

Implanon[®] : the appropriate contraceptive method for the family

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Abstrak

Kependudukan merupakan masalah utama yang dihadapi Indonesia dalam pembangunan. Menurut SDKI 1997, penurunan fertilitas berangsur-angsur berhenti untuk itu perlu dilakukan upaya khusus untuk meningkatkan Prevalensi Kontrasepsi. Setiap cara kontrasepsi baru akan meningkatkan Prevalensi Kontrasepsi secara keseluruhannya. Implanon merupakan salah satu kontrasepsi baru yang telah dipakai dalam Program KB Nasional sejak Juni 1997.

Abstract

Indonesia has been facing a crucial demographic problem in achieving its goal. According to IDHS 1997 there is an indication that the fertility rate is stand still. In order to increase the contraceptive Prevalence every new method, such as Implanon, will attract many new-users.

Keywords: Implanon, new contraceptive method, Indonesia Family Planning Program.

Indonesia is the world's fourth most populous nation, after China, India and United States of America. It is not a feat, nor something to be proud of, but as one will see, the sheer number of population is not only detrimental, but at the same time it has its contributing elements for national development. Indonesia is a one of largest archipelagic countries in the world, with about 17.000 islands 9.000 of which are inhabited. The estimated total population in 1997 is 203 million, with growth rate of about 1.6 percent in 1996.

Since the late 1960s we were aware of the negative consequences of rapid population growth on attaining our goals especially those with regards to the welfare of our citizens. It is therefore that President Soeharto considers population issues as one of the highest national priorities. In 1970 the National Family Planning Co-ordinating Board was established to ensure that adequate contraceptive services are provided to every married couples who wishes to plan their families.

Looking at the Indonesian population growth two main components are apparent:

The population is increasing because many couples have more children than they would actually wanted; and the low welfare status of many couples causes them to want more children to replace the high death rate of children. Responding to these two components Indonesia adheres to developing complementary and integrative national policies, i.e. policies with regards to the total spectrum of population and development, policies on family planning, and specific policies for prosperous family development which regard to materialise the material and spiritual prosperity of families as part of the national total development programs.

THE FAMILY PLANNING PROGRAM

Our family planning program is now in its twenty-fifth year. Indonesia's family planning program is acclaimed as highly successful in the region and probably in the world. This success is the fruit of hard work, with the inherent trials and errors, and the invaluable lessons learned. It has been the result of integrated programs of 25 years of normative change from the values which say "... big family with many children brings benefits for tomorrow ..." to "... small family is a happy and prosperous family ...". This social phenomena of social change is in itself a revolution which progressed without significant opposition from community, and during the same period contraceptive services also evolved from the clinic-based to the community-oriented.

With this societal change which transformed cultural and traditional values, came the community's acceptance to contraceptive services. That, in turn, brought about changes in the demographic pattern of the nation. With those, also came the social phenomenon that the majority of married couples in the reproductive ages have, or are practising family planning.

Then, as Indonesia's fertility declines approaching the replacement levels, new challenges enter the scenario. These new challenges can be considered as the beyond family planning activities. These activities are indeed very complex, and include the broad range of reproductive health from the quality of services, to sustainability of services. All of these are carried out through the community institutions of family in family planning. In the 1989 annual conference of the national family planning movement formulated that there are five strategies that must be adhered to in implementing Indonesia's family planning program. These strategies are Co-ordination, Integration, Quality of services, Self-sufficiency, and Safe motherhood.

Further development saw that in 1992 the Indonesian government launched a legislative product for family planning and the development of prosperous families. Law No. 10/1992 with the accompanying government regulations numbers 21/1994 and 27/1994 stated that in Indonesia married couples have their right to decide on the size of their family and the number of children they want with the proper information they are entitled to about family planning. They also have their right to choose the kind of contraceptive drugs and devices after obtaining the appropriate medical examination by professional and accredited service providers.

