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Analysis of Factors Associated with Wus's Decision to Use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024

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ABSTRACT

Birth control has become a global issue that is very important in maintaining a balance between population growth and available resources. One contraceptive method that is often used is the IUD. The prevalence of IUD/AKDR family planning acceptors in Indonesia is 3.8% and in Banten it is 6.09%. IUDs have been a major focus of long-acting contraceptive research due to their high effectiveness, reversibility, and potential additional health benefits. The aim of the research is to determine the factors related to WUS's decision to use an IUD. This type of quantitative research with *a cross sectional design.* The population in the study, namely women of childbearing age in the Maja Health Center Working Area, amounted to 9,394 people and a sample of 369 people using *the cluster random sampling technique* . Data analysis used univariate, bivariate (*chi square),* and multivariate (*multiple logistic regression).* The results of bivariate analysis showed that there was no relationship between age (p=0.405), parity (p=0.837), and occupation (p= 0.875) with WUS's decision to use an IUD. Meanwhile, education (p=0.004), knowledge (p=0.000), attitude (p=0.038), husband's support (p=0.035), and support from health workers (p=0.029) influenced WUS' decision to use an IUD. The factor most related to WUS's decision to use an IUD was knowledge with OR= 9.591. The conclusion of this research is that the dominant factor related to the decision to use an IUD is knowledge. WUS should actively seek information through trusted sources such as consulting with medical personnel at community health centers or reading accurate health literature.

Introduction

The choice of IUD use by WUS can be influenced by various factors, including individual, social, cultural and environmental factors. A thorough understanding of these factors is very important to create specific interventions to increase IUD use among WUS (Henni Purnasari et al., 2023). Factors such as age, number of children, education level, employment status, and familiarity with IUDs have been found to have a significant influence on decisions regarding contraception (Amoah et al., 2023; Mare et al., 2022). The likelihood of using a short-acting contraceptive method, such as the pill or condoms, over a long-acting method, such as an IUD, is often higher among women who are younger and have fewer children. On the other hand, elderly women who have children often choose the IUD as a long-lasting contraceptive (Harrison & Goldenberg, 2017).

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Indonesia ranks fourth in terms of population, after China, India and the United States. According to the 2020 World Population Data Sheet, Indonesia's population is 271,349,889 people. The high population is a challenge for Indonesia because more resources are needed to ensure the welfare of society with rapid growth. Therefore, the government remains committed to reducing this growth rate through the Family Planning (KB) program as stated by Veronica et al. in 2019.

In 2023, the percentage of IUD/IUD contraceptive use in Banten Province will be 6.09% lower than in West Java Province, namely 9.1% (SKI, 2023). 0.54% of family planning users in Lebak Regency choose IUD contraception. In Lebak Regency, IUD use is not as high as other districts in Banten Province such as Pandeglang at 1.54%, Tangerang 3.5%, and Banten 6.09% (Banten Provincial Health Office, 2023). At the Maja Health Center, 436 (4.2%) people used IUDs for family planning, a smaller number than other IUD users.

Birth control is now an important concern worldwide to balance population and resource growth. A commonly used contraceptive method is the Intrauterine Contraceptive Device (IUD), which is known to be effective and reversible in the long term (Eeckhaut et al., 2021). Based on the findings of the 2022 family data survey conducted by the BKKBN, the prevalence rate of PUS among family planning participants in Indonesia in 2022 is 59.9%, with details of 61.9% using the injection method, 13.5% using birth control pills, and 10.6% % used other forms of contraception. Implant contraception is used by 7.7% of IUD/IUD contraceptive acceptors, 3.8% of MOW contraceptive acceptors, and 2.3% of condom contraceptive acceptors (RI Ministry of Health 2022, 2022).

The main emphasis in the research is on the Intrauterine Contraceptive Device (IUD) compared to other Long-Term Family Planning (LTCP) methods for several significant reasons. IUDs are very effective in preventing pregnancy, with a failure rate of less than 1% per year when used correctly. IUDs are removable, so users can easily regain fertility. In addition, IUDs have the ability to provide additional benefits such as reducing the chances of endometrial cancer and iron deficiency anemia (Hanifah et al, 2023).

