



Analysis of Factors Influencing the Decision of Couples of Reproductive Age on the Selection of Intra-Uterine Device Contraceptive Devices

Nurfajryaty¹, Asriwati², Indah Anggraini²

¹Master of Public Health Science, Helvetia Institute of Health, Medan, Indonesia

²Lecturer of Master of Public Health Sciences, Helvetia Institute of Health, Medan, Indonesia

*Corresponding Author: Nurfajryaty



Article Info

Article history:

Received 8 November 2022

Received in revised form 9

December 2022

Accepted 12 December 2022

Keywords:

Role of Health Officers

IUD

EFA

Abstract

Introduction In 2021 the number of PUS in the working area of the Calang Health Center is 3,037 people with 1,984 active family planning participants (65.52%) and 517 MKJP users, namely IUDs (25.97%). This shows that MKJP users, namely IUDs in the working area of the Calang Health Center work area, are still relatively low considering the number of PUS and active family planning participants is very high. This method is a combination (mixed methods research) Accidental Sampling technique 95 samples on quantitative and 9 informants on qualitative. Quantitative data were analyzed using univariate, bivariate and multivariate. Qualitative data by data reduction, presentation and drawing conclusions. Quantitative results there is no relationship between knowledge, there is a relationship between attitude, socio-culture, parity, husband's support, officer support, and there is no significant relationship between distance, facilities, to the selection of intra-uterine device devices (IUD), Logistic regression test results Attitude OR= 1.897 Socio-cultural OR= 3.160 husband support OR= 2.804 role of health workers OR= 4.183, the role of the officer is the dominant independent variable influencing the choice of intra uterine devise contraception (IUD) with OR = 4,183. The results of the qualitative analysis show that the majority of PUS do not choose intrauterine device (IUD) contraception, due to the prevailing habits in society. It is recommended that the Health Service evaluate family planning services, it is hoped that they will provide proper and clear counseling about IUDs to PUS as the target audience.

Introduction

According to UNFPA, the world's population in 2019 has reached 5.2 billion and then every year it increases to more than 90 million people. Therefore, it is necessary to overcome it, which is now known as family planning. Overall contraceptive use is much higher in developed countries than in developing countries (70% versus 40%). Developed countries mainly use contraceptive drugs, condoms, for example family planning with natural methods compared to developing countries which rely more on female sterilization and contraceptives in the womb (IUD) (Erfandi, 2015).

According to WHO in 2019 the use of contraception is an action that helps individuals or married couples to achieve certain objectives, avoid unwanted births, get the births they want, regulate the interval between pregnancies and control the time of birth in a husband and wife relationship. In developing countries, Indonesia is the fourth country with the largest

population (3.54%) after China 18.5%, India (17.8%), and the United States (4.38%) (Statistics, 2019).

Based on data from the Ministry of Health (2020), the number of women of childbearing age (WUS) in Indonesia is the largest in Southeast Asia with a percentage of 70%, followed by Vietnam at 25.5%, the Philippines 23%, Thailand 20%, and Myanmar 15%. Beyer et al (2006) stated that in the country with the lowest number of WUS in Southeast Asia is Timor Leste, while data on contraceptive use in ASEAN countries Thailand is the country with the largest population using contraceptives, namely 86% followed by Cambodia 82%, Vietnam 76%, Indonesia 65% and the Philippines 49%.

In Aceh Province alone, the number of couples of childbearing age (PUS) in 2020 is around 16,783 couples, while active family planning participants are only around 10,087 or 60.1% of couples. The lowest acceptor coverage was MOP acceptors which only reached 0.06% of active family planning coverage and the highest was injection at 55.7%. To increase the coverage of long-term contraceptive methods such as IUDs, Implants, Male Operational Methods (MOP) and Female Operational Methods (MOW), it is necessary to increase collaboration across relevant sectors such as the National Population and Family Planning Agency (BKKBN) especially for long-term contraceptive methods (BKKBN, 2020).

Based on data from the Aceh Jaya District Health Office in 2019, it was found that there were 16,968 active family planning participants where 1,846 IUD users were. For the number of post-delivery family planning participants, there were 1,008 people with IUD users as many as 142 people and the number of KB Drop Outs as many as 13% in Aceh.

