

FACTORS THAT INFLUENCE THE LOW INTEREST OF KB ACCEPTERS TO USE IUD KB

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ABSTRAK FAKTOR-FAKTOR YANG MEMPENGARUHI RENDAH MINAT AKSEPTOR KB MENGGUNAKAN KB IUD

Latar Belakang Jumlah penduduk dunia pada Juli 2020 adalah 7.684.292.383 jiwa. Indonesia merupakan negara ke-4 dengan jumlah penduduk terbanyak yaitu mencapai 267.026.366 jiwa (CIA World Factbook, 2020). Berdasarkan hasil survey, terdapat 93 (73%) dengan akseptor kontrasepsi lain yang tidak menggunakan IUD karena menganggap IUD tidak nyaman untuk berhubungan seksual.

Tujuan untuk mengetahui faktor-faktor yang mempengaruhi rendahnya minat akseptor KB untuk menggunakan IUD di PMB M. Suratini, A.Md. Keb pada tahun 2022.

Metode penelitian kuantitatif dengan desain cross sectional. Pengambilan sampel menggunakan teknik purposive sampling. Penelitian ini dilaksanakan pada bulan Juni hingga Juli 2022 di PMB M. Suratini, A.Md. Keb dengan populasi 149 responden aktif KB selama bulan Januari sampai April 2022. Sampel yang dipilih adalah 92 akseptor KB aktif.

Hasil Pendidikan sedang 67 (72,8%) dan pendidikan rendah 25 (27,2%). Tingkat pengetahuan baik 45 (58,9%) tingkat pengetahuan cukup 35 (38,0%) dan tingkat pengetahuan kurang 12 (13,0%), kategori primipara 49 (53,3%) dan multipara kategori 43 (46,7%), peran pendukung tenaga kesehatan 47 (51,1%) dan dukungan tenaga kesehatan tidak mendukung 45 (48,9%), dukungan suami baik 57 (47,6%) dan dukungan suami kategori kurang baik 35 (52,4%), usia ibu 20-35 tahun 53 (57,6%) usia >35 tahun 39 (42,4%), tidak berminat menggunakan alat kontrasepsi IUD sebanyak 56 (60,9%) responden, kategori berminat menggunakan alat kontrasepsi IUD sebanyak 36 (39,1%) responden. p-value 0.040 < (0.05) artinya H_a diterima dan H₀ diproses artinya ada hubungan pendidikan, p-value 0.017 < (0.05) artinya H₀ ditolak dan H_a diterima artinya ada hubungan paritas maternal p-value 0.551 > (0.05) artinya H₀ diterima dan H_a ditolak artinya tidak ada hubungan pengetahuan, p-value 0.036 < (0.05) artinya H₀ ditolak dan H_a diterima yang artinya ada hubungan pengetahuan, p-value 0.036 < (0.05) artinya H₀ ditolak dan H_a diterima yang artinya ada hubungan antara peran tenaga kesehatan, p-value 0.035 < (0.05) artinya H₀ ditolak dan H_a diterima p-value 0.161 > (0.05) artinya H₀ diterima dan H_a ditolak

Kesimpulan ada Faktor-Faktor yang Mempengaruhi Rendahnya Minat Akseptor Kb Untuk Menggunakan KB IUD

Saran diharapkan dapat menjadi pengetahuan atau dapat meningkatkan minat akseptor kontrasepsi dalam pemilihan kontrasepsi, serta meningkatkan pemahaman responden dalam penggunaan IUD dan mengatasi masalah dalam kontrasepsi IUD.

Kata Kunci : AKDR, Faktor yang Mempengaruhi, Minat Rendah

ABSTRACT

Background The world's population in July 2020 is 7,684,292,383 people. Indonesia is the 4th country with the largest population, reaching 267,026,366 people (CIA World Factbook, 2020). Based on the results of the survey, there were 93 (73%) with other contraceptive acceptors who did not use the IUD because they thought the IUD was uncomfortable for sexual intercourse.

Purpose to determine the factors that influence the low interest of family planning acceptors to use the IUD at PMB M. Suratini, A.Md. Keb in 2022.

Method This research was a quantitative with a cross sectional design. Sampling used purposive sampling technique. This research was conducted from June to July 2022 at PMB M. Suratini, A.Md. Keb with a population of 149 active contraception respondents during January to April 2022. The selected sample was 92 active family planning acceptors.

Result Moderate education 67 (72.8%) and low education 25 (27.2%). Knowledge level of good 45 (58.9%) level of knowledge is sufficient 35 (38.0%) and knowledge level is less 12 (13.0%), primipara category 49 (53.3%)

and multipara category 43 (46.7%), the role of supporting health workers 47 (51.1%) and the support of health workers is not supportive 45 (48.9%), good husband support 57 (47.6%) and husband support category is not good 35 (52.4%), maternal age 20-35 years 53 (57.6%) age >35 years 39 (42.4%), not interested in using IUD contraceptives as many as 56 (60.9%) respondents, the category interested in using IUD contraceptives as many as 36 (39.1%) respondents. p -value $0.040 < (0.05)$ means H_a accept and H_0 is processed which means there is an educational relationship, p -value $0.017 < (0.05)$ means H_0 is rejected and H_a is accepted which means there is a maternal parity relationship p -value $0.551 > (0.05)$ means H_0 accept and H_a rejected which means there is no knowledge relationship, p -value $0.036 < (0.05)$ means H_0 is rejected and H_a is rejected which means there is no knowledge relationship, p -value $0.036 < (0.05)$ means that H_0 is rejected and H_a is accepted which means there is a relationship between the role of health workers, p -value $0.035 < (0.05)$ means that H_0 is rejected and H_a is accepted p -value $0.161 > (0.05)$ means that H_0 is accepted and H_a is rejected. Conclusion there are Factors Affecting the Low Interest of Acceptors Kb To Use Kb IUD In PMB M. Suratini A.Md. Keb year 2022.

Suggestion This research is expected to become knowledge or can increase the interest of contraceptive acceptors in the choice of contraception, and increase the respondent's understanding in the use of IUDs and override issues in IUD contraception.