Additionally, higher levels of education and better job positions are factors that may contribute to an increased likelihood of IUD use. A woman's educational attainment can influence her ability to access information and understand various contraceptive methods, such as IUDs. Women who have a higher level of education usually have a better understanding of contraception and are more likely to use effective contraceptive options such as IUDs. A woman's employment situation may also influence the choice to utilize

Having adequate information about IUDs is essential to help WUS make informed decisions (Franklin et al., 2021). Having adequate understanding of IUDs, such as their mechanism, safety, success rate, and potential side effects, can increase a woman's chances of choosing IUDs as a contraceptive option (Amra et al., 2023). In addition to knowledge, positive attitudes toward IUDs, such as the belief that IUDs are a safe and effective contraceptive method, can also motivate women to use them (Mahfouz et al., 2023).

Social and cultural elements also have a significant influence in influencing WUS' choice to use an IUD. Help from partners or family, as well as society's social and cultural standards, can influence WUS' views and beliefs about IUDs (Asres et al., 2022; Gashaye et al., 2020). The use of IUDs may be considered taboo or not in line with traditional values in certain cultures (Feriani & Wilisandi, 2020). Conversely, WUS' self-confidence may be driven by strong social support, which may also motivate them to use an IUD according to Loy et al. (2020).

In addition, environmental factors such as the accessibility of reproductive health services, the availability and affordability of IUDs, and the standard of services offered by health care

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providers can influence women's decisions regarding WUS (Andini et al., 2023). Limited availability, high costs, and inadequate services may prevent WUS from using IUDs (Robinson et al., 2016).

Initial findings from a pre-survey conducted in 2023 at the Maja Community Health Center show data on active family planning users of 10,279 people, including 201 (1.9%) using condoms, 3,319 (32.3%) using pills, 4,311 (41.95%) used injections, 436 (4.2%) used IUDs, 1,049 (10.2%) used implants, and 142 (1.4%) used the MOW family planning method and 113 (1.1%) were MOP family planning acceptors.

Based on the description of the problem above, the researcher intends to conduct research with the title "Analysis of Factors Related to WUS's Decision to Use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024." The aim of this research is to determine the factors related to WUS's decision to use an IUD in the Maja Health Center Work Area, Lebak Regency in 2024.

The aim of the research is to determine the factors related to WUS's decision to use an IUD in the Maja Health Center Work Area, Lebak Regency in 2024.

Method

This research is quantitative and uses a cross-sectional design. All 9,394 women of childbearing age in the working area of the Maja Health Center, Lebak Regency, were included in the research. A sample of 369 people was selected through cluster random sampling. During the research, a questionnaire sheet was used as an open research instrument. The research was conducted in June 2024 in the Working Area of the Maja Community Health Center, Lebak Regency with the criteria for female family planning acceptors aged 15-49 years who met the inclusion criteria, namely willing to be respondents, fertile women obtained from cadre or community health center records, who could read and write and exclusion criteria namely the respondent is not willing to be a respondent. Data analysis includes univariate, bivariate (chi square), and multivariate (multiple logistic regression).

Results

Univariate Analysis

Table 1 Frequency distribution

Variable	Frequency	Percentage (%)
Age		
<20 years	0	0
20-35 years	226	61.2
>35 years	143	38.8
Balance		
Primipara	92	25.2
Multiparous	276	74.8
Education		
Low	341	92.4
Tall	28	7.6
Work		
Work	112	30.4
Not successful	257	69.6
Knowledge		
Not good	114	30.9
Good	255	69.1

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Attitude		
Negative	162	43.9
Positive	207	56.1
Husband's Support		
Does not support	196	53.1
Support	173	46.9
Health Worker Support		
Not good	204	55.3
Good	165	44.7
Decision to Use an IUD		
Using an IUD	56	15.2
Embedding	31	8.4
Condom	13	3.5
Pill	41	11.1
Inject	228	61.8
Amount	**369**	**100**

Based on the table above, it is known that of the 369 respondents there were 226 (61.2%) respondents aged 20-35 years, 276 (74.8%) respondents with multiparous parity, 341 (92.4%) respondents with low education, 257 (69.6%) respondents do not work, 255 (69.1%) respondents have good knowledge, 207 (56.1%) respondents with a positive attitude, 196 (53.1%) respondents do not have husband support, 204 (55.1%) 3%) of respondents had poor support from health workers, and looking at the use of family planning contraception, it was found that the most widely used contraceptive method was injectable contraception, namely 228 (61.8%) respondents.

