



Analysis of Factors Related to the Use of Post-Placenta IUDs for Women Giving Birth in Yogyakarta

Susiana Sariyati¹, Fatimah²

^{1,2}Department of Midwifery, Faculty of Health Sciences, Alma Ata University
Jl. Brawijaya No. 99, Tamantirto, Yogyakarta
Email: susiana.wic@gmail.com

Abstrak

Peserta KB baru di Kota Yogyakarta menunjukkan peningkatan paling sedikit di seluruh Daerah Istimewa Yogyakarta yaitu 11,18%, sedangkan Gunungkidul 11,93%, Sleman 11,98%, Bantul 12,72%, Kulonprogo 13,28%. Tujuan penelitian ini untuk mengetahui faktor yang berhubungan dengan penggunaan KB IUD post placenta pada ibu bersalin di Kota Yogyakarta. Penelitian ini bersifat Observasional Analitik dengan rancangan cross sectional. Jumlah sampel dalam penelitian ini berjumlah 84 responden yang diambil secara Accidental Sampling. Variabel bebas dalam penelitian ini adalah umur, paritas, pendidikan, pekerjaan, riwayat KB, dukungan suami. Variabel terikat adalah penggunaan kontrasepsi IUD post placenta. Metode penelitian menggunakan uji bivariat yaitu Chi Square, sedangkan multivariat menggunakan analisis regresi logistic. Hasil penelitian menunjukkan variabel umur menunjukkan p value sebesar 0,1, paritas 0,055, pendidikan ibu 0,381, pekerjaan ibu 0,400, riwayat penggunaan KB 0,062 dan dukungan suami 0,0001 dengan penggunaan KB IUD post placenta. Hasil dari analisis multivariat yang paling berhubungan adalah dukungan suami. Tidak ada hubungan antara umur, paritas, pendidikan, pekerjaan ibu, riwayat KB dengan penggunaan KB IUD post placenta, tetapi ada hubungan antara dukungan suami dengan penggunaan KB IUD post placenta.

Kata Kunci: Umur, Riwayat KB, IUD Post Placenta

Abstract

Yogyakarta has the smallest increase in the number of new family planning participants across in the Special Region of Yogyakarta, i.e. 11.18%, though in Gunungkidul, there was 11.93%, Sleman 11.98%, Bantul 12.72%, Kulonprogo 13.28%. The purpose of this study was to determine factors related to post placenta IUD used by women in labor in Yogyakarta. This was analytical observational research with a cross-sectional design. The total sample in this study was 84 respondents collected using Accidental Sampling. The independent variables in this study were age, parity, education, occupation, family planning history, husband's support. The dependent variable was the usage of post placenta IUD contraception. The analysis used a bivariate test, i.e. Chi Square, while multivariate tests used regression logistic analysis. The result showed that the p-value of age as 0.1, p-value of parity was 0.055, mother's education 0.381, mother's occupation 0.400, family planning history 0.062 and husband's support 0.0001 on the usage of post placenta IUD. Multivariate analysis showed that the strongest relationship was the husband's support. There was no relationship between age, parity, education, mother's occupation, family planning history and the usage of post placenta IUD, but there was a relationship between husband's support and the usage of post placenta IUD.

Keywords: Age, Family Planning History, Post Placenta IUD

Info Artikel :

Artikel dikirim pada 03 Desember 2018

Artikel direvisi pada 06 Januari 2019

Artikel diterima pada 20 Februari 2019

DOI: [http://dx.doi.org/10.21927/jnki.2019.7\(1\).1-5](http://dx.doi.org/10.21927/jnki.2019.7(1).1-5)

INTRODUCTION

One of the programs to reduce the number of maternal mortality is the Family Planning Program. The program's role is to reduce the number of maternal mortality by preventing pregnancy, delaying gestational age, and spacing out pregnancy. Giving Family Planning counseling and contraceptive methods during the postpartum period can increase the awareness of mothers to use contraception because some women after childbirth usually do not want to get pregnant, preferring to delay pregnancy until 2 years, but they do not use contraception (1). The long-term contraceptive method (MKJP) is the most effective method of contraception. There is a tendency for non-MKJP contraceptive use patterns, of which 57% of the Contraceptive Prevalence Rate (CPR), 43.7% uses non-MKJP and 10.6% uses MKJP. The pattern of using MKJP tended to decrease from 18.7% in 1991 to 10.6% in 2012. The high non-MKJP use also occurred in new family planning acceptors which amounted to 82.48%, while those using MKJP were 17.52% (2).

