

An overview of the most popular contraceptive use in women with a history of parturition at UKI general hospital for the period 2015–2016

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Abstract

Contraception was the only way to avoid/prevent pregnancy. The use of contraceptives was an effort of the *Keluarga Berencana* (KB) program to suppress and regulate population growth. There were various types of contraceptives from some contraceptive methods available. This study discusses an overview of contraceptives' use at most by women with a history of confinement, where Indonesian Christian University Hospital took place in 2015-2016. Data was taken by descriptive survey method. Obtained 95 women who analysed the installation of contraception and mentioned some factors, such as age, occupation, education, and the total number of children when using contraception. Based on the result, it was concluded that IUD was used the most by the woman as a contraceptive. The possibility was because acceptors of KB, on average, were at the age above 30 years, so they tend to use contraception in the long term. While based on the level of education, the categories of high school graduates use more KB than the bachelor degree. Based on the type of work, homemakers become KB acceptors and the highest in terms of the total number of children. Most of the acceptors have a history of having two kids. It indicates that the awareness and knowledge of women to KB is good enough.

Keywords: contraception, contraceptives, keluarga berencana, KB acceptors

Introduction

Most married women use contraception in almost all regions of the world. In 2015, 64% of married women of reproductive age worldwide used some form of contraception. However, contraceptive use is much lower in developing countries (40%) and very low in Africa (33%). Contraceptive use was much higher in 2015 in North

America (75%). Meanwhile, contraceptive use in Asia is relatively high (68%), where East Asia has the highest prevalence (82%) due to the high level of contraceptive use in China (84%). Meanwhile, Southeast Asia has a prevalence of 64%.

The percentage of the data above can be seen in Figure 1.1 [1, 2, 3].

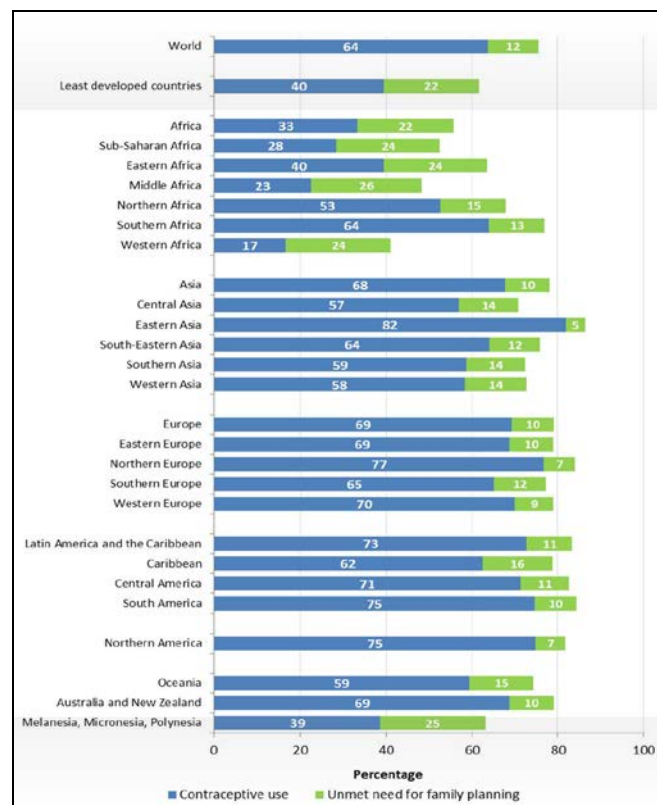


Fig 1: Contraceptive Prevalence and Unmet Needs for Family Planning among Married Women in 2015

According to the Health Profile Report from the Ministry of Health of the Republic of Indonesia, family planning in Indonesia has a prevalence of 76.75%, where DKI Jakarta is in fifth place with a prevalence rate of 84.60%, shown in Figure 2 [4]. Based on the 2015 DKI Jakarta Provincial

Health Data, New KB participants have a high percentage in the West Jakarta area, while Active KB participants have a high percentage in the East Jakarta area, as shown in Table 1 [5].

