



(MUDIMA)



## The Factors Related to the Use of the IUD at Health Center of Batu-batu, Soppeng Regency in 2019

Nurul Fatwa S<sup>1\*</sup>, Raully Rahmadhani<sup>2</sup>, Arlina Wiyata Gama<sup>3</sup>

Medical Education Program, Alauddin State Islamic University Makassar

**Corresponding Author:** Nurul Fatwa S [nurul\\_fatwa5@yahoo.co.id](mailto:nurul_fatwa5@yahoo.co.id)

### ARTICLEINFO

*Keywords:* IUD, Family Planning, Women of Childbearing Age, Contraceptives

*Received* : 2 April

*Revised* : 18 April

*Accepted* : 18 May

©2023 Fatwa, Rahmadhani, Gama: This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International](https://creativecommons.org/licenses/by/4.0/).



### ABSTRACT

Currently, the problem that is being faced by the Indonesian state is the population problem. The IUD (Intrauterine Contraception) is a long-term contraceptive option, but most women prefer short-term contraception such as pills, injections and implants. This research is a descriptive survey with a cross sectional study design. The sample of this study were women of childbearing age who were married and used contraception in the working area of the Batu-Batu Health Center, Marioriawa District, Soppeng Regency from January to October 2019 and a total of 2017 people. The aim of the study: to determine the factors associated with the use of the IUD in women of childbearing age as a long-term contraceptive method in the working area of the Batu-Batu Health Center, Soppeng Regency. The results of the study: and mother culture. Conclusion: there is a significant relationship between attitude, mother's occupation and husband's support and experience of contraception towards IUD use in women of childbearing age, while the level of age, level of education, level of knowledge, parity and mother's culture do not have a significant relationship

## INTRODUCTION

Currently, the problem that is being faced by the Indonesian state is the population problem. Based on Worldometers data, currently Indonesia's population is 269 million people or 3.49% of the total world population. Indonesia is ranked fourth most populous country in the world after China (1.4 billion people), India (1.3 billion people) and the United States (328 million people). The Central Statistics Agency (BPS) also projects this population to increase to 271 million in 2020 to 305 million in 2035 (Central Statistics Agency, 2018). In suppressing the rate of population growth, the Indonesian government implemented a program known as National Family Planning (KB) which is expected to reduce the rate of population growth (Setiawati, 2017). Law No. 52 of 2009 supports the Family Planning Program as one of the efforts to create healthy and quality families (Kemenkes RI, 2014). The government has tried to make the family planning program a success by providing 3 types of contraception free of charge in the form of condoms, IUDs (Intrauterine Contraception Devices) and pills. However, there has been a shift in the use of contraceptive service facilities by family planning participants, many family planning participants tend to choose private services (69%) over the government (22%) (Setiawati, 2017). The number of active family planning acceptors in Indonesia nationally in 2018 was in the range of 24,258,532 people. Where the number of South Sulawesi province is around 784,263 people. The most widely used contraceptive methods in South Sulawesi province were injections for 462,411 people (60.37%), pills for 158,150 people (20.65%), implants for 74,455 people (9.72%), IUDs for 27,609 people (3, 60%), MOW as many as 23,396 people (3.05%), condoms as many as 13,715 people (1.79%) and the least desirable, namely MOP as many as 6,187 people (0.81%). The data shows that the IUD is in fourth place after the injection, pill and implant methods (Kemenkes RI, 2018).

The IUD as MKJP (Long Term Contraceptive Method) is less popular in society. Even though the IUD is a long-term contraceptive and is classified as a non-hormonal contraceptive so it does not interfere with the body's hormonal system. In addition, the IUD is also more practical and requires only one insertion and can last up to 10 years, depending on the user. MKJP preference coverage in Indonesia from 2009 to 2014 only ranged from 12.60% to 25.37%. The percentage of new MKJP participants in 2014 was implants 10.65%, IUDs 7.15% and MOW or MOP 1.71% (Ministry of Health RI, 2015). The population of South Sulawesi in 2015 reached 8.5 million, which is predicted to increase to 8.9 million in 2020. The population in Soppeng Regency in 2018 is 226,770 people.

