



Drop Out of Family Planning Acceptors Based on Contraceptive Methods in Rural and Urban Areas

Mufdlilah^{a*}, Kanthi Aryekti^b, Reza Bintangdari Johan^c, Desy Purnamasari^d

^{a,c,d}*Magister of Midwifery Programme, Aisyiyah University of Yogyakarta, Indonesia*

^b*Department Resaearch BKKBN, Representative of BKKBN Yogyakarta Special Province, Indonesia*

^a*Email: mufdlilah.stikes@gmail.com*

Abstract

The rate of family planning drop out in 2012 are pills (38,8%), condom (38,3%), injection(23%), IUD (9,9%) and implant(5,7%) while in 2013 are pills(41%), condom(31%), injection(25%), IUD (6%), and implant (8%). Changing method data is 13% and the highest used methods are pills and condom. The data of drop out is unavailable by name and by address. Moreover, there is no specific data of drop out both in province level and regency. Drop out is related to TFR (Total Fertility Rate) in which if there are many reproductive-aged couples, there will be many pregnancy possibility and if the level of birth is high, there will be a high rate of TFR. The study aimed to know the contraceptive methods used in rural and urban areas which cause family planning acceptors' drop out. The study was a descriptive design. The population of the study were family planning acceptors drop out based on the contraceptive methods. The samples of the study were 100 people drawn by closed and opened questionnaire and were presented in a descriptive form. The Result of this study showed contraceptive method which mostly have been used by acceptors is injective method with 44%. There is no significant difference between Bantul regency as the representation of urban areas and Gunung Kidul regency as the representation of rural areas in which most of the respondents use injective method. The usage of injective method in urban areas is 20% and 22% in rural areas.

* Corresponding author.

1. Introduction

The composition of unbalance population cause the increase of vacancies, education and productive ages burden [1]. The result of population census in 2010 shows that Indonesian population was around 237,6 million people which is more than 3,4 million of projection of 234,2 million people. It is revealed that approximately 120 -150 million people in the world do not want to have another child, but without family planning protection, 40% of them do not want to continue using family planning method because of the side effect in the first year or because of the method failure. It is estimated that there are still 3,5 million reproductive-aged couples who want to cancel, manage and limit births for the next 2 years but they do not use any contraceptive method [2].

According to World Health Organization [3], the use of contraceptive methods in Indonesia(2008) is the lowest in Southern Asia with 61% followed by Vietnam (78%), Philippine (79%) and Thailand (80%). The number of productive age women (PAW) in Indonesia is 65 million followed by Vietnam (25,3 million), Philippine (23 million) and Thailand 17,9 million (Family Planning Worldwide). while, Indonesian TFR is 2,6 followed by Timor Leste (6,6), Philippine (3,5), Cambodia (3,4) and Laos (3,3).

Health Survey), the number of family planning drop out in 2012 (IDHS, 2012) based on contraceptive method are pills(38,8%), condom(38,3%), injection (23%), IUD (9,9%), implant (5,7%), while the number of family planning drop out in 2013 (IDHS, 2013) based on contraceptive method are pills(41%), condom(31%), injection (25%), IUD (6%), and implant (8%). The changing method data is 13% and the highest rate of used method are pills and condom. Dropouts data have been available without by name and by address information and even without specific data sometimes both in municipality and Regency areas. Dropouts related to TFR means that if there are many reproductive-aged couples dropouts, the possibility of pregnancy is higher and if the birth is higher, TFR is high.

Family planning dropout increases from 20% (IDHS 2002-2003) into 26 % (IDHS 2007) which means that drop out of non-LTCM(Long Term Contraception Method) (pills and injection) is higher than LTCM (implant and IUD). There are some reasons of drop out and the first reason (10%) is caused by the fear of side effect and other health problems. The number of family planning drop out in Yogyakarta Special Province in 2013 is quite high which reaches 16-20%. While, before 2013, rate of family planning drop out in Yogyakarta Special Province is still under 10%. The reasons of family planning drop out are because unwillingness to be pregnant again (5%); contraceptive method (5%); other reasons (cost, discomfort, divorce and rare sexual intercourse) as much as 3% and contraceptive method failure (2%) [4]. Meanwhile, the proportion of contraceptive usage which changes the method to a different method is 13% [5]. The data of active family planning acceptors in DIY in 2012 are only 1.781 people (3,7%) and active family planning acceptors are 36,267 people (76,80%) from 47.692 PAC. The most used contraceptive acceptors is injective method (46,84%) followed by pills (25,13%), IUD (11,53%), implant (9,17%), MOW/tubectomy (3,49%), condom (3,13%) and MOP/vasectomy (0,70%) [6]. Other data mention that the data of family planning participants after labor or premature labor according to a contraceptive method in October 2013 are 1.356 acceptors in total and are grouped as follows; 771 IUD acceptors (56,68%), 60 MOW/tubectomy acceptors (4,42%), MOP/vasectomy acceptors (0,22%), 60 condom acceptors (4,42%), 87 implant acceptors (6,24%), 345 injection acceptors (25,44%) and 30 pills acceptors

(2,21%) [5].

