Factors Associated with the Use of Intrauterine Contraceptives at the Pauh Community Health Center in 2023

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ABSTRACT

Couples of childbearing age are still a big problem in developing countries, especially in Indonesia because there is still minimal use of intrauterine contraceptives (IUDs) among couples of childbearing age (PUS). Based on 2021 BKKBN data, it is stated that the majority of Indonesian people use short-term contraceptives, namely (59.9 %), while only (8.0%) people use intrauterine contraceptive devices (IUD). factors that cause minimal use of IUDs include knowledge, attitudes, education, parity, trust and support from husbands. The aim of this research is to determine the factors associated with the use Intrauterine Contraceptive Devices (IUD) at the Pauh Community Health Center in 2023. This research was conducted at the Pauh Community Health Center in June 2023 using quantitative research methods with a cross sectional design. The population in this research was couples of childbearing age with a sample of 99 people. The sampling technique used was Accidental Sampling. Data was collected through interviews using a questionnaire. Univariate and Bivariate Data Analysis using Chi square test. Based on the results of statistical tests, it was found that there was a significant relationship between the level of knowledge (p value= 0.023), attitude (p value =0.016), parity (p value =0.000) and husband's support (p value= 0.019) with the use of an Intrauterine Contraceptive Device (IUD). The conclusion of this research is that there is still minimal interest in using intrauterine contraceptives despite having good knowledge, a positive attitude and husband's support. It is recommended that local health workers be more active in providing health promotion related to contraceptives.

Keywords: IUD, Husband's Support, Parity, Knowledge, Attitude

INTRODUCTION

Couples of childbearing age are still a big problem in developing countries, especially in Indonesia because there is still minimal use of intrauterine device contraception among couples of childbearing age (PUS). Everyone wants a prosperous life in the era of revolution with healthy and quality living, but the emphasis on population growth is increasing every year, especially in developing countries like Indonesia. Indonesia ranks 4th with the largest population in the world after China, India and America (1). In 2021 the population in Indonesia will reach 272,682,515 people, consisting of a male population 137,871,054 people and a female population of 134,811,461 people (2)

The problem that will occur if the population continues to increase and

multiply is that the government has not met the needs of the population so that many people still suffer from malnutrition, slum housing, scarcity of natural resources, environmental damage, poverty and social conflict (3).

In 2021, the Ministry of Health of the Republic of Indonesia (KKPI) stated that efforts would be made to make the population more prosperous with the Family Planning (KB) program. The decline in birth rates and reduction in population growth can be contributed to by the family planning program (3). The family planning program is a very strategic program to improve community welfare which is carried out jointly so that it is sustainable. The family planning program consists of long-term (MKJP) and short-term contraception. Long-term contraception includes intrauterine contraceptive devices (IUD), implants, tubectomy and vasectomy, while short-term contraception includes pills, injections, condoms (4–6).

Based on 2021 BKKBN data, it is stated that the majority of Indonesian people use short-term contraceptives, namely (59,9%), while only (8.0%) people use intrauterine contraceptives (IUD). Therefore, Government has made a policy for all people to use long-term contraceptives such as (IUD, Implant, MOP and MOW). Various factors that cause minimal use of knowledge, attitudes, **IUDs** include education, parity, trust and support from husbands (7). The use of IUDs in the city of Padang is still small. This is proven by the 2022 Padang City Health Profile data which states that the lowest health center is Pauh Health Center, with only 12 people using IUDs out of 13710 couples of childbearing age (PUS) (8).

From the results of interviews with 10 PUS mothers, it was found that 10 PUS mothers did not use IUDs, 5 PUS mothers did not know about IUDs, 3 PUS mothers were not allowed to use contraception and 2 PUS mothers still wanted to have children and did not want to use contraception. Based on the above background, it is very interesting for researchers to conduct research on factors related to the use of Intrauterine Contraceptive Devices (IUD) in the Pauh Community Health Center Area in 2023.

MATERIALS & METHODS

Type and design of this research is descriptive analytical with a cross sectional approach discussing factors related to the use of intrauterine contraceptive devices (IUD) at the Pauh Community Health Center in 2023. This research was conducted in May - June 2023 at the Pauh Community Health Center, Padang City.

The population in this study were all PUS couples at the Pauh Community Health Center. as many as 13710 people. With a sample of 99 people determined using the Slovyn formula and taken using the Accidental Sampling technique. Then the data is processed through editing, coding, entry and cleaning stages. In this research the analysis used is univariate and bivariate analysis.