In the teachings of Islam, contraception is defined as preventing pregnancy which has been since the time of the Prophet Muhammad ﷺ called 'azal which is now better known as coitus-interruptus, namely jima' interrupted, which means that ejaculation (inzal almani) is done outside the vagina (faraj) which causes sperm not to meet with the wife's egg. Thus, it is possible that pregnancy does not occur because the egg cannot be fertilized by sperm from the husband (al-Fauzi, 2017). Regarding 'azal in the hadith of Bukhari and Muslim it is narrated:

عَنْ جَابِرِ رَضِيَ اللَّهُ عَنْهُ قَالَ: كُنَّا نَعْرِضُ عَلَى عَهْدِ رَسُولِ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ وَ الْقُرْآنُ يَنْزِلُ. احمد و البخارى و مسلم

Jabir's friend said: "We did 'azal at the time of the Prophet ﷺ while at that time the Koran was still being revealed, then the news of this incident arrived to the Messenger of Allah and he did not forbid us" (al-Fauzi, 2017).

The hadith above shows that the act of 'azal was carried out as an effort to avoid pregnancy and this act is justified (no prohibition). If the act of 'azal is prohibited then of course it will be explained in the Koran which at that time the Koran was still revealed or even it would be confirmed by the prophet himself, but not done by the Messenger of Allah ﷺ (al-Fauzi, 2017).

The purpose of this study was to determine the factors associated with the use of the IUD in women of childbearing age as a long-term contraceptive method in the working area of the Batu-Batu Health Center, Soppeng Regency.

## METHODS

The type of research used was a descriptive survey with a cross-sectional study design to find out the factors associated with the use of the IUD as a long-term contraceptive method in women of childbearing age in the working area of the Batu-Batu Health Center, Soppeng Regency, in 2019. The correlation studied was the correlation between dependent (interest in using the IUD) and independent (age, level of education, knowledge, attitudes, parity, culture, contraceptive experience, employment and husband support). The research was conducted at the Batu-Batu Health Center, Mariorawa District, Soppeng Regency. This research was conducted in February 2020. The study population was all women of childbearing age (WUS) who were married and used contraception in the working area of the Batu-Batu Health Center, Mariorawa District, Soppeng Regency in . The number of WUS is 2017 people. The sample for this study were WUS who were married and used contraception in the working area of the Batu-Batu Health Center, Mariorawa District, Soppeng Regency from January to October 2019. Sampling was based on inclusion criteria and exclusion criteria as follows:

The inclusion criteria in this study were:

1. Women using contraceptives
2. Good awareness and can communicate
3. cooperative

The exclusion criteria in this study include:

1. Women who do not use contraception
2. Unmarried women
3. Menopausal women
4. The subject is not willing to be a respondent

The required sample size in this study was determined based on the slovin formula.

$$n = \frac{N}{1 + N (d^2)}$$

Information:

N: population size

n : sample size

d: confidence level

Based on the formula above, the sample size can be obtained as much as:

$$n = \frac{2017}{1 + 2017 (0,10^2)}$$

$$n = \frac{2017}{1 + 2017 (0,01)}$$

$$n = \frac{2017}{21,17}$$

$$n = 95,276$$

95, 276 rounded up to 96 so the sample in this study were 96 people.

## Data Collection

- Primary data. Includes direct data from respondents, namely family planning acceptors with measuring instruments in the form of questionnaires. The researcher conducted door to door and directly interviewed the respondents.
- Secondary Data. Secondary data. Includes data from the Department of Health, BKKBN, Profile Data of Batu-Batu Health Center, literature review and reports of previous researchers.

