

The Relationship Of Mom's Knowledge About Iud With Participation As Iud Accepters In Hana Kasih Clinic In 2019

Dwi Ris Hasanah S¹, Arva Rochmawati²

^{1,2}D-III Midwifery Study Program, Darmo Midwifery Academy

ARTICLE INFO

Keywords:

Knowledge,
Mother,
Participation,
IUD Acceptor

ABSTRACT

Contraceptive IUD is a tool or object that is inserted into the uterus which is very effective, reversible and long-term can be used by all women of reproductive age. The purpose of this study was to determine the relationship between mother's knowledge of the IUD and her participation as an IUD acceptor at the Hana Kasih Clinic in 2019. The research method used was analytical observation with a cross sectional approach. The population is all women of childbearing age who visited the Hana Kasih Clinic in 2019, totaling 30 respondents. The sample in this study was some 30 women of childbearing age at the Hana Kasih Clinic in 2019. The results of the analysis showed that the majority of PUS mothers who had good knowledge participated as 9 IUD acceptors (69.3%), 4 people with sufficient knowledge also participated (30,7%). From the results of the Chi-Square statistical test, $p = 0.000$, which means that there is a relationship between mother's knowledge and participation as an IUD acceptor. It is recommended to health workers to continue to provide counseling about how to use, and the benefits of mother's participation as IUD acceptors.

E-mail:

dwiris24@gmail.com

Copyright © 2019 Science Midwifery.

1. Introduction

The world population in 2025 is estimated to reach 2.5 billion, this large population causes various problems; such as lack of food and nutrition leading to poor public health, low education, lack of employment opportunities, high birth and death rates, especially in developing countries. The high rate of high population growth causes the results of development to be less perceived by the community and becomes a heavy burden for further development. Therefore, direct efforts to reduce the birth rate absolutely need to be increased (<http://kebidananoke.com/2014> accessed on 26 May 2015 at 15.00 Western Indonesia Time).

The paradigm in managing population and development problems has changed. Initially using a population control approach and decreasing fertility, then it changed to a reproductive health approach with attention to reproductive rights and gender equality (Kumalasari, et al, 2012). Population growth in Indonesia ranges from 2.15% to 2.49% per year. Such a population growth rate is influenced by three main factors, namely: births (fertility), death (mortality), and population movement (migration). Population growth as stated above can be said to be too high because it can cause various problems (Setya Arum, et al, 2011).

Judging from the population, Indonesia is the third largest country among developing countries after China and India (Anggraeni, et al, 2014).

Currently, Indonesia's population is approximately 228 million people. With a population growth of 1.64% and *Total Fertility Rate*(TFR) 2.6. Imagine if every couple of childbearing age in Indonesia had more than two children, maybe in the next 10 years we will not be able to find vacant land or large plantations because all the land has been built for the residents to live. As stated above,

it can be said that it is too high because it can cause various problems. So if the population growth in Indonesia in 1990 was 2.15 times 4, it is equal to 8.6% per year (Handayani, 2010).

Currently approximately 85 million worldwide use IUDs, of which approximately 70% (59 million) are in China. From the data collected in 1982, recorded 2.2 million women IUD acceptors in the United States. since 1982, there have been a number of incidents that have resulted in a decrease in the number of IUD acceptors (1985: 1.4 million acceptors). Non-contraception intended for the convenience of its use. One of the intrauterine devices (IUD) that has experienced significant development is the IUD or known as the spiral. The IUD is implanted in the uterus and works to inhibit fertilization through the mechanical system (Anggraeni, et al, 2014).

The IUD is an Intrauterine Contraceptive Device (IUD) that is increasingly popular and has been used for more than 30 years. Women in almost all parts of the world consider the tool to be effective, and easy to use. Currently, the IUD is the most widely used non-permanent contraceptive. Currently the copper IUD T380 A is one of the most effective long-term and non-permanent methods of contraception. Based on the results of studies conducted by various research centers, 70 percent to 90 percent of women continue to use the IUD one year after insertion. The effectiveness rate of using copper T 380 A, which is calculated as the overall survival rate over a period of eight years, is 28 percent, these data obtained from two different studies regarding the use of copper T 380 A,

Based on an initial survey conducted at the Hana Kasih Clinic in 2019, in August, out of 8 respondents who knew the benefits of using an IUD and only 3 people had less knowledge. And out of 8 respondents none of them were interested in using an intrauterine device (IUD) because they were afraid on how to install it.

