# THE ANALYSIS OF CONFORMITY OF CONTRACEPTIVE USE ON ACTIVE FAMILY PLANNING ACCEPTORS IN CIGALONTANG, CIGALONTANG HEALTH CENTER 2018

**Hapi Apriasih, SST.,M.Kes [1] Tupriliany Danefi, SST.,M.Kes [2]**

Diploma of Midwifery Study, Respati Tasikmalaya *STIKes*, *Jln* Raya Singaparna KM 11 Cikunir. Tasikmalaya District, West Java, Indonesia.

Email address**: py.anbyan@gmail.com**

**Abstract.** In the last decades, the population in Indonesia is growing rapidly, placing it as the fourth largest population country in the world. According to the IDHS 2017, contraceptive use among married women in Indonesia increased from 60% in 2002-2003 to 63.3%, the highest increase occurred in the use of injectable contraceptive methods, the use of intrauterine devices (IUDs) decreased over the past 10 years. The right method is needed to reduce the birth rate. Contraceptive use is influenced by several factors, namely social and economic demographic characteristics, attitudes related to the structure and formation of the family, factors related to services, family planning service providers and knowledge about contraception and attitudes toward contraception. Whereas, the suitability of contraceptive use is influenced by family planning requests including goals, age, parity and medical history. The method of this study is descriptive quantitative. The analysis used is univariate analysis. The respondents of this study were all active family planning program acceptors, using sampling techniques with a total sampling of 488 active acceptors of *keluarga berencana* (KB) program. Based on the results of the study, the method of contraception used by respondents showed that injecting was used by 348 people (71.3%), 63 people consumed pill (12.9%), 49 people (10%) for IUD, 23 people used implants (4,7%), 5 people for MOW (1%). Among respondents, there are 307 people in age range 20-35 (62.9%), 169 people are above 35 (34.6%), and 12 people are under 20 (2.5%). The parity of respondents consisted of *primigravida* with 118 people (24.2%), 340 people (69.7%) are *multigravida*, and 30 people (6.1%) are *grandemultipara*. There are 422 of respondents (86.5%) who did not have issue with health and 66 of respondents (13.5%) had issue. Family planning program were delayed for 124 people (25.4%), 248 people (50.8%) limited themselves on the program and 116 people (23.8%) stopped the program. From the suitability of KB use based on analysis of age parity, medical history and family planning goals, it was found that 303 respondents (62.1%) were suitable for using contraception while 185 respondents (37.9%) were not suitable for using contraception. It can be concluded that many injection and pill acceptors still do not fit the criteria and medical feasibility of contraceptive use, namely injecting (76.2%) and pills (23.8%).

## 1. Introduction

Indonesia is one of the developing countries with various types of problems. The main problem faced in Indonesia is its high population growth, ranges from 2.15% per year to 2.49% per year [1]. The higher population grows, the greater the effort is made to maintain people's welfare. Therefore the government continues to strive to reduce the rate of population growth with the family planning program.

The family planning program in Indonesia is an effort to increase the prevalence of contraception. The strategy to reduce fertility is through the use of contraception to prevent pregnancy. Contraceptive that have high effectiveness in preventing pregnancy is long-term contraception. However, people use contraception based on transparent request for family planning program, whether to delay pregnancy, to adjust the distance of pregnancy or to not having more children. Due to the clear intentions of family planning program, it needs the providence of contraceptive technology in accordance with medical security and the possibility of the return of the fertility phase, the effectiveness and efficiency of contraceptive methods [2].

Factors affected the use of contraception are social and individual factors (age, parity, education, work), children's values and the desire to have children, family planning request, other intermediate factors (age of *menarchea*, age of marriage, menopause, *postpartum infecundability*, *fecundability*, childbirth,

accidental abortion, development programs, family planning factors, service outputs (access, quality of service, image), and utilization of services. Based on the data, the suitability of contraceptive use is influenced by the demand for family planning and contraception used by couples of childbearing age. In line with the study of Agustini et al, the data analysis used a chi-square test with α = 0.05. Age, parity, number of living children, education, sources of family planning services and family planning costs are related to family planning requests [3].

Data from *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) in 2013 stated that couples of childbearing age consisted 8,500,247 people, the most widely used contraceptive methods were injections (48.56%) and pills (26.60%) included in the non *metode kontrasepsi jangka panjang* (MKJP) category, followed by implant (9.23%), IUD (7.75%), condoms (6.09%), 1.52% in *metode operasi wanita* (MOW) and 0.25% in *metode operasi pria* (MOP).