## Research Instrument

Questionnaires are used to obtain respondent information which is researched in a structured manner, there are a number of lists of questions and ask respondents to fill out a questionnaire.

## Processing and Presentation of Data

Data processing was carried out electronically using the SPSS For Windows application and then presented in the form of frequency distribution tables and percentages accompanied by narrative explanations.

## Research Ethics

Matters related to ethics in this study are:

- 1) Make a cover letter addressed to the relevant agency as an application for permission to carry out research
- 2) Convey the research objectives conducted to research subjects in a good and polite manner.

- 3) Guarantee the confidentiality of the respondent's identity so that no party feels disadvantaged.
- 4) Not forcing or intervening research subjects during the data collection process.

## RESULTS AND DISCUSSION

### Results

This research was carried out at the Batu-Batu Health Center, Soppeng Regency, starting on 01 February 2020 – 10 February 2020. Secondary data collection was carried out administratively to obtain the appropriate number of samples and primary data through direct visits to each sample for question and answer and filling out questionnaires by Mother. The

sample of this research is 100 respondents. The data was then inputted and analyzed using the Chi Square statistical test with a significance level of  $p < 0.05$ , as well as a table of characteristic frequency distributions of the respondents.

### 1. Univariate analysis

This analysis is used to determine the frequency distribution of the characteristics of the respondents.

#### a. Independent Variable

##### 1) Age

From this study, respondents have varied ages. Starting from the age of 19 years to the age of 51 years.

Table 1. Frequency Distribution of Respondents Based on Mother's Age

Category	Frequency (N= 100)	Percentage (%)
≤30	24	24.0
>30	76	76.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data (2020)

Table 1 shows aged women ≤30 years as many as 24 people (24%) and mothers >30 years as many as 76 people (76%).

#### 2) Level of education

Table 2. Frequency Distribution of Respondents Based on Mother's Education Level

Category	Frequency (N= 100)	Percentage (%)
SD	24	24.0
JUNIOR HIGH SCHOOL	31	31.0
SENIOR HIGH SCHOOL	27	27.0
PTN	18	18.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data (2020)

Table 2 shows that 24 women (24%) have primary education, 31 junior high school (31%), 27 high school (27%), and 18 (18%) tertiary education

3) Knowledge

Table 3. Distribution of the Frequency of Respondents Based on the Level of Knowledge of the Mother

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
Not enough	11	11.0
Enough	50	50.0
Good	39	39.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data (2020)

Table 3 shows that 11 women (11%) have less knowledge, 50 people (50%) have sufficient knowledge, and 39 people (39%) have good knowledge

4) Attitude

Table 4. The Distribution of the Frequency of Respondents Based on the Level of the Mother's Attitude

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
Negative	75	75.0
Positive	25	25.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data (2020)

Table 4 shows women who have a negative attitude of 75 people (75%) and women who have a positive attitude of 25 people (25%)

5) Parity

Table 5. Frequency Distribution of Respondents Based on Mother's Parity

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
Primigravida	29	29.0
Multigravida	71	71.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data (2020)

Table 5 shows that 29 women (29%) have 1 child and 71 women (71%) have more than 1 child.

6) Culture

Table 6. Frequency Distribution of Respondents Based on Mother's Culture

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
There isn't any	65	65.0
There is	35	35.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data(2020)

Table 6 shows 35 women (35%) who have cultural barriers in using the IUD and 65 women (65%) who do not have cultural barriers to using the IUD.

7) Contraceptive experience

Table7. Frequency Distribution of Respondents Based on the Experience of Contraception of the Mother

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
New acceptor	18	18.0
Old acceptor	82	82.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data(2020)

Table 7 shows that there are 18 women (18%) who are new family planning

acceptors and 82 women (82%) who are old family planning acceptors.

8) Work

Table 8. Frequency Distribution of Respondents Based on Mother's Occupation

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
not working	85	85.0
work in a home environment	2	2.0
work outside the home environment	13	13.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data(2020)

Table 8 shows 85 women who do not work (85%), 2 women who work in the home

environment (2%), and 13 women who work outside the home environment (13%).

