The Association of Acceptance Family Planning Acceptor to Contraceptive Tools Interest Usage in the Uterine (IUD)

Hubungan Penerimaan Akseptor KB terhadap Minat Penggunaan Alat Kontrasepsi dalam Rahim (AKDR)

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Abstract

Objective : to determine acceptance of family planning acceptors from age, numbers of parity, mother education, spouse's support, mother's culture and religion, maternal knowledge, gestational age, family income and a number of living children to the IUD usage interest in dr. Zainoel Abidin General Hospital (RSUDZA) Banda Aceh.

Methods : This was a cross-sectional study. A total of 286 respondents were interviewed and filled out a questionnaire that has been prepared, consist of patients in the clinic, Emergency Unit, and Delivery Room Hospital RSUDZA Banda Aceh. The data were taken related to factors influencing the acceptance of the family planning acceptors against the IUD usage interests. This study was conducted during September 18, 2017 to October 18th, 2017.

Results : There was a significant association between family planning acceptor from previous pregnancy distance and IUD usage interest in RSUDZA Banda Aceh where p-value (0.088) <α (0.1). There was a significant correlation between maternal knowledge and IUD usage interest in RSUDZA Banda Aceh where p-value (0.067) <α (0.1).

Conclusions : There was a significant association between previous pregnancy distance and maternal knowledge to IUD usage interest in RSUDZA Banda Aceh.

Keywords : acceptor family planning, acceptance factor, IUD

Abstrak

Tujuan : untuk mengetahui hubungan penerimaan akseptor KB dari faktor usia, jumlah paritas, pendidikan ibu, izin suami, budaya dan agama ibu, pengetahuan ibu, jarak usia kehamilan, pendapatan keluarga dan jumlah anak hidup terhadap minat penggunaan AKDR di Rumah Sakit Umum dr. Zainoel Abidin (RSUDZA) Banda Aceh.

Metode : Penelitian ini merupakan studi potong lintang. Terdapat 286 responden yang telah diwawancarai dan mengisi kuisioner yang telah disediakan, terdiri dari pasien-pasien di poliklinik, Instalasi Gawat Darurat, dan kamar bersalin RSUDZA Banda Aceh. Data yang diambil mengenai faktor- faktor yang mempengaruhi peneriman akseptor KB terhadap minat penggunaan AKDR. Penelitian ini dilakukan dalam kurun periode tanggal 18 September sampai 18 Oktober 2017.

Hasil : uji chi-square menunjukkan terdapat hubungan secara signifikan penerimaan akseptor KB dari faktor jarak kehamilan ibu sebelumnya terhadap minat penggunaan AKDR dimana p-value (0,088) <α (0,1). Terdapat hubungan pengetahuan ibu dengan terhadap minat penggunaan AKDR di RSUDZA Banda Aceh dengan nilai p-value (0,067) <α (0,1)

Kesimpulan : Hasil analisis bivariat didapatkan terdapat hubungan yang kuat antara jarak kehamilan ibu dan pengetahuan ibu terhadap minat penggunaan AKDR di RSUDZA Banda Aceh.

Kata kunci: akseptor KB, AKDR, faktor penerimaan

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INTRODUCTION

Indonesia government regulation no. 52 of 2009 about population and family development stated that family development is an effort to develop a quality of family living in a healthy environment. Family planning is the effort to arrange a birth of a child, distance of childbirth, ideal age of childbirth, and pregnancy planning, through promotion, protection and assistance according to the rights

to develop a quality family. One of the family planning program implementation strategies which stated in Medium Term Development Plan on 2004-2009 is to increase theusage of Long-Acting Reversible Contraceptives (LARCs) such as IUD, implant and sterilisation. IUD isone type of non-hormonal contraceptive tools and includes an ideal long-term contraceptive to exclude pregnancy.[1-3]

IUD is a contraceptive type that has many advantages, requiring only one installation for an extended period with a low cost relatively, and issafe because it has no systemic effect throughout bodycirculation. Moreover, it does not affect to breast milk production and quickly fertility returns after removal of the IUD it is beneficial, convenient and safe. Very cost effective because it can be used for a long time up to 10 years and reversible compared to other types of contraception. The IUD usage as contraceptive choice is still lack due to several factors that could be linked together. Some factors that may affect a mother to choose contraceptives tools include age, education level, knowledge, income, spouse's support, culture and effective information of the officer related with family planning acceptors. These factors give contribution a mother indeciding to use IUD.[4,5]

