

Determination of Complications and Contraception Failure in East Java Province, Indonesia

Ida Farida¹, Lutfi Agus Salim²

¹ Undergraduate Student in Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia,

² Associate Profesor in Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia

Abstract

Family Planning Programs in Indonesia is carried out by means of contraception which is an effort to prevent pregnancy. These efforts can be temporary, can also be permanent. But until now there has not been a 100% ideal method of contraception, because ideally a contraception is seen from the effectiveness, safe, cheap, aesthetic, easy to obtain, does not require continuous motivation, and minimal side effects. Acceptors using reversible contraception (aged 15-45 years) have a 1.8 chance of contraceptive failure. Within 1 year of use, the reversible method fails as much as 1%. Achievement of cases of complications and contraceptive failure in fertile age couples in East Java can be seen that cases have increased from early January 2019 to the end of December 2019 with the achievement of 212 acceptors who experienced cases of failure failure and 90 acceptors who experienced complications in the province of Java. East in 2019. The failure of contraception can be caused by various things, namely because of the method itself, termination of the method by the acceptor, lack of discipline in using it or use errors. According to Lawrence Green, a person's health is influenced by two main factors namely behavioral factors and factors outside behavior. Consists of Predisposing Factor in the form of knowledge attitude, Enabling Factor and Reinforcing Factor.

Keyword: complications, contraceptive failure, couples of childbearing age

Introduction

Population is a problem faced by the State of Indonesia where conditions are very worrying because every year the Indonesian population increases 4.5 million people, this can be seen in 2015 from population growth of 1.49% ⁽¹⁾. The rate of population growth is influenced by 3 main factors namely, birth, death and population movement ⁽²⁾. To reduce the population growth rate the Indonesian government must implement a family planning program (FP) nationally. Family planning is one effort to bring happiness and family welfare. By arranging births, many parents have the opportunity to pay attention and educate their children while having enough time to do parental duties and do not need to be bothered by the demands of living costs and children's education costs ⁽³⁾. FP Program in Indonesia is carried out by means of contraception which is an effort to prevent pregnancy. These efforts can be temporary, can also be permanent. But until now there has not been a 100% ideal method of contraception, because ideally

a contraception is seen from the effectiveness, safe, inexpensive, aesthetic, easy to obtain, does not require continuous motivation, and minimal side effects ⁽⁴⁾.

The government program has tried to succeed in the family planning program, it can be seen based on the readiness of government services that have provided 3 types of contraception for free in the form of condoms, MOP and MOW. But in 2020, IUD and Implant services were not facilitated again by BPJS because there is no mobilization fund for the community because the IUD and Implant are too expensive and BPJS funds are running low. In addition, the use of contraception services by family planning participants was shifting, many family planning participants tended to choose private services (69%) over government services. because people's perceptions think that private services are easy to find and cheaper than government services, this is because government policies are less supportive of contraceptive services ⁽⁵⁾.

Based on sources from Central Bureau of Statistics, the projection of Indonesia's population in 2015-2045 on the island of Java reaches 150.4 million and east java were number 2 most populated in java with 39.74 million people ⁽⁶⁾. In September 2019 the number of fertile age couples in East Java was 7,906,860 people, while the number of active family planning participants was 5,979,095 people ⁽⁷⁾.

Implementation of FP programs factors that can influence the choice of contraception among other things the effectiveness, safety, frequency of use, side effects, failure, age of husband's support information as well as the willingness and ability to do contraception regularly and correctly ⁽⁸⁾. In addition, consideration is also based on the cost and role of religion and culture regarding contraception, another factor is the frequency of sexual intercourse ⁽⁹⁾. The existence of these side effects has a role in the choice of contraception, side effects or complications is an adverse or unwanted impact or influence, which arises as a result of a treatment or other intervention in this case the use of long-acting contraception devices and short-acting contraception various contraceptives both long-acting and short-acting many side effects from contraceptive use include triggering acne, weight gain, irregular menstrual patterns, amenorrhea, spotting of blood, contraception, pain during intercourse, vaginal discharge, infection, hair loss, nausea, vomiting, changes in libido, headaches and long-term fertility. Sometimes it is not surprising that complications arise, complications are the events of new or old family planning participants who experience health problems that lead to pathological conditions as a result of the process of action / installation of contraceptive devices and drugs used ⁽¹⁰⁾.