9) Husband support

Table 9. Frequency Distribution of Respondents Based on Mother's Occupation

<b>Category</b>	<b>Frequency (N= 100)</b>	<b>Percentage (%)</b>
does not support	61	61.0
support	39	39.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data(2020)

Table 9 shows 39 women (39%) who received support from their husbands for contraception and 61 women (61%) who did not get support from their husbands for contraception.

b. Dependent Variable

1) Use of Contraceptive Methods

Table 10. Frequency Distribution of Respondents Based on Mother's Occupation

Category	Frequency (N= 100)	Percentage (%)
Non-IUD	96	96.0
IUD	4	4.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data (2020)

Table 10 shows that 4 respondents (4%) used the IUD as a contraceptive method and 96 respondents (96%) did not use the IUD.

## 2. Bivariate Analysis

This analysis aims to see the relationship between the dependent and independent variables using cross tabulation (crosstab).

### a. Relationship between age and IUD use

Table 11. Relationship Between Age and IUD Use

Age	Contraceptive Method						<i>p-values</i>
	IUD		Non IUD		Amount		
	n	%	n	%	n	%	
≤30 years	1	25	23	24	24	24	1,000
> 30 years	3	75	73	76	76	76	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data(2020)

Table 11 shows that there is 1 person (25%) who uses an aged IUD ≤30 years old, and 3 women (75%) who used IUDs were >30 years old. Meanwhile, women who do not use IUDs are aged ≤23 people (24%) were 30 years old and 76 people (76%) did not use IUDs aged >30 years.

Based on the results of statistical tests using Chi Square, the  $p\text{-value} = 1,000$  ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between age and IUD use.

### b. Relationship between education level and IUD use

Table 12. Relationship Between Education Level and IUD Use

Tingkat Pendidikan	Metode Kontrasepsi						<i>p-value</i>
	AKDR		Non AKDR		Jumlah		
	n	%	n	%	n	%	
SD	1	25	23	24	24	24	0,315
SMP	1	25	30	31	31	31	
SMA	0	0	27	28	27	27	
PTN/S	2	50	16	17	18	18	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data (2020)

Table 12 shows that there were 1 woman (25%) using the IUD with an elementary education level, 1 woman (25%) using the IUD with a junior high school level, and 2 women (50%) using the IUD with an education level College. Meanwhile, there were 23 women (24%) who did not use the IUD who had an elementary education level, 30 people (31%) had a junior high school education level, 27 people (28%) had a high school education level, and 16

people (17%) had a high school education level. higher vocational education. Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.315 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between education level and IUD use.

c. Relationship between knowledge level and IUD use

Table 13. Relationship Between Knowledge Level and IUD Use

Tingkat Pengetahuan	Metode Kontrasepsi				Jumlah		<i>p-value</i>
	AKDR		Non AKDR				
	n	%	n	%	n	%	
Kurang	0	0	11	11,5	11	11	0,745
Cukup	2	50	48	50	50	50	
Baik	2	50	37	38,5	39	39	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data, 2020

Table 13 shows that there are 2 women (50%) who use the IUD with a sufficient level of knowledge, 2 people (50%) who use the IUD with a good level of knowledge. Meanwhile, 11 women (11.5%) who did not use the IUD had less knowledge, 48 people (50%) had sufficient knowledge, and 37 people (38.5%) had good

knowledge. Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.936 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between the level of knowledge and IUD use.

d. Relationship between attitude and IUD use

Table 14. Correlation Between Mother's Attitude and IUD Use

Sikap	Metode Kontrasepsi				Jumlah		<i>p-value</i>
	AKDR		Non AKDR				
	n	%	n	%	n	%	
Negatif	1	25	74	77	75	75	0,047
Positif	3	75	22	23	25	25	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data, 2020

Table 14 shows that there were 1 woman (25%) who used the IUD with a negative attitude, 3 women (75%) who used the IUD with a positive attitude. Meanwhile, 74 women (77%) who did not use the IUD had a negative attitude towards IUD use

and 22 women (23%) had a positive attitude. Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.047 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between attitudes and IUD use.

