

Effect of gender on access to contraception among eligible women in coastal Muslim Medan Area

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Abstract

Objective: This study aims to determine the influence of gender on access to contraception among women of childbearing age in the coastal slums of Medan City using multilevel spatial analysis. **Methods:** The study utilized a modified version of the 2017 Indonesian Demographic and Health Survey questionnaire, incorporating variables related to paternalistic gender influence. A total of 600 respondents were involved, including 255 married men, 255 women, and 90 ward heads. Spatial analysis was conducted on the respondents' locations within the slums of Medan City. Data from the questionnaires were analyzed using the Chi-square test and multilevel linear regression, with a significance level of $0.000 < 0.005$. **Results:** The findings indicate that gender significantly influences access to contraception among women of childbearing age in the coastal slums of Medan City. The analysis revealed that paternalistic gender norms and practices hinder women's access to family planning services. The difficult access to health service facilities and high transportation costs exacerbate this issue, leading to low community participation in family planning programs. **Conclusion:** Gender plays a crucial role in access to contraception in the coastal slums of Medan City. Efforts to improve family planning participation must address gender norms and provide more accessible and affordable contraceptive services.

Keywords: coastal slums; contraception; family planning; gender; Medan City

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INTRODUCTION

Indonesia is the fourth most populous country in the world, with a population of around 250 million people. There are (120 million) people under the age of 30 years because birth and fertility rates have declined significantly while the working-age population is growing rapidly while Indonesia's total

population is growing slowly. This increases the population of childbearing age. This situation is advantageous in terms of economic potential because the engine of the national economy drives economic growth in Indonesia. Every year the growth rate of Indonesia's population (RPJMN, 2015-2019) increases by 1.49% per year, this shows the problem of population and development of the Indonesian nation [1]. According to data (BPS, 2017), the population

growth rate in Indonesia ranged from a total population of 4,444 in 2015 to 1,393,779,700 people, increasing to 1,410,291,100 people in 2016 [2].

Birth and death rates determine the rate of population growth. With the improvement of health services, the death rate of the population is low while the birth rate is stagnant, which is the main cause of the population explosion. The high birth rate is the main reason for the need for family planning services [3]. One of the family planning program policies is to provide contraceptive services that can be accounted for in terms of religion, cultural norms, ethics and health according to the mandate of Minister of Health Regulation No. 97 of 2014 concerning health services for the period before pregnancy, during pregnancy, childbirth and after giving birth, the implementation of contraceptive services, and sexual health services. The government's policy of requiring participation in family planning for couples of reproductive age in every family in Indonesia is based on efforts to create healthy families as mandated in Minister of Health Regulation No. 39 of 2016 concerning Guidelines for the Implementation of the Indonesian Program [4].

Based on the 2018 RPJMN survey, contraceptive use by all means among currently married women in Indonesia fell from 60.9 percent in 2016 to 59.7 percent in 2017 and in the results of the 2018 Program Accountability Performance Survey (SKAP) it rose to 60 percent. The use of modern contraception among married women 15-49 years is 57 percent and has not reached the national target set by the 2015-2019 Strategic Plan, 2018 which is 61.1 percent. The highest use of modern contraception was in the provinces of Bangka Belitung and Bengkulu, 65 percent, while the province of Papua had the lowest prevalence of modern contraception at 27%. The highest use of a family planning method is in Bangka Belitung Province 69 percent, while the lowest is in Papua 28 percent [5].

Therefore, direct efforts to reduce the birth rate need to be strengthened through family planning programs that encourage couples of childbearing age to use contraception. The number of EFA (fertile age couples) who use contraceptives should be increased, especially for the most effective contraceptives [6].

Low community participation rate and location of health facilities are difficult to reach with public facilities, or high transportation costs are essential factors in the community's low need for family planning. Delaying diagnosis and treatment of health services due to difficulty of access can increase the risk of death, drug resistance, and the high possibility

of disease transmission. Population Action International mentions that infant mortality in developing countries could be reduced by adjusting the birth interval to 24 years, which forms the basis of current policy on the number of children in a family [7]. The way to adjust the time between deliveries is by contraception. The use of contraceptives can prevent unwanted pregnancies, abort the womb, and facilitate family planning and birth spacing. Furthermore, effective contraception enhances women's social and economic roles and enables them to participate fully in society [8].

The influence of paternalistic supporting roles such as husband, father, and brother affects the use of contraceptives in women of childbearing age. Research from Surabaya explains that the influence of husbands in the decision to use contraceptives is very dominant in poor people who live in urban areas. Access to health services is not a priority, and concerns about contraceptive use and misinformation about contraception are the main reasons behind husbands' support in deciding whether to use contraception for women of childbearing age. Using contraceptives in slum areas is still a serious problem, coupled with the health impacts that occur in these areas. Most slum areas are characterized by high poverty rates, poor infrastructure, inadequate access to water and sanitation, and a lack of basic facilities [9].

