

Relationship of Knowledge, Age and Parity with the Selection of IUD Contraception in Lubuk Batang Lama Village Working Area UPTD Lubuk Batang Health Center, Oku Regency 2021

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ARTICLE INFO	ABSTRACT
<p>Keywords:</p> <p>Selection of IUD Contraception, Knowledge, Age, Ditchy</p>	<p>Background: Contraceptive IUD is a contraceptive device that is inserted into the uterus, made of materials such as plastic, some are wrapped in copper, 3 and have various shapes. The spiral form is a form of IUD contraception that is widely known and known to the general public. Research Objectives: To determine the relationship between knowledge, age and parity simultaneously with the selection of the Intra Uterine Device (IUD) in Lubuk Batang Lama Village, Lubuk Batang Lama Village, Lubuk Batang Public Health Center, Ogan Komering Ulu Regency in 2021. Methods : Analytical Survey with Cross Sectional Design. This study uses primary data with a sample of 77 respondents. Research Results: Based on univariate analysis, 60 respondents (77.9%) chose IUD Contraception and 17 respondents (22.1%). 60 people (77.9%) lack knowledge and 17 people (22.1%). There are 23 people who are not at risk (29.9%) and 57 people who are at risk (70.1%). Low parity as many as 45 people (58.4%) and high parity as many as 32 people (41.6%). From the results of the bivariate analysis, it was found that there was a significant relationship between knowledge and the choice of IUD contraception with p value = 0.000, there was a significant relationship between age and the choice of IUD contraception with p value = 0.040, there was a significant relationship between parity and the choice of IUD contraception with p value = 0.047. Conclusion: There is a relationship between knowledge, age and parity with the selection of the Intra Uterine Device (IUD) in Lubuk Batang Lama Village, Lubuk Batang Lama UPTD Working Area of Lubuk Batang Health Center, Ogan Komering Ulu Regency in 2021. Suggestion:</p>
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1. Introduction

The United Nations (UN) makes population growth projections every 2 years in the future. The latest figures from the latest median values are 9.7 billion people in 2050 and up to 10.9 billion in 2100. The world population until 2021 will reach 7,884,206,704 people. The rapid rate of population growth and the things that cause it are the main obstacles in achieving the SDGs. particularly eradicating hunger and poverty, achieving gender equality and improving health and education. Poverty is also a driver and predictor of growth significant population[1].

Couples of fertile age in Indonesia were recorded at 5,264,390 PUS in 2019, in South Sumatra Province it reached 102,832 PUS [2], in OKU district there were 80,488 EFA [3].

Family Planning is a movement to form a healthy and prosperous family by limiting births [4]. The Family Planning Program (KB) promoted by the government is implemented to achieve a prosperous family and to create optimal human resources. [5]. The family planning program was also launched by the government with the aim of regulating desired births, regulating the number of pregnancies, delaying pregnancy, regulating the age gap of children and regulating the rate of population growth, by using effective and long-term contraceptive methods as well as steady contraception, consisting of IUDs, birth control devices subcutaneous contraception (AKBK) or implants, medical surgery for women (MOW), and medical surgery

for men (MOP) [6]. One strategy for implementing the family planning program as stated in the 2010 to 2014 RPJM is the use of contraception [7].

Contraception is an attempt to prevent pregnancy. This contraceptive can be permanent or temporary. One of the contraceptives used by the mother is one of the factors that affect fertility. Contraceptives IUDs are contraceptives that are inserted into the uterus, made of materials such as plastic, some are wrapped in copper, and have various shapes. The spiral form is a form of IUD contraception that is widely known and known to the general public [8].

IUD contraception has several advantages, namely being more efficient, long-term, different from contraception such as pills and injections, which need to remember the schedule of repeat visits, while the drawbacks are vaginal bleeding that lasts a long time and bleeding from the genitals during sexual intercourse [9].

The coverage of active family planning participants in OKU Regency in 2019 was 84.2%, an increase of 1.3% from 2018 (82.9%). The 2020 MKJP contraceptive method used by active family planning acceptors in OKU Regency is still very low, namely the IUD method of 3.6%, MOP of 0.2%, MOW of 1.2% and implants of 11.2% [10].