According to the previous study related to IUD drop out especially in post placenta IUD administration, most of the acceptors feel forced to use the contraceptive method because it is the governments' procedure of labor warranty program. Besides, the acceptors complain that they experience hemorrhage during postpartum which prolong the postpartum period and make them worried. Some other acceptors also complain that IUD is released by itself (expulsion). Acceptors of injective method complain that their menstrual schedule becomes irregular and their weights are increasing.

The acceptance of contraceptive method side effect has not been understood fully by the society. Pills contraceptive method acceptors complain that there is some uncomfortable side effect such as nausea and cloasma on their face. In addition to side effect, some of them stopped from using the contraceptive method because of diseases such as hypertension and diabetes mellitus.

2. Materials and Methods

The design of the study was descriptive. The population of the study was 3 months dropped out family planning acceptors who release or stop using a contraceptive method in Bantul (urban area) and Gunung Kidul (rural area). The samples of 100 respondents from 2 regencies (Bantul representing urban areas and Gunung Kidul representing rural areas) were dropped out family planning acceptors who release or stop using contraceptive method both MKJP and non-MKJP and were not pregnant during data taking.

Samples taking technique employed using purposive random sampling by taking the samples of dropped out female family planning acceptors in DIY. Samples from each regency/subdistrict/village were taken randomly as many as 100 samples; each regency was taken, 50 respondents.

The study is supported by open questionnaire to dropped out family planning acceptors, the data were taken as a cooperation with SKPD of family planning in local regency as well as with the confirmation of family planning counselors in the chosen areas and collected using open questionnaire by the researchers. The samples were taken randomly using purposive random sampling. The criteria of respondents in the study were all women who dropped out from contraceptive method both LTCM and non-LTCM in area

The characters of the respondents are the description of contraceptive method drops out mentioned as follows: family planning history, attitude (she wants to be pregnant or use a contraceptive method, husbands' acceptance, education level, side effect, cost, last used a contraceptive method, contraceptive method usage duration, reasons of dropping out, age of contraceptive method usage, age of the last child and number of children. The data characteristics were collected using open questionnaire and documentation using stationeries. Data were collected through filling closed questionnaire as well as an open questionnaire.

The instruments of the study were the researchers themselves. The instrument aid of the study to collect data was a questionnaire.

3. Results

Table 1: Usage Of Contraceptive Method In Respondents

Area	Use Contraception		Total
	Yes	No	
	n(%)	n(%)	n(%)
Bantul regency (Urban)	47 (94)	3(6)	50 (100)
Gunung Kidul (Rural)	49(98)	1(2)	50(100)
Total	96(96)	4(4)	100(100)

Data indicated showed that the general usage condition of contraceptive method shows that majority respondents have ever used contraceptive method as much as 96% and only 4% of respondents have never used contraceptive method (table 1). There is no significant difference between Bantul regency which represents urban area and Gunung Kidul which represents rural area in which almost all respondents have ever used contraceptive method.

Table 2: Respondents who have ever dropped out from Family Planning and still want to use contraceptive method

Area	Frequency Drop Out and Still will Use Contraceptive Method		
	Yes	No	Total
	n(%)	n(%)	n(%)
Bantul regency (Urban)	40 (80)	10 (20)	50 (100)
Gunung Kidul (Rural)	37 (74)	13 (26)	50 (100)
Total	77 (77)	23 (23)	100 (100)

*FP (Family Planning)

According to table 2, showed that the general usage condition of contraceptive method shows that all respondents have ever dropped out from using contraceptive method is as much as 77% and 23% respondents have not used yet or have never dropped out from using contraceptive method. There is no significant difference between Bantul regency which represents urban area and Gunung Kidul which represents rural area in which most of respondents have ever dropped ot from using contraceptive method and still want to use it again.

