

Menepis mitos kemandulan akibat kontrasepsi: analisis kesintasan data kalender kontrasepsi dan kehamilan SDKI 2007, 2012 dan 2017 =
Dispelling the myths of infertility following contraceptive discontinuation: survival analysis of the 2007, 2012 and 2017 Indonesia Demographic and Health Survey calendar data / Maria Gayatri

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Abstrak

Kecemasan akan kembalinya kesuburan pascaputus pakai kontrasepsi yang tidak pasti berdampak negatif pada penggunaan kontrasepsi di Indonesia. Banyak perempuan meyakini mitos kontrasepsi menyebabkan kemandulan termasuk Metode Kontrasepsi Jangka Panjang (MKJP) seperti yang ditunjukkan Survei Demografi dan Kesehatan Indonesia 2007, 2012 dan 2017 dimana tidak ada perempuan yang putus pakai MKJP sebelum mempunyai anak. Penelitian ini membuktikan mitos tersebut tidak benar, karena kesuburan dapat segera kembali sebelum satu tahun pascaputus pakai kontrasepsi.

Analisis kesintasan digunakan dalam mengestimasi kembalinya kesuburan pascaputus pakai kontrasepsi. Metode kontrasepsi yang diteliti pada SDKI yaitu pil, suntikan, IUD dan implant yang digunakan selama 5 tahun sebelum 2007, 2012 dan 2017. Sebanyak 4573 episode (SDKI 2007), 5183 episode (SDKI 2012) and 5989 episode (SDKI 2017) dari perempuan yang putus pakai kontrasepsi karena ingin hamil diikuti secara retrospektif.

Analisis data dalam penelitian ini menggunakan Stata IC 15.1. Perempuan pemakai IUD hamil lebih cepat dibandingkan mereka yang menggunakan implan, pil dan suntikan. Tingkat kehamilan kumulatif selama 1 tahun pascaputus pakai kontrasepsi adalah 72%-85% untuk IUD, 75%-81% untuk pil, 72%-76% untuk implan and 65%- 67% untuk suntikan. Tingkat kehamilan pada 2 tahun pascaputus pakai pada keempat kontrasepsi mencapai 82%-92%. Tingkat kehamilan meningkat pada perempuan usia muda. Terjadinya kehamilan tidak berhubungan dengan jumlah anak, penyakit menular seksual, pengetahuan tentang masa subur, tingkat kesejahteraan dan tempat tinggal.

Penelitian ini tidak menunjukkan adanya gangguan kesuburan yang disebabkan oleh putus pakai kontrasepsi. Studi ini merekomendasikan untuk penguatan konseling pada pra dan pasca pelayanan KB, pengembangan materi KIE dan konseling yang komprehensif serta penguatan kapasitas tenaga kesehatan dan non kesehatan dalam konseling.

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The fear that resumption of fertility after discontinuation of contraception are uncertain or inconclusive has a negative impact on utilization of contraceptive methods in Indonesia. Many women believe that contraceptive methods cause infertility including Long-Acting Reversible Contraceptive (LARC), as shown by the 2007, 2012 and 2017 Indonesia Demographic and Health Survey (IDHS) data that not even one woman would discontinue LARC before the first pregnancy. Therefore, this study presented evidence that this belief is not true, because it took less than one year to resume fertility after the discontinuation of contraceptive methods.

A survival analysis was used to assess the time of fertility resumption after discontinuation of reversible contraceptive methods. Type of contraception analysed included pills, injectables, Intrauterine Devices

(IUD) and implants within the last 5 years preceding the Indonesia Demographic and Health Survey 2007, 2012 and 2017. As many as 4573 episodes (IDHS 2007), 5183 episodes (IDHS 2012) and 5989 episodes (IDHS 2017) of women who discontinued the use of reversible contraceptive methods for the reason of planned pregnancy were followed retrospectively.

Data analysis was performed using Stata IC 15.1. Women who had been using IUD achieved faster to become pregnant than ex-implant users, ex-pill users and ex-injectable users. The 1-year pregnancy rates following contraceptive removal were 72%-85% for IUD, 75%-81% for pills, 72%-76% for implants and 65%-67% for injectables. The 2-years pregnancy rates were 82%-92% for pills, injectables, implants and IUDs. The rate of pregnancy was increased in younger women. The long duration of contraceptive used had no impact on reducing pregnancy rates. Time to pregnancy was not related to women's parity, sexually transmitted diseases, knowledge of fertile window, women's wealth status and place of residence.

The study did not show any impaired fertility caused by the reversible contraceptive discontinuation. It is recommended to strengthen pre and post service counseling, developing IEC material and strengthening the capacity of health and non-health workers in counseling.