The number of cases of severe complications and failure according to contraception. Complications case is one indicator to measure the level of quality of family planning services. In September 2019, there were 7 cases of IUD complications and 2 cases of implant complications. So that until September 2019. Cases of complications that occurred in East Java were 87 cases, with details of 31 cases of IUDs, 3 cases of MOW, and 53 cases of implants. And the case of failure is a case of ineffectiveness of a contraceptive method used by family planning participants, which causes family planning participants positively pregnant. The number of cases of failure that occurred in September 2019 were 48 cases of IUD, 26 cases of MOW, 1 case of MOP, 91 cases of Implant ⁽⁷⁾.

Acceptors using reversible contraception (aged 15-45 years) have a 1.8 chance of contraceptive failure. Within 1 year of use, the reversible method fails as much as 1%. Failure to have a contraceptive can be caused by a variety of things namely due to the method itself, termination of the method by the acceptor, lack of discipline in using it or misuse ⁽¹¹⁾.

Methods

The method in this study is descriptive qualitative from population policy analysis and data collection from secondary data and policy problems in the community. The destination study Analyzing the determinant factors of complications and failure of contraceptives in fertile age couples (PUS) residents of East Java in the BKKBN Representative of East Java Province

Result

Cases of Complications and Contraceptive Failure in East Java in 2019

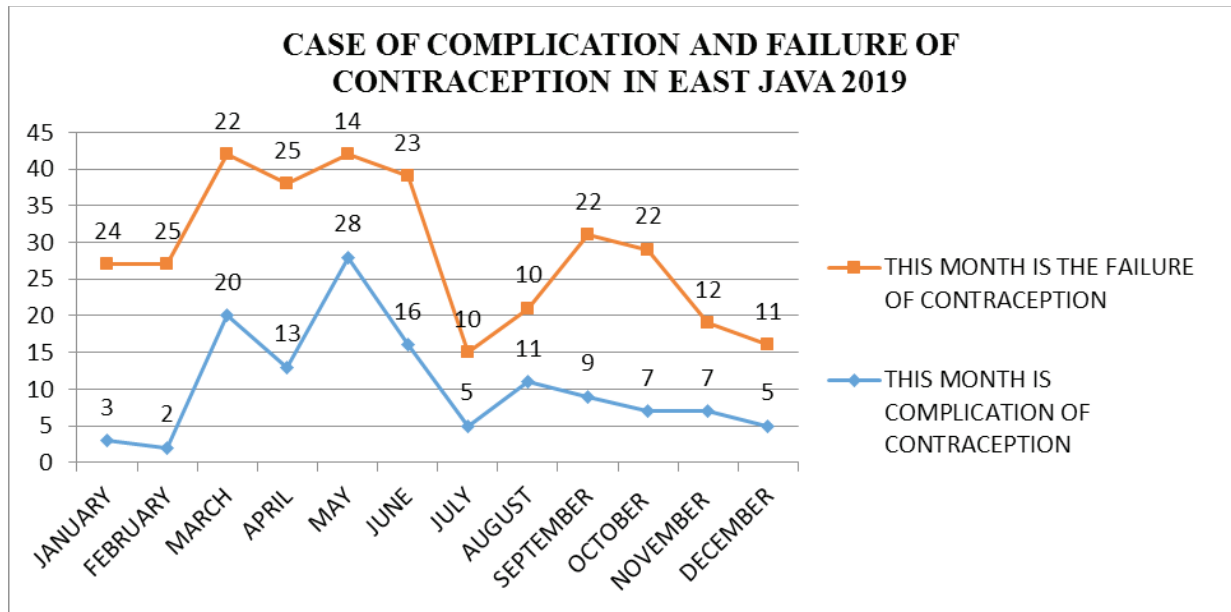


Figure 1. Trend of Complications and Contraceptive Failure Cases in East Java in 2019

Source : BKKBN 2019

The number of cases of complications and contraceptive failure in East Java in 2019 has fluctuated. Positive trends in cases of complications begin to appear from September to December. However, when viewed based on total cases (figure 2), the number of cases from 2019 continues to increase ⁽⁷⁾.