Increasing age and educational levels will result in low birth rates because a people with high education will have some negative perceptions of children's interest and reject the presence of large families. Not only recipient and family aspects, demographic and clinical issues in IUD selection as contraception are also related to socio-cultural and religious dimensions, particularly in the value system changes and community norms. There is an assumption that by using contraceptives tools considered to kill babies, the understanding of many children will bring many provisions to society, so it will make the difficulties to control of population growth and birth rates.[2,4,5]

The coverage of family planning services after postpartum still not encouraging. Contraceptive services reports from National Planning Family Population Agency in 2013 showed that postpartum and post-miscarriage family planning coverage compared to new family planning participants is 13.27%. This achievement was still dominated by non LARCs injections (52.49%) and pills (18.95%), while implant (8.08%), IUD (14.06%), tubectomy (3.27%) and vasectomy (0.02%). Data of 2014 indicated 19,386 women were using IUD in Aceh, meanwhile on the 2015-2016 achievement of IUD active participant has decreased from 82,95% to 33,84%.[6]

A systematic review has estimated the prevalence of contraceptive use in married women of reproductive age of 63 per cent worldwide and 77 per cent in the United States. Unwanted pregnancies are a common problem in the United States. In a study by the Guttmacher Institute in the United States in 2006 using data from several sources, 49 per cent of the 6.7 million pregnancies occurred by accident. About 5 per cent of women of childbearing age have an unwanted pregnancy.[7-9]

The high rate of unwanted pregnancies despite using contraception highlights the importance of understanding how to use correct contraception. The explanation of contraceptive failure is caused by inconsistent compliance with interest in the use of methods, misuse of use, distance of use, discontinuation of methods, and failure of the method itself. The best way to deal with the problem of high contraceptive failure is to use long-acting reversible contraceptives (LARCs) such as IUD and implant usage. The efficacy of this approach is illustrated by a study in the United States involving 9256 women who received free contraceptive for three years. The rate of contraceptive failure among participants taking pills, patches, or rings was significantly higher than those using the LARC, which had a very low failure rate (4.55 vs 0.27 per 100 participants per year, hazard ratio after adjustment age, education level, and history with respect to unwanted pregnancy of 21.8, 95% CI 13.7-34.9) .[10-15]

At RSUDZA Banda Aceh 2015, there were 459 IUD users, with details 330 participants of Trans Caesarean IUD (71%), 125 post-placental IUD (27%) and four post-curettage IUD acceptor participants (2%). In 2016, January through mid-June, IUD user data at RSUDZA Banda Aceh showed that total family planning acceptor was 293 peoples. The IUD dominated the family planning selection method, 252 peoples consisting of 212 participants of Trans Caesarean IUD(84%), 36 participants post-placenta IUD (14.3%), and four post-curettage IUD (1.7%).

METHODS

This was a cross-sectional study. This research was conducted Obstetrics Gynecology clinic, Emergency Unit and Delivery Room Hospital RSUDZA Banda Aceh. This study was conducted in the period from September 18th to October 18th 2017.

RESULTS

The results of this study on maternal IUD usage showed that 286 total mothers in Obstetric Gynecology Clinic, Emergency Unit and Delivery Room Hospital of RSUDZA Banda Aceh, 210 mothers (73.4%) used IUD while 76 mothers (26.6 %) does not use IUD.

Table 1. The Frequency Distribution of IUD Usage in   RSUDZA Banda Aceh

Use of the IUD	Frequency	Percentage
Yes	210	73.4
No	76	26.6
Total	286	100

Table 2. Association between Maternal Age, Education Level, Parity, Previous Pregnancy Distance, Number of Children Living, family income, Knowledge, Husband Support, Cultural, as Well as Religion to Interest and IUD Usage in RSUDZA Banda Aceh

Maternal age	Use of the IUD		Total	*P-value*	Chi-square
	Yes	No			
Teenagers (17-25)	8	1	9	0.563	1.149
Early Adult (26-35)	152	56	208		
Late Adult (36-45)	50	19	69		
Mother's education level					
Low (elementary school/ junior high school)	50	19	69	0.258	0.258
Moderate (Senior high school/the same level)	135	53	188		
High (D3/Scholar/master/ doctoral)	25	4	29		
Parity					
Nullipara	4	2	6	0.392	3.000
Primipara	27	11	38		
Multipara (1-4 child)	92	40	132		
Grande Multipara (>5 children)					
Previous pregnancy distance					
Grande Multipara (>5 children)	84	39	123	0.088	2.915
	126	37	163		
Number of children living					
There is no	4	2	6	0.088	2.915
There is					
27	27	11	38		
9	9	6	15		
21	21	9	30	0.574	3.834
62	62	25	87		
87	87	23	110		
Family Income					
< 2,5 millionrupiahs	141	53	194		
>2,5 million rupiahs	69	23	92	0.678	0.172
Maternal knowledge					
Know	160	61	221	0.068	3.363
Unknown	50	15	65		