Keywords A:IUD, Affecting Factors, Low Interest

INTRODUCTION

The total population in the world in July 2020 was 7,684,292,383 people. Indonesia is the 4th country with the largest population, reaching 267,026,366 people (CIA World Factbook, 2020). The Population Growth Rate in Indonesia in 2019 was 1.19% (BPS, 2019). The high rate of population growth has resulted in population problems becoming an urgent problem and must be addressed immediately. Efforts that have been made by the government in order to cope with the high rate of growth through birth control with the Family Planning (KB) program have been issued by Law no. 52 of 2009 and the Population Law Number 23 of 2006. (Ministry of Health RI, 2020)

Government regulation of the Republic of Indonesia number 87 of 2014 states that the Family Planning (KB) program is one of the strategies to reduce maternal mortality, especially mothers with 4T conditions, giving birth too young (under 20 years old), giving birth too often, too close the birth spacing, and too old to give birth (above 35 years). Family planning is one of the most effective ways to increase family resilience, health and safety of mothers, children and women (BKKBN, 2015)

Factors related to the use of hormonal contraception are maternal age, age at first birth, number of lives, family income, cost of contraception, and husband's support. In this study, it is necessary to provide counseling to husbands in improving the quality of life, showing that of the 88 respondents for husband support, 9 people (25.8%) used the IUD, 9 people (25.8%), and 26 people did not support (74.2). % using IUD(74.2%)(Agustina, 2020).

Family planning is an action that helps individuals or married couples to get certain

objectives, avoid unwanted births, get desired births, regulate the interval between pregnancies, control the time of birth in relation to the age of the husband and wife and determine the number of children in the family. (World Health Organization, 2011). The family planning program is not only aimed at controlling the rate of population growth, but also to meet the public's demand for quality family planning and reproductive health (KR) services, the number of maternal mortality rates (MMR) and infant mortality rates (IMR) as well as overcoming reproductive health problems for form a quality small family (Sumiasih, 2018). One of the efforts implemented in the family planning program is through the use of contraceptives. Based on data from the World Health Organization (WHO) when compared to other ASEAN countries, the use of contraceptives in Indonesia is 66%, already exceeding the ASEAN average (59.3%). However, it is still lower than Vietnam (88%), Cambodia (89%) and Thailand (83%). Whereas the highest number of women of childbearing age (WUS) in ASEAN is Indonesia, which is 65 million people (Ministry of Health, 2013).

The national maternal mortality rate, based on data from the 2012 IDHS, appears to have increased from 228 per 100,000 live births (IDHS, 2007) to 359 per 100,000 live births (IDHS, 2012). This figure is still far from the expected target of 183 per 100,000 live births for the national target in 2024 and 70 per 100,000 live births for the SDGs target in 2030. (Lampung Health Office, 2021).

The number of PUS in Indonesia in 2018 was 38,343,931 people and those currently using KB (active family planning) were 24,258,532 people or 63.27%, almost the same as the previous year which was 63.22%. While the target of the National

Medium-Term Development Plan (RPJMN) to be achieved in 2019 is 66% (BAPPENAS, 2014). There is an increase in the percentage of contraceptive use (all methods). However, the drop out percentage of KB participation is still high, at 34%. Then there is still a large number of EFAs that have not been served and have not used contraception (unmet need). In Indonesia, currently the number of unmet need for family planning based on the results of the 2017 Indonesian Demographic and Health Survey (IDHS) is still high, which is 10.6% of the total EFA. When converted to the current number of PUS as much as 51 million, at least there are still 5, 5 million PUS who have not had family planning. So far, unmet need has been a significant contributor to the lack of participation in EFA in the Family Planning and Family Development (KKBPK) Population Program (BKKBN, 2019).

New Indonesian family planning participants in 2016 amounted to 6,663,156 people. Contraceptive percentages were 757,926 Implant acceptors (11.37%), 481,564 IUD acceptors (7.23%), 115,531 MOW acceptors (1.73%), 11,765 MOP acceptors (0.18%), 3,433,666 injection acceptors (51.53%), 1,544,079 pill acceptors (23.17%), 318,625 condom acceptors (4.78%) (BKKBN, 2020).

Sufficient knowledge of respondents in Gebang village, Sukodono sub-district, Sragen district can also be due to the low education of respondents, as evidenced by the number of respondents who have low education, namely 67%. Based on Skinner's theory (1938) in Notoatmodjo's book states that a person's behavior can change due to a stimulus or stimuli, one of the stimuli that affect the behavior of respondents not using IUD KB is knowledge and education. According to the theory, in this study, the knowledge of respondents who were in the sufficient category could be due to the respondent's low education. Meanwhile, in terms of age, the average respondent is 20-35 years old, which is the reproductive age, so they have to use contraception. (Putriningrum, 2014).

If the respondent's level of knowledge is good about IUD contraception and understands it well, they should choose the IUD or IUD contraception because the failure rate is very low compared to pill and injectable contraception. Another reason for the low use of the IUD or IUD is the psychology of the respondents. Psychology This is a sense of fear and concern from respondents about the insertion of the IUD (IUD). Based on interviews with respondents, their fear is caused because the installation process must pass through the vagina, they are also afraid of infection, there are also those who are afraid of discomfort when they have husband-wife

relationship, all of which was expressed by the majority of respondents, namely 88% of respondents. There are 12% of respondents they are not willing to use the IUD or IUD contraception due to trauma. (Putriningrum, 2014).

The IUD is the most effective contraceptive method for spacing pregnancies because the contraceptive failure rate of the IUD is very small, which is less than 1% so that the effect is quite large on women's reproductive health and the IUD has a long working life, in contrast to hormonal contraception which can affect the body and can cause complications. systemic side effects. Although the IUD is a very good contraceptive for maternal reproductive health and can control the rate of population growth, the number of users of this IUD has decreased compared to hormonal contraceptives which pose a high risk if used for a long period of time. In addition to the risk of hormonal contraception costs are more expensive than non-hormonal contraception. The contraceptive method that was least chosen by active contraception participants was the Male Operation Method (MOP) as much as 0.69%, then condoms as much as 3.15% (Jannah, 2012).

In addition to the effectiveness of using the IUD, there are some disadvantages in its use, such as bleeding (spotting) between menstruation, excessive menstrual pain, longer menstrual periods, and heavy bleeding during menstruation. These things allow the occurrence of anemia and other risks, such as the problem of uncomfortable sexual intercourse. Every month, women of childbearing age will experience a period of blood loss due to menstruation. The use of contraceptives has an effect on menstrual bleeding in women, including the IUD which can increase blood loss twice during menstruation. Menstrual periods that last longer than five days and use an IUD. The advantage of using the IUD contraceptive is that it is cheap and economical, the rate of return of fertility is high. While the disadvantages or side effects of using IUD contraceptives are cramps experienced during insertion and discomfort during menstruation accompanied by pain, expulsion, infection in the fallopian tubes or other organs in the hip accompanied by pain in the lower abdomen and increased vaginal discharge such as vaginal discharge. caused by excess fluid production (Ratnawati, 2019).