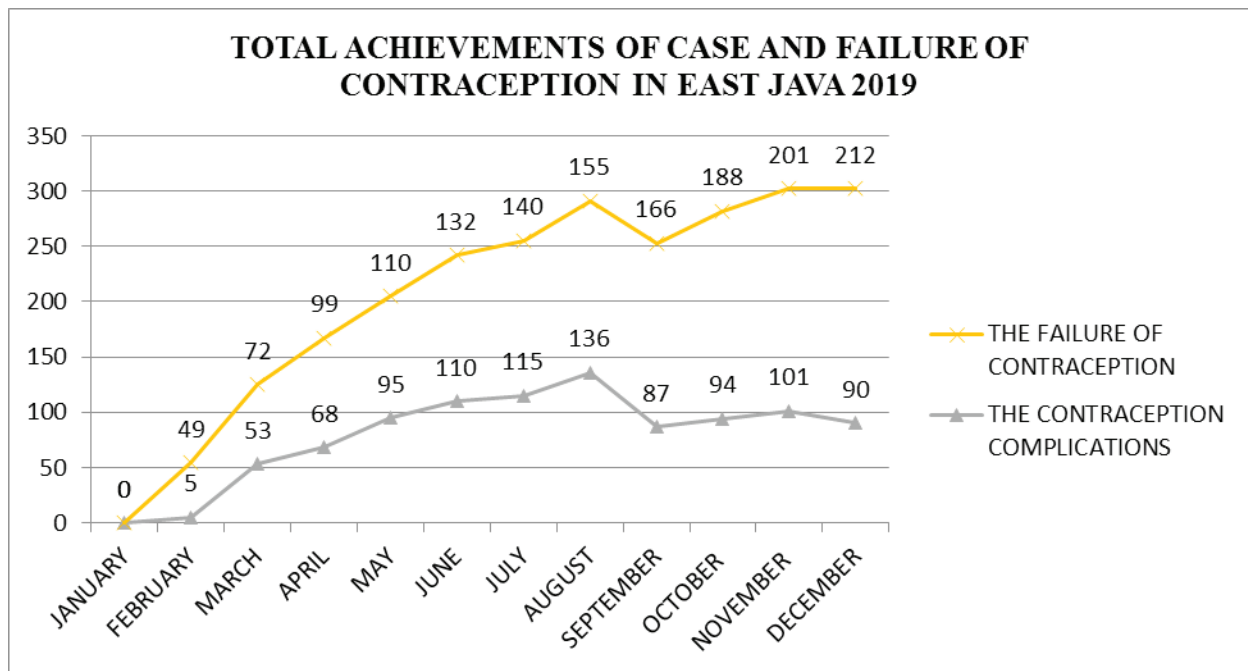


Figure 2. Trends in Achievement in Complications and Contraception Failure in East Java in 2019

Source: BKKBN 2019

Discussion

Complications are health problems experienced by family planning participants as a result of using contraceptives that need treatment. These complications are side effects that can inhibit the use of birth control and can only be determined by medical personnel ⁽¹²⁾.

A failure case is a case of the ineffectiveness of a contraceptive method used by birth control participants, which causes a positive birth control participant to become pregnant ⁽¹³⁾. The cause of the failure in family planning services is the lack of field office planning staff. The coverage of family planning services is not evenly distributed, the quality of family planning services is not optimal, the lack of support from stakeholders, IEC has not changed perceptions about the value of children. community height towards officers. The range of problematic issues is specific to the DTPK / galcitas region, quality problems due to multifactors, stakeholder knowledge needs to be improved, specific local IEC.

According to Lawrence Green, a person's health is influenced by two main factors namely behavioral factors and factors outside behavior. Behavior in pengarihi by three main factors namely *Predisposing, Enabling, and Reinforcing Causes in Educational Diagnosis and Evaluation (PRECEDE)*. *Precede* is a directive in evaluating behavior for educational interventions or health promotion ⁽¹⁴⁾. Whereas *PROCEED* (Policy, Regulatory, Organizational, Consumption in Educational and Environmental Development) is a direction in the planning, implementation, and evaluation of education or health promotion. *Precede* can be broken down into three factors, namely predisposing factors, enabling factors, and driving factors ⁽¹⁵⁾.