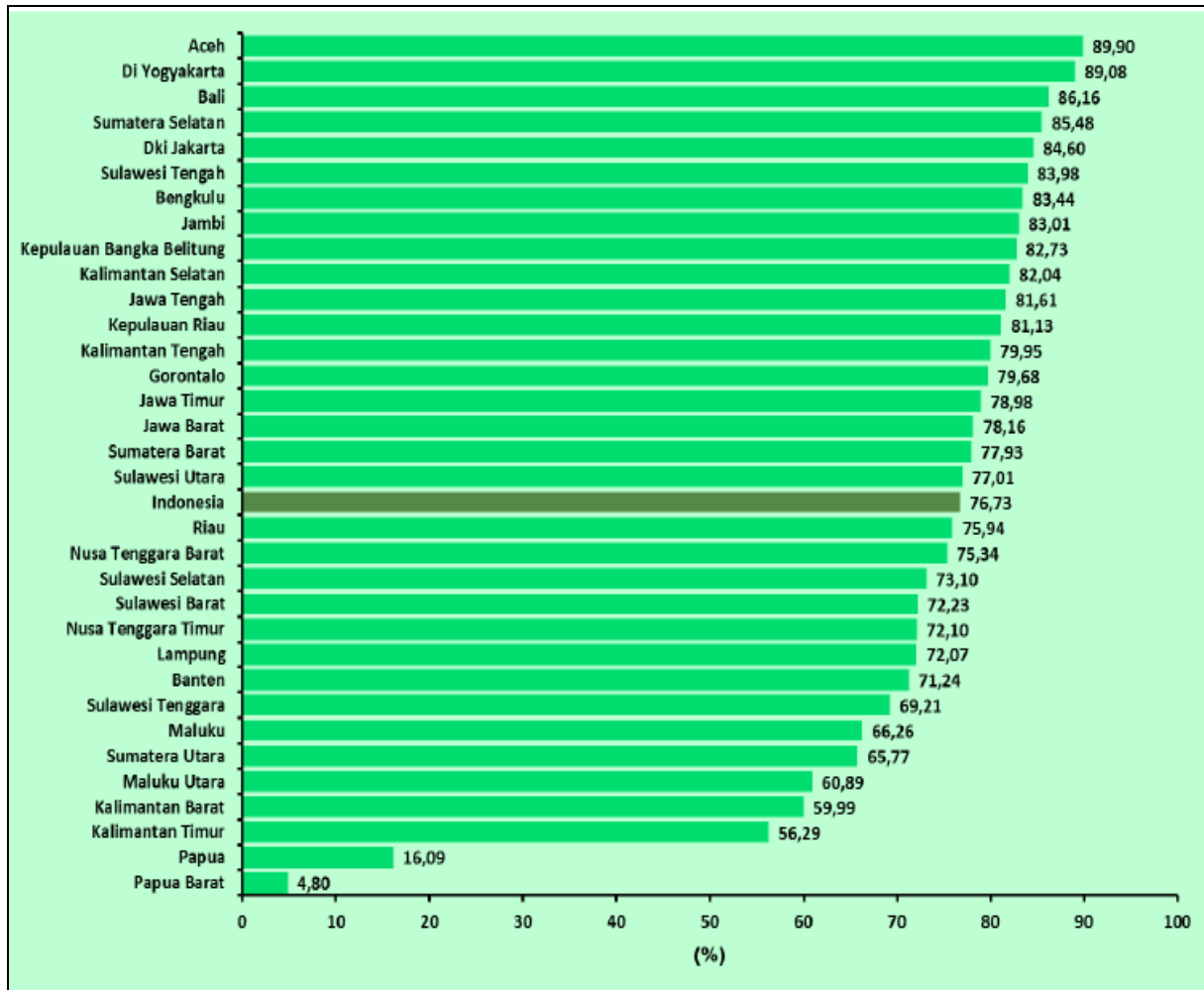


Fig 2: Percentage of Active Family Planning by Province in 2013

According to the 2013 World Population Data Sheet, Indonesia is the 5th country globally, with 249 million. According to the Minister of Health, currently, data shows that the fertility rate or Total Fertility Rate (TFR) has stagnated for ten years unchanged, namely 2.6 per woman aged 14-49 years according to the 2012 IDHS, the Age-Specific Fertility Rate (ASFR) 15-19 years decreased slightly from 51 per 1000 women aged 15-19 years (according to the 2007 IDHS) to 48 per 1000 women aged 15-19 years (according to the 2012 IDHS). Even though we target to be 30 per 1000 women aged 15-19 years by 2015, the fertility rate in rural areas has begun to decline, but the number is still double that of births to women of childbearing age 15-19 years in urban areas [7]. The government launched a Family Planning program to overcome this. Family planning is one of the most basic and primary preventive health services for women [8]. Nationally, the use of contraception has increased every year. The prevalence rate of contraceptive use in Indonesia increases between 1991-2012, from 50% to 62%. Meanwhile, Riskesdas 2013 data showed an increase from 55.8% in 2010 to 59.7% in 2013, and most of them were known to use modern methods (59.3%), of which 51.9%

used hormonal contraception 7.5% non-prescription hormones. Meanwhile, long-term contraceptive methods (MKJP) are only 10.2% and non-MKJP 49.1% [6]. For women of childbearing age who are sexually active and do not use contraception, the pregnancy rate approaches 90% in 1 year. For women who do not wish to become pregnant, fertility management is available, and various contraception methods are effective [5]. Contraception is a way to prevent pregnancy that aims to space pregnancies, plan the number of children, and improve family welfare to provide maximum attention and education for children. Various types of contraception, namely injections, pills, implants, IUDs, condoms, MOW, MOP [7]. Many women have difficulty choosing the contraception type, which is not only because of the limited methods available but also because of their ignorance about the requirements and safety of these contraceptive methods. Various factors have to be considered, including health status, potential side effects resulting from a failed or desired pregnancy, planned family size, partner approval and even environmental and parental cultural norms [9]. Each contraceptive has a different effect on its users. It is probably because there is a match or incompatibility for its