The acceptor's consideration in determining the choice of contraceptive type is not only due to the limited methods available, but also the lack of knowledge about the suitability of contraceptives for their intended use (needs), the requirements and

safety of the contraceptive method, the place of service and contraindications and the contraceptive device concerned. Family understanding of reproductive health including the choice of contraceptives is influenced by education, income, parity, age, education, knowledge of reproductive health, access to information and availability of health services, and level of understanding of reproductive health (Marlina, 2017).

Based on the results of a survey conducted at PMB M. Suratini, A.Md. Keb Bandar Lampung in the last 3 months, starting from January to March 2022, the number of active contraception users was 149 acceptors, with the classification of using IUD contraception, 3-month and 1-month injections, pill contraception, and implant-type contraceptives. (BPM Medical Record, 2022).

Based on the results of interviews conducted with several mothers who use IUD contraception, they said that in choosing an IUD contraception they got good information from health workers and because the mother did not have time to check every month in using contraception, the mother also thought that using an IUD contraception could prevent pregnancy without having to do it. remembering when to come for injections and take medication. The advantages of using the IUD contraception are that it does not have side effects that can slow down milk production so that mothers can provide exclusive breastfeeding to their babies, as well as a relatively low failure rate of insertion, and the IUD can also be used in the long term (10 protection from CuT-380A and no protection from CuT-380A). need to be replaced), and can be used until menopause.

Based on the results of the survey data, there were 93 (73%) with other contraceptive acceptors who did not use an IUD because the mother thought that the IUD was uncomfortable for sexual intercourse if the thread cutting was too long and the thread often fell off by itself if the thread cutting was too short, and assumed that if The IUD can cause vaginal discharge, they are afraid that minor surgery will be carried out to insert the device into the birth canal. Most mothers also think that the IUD contraception can cause spotting between menstruation, longer and painful menstruation, and complications that may occur after insertion such as feeling unwell, fever, chills, excessive vaginal discharge and frequent lower abdominal pain. Most mothers think it is not good because the mother does

not understand and understand the effects of using IUD contraception.

Based on the results of the initial data survey, there were 36 (27%) acceptors using the IUD type of contraception. Based on the results of interviews conducted with 3 mothers who use IUDs, they said that mothers are more comfortable and easy to use IUDs because they do not need to come to the midwife or doctor every month to do family planning. While the low interest in the use of IUD contraceptives can be influenced by several factors, including sometimes mothers feel that menstruation feels more painful, vaginal discharge and sometimes when doing vulva hygiene a little palpable IUD thread is dangling out. As for other factors, sometimes husbands feel dissatisfied in having sexual relations.

RESEARCH METHODS

This research is a quantitative research approach Analytical survey namely research that tries to explore how and why health phenomena occur by cross sectional design The sampling technique used was purposive sampling because the researchers distributed a questionnaire/questionnaire to mothers with active contraception. This research was carried out in July 2022 carried out in PMB M. Suratini, A.Md. Keb with a population using active contraception as many as 149 respondents during January to April 2022. The sample in this study was 92 active family planning acceptors.

RESEARCH RESULT

Characteristics of Respondents

Based on table 1 above, it can be seen that the characteristics of the respondents based on the age of the mother M. Suratini, A.Md. In 2022, there were 53 (57.6%) respondents in the maternal age category 20-35 years, and 39 (42.4%) respondents aged >35 years. Characteristics of respondents based on mother's education with medium education category as many as 67 (72.8%) and low education as many as 25 (27.2%). Characteristics of respondents based on the mother's occupation with the category of mothers working as teachers 9 (9.8%), jobs as household workers as many as 54 (58.7%), jobs as traders as many as 12 (13.0%), jobs as civil servants as many as 10 (10.9%). Characteristics of respondents based on primipara parity as many as 49 (53.3%) and multipara parity as many as 43 (46.7%).

Table 1
Characteristics of Respondents Based on Maternal Age, Education and Occupation, Parity in PMB M. Suratini, A.Md. The Year 2022

Characteristics of respondents	Amount	Presentation (%)
By Age		
20-35 years old	53	57.6%%
Age >35 years old	39	42.4%%
Based on mother's education		
Secondary education (high school/equivalent/academic)	67	72.8%
Low education (<compulsory education)	25	27.2%
Work		
Teacher	9	9.8%
IRT	54	58.7%
Trader	12	13.0%
Employee	7	7.6%
civil servant	10	10.9%
parity		
Primipara (1 child)	49	53.3%
Multipara (children 2-4)	43	46.7%

Univariate Analysis

Frequency Distribution Education In PMB M. Suratini, A.Md. Keb year 2022

Table 2
Frequency Distribution Education at PMBM. Suratini, A.Md. Ke year 2022

Education	Amount	Presentation (%)
Secondary education (high school/equivalent/academic)	67	72.8%
Low education (<compulsory education)	25	27.2%

Based on table 2 above, it can be seen that the frequency of respondents based on the frequency of respondents based on maternal age at BPM M. Suratini, A.Md. In 2022, based on medium education as many as 67 (72.8%) and low education as many as 25 (27.2%).

Frequency Distribution Knowledge in PMB M. Suratini, A.Md. Keb year 2022

Based on table 3 above, it can be seen that the frequency of respondents based on the knowledge of mothers in BPM M. Suratini, A.Md. In 2022, 45 (58.9%) respondents had good knowledge levels, 35 (38.0%) respondents had sufficient knowledge levels and 12 (13.0%) respondents lacked knowledge.

Table 3
Frequency Distribution Knowledge in PMB M. Suratini, A.Md. Ke year 2022

Knowledge	Amount	Presentation (%)
Good knowledge level	45	48.9%
Sufficient level of knowledge	35	38.0%
Low level of knowledge	12	13.0%

Frequency Distribution Parity Di PMB M. Suratini, A.Md. Keb year 2022

Table 4
Frequency Distribution Parity DiPMB M. Suratini, A.Md. Kebyear 2022

Parity	Amount	Presentation (%)
Primipara (1 child)	49	53.3%
Multipara (children 2-4)	43	46.7%

Based on table 4 above, it can be seen that the frequency of respondents based on maternal parity in BPM M. Suratini, A.Md. In 2022, there were 49 (53.3%) respondents in the primiparous category and 43 (46.7%) respondents in the multipara category.