Bivariate Analysis

Table 2 Relationship between age and WUS's decision to use an IUD in

Age	**Decision to Use an IUD**				**Total**		**P *value***	**OR**
	Not using an IUD		**Using an IUD**					
	N	%	N	%	N	%		
20 – 35 years	195	86.3	31	13.7	226	100	0.405	-
<20 or >35 years	118	82.5	25	17.5	143	100		

Based on the table above, it is known that of the 226 respondents aged 20-35 years, 195 (86.3%) respondents did not use an IUD and 31 (13.7%) respondents did not use an IUD. Meanwhile, of the 143 respondents aged <20 years or >35 years, 118 (82.5%) respondents did not use an IUD and 25 (17.5%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.405 > 0.05, meaning there is no relationship between age and the decision of WUS to use an IUD in the Maja Health Center Working Area, Lebak Regency in 2024.

Table 3 Relationship between parity and WUS's decision to use an IUD

Balance	**Decision to Use an IUD**		**Total**	**P *value***	**OR**
	Not using an IUD	**Using an IUD**			

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	N	%	N	%	N	%		
Primipara	80	86.0	13	14.0	93	100	0.837	-
Multiparous	233	84.4	43	15.6	276	100		

Based on the table above, it is known that of the 93 primipara respondents, 80 (86%) respondents did not use an IUD and 13 (14%) respondents did not use an IUD. Meanwhile, of the 276 multiparous respondents, 233 (84.4%) respondents did not use an IUD and 43 (15.6%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.837 > 0.05, meaning there is no relationship between parity and the decision of WUS to use an IUD in the Maja Health Center Working Area, Lebak Regency in 2024.

Table 4. Relationship between education and WUS's decision to use an IUD

Education	**Decision to Use an IUD**				**Total**		**P *value***	**OR**
	Not using an IUD		**Using an IUD**					
	N	%	N	%	N	%		
Low	295	86.5	46	13.5	341	100	0.004	3,563 (1,549 – 8,196)
Tall	18	64.3	10	35.7	28	100		

Based on the table above, it is known that of the 341 respondents with low education, 295 (86.5%) respondents did not use IUDs and 46 (13.5%) respondents did not use IUDs. Meanwhile, of the 28 respondents with high education, 18 (64.3%) respondents did not use IUDs and 10 (35.7%) respondents used IUDs. The results of the *chi square test* showed a p *value of* 0.004 <0.05, meaning that there is a relationship between education and the decision of WUS to use IUDs in the Maja Health Center Work Area, Lebak Regency in 2024. OR result = 3.563, meaning that respondents with low education are 3.563 times more likely not to use IUDs than respondents with high education.

Table 5 Relationship between employment and WUS decision to use IUD

Work	**Decision to Use an IUD**				**Total**		**P *value***	**OR**
	Not Using IUD		**Using an IUD**					
	N	%	N	%	N	%		
Work	96	85.7	16	14.3	112	100	0.875	-
Not successful	217	84.4	40	15.6	257	100		

Based on the table above, it is known that of the 112 respondents who work, 96 (85.7%) respondents do not use an IUD and 16 (14.3%) respondents do not use an IUD. Meanwhile, of the 257 respondents who were not working, 217 (84.4%) respondents did not use an IUD and 40 (15.6%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.875 > 0.05, meaning there is no relationship between employment and the decision of WUS to use an IUD in the Maja Health Center Working Area, Lebak Regency in 2024.

