INTRAUTERINE CONTRACEPTIVE DEVICES CHOICE AMONG WOMEN OF REPRODUCTIVE AGE AND ITS CONTRIBUTING FACTORS

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ABSTRACT

Intrauterine contraceptive devices (IUDs) is a safe and effective method of long-term contraception. However, many women in reproductive age do not intend to use this contraceptive especially in rural areas. So, the purpose of this study was to identify factors that contribute on women of reproductive age in choosing intrauterine contraceptive devices including intentions, information, personal autonomy, social support, and situation. Research method used quantitative descriptive. The population was the entire women in reproductive age who were 30 years age or older, had 2 or more children and they were alive. The number population was 210 people. The sample of these was 66 women recruited by a simple random sampling technique. The data were collected through questionnaire developed researcher based on Snehandu's theory. Then the data were analized using percentage. The results showed that of 66 respondents, 80.3% did not intended using intrauterine contraceptive devices because most of them were fear for its side effect (41.5%). The number of respondents who less information about it were 66.7%, it was especially in term of side effects (74.2%). Unsupported situation in choosing this contraceptive method was value "more children more sustenance" (65.2%). In addition, 84.9% respondents were lack of social support though 97% respondens had personal autonomy in determining contraceptive methods. To conclude that most of women of reproductive age in Margaluyu village had no intention using intrauterine contraceptive devices. Around half of them were fear for side effects, lack of information, their belief, lack of social support. Almost of them had autonomy in choosing contraceptive method. Thus nurses needed to provide health education about intrauterine contraceptive devices by emphazing on the side effect and benefit of this not only for women bat also for husbands and community.

Keywords: contributing factors; IUDs; reproductive age; women

INTRODUCTION

In general, population problems in Indonesia are rapid population growth, a large proportion of the young population and the uneven distribution of the population. The population in Indonesia in 2021 reached more than 272 million people. Of this number, 56 percent is concentrated in Java Island, where West Java Province is the largest population in Indonesia. It is approximately 47 million people (BPS, 2021). The population is predicted to continue to grow and there is expected to be a population explosion in 2030. This is due to the high total fertility rate (TFR) in Indonesia, which is 2.4 children per woman (BKKBN, 2018). To overcome this problem, the government has launched the Family Planning program as a national program since 1970. This program aims to cultivate the norm of a happy and prosperous small family and create conditions for healthy and prosperous mothers (BKKBN, 2020).

In order to accelerate the acceptance of the norm of a happy and prosperous small family, it is necessary to increase family planning participants and to mature at the age of marriage. This is because the age at first marriage for women aged less than 17 in Indonesia is still high at around 29.03%. The province that is still above this figure is West Java, especially in rural areas. The younger the age at first marriage for women, the more quickly the desired number of children will be achieved so that the woman will face a fertile period with a relatively longer risk of pregnancy and childbirth (Kementerian Kesehatan RI, 2018).

In supporting the success of the national family planning movement, namely the achievement of balanced population growth, it is expected that on average each family has two children. To achieve this success, it is necessary to improve contraceptive services in the field with an emphasis on the use of selected effective contraceptive methods. It is a long-term contraceptive method and has high effectiveness and continuity of use with a low failure rate. Selected effective contraceptive methods became a government program and was widely introduced in 1986. These methods include intrauterine devices (IUDs), under the skin contraceptive devices (implant) and steady contraception (tubectomy/vasectomy). Of the three types of contraception, the IUDs is the more profitable choice because it is not hormonal, so it is safe for long-term use, the service is technically and medically easy, support for contraceptive services and logistics is available, and at a lower cost. Due to limited government funds and the increase in the price of contraceptive pills and injections, the IUDs is a strategic alternative offered by the government to the community through an independent route, namely at their own awareness and expense (BKKBN, 2015).

According to the results of an Indonesia basic health research survey in 2018, the highest proportion of modern contraceptives used after giving birth to their last child was in 3-month injectable hormonal contraceptives, reaching 42.4%. Achievement of IUDs use is still low at 6.6%. IUDs users in rural areas were lower (4.6%) than in urban areas (8.4%). The lower the education, the lower the percentage of IUDs use. The highest IUDs user age was in the 30-34 age range, which was 7.9% (Kementerian Kesehatan RI, 2018). There are three strategic aspects to increase the use of IUDs, namely: continuous health education, counseling, readiness of service places supported by professional health, adequate facilities and infrastructure and cross-sectoral coordination (BKKBN, 2015). However, according to Kar, one's behavior is a fuction of the existence or absence of information about the existence or absence of information about the determination, one's intention to act, one's personal autonomy in making decisions, social support of the community, and the situation to act (Notoatmodjo, 2012). Based on the background above, the formulation of the problem is what factors are behind the women of reproductive age in the selection of IUDs. Thus, the purpose of this study is to identify the factors behind women of reproductive age behavior in the selection of IUDs including intention, information, autonomy, social support and situations. With these factors known, nurses are expected to be able to provide health education about the IUDs for women of reproductive age as a consideration in the selection of IUDs to reduce the risk of pregnancy and childbirth.

