

Determinan penggunaan kontrasepsi oleh wanita berstatus kawin di perdesaan: analisis survei demografi dan kesehatan Indonesia (SDKI) tahun 2012 = Determinants of contraception usage by married women in rural areas analysis of Indonesian demographic and health survey 2012

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Abstrak

Latar belakang: Total Fertility Rate (TFR) di perdesaan masih di atas TFR nasional yaitu 2.8 berbanding 2.6. Wanita perdesaan memiliki ketergantungan tinggi terhadap layanan kesehatan umum untuk mendapatkan pelayanan keluarga berencana. Total kebutuhan pelayanan kontrasepsi di wilayah perdesaan Indonesia adalah 72.5%. Wanita perdesaan perlu mendapat perhatian khusus karena 50.2% penduduk Indonesia tinggal di daerah perdesaan.

Metode: Penelitian menggunakan data SDKI 2012 dengan besar sampel 15.416 orang. Uji statistik yang digunakan adalah regresi logistik binomial, dengan subjek penelitian wanita berstatus kawin yang tinggal di daerah perdesaan, sedangkan wanita yang tidak dapat hamil atau sedang hamil saat survei dilakukan tidak diikutsertakan.

Hasil: Wanita di perdesaan yang belum menggunakan kontrasepsi sebanyak 36%. Ada hubungan antara usia, status pekerjaan suami, riwayat anak meninggal, paritas, usia menikah pertama, kunjungan petugas KB, aksesibilitas ke fasilitas kesehatan, keinginan memiliki anak, interaksi antara akses biaya dan akses jarak terhadap status penggunaan kontrasepsi oleh wanita berstatus kawin di perdesaan. Faktor yang paling dominan adalah status pekerjaan suami (OR=3.471, CI 95% 2.671-4.510), usia menikah pertama (OR1=3.277 CI 95% 1.705-6.296; OR2=2.774, CI 95% 1.444-5.328), dan akses biaya (OR=2.623, CI 95% 1.822-3.776).

Kesimpulan: Fokus sasaran peningkatan prevalensi pengguna kontrasepsi di perdesaan adalah wanita menikah di bawah usia 21 tahun, memiliki suami yang tidak bekerja, memiliki riwayat anak meninggal, dan paritas dua anak. Determinan penggunaan KB di perdesaan adalah aksesibilitas (jarak, biaya, informasi) dan keinginan memiliki anak.

Rekomendasi kebijakan dan program: melibatkan praktek bidan swasta dalam sistem jaminan kesehatan, bimbingan KB bagi pasangan menikah di bawah usia 21, pemetaan segmentasi sasaran pelayanan KB perdesaan, dan pemberdayaan petugas KB sebagai 'marketing sales' alat kontrasepsi.

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Background: Total Fertility Rate (TFR) in rural areas is still above the national TFR is 2.8 compared to 2.6. Rural women is highly dependent on public health institutions in acquiring family planning services. Total need of contraceptive services in rural areas of Indonesia is 72.5%. Rural women need special attention because they constitute 50.2% of Indonesian women.

Method: This research used data from IDHS 2012 with a sample size of 15,416 subjects. Statistical test used was binomial logistic regression. Married women who lived in rural areas are included in the study while infertile women or pregnant women are excluded.

Results: 36% of women in rural areas have never used any contraceptive method. Age, husband's working status, history of deceased offspring, parity, age at first marriage, visit by family planning officer, accessibility to health facility, desire for more children, interaction between mobility and financial accessibility are associated with usage of contraception by married women in rural areas. The most dominant factors are husband's working status (OR=3.471, CI 95% 2.671-4.510), age at first marriage (OR1=3.277 CI 95% 1.705-6.296; OR2=2.774, CI 95% 1.444-5.328), and financial accessibility (OR=2.623, CI 95% 1.822-3.776).

Conclusion: The focus of efforts to increase the prevalence of contraception user in rural areas are married woman who is below 21 years old at first marriage, has an unemployed husband, has a history of deceased children, and has delivered children twice. Determinants of contraception usage in rural areas are accessibility (financial, mobility, and information) and desire for more children.

Program and policy recommendation: inclusion of private practice midwives in health insurance system, compulsory family planning counseling for married pair below 21 years old, mapping of family planning target segmentation in rural area, and empowerment of family planning workers as "salesman" for contraception.