Predisposing factors are factors that exist in a person that is manifested in knowledge, attitudes, beliefs, beliefs, values and others. Enabling factors are factors that manifest in the physical environment, whether or not available health facilities, such as health centers, medicines, contraceptive devices, latrines, and others. The reinforcing factor can be realized from the attitudes and behavior of health workers who are a reference group of health behaviors ⁽¹⁶⁾.

Determination Of Complications And Contraception Failure

According to Lawrence Green, a person's health is influenced by two main factors namely behavioral factors and factors outside behavior. The results of the evaluation of complications and contraceptive failure at the end of 2019, there were 5 cases of complications and 11 cases of family planning failure, and there were also 90 cases of complications and 212 cases of family failure that reported and were recorded by the Family Planning and Reproductive Health Division of the BKKBN Representative of East Java Province. The highest complication was in Pasuruan as many as 16 cases while the highest failure was in Trenggalek district as many as 21 cases and 17 cases in Lamongan district. Analysis of the causes of complications and failure to use contraceptives can be done by evaluating existing programs through the Lawrence Green Theory. To make it easier to analyze the causes of family planning complications and failure through the Lawrence Green Theory can be seen from several factors.

Predisposing Factor

Knowledge

Factors that cause complications and failure of contraceptives in the community are the level of public knowledge that does not believe in the importance of family planning, community culture and community belief in not continuing family planning because they have experienced complications or failures in family planning, lack of information to the public about the place Family planning services and the selection of the best contraceptives for acceptors so far the community prefers to use birth control pills and injections rather than long-term contraception because they see that apart from being cheap and also easy to find in villages and can be assisted by midwives without thinking about the level of failure in the use of these contraceptives ⁽¹⁷⁾.

Attitude

One of the factors of complications and failure is the attitude is a determinant of behavior related to the perception of a wife in making decisions for family planning is still dependent on her husband this can affect the failure rate in family planning and can cause unwanted pregnancy to occur ⁽¹⁸⁾.

Enabling Factor

Family Planning Remote Services are certain areas that are far from the health services, so acceptors are reluctant to do family planning again such as the failure of contraception used, some of them prefer to accept pregnancy due to birth control failure. However, there are still some people who do not accept pregnancy due to family planning failure due to lack of economic factors and are overwhelmed in caring for large numbers of children. So the BKKBN Representative of East Java Province provides Social Assistance to remote areas providing free family planning services conducted by medical personnel who have received training ⁽¹⁹⁾.

Reinforcing Factor

Government policies that do not support family planning services in government hospitals are still lacking support other than the cost of expensive contraception, so people prefer not to do family planning again ⁽²⁰⁾. In addition, in 2020 the government (BPJS) does not provide money for the mobilization of IUDs & implants to the BKKBN Representative of East Java Province so that people are not funded by family planning services because BPJS does not provide funds. However, the BKKBN Representative of East Java Province continues to provide services to the Regency / City in East Java but only facilitates MOP and MOW contraception so that contraceptive failure does not result in an unwanted pregnancy ⁽²¹⁾.

Conclusion

- Based on the results of this apprenticeship report, it can be concluded that the incidence of complications and contraceptive failure has increased from the beginning of 2019 until the end of 2019, this is because the level of public knowledge about the continuity of using contraceptives is decreasing while the community still believes in the culture and beliefs of the community not to continue KB again.

- The community, especially wives, still depends on the husband's decision and also thinks that family planning only belongs to women or wives.

- The community, especially residents of East Java, are reluctant to spend a large amount of money on family planning because they still consider the installation of contraceptive expensive.

- Government policy is also still lacking in support of this because BPJS services currently do not want to pay for the use of contraceptive which causes unwanted pregnancy.

RECOMMENDATION

Suggestions that can be given are as follows:

- a. Open training for medical personnel so that they can always carry out social assistance activities that have been carried out so that poor people can get family planning services so there are no more complicated cases and failures in East Java.