Based on the description above, the authors are interested in conducting research on "The Relationship of Mother's Knowledge About IUDs with Participation as IUD Acceptors at the Hana Kasih Clinic in 2019

2. Methods

The type of research used is *analytical observation* with a cross sectional approach. The population in this study were all women of childbearing age at the Hana Kasih Clinic in 2019. The sample in this study was some 30 women of childbearing age at the Hana Kasih Clinic in 2019. The study was conducted from February to July 2019

3. Results

TABLE 1
DISTRIBUTION OF CHARACTERISTICS OF MOTHERS OF COUPLES OF CHILDBEARING AGE WHO PERFORM FAMILY PLANNING

| Characteristics | Category | f | % |
|-----------------|----------------------------|----|-------|
| Age | <20 Years | 3 | 10.0 |
| | 20-30 Years | 19 | 63.3 |
| | 31-35 Years | 8 | 26.6 |
| Total | | 30 | 100 |
| Education | Basic (SD-SMP) | 7 | 23.3 |
| | Intermediate (high school) | 14 | 46.7 |
| | Top (PT) | 9 | 30.0 |
| Total | | 30 | 100.0 |
| Profession | Work | 14 | 46.7 |
| | Does not work | 16 | 53.3 |
| Total | | 30 | 100.0 |

The characteristics of the majority of respondents are aged 20-30 years 63.3%, have secondary education (SMA) 46.7% and seen from the work of the majority of PUS mothers work 46.7%.

TABLE 2
DISTRIBUTION OF MOTHER'S KNOWLEDGE ABOUT IUD BY PARTICIPATING AS IUD ACCEPTOR

| Knowledge | f | % |
|------------|----|------|
| Well | 10 | 33.3 |
| Enough | 8 | 26.7 |
| Not enough | 12 | 40.0 |
| Total | 30 | 100 |

Based on the table, it can be seen that of the 2 EFA mothers, the majority have sufficient knowledge (26.7%) about IUD contraception.

4. Discussion

Knowledge of EFA Mothers about IUD

The results of the analysis showed that of the 30 EFA mothers, the majority had sufficient knowledge and 13.3% participated as IUD acceptors. EFA mothers who have good knowledge about IUD and participate as IUD acceptors 30.0%, EFA mothers who have less knowledge and 40.0% do not participate. Respondents have sufficient knowledge because the education level of the majority of PUS mothers has secondary education (SMA) 46.7%, where the level of education greatly affects a person's level of knowledge. This shows that the higher a person's level of knowledge, the higher the awareness to participate as an IUD acceptor. From the data, it can be seen that respondents who have a basic education level (SD-SMP) are 23.3%, while those with higher education (college) are 30.0%.

The majority of PUS mothers also have jobs, only 46.7% so that they get sufficient information from their surroundings and 53.3% of PUS mothers who do not work. This shows that the delivery of information about the IUD is not good enough so that PUS mothers do not understand the benefits of participating as an IUD acceptor.

Knowledge is an impression in the human mind as a result of the use of the five senses. Knowledge is very different from belief, superstition, and false explanations. Knowledge is everything that is known based on the experience gained by every human being. Basically, knowledge will continue to increase and vary according to the process of experience experienced (Mubarak, 2012).

This is in accordance with Mubarak's theory that every EFA mother has different knowledge according to the experience she gets in her daily life. Midwives as midwifery service providers will find PUS mothers who use contraceptives with complications that may be life-threatening. Therefore, midwives must be able to detect as early as possible and be responsive to the risks and complications of the birth control device they will use. Which of course also requires the cooperation of mothers and their families, which if these danger signs are reported or not reported or not detected, it can result in maternal death. Therefore, if mothers find danger signs while using the IUD contraception, immediately report them to the midwife or certain health authorities.

This study is in line with the research of Enggar Rossyanna, et al, from April - June 2011 which showed that there was a relationship between the level of knowledge and participation as IUD acceptors (journal.unimus.ac.id.pdf accessed on 27 May 2015 at 12.30 WIT).

Meanwhile, according to research by Nova Winda (2011), it shows that the lack of mothers who participate in using the IUD is because they are not supported by health workers and families. (repository.usu.ac.id.pdf accessed 27 May 2015 at 13.00 WIB).

Participation as IUD Acceptor

The results of the analysis showed that of the 30 EFA mothers, the majority participated as IUD acceptors, 43.3%. The results of this study indicate that the participation of PUS mothers as IUD acceptors is influenced by the mother's level of knowledge about the IUD and the benefits of mother's participation as IUD acceptors are needed. The participation of EFA mothers is also influenced by the education level of the mother, the majority of whom are secondary education and do not work, so it is difficult for mothers to receive information about the IUD contraception. Meanwhile, it was found that 56.7% of EFA mothers did not participate as IUD acceptors.