Based on data from Tasikmalaya District Health Office in 2016, the Cigalontang sub-district is the region with the lowest number of second long-term contraceptive method users after Pancatengah, only 8.2% that consisted of IUD with 585 acceptors (3.9%), MOP with 158 acceptors (1.1%), MOW with 106 acceptors (0.7%), and implants with 385 acceptors (2.6%). There were 91.8% of MKJP acceptors, most of them consisted of injectable family planning with 12,580 acceptors (83.7%). A preliminary survey was conducted in Cigalontang. There were 3 (30%) out of 10 acceptors with a risky age. Despite of age, they should use contraceptives with the high effectiveness, such as long-term methods. Based on the data depicted, the authors are interested in analyzing the suitability of contraceptive use to join family planning during childbearing age in Cigalontang Community Health Center in 2018.

## 2. Materials and methods

This study was designed by descriptive research methods and univariate analyzed, where the variables obtained for the frequency distribution table and the results were cross tabulated with the use of contraceptive methods. The variables of this study are age, parity, medical history, family planning goals and the suitability of contraceptive use. This study was conducted in Cigalontang from October to December 2018, in the working area of the Cigalontang Community Health Center. The sampling technique used was total sampling, which was obtained by 488 active KB acceptors in Cigalontang. The instruments used were the form of questionnaires that contain respondents' data included the type of contraceptive method used, age, parity, medical history and family planning purposes where the purpose of family planning is classified based on the purpose of using contraception, delaying, terminating or stopping and measuring the suitability of contraceptive use from age, parity, medical history and family planning goals. Also, the data were collected through interview where respondents were assisted by local midwives and cadres. It took 2 months to complete the data.

## 3. Results and Discussions

The results of the study can be described as follows:

a. **Age with Contraception Method**

   **Tabel 3.1 Cross tabulation of age of respondents to the use of contraceptive methods in active family planning acceptors in Cigalontang, Cigalontang Community Health Center, Tasikmalaya District, 2018**

| Age | Method | | | | | | | | | | Total | |
|-----|--------|---|------|---|-----|---|---------|---|-----|---|-------|-----|
| | Injection | | Pill | | IUD | | Implant | | MOW | | | |
| | F | % | F | % | F | % | F | % | F | % | Ttl | (%) |
| 20-35 | 240 | 78,2 | 31 | 10,1 | 24 | 7,8 | 11 | 3,6 | 1 | 3 | 307 | 100 |
| <20 | 8 | 66,7 | 0 | 0 | 3 | 25 | 1 | 8,3 | 0 | 0 | 12 | 100 |
| >35 | 100 | 59,2 | 31 | 18,9 | 22 | 13 | 11 | 6,5 | 4 | 2,4 | 169 | 100 |
| Total | 348 | 71,3 | 63 | 12,9 | 49 | 10 | 23 | 4,7 | 5 | 1 | 488 | 100 |

Based on table 3.1, the data shows that the majority of respondents in age 20-35 used the injection contraception method (78.2%), most of the respondents under 20 used injection contraception method (66.7%), and most respondents above 35 used contraception injection (59.2%), followed by pills (18.9%), IUD (13%), implant (6.5%), and the least used MOW (2.4%).

b. **Respondents' Parity**

**Tabel 3.2 Cross tabulation of respondents' parity on the use of contraceptive methods in active KB acceptors in Cigalontang, Cigalontang Public Health Center, Tasikmalaya District, 2018**

| Parity | Method | | | | | | | | | | Total | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Injection | | Pill | | IUD | | Implant | | MOW | | | |
| | F | % | F | % | F | % | F | % | F | % | Ttl | (%) |
| *Primipara* | 93 | 78,8 | 16 | 13,6 | 7 | 5,9 | 2 | 1,7 | 0 | 0 | 118 | 100 |
| *Multipara* | 240 | 70,6 | 44 | 12,9 | 32 | 9,4 | 19 | 5,6 | 5 | 1,5 | 340 | 100 |
| *Grandemultipara* | 15 | 50 | 3 | 10 | 10 | 33,3 | 2 | 6,7 | 0 | 0 | 30 | 100 |
| Total | 348 | 71,3 | 63 | 12,9 | 49 | 10 | 23 | 4,7 | 5 | 1 | 488 | 100 |

Based on table 3.2, the data shows that 78.8% of *primipara* respondents used the injection contraception method, 70.6% of *multipara* respondents used the injection contraception method, and 50.0% of the *grandemultipara* respondents used injectable contraception, followed by the 33.3% for IUD, 10.0% for pills, 6.7% for implants and no one used MOW.

c. **Medical History**

**Tabel 3.3 Cross tabulation of medical history of respondents on the use of contraceptive methods in active KB acceptors in Cigalontang, Cigalontang Public Health Center, Tasikmalaya District, 2018**

| Medical History | Method | | | | | | | | | | Total | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Injection | | Pill | | IUD | | Implant | | MOW | | | |
| | F | % | F | % | F | % | F | % | F | % | Ttl | (%) |
| Yes | 311 | 73,7 | 51 | 12,1 | 37 | 8,8 | 20 | 4,7 | 3 | 0,7 | 422 | 100 |
| No | 37 | 56,1 | 12 | 18,2 | 12 | 18,1 | 3 | 4,5 | 2 | 3 | 66 | 100 |
| Total | 348 | 71,3 | 63 | 12,9 | 49 | 10 | 23 | 4,7 | 5 | 1 | 488 | 100 |