Many women have difficulty in choosing the type of contraception. This is not only due to the limited availability of methods, but also due to ignorance about the requirements and safety of these contraceptive methods. Lack of information about contraceptive methods that suit the needs of mothers causes their reluctance to participate in the Family Planning program (Erfandi, 2015).

Several factors that influence the choice of contraception include the level of economy and knowledge in choosing the type of contraception. This is because to get the required contraceptive services, the acceptor must provide the necessary funds. Even if it is calculated from an economical point of view, IUD contraception is cheaper than injectable or pill contraception, but sometimes people see how much it costs for one pair. According to Mahmudah & Indrawati (2015) if the benchmark is the cost of each insertion, the IUD may seem much more expensive.

Contraceptive devices themselves consist of several types such as condoms, vaginal diaphragms, spermicides, birth control pills, birth control injections, IUDs, tubectomy, and vasectomy, but from these various types of contraception, people do not know much about it and do not understand the choice of contraception they will use. . This is caused by several things such as low economic level, socio-culture, customs and their own knowledge. In selecting the contraceptive to be used, the user must really know about the type and function of the contraceptive to be used. For this reason, it is necessary to increase public knowledge about contraception through counseling conducted by health workers (Muyassaroh et al., 2022).

The research conducted by Yulizar et al in 2022 with the title "Analysis of Factors Affecting EFA Participation in IUD Contraception Methods in East Langsa District" showed that the age variable had a value of $p=0.009$ ($p<\alpha$); OR is 1.358, parity has a value of $p=0.001$; OR is 2,910, knowledge has a p value = 0.005; OR is 2.476, attitude has p value = 0.001; OR is 2,286,

husband's support has p value = 0.030; OR is 2.452, and the role of health workers has a p value = 0.023; The OR is 2,932 (Maryani, 2008).

The same thing was also stated by Ilmi et al (2021) in their research with the title "Determinants of the Selection of the Use of IUD Contraception Methods at Sungai Jingah Health Center" the results obtained that the coverage of the use of the IUD (Long-Term Contraceptive Method) was still low and less chosen by couples of childbearing age (EFA), namely only 9.3% compared to hormonal contraception, which is 88.5%. The results showed parity ($p = 0.008$) and husband's support with the choice of IUD use ($p = 0.003$) with the choice of IUD use (Affandi, 2014).

The results of the same study were also seen in the research conducted by Pratiwi and Pangestuti (2020) which found that of the 70 respondents, 30% used the use of the IUD and 70% did not use the IUD. Destyowati, (2012) States variables of knowledge ($p=0.001$), attitude ($p=0.001$), parity ($p=0.003$) had a relationship with the utilization of the use of the KBIUD at the Matsum City Health Center.

Knowledge of contraceptives is a consideration in determining the contraceptive method used. Furthermore, the quality of family planning services is seen in terms of the availability of contraceptives, the availability of trained personnel and the technical medical capabilities of health service workers. Then the cost of services and the existence of barriers to support from the husband in the use of contraception. The existence of intentions that arise from the attitude that is based on socio-cultural, norms in society and the basic norms that exist in the environment. Supported by the number of children from each family who on average have more than 3 children who should have carried out a family planning program so that the family is prosperous. Installation of contraception carried out in the genitals (vagina) so that it causes feelings of shame/reluctance to use it.

Kinship is also an inhibiting factor in the socialization of contraception because many people use contraceptive methods without considering the suitability of the individual but because they go along with friends and neighbors. In addition, long distances and access to health care facilities such as roads that are still damaged, transportation does not yet exist because the majority of the population work as farmers so that to meet needs such as transportation equipment cannot be fulfilled, which makes mothers do not want to participate in implementing the use of long-term contraceptives. only IUD.

Based on these problems, the researchers are interested in researching "Analysis of Factors Influencing the Decision of Fertile Age Couples (PUS) on the Selection of Intra Uterine Device Contraceptive Devices (IUD) in the Work Area of Calang Health Center, Krueng Sabee District, Aceh Jaya Regency".

