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Side Effect, Husband Support and Level of Knowledge on the Incidence of Contraceptive Acceptors Dropout

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Abstract
Family planning program is an effort made by the Indonesian government to decrease the birth rate and control the population. The succuss of family planning program in decreasing the birth rate is influenced by several factors, including the incidence of dropout (DO) regarding the use of contraceptive methods. The high contraceptive acceptors DO rate indicates a problem regarding the use of contraceptive methods. DO cases in Kupang Regency, East Nusa Tenggara (NTT) Province, increased from 1.1% in 2018 to 9.1% in 2021. Therefore, it is necessary to study the factors that cause the increase in the incidence of Contraceptive Acceptors DO. This study aims to determine the factors related to the incidence of Contraceptive Acceptors DO in East Penfui Village, the work area of Tarus Community Health Center, Kupang Regency. This was an analytical survey study with cross-sectional approach. The population involved was family planning acceptors in the village from March to October 2020, as many as 163 acceptors. The samples of 69 acceptors were selected using simple random sampling technique. Data were collected through interviews and documentation. Data were analyzed using Chi-square test. The results revealed that there were three factors which influenced the incidence of contraceptive acceptors DO, namely maternal level of knowledge (p=0.006, husband support for his wife (p=0.003), and side effects regarding contraceptive methods (p=0.014). It can be concluded that a personal approach was needed. Counseling on the side effects of contraception and door to door education can be solutions to be performed by CHC officers as well as existing health cadres.

Keywords: Risk Factors, Contraceptive Acceptors Dropout.

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1. INTRODUCTION

Family planning program is a method made by the government to regulate the birth rate, birth spacing and appropriate age for giving birth (Idris et al., 2021), (Sari, Maringga, & Astuti, 2019). Family planning is a way to increase awareness, and role in society by maturing or raising the age of marriage, regulating birth spacing, fostering family resilience, and increasing welfare to create a happy and prosperous family (Liufeto, Wahab & Emilia, 2017), (Jidar, 2018), (Paulus & Lette, 2019).

The Indonesian family won a population award from the United Nations (UN) or the United Nations Population Award (UNPA). Indonesia was considered to have made an extraordinary contribution and awareness of population issues along with the solutions that had been carried out (Ludji, 2013), (Aryanty et al., 2021). Such award was given institutionally to the National Population and Family Planning Agency (BKKBN), (Nurjaeni et al., 2021). The success of the BKKBN in getting the award proofs that the development and implementation of the family planning and population program in Indonesia by the BKKBN and all the partners involved are still getting support from the international community (Lino, Jedo, & Adam, 2021), (Gusman, Notoatmodjo, & Aprilia, 2021).

The national birth rate was reduced sharply, from 5.6 to 2.2 births per woman from 1970 to 2000. Such decline in the birth rate slowed the population growth rate and affected the quality of public services such as education, health, and infrastructure, thereby increasing standards community life (Rujianto, Sudarso, & Setiawan, 2009), (Hartoyo, Latifah, & Mulyani, 2011). According to Central Bureau of Statistics data in 2022, participants in the family planning program in NTT Province reached 451,733 in 2018 and increased by 497,774 in 2021. The same thing could also be observed in Kupang Regency that there were 21.369 participants in 2018 which increased by 32.264 participants in 2021. This increase was also followed by an increase in the dropout rate, namely as many as 52.803 people (11.7%) in NTT Province in 2018, which rose to 71.829 people (14.4%) in 2021. In addition, dropout rate in Kupang Regency in 2018 was 236 people (1.1%) which rose to 2,949 people (9%) in 2021. It was reported that the types of contraceptive methods experienced the most dropout cases in Kupang Regency were pills (19.7%), female sterilization (19.4%), and injection (17.3%) (Badan Pusat Statistik NTT, 2022), (Burstein et al., 2019).