users. Along with the increasing use of contraceptives, the health complaints experienced are also increasingly varied. The 2007 Indonesian Health Demographic Survey reported that 25% of women experienced health problems while using contraceptives, including headaches, not having menstruation, other health problems and gaining weight [6]. Therefore, the authors are interested in examining how the use of contraceptives that are most in-demand by women with a history of parturition in UKI Hospital. The formulation of the problem answered in this study is "What is the description of women with a history of parturition regarding the use of contraceptives at UKI Hospital, Cawang, East Jakarta?" with the aim of the study, namely to find out the description of women with a history of parturition on the use of contraceptives at UKI Hospital, Cawang, East Jakarta.

Literature Review

Contraception comes from the word con, which means preventing or fighting, while conception is the meeting between a mature egg cell and a sperm cell, which results in pregnancy. The purpose of contraception is to avoid/prevent pregnancy due to the meeting between a mature egg cell and a sperm cell [10]. Contraception is one of the most effective efforts in the Family Planning Program to control fertility or suppress population growth. Implementing the family planning program is attempted so that all methods of contraceptives provided and offered to the community provide optimal benefits by minimising side effects and complaints [11].

The family planning program (KB) is a program launched by the government to create a happy and prosperous small family, which is the basis for the realisation of a prosperous society through birth control and population growth in Indonesia [12]. Contraception or family planning tools/methods is an effort to prevent pregnancy. When viewed based on the method or method of contraception, it is divided into two categories: modern contraceptive methods and traditional methods. Modern contraceptive methods include female sterilisation, male sterilisation, birth control pills, IUDs, birth control injections, implants, male condoms, intravag, diaphragm, emergency contraception and lactational amenorrhea (MAL) methods. Traditional methods include periodic abstinence (calendar), interrupted intercourse and herbal medicine [13].

According to the period of use, contraceptive methods are divided into two groups, namely long-term contraceptive methods (MKJP) and non-MKJP contraceptive methods. The Long-Term Contraceptive Method or MKJP is a contraceptive that can be used for an extended period of more than two years, is effective and efficient for spacing births for more than three years or terminating a pregnancy or no longer wanting to have more children, including IUDs, implants/ implant KB and sterilisation in men/women. Meanwhile, the pill, contraceptive injections and condoms

are non-MKJP methods of contraception [12].