Data in February 2014 explained that new IUD participants in Yogyakarta showed the least increase in all area of the Special Region of Yogyakarta is 11.18%, in Gunung Kidul is 11.93%, in Sleman is 11.98%, in Bantul 12.72%, and in Kulon progo 13.28% (3).

Efforts to increase the use of post-placenta IUD are expected to provide health counseling to mothers in choosing the right Family Planning Program. It is better for mothers not to use birth control which causes a high risk for pregnant women, especially in mothers aged more than 35 years old (4). The husband's emotional support factor in using contraception or in family planning is one of the external factors that can affect a woman's fertility behavior. The husband's support is very necessary for carrying out family planning. The husband's support can influence a wife's behavior. If the husband does not allow or support, then the wife will tend to obey him and only a few wives dare to continue to use contraception (5).

When a woman does not get support from her husband, she will not use family planning because she is afraid of using birth control without her husband's approval. As we know that whatever is done by the wife if she does not get the blessing or approval from the husband, it is unlawful (6). The woman who chooses to never use contraception says that she is fear of the side effects of contraception. Their fear is based on information from other people's experiences, either experience or only issues.

This study aims to determine factors associated with the use of post-placental IUD in Maternity at Tegalrejo and Jetis Public Health Center in Yogyakarta.

MATERIAL AND METHODS

The type of this research is an analytical observational study with a cross-sectional research design. The study was conducted at Tegalrejo and Jetis Health Center in Yogyakarta. The population is all mothers in Tegalrejo and Jetis Health Centers in Yogyakarta. There are 101 people with a sample of 84 maternity mothers. Sampling is done using accidental sampling technique. The independent variables in this study were age, parity, education, working status, family history, and husband's support. The dependent variable is post-placenta IUD contraceptive use. The instrument used in this study was questionnaires. The questionnaires cover age, parity, education, working status, history of family planning, husband's support, and post-placenta IUD contraceptive use. Data analysis uses univariate analysis to describe each research variable using frequency distribution, to examine bivariate data analysis using Chi-Square, and to study multivariate using logistic regression.

RESULT AND DISCUSSION

Most of the respondents who were in early adulthood are 45 people (53.6%), who are multipara are 60 people (71.4%), who had low education are 74 people (88.1%), who work are 61 people (72.6%), who had never used IUD are 50 people (59.5%), who had no husband's support are 52 people (61.9%), who use post-placenta IUD contraception are 57 (67.9%).

Table 1. Age, parity, education, working status, history of family planning, husband's support, and control birth use

Variables	Frequency	%
Age		%
Early Adulthood	39	46.4
Late Adulthood	45	53.6
Parity		
Primipara	24	28.6
Multipara	60	71.4
Education		
Low	74	88.1
High	10	11.9
Working status		
Work	61	72.6
Do not work	23	27.4
History of Family Planning		
Have ever used IUD	34	40.5
Have never used IUD	50	59.5
Husband's support		
Supported	32	38.1
Not supported	52	61.9
Control birth use		
Use	57	67.9
Do not use	27	32.1

Table 2. The Correlation between Variables and the Use of Post-Placenta IUD at Tegalgrejo and Jetis Public Health Center in Yogyakarta

Variables	The Use of IUD				P value
	Yes		No		
	n	%	N	%	
Age					0.105
Early Adulthood	23	59.0	16	41.0	
Late Adulthood	34	75.6	11	24.4	
Parity					0.055
Primipara	20	83.3	4	16.7	
Multipara	37	61.7	23	38.3	
Education					0.381
Low	8	80.0	2	20.0	
High	49	66.2	25	23.8	
Working status					0.400
Work	43	70.5	18	29.5	
Do not work	14	60.9	9	39.1	
History of Family Planning					0.062
Have ever used IUD	27	79.4	7	20	
Have never used IUD	30	60.0	20	40	
Husband's support					0.0001
Supported	31	96.9	1	3.1	
Not supported	26	50	26	50	

Based on table 2, it is shown that age, parity, education, working status, history of family planning do not have correlation with the use of post-placenta IUD contraceptive (P-value => 0.05) while husband's support shows a correlation with

the use of post-placenta IUD contraceptive (P-value = < 0.05).