- e. Relationship between maternal parity and IUD use

Table 15. Parity Relationship with IUD Use

Paritas (Jumlah Anak)	Metode Kontrasepsi						p- value
	AKDR		Non AKDR		Jumlah		
	n	%	n	%	n	%	
Primigravida	1	25	28	29	29	29	1,000
Multigravida	3	75	68	71	71	71	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data 2020

Table 15 shows that 1 woman (25%) used an IUD with 1 child and 3 women (75%) used an IUD with more than 1 child. Meanwhile, there were 28 women (29%) who did not use the IUD who had 1 child and 68 people (71%) who had more than 1 child. Based on the

results of statistical tests using Chi Square, the p-value = 1.000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between maternal parity and IUD use.

- f. Cultural associations with IUD use

Table 16. Cultural Relations with Iud Use

Budaya	Metode Kontrasepsi						p- value
	AKDR		Non AKDR		Jumlah		
	n	%	n	%	n	%	
Ada Hambatan	1	25	34	35	35	35	1,000
Tidak ada hambatan	3	75	62	65	65	65	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data, 2020

In table 16 it was found that 1 person (25%) of women who used the IUD had obstacles in using the IUD, 3 people (75%) of women who used the IUD did not have cultural barriers. While women who did not use the IUD had cultural barriers as many as 34

people (35%), 62 people (65%) did not have cultural barriers. Based on the results of statistical tests using Chi Square, the p-value = 1.000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between culture and IUD use.

g. Relationship between contraceptive experience and IUD use

Table 17. Relationship Between Contraceptive Experience and IUD Use

Pengalaman Kontrasepsi	Metode Kontrasepsi				Jumlah		p-value
	AKDR		Non AKDR				
	n	%	n	%	n	%	
Akseptor Baru	3	75	15	16	18	18	0,018
Akseptor Lama	1	25	81	84	82	82	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data, 2020

Table 17 shows that 3 women (75%) who used IUDs were new family planning acceptors, and 1 woman (25%) who used IUDs were old family planning acceptors. Meanwhile, 15 women (16%) who did not use the IUD became new family planning acceptors and 81 women (82%) who were

old family planning acceptors. Based on the results of statistical tests using Chi Square, the p-value = 0.018 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between contraceptive experience and IUD use.

h. Occupational relationship with IUD use

Table 18. Occupational Relationship with IUD Use

Pekerjaan	Metode Kontrasepsi				Jumlah		p-value
	AKDR		Non AKDR				
	n	%	n	%	n	%	
Tidak Bekerja	1	25	84	88	85	85	0,000
Bekerja di lingkungan rumah	1	25	1	1	2	2	
Bekerja di luar lingkungan rumah	2	50	11	11	13	13	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data 2020

Congested Table 18 found that 1 woman (25%) who used the IUD did not work, 1 person (25%) worked in the home environment and 2 women (50%) worked outside the home environment. Meanwhile, there were 84 women (88%) who did not use the IUD, 1 person (1%) who worked in the home environment and 13 people (13%) who worked

outside the home environment. Based on the results of statistical tests using Chi Square, the p-value = 0.000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between work and IUD use.

i. Husband's support relationship with IUD use

Table 19. Husband's Support Relationship with Iud Use

Dukungan Suami	Metode Kontrasepsi				Jumlah		p-value
	AKDR		Non AKDR				
	n	%	n	%	n	%	
Tidak mendukung	0	0	61	64	61	61	0,021
Mendukung	4	100	35	36	39	39	
<b>Total</b>	<b>4</b>	<b>100</b>	<b>96</b>	<b>100</b>	<b>100</b>	<b>100</b>	

Source: Primary Data, 2020

Table 19 shows that 4 women (100%) who used IUDs supported the use of IUDs, while 61 women (64%) who did not use IUDs and 35 women (36%) who did not receive support did not receive support from their husbands. Based on the results of statistical tests using Chi Square, the p-value = 0.021 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between husband's support and IUD use.