When viewed based on the content, contraception can be divided into hormonal contraceptives (pills, injections, implants and IUD-Mirena or LNG-IUS) and non-hormonal contraceptives (condoms, IUD-TCu, and contraceptive methods) [14]. Hormonal contraceptives are contraceptives that contain the hormones estrogen and progesterone. The mechanism of hormonal contraception mechanism is by providing feedback to the pituitary gland through the hypothalamus so that there is an obstacle to follicular development and the ovulation process. Through the hypothalamus and pituitary, estrogen can inhibit the release of Follicle Stimulating Hormone (FSH) so that the development and maturation of Graafian follicles do not occur. In addition, progesterone can inhibit the release of Luteinizing Hormone (LH). Estrogen accelerates tubal peristalsis so that the products of conception reach the uterus-endometrium that is not yet ready to receive implantation.

Almost all technical or medical methods of family planning launched by the government can be accepted by the community, including independent family planning. It means that people choose a family planning method at their own expense through the blue circle KB and the golden circle KB, leading to the service of the Effective Contraceptive Method (MKE), namely the IUD, injections KB, and implant KB. In contraceptive services, the role of a midwife is essential. One of the critical roles of midwives is to increase the number of acceptances and quality of family planning methods to the community, following the knowledge and skills of midwives, especially in the use of IUD contraception, injectable KB, KB implants and contraception [15].

There are three stages in conducting family planning counselling: fostering good relations with mothers, decision-making and family planning services, and follow-up meetings. The study results concluded that the perception of women of childbearing age on the role of health workers in providing family planning counselling was negative because people felt that health workers had never explored the client's health problems or problems regarding family planning.

A study shows a relationship between the role of health workers in providing family planning counselling and the selection of contraceptives [16]. One of the obstacles in providing family planning counselling is related to understanding. Understanding is closely related to education and knowledge. Low education makes respondents less able to accept and understand family planning counselling provided by family planning officers. Knowledge gained by a person about contraceptive methods will also impact the choice of the contraceptive type to affect the behaviour of the wearer [17] indirectly. The concept of rational selection of contraceptives is adjusted to the age phase of the acceptors, including [18].

Table 1: Selection of Contraceptive Devices Based on Reproductive Phase

Reproductive Phase	Age group	Method
Postponing Pregnancy	20-30 year	Simple methods (birth control pills, birth control injections)
Spacing Pregnancy		<ul style="list-style-type: none"> • MKE method, except constant • Simple method
Ending Pregnancy	30-35 year	<ul style="list-style-type: none"> • The MKE method (IUD, injection, implant and contraceptive) • Simple method

Age classified as high risk, and at the same time, a risk factor in pregnancy is age 35 years. The maternal disease is easy to occur (anaemia, malaria, cardiac tuberculosis, heart failure, diabetes mellitus, HIV/AIDS, toxoplasmosis, and mild pre-eclampsia) and a decline in reproductive organs. In addition to changes in the reproductive organs, mothers aged 35 years may have had a bad obstetric history such as cesarean delivery, location abnormalities, age of the youngest child two years, length of the marriage, old maternal age, and history the disease [19]. In a study, it was stated that most of the respondents in the period of healthy reproduction chose hormonal contraception such as pills, injections and implants. Injectable contraception is considered to have high and long-term effectiveness, especially the 3-month injection, because it is more practical and cheaper than the 1-month injection (DMPA) and does not need to take pills every day [20].

Another reason many women of childbearing age use injections is because they think it is more practical and can be once a month (1-month family planning) or once in three months (3 months family planning). However, other influencing factors are the experience of fellow women of childbearing age who have used contraceptives and the presence of electronic media (television) so that respondents feel they do not need to consult again about family planning in health workers [21].