Table 3: Contraceptive methods which have ever been used by respondents

Area	Frequency							
	n(%)							
	IUD	Implant	Injective	Pill	Condom	Others	Non-FP	Total
Bantul regency (urban)	14 (28)	10 (20)	20 (40)	5 (10)	1 (2)	0(0)	0(0)	50 (100)
GunungKidul (rural)	12 (24)	7 (14)	22 (44)	5 (10)	3 (6)	-	1	50 (100)
Total	26 (26)	17 (17)	42 (42)	10 (10)	4 (4)	-	1 (1)	100 (100)

*FP (Family Planning)

Based on table 3, showed that contraceptive method which have ever been used in general shows that most of respondents have ever used injective contraceptive method as much as 44%. There is no significant difference between Bantul regency which represents urban area and Gunung Kidul which represents rural area in which most of respondents gave ever used injective contraceptive method. The usage of injective contraceptive in urban area is 20% and 22% in rural area.

Table 4: Duration of contraceptive method usage

Area	Frequency					
	n(%)					
	< 1 year	1-3 years	3-10 years	>10 years	Non-FP	Total
Bantul regency	9(18)	20(40)	13(26)	8(16)	0	50 (100)
GunungKidul regency	9(18)	11(22)	21(42)	9(18)	0	50 (100)
Total	18(18)	31(31)	34(34)	17(17)	0	100 (100)

Based on table 4, showed that the duration of contraceptive method usage in general is that most of respondents use contraceptive method ranging from 3 – 10 years as much as 34%. There is significant difference between Bantul 13% which represents urban area and Gunung Kidul 21% which represents rural area.

4. Discussion

Result shows that there is no significant difference between Bantul regency which represents urban area and Gunung Kidul which represents rural area both use of contraceptive method and dropped out from using contraceptive method and still want to use it again. This condition describes that the area still pay attention to the prosperity and health of family. This is proven by the fact that the respondents who have ever dropped out from using contraceptive method still want to use it again because contraceptive method usage is an important part to manage number of children or birth. By managing birth in family, there will be prosperous family in many aspects; economy, education and health aspects.

Respondents have some reasons of drop out from family planning such as side effect, more children motivation, contraceptive method change, discomfort/inconvenience, expired date, and health problems. This is in line with a study by Musdalifah [7] Handayani [8]. Side effect becomes the problem experienced by most of family planning drops out which is possibly caused by the lack CIE (Counselling, Information and Education) as well as inappropriateness between body condition and contraceptive method. However, there is also an occurrence of reversed IUD usage. Most complain about IUD usage is backache but in the theory, it should not be happened because the side effect of contraceptive method usage is slight stomach upset. The side effect of injective contraceptive method is the emergence of prolonged plague and menstrual discharge which causes anxiety. Related to injective contraceptive method, many acceptors choose to use it for 1 month because they want to have a regular menstrual cycle. In the rural and urban areas, 21% respondents complain about side effect and 17% respondents in village also complain about side effect [9].

Injective contraceptive method is the highest chosen method because there is no direct risk and acceptors feel comfortable with the service, the method is practical and affordable. However, not all people understand the impact of prolonged hormonal contraceptive method. The aforementioned method is the mostly chosen by Reproductive-aged couples instead of non-prolonged contraceptive method. However, the usage of the method needs strong support and motivation both from the acceptors and husband because there are usually some complains and side effects. In line with Glasier's study [10], CIE on how to choose hormonal contraceptive method which is good and is appropriate with age and when to stop as well as always reminding revisit so that contraceptive method usage is not stopped or drop out are needed. Hadson [11] implies the similar fact that there is still some perception in the society that if they do not have sexual intercourse with their husbands because they work in other city, they do not come to get injection service and they come back again to get injection when they are going to have sexual intercourse with their husbands.

The duration of contraceptive method usage until they drop out is around 3 – 0 years. This cannot be ignored and there should be change of communication, information and education method. The cause of drop out is because most of acceptors' age ranges are closed to menopause period (45 – 49 years old) so they choose to

not use new method. They think that they are getting closer to menopausal period and mostly onlu use condom. This is supported by Ministry of Health data [12] which states that they are worried to have sexual intercourse with their husbands because they do not use contraceptive tools and most of them realize to use natural contraceptive method in which they feel more safe and comfortable. Stake holder that try to apply policy about family planning should understand well about phenomena around that and why people unmet need for this program [13-15].

5. Conclusion

There is no significant difference between Bantul regency which represents urban area and Gunung Kidul which represents rural area both use of contraceptive method and dropped out from using contraceptive method and still want to use it again.

Acknowledgement

The authors would like to acknowledge to friends and family for supporting me during this study.

6. Competing Interest

The authors declare that they have no competing interests.