## DISCUSSION

### 1. Relationship between age and IUD use

Based on the results of statistical tests using Chi Square, the p-value = 1,000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between age and IUD use. This research is in line with research conducted by Richi (2010) and Sri Umiyani (2010) which states that there is no relationship between the age factor and the choice of contraceptives. In that study it was said that women aged (> 35 years) and young (35 years) had no difference in using IUD and hormonal contraception such as pills and injections. In contrast to research by Purbaningrum (2015) which stated that if the age of 20-35 years has a greater influence on the low IUD contraception. Respondents aged 20-35 years are more likely not to use IUD 2

### 2. Relationship between education level and IUD use

Based on the results of statistical tests using Chi Square, the p-value = 0.315 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between education level and IUD use. The results of this study are in line with research conducted by Bernadus (2012) at the Jailolo Health Center which showed that although the number of respondents with higher education was more numerous (72 people), 34 (47.2%) chose IUDs and 38 non-IUDs (52.8%). Meanwhile, 24 respondents with low education chose two IUDs (8.3%) and 22 non-IUDs (91.7%) (Asih et al, 2009). This research is not in line with research by Lilik Indahwati, et al (2017) which states that there is a significant relationship between education level and choice of contraceptive method (Indahwati, 2017).

### 3. Relationship between knowledge level and IUD use

Based on the results of statistical tests using Chi Square, the p-value = 0.745 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between the level of knowledge and IUD use. This is in line with Prasetyo's research (2013), the distribution of respondents' knowledge shows that the highest distribution is sufficient knowledge, namely as many as 45 respondents (54%), then good as many as 25 respondents (30%) and bad as many

as 14 respondents (17%). In contrast to research conducted by Sugiarti et al (2011) in Cipari Village, Tasikmalaya City, which stated that there was a relationship between the level of knowledge and the choice of contraceptives with a value of  $p = 0.004$ . (Simbolon 2018).

4. Relationship between attitude and IUD use

Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.047 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between attitudes and IUD use. This research is in line with research conducted by Sri Setiasih (2016) regarding an analysis of the factors that influence the choice of long-term contraceptive methods in women of childbearing age in Kendal Regency. Respondents who have a good attitude and choose non-hormonal MKJP have a larger percentage (55.69%) than respondents who had less attitude and chose Non-Hormonal MKJP (9.01%).

5. Relationship between maternal parity and IUD use

Based on the results of statistical tests using Chi Square, the  $p$ -value = 1.000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between maternal parity and IUD use. This research is in line with research conducted by Pratiwi Purbaningrum et al in 2019 which stated that there was no significant relationship between maternal parity and IUD use. Previous research conducted by Kusumaningrum, 2009 stated that there was no relationship between parity and the use of IUD contraceptive methods.

6. Cultural associations with IUD use

Based on the results of statistical tests using Chi Square, the  $p$ -value = 1.000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is no significant relationship between culture and IUD use. This is in line with research conducted by Sri Wulandari (2015) which states that there is no relationship between culture and IUD use.

7. Relationship between contraceptive experience and IUD use

Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.018 ( $p < 0.05$ ) was

obtained. So it can be concluded that there is a significant relationship between contraceptive experience and IUD use. This is in line with research conducted by Indahwati in 2017 which stated that there was a significant relationship between family planning experience and the choice of contraceptive method.

8. Occupational relationship with IUD use

Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.000 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between work and IUD use.