Research Method

This study uses a descriptive survey method to describe the use of several types of contraception that are most in-demand in patients who have a history of parturition at the UKI Hospital in 2015-2016. This study used one dependent variable, namely the history of parturition and the independent variable, namely the types of contraceptives, which were devoted to women with a history of parturition at the UKI Hospital. This research was conducted at the Indonesian Christian University Hospital, Jakarta, in the 2015-2016 period. The population of this study were all women with a history of parturition who were in the UKI Hospital. The sample in this study were women who had a history of parturition at the UKI Hospital with criteria. The sampling technique used is purposive sampling which is part of the non-random sampling technique, meaning that the sample is taken based on specific considerations made by the researcher himself, based on the characteristics or characteristics of the population that have been previously known. Data collection was carried out using secondary data in the form of Archives of the Use of Family Planning at the Obstetrics and Gynecology Polyclinic of the UKI Hospital for 2015-2016. The instrument used in this study was a data collection form created by the researcher by adjusting the family planning use archive variables with the variables in the operational definition in this study. The data was obtained from direct observation at the research site using a questionnaire, and the data were processed using IBM SPSS Statistics version 23. The data were analysed using a bivariate analysis table for the Relative Risk statistical test, namely determining the relationship between two variables. This analysis was carried out on each independent variable on the dependent variable. The research data is presented in a univariate table on each analysis result of the variable.

Result and Discussion

Based on the study's title that wanted to know an overview of the use of contraceptives that were most in-demand by women with a history of parturition who were in the UKI Hospital in 2015-2016. In January 2017, secondary data was

collected in the form of Archives for the Use of Family Planning at the Obstetrics and Gynecology Polyclinic at UKI Hospital for 2015-2016. From the research conducted during January, it was found that 95 contraceptive users from a total of 103 population, including users of contraceptive devices at the Obstetrics and Gynecology Polyclinic of the UKI Hospital for the period 2015-2016. Based on the criteria for completeness of data, as many as 95 women using contraceptives were included in the analysis. The distribution of the characteristics of contraceptives in the UKI Hospital is listed in tables 1 to 6. Based on table 1, it can be seen that 47 people (49.5%) were women who used contraception from 2015 and 48 people (50.5%) used contraception from 2016.

Table 2: Distribution of Contraceptive Device Use in UKI Hospital for the 2015-2016 Period. (n = 95)

Variables	Number (n)	%
2015	47	49.5
2016	48	50.5
Total	95	100.0

Based on 3, it can be seen that as many as ten people (10.5%) are women who are in the age group less than 25 years, then as many as 21 people (22.1%) are in the 26-30 year age group, then as many as 25 people (26.3%) were in the 31-35 year age group. Furthermore, 33 people (34.7%) are women in the age group of 36-40 years, which in this age group dominates the use of contraceptives. In the last age group, six people (6.3%) were above 40 years old, and the age group with the lowest percentage of using contraceptives.

Table 3: Distribution of Contraceptive Device Use by the age of Contraceptive Device Users at UKI Hospital for the 2015-2016 Period (n = 95)

Variables	Number (n)	%
< 25	10	10.5
26-30	21	22.1
31-35	25	26.3
36-40	33	34.7
> 40	6	6.3
Total	95	100.0

Based on table 4, it can be seen that as many as eight people (8.4%) were women who took their final education up to junior high school (Junior High School), then as many as 51 people (53.7%) were women who took their final education up to high school level (high school). Furthermore, as many as eight people (8.4%) were women who took their final education up to the Diploma level, and finally, 28 people (29.5%) were women who took their final education to the Bachelor level.

Table 4: Distribution of Contraceptive Uses based on the Last Education of Contraceptive Device Users at UKI Hospital for the 2015-2016 Period (n = 95)

Variables	Number (n)	%
Junior High School	8	8.4
Senior High School	51	53.7
Diploma	8	8.4
Bachelor	28	29.5
Total	95	100.0

Based on table 5, it can be seen that as many as 44 people (46.3%) are women who do not have a permanent job, or it can be said that they are only housewives, then as many as 25 people (26.3%) are women who have professions as employees. In the private sector, then as many as 12 people (12.6%) are women who have a profession as a Civil Servant, and as many as 14 people (14.7%) choose a profession in the field of Entrepreneurship.