Based on data in table 3.3, the majority of respondents with a medical history that are influenced by contraceptive use mostly used injectable contraceptive method (73.7%), most of the respondents who do not have any medical histories used injectable contraception methods (56.1%).

d. **The Purposes of Family Planning Program**

**Tabel 3.4 Cross tabulation of the purposes of family planning program on the use of contraceptive methods in active family planning acceptors in Cigalontang, Cigalontang Community Health Center, Tasikmalaya District, 2018**

| Purposes | Method | | | | | | | | | | Total | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Injection | | Pill | | IUD | | Implant | | MOW | | | |
| | F | % | F | % | F | % | F | % | F | % | Ttl | (%) |
| To postpone | 95 | 76,6 | 20 | 16,1 | 7 | 5,6 | 2 | 1,6 | 0 | 0 | 124 | 100 |
| To limit | 191 | 77 | 27 | 10,9 | 17 | 6 | 15 | 6 | 0 | 0 | 248 | 100 |
| To stop | 62 | 53,4 | 16 | 13,8 | 27 | 23,3 | 6 | 5,2 | 5 | 4,3 | 116 | 100 |
| Total | 348 | 71,3 | 63 | 12,9 | 49 | 10 | 23 | 4,7 | 5 | 1 | 488 | 100 |

Based on table 3.4, the data shows that the majority of respondents with the aim to postpone pregnancy that used injectable contraceptive methods consists of 76.6% and the limit family member that used injectable contraceptive methods consists of 77%, and the majority of respondents with the aim to stop pregnancy that used injection contraception consists of 53.4 %, followed by IUD 23.3%, pills 16.0%, implant 5.2% and 4.3% used MOW.

e.  **Conformity of Contraceptive Use**

   **Tabel 3.5  Cross tabulation of suitability of contraceptive use on active KB acceptors in Cigalontang, Cigalontang Community Health Center, Tasikmalaya District, 2018**

| Conformity | Method | | | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Injection | | Pill | | IUD | | Implant | | MOW | | | |
| | F | % | F | % | F | % | F | % | F | % | Ttl | (%) |
| Appropriate | 207 | 68,3 | 19 | 6,3 | 49 | 16,2 | 23 | 7,5 | 5 | 1,6 | 303 | 100 |
| Inappropriate | 141 | 76,2 | 44 | 23,8 | 0 | 0 | 0 | 0 | 0 | 0 | 185 | 100 |
| Total | 348 | 71,3 | 63 | 12,9 | 49 | 10 | 23 | 4,7 | 5 | 1 | 488 | 100 |

Based on table 3.5, the data shows that in the use of IUD contraception, implant and MOW are in accordance with the indications and medical feasibility, while the injection contraception method is mostly incompatible (76.2%) followed by pill contraception (23.8%).

The results showed that there were numerous family planning acceptors that used contraceptive injections and pills that did not fit the contraceptive method appropriately. From those nonconformities, it caused several problems to the acceptors who were at high risk to use injection contraception or pills, though the contraception is not a contraceptive method whose effectiveness is high if it is not used properly for possible failure or high pregnancy. Thus, if the age acceptor is at risk of failure in contraceptive use or pregnancy, it can cause problems or complications to the health of both mother and baby during pregnancy and childbirth. In Aeni's article on Maternal Mortality Risk Factors, it was explained that based on research in Finland, women who are pregnant at above 35 have a 1.5 times greater risk of having preeclampsia rather than pregnant women under 35 [4]. Therefore, the purposes of family planning program are to suppress birth rates and to reduce maternal morbidity and mortality due to pregnancy and unsuccessful childbirth.

This is not in accordance with the vision of the national family planning, to have a certain quality of family which families are prosperous, healthy, advanced, independent, have the ideal number of children, forward-looking, responsible, harmonious and devoted to the Almighty God. Based on this vision the family planning program has an important contribution to the effort in improving the quality of population, preventing maternal deaths, which are the main factors influnce family planning services. The problem that is often found is that many women have difficulty in determining the choice of contraception type, not only because of the limited knowledge but also the ignorance about the requirements and safetiness of contraceptive methods. Many factors are considered including health status, potential side effects, consequences of failure or unwanted pregnancy, family member size planning, and agreement between couples including cultural and environmental norms and parents [5].

## 4. Conclusions

The results showed that contraceptive use is still not in accordance with the criteria or indications and the medical feasibility of the client where the condition could be a problem. The risk of failure on the contraceptive use is high. While pregnancy is likely to occur, the purposes of family planning programs are to reduce birth rates, the occurrence of pregnancy at the *age* (a, 3.1) and improper *parity* (b, 3.2) can increase the risk of complications. Thus, family planning program can contribute to increase maternal and infant mortality.

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