Table 6 Relationship between knowledge and WUS's decision to use an IUD

Knowledge	**Decision to Use an IUD**				**Total**		**P *value***	**OR**
	Not using an IUD		**Using an IUD**					
	N	%	N	%	N	%		
Not good	111	97.4	3	2.6	114	100	0,000	9,708 (2,965-31,783)
Good	202	79.2	53	20.8	255	100		

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Based on the table above, it is known that of the 114 respondents who had less knowledge, 111 (97.4%) respondents did not use an IUD and 3 (2.6%) respondents did not use an IUD. Meanwhile, of the 255 respondents who had good knowledge, 202 (79.2%) respondents did not use an IUD and 53 (20.8%) respondents used an IUD. The results of *the chi square* test show *a p value of* 0.000 < 0.05, meaning there is a relationship between knowledge and the decision of WUS to use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024. The result of OR= 9.708 means that respondents with poor knowledge are 9.7 times more likely to not to use it. IUD compared with respondents who have good knowledge.

Table 7 Relationship between attitudes and WUS's decision to use an IUD

Attitude	Decision to Use an IUD				Total		P *value*	OR
	Not using an IUD		Using an IUD					
	N	%	N	%	N	%		
Negative	145	89.5	17	10.5	162	100		1,980
Positive	168	81.2	39	18.8	207	100	0.038	(1,074-3,649)

Based on the table above, it is known that of the 162 respondents who had a negative attitude, 145 (89.5%) respondents did not use an IUD and 17 (10.5%) respondents did not use an IUD. Meanwhile, of the 207 respondents who had a positive attitude, 168 (81.2%) respondents did not use an IUD and 39 (18.8%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.038 < 0.05, meaning there is a relationship between attitudes and WUS's decision to use an IUD in the Maja Public Health Center Working Area, Lebak Regency in 2024. OR = 1.980. This means that respondents with a negative attitude have a 1.98 times risk of not using it. IUD. compared to respondents who have a positive attitude.

Table 8 Relationship between husband's support and WUS's decision to use an IUD

Husband's Support	Decision to Use an IUD				Total		P *value*	OR
	Not using an IUD		Using an IUD					
	N	%	N	%	N	%		
Does not support	174	88.8	22	11.2	196	100		1,935
Support	139	80.3	34	19.7	173	100	0.035	(1,082-3,458)

Based on the table above, it is known that of the 196 respondents who did not receive husband's support, 174 (88.8%) respondents did not use an IUD and 22 (11.2%) respondents did not use an IUD. Meanwhile, of the 173 respondents who received support from their husbands, it was found that 139 (80.3%) respondents did not use an IUD and 34 (19.7%) respondents used an IUD. The results of *the chi square* test show a p *value of* 0.035 < 0.05, meaning there is a relationship between attitudes and WUS's decision to use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024. OR = 1.935 This means that respondents who do not have the support of their husbands are 1.935 times more likely not to using an IUD. compared to respondents who received husband's support.

Table 9 Relationship between support from health workers and WUS's decision to use an IUD

Health Worker Support	Decision to Use an IUD				Total		P *value*	OR
	Not using an IUD		Using an IUD					
	N	%	N	%	N	%		

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Not good	181	88.7	23	11.3	204	100		1,967
Good	132	80.0	33	20.0	165	100	0.029	(1,104-3,506)

Based on the table above, it is known that of the 204 respondents with poor health support, 181 (88.7%) respondents did not use an IUD and 23 (11.3%) respondents did not use an IUD. Meanwhile, of the 165 respondents with good health support, 132 (80%) respondents did not use an IUD and 33 (20%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.029 < 0.05, meaning there is a relationship between the support of health workers and the decision of WUS to use an IUD in the Working Area of the Maja Health Center, Lebak Regency in 2024. The result is OR= 1.967, meaning that respondents with poor support from health workers have 1.967 times more likely not to use an IUD compared to respondents who received good health service support.

Table 10 Multivariate analysis

Variable	P-value	OR	CI 95%
Education	0.006	3,520	1,447 – 8,563
Knowledge	0,000	9,591	2,909 – 31,618
Husband's Support	0.019	1,664	1,124 – 3,791