Table 5: Distribution of Contraceptive Use by Type of Occupation of Contraceptive Device Users at UKI Hospital for the 2015-2016 Period (n = 95)

Variables	Number (n)	%
House Wife	44	46.3
Private employees	25	26.3
Civil Servant	12	12.6
Entrepreneur	14	14.7
Total	95	100.0

Based on table 6, it can be seen that as many as seven people (7.4%) were women who used pill contraceptives, then 41 people (43.2%) were women who used injectable contraceptives, and there were no women who used implant contraceptives. Next, as many as 41 people, 39 people (41.1%) were women who used a spiral contraception device/IUD (Intra Uterine Device), then eight people (8.4%) were women who used a condom contraceptive device.

Table 6: Distribution of Contraceptive Device Use by Type of Contraceptive Device Used in UKI Hospital 2015-2016 Period (n = 95)

Variables	Number (n)	%
Pil	7	7.4
Inject	39	41.1
Implant	0	0.0
IUD (Spiral)	41	43.2
Condom	8	8.4
Total	95	100.0

Based on table 7, it can be seen that as many as 38 people (40%) are women who have one child when using contraceptives, then 46 people (48.4%) are women who have two children when using contraceptives, and as many as 11 people (11.6%) are women who have more than two children when using contraception.

Table 7: Distribution of Contraceptive Use Based on Number of Children when using Contraceptive Devices at UKI Hospital for the 2015-2016 Period (n = 95)

Variable	Jumlah (n)	Percentage (%)
1	38	40.0
2	46	48.4
> 2	11	11.6
Total	95	100.0

Based on the data that has been obtained and listed in Table 3, it can be seen that the women age category who use the most contraceptives is in the age range of 36-40 years, as many as 33 people out of 95 samples. When viewed from the overall data, women who use contraception are far more in the age category > 30 years than those aged < 30 years. Age will influence a person to determine the use of

contraceptives. The older the age, the higher the proportion of women who use contraception [21, 22]. The younger the age (15-10 years), they tend to be less aware of sources of information related to the use of family planning. Meanwhile, those aged >30 years tend to be more exposed to experiences such as pregnancy, childbirth and information on contraceptive use [23, 24]. Based on the data that has been obtained and listed in Table 3, it can be seen that women with the last educational background at the high school level are the highest users of contraceptives, followed by women with a bachelor's educational background.

The data obtained for women with junior high school and diploma education levels are the same. It shows that the level of education is not the most influencing factor when a woman uses contraceptives. Based on the data that has been obtained and listed in Table 4, it can be seen that housewives are the category that uses the most contraceptives—then followed sequentially by private employees, entrepreneurs, and civil servants. It shows that women who have permanent jobs and are busy will not necessarily delay their pregnancy by using contraceptives [25].

Based on the data that has been obtained and listed in Table 5, it can be seen that the most widely used contraception device is the IUD/Spiral, followed by injections, and the least used method of contraception implants. It is, of course, related to the data obtained based on age, where women aged > 30 years tend to use the IUD/Spiral, which has a long service life which if you want a pregnancy, you can remove it at any time. Several studies have also stated that many women are reluctant to choose implant contraception because they are afraid of side effects that will occur to users, such as fat and patches that appear on the skin, fear of failure, and can interfere with daily activities caused by discomfort or discomfort infection at the insertion site.

Based on the data that has been obtained and listed in Table 6, it can be seen that the most used contraceptives are in the category of women who already have two children, followed by women who already have one child, and women who have more than two children have a percentage least in the use of contraceptives. It shows that mothers' awareness about the family planning program launched by the government is relatively high and can be appropriately realised. Thus, many women with a history of parturition have managed their pregnancies through the use of this contraceptive.

Conclusion

Based on the research that has been conducted regarding the description of the use of contraceptives that are most in-demand by women with a history of parturition at the UKI Hospital in 2015/2016, it can be concluded that the IUD is the most desirable contraceptive device by contraceptive users at the UKI Hospital in 2015/2016. The knowledge of women with a history of parturition regarding contraception at the UKI Hospital is still relatively low due to the low number of patient visits in the obstetrics and gynaecology poly each year.

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