The coverage of active family planning participants at the Lubuk Batang Batang Health Center in 2020 was based on contraception used from 4039 active family planning participants, namely pills 15.03%, injections 53.7%, IUD 7.53%, implants 21.69%, MOW 1.06%, condoms 0.77% and MOP 0.22%. In 2021 as of April 2021, based on the contraceptives used from 4240 active family planning participants, namely Pills 14.27 %, Injections 52.5%, IUD 6.86 %, Implants 25.35%, MOW 0.28%, Condoms 0.71% and MOP 0.02% [10].

The coverage of active family planning participants in Lubuk Batang Village, the work area of the Lubuk Batang Health Center UPTD in 2020 based on the contraceptives used from 350 Active Family Planning participants, namely Pills 4.85%, Injections 78.85 %, IUD 1.48%, Implants 14.58 %, none are MOW, MOP and Condom. In 2021, based on the contraception used from 331 Active KB participants, namely Pills 13.29%, Injections 57.09%, IUD 17.82 %, Implants 10.27 %, MOW 1.51%, Condoms and MOP 0% [11].

Knowledge of couples of childbearing age about the various types of contraceptives provided contributes to the use of contraceptives. The lack of information obtained also contributed to this situation. Information obtained from the wrong source will have a negative effect on prospective acceptors, causing fear to use the IUD [7].

Age is one of the factors that influence a person's behavior in the use of contraceptives. Those who are too young and too old have a lower chance of using contraception [12]. The basic pattern of rational use of contraception at the age of 20 to 30 years is a contraceptive device that has a high reproducibility because at that age, PUS still wants to have children.

A woman's parity can affect the suitability of a medical contraceptive method or can influence the choice of contraceptive method used. In general, multiparous women are recommended to use the IUD contraception. Mothers who have 2 or more children are recommended to use long-term contraceptives such as the IUD which has a high effectiveness, so the chance of having another pregnancy is quite low [13].

2. Research Methods

This study uses analytical quantitative research using a cross sectional research design, the study was conducted on August 9 - 31 2021, the sample of this study was some of the active family planning participants in Lubuk Batang Lama Village, UPTD Lubuk Batang Health Center Work Area, the number of samples in this study was 77 people.

3. Results and Analysis

3.1 Research Result

a. Univariate Analysis

Table 1

Frequency distribution of IUD Contraception Selection among mothers in Lubuk Batang Lama Village Working Area of UPTD Puskesmas Lubuk Batang, Ogan Komering Ulu Regency in 2021

Election IUD Contraception	f	%
nok	60	77.9
Yes	17	22.1
Tbrain	77	100

Based on table 1, it can be seen that from 77 mothers, 60 respondents (77.9%), who did not choose IUD Contraception, and 17 respondents (22.1%).

Table 2
Frequency distribution of mother's knowledge in Lubuk Batang Lama Village Working Area of UPTD Puskesmas Lubuk Batang, Ogan Komering Ulu Regency in 2021

Knowledge	f	%
Not enough	60	77.9
Good	17	22.1
Tbrain	77	100

Based on table 2, it can be seen that from 77 mothers who lacked knowledge as many as 60 respondents (77.9%). Mothers who have good knowledge are 17 respondents (22.1%).

Table 3
Frequency distribution of maternal age in Lubuk Batang Lama Village, Region worka UPTD Puskesmas Lubuk Batang, Ogan Komering Ulu Regency in 2021

Age	f	%
No Risk	23	29.9
at risk	54	70.1
Tbrain	77	100

Based on table 3, it can be seen that from 77 mothers whose age is not at risk as many as 23 respondents (29.9%) while mothers whose age is at risk are 54 respondents (70.1%).

Table 4
Frequency distribution of maternal parity in Lubuk Batang Lama Village, Region worka UPTD Puskesmas Lubuk Batang, Ogan Komering Ulu Regency in 2021

parity	f	%
Low	45	58.4
Tall	32	41.6
Tbrain	77	100

Based on table 4, it can be seen that from 77 mothers with low parity as many as 45 people (58.4%). There were 32 mothers with high parity (41.6%).

b. Bivariate Analysis

Table 5
The relationship between knowledge and the selection of IUD contraception in Lubuk Batang Lama Village, Lubuk Batang Health Center UPTD Working Area.