Table 3. Logistic Regression Result

Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
History of Family Planning	1.357	0.585	5.390	1	0.020	3.886
Husband's support	3.666	1.072	11.687	1	0.001	39.094
Constant	-9.481	2.406	15.531	1	0.000	0.000

Based on Table 3, it is shown that the factor of husband's support most related to the use of post-placenta IUD contraceptive with p-value of 0.001, meaning that the more the husband gives support to his wife in using contraception, the more the wife decides to use post-placenta IUD, which is as many as 39 times greater than those who get husband's support.

Age affects pregnancy. A good childbearing age to get pregnant is 20-35 years. The optimal reproductive age for a mother is between 20-35 years, and getting pregnant in above that age will increase the risk of pregnancy and childbirth. That the age of a couple increase and has the ideal number of children will encourage them to limit birth. Thus, this condition increases the chances of respondents to use IUD.

Based on the results of research in India stating that IUD TCu 380A is used by women whose age is above 30 years and women who have reached the desired family members, namely the number of children is three or more. This is in contrast to studies conducted in China showing that the use of IUD increase in women aged 25-29 years, but declines in older women (7).

Based on this study, the use of contraception is not influenced by the number of children that a couple has. Not only people who have had enough children who are willing to implement family planning, but also those who even have had less than 2 children. Thus, even though the number of children is high or low, a person does not use IUD family planning factors due to the lack of correct information regarding post-placenta IUD, lack of husband's support, and experience from both personal and other people.

This greatly affects someone in using contraception. Having high or low education or

low does not influence the choice of contraception. Although a person's knowledge is good about contraception, it does not guarantee that someone will choose to use contraception because the person may have her own experience of using contraception, and she experienced failure or discomfort with contraception. Socio-cultural factor also influences the use of contraception, namely there is an assumption that using contraception is *haram* or prohibited by religion, the husband does not support and fear, and it is not comfortable to use IUD. A person who does not use contraception may be influenced by negative experiences from other people such as side effects of using contraception and failure experience of using contraception. Thus, even though someone's education is high, there will be an unmet need (8).

The lack of knowledge about IUD is caused by lacking information about various contraceptive methods, including IUD, and their benefits provided by health workers. Thus, respondents not only hear negative information from others. The source of information is one that the factors affecting the level of knowledge of women in childbearing age. Information can be delivered through counseling or leaflets such as leaflets or other communication media. By getting information from health workers, the level of knowledge of women in childbearing age increases, especially regarding IUD contraception (9). Based on the interview with mothers, no one has an opinion that they are unwilling to use IUD contraception because of the high cost; instead, they fear the side effects. This research is in line with previous research stating that there is no significant relationship between mother's occupation and the use of IUD (10). This study whos that there is no correlation between the history of family planning and contraceptive use. Thus, the experience of both mothers who have used IUD family planning and those who have never used it does not influence the selection of contraception. Although there are a lot of benefits found in the use of IUD, especially without hormonal. based on the previous research from Pleah et al., it is shown that there is an increase in the use of post-partum family planning after the improvement of health services such as motivation to the community (11).

The husband's role in family planning is very

important because the husband says that he agrees and recommends applying family planning, as well as gives freedom to the mother to choose the family planning method, then the decision will be accepted by the wife. On the contrary, if the husband does not allow the wife because he does not agree and give freedom, the wife will be afraid and will not take risks of using contraception (12). The use of contraceptives is a shared responsibility of man and woman as a couple. Thus, the chosen contraceptive method reflects the need and desire of husband and wife. Husband and wife must support each other in using the contraceptive method because family planning and reproductive health are not just man's or woman's responsibility. The husband's support in using contraception is very necessary because without the husband's support, feeling comfortable in using contraception will not be obtained. the contraceptive method cannot be forced by husband or wife. They must be together in determining the best choice of contraceptive method through cooperation and good communication about the use of contraception (13).

Training on IUD insertion for health workers needs to be done to increase the community trust to the health workers (Potter JE, Hubert C, White K). It is necessary to involve family, especially husband, in giving explanations or information about post-placenta IUD contraception so that the husband can convey and encourage his wife to use contraception (14).

CONCLUSION AND SUGGESTIONS

There is no correlation between age, parity, education, working status, history of family planning and the use of post-placenta IUD. However, there is a correlation between the husband's support and the use of post-placenta IU. BKKBN is expected to make a decision on the policy of using post-placenta IUD involving husband. Health workers are expected to be able to provide optimal information to husbands about long-term contraceptive methods that can be used by mothers after delivering a baby so that it will increase the use of post-placenta IUD.

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