

EDITORIAL

Population and Contraception

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Based on National Population Census conducted on 2010, Indonesian population amounts to 237.6 million consisting of 119,630,913 males and 118,010,413 females.¹⁻³ The rate of population growth in 1971-1980 was 2.31% and had declined to 1.4% in 1990-2000. Nevertheless, it rebounded to 1.49% per year in the 2000-2010 period. Thus, the Indonesian population will increase accordingly to this increment.^{1,4}

The rise in population will escalate maternal mortality rate. The maternal mortality rate in Indonesia had decreased in 2007 but then bounced back in 2012. According to the 2007 Indonesia Demographic and Health Survey, the maternal mortality rate was 228 per 100,000 live births. On 2012's survey, the rate increased to 359 per 100,000 live births. The number was so far below MDGs target that Indonesia ranked 130th on international level with such rate. On ASEAN level, we placed third from bottom.⁴ Based on this, Family Planning program with various contraception methods needs to be implemented further.

There are two classes of contraception based on the duration of usage: long acting contraceptive system (LACS) and short acting contraceptive system (SACS). LACS is a contraceptive method that can be used long term, more than two years, both effective and efficient in order to postpone pregnancy for more than 3 years or terminate fertility in couples that does not wish to have more children. On the other side, SACS is a contraceptive method that is used in short term and thus, fertility can return to normal after the method is stopped.⁴ Some LACS is known in Indonesia, such as implant, intrauterine device (IUD), and sterilization (for males and females). Implant is shaped like a stick, with 3.4 cm length and 2.4 mm diameter, containing 75 mg Levonogestrel and placed under the skin. Implant can be used for 3 years and has good effectivity, with 0.2-1 pregnancy in 100 women.⁴

IUD, more commonly known as spiral, is a non-hormonal contraceptive method that is inserted in the uterus. IUD can be used for 10 years and prevents pregnancy by preventing fertilization. The effectivity in preventing pregnancy is 6 failures in 1000 pregnancy.⁴⁻⁶

The last LACS, which is the most effective method to prevent pregnancy, is permanent contraception, both in males and females. Permanent contraception in males is called vasectomy, while it is called tubectomy in females. Failure rate of this method is very low.^{4,6-9}

The types of SACS available in Indonesia are contraceptive pills (combination and progesterone pill), injections (progesterone and combination), and condoms. The use of SACS is very high in Indonesia. All SACS are effective in preventing pregnancy if utilized correctly.^{2,3} According to the 2013 Indonesian Demographic and Health Survey, the most commonly used contraceptive method by married women aged 15-49 years is injection (60%), followed by pills (22.55%). There was no difference in the method used in urban and rural area. Male participation in family planning program was still low. This is evident from vasectomy and condoms usage that was still low.¹

From the data above, we can infer that LACS coverage in Indonesia is inferior to SACS. Nevertheless, LACS is the most effective and efficient contraceptive method in preventing pregnancy. Efforts to increase the coverage of LACS consist of changing the public's view about family planning program and recommending all health personnel to provide more information regarding LACS to the public. Furthermore, the government alongside professional organizations has to give more attention to family planning programs in some provinces and attempt to bring family planning services even closer to the community.

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