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**THE FACTORS AFFECTING FAMILY PLANNING ACCEPTORS IN CHOOSING
TUBEKTOMY CONTRACEPTION METHOD AT PKU MUHAMMADIYAH HOSPITAL
YOGYAKARTA INDONESIA**

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Indonesia ranked the fourth as the most populous country in the world after China, USA and India. Population Census in 2010 recorded, Indonesia has the fastest growth in the region with 250 millions of people and projected to continue increasing in the future due to the high fertility rate. As a developing nation, Indonesia is not only burdened by the huge number of population but also the low quality of human capitals. This study aims to describe the characteristics of family planning beneficiaries who select tubal ligation or tubectomy as contraceptive methods. It was a retrospective descriptive analytic study involving 33 family planning beneficiaries in Muhammadiyah Islamic Hospital in Yogyakarta who select tubectomy as contraceptive methods. Sample was driven as the total population. Most (61%) of tubectomy acceptors were women at the mid childbearing age (>35), having high parity, attained higher level of education and employed. The higher the economic status of the household, the higher the likelihood of the women to adopt one of the contraceptive methods including tubectomy. Considering the high cost of tubectomy, it is necessary for the government to reevaluate the cost of service in order to increase the tubectomy prevalence rate.

Keywords: Tubectomy, Family Planning Acceptor, beneficiaries

1. INTRODUCTION

Indonesia ranked the fourth as the most populous country in the world after China, USA and India. Population Census in 2010 recorded, Indonesia has the fastest growth in the region with 250 millions of people and projected to continue increasing in the future due to the high fertility rate. As a developing nation, Indonesia is not only burdened by the huge number of population but also the low quality of human capitals (BKKBN, 2008). Therefore, the importance of family planning is likely to increase especially to reduce maternal mortality due to the rapid repeated pregnancies. In addition, family planning also aims to prevent unwanted pregnancy which will lead to another social problem (Prawirohardjo, 2005).

Referring to Law No.22/1999 and Presidential Decree No.103/2001, a part of family planning authority was transferred from central to local government (Suratun dkk, 2008). National Family Planning Program was then also changed its principals, from 'a happy small family size' in 1990s into 'Qualified Family 2015'(Saifuddin, 2003).

Theoretically, a woman chooses a contraceptive method with an expectation it will be functioning well, not interfering her daily activities and also with minimum side effects. Voluntarily tubal ligation or tubectomy is a procedure to stop women fertilization permanently. It's

acknowledged as the most effective, safe, simple and no side effect. Nevertheless, due to its irreversible nature of tubectomy, it requires counseling and informed consent (Saifuddin, 2006).

Although it has been shown as the most effective methods, tubal ligation or tubectomy is less popular compared to other non-permanent methods. The stigma and the fear of the process of minor surgery become the greatest barrier for its users (Iswarati, 2005). In Muhammadiyah Islamic hospital, out of 242 acceptors, only 8 percent choosed tubectomy whilst the vast majority (65%) prefer injection or IUD (21%). Therefore, this study aims to describe the characteristics of family planning beneficiaries who select tubectomy as contraceptive methods.

2. METHODS

This study uses descriptive restrospective method retrieving medical record from Muhammadiyah Islamic hospital in Yogyakarta during 2008. Thirthy three acceptors were found as the population, and sample was derived as total population.

3. RESULT AND DISCUSSION

Out of 33 respondents, all were Muslim and Javanese ethnic. Most (61%) of tubectomy acceptors were women at the mid childbearing age (>35). It can be understood since women at this age group perhaps have already achieved their desired family size and therefore wanted to end their reproductive career. In addition, considering their age, women in the study are at a high risk for pregnancy and maternal death (IBI, 2008).Studies found, women above 35 are 10 times higher at risk to maternal death compared to their younger counterpart (IBI, 2008). The higher the age of the mother, the higher the risk of the pregnancy. Therefore, tubectomy is the most recommended methods for women >35 years old.