Methods

This research design uses mixed methods (mix methods) quantitative and qualitative, namely a method that combines quantitative methods and qualitative methods. The strategy method that will be used is a sequential explanatory strategy (Surinati, 2014).

In this study, qualitative research data complement quantitative data. This research strategy begins with the collection and analysis of quantitative data which is then followed by the collection and analysis of qualitative data which is built on the results of the quantitative. This strategy prioritizes on quantitative data. The research process in this strategy occurs when the initial quantitative results inform the qualitative collection process, so the two types of data are separate, but still related.

Quantitative approach is a type of retrospective research that involves statistical data collection so that calculations can be done. The quantitative approach was carried out by questionnaires

to informants aimed at analyzing how the implementation of antenatal care for pregnant women. The quantitative approach was carried out by interviewing respondents with the aim of analyzing how factors influence the decision of couples of childbearing age (EFA) on the choice of intra uterine device (IUD). The qualitative approach was carried out by in-depth interviews using interview guidelines which aimed to dig deeper into the factors that influence the decisions of couples of childbearing age (PUS) on the choice of intra uterine device (IUD).

This research was conducted in the Work Area of the Calang Health Center, Krueng Sabee District, Aceh Jaya Regency. The reason for choosing the location of this research is because there are still women who have sex with women who choose contraceptives that are not in accordance with their needs. This research will be conducted from March 2022 to August 2022, starting from the initial survey, data collection, data analysis, report preparation to a comprehensive thesis. The population in this study were all female reproductive age women who used the IUD and those who did not, as many as 1,984 family planning acceptors in the Calang Health Center, Krueng Sabee District, Aceh Jaya District. The samples in this study were some of the women who used the IUD contraceptive or who did not use the IUD in the Calang Community Health Center, Krueng Sabee District, Aceh Jaya District. Based on the above formula, the sample size is 95 EFA people in the Calang Health Center Work Area, Krueng Sabee District, Aceh Jaya Regency

Results and Discussion

Characteristics of Respondents

Based on the data obtained from the results of research with 95 respondents can be seen in the frequency distribution table as follows:

Table 1. Cross-tabulation of the relationship between knowledge to the selection of intra-Uterine devise (IUD) tools in the working area of the Calang Tahun Health Center 2022

Knowledge	Selection of <i>intra uterine devise</i> (IUD) contraceptives				N	%	P Value
	Not Choosing an IUD		Choosing an IUD				
	n	%	n	%			
Not Good Enough	36	37.9	5	5.3	41	43.2	
Good	43	45.3	11	11.6	54	56.8	0.220
Total	79	83.2	16	16.8	95	100	
Attitude							
Negative	51	53.7	2	2.1	53	55.8	
Positive	28	29.5	14	14.7	42	44.2	0.000
Total	79	83.2	16	16.8	95	100	
Socio-Cultural							
Does not support	68	71.6	4	4.2	72	75.8	
Support	11	11.6	12	12.6	23	24.2	0.000
Total	79	83.2	16	16.8	95	100	
Parity							
Primipira	15	15.8	7	7.4	22	23.2	
Multipira	64	67.4	9	9.5	73	76.8	0.035
Total	79	83.2	16	16.8	95	100	
Husband Support							
Does not support	71	74.7	4	4.2	75	78.9	

Support	8	8.4	12	12.6	20	21.1	0.000
Total	79	83.2	16	16.8	95	100	
Role of Health Workers							
Does not support	69	72.6	4	4.2	73	76.8	
Support	10	10.5	12	12.6	22	23.2	0.000
Total	79	83.2	16	16.8	95	100	
Distance							
Far	27	28.4	5	5.3	32	33.7	
Near	52	54.7	11	11.5	63	66.3	0.534
Total	79	83.2	16	16.8	95	100	
Facilities							
None	34	35.8	8	8.4	42	44.2	
Exist	45	47.4	8	8.4	53	55.8	0.405
Total	79	83.2	16	16.8	95	100	
Factors of Pregnant Women	Implementation of ANC in Pregnant Women				Sum		P- Sig
	Not Carried Out According to Standards		Carried out according to standards				
	N	%	N	%	N	%	
Knowledge							
Good	4	6,1	9	13,6	13	19,7	0,003
Enough	7	10,6	10	15,2	17	25,8	
Less	28	42,4	8	12,1	36	54,5	
Total	39	59,1	27	40,9	66	100,0	
Attitude							
Positive	12	18,2	19	28,8	31	47,0	0,004
Negative	27	40,9	8	12,1	35	53,0	
Total	39	59,1	27	40,9	66	100,0	