Slum dwellers face other challenges such as unemployment, crime, high rates of drug abuse, poor school facilities and early sexual initiation, and low use of contraceptives which are directly or indirectly linked to drug abuse. In general, contraceptive use is still low among the urban poor. This may indicate a lack of access to remote family planning services and various options for limiting births [10].

According to Decree of the Mayor of Medan No. 640/039.K/I/2015 concerning Determination of Settlement Locations and Slums in Medan City, there are 42 areas with a total area of 200,292 Ha. in 21 sub-districts in the city of Medan which are located in slum areas. Medan Belawan District has the status of a slum area with a slum area of 26.25 km² or 9.9 m² of the total slum area. Belawan Sicanang Village is the first priority in handling urban slum areas [11]. In addition, Medan Belawan area is also a coastal area with the Belawan port in the area. Belawan port is one of the most important ports on the island of Sumatra because it is associated with the transportation of people and cargo/goods.

The effect of paternalistic support on contraceptive use in slum communities along the coast of Medan City is important for the development of new programs in the area to increase the participation of women of childbearing age.

Previous research has shown that various factors influence contraceptive use among women of childbearing age, including access to health services, education, and socio-economic status [12, 13].

However, research on the impact of paternalistic support on contraceptive use is still limited, especially in the context of coastal slum communities. Some studies show that the decision to use contraception is often influenced by the husband or other male family members, but empirical evidence regarding its impact in slum settings is still insufficient [14].

The current research gap is the lack of focus on the specific role of paternalistic support in communities with unique characteristics such as coastal slums. Most previous studies have highlighted economic factors and health care accessibility without paying attention to social and cultural dynamics that may influence individual decisions regarding contraceptive use [15]. The novelty of this study lies in its in-depth exploration of the paternalistic role in coastal slum communities, particularly in Medan, Indonesia. The study seeks to fill the research gap by providing empirical data that can support the development of more effective programs in increasing contraceptive use among women of childbearing age. This research is also expected to provide new insights into how social and cultural dynamics, especially paternalistic support, influence the decision to use contraception in economically and socially vulnerable environments.

On this basis, this study aims to determine the influence of gender in the use of contraception for women of childbearing age in the coastal Muslim area of Medan city.

METHODS

The type of research used is descriptive research with a quantitative research approach to determine whether there is an influence of gender on contraceptive use in women of childbearing age in the Muslim coastal area of Medan Belawan district, North Sumatra province. The results of this cross-sectional study design can provide information on the use of contraceptives in women of childbearing age at the study site in a relatively short time.

Population and sample

The population in this study were eligible women, husbands, and heads of neighborhoods in Moeslim coastal areas in Medan Belawan Regency. This research was carried out in 6 locations in Belawan village, consisting of; Belawan I urban village; Belawan II urban village; Belawan Bahagia urban village; Belawan Bahari urban village; Belawan Sicanang urban village; and Bagan Deli urban village. Total population of Belawan Regency is 99,244. To complete the number of samples required to complete research, therefore the sample size obtained is 600 samples.

RESULTS

Based on the table 1, it is known that from a total of 600 respondents there were 380 respondents (63.3%), husbands who did not support as many as 220 (36.7%). Wife's who are interested in using contraception are 557 respondents (92.8%), respondents who are not interested are 43 (7.2%).

Table 1. Univariate data (n=600)

Variable	n	%
Husband's support		
Positive	380	63,3
Negative	220	36,7
Wife's interest		
Positive	557	92,8
Negative	43	7,2

Table 2. Bivariate data

Variable	Use contraception		n	P value	α		
	No	%				Yes	%
Husband's support							
Positive	57	117,8	323	262,2	380	0,00	0,05
Negative	129	68,2	91	151,8	220		
Wife's interest							
Positive	161	172,7	396	384,3	280	0,00	0,05
Negative	18	29,7	25	13,3	320		

Based on the table 2, it is known that husband's supports use contraception and their wives using contraception by 323 (262.2%), husband's supports use contraception but their wives doesn't use contraception by 57 (117.8%), husband doesn't support using contraception but their wives still use contraception by 91 (151.8%), husbands doesn't support use contraception and their wives don't use contraception by 129 (68.2%). P value obtained is 0.00,

which is smaller than the value of (0.05). Therefore, it is known that there is an effect between husband's support and use contraception.

Based on the table 2, it is known that wives use contraception because they are interested in using contraception by 396 (384.3%), wives use contraception but are not interested in 161 (172.7%), wives use contraception even though they are not interested in using contraception as many as 25 (13.3%). %, and 18 (29.7%) wives do not use contraception and are not interested in using contraception. The P value obtained is 0.00, which is smaller than the value of (0.05). For this reason, it is known that there is an influence between the wives's interest in the use of contraception.