Participation is the participation of a person to carry out activities or activities as suggested by others. In this case, participation can be interpreted as willingness and action related to one's behavior.

This is in accordance with Suparyanto's theory where the mother can be said to participate as an IUD acceptor if the mother is willing to use the IUD contraception. When *IUD insertion* if it is not carried out properly, it will result in impacts such as the mother not knowing reliable and accurate information about the most effective long-term contraception.

This study is in line with Sembiring's (2013) research which says that low education causes low knowledge so that it affects the participation of mothers as IUD acceptors. Because the mother's ignorance will minimize the mother's intention to participate as an IUD KB acceptor.

Knowledge and Participation Relationship Analysis

Judging from the results of research conducted on 30 EFA mothers who visited the Hana Kasih Clinic in 2019 from 10 PUS mothers who had good knowledge the majority participated as IUD acceptors, 30.0%, of 8 EFA mothers who had sufficient knowledge the majority participated as IUD acceptors, 13.3% and of the 12 EFA mothers who had less knowledge, the majority did not participate as IUD acceptors, 40.0%.

From the characteristics of EFA mothers, the results showed that the majority of EFA mothers were at the age of 20-30 years (63.3%), pregnant women aged 31-35 (26.7%) and EFA mothers aged <20 years (10.0%). . The majority of PUS mothers have secondary education (SMA) 46.7%, PUS mothers have higher education (college) by 30.0% and PUS mothers have basic education (SD-SMP) 23.3%. It was also found that the majority of PUS mothers worked 46.7% and 53.3% of PUS mothers who did not work.

Mother's knowledge about IUD with participation as IUD acceptor. Where the higher the level of knowledge of pregnant women, the higher the possibility of mother's participation as IUD acceptors. The results of the Chi-Square statistical test obtained the value of $p = 0.000$. This means that the p value is smaller than (0.05) and thus H_0 is rejected and H_a is accepted.

5. Conclusion

Based on the results of research regarding the relationship between mother's knowledge about IUDs and participation as IUD acceptors at the Hana Kasih Clinic in 2019, the following conclusions can be drawn:

1. Mother's knowledge about the IUD with participation as an IUD acceptor at the Hana Kasih Clinic in 2019 was sufficiently knowledgeable, namely 26.7%, less knowledgeable, namely 40.0% and good knowledge, namely 33.3%.
2. Mother's participation as an IUD acceptor at the Hana Kasih Clinic in 2019, who participated 43.3% and did not participate as an IUD acceptor was 56.7%.
3. There is a significant relationship between the knowledge of EFA mothers about IUDs and their participation as IUD acceptors at the Hana Kasih Clinic in 2019 where the better knowledge of PUS mothers about IUDs, the better the possibility to participate in using IUDs, with a value of = 0.000

Reference

1. Affandi, Biran. 2013. Practical Guidebook for Contraceptive Services. Jakarta : PT. Bina Pustaka Sarwono Prawirohardjo.
2. Anggreini, Yetty & Martini. 2014. Family Planning Services. Yogyakarta : CV. Rihama-Rohima.
3. Arum, Dyah Noviawati Setya & Sujiyatini. 2011. Complete Guide to the Latest Family Planning Services. Yogyakarta : Nuha Medika.
4. Handayani, Sri. 2010. Textbook of Family Planning Services. Yogyakarta: Rihama Library.
5. Irianto, Koes. 2012. Family Planning For Paramedics and Nonmedical. Bandung : Yrama Widya.
6. Kumalasari, Intan & Iwan Andhyantoro. 2012. Reproductive Health for Midwifery and Nursing Students. Jakarta: Salemba Medika.

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

7. Mubarak, Iqbal Wahid. 2012. Health Promotion for Midwifery. Jakarta. Salemba Medika.
8. Mulyani, Nina Siti & Mega Rinawati. 2013. Family Planning and Contraceptive Devices. Yogyakarta : Nuha Medika.
9. Notoatmodjo, Soekidjo. 2010. Methodology of Health Services. Jakarta: Rineka Cipta
10. Sulistyawati, Ari. 2011. Family Planning Services. Jakarta: Salemba Medika.
11. <http://kebidananoke.com/2014>. accessed on May 26, 2015 at 15.00 WIB.
12. journal.unimus.ac.id/pdf. accessed on 27 May 2015 at 13.00 WIB.
13. <http://id.wikipedia.org/wiki/Ibu>.accessed May 25, 2015 at 14.00 WIB.
14. eprints.uny.ac.id/7876/3/bab%20%20-%2008110244006.pdf accessed on June 1, 2015 at 15.00 WIB.