A question which readily comes to mind is then, what is the linkage between Reproductive Health and Family Planning and more specifically is what is the most appropriate contraception for family. When one observes closely the Program of Action emanating from the International Conference on Population and Development (ICPD) in September 1994 in Cairo, the conference accepted the definition of Reproductive Health as the state of complete physical, mental and social well-being of individuals, and not merely the absence of disease or infirmity. It means that legally married couples as the smallest unit in the community are able to enjoy satisfying and safe sexual life, and that they have the capability to reproduce, and have the freedom to decide if, when, and how often

to do so. Certainly, in order to exercise those freedoms, reproductive health requires access to quality family planning and related health services. That, is the portrayal of the position of family planning in the larger spectrum of Reproductive Health.

Refocusing ones attention of the quality of care, as aforementioned, quality is most essential as an element of satisfying the basic need of family planning clients. In that regards the government of Indonesia is very much concerned, and committed to continuously and consistently improve the quality of family planning services. From the Indonesian perspective, quality of care is not only based on the quality of contraceptive services, rather quality is divided into four parts, i.e.

the management aspect or Manager's Perspective, the provider's aspect or Provider's Perspective, the client's and the family's aspect or Client's Perspective, and the community's aspect.

Turning ourselves to another issue, one could readily observe that with most national governments family planning program began to enjoy political and economic support because they address what most saw as the major cause of deprivation -- rapid population growth. As a result, the resources the program commands are far greater than what would have been available if their only goal were in health. There are, of course, from the management aspect, co-ordination and integration of program with many institutions, both public and private, and also from the central level down to the operational levels. This is one of the potential strengths of family planning program. It is only potential if these are not recognised and exploited in full.

Quality of management, on the other hand, is one aspect that assures and guarantees the quality of services in the field. If a family planning program were to be denied this, then dismal quality of the total program is the resultant.

In this very regard, improvement of the quality of the program and of the quality of service in the Indonesian context is continuously looking for, and implementing new health and medical techniques and the appropriate hi-technology instruments.

To improve the quality of services from provider's aspect, every two to three years, Indonesian health

and medical professionals update, revise and edit standards for contraceptive services with up-to-date technology and medical techniques. This is done with utmost care and in accordance to the unique Indonesian situation. All of these are published in the "National Resource Document" of the Indonesian Society of Obstetrics and Gynecology. This, in fact, is the manual for standardised services. Routine training for new physicians and para-medical personnel and refresher training also assure quality of services.

It is important to note that Indonesia has gone a few steps further. We are now at a stage which requires a shift in the implementation approach and in the restructuring of the thoughts about promoting and providing family planning services. Our primary focus now is no longer on conventional family planning, with or without the beyond family planning additions for married couples. At present our concern is on the Indonesian family as an institution. While we still provide opportunities for people to limit their family size if they so desire, while we still encourage safe motherhood, raise their family income, etc., we also empower them as agents of development for their own prosperity. The family in this new construct is the planner, the promoter, the participant, and decision-maker in development of family planning movement. This is the basic concern of our society today. It is not only logical and appropriate but has become the major focus for a successful population and development program, including family planning.

Naturally, as the Indonesian people have matured in their way of living and way of planning for their future, BKKBN has also had to rethink to maturity. It is now evident that Indonesian families are ready preparing to manage and implement their own family planning needs by themselves so the responsibility for the management of the family planning program are now shifting from "management by BKKBN" to management by the families and the communities. So as families first and foremost they are also participants of the family planning program which is now become a society movement.

THE NATIONAL CONTRACEPTIVE SERVICES POLICY

The fact was that our information from the fields, from studies, surveys and operational experiences have shown us that after 25 year of family planning, many family planning acceptors have internalized the need for planning a family. There were indications all over the country that people and families are no

longer see family planning as only a program promoted by the government, but rather as their real need, a need that they are event willing to pay for. As socio-economic levels rise, so does the need to get deeper and more comprehensive quality information. They want information to enjoy personalized and customized services, to be more "fashionable", to "show - off" their status socially, and part of that status is pay private doctor or midwife for quality family planning services. Potential acceptors segmentation and targeting of messages through mass media are approaches that go beyond the basic commodities and general IEC messages. These are what the new era demands and every successful family planning programs must be ready to evolve to meet these demands.

