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1 Analysis of Factors Related to the Use of Post-Placenta IUDs for Women Giving Birth in Yogyakarta ISSN 2354-7642 (Print), ISSN 2503-1856 (online) Jurnal Ners dan Kebidanan Indonesia Tersedia online pada <http://ejournal.almaata.ac.id/index.php/JNKI> INDONESIAN JOURNAL OF NURSING AND MIDWIFERY Analysis of Factors Related to the Use of Post-Placenta IUDs for Women Giving Birth in Yogyakarta Susiana Sariyati<sup>1</sup>, Fatimah<sup>2</sup> 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 Gunung kidul 11, 93%, Sleman 11, 98%, Bantul 12, 72%, Kulon progo 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 plasenta, tetapi ada hubungan antara dukungan suami dengan penggunaan KB

IUD post plasenta.

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 Gunung kidul, there was 11.93%, Sleman 11.98%, Bantul 12.72%, Kulon progo 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, hsd 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- 0.381, occupation 0,400, family planning history 0.062 and support 0.0001 on the usage of post placenta IUD. Multivariate analysis showed that the strongest relationship was the hsd support. There was no relationship between age, parity, education, occupation, family planning history and the usage of post placenta IUD, but there was a IUD.

Keywords: Age, Family Planning History, Post Placenta IUD INTRODUCTION One of the programs to reduce the number of maternal mortality is the Family Planning Pgm. Thpraaro toredcet 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). A woman's main 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 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 afraid of the side effects of contraception.

Their fear is based on information from their own experience or only rumors. 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 household variable is post-placental 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 approval of post-placental 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.

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History of Family Planning 1.357 0.585 5.390 1 0.020 3 .886 Table 1. Age, parity, education, working status, and control birth use Variables Age Frequency % % Early Adulthood 39 46.4

Late Adulthood Parity 45 53.6 Primipara 24 28.6 Multipara Education 60 71.4 Low 74 88.1 High Working status 10 11.9 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 Huan's suprt 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 Tegalrejo and Jetis Public Health Center in Yogyakarta Based on Table 3, it is shown that the factor 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 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 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  $\geq$  0.05) while support shows a correlation with 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, laofhudsuo nderiece from both personal and other people. This greatly affects someone in using contraception. Having high or low education or are 52 people (61.9%), who use post-placenta Hus support 3.666 1.072 11 .687 1 0.001 39.094 IUD contraception are 57 (67.9%). Constant -9 .481 2.406 15 .531 1 0.000 0 .000 Variables The Use of IUD P-value Yes No Age n % N % 0.105 Early Adulthood 23 59.0 16 41.0 Late Adulthood Parity 34

75.6 11 24.4 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 Huan's suprt 0.0001 Supported 31 96.9 1 3.1 Not supported 26 50 26 50 4 Susiana Sariyati, Fatimah, 2019. JNKI, Vol. 7, No. 1, Tahun 2019. 1-5 low does not influence the choice of contraception. Ahohapenknwleis oo bo 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 soon'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 sgiiatrltosi ewe ohrs 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 hund 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 ma's r manresiby. The husband support in using contraception is very necessary bcasewiththhundsuo, eling 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 -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.

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

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