RESULT

Relationship between Knowledge Level and Use of Intrauterine Contraceptive Devices (IUD)

Table 1. Relationship between Knowledge Level and Use of Intrauterine Contraceptive Devices (IUD) at Pauh Community Health Center 2023

Knowledge	Use	of IUI)		Total		P value	
	No	Use	Use	!				
	f	%	f %		f	%		
Low	35	97.2	1	2.8	36	100.0		
Enough	24	77.4	7	22.6	31	100.0	0.023	
Good	24	75.0	8	25.0	32	100.0		
Total	83	83.8	16 16.2		99	100.0		

Based on table 1, it can be seen that of the 36 respondents who had low knowledge, 35 (97.2 %) respondents did not use an IUD. Based on statistical tests, *the p value was* 0.023 (p< 0.05), meaning there was a significant relationship between the level of

knowledge and the use of IUDs at the Pauh 2023 community health center.

Relationship Between Attitudes And Use Of Intrauterine Contraceptive Devices (IUD)

Table 2. Relationship between Knowledge Level and Use of Intrauterine Contraceptive Devices (IUD) at Pauh Community Health Center 2023

Attitude	Use	of IUI)		Tot	al	
	No	No Use		Use			P-Value
	f	%	f	%	f	%	
Positive	32	72.7	12	27.3	44	100.0	0.016
Negative	51	92.7	4	7.3	55	100.0	
Total	83	83.8	16	16.2	99	100.0	

Based on table 2, it can be seen that of the 55 respondents who were negative, 51 (92.7%) respondents did not use an IUD. Based on statistical tests, *a p value of* 0.016 (p<0.05) was obtained, meaning that there was a significant relationship between

attitude and the use of IUDs at the Pauh 2023 community health center.

Relationship Between Parity and Use Of Intrauterine Contraceptive Devices (IUD)

Table 3. Relationship Between Parity And Use Of Intrauterine Contraceptive Devices (IUD) At Pauh Community Health Center 2023

Parity	Use	of IUI)		Total		P-Value
	No Use		Use				
	f	%	F	%	f	%	
Primipara	30	81.1	7	18.9	37	100.0	
Multiparous	52	98.1	1	1.9	53	100.0	0,000
Grande multiparous	1	11.1	8	88.9	9	100.0	
Total	83	83.8	16	16.2	99	100.0	

Based on table 3, it was found that almost all of the 37 respondents who had primiparas did not use an IUD, namely 81.1 %. Almost all of the mothers who had multiparous parity out of 53 respondents did not use IUDs, while the mothers who had grandemultiparous parity out of all 9 respondents used IUDs, namely 98.1 %. Based on statistical tests, *a p value of* 0.000

(p< 0.05) was obtained, meaning that there was a significant relationship between parity and the use of IUDs at the Pauh 2023 community health center.

Relationship between husband's support and use of intrauterine contraceptive devices (IUD)

Table 4. Relationship Between Husband'S Support And Use Of Intrauterine Contraceptive Devices (IUD) at Pauh Community Health Center 2023

Husband's support	Use of IUD				Tot	al	P-Value
	No Use		Use				
	f	%	F	%	f	%	0.019
Does not support	55	91.7	5	8.3	60	100.0	
Support	28	71.8	11	28.2	39	100.0	
Total	83	83.8	16	16.2	99	100.0	

Based on table 4, it can be seen that the proportion of respondents who did not use an IUD was found to be greater among respondents who did not receive husband's support, namely 55 (91.7 %). Based on statistical tests, *a p value of* 0.019 (p<0.05) was obtained, meaning that there was a significant relationship between husband's support and the use of IUDs at the Pauh 2023 health center

DISCUSSION

Relationship between level of knowledge and use of intrauterine contraceptive devices (IUD)

Based on bivariate analysis, it shows that almost all 35 (97.2%) respondents with low knowledge did not use an IUD, while 1 (2.8%) respondent with low knowledge used an IUD. Based on the results of statistical tests carried out using *chi square*, p value = 0.023 (p<0.05) was obtained, meaning that there was a significant relationship between the level of knowledge and the use of Intrauterine Contraceptive Devices (IUD).

This research is in line with research by Lubis et al (2022) regarding the relationship between PUS knowledge about IUDs and the use of IUD contraceptives among family planning acceptors in Pagar Jaya village, Lambu Kibang subdistrict, Tulang Bawang Barat district in 2022. It is known that the p value is 0.000, which means there is a relationship between knowledge and use of IUD contraception. This research is also in line with research by Hatijar & Saleh (2020) regarding the relationship between knowledge and attitudes of mothers regarding the choice of intrauterine contraceptive methods. It is known that the p value is 0.000, which means there is a relationship between knowledge and the use of the IUD.