Based on the modeling tests carried out above, the final model was obtained from a multivariate analysis of the factors most related to WUS's decision to use an IUD. Of the 5 independent variables analyzed, the remaining 3 variables were related to WUS's decision to use an IUD, namely education, knowledge and husband's support. The variable that is most related to WUS's decision to use an IUD is knowledge after being controlled by the variables of education and husband's support, because it has the highest OR value, namely 9.591, meaning that risk knowledge has the closest relationship of 9.5 times with WUS's decision to use an IUD. IUD with various differences in knowledge. good and bad from 2,909 to 31,618. A wide 95% Confidence Interval (CI) value such as 2.909 – 31.618 for the knowledge variable in the multiple logistic regression test indicates that there is significant uncertainty in the estimation of the influence of this variable. This wide range indicates that although the relationship between knowledge and the decision to use an IUD is statistically significant, the accuracy of the estimate is low. This can be caused by several factors, especially relatively small sample sizes or high data variability. Wide CIs also indicate that the true effect of the knowledge variable may be much smaller or larger than the estimated point value

Discussion

The relationship between age and WUS's decision to use an IUD

The results showed that of the 226 respondents aged 20-35 years, 195 (86.3%) respondents did not use an IUD and 31 (13.7%) respondents did not use an IUD. Meanwhile, of the 143 respondents aged <20 years or >35 years, 118 (82.5%) respondents did not use an IUD and 25 (17.5%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.405 > 0.05, meaning there is no relationship between age and the decision of WUS to use an IUD in the Maja Health Center Working Area, Lebak Regency in 2024.

Age plays a role in determining a person's behavior, especially in choosing a contraceptive method. Older people are less likely to use contraception than younger people. This theory is in line with research findings which show that age does not influence interest in choosing contraceptives (Sleha, 2022).

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Age does not play an important role in the decision-making process when choosing a contraceptive method such as an IUD. Because many other birth control methods can also prevent conception. Older individuals or those who consider themselves adults are more susceptible to pain or illness compared to younger individuals, thus encouraging them to take preventive measures such as preventing pregnancy (Handayani et al., 2022).

The findings of this research are in line with research findings (Desitavani & Rohmah, 2017) which show that there is no relationship between age and the choice of IUD contraception in Bantul District, Yogyakarta, because the results show a significance value (p = 0.654 > 0.05).

Researchers found that the majority of mothers in the Maja Health Center Working Area were aged between 20-35 years, which is the most fertile period. So far, many mothers have chosen short-term contraception to make family planning easier. Therefore, IUDs are not a popular choice among many mothers who use contraception.

The relationship between parity and WUS's decision to use an IUD

Primipara found 80 (86%) respondents did not use IUD and 13 (14%) respondents did not use IUD. While from 276 multiparous respondents, 233 (84.4%) respondents did not use IUD and 43 (15.6%) respondents used IUD. The results of the *chi square test* showed a p *value of* 0.837> 0.05, meaning there was no relationship between parity and the decision of WUS to use IUD in the Maja Health Center Work Area, Lebak Regency in 2024.

The use of IUD contraception is not associated with parity, because family planning is focused on delaying and spacing pregnancies, not ending them. In fact, this is contrary to the current motto of family planning, namely having 2 children, with the hope of forming a quality family. In addition, a lack of knowledge about efficient and long-lasting contraceptives such as IUDs can cause respondents to continue using contraceptives such as pills and injections (Lidya et al., 2020).

The findings of this research are in line with research conducted by (Kusumawati et al., 2022) which shows that there is no relationship between parity and low IUD utilization in the Talang Rimbo Lama Community Health Center Working Area, Rejang Lebong Regency in 2022 (p value = 0.648).

The author's assumption is that the research findings are not related to parity and the use of IUD contraception. This is because family planning is not focused on preventing pregnancy, but on delaying and implementing pregnancy. In fact, this is contrary to the current family planning slogan, namely "2 is better", with the hope of forming a quality family. In addition, limited knowledge about reliable and long-lasting contraceptive methods such as IUDs can cause respondents to continue to rely on contraceptive options such as pills and injections.

The relationship between education and WUS's decision to use an IUD

The results showed that of the 341 respondents with low education, 295 (86.5%) respondents did not use an IUD and 46 (13.5%) respondents did not use an IUD. Meanwhile, of the 28 respondents with higher education, 18 (64.3%) respondents did not use an IUD and 10 (35.7%) respondents used an IUD.

The chi square obtained a p *value of* 0.004 < 0.05, meaning that there is a relationship between education and WUS's decision to use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024. The OR result = 3.563, meaning that respondents with low education are 3.563 times more likely not to use IUD compared to highly educated respondents.