Based on the results of the Chi-square test, a p value of 0.220 (> 0.05) can be concluded, it can be concluded that there is no significant influence between knowledge on the selection of intrauterine device (IUD) devices. P value is 0.000 (< 0.05) so it can be concluded that there is a significant influence between respondents' attitudes towards the selection of an intrauterine device (IUD). On the results of statistical tests using the Chi-square test, it is known that the P value is 0.00 ($< 0, 05$) so it can be concluded that there is a significant influence between the respondents' socio-culture on the selection of intrauterine device (IUD).

The results of the Chi-square test analysis show that the P value is 0.035 (< 0.05) so it can be concluded that there is a significant effect, the results of the Chi-Square test to see the effect of two variables, it is known that the P value is 0.00 (< 0.05) so it can be concluded that There is a significant influence between the respondent's husband's support for the selection of an intrauterine device (IUD). From the results of the Chi-Square test analysis to see the effect of two variables, it is known that the p value is 0.000 (< 0.05) so it can be concluded that there is a significant effect. significant relationship between the role of health workers on the selection of intrauterine device (IUD).

From the results of the Chi-Square test analysis to see the effect of the two variables, it is known that the P value is 0.534 (< 0.05) so it can be concluded that there is no significant

effect between the distance of health facilities on the selection of intrauterine device (IUD). The results of the Chi-Square test analysis to see the effect of the two variables are known to have a P value of 0.405 (> 0.05) so it can be concluded that there is no significant effect between the presence of health facilities on the selection of intrauterine device (IUD).

Table 2. The results of the Chi – square analysis (0.05) the influence of independent variables on dependent variables.

Free variables	B	Wald	Sig	Exp (B)
Attitude	0.64	0.325	0.569	1.897
Social - Cultural	1.15	1.038	0.308	3.160
Parity	-1.40	2.698	0.100	0.247
Husband Support	1.03	0.591	0.442	2.804
The Role of Health Workers	1.43	1.255	0.263	4.183

In this study, the role variable of health workers was the independent variable that had the greatest influence on the selection of intra uterine devise (IUD) contraceptives with an OR value = 4,183.

Qualitative Research Results

Results of Interviews with Informants about Knowledge about antenatal care (ANC)

Table 3. Distribution of Characteristics of Research Informants in the working area of the Calang Health Center in 2020

Informant	Age	Gender	Education	Work
Informant 1	40	Woman	SMA	IRT
Informant 2	41	Woman	S1	Civil servants
Informant 3	31	Woman	D3	IRT
Informant 4	46	Man	S1	PRIVATE
Informant 5	45	Man	S1	Civil servants
Informant 6	36	Man	S1	PRIVATE
Informant 7	37	Woman	D3	Civil servants
Informant 8	31	Woman	SMA	IRT/ BLKB Cadre
Informant 9	50	Woman	SMA	IRT/ Community Leaders

Based on the results of interviews with informant 1 who is a key informant, the informant who uses contraceptives with a high school education background (High School), is 40 years old and is an IRT (housewife). Informant 2 is also a key informant of this study, with an educational background of S1 (Bachelor) aged 41 years, occupation is PNS (Civil Servant). Furthermore, informant 3 who is the key informant of the study has a D3 education (diploma 3) and is an IRT (housewife). Informants 4,5, and 6 are the main informants in this study with the characteristics of 46 years old, 45 years old and 36 years old with an education level, S1 (bachelor) has a job as a civil servant (civil servant) and private.