This research is also in line with Satria's (2022) research on the relationship between level of knowledge, husband's support, and mother's attitude with the use of IUD contraception (9). It is known that the p value is 0.015, which means there is a relationship between knowledge and IUD

use. Someone has good knowledge if they are able to express information about an object correctly. If someone is only able to express a little information about an object correctly, then they are categorized as having poor/low knowledge about that object (9) Knowledge is one of the factors in a person that can influence attitudes and but not everyone actions, uses knowledge they have as the basis for their actions. Knowledge requires other factors, both from oneself and from outside, to be realized in the form of attitudes and actions (10).

Hatijar dkk (2020) states that a person's knowledge can also be influenced by a person's experiences, factors outside the person (environment), both physical and non-physical and socio-cultural, which then make these experiences known, appreciated and believed, giving rise to motivation and intention to act and ultimately realization occurs. intention takes the form of behavior (11).

Notoatmodjo (2017) states that knowledge is influenced by internal factors, including: education, employment, age and external factors including the environment and socio-culture. Based on these results, it was found that more than half of the respondents had a high school level education or above. Education is needed to obtain information, for example things that support health and thus improve the quality of life. Therefore, the higher a person's level of education, the more knowledge they have so that it is easier for that person to receive information, easier to accept newly developed values, and this influences the information provided by health workers to mothers, both from In of the method of providing information or the language used, it uses high level language so that until now mothers do not clearly understand IUD contraception, many know about IUDs but do not understand it in more depth (12).

Based on the researcher's analysis regarding respondents who have good knowledge about IUDs but still choose not to use IUDs, this occurs because respondents only know

and understand about IUDs but do not apply them in their actions to choose an appropriate contraceptive device. There are many factors that influence the use of IUDs in terms of the results of this research, one of which influences its use is the attitude of respondents, namely of the 24 respondents who have good knowledge, there are 13 respondents who have a negative attitude towards the use of IUDs.

Relationship between attitude and use of intrauterine contraceptive devices (IUD)

Based on bivariate analysis, it shows that almost all 51 (92.7%) respondents who had a negative attitude did not use an IUD, while 4 (7.3%) respondents with a negative attitude did not use an IUD. Based on the results of statistical tests carried out using *chi square* Adapted p value = 0.016 (p<0.05) meaning there is a significant relationship between attitudes and the use of intrauterine contraceptive devices (IUD).

The results of this research are in line with research by Rhofitriastiti (2022) regarding relationship between husband's knowledge, attitudes and support and the choice of IUD KB at Budhi Asih Hospital, Jakarta in 2022. It is known that the p value is 0.000, which means there is a relationship between attitude and the choice of IUD KB. The results of this research are in line with research conducted by Hatijar (2020) entitled the relationship between mother's knowledge and attitudes towards the choice of intrauterine contraceptive methods. The statistical test results obtained p value 0.001 < 0.05, meaning there is a relationship between maternal attitudes and the use of intrauterine contraceptives. womb. This research is also in line with Putri's (2019) research on factors related to IUD use. It is known that the p value is 0.000, which means there is a relationship between attitudes and IUD contraceptive use.

Factors that influence attitudes such as occupation and age. Based on the research results, it was found that almost all mothers had housewife jobs and more than half had ages between 20-30 years. Work tends to

influence the mother's attitude because work is the mother's daily environment and in the environment itself many of the highest sources of information are friends and neighbors which will show that in her environment it is still an indicator of behavior regarding health and trust in health. In the environment there are signs that a person tends to act (13).

The mother's age greatly influences the mother's attitude in choosing a contraceptive that suits her needs, and the reproductive age obtained to avoid pregnancy with appropriate pregnancy spacing, and where age greatly influences the mother's attitude in responding to decision making (5).

Attitude is a process that initiates the formation of behavior. If someone has a positive attitude, they will tend to have positive behavior or actions, especially regarding health. A positive attitude is a tendency to approach, like and hope for certain objects or certain circumstances that show, accept and acknowledge and implement applicable norms, while a negative attitude is a tendency to avoid, avoid and hate and dislike certain objects or rejection.

Based on this, the researcher's analysis regarding the relationship between attitudes and IUD use can be seen from the research results that as many as 92.7% respondents who have negative attitudes do not use IUDs, so someone who has a negative attitude will produce negative behavior. Meanwhile, as many as 72.7% of respondents had a positive attitude but did not use the IUD, this could be because the level of positive attitude they had only reached the level of acceptance, respondents were willing and paid attention to the stimulus given regarding the use of the IUD but there was no response in action so that in the end the application was not carried out.