Frequency Distribution Role of Health Officers inPMB M. Suratini, A.Md. Keb year 2022

Based on table 5 above, it can be seen that the frequency of respondents based on the role of health workers in BPM M. Suratini, A.Md. In 2022, based on the category of supporting health workers' roles as many as 47 (51.1%) respondents and the category of supporting health workers not supporting 45 (48.9%) respondents.

Table 5
Frequency Distribution Role of Health Officers inPMB M. Suratini, A.Md. Keb year 2022

Role of Health Officer	Amount	Presentation (%)
Support	47	51.1%
Does not support	45	48.9%

Frequency Distribution Husband Support DiPMB M. Suratini, A.Md. Keb year 2022

Table 6
Frequency Distribution Husband Support DiPMB M. Suratini, A.Md. Keb year 2022

Husband's support	Amount	Presentation (%)
Good husband support	57	47.6%
Husband's support is not good	35	52.4%

Based on table 6 above, it can be seen that the frequency of respondents based on the provision of support from their husbands at BPM M. Suratini, A.Md. In 2022, there were 57 (47.6%) respondents in the good husband support category and 35 (52.4%) respondents in the poor husband support category.

Based on table 7 above, it can be seen that the frequency of respondents is based on the frequency of respondents based on maternal age at BPM M. Suratini, A.Md. In 2022, there were 53 (57.6%) respondents in the maternal age category 20-35 years, and 39 (42.4%) respondents aged >35 years.

Frequency Distribution Age DiPMB M. Suratini, A.Md. Keb year 2022

Table 7
Frequency Distribution Age DiPMB M. Suratini, A.Md. Keb year 2022

Age	Amount	Presentation (%)
20-35 years old	53	57.6%
Age >35 years old	39	42.4%

Frequency Distribution of Interest in Using Contraception In PMB M. Suratini, A.Md. Keb year 2022

Table 8
Frequency Distribution of Interests Using Di contraception PMB M. Suratini, A.Md. Keb year 2022

Type of contraception	Amount	Presentation (%)
Asking (using an IUD contraception)	36	39.1%
Not interested (not using IUD contraception)	56	60.9%

Based on table 8 above, it can be seen that the frequency of respondents based on the type of contraceptive use at BPM M. Suratini, A.Md. In 2022, 56 (60.9%) respondents were interested in using IUD contraception, 36 (39.1%) respondents were interested in using IUD contraception.

Bivariate Analysis

The Relationship between Education and the Low Interest of Family Planning Acceptors Using IUD Family Planning in Indonesia PMB M. Suratini, A.Md. Keb2022

Based on table 9 above, it can be seen from the number of respondents as many as 92 in BPM M. Suratini, A.Md. In 2022, based on the relationship between mother's education and moderate education category, 31 (33.7%) respondents were

interested in using IUD contraception, while 36 (39.1%) respondents were not interested in using IUD contraception. There were 5 (13.9%) respondents in the low education category who were interested in using IUD contraception, while 20 (21.7%) respondents were not interested in using IUD contraception with an OR (CI-95%) 3.444 (1.157-10.258).

It is known that the results of the chi square test value for maternal education are: p-value 0.040 < (0.05) meaning H_a accepts and H_0 is rejected, which means there is a relationship between education with the low interest of family planning acceptors using the IUD KB Di PMB M. Suratini, A.Md. Keb.2022

Table 9
Educational Relations With the low interest of family planning acceptors by using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb 2022

Age	Type of contraception				Total	p-value	OR (CI 95%)
	Interested in using an IUD		Not interested in using the IUD				
	N	%	N	%			
Medium education	31	33.7	36	39.1	67	72.8	0.040 (1,157-10,258)
Low education	5	13.9	20	21.7	25	27.2	

The relationship between parity and low interest in family planning acceptors using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb2022

Table 10
Parity Relationship With the low interest of family planning acceptors by using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb2022

Parity	Type of contraception				Total	p-value	OR (CI 95%)
	Interested in using an IUD		Not interested in using the IUD				
	N	%	N	%			
Primipara	21	22.8	37	40.2	58	63.0	0.017 (0.303-1.704)
Multipara	15	16.3	19	20.7	34	37.0	

Based on table 10 above, it can be seen from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the relationship between maternal paitas and primiparas who are

interested in using IUD contraception, 21 (22.8%) respondents, while 37 (40.2%) respondents who are not interested in using IUD contraception. There were 15 (16.3%) respondents in the multiparous

category who were interested in using IUD contraception, while 19 (20.7%) respondents were not interested in using IUD contraception. The OR value (CI-95%) was 0.017 (0.303-1.704)

It is known that the results of the chi square test for the type of maternal parity are: p-value 0.017 < (0.05) meaning H0 is rejected and Ha is accepted which means there is a maternal parity relationship with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

Relationship between Knowledge and Low Interest of Family Planning Acceptors Using IUD KB at PMBM. Suratini, A.Md. Keb.2022

Based on table 11 above, it can be seen from the number of respondents as many as 92 in BPM M. Suratini, A.Md. In 2022, based on the relationship

between the mother's level of knowledge and the category of good knowledge level, 20 (21.7%) respondents were interested in using IUD contraception, while 34 (38.0%) respondents were not interested in using IUD contraception. There are 14 (15.8%) respondents who are interested in using IUD contraception, while 20 (21.7%) respondents are not interested in using IUD contraception. There are 2 (2.2%) respondents who are not interested in using IUD contraception, while 1 (1.1%) respondents are not interested in using IUD contraception.

It is known that the results of the chi square test value for the type of maternal parity are: p-value 0.551 > (0.05) meaning H0 is accepted and Ha is rejected, which means there is no relationship between maternal knowledge with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

Table 11
Knowledge Relationship With the low interest of family planning acceptors by using IUD contraception at PMBM. Suratini, A.Md. Keb. 2022

Knowledge	Type of contraception						p-value
	Interested in using an IUD		Not interested in using the IUD		Total		
	N	%	N	%	N	%	
Good knowledge level	20	21.7	35	38.0	67	59.8	0.559
Sufficient level of knowledge	14	15.2	20	21.7	34	37.0	
Low level of knowledge	2	2.2	1	1.1	3	3.3	

The Relationship between the Role of Health Officers and the Low Interest of Family Planning Acceptors to Use IUD Family Planning in Indonesia PMB M. Suratini, A.Md. Keb.2022

Table 12
Health Officer Role Relationship With the low interest of family planning acceptors by using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb.2022

Health Workers	Type of contraception						p-value	OR (CI95%)
	Not interested in using the IUD		Not interested in using the IUD		Total			
	N	%	N	%	N	%		
Support	21	22.8	26	28.3	47	51.1	0.036	1,615 (0.694-3.762)
Does not support	15	16.3	30	32.6	45	48.9		