No	Penlatex	electionihanIUD contraception						p Valu	OR
		Tno		Yes		Tbrain			
		f	%	f	%	f	%		
1.	Kshrimp	59	98.3	1	1.7	60	100	0.000	944,000
2.	Baik	1	5.9	16	94.1	17	100		
	Tbrain	60	-	17	-	77	-		

From table 5, it is known that from 60 mothers with less knowledge, 59 respondents (98.3%) did not choose the IUD contraception and 1 respondent (1.7%) chose the IUD while from 17 mothers with good knowledge only 1 respondent (5.9 %) did not choose the IUD contraception and 16 respondents (94.1%) chose the IUD. Based on the results of the chi square statistical test, p value = 0.000, which means $p < 0.05$, it can be concluded that there is a significant relationship between knowledge and the choice of IUD contraception. The results of the analysis obtained OR = 944,000, which means that mothers with less knowledge have 944,000 times the risk of not choosing IUD contraception compared to mothers with high knowledge.

Table 6

The relationship between age and the selection of IUD contraception in Lubuk Batang Lama Village, Lubuk Batang Health Center UPTD Working Area

No	Age	electionihanIUD Contraception				Tbrain	p-Value	OR
		Tno		Yes				
		f	%	f	%			
1.	nok Risky	14	60.9	9	39.1	23	100	0.040 0.271
2.	cleanko	46	85.2	8	14.8	54	100	
	Tbrain	60	-	17	-	77	-	

In table 6, data obtained from 23 mothers with no risk age as many as 14 respondents (60.9%) did not choose the IUD contraception while 9 respondents (39.1%) chose the IUD and 46 respondents (85, 2%) did not choose the IUD contraception and 8 respondents (14.8%) chose the IUD. Based on the results of the chi square statistical test, p value = 0.040 which means $p < 0.05$, it can be concluded that there is a significant relationship between age and the choice of IUD contraception. The results of the analysis obtained OR = 0.271, which means that mothers with less knowledge have 0.271 times the risk of not choosing IUD contraception compared to mothers at risky age.

Table 7

The relationship between parity and the choice of IUD contraception in Lubuk Batang Lama Village, Lubuk Batang UPTD Working Area of Puskesmas Lubuk Batang

No	Paritas	electionihanIUD Contraception				Tbrain	p- Value	OR
		Tno		Yes				
		f	%	f	%			
1.	Renbye	31	68.9	14	31.1	45	100	0.047 0.229
2.	Tinggi	29	90.6	3	9.4	32	100	
	Tbrain	60	-	17	-	77	-	

Table 5.7 shows that from 45 mothers with low parity, 31 respondents (68.9%) did not choose the IUD contraception and 14 respondents (31.1%) chose the IUD, while from 32 mothers with high parity there were 29 respondents (90.6%) did not choose the IUD contraception and 3 respondents (9.4%) chose the IUD. The results of the analysis obtained OR = 0.229, which means that mothers with low parity have 0.229 times the risk of not choosing IUD contraception compared to mothers with high parity. Based on the results of the chi square statistical test, p value = 0.047 which means $p < 0.05$, it can be concluded that there is a significant relationship between parity and the choice of IUD contraception.

3.2 Discussion

a. The Relationship between Knowledge and the Choice of IUD Contraception

PaFrom table 5, it is known that from 60 mothers with less knowledge, 59 respondents (98.3%) did not choose the IUD contraception and 1 respondent (1.7%) chose the IUD while out of 17 mothers with good knowledge only 1 respondent (5, 9%) did not choose the IUD contraception and 16 respondents (94.1%) chose the IUD.

BerBased on the results of the chi square statistical test, p value = 0.000, which means $p < \alpha = 0.05$, it can be concluded that there is a significant relationship between knowledge and the choice of IUD contraception. The results of the analysis obtained OR = 944,000 which means that mothers with less knowledge have a 944,000 times risk of not choosing IUD contraception compared to mothers with high knowledge.