Spasial data

Benefit of Contraception

Based on the picture below, it is known that Belawan Sicanang, Belawan I, and Belawan Bahagia Sub-districts feel the benefits of using contraception and become the most contraceptive users in Medan Belawan District by 82.2%-86%. Meanwhile, Belawan II and Belawan Bahari Villages 78.4%-82.2% and Bagan Deli Villages felt that there were benefits from using contraception by 67%-70.8%.



Figure 1. Benefit of Contraception

Wife's interest

Based on the picture below, it is known that the wives's interest in the use of contraception in Belawan I and Belawan II villages is 94.4%-96%. Belawan Happy 92.8%-94.4%, Belawan Bahari 91.2%-92.8%, Belawan Sicanang 89.6-91.2%, and Bagan Deli 88%-89.6%.

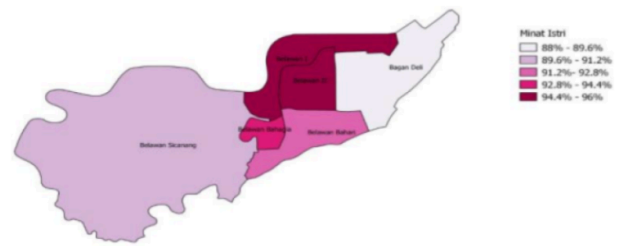


Figure 2. Wife's Interest

Multilevel analysis

Based on the table 3, it is found that the wives's interest (X1) and husband's support (X2) have a significant effect on the use of contraception at the 5% stage. This can be seen from the value of $p < 0.05$. So the regression equation is as follows:
 $Y_{ij} = 0,724 + 0,226 X_{1ij} + 0,082 X_{2ij}$ (positive coefficient)

Table 3. Multivariate data

	Estimator	Standard error	T	P Value
Intercept	0,724	0,069	10,367	0,000
X1	0,226	0,047	4,7996	0,000
X2	0,082	0,025	3,184	0,002

DISCUSSION

The results showed that there was an effect of husband's support on contraceptive use ($0.00 < 0.005$). Likewise with the wives's interest, namely ($0.00 < 0.005$). The questions in the questionnaire include emotional support, appreciation, and instrumental.

According to the researcher, the instrumental support that wives get, such as husbands taking their wives for consultation on contraception, being willing to provide time and facilities for health workers to use contraception, and being willing to assist mothers in using contraception. Husband's support can be influenced by the average age of adult respondents, namely 31-40 years as many as 232 respondents (38.7%), and the last education of the average respondent is high school which must have thought more mature, namely 467 (77.8%).

This research linier with the research of [16], who said that “use of contraception is a necessity for husband and wives. Then in determining the contraceptive to be used, the husband should have

the right to participate in determining it". The husband must convey information about contraceptives to his wives, and must have fairly good knowledge of contraceptives, be willing to help his wives in determining which device to use and be able to give good advice, be willing to accompany and accompany his wives in consultation, be willing to provide costs for proper installation. wants to be used, and is willing to provide first aid if the wives has problems using the tool.

The social impact of husband's support for contraceptive use is also significant. The support that husbands provide creates a more conducive environment for the use of contraception, which in turn has a positive impact on reproductive health and family well-being. Husbands who are actively involved in contraceptive decisions not only help reduce uncertainty and anxiety in wives, but also strengthen the couple's relationship and increase marital satisfaction.

In a social context, husband support has the potential to change gender norms and attitudes that often impose contraceptive responsibilities unilaterally on women. By involving the husband in the contraceptive decision, there is a change in the perception that contraception is a shared responsibility. This can reduce the psychological burden that is often felt by women and improve the dynamics of power in relationships.

In Surah An-Nisaa verse 34 it reads:

الرِّجَالُ قَوَّامُونَ عَلَى النِّسَاءِ بِمَا فَضَّلَ اللَّهُ بَعْضَهُمْ عَلَى بَعْضٍ وَبِمَا أَنْفَقُوا مِنْ أَمْوَالِهِمْ ۗ فَالصَّالِحَاتُ قَنَاطٌ لَّغَيْبٍ بِمَا حَفِظَ اللَّهُ ۗ وَالَّتِي تَخَافُونَ نُشُوزَهُنَّ فَعِظُوهُنَّ ۗ وَاهْجُرُوهُنَّ فِي الْمَضَاجِعِ وَاضْرِبُوهُنَّ ۗ فَإِنْ أَطَعْنَكُمْ فَلَا تَبْغُوا عَلَيْهِنَّ سَبِيلًا ۗ إِنَّ اللَّهَ كَانَ عَلِيمًا كَبِيرًا

That means :

Men are in charge of women, because Allah hath made the one of them to excel the other, and because they spend of their property (for the support of women). So good women are the obedient, guarding in secret that which Allah hath guarded. As for those from whom ye fear rebellion, admonish them and banish them to beds apart, and scourge them. Then if they obey you, seek not a way against them. Lo! Allah is ever High, Exalted, Great.