Several previous studies reported factors that influenced the incidence of dropout, including knowledge level (Kuntalawati et al., 2020), (Amru, 2019), (Rujianto et al., 2009), age (Lubis JA, 2020), side effects (Saleh, Ashriady, & Akbar, 2019), (Qonitun, 2018), (Septalia & Puspitasari, 2017), education level (Widyawati, Siswanto, & Najib, 2020), (Saleh, Ashriady, & Akbar, 2019), parity (Nurjannah & Susanti, 2017), (Lubis & Barus, 2020), contraceptive method (Nurjannah & Susanti, 2017), attitudes (Amru, 2019), affordability of health service distance (Amru, 2019), quality of family planning services (Saleh, Ashriady, & Akbar, 2019), husband support (Saleh, Ashriady, & Akbar, 2019), cost of using contraception (Septalia & Puspitasari, 2017), and reasons for having another children (Septalia & Puspitasari, 2017).

Factors that had no effect on the incidence of dropout included education (Kuntalawati et al., 2020), (Lubis & Barus, 2020), employment status (Kuntalawati et al., 2020), (Nurjannah & Susanti, 2017), (Saleh, Ashriady, & Akbar, 2019), parity (Kuntalawati et al., 2020), education level, (Nurjannah & Susanti, 2017), income (Nurjannah & Susanti, 2017), (Aini, Mawarni, & Dharminto, 2016), service quality, health insurance, husband support, socio-cultural, welfare level (Widyawati, Siswanto & Najib, 2020), age (Nurjannah & Susanti, 2017), (Saleh, Ashriady, & Akbar, 2019), type of service (Nurjannah & Susanti, 2017), knowledge (Nurjannah & Susanti, 2017), family planning counseling (Nurjannah & Susanti, 2017), quality of health services Nurjannah & Susanti, 2017), parity (Saleh, Ashriady, & Akbar, 2019), perception of quality of family planning services (Aini, Mawarni, & Dharminto, 2016), side effects (Aini, Mawarni, & Dharminto, 2016), barriers to cultural norms (Septalia & Puspitasari,

2017), barriers to social adjustment (Septalia & Puspitasari, 2017), barriers to physical and mental health (Septalia & Puspitasari, 2017), and barriers to accessibility (Septalia & Puspitasari, 2017).

The high rate of contraceptive acceptors dropout in Kupang Regency by 1.1% in 2018 which rose to 9.1% in 2021 has led to a question regarding the contributing factors, "why most of the participants chose to stop using contraceptives?". So far, we have not found any study that addresses such issue. This study aims to determine the factors related to the incidence of Contraceptive Acceptors DO in East Penfui Village, the work area of Tarus Community Health Center, Kupang Regency, NTT.

2. RESEARCH METHOD

This was an analytical survey study with a cross-sectional approach. The population involved here was all active contraceptive acceptors in East Penfui Village, the work area of Tarus CHC, for the last 6 (six) months (March to August 2020) as many as 163 acceptors. Based on the Slovin formula, the number of samples required was 61.9 women, so the number of subjects was 62 respondents. The independent variables were maternal age, parity, education level, knowledge level about family planning and contraceptives, employment status, family income, husband support and level of compatibility of contraceptive use (complaints of side effects). On the other hand, the dependent variable was the incidence of contraceptive acceptors drop out. Primary data were obtained through interviews with questionnaires, and secondary data were obtained from documentation in the form of notes, books, newspapers, and magazines. Data processing included editing, coding, entry, and tabulating.

Data were analyzed through univariate analysis in the form of distribution and percentage of each variable in the form of a frequency table, and bivariate analysis to determine the relationship between one independent variable and the dependent variable using the Chi square test. If the p value was < 0.05, then the null hypothesis (Ho) was rejected, and vice versa if the p value was >0.05, then Ho was accepted (Wibowo, 2017). Ho meant that there was no relationship between age, parity, education level, employment status, income, knowledge level, husband support, contraceptive side effects and the incidence of Drop out. The strength level of the relationship between the independent and the dependent variables was tested using Contingency Coefficient (CC). This study has been registered by the ethics committee of the Health Polytechnic of the Ministry of Health of Kupang and received an ethical license number LB.02.03/1/0052/2020. All respondents signed an informed concern as an agreement to be involved in the study.