Tabel. 1. Characteristics of Tubectomy acceptors

No	Characteristics	F	%
1	<i>Age</i>		
	20-35	13	39
	>35	20	61
	<i>Total</i>	33	100
2	<i>Education</i>		
	Higher education	21	64
	Secondary school	8	24
	Primary school	4	12
	<i>Total</i>	33	100
3	<i>Employment status</i>		
	Employed	22	67
	Unemployed	11	33
	<i>Total</i>	33	100
4	<i>Parity</i>		
	II	5	15
	III-IV	28	85
	<i>Total</i>	33	100

The vast majority of tubectomy acceptors (64%) attained higher level of education. The result corresponds to Notoatmojo (2007) which stated that education is a process to develop the skill, attitudes and behaviour in the community. Education also a social process where one's is

exposed to selected and controlled environment where he/she may develop his maximum potential. Studies found that education influencing behavior. Educational attainment is closely related to knowledge transmission, belief, skill and behavior. The higher the level of education, the better the level of knowledge and the better she/he perceiving the benefits and risks before taking an action (Notoatmodjo, 2007).

Nevertheless, educational attainment is not always determine a person's behavior. A study by Yuli in 2007 revealed that tubectomy acceptors were mostly only completed their primary school. It can be understood because perhaps the social and cultural construction of having tubectomy played a role and the decision was not influenced by level of education (Yuli, 2007)

Education is one of the variable that perhaps determine one's decision to select tubectomy as the contraceptive methods. Given that tubectomy is a permanent method, it requires a complete understanding of the beneficiaries because of its irreversible effect. Therefore, in many cases, those who have higher education and have better understanding will have the higher likelihood to obtain the contraceptive methods. The motivation to have better quality of life with smaller family size was common as the main reason of tubectomy acceptors.

In terms of occupational status, most (67%) of tubectomy acceptors were employed. A woman is defined to be 'employed' when she is working outside of her home and gain some income. The finding of the study coresponds with BKKBN (National Family Planning Coordination Board, NFPCB) which stated that the household's purchasing power defines the contraceptive use. When the women working and generate incomes for the household, it will strengthen the economic status of the family and enable them to purchase services or goods, including contraceptive methods (Notoatmodjo, 2003).

The higher the economic status of the household, the higher the likelihood of the women to adopt one of the contraceptive methods. In Muhammadiyah Islamic Hospital, tubectomy service is provided with sectio-caesarea at a high cost. Therefore, it can be understood that tubectomy acceptors are mostly working women because they can afford the high-cost service. The finding also supported by the study by Dina (2008) who stated that low income family is the inhibitor of contraceptive use.

Beside age, education, and income, parity also found to be a strong predictor of contraceptive use. Normally, women will seek for contraceptive methods when after they had their 2nd or 3rd parity. Accordingly, most (85%) women in this study had already at their 3rd or 4th parity. Respondents decision in obtaining tubectomy method was also based on their knowledge of the risk of pregnancy after the 3rd parity. As it has been well known that parity 2nd and 3rd is the safest parity againts maternal death. The risks of the 1st parity can be managed with appropriate obstetric care and the risk of the highe parity can be reduced by family planning (Wiknjosastro, 2006). Moreover, parity is closely related to economic status. Respondents acknowledged that more children also means increasing the economic burden of the family.

Limitation of the study lies on the restriction of medical record to be accessed. Secondary data such as medical record also has no information of knowledge related contraceptive which is actually an important factor in determining one's behavior. Therefore, educational attainment was used as the proxy to assess the respondents awareness of tubectomy methods.

4. CONCLUSION

Most (61%) of tubectomy acceptors were women at the mid childbearing age (>35), having high parity, attained higher level of education and employed. The higher the economic status of the

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household, the higher the likelihood of the women to adopt one of the contraceptive methods including tubectomy. Considering the high cost of tubectomy, it is necessary for the government to reevaluate the cost of service in order to increase the tubectomy prevalence rate.

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