9. Husband's support relationship with IUD use

Based on the results of statistical tests using Chi Square, the  $p$ -value = 0.021 ( $p < 0.05$ ) was obtained. So it can be concluded that there is a significant relationship between husband's support and IUD use. This research is in line with research conducted by Sri Sulastri (2016) which suggested that there was a significant relationship between husband's support and the use of the IUD as a long-term contraceptive method. A study by Alemayehu et al. (2012) also showed that husband's support influences the choice of contraception.

## CONCLUSION

From the results of research conducted in the Working Area of the Batu-Batu Health Center, Soppeng Regency in 2019 it was concluded that there was a significant relationship between attitude, mother's occupation and husband's support and mother's contraception experience on IUD use in women of childbearing age while age level, education level, level of knowledge, parity and mother's culture did not have a significant relationship.

## REFERENCES

- Alemayehu, M., Belachew, T., & Tilahun, T. (2012). Factors associated with utilization of long acting and permanent contraceptive methods among married women of reproductive age in Mekelle town, Tigray region, north Ethiopia. *BMC Pregnancy and Childbirth*, 12(1)
- Al-Fauzi.(2017). Keluarga Berencana Perspektif Islam Dalam Bbingkai Keindonesiaan. *Jurnal Lentera: Kajian Keagamaan, Keilmuan dan Teknologi*, 3(1)
- Asih, L., Oesman, H. (2009). Faktor Yang Mempengaruhi Pemakaian Kontrasepsi Jangka Panjang (MKJP).
- Badan Pusat Statistik.(2018). Indeks Pembangunan Manusia Di Indonesia tahun 2018.
- Bernadus. J. D., Agnes M., Gresty M. 2013. Faktor-Faktor yang berhubungan dengan Pemilihan Alat Kontrasepsi Dalam Rahim Bagi Akseptor KB di Puskesmas Jailolo. *Jurnal e-NERS (eNS)*, 1(1)
- Indahwati, Lilik.(2017). Usia dan Pengalaman KB Berhubungan dengan Pemilihan Metode Kontrasepsi. *Journal Of Issues in Midwifery*, 1(2).
- Kementerian Kesehatan Republik Indonesia. (2014). Situasi dan Analisis Keluarga Berencana.
- Kementerian Kesehatan Republik Indonesia. (2015). Situasi dan Analisis Keluarga Berencana.
- Kementerian Kesehatan Republik Indonesia. (2018). Data Dan Informasi Profil Kesehatan Indonesia 2017.
- Kusumaningrum. (2009). Faktor-faktor yang Mempengaruhi Jenis Kontrasepsi yang Digunakan Pasangan Usia Subur.
- Purbaningrum, Pratiwi.(2019). Analisis Faktor Rendahnya Penggunaan Kontrasepsi Intrauterine Device(IUD) Di Jawa Timur 2015.Surabaya:*Jurnal Biometrika dan Kependudukan*, 8(1)
- Setiasih, S.(2016). Analisis Faktor-faktor yang Mempengaruhi Pemilihan Metode Kontrasepsi Jangka Panjang (MKIP) pada Wanita Pasangan Usia Subur (PUS) di Kabupaten Kendal Tahun 2013 .Semarang. *Jurnal Promosi Kesehatan Indonesia*. 11(2)
- Simbolon, Marlina, L.(2018). Faktor-Faktor yang Memengaruhi Akseptor KB dalam Pemakaian Alat Kontrasepsi Dalam Rahim (AKDR) di Puskesmas Tegal Sari III Medan Sumatera Utara Tahun 2017.
- Sulastri, S., Nirmasari, C(2016). Hubungan dukungan suami dengan minat ibu dalam pemakaian IUD di Bergas. *Jurnal Unimus*,1(1)
- Wulandari, S.(2015). Hubungan Faktor Sosial budaya Dengan Keikutsertaan Kb Iud Di Puskesmas Mergangsan Kota Yogyakarta Tahun 2013. *Jurnal Medika Respati*, 10(1)