Based on table 12 above, it can be seen from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the role of health officers, there were 21 (22.8%) respondents who were interested in using IUD contraception, while 26 (28.3%) respondents were not interested in using IUD contraception. The category of support for health workers who are not interested in using IUD contraception is 15 (16.3%) respondents while those

who are not interested in using IUD contraception are 30 (32.6%) respondents, OR value (CI-95%) 1.615 (0.694-3.762)

It is known that the results of the chi square test for the role of health workers are: p-value 0.036 < (0.05) meaning H0 is rejected and Ha is accepted which means there is a relationship between the role of health workers with the low interest of family

planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

Relationship between husband's support and low interest in family planning acceptors using the IUD in KBPMB M. Suratini, A.Md. Keb.2022

Based on table 13 above, it can be seen from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the relationship between husband's support and the category of good husband's support, 17 (18.5%) respondents were interested in using IUD contraception, while 40 (43.5%) respondents were not interested in using

IUD contraception. The category of poor husband support who is interested in using IUD contraception is 19 (20.7%) respondents while 16 (17.4%) respondents are not interested in using IUD contraception, OR value (CI-95%) 0.358 (0.149-0.858) .

It is known that the results of the chi square test for the husband's support are: p-value 0.035 < (0.05) meaning H0 is rejected and Ha is accepted which means there is a relationship between husband's support with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

Table 13
Husband Support Relationship With the low interest of family planning acceptors by using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb.2022

Husband's support	Type of contraception				Total	p-value	OR (CI 95%)
	Not interested in using the IUD		Not interested in using the IUD				
	N	%	N	%			
Good support	17	18.5	40	43.5	57	62.0	0.035 (0.149-0.858)
Not good support	19	20.7	16	17.4	35	38.0	

Age Relationship With the low interest of family planning acceptors by using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb.2022

Table 14
Age Relationship With the low interest of family planning acceptors by using IUD contraception in Indonesia PMB M. Suratini, A.Md. Keb.2022

Age	Type of contraception				Total	p-value	
	Interested in using an IUD		Not interested in using the IUD				
	N	%	N	%			
20-35 years old	17	18.5	36	39.1	53	57.6	0.161
>35 years old	19	20.7	20	21.7	39	42.4	

Based on table 14 above, it can be seen from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the age of mothers in the age category 20-35 years, 17 (18.5%) respondents were interested in using IUD contraception, while 36 (39.1%) respondents were not interested in using IUD contraception. There are 19 (20.7%) respondents in the age category over 35 years who are interested in using IUD contraception, while 20 (21.7%) respondents are not interested in using IUD contraception.

It is known that the results of the chi square value of the mother's age are: p-value 0.161 > (0.05) meaning H0 is accepted and Ha is rejected, which means there is an age relationship with the low

interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

DISCUSSION

Characteristics of Respondents

Characteristics of Respondents Based on Maternal Age, Education and Occupation, Parity in PMB M. Suratini, A.Md. Year 2022

It can be seen that the characteristics of the respondents based on the mother's age M. Suratini, A.Md. In 2022, there were 53 (57.6%) respondents in the maternal age category 20-35 years, and 39 (42.4%) respondents aged >35 years. Characteristics of respondents based on mother's education with medium education category as many

as 67 (72.8%) and low education as many as 25 (27.2%). Characteristics of respondents based on the mother's occupation with the category of mothers working as teachers 9 (9.8%), jobs as household workers as many as 54 (58.7%), jobs as traders as many as 12 (13.0%), jobs as civil servants as many as 10 (10.9%). Characteristics of respondents based on primipara parity as many as 49 (53.3%) and multipara parity as many as 43 (46.7%).

Education is a process of changing attitudes and behavior of a person or group of people in an effort to mature humans through teaching and training efforts. The low education of married couples will complicate the process of teaching and providing information, so knowledge is also limited (Notoadmodjo, 2018)

Lack of knowledge of prospective acceptors greatly affects the use of IUD contraception. From some of the findings, the facts give implications for the program, namely when women's knowledge is lacking, the use of contraception, especially the IUD, also decreases. If only women are always given information, while husbands lack guidance and approach, husbands sometimes forbid their wives due to ignorance and no communication to share knowledge (Notoadmodjo, 2018).

According to researchers, the background or characteristics of the mother have a major influence on the development or decision of the mother in choosing the type of contraception that will be used by the mother in the future.

Univariate Analysis

It can be seen that the frequency of respondents is based on the frequency of respondents based on maternal age at BPM M. Suratini, A.Md. In 2022, based on medium education as many as 67 (72.8%) and low education as many as 25 (27.2%).

Frequency of respondents based on knowledge of mothers in BPM M. Suratini, A.Md. In 2022, 45 (58.9%) respondents had good knowledge levels, 35 (38.0%) respondents had sufficient knowledge levels and 12 (13.0%) respondents lacked knowledge.

Frequency of respondents based on maternal parity in BPM M. Suratini, A.Md. In 2022, there were 49 (53.3%) respondents in the primiparous category and 43 (46.7%) respondents in the multipara category.

Frequency of respondents based on the role of health workers in BPM M. Suratini, A.Md. In 2022, based on the category of supporting health workers' roles as many as 47 (51.1%) respondents and the

category of supporting health workers not supporting 45 (48.9%) respondents.

The frequency of respondents based on the provision of support from their husbands at BPM M. Suratini, A.Md. In 2022, there were 57 (47.6%) respondents in the good husband support category and 35 (52.4%) respondents in the poor husband support category.

Frequency of respondents based on frequency of respondents based on maternal age at BPM M. Suratini, A.Md. In 2022, there were 53 (57.6%) respondents in the maternal age category 20-35 years, and 39 (42.4%) respondents aged >35 years.

Frequency of respondents based on the type of contraceptive use at BPM M. Suratini, A.Md. In 2022, 56 (60.9%) respondents were interested in using IUD contraception, 36 (39.1%) respondents were interested in using IUD contraception.

According to researchers, age background can affect the choice of using IUD contraception because if you are under 35 years of age, the mother or pus still wants to reproduce or still want to have more offspring, while at the age of more than 35 years, interest in using long-term contraception will be preferred because easier and safer. A person's level of education can support or influence a person's level of knowledge and a low level of education always goes hand in hand with limited information and knowledge, the higher the level of education the higher a person's understanding of the information obtained and knowledge will be higher. Education level is also one of the factors that influence a person's perception to more easily determine new ideas and technologies.