The Relationship between Parity and the Use of Intrauterine Contraceptive Devices (IUD)

Based on bivariate analysis, it shows that

almost all 52 (98.1%) respondents were multiparous mothers who did not use an IUD, while 1 (1.9%) respondent was a multiparous mother who used an IUD. Based on the results of statistical tests carried out using *chi square*, p value = 0.000 was adapted, which means there is a relationship between parity and the use of Intrauterine Contraceptive Devices (IUD).

This research is in line with research conducted by Kambuno (2022) regarding the relationship between parity and the use of IUD contraception. In a literature review it was found that the p value was 0.000, which means there is a relationship between parity and the use of IUD contraception (14). This research is also the same as research conducted by Tarigan (2022) relationship regarding the between education, age and parity with the use of IUD contraception, it is known that the p value is 0.020, which means there is a significant relationship between parity and the use of IUD contraception at the Pematang Panggang III Community Health Center. This research is also in line with Sembiring et al (2022) regarding the relationship between parity and husband's support with the use of intrauterine contraception. It is known that it is 0.015, which means there is a relationship between intrauterine and the use of contraceptives (IUD) (1).

According to the Ministry of Health, parity also influences a person's behavior, namely by looking at the number of children born alive, a positive relationship is also found, meaning that increasing age reflects the process of family change and can also show the process of changes in fertility over time (6). The number of living children has a very significant influence in determining the choice of long-term contraceptives. This is in accordance with the theory that says a person decides to take part in a family planning program if they feel that the number of living children is sufficient for the desired number. This means that the number of living children influences a person's participation in the family planning program. The greater the number of living children a person has, the greater the possibility of limiting births. The more children are born, the higher the respondent's desire to limit births, in the end this will encourage respondents to use an intrauterine contraceptive device (IUD) because they remember that the IUD is an effective contraceptive device in the long term to prevent fertilization.

Based on the research analysis, it is known that mothers who have a history of multipara tend to choose to contraception, whether injectable implants, etc. with the aim of spacing pregnancies, but the small number of respondents who use IUD contraception could be due to the fact that mothers may still have a desire to increase the number of children so that mothers feel afraid and assuming that after removing the IUD it would take a long time for the fertile period to return, respondents chose non-MKPJ contraception such as injections and pills.

Relationship between husband's support and the use of intrauterine contraceptive devices (IUD)

Based on bivariate analysis, it shows that almost all 55 (91.7%) respondents did not receive husband support and did not use an IUD, while 5 (8.3%) respondents who did not receive husband support used an IUD. Based on the results of statistical tests carried out using *chi square*, the p value = 0.019 (p<0.05) was adapted, meaning that there was a significant relationship between husband's support and the use of Intrauterine Contraceptive Devices (IUD).

This research is in line with research by Oktiana Sari et al (2022) regarding factors related to the use of contraceptives among family planning acceptors, It is known that the p value is 0.039 < 0.05, meaning there is a relationship between husband's support and the use of contraceptives in womb (15). This research is also the same as research conducted by Mulyani et al (2021)relationship regarding the between husband's knowledge, attitudes and support and the use of IUD contraception, it is known that the p value is 0.03, which means there is a relationship between husband's support and the use of IUD contraception (3).

According to Mulyani et al (2021) husband's support is a form of interpersonal relationship which includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention to them. It is widely accepted that people in supportive social environments generally fare better than their peers without these benefits (3).

The husband's support can be expressed through respect and interest in the wife, tolerance, showing affection and helping in dealing with a problem experienced by the wife. The husband is considered to play a role in the family planning program, namely as a family planning participant and supporting couple the in contraceptives. Husband's support in using contraceptives is still low. In behavioral theory, husband's support is a driving factor that influences human behavior related to health because it needs to be taken into account in implementing family planning

The big role of the husband will really help him and the husband will become increasingly aware that reproductive health problems are not just a woman's problem, another role of the husband is to facilitate, provide all the wife's needs when checking her reproductive health problems. This can be seen when the husband takes the time to accompany his wife to install contraception or control.

Based on the research results, it was found that almost all respondents received positive support from their husbands regarding the use of the IUD, but there were still many respondents who did not use the IUD. This may be due to several factors, one of which was the respondent's attitude towards the use of the IUD, namely 39 respondents who received positive support from their husbands. As many as 16 respondents were negative about the use of the IUD.

CONCLUSION

The conclusion of this research is that there is still minimal interest in using intrauterine contraceptives despite having good knowledge, a positive attitude and husband's support. It is recommended that local health workers be more active in providing health promotion related to contraceptives

Declaration by Authors

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declared.

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