The results of this study are in line with Kadir's research on the relationship between mother's knowledge and the use of IUDs at the Binjai Estate Public Health Center in Medan, it was found that the p-value = 0.005, which means that there is a relationship between knowledge and mother's interest in using IUD family planning [13]. The results of the chi square analysis showed that there was a significant relationship between the level of knowledge of EFA mothers about IUD contraception and the choice of IUD contraception, with p value = 0.000. These results mean the p value < 0.05 so H_a is accepted [14]. Mother's knowledge of reproductive age with the use of IUD based on the Chi Square test obtained p Value = 0.001 which means that there is a significant relationship between knowledge and use of IUD contraceptives [15].

According to the researcher's assumption, this can be caused by several factors, including the mother feels she has had enough children and does not want to get pregnant again, the mother does not have someone who can take care of her child while she is working, the mother is a forgetful type so that if she uses practical

and short-term contraceptive methods, the mother will be more at risk for unplanned pregnancy while the mother does not want to get pregnant again or wants to space out pregnancies, the mother may come from a weak economic family so that the large number of children will add to the burden on the family. In addition, mothers may have received good counseling from health workers regarding IUDs so that mothers are more motivated to choose to use an IUD that suits their needs.

b. Relationship between Age and the Choice of IUD Contraception

In table 6, data obtained from 23 mothers with age not at risk as many as 14 respondents (60.9%) did not choose IUD contraception while 9 respondents (39.1%) who chose IUD and from 54 mothers with age at risk as many as 46 respondents (85.2%) did not choose the IUD contraception and 8 respondents (14.8%) chose the IUD.

Based on the results of the chi square statistical test, p value = 0.040 which means $p \leq 0.05$, it can be concluded that there is a significant relationship between age and the choice of IUD contraception. Thus the hypothesis that there is a relationship between age and IUD selection for mothers in Lubuk Batang Lama Village, Lubuk Batang Health Center UPTD Work Area, Ogan Komering Ulu Regency in 2021 is statistically proven.

The results of the analysis obtained OR = 0.271, which means that mothers with less knowledge have 0.271 times the risk of not choosing IUD contraception compared to mothers with high knowledge. According to the researcher's assumptions, this is due to several things, namely because the mother wants to get pregnant in the near future so she uses short-term and practical contraception, mothers who believe in having many children have a lot of sustenance, mothers come from large families and psychological factors.

The dominant factor according to the assumption is usually the mother's psychological factor, namely the fear that dominates the mother regarding various myths about the IUD, namely that the IUD insertion is painful, the IUD will affect sexual intercourse with the husband, the IUD can move, the IUD will cause bleeding and interfere with the mother's menstruation, the mother will bleed a lot, the IUD will interfere with milk production, the IUD will rust or stick in the uterus, the IUD can come off by itself. The role of health workers is very important to educate mothers by providing counseling or counseling about the procedure for inserting an IUD which is actually not as scary as the myth.

c. The Relationship between Parity and the Choice of IUD Contraception

Table 7 shows data from 45 mothers with low parity as many as 31 respondents (68.9%) did not choose IUD contraception and 14 respondents (31.1%) who chose IUD while from 32 mothers with high parity there were 29 respondents (90.6%) did not choose the IUD contraception and 3 respondents (9.4%) chose the IUD. Based on the results of the chi square statistical test, p value = 0.047 which means $p \leq 0.05$, it can be concluded that there is a significant relationship between parity and the choice of IUD contraception. Thus, the hypothesis which states that there is a parity relationship with the selection of IUDs for mothers in Lubuk Batang Lama Village, the UPTD Working Area of the Lubuk Batang Health Center, Ogan Komering Ulu Regency in 2021 is statistically proven.

The results of the analysis obtained OR = 0.229, which means that mothers with low parity have 0.229 times the risk of not choosing IUD contraception compared to mothers with high parity. According to the researcher's assumption, this is caused by the mother wanting to be more relaxed in caring for 1 child, focusing on raising 1 child first. Mothers can also be productive young mothers who are busy working, busy hanging out with coworkers, friends, so that many children can affect the mother's busyness and habits in her association. Mothers may also still be traumatized by the previous birth, so they are still afraid to get pregnant again because of the failure of practical IUDs such as pills and injections.

4. Conclusion

There is a relationship between knowledge, age and parity simultaneously with the selection of the Intra Uterine Device (IUD) Contraception in Lubuk Batang Lama Village, UPTD Working Area of Lubuk Batang Health Center, Ogan Komering Ulu Regency in 2021.

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