According to researchers, one's knowledge can affect the interests and activities that will be taken in determining whether a person is willing or able to make a decision. Basically, a person's knowledge can be influenced because of the education he has from the individual himself. According to researchersthat in general, every couple who uses contraception are based on a clear desire, whether to delay the birth of their first child (postponing), space them out, or limit the number of children they want. This parity is more in primiparas because primiparas are more considerate to increase the number of children or to space pregnancies and delay pregnancies. The number of children (parity) greatly influences the choice of contraception, especially in primiparas who are still traumatized by previous deliveries. From the results of the study, more women of childbearing age use injectable contraceptives than IUDs, this indicates that injectable contraceptives can be used for

mothers who have children and mothers who have not had children.

According to researchers, a good husband's support will increase the mother's interest in choosing contraception because in terms of choosing contraception it must be accompanied by support from her husband. Support from health workers can increase knowledge of EFA in the selection of contraceptives because the support of health workers is a driving factor or is called reinforcing factors on factors that cause behavior. So that the support of good officers, can help EFA in making the decision to use the IUD.

According to the researcher, interest in choosing the contraceptive that will be used is a decision that must be discussed first with the family, and health workers because not all mothers are suitable or comfortable using the contraceptive they choose because hormones and the condition of contraception will sometimes have a negative effect or impact. mother doesn't want.

Bivariate Analysis

The Relationship between Education and the Low Interest of Family Planning Acceptors Using IUD Family Planning in Indonesia PMB M. Suratini, A.Md. Keb.2022

It is known from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the relationship between mother's education and moderate education category, 31 (33.7%) respondents were interested in using IUD contraception, while 36 (39.1%) respondents were not interested in using IUD contraception. There were 5 (13.9%) respondents in the low education category who were interested in using IUD contraception, while 20 (21.7%) respondents were not interested in using IUD contraception with an OR (CI-95%) 3.444 (1.157-10.258).

It is known that the results of the chi square test value for maternal education are: p-value 0.040 < (0.05) meaning H_a accepts and H_0 is rejected, which means there is a relationship between education with the low interest of family planning acceptors using the IUD KB DiPMB M. Suratini, A.Md. Keb.2022

It is known that the results of the chi square test for maternal education are: p-value 0.892 < (0.05) meaning H_0 is accepted and H_a is rejected, which means there is no relationship between education with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022.

The IUD or intrauterine device (IUD) for many women is the best means of contraception. This tool

is very effective and does not need to be remembered every day like pills. For mothers who are breastfeeding, the IUD will not affect the content, smoothness or level of breast milk (ASI). Therefore, every prospective IUD user needs to obtain complete information about the intricacies of this contraceptive (Maryani, 2012).

In line with the research conducted by Marlina (2017) with the title "Factors Influencing Family Planning Acceptors In Using Intrauterine Contraceptive Devices (IUD) At Tegal Sari Health Center III Medan, North Sumatra" sCase samples and controls were taken from the working area of the Tegal Sari III Public Health Center by means of systematic random sampling. This study used primary data through interviews with respondents and conducted univariate, bivariate and multivariate analysis. Bivariate analysis showed that parity ($p=0.002$, OR= 2.825, 95% CI=1.225-6.492), knowledge ($p=0.003$, OR=3.467, 95% CI=1.521-7.905), the role of health workers ($p=0.001$, OR=3.930, 95% CI=1.688-9.154), husband's support ($p=0.016$, OR=2.681, 95% CI=1.191-6.032) had a significant relationship with IUD use. Age, education level and attitude were not related to IUD use ($p>0.05$). Multivariate analysis showed mother's knowledge was the most significant factor associated with IUD use.

According to background researchers education affects behavior in health care, as revealed by the theory that women's education affects many things including child care, education, physical and mental development and the success of family planning programs. The level of education is very influential on understanding contraception, but it is not a guarantee that higher education will understand contraceptive knowledge. Counseling for mothers of childbearing age is very necessary to provide knowledge about the health of their children, changes related to the growth and development of children.

The Relationship between Parity and the Low Interest of Family Planning Acceptors Using IUD KB at PMB M. Suratini, A.Md. Keb.2022

It is known from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the relationship between maternal paitas and primiparas who are interested in using IUD contraception, 21 (22.8%) respondents, while 37 (40.2%) respondents who are not interested in using IUD contraception. There were 15 (16.3%) respondents in the multiparous category who were interested in using IUD contraception, while 19

(20.7%) respondents were not interested in using the IUD contraception.

It is known that the results of the chi square test for the type of maternal parity are: $p\text{-value } 0.017 < (0.05)$ meaning H_0 is rejected and H_a is accepted which means there is a maternal parity relationship with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

IUD (Intra Uterine Device) is a contraceptive device that is inserted into the uterus, made of materials such as plastic, some are wrapped in copper, and have various shapes. The common shape and perhaps widely known by the public is the spiral shape. The spiral is inserted into the uterus by a health worker (a trained doctor or midwife). Before the spiral is installed, the mother's health must be checked first to make sure it fits. This IUD should be installed during menstruation or immediately 40 days after giving birth (Hanafi, 2013)

Parity (Number of Children) Children is the hope or ideal of a marriage. How much is desired, depends on the family itself. Is one, two, three and so on. Thus the decision to have a number of children is a choice, where the choice is strongly influenced by the value that is considered as an expectation for every wish chosen by parents. The family planning program is in addition to efforts to create quality families through promotion, protection, and assistance in realizing reproductive rights as well as providing services, arrangements, and support needed to form a family with an ideal marriageable age; regulate the number, distance and ideal age to give birth to children (Kusumanigrum, 2009 in Prawirohardjo, 2016).

In line with the research conducted by Yulika (2021) with the title "Overview of Factors Affecting the Low Use of IUD KB at Kalibakung Health Center" this study used a quantitative type of research, the population taken in this study were active family planning acceptors at Kalibakung Health Center with a total of 364 people and a large sample used as many as 78 people with purposive sampling technique. The results of this study indicate that most of the 78 respondents have a maximum age of 20-35 years, namely (69%), multipara (53%), lack of knowledge, namely 52 respondents (66.7%) and the role of health workers is active (100%). It is hoped that the community can increase their knowledge by participating in counseling about family planning to make government programs successful through family planning programs (KB).

According to researchers, a woman's parity can affect the suitability of a medical contraceptive method or can influence the choice of contraceptive

method used. In general, multiparous women are recommended to use IUD contraception. Mothers who have 2 or more children are recommended to use long-term contraception such as the IUD which has a high effectiveness, so that the chance of having another pregnancy is quite low.

