signal through the Hypothalamic-Pituitary-Adrenal (HPA) axis, which can lead to the release of stress hormones including Adreno Cortico Tropin Hormone (ACTH), cortisol, and catecholamines. The release of these stress hormones causes systemic vasoconstriction, including constriction of the uteroplacental vessels that leads to disruption of blood flow within the uterus, thereby impairing the transport of oxygen to the myometrium and resulting in weak uterine contractions. This event prolongs the labor process (prolonged labor), which may cause fetal distress⁶.

Many women experience difficulty in choosing a contraceptive method⁷. This is not only due to the limited number of available methods, but also due to their lack of knowledge about the requirements and safety of these methods. Various factors must be considered, including health status,

side effects, potential consequences of failure, or unwanted pregnancy. Planned family size, partner approval, and even cultural norms are highly integral to family planning service⁸.

To understand the reasons why family planning acceptors decide to use family planning, researchers wanted to identify the factors that influence families' decisions to use family planning and their choice of contraceptive method. After identifying the factors influencing family planning acceptors through theory, researchers wanted to delve deeper into these factors and prove the theory through in-depth research in the community of Gayaman District, Mojokerto Regency⁹.

METHOD

This study used a qualitative research method with the aim of in-depth understanding of the factors influencing family decision-making regarding contraceptive choice among postpartum women. Furthermore, the researcher sought to prove the theory regarding the factors influencing decision-making and contraceptive choice among postpartum women. The data obtained were primary data, namely the results of direct interviews with informants. The researcher submitted a form requesting the availability of the informants for interviews before conducting them. After conducting the interviews, the results were obtained, including primary data obtained directly and in-depth, recorded and transcribed by the researcher using a tape recorder. The interviews were conducted with five pairs of PUS (Election Facility) assisted by an interview assistant. The interview results were then processed according to qualitative research methods and presented in narrative form.

RESULTS

1. Factors that influence decision making in choosing contraceptives

a. Couples

When choosing a contraceptive method to use or choose, husbands and wives support each other and share their opinions. Both husband and wife make decisions together when choosing a contraceptive method. Informant IX explained: "...Going with my husband to the midwife's practice and having stitches checked, we discussed it there..." (We went together with my husband to the midwife's practice and to have stitches checked, and that's where we discussed it). Informant VII's statement also indicates that husbands or partners participate in choosing a contraceptive method: "...it's up to me, okay, bro? Tu ge kami lah pegi same-same ke sane e..." (As for my husband, it's up to me, so we went to the midwife's office together). Informant VIII: "...brother, there is a 10-year age difference with my wife, I'm afraid

something will happen, so I'll change my wife like I'll use birth control. I'll change my wife, what will happen if it's good like my wife...". (I'm old, there is a 10-year age difference with my wife, I'm afraid something will happen, so we decided to use birth control, if you don't mind, as long as it's for your wife's good). Informant IX said: "... yes I agree, yesterday we discussed together to decide and choose a contraceptive method. Men abang principle e best like wife abang. Sude tu tu men men campur. ". It clearly shows that informant VIII husband agrees to the contraceptive method used or chosen by his wife. Similar to other informants, their husbands or partners all support or agree. Informant VII: "... at first e me nek e, sude e abang ask me nek use KB then it's up to me nek choose what, men abang is not complicated lah people e...". Informant III: "... actually e mutual agreement. Because we checked e together at the health center e. So that's when we discussed sude e extended family ge know about KB ne so we are going to use KB, cemtu.". According to information from informants VII and III, the decision in choosing a contraceptive method was made by mutual agreement. Supported by family who provide advice and information with partners or resource persons.

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Informant IV: "...it doesn't interfere with my milk production, ma'am. I'm currently breastfeeding my one-month-old child. It's the same as birth control, so I don't get pregnant, so I don't have my period...". Informant V: "...I don't know what the downsides are, my wife probably said it was because I've been using the injection for a long time, so my periods are irregular, and my wife has pain in her genitals. My wife's face looks a bit like there are spots...". Informants IV and V said that the advantage of using the 3-month injection is that it doesn't interfere with breast milk production because the wife is still in the postpartum period and breastfeeding her child. Similar to birth control, the 3-month injection prevents pregnancy and my wife doesn't menstruate, even though it only causes spotting. The disadvantages are unknown, but the wife complained that after using the 3-month injection for a long

time, her periods became irregular, she felt pain in her gluteal area, and spots appeared around her face¹⁰.