METHOD
The research method used was quantitative descriptive. The variables were the contributing factors on women of reproductive age behavior in the selection of IUDs with sub variable: intention, information, personal autonomy, social support, and situation. The research had been done in Margaluyu village, Tanjungari, Sumedang. The population in this study was women of reproductive age who did not used long term contraceptive, age 30 years or more, has 2 or more live children. The number of populations were 210 people. The sample number was determined using the formula n=NZ^{2}P(1-P)/Nd^2+Z^2(1-P) with N=total population, d=maximum acceptable error value 10%, Z=variable normal value describes reliability 95% (1.96), P=chance/estimate 0.50. The number of samples were 66 people.

The sampling technique uses a simple random (simple random) that was determined by throwing the tip of a pencil into a random number table. The target multiple was derived from the formula I=N/n=210/66=3.18 (N=population, n=sample size). The results of the throw showed on row 13 column 6 so that number 83 was selected. Thus, the respondents were subjects in the list numbered 83 and each addition and subtraction 3 to reach 66 people. The

instrument in the form of a questionnaire was created by the author based on the theory of Snehandu B. Kar (1983) which includes factors of intention, information, autonomy, social support and situations. After that a grid matrix was created, followed by the creation of the question item. The number of respondents' characteristic items was 12 items and the variables 18 items. After the instrument was made, it was then tested in content on 3 experts and also tested reliability on 10 respondents in Sukarapih village. After the trial, the item was fixed and finally the number of variable items became 16 items.

Data collection was done after obtaining ethical permission. After that the author collects field data accompanied by cadres. After getting a suitable respondent, the author gives informed consent to the respondent. Data collection were conducted on willing respondents for about 15-20 minutes. After the data collection, the data was processed through checking the completeness, coding, and tabulation of the data. The tabulation stages are as follows: coding each question item, grouping data, respondent answers from each question item are summed and divided by the expected amount, then obtained a percentage. Then a large percentage was interpreted into sentences that are qualitative in nature. For informational and social support aspects used a dichotomous score (1-0). The correct answer on the information aspect is given a score of 1 and the wrong answer 0. For the support aspect, the supporting answer is given a score of 1 and does not support 0. Then categorized in good (more than 75%), enough (60-75%), less (less than 60%).

RESULTS
Characteristics of Respondents

Table 1.
Frequency and percentage of respondents classified by characteristics (n=66)

Characteristics	f	%
Age		
30-39	41	62.1
40-49	25	37.9
Age of first marriage		
< 20	40	60.6
20-30	26	39.4
Education		
Elementary	47	71.2
Junior high school	04	06.0
Senior high school	10	15.2
College	05	17.6
Religion		
Islam	66	100.0
Job		
Housewife	50	75.8
Government employees	08	12.1
private employees	01	01.5
Bussines	06	09.1
Laborer	01	01.5
Gender of child		
All girls	09	13.6
All boys	08	12.1
Boys and girls	49	74.3

Characteristics	f	%
The age of the youngest child		
0-1	10	15.2
> 1-5	23	34.8
> 5	33	50.0
Sources of information about IUDs		
Health professional	54	81.8
Volunter	23	34.8
Friends	16	24.2
Print media	10	15.2
Electronic media	05	07.6

The intention to use an IUDs

Table 2.
Frequency and percentage of respondents classified by intention using IUDs (n=66)

Intention	F	%
Intend	07	10.6
Not intend	53	80.3
Not know	02	03,8
Contrary to religion	16	11,3
Afraid of the side effects	22	41,5
Not allowed husband	12	22,6
Ashamed	11	20,8
Not know	06	09.1

Information about IUDs

Table 5.
Frequency and percentage of respondents classified by information about IUDs (n=66)

Information	f	%
Good	08	12.1
Enough	14	21.2
Less	44	66.7

Table 6.
Frequency and percentage of respondents classified by wrong information of IUDs (n=66)

Information	f	%
Definition	24	36.4
Side effect	49	74.2
Contra indication	46	69.7
Indication	46	69.7
Benefit	33	50.0
Service	20	30.3

Autonomy to determine contraceptive methods

Table 7.

Frequency and percentage of respondent classified by autonomy to determine contraceptive methods (n=66)

Autonomy	F	%
One self	64	97.0
Husband	02	03.0

Social support to choose IUDs

Table 8.

Frequency and percentage of respondent classified by social support to choose IUDs (n=66)

Dukungan sosial	f	%
Good	02	03.0
Enough	08	12.1
Less	56	84.9

Situations to choose IUDs

Table 10.

