

## Indicators of Perceived Barriers to Contraception Use

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### Abstract

This study aimed to analyze the indicators barriers to the use of contraceptives in pregnant women in Polewali Mandar Regency. The target population of this prospective cohort study was all married and pregnant woman, before using contraceptives and contraceptive failure or not using contraception and pregnancy is planned, unplanned pregnancy or mistimed pregnancy in Polewali Mandar Regency in 2015 (Size of sample = 100). Data were obtained through interviews using a structured questionnaire. The result of study suggested that each indicator were side effect = 0.942, approval of the husband = 0.946 and availability = 0.967. Based on the results, it can be concluded the indicators that the most important were: of side-effects, availability and approval of the husband.

**Keywords:** Barriers, Contraceptives, Side-effects, Availability and Approval of the husband.

### 1.0 INTRODUCTION

Achievement of the program on population and family planning are evaluation on TWFR (Total Wanted Fertility Rate), TFR (Total Fertility Rate) and unmet need. According to SDKI, in Indonesia TWFR lower than TFR. TWFR showed 2.0 children per woman, while the TFR which is 2.6 per woman. There is a considerable margin between TWFR and TFR. TWFR reflects the fertility rate that theoretically would happen if all the unplanned birth can be prevented (BPS, 2012). Unwanted pregnancy is one of the criteria in the intention pregnant besides intended pregnancy and mistimed pregnancy (Frost et al 2008). Unwanted pregnancy can occur due to discontinuance of contraception in addition to want to get pregnant and due to contraceptive failure. Contraceptive failure can occur in women using contraception are perfect and typical. Failure rate in perfect and typical use of the combined pill and progestin-only pill respectively 9 percent and 0.3 percent, while on the Depo-Provera 6 percent and 0.2 percent (Trussell, 2011).

Based on the annual report of National Family Planning Coordinating Board (BKKBN) Polewali Mandar, TFR in 2009 until 2013 continued to experience an increase of almost five children. Similarly to the case unmet need for contraception, the data in Polewali Mandar higher than the national level. Data of unmet need for contraception di Polewali Mandar ie 13.66%, while in national scope 8, 5% (Dinas Kesehatan, 2013). The term of unmet need for contraception depict women who did not want to become pregnant but are not using contraception (Bradley et al. 2012). Unplanned pregnancy may result in such negative public health consequences ends live births, miscarriages and induced abortions (Gipson, et al 2008; Le et al. 2014). Given its impact unwanted pregnancy required compliance and acceptance of contraceptives more widely. The importance for understanding barriers to the use of contraceptives in pregnant women will contribute avoiding unplanned pregnancy, especially concerning side effect, approval of the husband, and availability.

### 2.0 METHODS

The target population of this prospective cohort study was all married and pregnant woman, before using contraceptives and contraceptive failure or not using contraception and pregnancy is planned, unplanned pregnancy or mistimed pregnancy in Polewali Mandar 2015. A sample size of  $n = 100$  was chosen by randomly selected from participants of screening in 12 sub-districts in Polewali Mandar. Data about Perceived Barriers to the use of contraception was obtained through interviews using a structured questionnaire. The Likert scale was used to measure the perceived barriers to using contraception. Perceived Barriers to the use of contraception, consists of indicators i.e. 1) side effect, 2) approval of the husband, and 3) availability. After data was gathered, it was then processed and data processing by using SMART-PLS

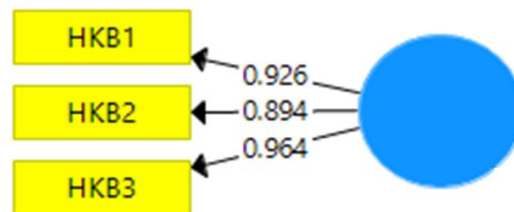
### 3.0 RESULTS

Table 1 shows that the most women in Polewali Mandar Regency have feel a high obstacle to the use of contraceptives in aspects availability, side effect, and approval of the husband. Figure 1 displays that result of factor loading suggested that each indicator were respectively as follows: side effect = 0.926, approval of the husband = 0.894 and availability = 0.964. All item loadings are greater than 0.70. All of T-Student

test values for factor loadings for indicators are significant in 95% confidence intervals indicating convergent validity at the indicator level (Figure 1)