b. Health

Health factors are one factor that can influence the choice of contraceptive method. Informant I's wife explained that she was incompatible with birth control pills, leading her to replace them with a three-month injection: "...I used to use the pill, but I was constantly nauseous, and my periods weren't regular. Let's consult the midwife and they told me to switch to a three-month injection. Come on, I'm breastfeeding now too..." (I used to use birth control pills, but I switched because I was constantly nauseous and my periods were irregular. After that, I consulted the midwife, who suggested using a three-month injection because I was also breastfeeding). In addition to Informant I, other contraceptive methods that have experienced incompatibility include:

Informant III: "...I used a condom, but 3 weeks after that, my penis area felt irritated, so let's use the birth control, change to the 3-month injection now, because I'm still breastfeeding too...". Informant V: "...when I had my first child, I used the 1-month injection, but my body got bigger like now, but that's because I've given birth. I also had spotting and menstruation. The midwife said it was a sign that it wasn't suitable, so let's change to the injection. Thank God, now I don't have any more complaints..." (When I still had one child, I used the 1-month injection, but my body got fat, my periods weren't smooth, only spotting. The midwife told me that it was a sign that it wasn't suitable. So the midwife advised me to change to the 3-month injection, thank God, now I have no more complaints).

Informant IV: "...it doesn't interfere with my breast milk production, sis. I'm currently breastfeeding my 1-month-old child. It's the same as birth control, so I don't get pregnant, so I don't menstruate...". Informant V: "... I don't know what the downside is, my wife probably said it was because I used the injection for a long time, so my periods weren't regular, and my wife had pain in her genitals. My wife's face looks a bit like she has dark spots...". Informants IV and V said that the advantage of using the 3-month injection is that it doesn't interfere with breast milk production because the wife is still in the postpartum period and breastfeeding her child. Like with birth control, the 3-month injection prevents pregnancy and my wife doesn't menstruate, and even then, it only causes spotting. The disadvantages are unknown, but from the wife's complaint, after using the 3-month injection for a long time, her periods became irregular, she felt pain or soreness in her gluteal area, and spots appeared around her face¹⁰.

c. Contraceptive Methods

In analyzing the interview results, it is clear that in the choice of contraceptives, apart from the environmental influences that have been described, the contraceptive method factor is related to the

respondent's knowledge of the chosen contraceptive and is also related to economic factors as expressed by the five respondents as follows: Informant VI said that "... the 3-month injection is good, it doesn't interfere with breast milk, right?!" Ni ayuk is breastfeeding her child, ayuk sege e. the injection hurts, ge Only once every three months, hehehee, not like pills, complicated...". Informant VI showed that she knew the benefits of the 3-month injection which does not interfere with breast milk. Informant II said that "... compared to other types of contraceptives, along (it's better) to use the 3-month injection, it's also economical, aka not expensive, hehehehe... The midwife said that the more economical one is the IUD, but here many people use injections, no one uses the IUD in this area as far as I know..." (as far as I know, no one uses the IUD in this area).

During the interview process, the researchers captured many descriptions from respondents regarding contraceptive methods related to cost (economic) factors ¹¹. In addition to the significant costs of childbirth, informants argued that raising and caring for children also requires significant costs, especially with a large number of children. Therefore, using family planning is the right decision to limit the number of children and choose affordable contraceptives ¹².

DISCUSSION

1. Individual Differences

Every individual has different desires, wishes, hopes, perceptions, or assumptions, according to their needs¹³. Individual differences are one factor that influences family decision-making regarding contraceptive choice. According to research conducted by researchers, individual differences include the knowledge possessed by the five couples (PUS) (husband-wife couples). The statement by Informant II's wife states that the benefits of contraception include preventing pregnancy and spacing births ¹⁴. Individual differences can influence family health decision-making. People will respond positively if they understand what they want through their existing knowledge. Essentially, the five informant couples had a good understanding of the meaning, benefits, and objectives of the family planning program ¹⁵. They stated that they had received counseling and information about contraceptives from a midwife working at the Girimaya Community Health Center. After learning about family planning, they agreed to use contraceptives after their wife gave birth (during the postpartum period) ¹⁶.