3. RESULTS AND DISCUSSION

Interviews were conducted with 62 respondents. The researcher's further collected data and answers to each question in the questionnaire. The characteristics of the respondents are described in table 1, and the tabulation of responses are described in table 2.

Table 1. Distribution of characteristics by age, parity, education, employment stautus, income, husband support, contraceptive side effects and incidence of dropout.

Variable		n (percentage)
Age	20-35 years	43 (694%)
	>35 years	19 (30.6%)
Parity	1-2	47 (75.8%)
	>2	15 (24.2%)
Education Level	High	51 (82.3%)
	Low	11 (17.7%)

Employment Status	Employed	13 (21%)
	Unemployed	49 (79%)
Income	>1,950,000	16 (25.8%)
	<1,950,000	46 (74.2%)
Knowledge Level	Good	40 (60.5%)
	Poor	22 (35.5%)
Husband Support	Yes	49 (79%)
	No	13 (21%)
Contraceptive Side Effect	Yes	25 (40.3%)
	No	37 (57.9%)
Dropout	Yes	7 (11.3%)
	No	55 (88.7%)

Based on table 1, it was revealed that most of respondents had an age range of 20-35 as many as 43 women (69,4%), had parity of 1-2 as many as 47 women (75,8%), had high level of education as many as 51 women (82,3%), were unemployed (Housewives) as many as 49 women (79,0%), had income of < 1.950.000 as many as 46 women (74,2%), had a good knowledge level as many as 40 women (64,5%), received husband support as many as 49 women (79,0%), did not experience side effects as many as 37 women (57,9%) and did not dropout as many as 55 women (88,7%). Furthermore, a bivariate test was conducted to determine the relationship between age, parity, education level, employment status, income, knowledge level, husband support, and side effects on the incidence of dropout, as described in table 2 below.

Table 2. Cross-relationship between age, parity, education level, employment status, income, knowledge level, husband support, side effects of contraception and the incidence of dropout.

Variable		Dropout				p-value
		Yes		No		
		N	%	N	%	
Age	20-35 years	0	0	0	0	0.187
	>35 years	3	7.0	40	93.0	
		4	21.1	15	78.9	
Parity	1-2	3	8.5	43	91.5	0.345
	>2	4	20.0	12	80.0	
Education Level	High	3	6.3	45	93.8	0.365
	Low	4	28.6	10	71.4	
Employment Status	Employed	4	23.5	13	76.5	0.328
	Unemployed	3	6.7	42	93.3	
Income	>1,950,000	3	17.6	14	82.4	0. 456
	<1,950,000	4	8.9	41	91.1	
Knowledge Level	Good	1	2.5	3	97.5	0.006
	Poor	6	27.3	16	72.7	
Husband Support	Yes	2	4.1	47	95.9	0.003
	No	5	38.5	8	61.5	
Contraceptive Side Effect	Yes	6	24.0	19	76.0	0.014
	No	1	2.7	36	97.3	

Based on table 2, it was revealed that the incidence of drop out mainly occurred among respondents aged >35 years as many as 4 women (21.1%), with parity of >2 as many as 4 women (20.0%), with high education as many as 6 women (11.8%), who were unemployed as many as 7 women (14.3%), with income of < 1.950,000 as many as 5 women (10.9%), with

poor knowledge as many as 6 women (27.3%), who did not have husband support as many as 5 women (38.5%), who experienced side effects of contraception as many as 6 women (24.0%).

The key to the success of the family planning program is the continuity of family planning participants in using contraceptive methods. Dropout problem was found as the most significant factor for the failure of family planning programs in the community (Palinggi et al., 2021). In particular, during this pandemic, it is inevitable that the dropout rate has increased and has an impact on the high birth rate (Amran et al., 2019). It is triggered by the public's concern about health service access during the Covid-19 pandemic. People usually look for the nearest CHC, clinic, and hospital. The National Population and Family Planning Board launched a program of family planning services for a million acceptors by making family planning services accessible in all service units (CHCs, midwives, hospitals, and clinics) (Mandira et al., 2020), (Purwanti, 2021), (Handayani et al., 2021).