Frequency and percentage of respondent classified by unsupported situations to choose IUDs (n=66)

Situation	f	%
Belief of more children more sustenance	43	65.2
Desire to increase the number of children	11	16.7
Forbidden religion	11	16.7
Storing foreign objects in the body	10	90.9
Health	04	06.1

DISCUSSION

The research of the factors behind the selection of IUDs in this study was reviewed from factors of intention, information, autonomy, social support and situation. From the intention factor, the results showed that almost all respondents (80.3%) did not intend to use an IUDs. This is likely related to a lack of information about IUDs, still low education, as well as still believed values. A person has no intention of using contraception due to lack of information. Lack of information about IUDs led respondents to lack understanding of IUDs contraception. Inaccuracy of adopting a new idea is because they do not understand the idea. This situation is also supported by the formal education of respondents who are still low. Level education influenced the selection of contraceptive method. The higher the education the more people choose IUDs. In addition, the selection of IUDs can be due to religious values or norms that are believed like more children more bless, so people want fertile and tend to use pills rather than IUDs. The last person to adopt a new idea was a person of narrow insight, his decisions attributed to what previous generations had done.(Aziz & El-Gazzar, 2021) The results showed that some of the respondents (41.5%) did not choose IUDs for fear of side effects. This is in accordance with Woldu et al. study in Ethiopia in 2021 that a person did not use contraception because of lack of knowledge and fear of side effects. Fear of IUDs contraception usually arises due to misinformation (Woldu et al., 2021).

Based on information factors, most respondents have been informed about IUDs in the lesser category (66.7%). But from information about the understanding of IUDs and places of service IUDs have mostly been getting the correct information (63.6% and 69.7%). This is closely related to government programs that establish the IUDs program as a program offered to couple

of reproductive age who are 30 years old and have children living 2 or more lives. In order to increase the coverage of IUDs participants, the government has tried various ways, one of which is extension. From the characteristics of respondents obtained data that most respondents get information IUDs from counseling in general. Instead, the study found that some respondents were still lacking in terms of IUDs side effects, IUDs indications and IUDs contraindications. This is likely because respondents do not address the core message conveyed in the provision of information (Woldu et al., 2021).This possibility occurs because the situation is not conducive when the information is delivered (Sulbahri et al., 2019). From the characteristic data of respondents found that most respondents get information from counseling in general and get information from rumors. According to Yoost (2014) accurate information among patients and practitioners is needed to further increase the acceptability and use of IUDs (Yoost, 2014). Nowadays many women seek out information online and from social networks. Decision-making may not take place during a contraceptive counselling appointment, but rather beforehand through independent research, discussions with others, and previous experiences with contraception (Fulcher et al., 2021).

Based on personal autonomy factors, 97% of respondents published personal autonomy in determining contraceptive methods. Decisions in making choices are generally related to the object of choice. In this case the object of choice is the method of contraception, then the husband and wife, especially the wife will be very decisive in choosing the contraceptive. According to Marshall et al. (2018) that married couples are involved in deciding the method of contraception used, but it is the wife who decides with full consideration because the wife is directly related to the results of the election. Madden et al. (2015) said that a person who has made his decision should be responsible for his decision. Responsible decisions will arise when a person knows his bad and good so that it will reduce the risk. For this, valid information is required about the object of its choice.

Based on social support factors, 84.9% of respondents received less support for the use of IUDs. Very few (13,6) husbands are supportive of the use of IUDs contraceptives. Social support have correlated with choosing long acting contraceptive (Putri & Widati, 2020). Lack of this support is closely related to the lack of knowledge they have (Sulbahri et al., 2019). This is likely related to the recipient of information, because in general information about birth control is given to prospective users in this case the wife. In addition, it is coupled with incorrect information about unwanted side effects of the contraceptive. This condition raises concerns or fears about the use of IUDs contraceptives (Teddy et al., 2020).

Based on the situation factor where respondents did not choose IUDs, 65.2% still believe the value that many children have a lot of sustenance. The factors that drive high fertility are living in traditional agriculture where children have an important role, as well as with low education where the community tends to be old and adhere to ancient teachings (Aziz & El-Gazzar, 2021). Another possibility is also because of the desire to add children. Married couples will continue to want birth before a boy or girl, so that they have children beyond their wishes (Teddy et al., 2020).

CONCLUSION
Women of reproductive age in the village in Margaluyu village Tanjungsari subdistrict does not use IUDs due to several factors. Most women of reproductive age do not intend to use IUDs, lack of information about this contraceptive especially side effects, less support and also still trust many children a lot of sustenance. However, women of reproductive age almost entirely determine the method of contraception that is the choice. Based on the results of this study,

maternity nurses to provide correct information about IUDs especially about the side effects not only to the wife but also the husband and the community. As well as information about the benefits of IUDs as well as small family advantages.

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