This was a major shift in the attitude and behaviour of people/families in Indonesia, and these are reflected now in all of our program which now have been labeled as a MOVEMENT. This has required a fundamental change in structure and operational of the Indonesia Family Planning Program, as we enter a new era. Responding to those attitude and community's behaviour BKKBN introduce what we called 'the Cafeteria Contraception Services Policy'. Trend of contraception use in Indonesia has been shown by the result of IDHS 1991, 1994 and 1997. The Cc prevalence in 1991 was 49.7 total with 47.1% use modern methods, while in 1994 IDHS revealed 54.7% with 52.1% use moderns. In IDHS 1997 these figure are 57.4% and 54.7% respectively. Currently the most popular method use by proportion is injectable amounting to 38.5% of total currently modern method cc users, but implant has the most significant increase during the past five to ten years from only of 3.1% in IDHS 1991 to 6% IDHS 1997.

Table 1. Trends in use of specific contraceptive methods in Indonesia 1991- 1997*

Methods	IDHS 1991	IDHS 1994	IDHS 1997
Any method	49.7	54.7	57.4
Oral Pill	14.8	17.1	15.4
I.U.D	13.3	10.3	8.1
Injectable	11.7	15.2	21.1
Condom	0.8	0.9	0.7
Implant	3.1	4.9	6.0
Female sterilisation	2.7	3.1	3.0
Male sterilisation	0.6	0.7	0.4
Periodic abstinence	1.1	1.1	1.1
Withdrawal	0.7	0.8	0.8
Others	0.9	0.8	0.8

*IDHS 1997

The above mentioned figure is a family perspective contraceptive choices. For the Management there are two strategies, those are:

First for the sake of family reproductive health BKKBN foster what we called as the "Rational Contraceptive Use" where the family Reproductive health consideration is at stake by take into account the age, parity of the wife and of course the objective of the contraception use to wether is intended for spacing or for terminating their fertility. The policy said that a women when reached a reproductive period should:

- a. Postpone her marriage until the age of at least 20 years of age.
- b. Start to have the first child at the age of at least 20 years and stop to be pregnant at the age of 30 or 35 years at the lattest.
- c. Having at the most two children.
- d. Having girl or a boy is the same.

This policy has been popularised and campaigned as "a TWO CHILDREN IS ENOUGH, A GIRL OR A BOY IS THE SAME".

Secondly, is Manager's perspective objective in obtaining it's target to achieve the demographic goal as soon as possible. In this case The managers are considering the most effectctive and efficient method there are to be implemented on the field. In the view of those two oppinions implant method is the most appropriate method to be popularised particularly the one rod implant IMPLANON® which is very effective and also the simplest one to be served by the providers. This is may be the reason why this special method has the most significant increase in popularity in a very short period of time.

Category	1990	1991	1992	1993	1994
Overall	10.7	11.7	12.7	13.7	14.7
Urban	12.5	13.5	14.5	15.5	16.5
Rural	8.9	9.9	10.9	11.9	12.9
Male	11.2	12.2	13.2	14.2	15.2
Female	10.2	11.2	12.2	13.2	14.2

CONCLUSION

- 1. Indonesia has been facing a crucial demographic problem in achieving it's demographic goal.
- 2. According to recent IDHS 1997 there is an indication of possible fertility stalling, if and when the Government does not take special effort to anticipate it.
- 3. There is in one hand a trend of increasing contraceptive prevalence, but in another hand a stand still fertility condition.
- 4. With the improve knowledge on FP by the community it is advisable to give more attention to the community/family demand on specific method use of contraceptive chose by the family.
- 5. A special study on the family/community preference of contraceptive method by specific strata of the community is needed.

REFERENCES

- 1. Suyono H. Family Reproductive Health Development in Indonesia, the Family Approach.
- 2. Central Bureau of Statistics, BKKBN, Ministry of Health, Macro International. Indonesia Demographic and Health Survey 1991.
- 3. Central Bureau of Statistics, BKKBN, Ministry of Health, Macro International. Indonesia Demographic and Health Survey 1994.
- 4. Central Bureau of Statistics, BKKBN, Ministry of Health, Macro International. Indonesia Demographic and Health Survey 1997.
- 5. BKKBN, Bureau of Contraceptive Services, Kebijakan Kontrasepsi Jangka Panjang.
- 6. Sugihartatmo, et al. Konsep Pengembangan Kebijakan Kontrasepsi dalam Gerakan Reproduksi Keluarga Sejahtera.
- 7. I.C.P.D. Cairo 1994, Plan of Action.