Dropout rate is also still a problem found in *Kupang* Regency. DO cases in *Kupang* Regency, East *Nusa Tenggara* (NTT) Province, increased from 1.1% in 2018 to 9.1% in 2021. Such increase was also influenced by the Covid-19 pandemic condition, especially people's fear of visiting health facilities due to the rise in cases of Covid-19. In addition, there was a limitation of the number of patients served by obstetricians, midwives, and CHCs. The results of this study showed that the factors that did not affect the incidence of DO in the work area of *Tarus* CHC were maternal age, parity, education level, employment status, and income. There were similarities in the number of respondents who dropped out regarding age, parity, education level, employment status, and income.

Several studies reported different findings that age (Lubis & Barus, 2020), parity (Nurjannah & Susanti, 2017), (Lubis & Barus, 2020), and education level (Widyawati, Siswanto, & Najib, 2020), (Saleh, Ashriady, & Akbar, 2019) had a significant effect on the incidence of contraceptive acceptors DO. These different results can be influenced by several things, including the location of the study, the number of respondents, homogeneity/variable distribution, and the number of DO cases among the population and samples (Utomo et al., 2021).

The current study found that the influential factors for the incidence of DO at the *Tarus* CHC were the level of knowledge, husband support, and the incidence of side effects. Such finding indicated that there was still a problem with the level of expertise among family planning acceptors in the work area of Tarus CHC, as evidenced by the lack of understanding that led them to choose to DO. Husband support was also a problem found here. There were still husbands who did not support and even prohibited their wives from using contraceptive methods so that their wives decided to stop. Fear of side effects that arose also became a significant problem, and women were afraid of the rumors in the community that contraceptive methods would lead to obesity, black spots, bleeding during menstruation, cessation of menstruation, pain during menstruation, interfering with husband-and-wife relationships, etc. The lack of information on how to deal with side effects was the main cause of the high DO rate.

Several studies showed different findings that education level (Nurjannah & Susanti, 2017), husband support, knowledge level (Nurjannah & Susanti, 2017), and contraceptive side effects (Aini, Mawarni & Dharminto, 2016) did not affect the incidence of DO. Such different results could be influenced by certain factors such as the location of the study, the distribution of respondents, the number of respondents, and the number of DO cases among the population and samples.

There was a limitation in our study namely the small size of the DO case samples that was only 7 people, and 62 cases were not DO. Such number of cases is not sufficient to provide a statistically significant assessment. Furthermore, the study site was only one namely *Tarus*

CHC. Further study should involve several CHCs.

Our study showed there were still cases of contraceptive acceptors DO in the work area of *Tarus* CHC. The main factors were poor level of knowledge, no husband support, and fear of contraceptive side effects. As the final result of this study, we provide a recommendation for the government, in this case, the CHC as the closest health facility service to the community. Socialization and education should not only be held when women visit the CHC or integrated service center, but the door-to-door approach model can be a solution. House-to-house visits will educate not only housewives but also husbands and families so that the level of knowledge can be improved and further decrease the incidence of DO. In addition, the approach performed by Integrated Healthcare Post (Posyandu) cadres is one of the methods we recommend. People in rural areas usually trust and are easy to approach by integrated healthcare post cadres. Therefore, involving cadres as the extension of healthcare workers will facilitate information delivery. The existence of genuine efforts from the CHC that can answer the main problems in the community is expected to decrease the incidence of DO and ultimately improve the community's welfare.

4.   CONCLUSION

Factors related to the incidence of contraceptive acceptors DO in the work area of Tarus CHC were knowledge level, husband support and side effects. Efforts to approach, counsel, and educate from house to house are our recommendation to be performed by CHC officers as well as existing health cadres. Public campaign is considered as a good method to decreae the incidence of contraceptive acceptors DO. Problems to be further studied in-depth are the reason why knowledge, husband support and the incidence of side effects can be the causal factors of DO.

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