Table 4. Informant analysis matrix about input from knowledge-related questions on the selection of intra uterine devise (IUD) contraceptives at the Calang Health Center in 2022

Informant	Reduction/ Conclusion	Information
Informant 1	The reason for using contraceptives is to stop the birth of a child	OutPut = Knowledge of intra uterine devise (IUD) contraceptive selection
Women of Childbearing Age	The IUD is a contraceptive that stops the birth of a child	
	The benefits of an IUD are that it delays pregnancy and regulates the distance of pregnancy	
Informant 2	The reason for using contraceptives is to reduce the distance between the birth of a child and as a contraceptive for a long period of time	OutPut = Knowledge of intra uterine devise (IUD) contraceptive selection
Women of Childbearing Age	An IUD is a contraceptive that widens the distance of pregnancy which is usually called a spiral	
	The benefit of an IUD is that it delays the birth of a child	
Informant 3	The reason for using contraceptives is to delay pregnancy and as a means of delaying pregnancy	OutPut = Knowledge of intra uterine devise (IUD) contraceptive selection
Women of Childbearing Age	An IUD is a pregnancy prevention device and a pregnancy delay device	
	The benefits of the IUD are that it prevents pregnancy and as a long-term contraceptive	

Table 5. Informant's analysis matrix on input from socio-cultural related questions on the selection of intra-uterine devise (IUD) contraceptives at the Calang Health Center in 2022

Informant	Reduction/ Conclusion	Information
Informant 1	Some people are still embarrassed to use the IUD because the IUD installation is done on the intimate part of the woman which is an aurat for women	OutPut = Socio-cultural towards the selection of intra uterine devise (IUD) contraceptives
Women of Childbearing Age		
Informant 2		

Women of Childbearing Age	There is no coercion or prohibition against the installation of the IUD and does not conflict with the culture	OutPut = Socio-cultural towards the selection of intra uterine devise (IUD) contraceptives
---------------------------------	---	---

Based on the results of research on Bivariate analysis, it can be seen that the relationship between knowledge and the implementation of Antenatal Care (ANC) for pregnant women in the Medan Deli Public Health Center, Medan Deli District, Medan City in 2020.

The researcher assumes that one of the reasons for the lack of selection of IUDs as contraceptives is not due to the respondent's knowledge but because of the respondents' perceptions of their assessment of the IUD which makes them uncomfortable, Was also feels that IUDs are dangerous for them and are ashamed and have negative suggestions and understanding wrong about the IUD contraception.

The researcher's assumption is based on the respondent's attitude which is positive, the tendency of his action is to approach, like, and expect certain objects. In contrast to respondents who are negative, there is a tendency to stay away, avoid, hate, dislike certain objects. In respondents who have a positive attitude to support and choose (IUD) it is likely because the respondent has a positive emotional, psychological or belief condition towards the IUD, a person's attitude is determined by emotional reactions or beliefs about what is considered true about an object, including the selection of the IUD. The group of respondents who have never had any experience with an object, psychologically tends to form a negative attitude towards the object, this tendency is considered important in social life which is very influential in the formation of attitudes.

Socio-culture has an influence on IUD selection. The use of IUD contraceptives is closely related to culture, because contraceptives are related to the way of installation and habits of use. As it is known that the insertion of the IUD, through the female genitalia, is not acceptable to people in certain cultural circles. In addition, its use is related to the habits of people living in certain environments. Someone will be interested in using one of the contraceptives, based on the results of the study it is known that the majority of respondents have a high risk of the number of children or parity where respondents who are at high risk already have more than 3 children but in this study there are still many respondents who do not use the IUD contraception. as many as 79 people, it is known that the IUD contraceptive is not an option as a contraceptive used by the mother.

Based on the findings at the research site, many mothers use contraceptives such as KB Pills and KB Injections because they think that KB pills and injections used are more practical and easier to use as contraceptives compared to KB IUD. Support is a thing that participates in activities. Talks between husband and wife about IUD contraception are not always a prerequisite for family planning acceptance, but the absence of such discussion can be an obstacle to the use of IUD contraception. The researcher's assumption is that husband's support has an influence on the selection of MKJP. Husband's support includes efforts to obtain information, choose contraceptives, deliver to health services and finance the installation of contraceptives. The better the support given by the husband, the decision making is in accordance with the wishes of the husband and wife, on the contrary if the husband's support is lacking, the husband's dissatisfaction will arise in the use of contraceptives.