References

- [1] Menteri Perencanaan Pembangunan Nasional, Kepala Badan Perencanaan Pembangunan Nasional. Laporan pencapaian tujuan pembangunan milenium di Indonesia 2010. Jakarta: Kementerian Perencanaan Pembangunan Nasional, Badan Perencanaan Pembangunan Nasional; 2010.
- [2] Witjaksono, dr. Julianto. Deputi Kepala Bidang KB dan KR Konsultasi Kepala Seksi BKKBN. Rencana Aksi Keluarga Berencana dan Kesehatan Reproduksi tahun 2012-2014. Jakarta
- [3] World Health Organization. Decision-making tool for family planning clients and providers technical adaptation guide. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs; 2013.
- [4] Badan Pusat Statistik Daerah Istimewa Yogyakarta. 2011. Daerah Istimewa Yogyakarta in Figure. Yogyakarta.
- [5] Badan Kependudukan dan Keluarga Berencana Nasional. Rakernas pembangunan kependudukan dan KB tahun 2012. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional; 2013.
- [6] Badan Kependudukan dan Keluarga Berencana Nasional. Evaluasi pelaksanaan program kependudukandan KB tahun 2012. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional; 2013.

- [7] Musdalifah, Hanis. 2013. Faktor yang Berhubungan Dengan Droup out Pada Akseptor KB di Kecamatan Labakkang. *Jurnal Stikes Nani Hasanuddin* volume 3 no 4 tahun 2013.
- [8] Handayani, L.Suharmiati Hariastuti, dan Latifah. 2012. Peningkatan Informasi tentang KB ; Hak Reproduksi yang Perlu Diperhatikan oleh Program Pelayanan Keluarga Berencana. *Buletin Penelitian Sistem Kesehatan* Vol 15 no 3. Penelitian Pusat Humaira Kebijakan Kesehatan dan pemberdayaan Masyarakat, Badan Penelitian dan Pengembangan Kesehatan Kementrin Kesehatan RI.
- [9] Saifuddin, A, B. (2006). *Buku panduan praktis pelayanan kontrasepsi*. Jakarta: YBP Sarwono.
- [10] Glasier Ana, Alisa Gabbie. 2006. *Keluarga Berencana dan Kesehatan Reproduksi*. EGC. Jakarta
- [11] Hodson P, Seber P. A woman's right to choose counselling. *Journal of Family Planning and Reproductive Health Care*. 2009; 28(4): 174-5.
- [12] Kementerian Kesehatan Republik Indonesia. 2013. *Situasi Keluarga Berencana di Indonesia*. Kementerian Kesehatan Republik Indonesia. Jakarta.
- [13] Alkema, L., Kantorova, V., Menozzi, C., & Biddlecom, A. (2013). 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*, 381(9878), 1642-1652. doi:10.1016/s0140-6736(12)62204-1
- [14] Austin, A. (2015). Unmet contraceptive need among married Nigerian women: an examination of trends and drivers. *Contraception*, 91(1), 31-38. doi:10.1016/j.contraception.2014.10.002
- [15] Machiyama, K., Casterline, J. B., Mumah, J. N., Huda, F. A., Obare, F., Odwe, G., . . . Cleland, J. (2017). Reasons for unmet need for family planning, with attention to the measurement of fertility preferences: protocol for a multi-site cohort study. *Reprod Health*, 14(1), 23. doi:10.1186/s12978-016-0268-z
- [16] Arikunto, Suharsini. 2010. *Prosedur Penelitian*. Yogyakarta: Rineka Cipta
- [17] Badan Kependudukan dan Keluarga Berencana Nasional. *Evaluasi pelaksanaan program kependudukan dan KB tahun 2012*. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional; 2013.
- [18] Badan Pusat Statistik, BKKBN, Departemen Kesehatan Republik Indonesia, USAID. *Laporan pendahuluan, survei demografi dan kesehatan Indonesia 2012*. Calverton, Maryland, USA. Indonesia: BPS dan Macro International; 2012.
- [19] Hodson P, Seber P. A woman's right to choose counselling. *Journal of Family Planning and Reproductive Health Care*. 2009; 28(4): 174-5.

- [20] Moelong,L.J. 2007. Metodologi Penelitian Kualitatif. Remaja Rosda Karya : Bandung
- [21] Notoatmodjo. 2007. Promosi Kesehatan dan Ilmu Perilaku. Jakarta : Rineka Cipta
- [22] Padget, D.K. 2012. Qualitative and Mixed Methods in Public Helalth. London : Sage Publication Asia Pacific Pte. Ldt
- [23] Sugiyono, 2009. Metode Penelitian Pendidikan. Bandung : CV. Alfa Beta
- [24] Sulaiman. 2015. Metode Penelitian Kualitatif dan Campuran.Surakarta : UNS Press.