Husband support					
Supportive	197	71	268	0.905	0.014
Unsupportive	13	5	18		
Mother's cultural and religion					
Supportive	204	74	79	0.919	0.010
Unsupportive	6	2	207		

DISCUSSION

In this study, the subjects were all pregnant and postpartum patients who visited Obstetric Gynecology Clinic, Emergency Unit and Delivery Room Hospital of RSUDZA Banda Aceh and offered to be IUD acceptors within the period from September 18th to October 18th 2017. The distribution of IUD usage in RSUDZA Banda Aceh showed that from 286 total mothers, 210 mothers (73.4%) have an interestto using IUDs while 76 mothers (26.6%) have no interestto using IUDs. By $\alpha=0.1$ where p-value (0.088) $<\alpha$ (0.1) indicates that there is a relationship between acceptance of the family planning acceptor from the previous maternal distanceto IUD usage interest in RSUDZA Banda Aceh. IUD usageinterest increasing after ≥two years' gestation. Another factor which influenced the IUD usage interest of this study was maternal knowledge. The result of research showed that by $\alpha=0,1$ where p-value (0.067) $<\alpha$ (0.1) indicates that there is relationship between acceptance of family planning acceptor from maternal knowledge to IUD usage interestin RSUDZA Banda Aceh. Referring the test results above could be explained that the level of knowledge is directly proportional to the usage of contraceptives, it means if the maternalknowledge is low, IUD usage also low. Likewise, if the knowledge of maternal increases then the usage of contraceptives will also increase.

CONCLUSION

The IUD usage interest in RSUDZA Banda Aceh was 73.4%. There was a strong association between maternal distance and maternal knowledge to the IUD usage interest in RSUDZA Banda Aceh. There was no association between mother's age, education level, parity, number of living children, family income, spouses support as well as religion culture and the IUD usage interest in RSUDZA Banda Aceh.

REFERENCES

1. Kementerian Kesehatan Republik Indonesia, Pusat data dan Informasi, 2014, Situasi dan Analisis Keluarga Berencana Indonesia, 2014.

2. BKKBN. Pedoman pelayanan KB dalam jaminan kesehatan masyarakat. Jakarta: BKKBN.2009.

3. Friedman, Joy O. MD, 2015. Factors Associated with Contraceptive Satisfaction in Adolescent Women Using the IUD. www.jpagonline.org/article/S1083-3188(14)00161-2/pdf

4. Obstetricians ACo, Gynecologists. ACOG Practice Bulletin No. 121: Long-acting reversible contraception: Implants and intrauterine devices. Obstet Gynecol. 2011;118(1):184

5. Yishida H, Sakamoto H, Leslie A, Takahasi O, Tsuboi S. Contraception in Japan: Current trends. Contracept. 2016;93(6):475-7

6. Jacobstein R, Polis CB, Progestin-only contraception: Injectables and implants, Best Practice & Research Clin Obstet Gynecol (2014);28(6):795-806

7. Alkema L, Kantorova V, Menozzi C, et al. National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. Lancet 2013.;381(9878):1642-52

8. Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. Contracept 2011; 84:478.

9. Sedgh G, Singh S, Hussain R. Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. Stud Fam Plann. 2014; 45(3): 301–14.

10. Peipert JF, Madden T, Allsworth JE, Secura GM. Preventing unintended pregnancies by providing no-cost contraception. Obstet Gynecol 2012; 120:1291.

11. Mansour D, Gemzell-Danielsson K, Inki P, Jensen JT. Fertility after discontinuation of contraception: a comprehensive review of the literature. Contracept 2011; 84:465.

12. Mansour D. Revision of the 'missed pill' rules. J Fam Plann Reprod Health Care 2011; 37:128.

13. Fox J, Barfield W. Decreasing Unintended Pregnancy: Opportunities Created by the Affordable Care Act. JAMA. 2016 ;316(8): 815–6.

14. Stoddard A, McNicholas C, Peipert JF. Efficacy and Safety of Long-Acting Reversible Contraception. Drugs. 2011 ; 71(8): 969–80.

15. McNicholas C, Peipert J. Long-Acting Reversible Contraception (LARC) for Adolescent. Curr Opin Obstet Gynecol. 2012; 24(5): 293–8.