The assumption of the research is based on the results of the study that most mothers do not receive support from health workers with the majority of mothers not using the IUD as an option in the use of contraception. On the other hand, the majority of mothers who received support from health workers used the IUD contraception. It can be seen that the

role of health workers greatly influences mothers in using the IUD KB. The provision of information in the family planning program is known as KB Communication, Information and Education (KIE). KIE is an activity where there is a communication process with the dissemination of information that accelerates changes in behavior from the community. The form of KIE KB can be in the form of counseling and visits by family planning officers to reach, especially the ease of accessing health services.

According to the researcher's assumptions based on the results of the study, it can be seen that the majority of mothers who do not use IUD contraceptives are in the group with close facilities as many as 52 respondents. The selection of the IUD as a contraceptive is not due to the distance between the facilities, but due to the respondent's lack of knowledge about IUDs and the prevailing habits in the community where the use of IUDs carried out on the female genitalia is a genitalia so that respondents prefer to choose other alternatives in using their contraceptives such as birth control pills. and inject. This can be seen, at the research location, only a small number of mothers use IUD contraception with a close distance from their house to the health service.

According to the researcher's assumptions, the low use of IUDs is not caused by the facilities, infrastructure or personnel available at the Calang Health Center, Krueng Sabe District, where it is known that the Calang Health Center is an urban health center located in the capital city of Aceh Jaya Regency where the Calang Health Center can be accessed by 2-wheeled vehicles or by car. 4-wheeled vehicles so that it can make it easier for the community to get health services, especially regarding family planning services. However, the low use of IUD contraception at the Public Health Center is caused.

Several studies have shown that there are advantages to using this contraceptive, including: high efficacy, about 0.6 to 0.8 pregnancies per 100 women, failure in 125 to 170 pregnancies; immediately effective when installed in the Womb; does not require repeat visits; does not affect sexual relations; has no hormonal side effects; does not affect the quality and volume of breast milk; can be installed immediately after delivery or after abortion provided there is no infection; helps prevent ectopic pregnancy; no interactions with drugs; Can be used until menopause. While the disadvantages of using an IUD include: changes in the menstrual cycle, longer menstrual periods, bleeding or spotting between menstruation, pain during menstruation.

Qualitative Analysis

Based on the chart above, it is found that Based on the results of in-depth interviews conducted with key informants in the working area of the Calang Health Center, it is known that the level of knowledge of most women of childbearing age in the working area of the Calang Health Center is at the middle and high levels. The results show that most of the informants have a high level of education. The results of in-depth interviews showed that most of the informants already had a good understanding of the IUD. Good knowledge of informants about the nature of the family planning program will influence them in choosing the method/contraception to be used, including freedom or freedom of choice, compatibility, choice of effectiveness or not, comfort and safety, as well as in choosing a more suitable place of service because they have better insight, so that their awareness is high to continue to use family planning services.

Based on the results of interviews with key informants, main informants and supporting informants in the working area of the Pasie Calang Health Center, it shows that attitudes have an influence on the selection of the IUD. Respondents' attitudes about the use of IUDs are influenced by several factors, including personal experience, the influence of people who are considered important, cultural influences and habits prevailing in the

community. In the life of the respondent, of course, they experience interaction with the environment, both the family environment and the community environment. These interactions will result in the experience of the IUD either from seeing it directly or from other people's stories. These experiences can be about the understanding of the IUD, the side effects of the IUD, and can also be in the form of people's attitudes in using the IUD. The experience received by respondents, especially regarding the attitude of using the IUD is one of them.

According to the researcher's assumptions based on the results of in-depth interviews conducted with key informants, key informants and supporting informants, it is known that the culture that exists in the community does not affect the decision to use the IUD, although there are some people who refuse to use the IUD contraception because of the prevailing tradition in the community. IUD insertion on female genitals is still taboo, making some women / EFA feel reluctant to use it. According to the informant, the IUD family planning service carried out at the Calang Health Center did not violate Islamic law, where the service was carried out in a closed room separate from other rooms so that it did not conflict with local culture. The informant also stated that the family planning program was not aimed at stopping the population but only to distance pregnancies (Beyer2006). Health workers play a role in providing information, counseling and explaining about contraceptives, especially the IUD.