- b. The government, especially BPJS services, should provide funds to mobilize the use of contraceptive for the underprivileged communities to avoid overcrowding and neglected children.

- c. Family planning service personnel should carefully record the community who experience complications and contraceptive failure and re-evaluate so that no cases of complications and failure occur again.

Conflict of Interest: The authors have no conflict of interest with the material presented in this paper

Sources of Funding: None

Ethical Clearance: None. My paper is an secondary data analysis, without treatment to respondent.

References

1. Central Bureau of Statistics, United Nations Population Fund, Bappenas. Indonesia Population Projection 2010-2035. 2013;
2. Barclay GW. Technique of Population Analysis. New York: John Willey & Sons Inc; 1970.
3. Ashraf QH, Weil DN, Wilde J. The effect of interventions to reduce fertility on economic growth. National Bureau of Economic Research; 2011.
4. Stover J, Ross J. How increased contraceptive use has reduced maternal mortality. Maternal and child health journal. 2010;14(5):687-95.
5. Wisnumurti AAGO, Darma IK, Suasih NNR. Government Policy of Indonesia to Managing Demographic Bonus and Creating Indonesia Gold in 2045. Journal Of Humanities And Social Science

- (IOSR-JHSS). 2018;23(1):23–34.
6. Bappenas, Central Bureau of Statistics, UNFPA. Indonesian Population Projection 2010-2045. Jakarta: Central Bureau of Statistics; 2013.
 7. National Population And Family Planning Board East Java. Accountability Performance Report Of East Java. Surabaya; 2020.
 8. Arifuddin M. Faktor yang berhubungan dengan pemilihan kontrasepsi hormonal pasutri di wilayah kerja Puskesmas Lampa Kecamatan Duampanua Kabupaten Pinrang 2013. *Jurnal Hasanuddin University*. 2013;2013:5–7.
 9. Pinter B, Hakim M, Seidman DS, Kubba A, Kishen M, Di Carlo C. Religion and family planning. *The European Journal of Contraception & Reproductive Health Care*. 2016;21(6):486–95.
 10. Sonfield A. Working to Eliminate the World's Unmet Need for Contraception. 2015;9(1):10–3.
 11. Meilani N, Setiyawati N, Dwiana Estiwidani S. *Pelayanan Keluarga Berencana*. Jakarta: Penerbit Fitramaya. 2010;
 12. Ganaba R, Marshall T, Sombié I, Baggaley RF, Ouédraogo TW, Filippi V. Women's sexual health and contraceptive needs after a severe obstetric complication (“near-miss”): a cohort study in Burkina Faso. *Reproductive health*. 2010;7(1):22.
 13. Zaami S, Signore F, Baffa A, Votino R, Marinelli E, Del Rio A. Emergency contraception: unresolved clinical, ethical and legal quandaries still linger. *Panminerva Medica*. 2020;
 14. Green LW, Kreuter MW. Health promotion planning: an educational and environmental approach. 1991;
 15. Green LW, Glasgow RE. Evaluating the relevance, generalization, and applicability of research: issues in external validation and translation methodology. *Evaluation & the health professions*. 2006;29(1):126–53.
 16. Notoatmodjo S. *Perilaku kesehatan dan ilmu perilaku*. Jakarta: Rineka Cipta. 2007;
 17. Monjok E, Smesny A, Ekabua JE, Essien EJ. Contraceptive practices in Nigeria: Literature review and recommendation for future policy decisions. *Open access journal of contraception*. 2010;1:9.
 18. Chopra S, Dhaliwal L. Knowledge, attitude and practices of contraception in urban population of North India. *Archives of gynecology and obstetrics*. 2010;281(2):273.
 19. Mohan V, Shellard T. Providing family planning services to remote communities in areas of high biodiversity through a Population-Health-Environment programme in Madagascar. *Reproductive Health Matters*. 2014;22(43):93–103.
 20. Tsui AO. Population policies, family planning programs, and fertility: The record. *Population and Development Review*. 2001;27:184–204.
 21. Satria Y. Family Planning And Fertility Decline In Indonesia: Challenges And Policy Implications. 2006;(December).