Relationship between Knowledge and Low Interest of Family Planning Acceptors Using IUD KB at PMBM. Suratini, A.Md. Keb.2022

It is known from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the relationship between the mother's level of knowledge and the category of good knowledge level, 20 (21.7%) respondents were interested in using IUD contraception, while 34 (38.0%) respondents were not interested in using IUD contraception. There are 14 (15.8%) respondents who are interested in using IUD contraception, while 20 (21.7%) respondents are not interested in using IUD contraception. There are 2 (2.2%) respondents who are not interested in using IUD contraception, while 1 (1.1%) respondents are not interested in using IUD contraception.

It is known that the results of the chi square test value for the type of maternal parity are: $p\text{-value } 0.551 > (0.05)$ meaning H_0 is accepted and H_a is rejected, which means there is no relationship between maternal knowledge with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

Knowledge is the result of human sensing or the result of someone knowing about objects through their senses (eyes, nose, ears and so on). By itself at the time of sensing to produce knowledge of the object. Most of a person's knowledge is obtained through the senses (ears), and the senses of sight (eyes). A person's knowledge of objects has different intensities or levels (Notoatmodjo, 2018).

Knowledge is something that is known to be related to the learning process. This learning process is influenced by various internal factors, such as motivation and external factors in the form of available information facilities, as well as socio-cultural conditions (Big Indonesian Dictionary, 2013). Experience People who have used the IUD contraception method, then experience side effects that can be felt to be disturbing or cause discomfort or unpleasant feelings during sexual intercourse with their husband, it is likely that they will switch the IUD contraceptive method using another family planning method. (Prawirohardjo, 2016).

The results of this study are in line with research conducted by Dewi Fatimah in (2013) with the title Factors related to the selection of an

intrauterine device (IUD) in the working area of the Pasar Rebo District Health Center which said that there was a significant relationship between knowledge and selection IUD with a value of > 0.05 . The researcher said that this could be because the majority of respondents had good knowledge and a high level of education.

According to the 2020 Putriningrum Research, there is a relationship between mother's knowledge and interest in using the IUD KB at Purnama Health Center with a significant p value of 0.000 ($p < 0.05$). The formation of attitudes is strongly influenced by the knowledge factor. The existence of knowledge will affect a person's perception so that people have an attitude and then it can be seen in their actions. The role of knowledge in family planning is directed at EFA's understanding of a healthy age for pregnancy and childbirth, the distance between pregnancies that are too risky, and the ideal number of children to achieve a happy and prosperous family. To achieve the norm of a happy and prosperous small family, knowledge about contraception, benefits, roles, and risks are needed for family planning participants. When this knowledge is lived,

According to the researcher, the background knowledge possessed by the mother is very helpful for EFA in choosing the type of contraception to be used. Mother's lack of interest in using IUD contraception is thought to be influenced by several factors, including: mother's level of education, knowledge, economy, culture, religion, and lack of public understanding of the IUD and lack of public awareness to use it. The impact of the mother's lack of interest in using IUD contraception, one of which is the failure of other acceptors. The IUD as an effective contraceptive has a low failure rate, which is 1-5 pregnancies/100 women. Can be used to reduce the number of births so that later it can affect the population. This lack of interest in IUD acceptors may be due to the various factors above.

The results of the research conducted showed that knowledge had no effect on the choice of IUD contraception because on knowledge usually the mother understood more about the use of IUD contraception but the mother did not understand about its convenience only knowing about the side effects after the IUD was inserted. Knowledge about the use of IUD contraception has been widely disseminated, but mothers only know the side effects of some people who experience discomfort.

The Relationship between the Role of Health Officers and the Low Interest of Family Planning

Acceptors to Use IUD Family Planning in PMBM. Suratini, A.Md. Keb.2022

It is known from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the role of health officers, there were 21 (22.8%) respondents who were interested in using IUD contraception, while 26 (28.3%) respondents were not interested in using IUD contraception. The category of support for health workers who are not interested in using IUD contraception is 15 (16.3%) respondents while those who are not interested in using IUD contraception are 30 (32.6%) respondents, OR value (CI-95%) 1.615 (0.694-3.762)

It is known that the results of the chi square test for the role of health workers are: p -value 0.036 $< (0.05)$ meaning H_0 is rejected and H_a is accepted which means there is a relationship between the role of health workers with the low interest of family planning acceptors using the IUD KB at PMBM. Suratini, A.Md. Keb.2022

Health workers are people who are respected and respected by the community because they have status according to their level of education. Its role in health is very much needed, therefore health workers must be able to provide conditions that can influence positive behavior on health, one of which is mothers in exclusive breastfeeding. The influence depends on persuasive communication aimed at the mother, which includes attention, understanding, recipient memory and behavioral changes. This interaction will create a good relationship to encourage or motivate mothers to do exclusive breastfeeding (Charles, 1992 in Widdefrita, 2013).

In line with the research of Ostradela (2019), the analysis of this research test uses the chi square test. There is a significant relationship between the role of health workers on low IUD interest with $p = 0.000$, there is a significant relationship between mother's knowledge of low IUD interest with $p = 0.000$, there is a significant relationship between husband's encouragement to low IUD interest with $p = 0.000$.

According to the researchers, if an EFA gets good support from health workers, it can increase knowledge about the type of contraception that will be used. If the role of health workers supports the family planning program, it will help the mother whether to use the IUD or other types of contraception.

Husband Support Relationship With the low interest of family planning acceptors by using IUD contraception at PMBM. Suratini, A.Md. Keb.2022

It is known from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on the relationship between husband's support and the category of good husband's support, 17 (18.5%) respondents were interested in using IUD contraception, while 40 (43.5%) respondents were not interested in using IUD contraception. The category of poor husband support who is interested in using IUD contraception is 19 (20.7%) respondents while 16 (17.4%) respondents are not interested in using IUD contraception, OR value (CI-95%) 0.358 (0.149-0.858).

It is known that the results of the chi square test value for husband's support are: p-value $0.035 < (0.05)$ meaning H_0 is rejected and H_a is accepted which means there is a relationship between husband's support with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

In line with Kadari's research (2019), the results of the study showed that the p-value = 0.005 means that there is an influence of knowledge on the mother's interest in using the IUD KB, the p-value = 0.001 means that there is an effect of parity with the mother's interest in using it, the p-value = 0.001 means that there is an influence husband's support with the mother's interest in using the IUD KB, the p-value = 0.013 means that there is an influence of income with the mother's interest in using the IUD, the p-value = 0.007 means that there is an influence of information on the mother's interest in using the IUD KB. The results of the multivariate analysis showed that of all the independent variables that were thought to influence the mother's interest in using the IUD, there was one sub-variable (parity) that had the most influence on the occurrence of the mother's interest in using the IUD with a p value of $0.001 < 0.05$.