Conclusion

The conclusion of this study is that knowledge does not affect the choice of intrauterine device (IUD), good knowledge does not affect respondents in changing behavior towards the choice of an IUD as a contraceptive. Attitudes influence the choice of intrauterine device (IUD). Based on the results of the interview, it shows that the attitude of the informant has an influence on the selection of the IUD. Socio-culture influences the choice of intra-uterine device (IUD) based on the results of research and interviews conducted by researchers showing that the culture in the community influences decisions to use the IUD. Parity does not affect the choice of intrauterine device (IUD). Based on the results of interviews, it is known that the majority of respondents have a high risk of the number of children or parity where respondents are at high risk.

The role of health workers influences the selection of intrauterine device (IUD). The results of the interview show that the role of health workers has no influence on the selection of the IUD. This is because the efforts made by health workers in inviting women in EFA to use the IUD have been quite good, but the awareness and desire of the women themselves have not been able to make them choose the IUD. Distance from health facilities does not affect the selection of intrauterine device (IUD). Based on the results of the interview, the selection of the IUD as a contraceptive is not caused by the distance of the facility, but due to the lack of respondents' attitudes about the IUD and the prevailing habits in the community where the use of the IUD is done on the female genitalia so that respondents prefer.

Suggestion

It is recommended for District Health Offices It is hoped that more evaluations of family planning services at Puskesmas in accordance with the guidelines for management of family planning services from the Ministry of Health of the Republic of Indonesia in 2014 contain policies to accelerate the achievement of family planning service targets, integration of family planning services in JKN and the National Health System, family planning service management which includes planning, implementation, monitoring and evaluation so that family planning services at the puskesmas are more optimal.

Thank-You Note

Thank you to the Puskesmas for giving permission or recommendations during the research.

References

- Affandi, B. (2014). *Buku panduan praktis pelayanan kontrasepsi*. Jakarta: Pustaka B, editor.
- Beyer, M., Lenz, R., & Kuhn, K. A. (2006). Health Information Systems (Informationssysteme im Gesundheitswesen). *it-Information Technology*, 48(1), 6-11.
- BKKBN. (2020). *Laporan Kinerja 2019*. Lemb Adm Negara. 1689–99.
- Destyowati, M. (2012). Hubungan Tingkat Pengetahuan Ibu Tentang Kontrasepsi IUD Dengan Minat Pemakaian Kontrasepsi IUD Di Des Harjobinangun Kecamatan Grabak Kabupaten Purworejo Tahun 2011. *Jurnal Komunikasi Kesehatan*, 3(2).
- Dinkes Aceh Jaya. (2019). *Profil Kesehatan Kabupaten Aceh Jaya*. Dinas Kesehat Aceh Jaya.
- Erfandi. (2015). *Konversi Peserta Keluarga Berencana Menurut Jenis Kontrasepsi*. Jakarta: Bina Pustaka Sarwono Prawirohardjo; 2015.
- Mahmudah, L. T. N., & Indrawati, F. (2015). Analisis faktor yang berhubungan dengan pemilihan metode kontrasepsi jangka panjang (MKJP) pada akseptor KB Wanita di Kecamatan Banyubiru Kabupaten Semarang. *Unnes Journal of Public Health*, 4(3).
- Maryani, H. (2008). *Cara tepat memilih alat kontrasepsi keluarga berencana bagi wanita*. Puslitbang Pelayanan dan Teknologi Kesehatan: Depkes RI.
- Muyassaroh, Y., Zubaeda, Z., Saragih, H. S., Pulungan, F., Batubara, A., Azizah, N., ... & Aswan, Y. (2022). *Dokumentasi Kebidanan*. Yayasan Kita Menulis.
- Statistics. W. H. (2019). WHO. 5–10.
- Surinati, I. D. A. K. (2014). Gambaran Faktor Dominan Penyebab Rendahnya Akseptor IUD pada Pasangan Usia Subur. *Jurnal Gema Keperawatan*, 7(2), 130-133.