2. Psychological Processes

One of the factors influencing family decision-making is psychological processes, which include information processing, learning, and changes in attitudes and behavior. Researchers were unable to prove that psychological processes were a factor influencing respondents (married

couples) in family decision-making regarding contraceptive choice. Another opinion states that psychological factors include emotional changes, such as trauma caused by side effects experienced by contraceptive users. Relating this to environmental factors, the reason researchers were unable to find and prove Budijanto and Hartanto's theory is because environmental factors, such as family and close relatives, are more powerful in influencing respondents, preventing psychological factors from occurring¹⁷. Hartanto and Budijanto's theory could not be proven by this researcher because the scope of this study was more specific, specifically focusing on the Madurese. Furthermore, this study had informants who had almost the same characteristics, including occupation, ethnicity, age, and education¹⁸.

3. Couples

Interviews with informants (married couples) indicated that each informant's decision-making regarding contraceptive choice aligns with the existing theory, which states that consensual decision-making is a healthy approach because the steps are agreed upon by the family members involved¹⁹.

The responses from each partner, both husband and wife, were positive, showing support for the decision and choice of contraceptive method to be used. However, they still considered the comfort of their partner (husband). The husband's (partner's) participation has a significant influence in determining the type of contraception chosen by the other partner (wife). Which quantitatively examined a sample of 120 married couples with diverse social, cultural, and educational backgrounds, the results showed that husband's support was the biggest factor in determining and choosing the type of contraception. However, in this study, the partner's factor was not the biggest factor in determining the type of contraception chosen by the family¹⁹.

4. Health

Consists of health status, including past or current illnesses, menstrual history, family history, including the presence of hereditary diseases, physical examination, and pelvic examination²⁰. Health factors are absolute, making it imperative for prospective family planning recipients to choose another contraceptive method. The results of interviews conducted by the researcher revealed that none of the informants had hereditary diseases, none had a history of irregular menstruation, and none had any physical abnormalities or pelvic deformities²¹. The researcher concluded that, based on data analysis, several informants stated that health factors influenced their decision-making, not based on medical history, but rather on the impact of suspected incompatibility after using a contraceptive method. This is evident in the quotes from informant II, whose wife stated that incompatibility was due to the use of birth control pills, and

informant IV, whose wife stated that incompatibility with her husband's condom use led them to switch and choose a 3-month injectable contraceptive. According to Hartanto 2004, health factors include hereditary disease history or health history, pelvic abnormalities, and physical examinations.¹² Researchers found a new factor in health factors for choosing contraceptives, namely based on experience (experienced or felt directly by the respondent). Not only that, informant IV did not look at health history, but looked at future health, as shown in the excerpt from informant IV's statement, a husband who said that if his wife had many children, it would be a risk to his wife's health in the future.

5. Contraceptive Method

Consists of the effectiveness of the chosen contraceptive, minor side effects, potential short-term and long-term harms, potential complications, and costs, which are related to socioeconomic conditions. Interview results summarized by researchers indicate that the contraceptive method plays a significant role in contraceptive choice. All interviewed informants stated that their choice of contraceptive method was a family consideration, particularly regarding the cost of the 3-monthly injectable contraceptive. Furthermore, four informant couples stated that the benefit of contraception is pregnancy prevention ²². They perceived that preventing pregnancy avoids the costly process of childbirth, which is also associated with significant costs, such as childbirth and education. The qualitative research concluded that the factors influencing family decision-making regarding contraceptive choice include environmental factors, individual differences, health factors, partner factors, and contraceptive method factors. However, regarding psychological factors, the researcher could not prove that these factors influence decision-making regarding contraceptive choice. Therefore, this study can also conclude that psychological factors are not included among the factors influencing family decision-making regarding family planning.

Researchers concluded that environmental factors, including the influence of family and close relatives, were the most significant factor influencing family decision-making regarding family planning. Meanwhile, the most significant factor influencing contraceptive choice was the contraceptive method, which is related to economic factors ²³.

CONCLUSION

The qualitative research conducted concluded that the factors influencing family decision-making regarding contraceptive choice were environmental factors, individual differences, health factors, partner factors, and contraceptive method factors. Regarding psychological factors, the researchers were unable to prove that these factors were among the factors influencing decision-making regarding

contraceptive choice. Therefore, this study concluded that psychological factors were not among the factors influencing family decision-making regarding family planning.

Researchers concluded that environmental factors, including the influence of family and close relatives, were the most significant influencing factors in family planning decisions. The method itself was also the most significant factor influencing contraceptive choice, which was related to economic factors..

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