According to the researcher, if the husband provides support to his wife and always provides positive input about what actions to take, especially in the selection of contraception, it will increase the mother's sense of trust in what type of contraception will be used by the mother in the future so that the mother does not feel the election. only of his own will. Husbands should also accompany their wives to meet with family planning counselors or health workers, so that they can together find out about available family planning methods and choose the right method, anticipate if side effects occur and how to deal with them. The results of a randomized study found that respondents' low interest in using IUD contraception decreased in wives who did not get support from their husbands.

Age Relationship With the low interest of family planning acceptors by using IUD contraception at PMB. Suratini, A.Md. Keb.2022

It can be seen from the number of respondents as many as 92 at BPM M. Suratini, A.Md. In 2022, based on maternal age in the age category 20-35 years, 17 (18.5%) respondents were interested in using IUD contraception, while 36 (39.1%) respondents were not interested in using IUD contraception. There are 19 (20.7%) respondents in the age category over 35 years who are interested in using IUD contraception, while 20 (21.7%) respondents are not interested in using IUD contraception.

It is known that the results of the chi square value of the mother's age are: p-value $0.161 > (0.05)$ meaning H_0 is accepted and H_a is rejected, which means there is an age relationship with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

At the age of 20 years, a person already has the mental abilities needed to learn and adapt to new situations, for example remembering things that have been studied before, analogical reasoning and creative thinking, around the beginning or middle of the age of 30, most people are easily able to solve problems -problem them well enough to be stable, emotionally calm. Age will affect a person in determining the use of contraceptives because usually young mothers (for the first time using contraceptives) will tend to choose contraceptives that most people use (Mubarak, 2014).

The analysis conducted by Dang in Vietnam in Dewi (2012) that there is a strong relationship between age and contraceptive use. Women aged < 20 years are likely to use contraception by 0.73 times compared to those aged 40 years. Meanwhile, women aged 30-34 years and 35-39 years are likely to use contraception only about 0.15% and 0.38%, respectively. This indicates that there is a decrease in contraceptive use in the older group of women. Research conducted by Mujihartinah (2014) states that there is an effect of maternal age on the continuity of IUD use

In line with research conducted by Harista (2018) univariate results showed that from 39 respondents, IUD KB was 17.9% less than non-IUD contraception as much as 82.1%, low risk age was 87.2% greater than high risk was 12.8%, low risk parity was 76.9% greater than high risk 23.1%, higher education as much as 23.1% less than low education as much as 76.9% while good knowledge as much as 38.5% is smaller than less knowledge as much as 61.5%. The results of the Chi Square statistical test, obtained p value = $(0.473) > \alpha (0.05)$,

thus the hypothesis states that there is no relationship between age and mother's interest in using the IUD contraception. And the results of the analysis obtained OR 0.857. Obtained p value = (0.347) > a (0, 05) Thus, the hypothesis that there is no relationship between parity and interest in IUD users is statistically proven. And the results of the analysis obtained OR 2000. The p value = (0.033) > a (0.05), thus the hypothesis that there is a relationship between education and interest in IUD family planning users is statistically proven. And the results of the analysis obtained OR 7,200. And obtained p value = (0.008) > a (0.05), thus the hypothesis states that there is a relationship between knowledge and mother's interest in the use of IUD family planning, statistically proven. And the results of the analysis obtained OR 15,333. Thus the hypothesis stating that there is a relationship between education and interest in IUD users is statistically proven. And the results of the analysis obtained OR 7,200. And obtained p value = (0.008) > a (0.05), thus the hypothesis states that there is a relationship between knowledge and mother's interest in the use of IUD family planning, statistically proven. And the results of the analysis obtained OR 15,333. Thus the hypothesis stating that there is a relationship between education and interest in IUD users is statistically proven. And the results of the analysis obtained OR 7,200. And obtained p value = (0.008) > a (0.05), thus the hypothesis states that there is a relationship between knowledge and mother's interest in the use of IUD family planning, statistically proven. And the results of the analysis obtained OR 15,333.

According to researchers in women aged < 20 years is the phase of delaying or preventing pregnancy so that these women can choose contraceptives with high reversibility, meaning that the return of fertility can be guaranteed, the priority of using contraceptives can use oral pills, the use of condoms is less profitable because young couples still have a high frequency of intercourse so they will have high failure. The period of age for women over 30 years, especially over 35 years should end the pregnancy after having 2 children. So that the main choice of contraception is long-term contraception or steady contraception such as vasectomy or tubectomy because these contraception can be used for the long term and does not add to existing abnormalities. In old age disorders such as heart disease, high blood pressure,

The results of the research that have been carried out show that there is no effect of using an IUD with maternal age because at the age of mothers who are under 30 years old they still do not want to

use an IUD because they still want to use other types of contraception and try contraception which they consider to have no side effects and most respondents thought that the IUD must be inserted in the womb and respondents said they were embarrassed.

CONCLUSION

The results of the chi square test value for maternal education are: p-value 0.040 < (0.05) meaning H_a is accepted and H_0 is rejected, which means there is a relationship between education with the low interest of family planning acceptors using the IUD KB DiPMB M. Suratini, A.Md. Keb.2022. The results of the chi square test values for the type of maternal parity are: p-value 0.017 < (0.05) meaning H_0 is rejected and H_a is accepted which means there is a maternal parity relationship with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022. The results of the chi square test value for mother's knowledge are: p-value 0.559 > (0.05) meaning H_0 is accepted and H_a is rejected, which means there is no relationship between mother's knowledge with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022. The results of the chi square test values for the role of health workers are: p-value 0.036 < (0.05) meaning H_0 is rejected and H_a is accepted which means there is a relationship between the role of health workers with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022. The results of the chi square test value for husband and mother support are: p-value 0.035 < (0.05) meaning H_0 is rejected and H_a is accepted which means there is a relationship between husband's support with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022. It is known that the results of the chi square value of the mother's age are: p-value 0.161 > (0.05) meaning H_0 is accepted and H_a is rejected, which means there is no age relationship with the low interest of family planning acceptors using the IUD KB at PMB M. Suratini, A.Md. Keb.2022

SUGGESTION

This research is expected to become knowledge or can increase the interest of contraceptive acceptors in the choice of contraception, and increase the respondent's understanding in the use of IUDs and override issues in IUD contraception.

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