Furthermore, in accordance with the principles in Surah An-Nisaa verse 34, the role of the husband as a protector and provider of alimony indicates greater moral and social responsibility in family affairs, including in the use of contraception. This confirms

that decisions about contraception relate not only to medical needs but also to broader social and moral responsibilities in family relationships.

Therefore, the biggest decision in building a family is in the hands of the husband (men). The husband is the leader in the family. That contraception cannot be used by the wife without the husband's cooperation and mutual trust. The ideal situation is that husband and wife should jointly choose the best contraceptive method, cooperate with each other in its use, pay the expenses for contraception and pay attention to the danger signs of use. Women's feelings and beliefs about their bodies and sexuality cannot be ruled out in making the decision to use contraception. The sexual dynamics and power between men and women can also make the use of contraception feel awkward for women. Conflicts arise when having sex, who should make decisions regarding the use of contraception, the method used, how many children and when to have children [17].

This is the support that husbands can give to their wives. The problem of contraception should be the responsibility of not only the wives, but also the husband. If a woman wants to use contraception, her husband must be able to give a positive response and provide support. Support from a man is one form of motivation given to his wives. When the husband motivates, the wives feels more secure. Forms of support include assistance in choosing contraceptives according to the mother's wishes and conditions, using the correct contraceptive method, seeking help with side effects or complications after installation, accompanying the mother to the puskesmas for new examinations and helping find other alternatives. . if unsatisfactory and willing to replace women if the woman's condition doesn't allow contraception.

Based on the multilevel analysis table, it is known that the coefficient value is positive, therefore the higher the wives's interest and husband's support, the higher the use of contraception obtained. for Medan Belawan Village. High husband's support and high wives's interest make thereproductive couple use contraception. Meanwhile, if the husband's support is low, it can cause the wives's interest to be low which can cause there productive couple not to use contraception. A wives's interest in using contraception in the city of Medan Belawan is high with 557 (92.8%).

Belawan I and Belawan II sub-districts have the most wives respondents who are interested in using contraception as much as 94.4%-96%, then Belawan Happy 92.8%-94.4%, Belawan Bahari 91.2%-92.8%,

Belawan Sicanang 89.6-91.2%, and Bagan Deli 88%-89.6%. People's reasons also vary, namely to distance pregnancy, prevent infectious diseases, and stabilize the community's economy.

This research linear with Farokhta Fitriana's research with the title "Husband's Support and wives's Interest in the Selection of IUD Contraception". This shows that interest is an important thing in the human psyche that can encourage them to achieve goals. Someone who has an interest in an object, tends to pay attention or feel good about the object. However, if the object does not cause a sense of pleasure, then he will not have an interest in the object [18].

This statement is shown in the tabulation results of the questionnaire data with each parameter, namely interest, curiosity, trying to follow, and willing to sacrifice. Of the four parameters, it is stated that interest and curiosity have the highest value among the others. The high level of interest is shown in the type of positive question whether the mother has ever planned to use contraception with an answer of half of the respondents answering "Yes". Based on the picture of the use of contraception, it is known that Belawan Sicanang, Belawan I, and Belawan Bahagia Sub-districts feel the benefits of using contraception and become the most contraceptive users in Medan Belawan District by 82.2%-86%. Meanwhile, Belawan II and Belawan Bahari Villages 78.4%-82.2% and Bagan Deli Villages felt that there were benefits from using contraception by 67%-70.8%.

A husband and wife is a bond that should have interaction between the two so that any kind of communication is needed. This includes determining the use of contraception. For that it is expected:

1. To husbands, to agree and provide support, and motivation for wives to use contraception to maintain reproductive health, stabilize the economy, and space out pregnancies.
2. To wives, to provide input and sharing with husbands for using contraception. It is needed as capital support, and so that the husband is ready to take his wives to health services if side effects occur in the use of contraception.
3. To health workers, to routinely conduct routine counseling to the community, especially married couples in the Medan Belawan area so as to increase public knowledge about the importance of using contraception.

CONCLUSION

From the results of the study, it can be concluded that there is a significant effect ($0.00 < 0.05$) between husband's support and wives's interest in the choice of contraceptive use because contraceptive use requires husband's support and wives's interest. The problem of using contraception is a shared responsibility because it concerns the reproductive health of the wives.

The husband's support was highest in Medan Belawan District, Belawan I, Belawan Sicanang, and Belawan Bahagia Villages, and the lowest was in Bagan Deli Village. Meanwhile, the wives's interest was highest in Belawan I, Belawan II, and the lowest in Bagan Deli.

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