**Table 1:** Distribution of Perceived Barriers to Contraception Use

Indicators	Categories							
	Very High		High		Low		Very Low	
	f	%	F	%	f	%	f	%
Side effect	34	34,0	5	5,0	48	48,0	13	13,0
Approval of the husband	34	34,0	1	1,0	42	42,0	23	23,0
Availability	27	27,0	5	5,0	20	20,0	48	48,0



**Figure 1.** Result of factor loading

Average variance extracted (AVE) and composite reliability coefficients are other indices for assessing the evaluation model. For each indicator were as follows: 1). (AVE) = 0.862 are greater than 0.50, suggesting convergent validity at the construct level, and, 2) composite reliability = 0.949 values are greater than 0.70, indicating acceptable reliability.

#### 4.0 DISCUSSION

The results showed that pregnant women get the high barriers to using contraception. It is characterized by high barriers to using contraception at aspects of side effects, approval of the husband, and availability. Side effect is health problems felt by the mother while using contraceptives. This indicator is related to weight loss disorders, menstrual disorders, blood pressure disorders, headaches, impaired libido. Approval is an agreement by the couple while using contraceptives. Availability is efforts perceived by mother to use a contraceptive based on conditions at the family level and in the field related to the funds, personnel, and the distance. The results showed that the indicators barriers to using contraception, the most widely getting high and very high ratings are which indicates the magnitude of the obstacles perceived by the mother to use contraception. Understanding the barriers to use contraceptives need special attention because of barriers using contraception cause cessation of contraceptive use by women because not want to get pregnant (Darroch et al.2011; Diro and Afework, 2011; Van Lith et al. 2013)). High discontinuation of contraceptive use in the end carry a risk in pregnancy is not timely or unwanted pregnancies (Barden-O’Fallon *et al* 2008).

The first indicator has proven to be a huge obstacle that felt by women namely side-effects. Side-effects and health concerns are a subset of method-related reasons (Ali *et al*, 2012), the reason for dissatisfaction on the use of certain method (Daniels, 2013). Injectable contraceptives and contraceptive pills are the most frequent discontinuation due to adverse events at 12 months of use (Ali *et al*, 2012). In the end some women experience contraceptive failure due to switch to using unreliable methods (Trussell, 2011). Many women claim that they stop using the pill because of side effects such as colic, nausea, vomiting, headache, dizziness, stomach cramps, abdominal swelling, and bleeding between cycles (D’Antona, et al 2009). Fears of side effects caused by hormones component in the contraceptive (Burrows et al 2012). The second indicator that has been reported by women become barriers to consistent use of contraception namely availability, they are having trouble preventing an unwanted pregnancy just because they are not able to reach for more effective of method of contraception (Diro and Afework, 2011; Guttmacher Institute, 2008). Women said that the price of the contraception was the reason for discontinuing the method (D’Antona, et al 2009). Household expenditure for the cost of contraception, according to the woman is very

expensive; the burden is getting worse because of huge sacrifices to reach a relatively remote service (Zaidi and Hussain 2015).

In addition, the perceived barriers in the form of approval of the husband were also reported by women. There is a difference in attitude couples for contraceptive use, some women agree to use contraception while husband is not (Diro and Afework, 2011; Van Lith et al. 2013). Desire husband is a key determinant in the family to add a child, but the use of contraception is preceded by communication between husband and wife have a good impact for contraceptive use (Tilahun et al. 2014). Husband rarely involved in a discussion with my wife about contraception, women are more frequent discussions with relatives and neighbors (Kulczycki, 2008).

## 5.0 CONCLUSION

Based on results of data analysis it can be concluded that the indicators of barriers to using contraception at Polewali Mandar, Sulawesi of West, Indonesia, respectively from the most important are: availability, side-effects, and approval of the husband.

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