A woman's level of education can greatly influence her knowledge of contraceptive methods, such as IUDs, and her ability to make informed choices regarding family planning. More

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educated women typically have better access to health information, a deeper understanding of their body's functions, and increased awareness of the various contraceptive methods that are accessible. This can make them more willing to think about using long-term contraceptive methods such as IUDs (Rosidah, 2020).

Additionally, a college education is often associated with older ages at marriage and birth of the first child, which may impact the choice of more reliable and sustainable forms of contraception. Women with advanced levels of education may have an advantage in communicating with health professionals, asking pertinent questions, and understanding directions on how to use an IUD. In contrast, women with less education may experience barriers in understanding complex health details, be more susceptible to misunderstandings about IUDs, or may feel hesitant about seeking reproductive health services (Hayford et al., 2020).

This research is in line with research from (Deviana, 2023) which shows that statistical tests using chi square found a p-value of (0.000) < α (0.05) thus causing the null hypothesis (Ho) to be rejected and the alternative hypothesis to be accepted. (Ha). This shows that there is a relationship between the level of education and the choice of MKJP at the BPJS Irma Solikin Clinic, Mranggen District, Demak Regency.

The researchers stated that the level of education plays a role in determining the choice of contraceptive method. People with a higher level of education tend to choose long-term contraceptive methods, while people with a lower level of education tend to choose injections and pills. This shows that individuals with lower education are more likely to use short-term contraception.

The relationship between employment and WUS's decision to use an IUD

The results showed that of the 112 respondents who worked, 96 (85.7%) respondents did not use an IUD and 16 (14.3%) respondents did not use an IUD. Meanwhile, of the 257 respondents who were not working, 217 (84.4%) respondents did not use an IUD and 40 (15.6%) respondents used an IUD. The results of the *chi square* test show a p *value of* 0.875 > 0.05, meaning there is no relationship between employment and the decision of WUS to use an IUD in the Maja Health Center Working Area, Lebak Regency in 2024.

WUS employment status does not necessarily determine their choice to use an IUD. This can be understood by considering various complex and interconnected elements. Personal preferences, health conditions, and long-term reproductive goals have a greater impact on the choice of contraceptive method compared to external factors such as work (Melati et al., 2023).

Such decisions may be influenced more by the accessibility and widespread availability of reproductive health services, rather than by a person's employment situation. In addition, the decision-making process is often more influenced by the level of awareness and understanding of various contraceptive methods such as IUDs, as well as support from partners and the surrounding social environment (Andini et al., 2023).

This research is in line with research by Marliana (2022) which shows that 9 people (25.0%) of WUS and unemployed people use MKJP and 22 people (18.3%) of WUS and unemployed people use MKJP. The calculated p value of 0.521 indicates that there is no statistically significant relationship between employment status and MKJP utilization at the UPT Community Health Center for the Kampung Sawah Working Area in 2022.

The researchers suggest that the choice to use an IUD by WUS is less influenced by employment, because the universal need for contraception is not related to a specific type of employment, and the decision is influenced more by health considerations and personal preferences than by one's occupation.

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The relationship between knowledge and WUS's decision to use an IUD

The results showed that of the 114 respondents who had poor knowledge, 111 (97.4%) respondents did not use an IUD and 3 (2.6%) respondents did not use an IUD. Meanwhile, of the 255 respondents who had good knowledge, 202 (79.2%) respondents did not use an IUD and 53 (20.8%) respondents used an IUD.

test *shows a p value* of 0.000 < 0.05, meaning there is a relationship between knowledge and the decision of WUS to use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024. The result of OR= 9.708 means that respondents with less knowledge are 9.7 times more likely not to use it. . IUD compared with respondents who have good knowledge.

Having knowledge is very important in determining how a person behaves. The majority of human knowledge comes from what we see and our senses. An important factor influencing the use of contraceptives is awareness. Meanwhile, individuals with a fair to good level of expertise may also be influenced by research results, the majority of whom have completed high school (Wawan and Dewi, 2019). Education plays a role in shaping individuals' openness to new concepts, such as the use of contraception. A person with a broad education will have greater knowledge, accept new ideas more easily, show high independence, and take decisions and actions with a rational mindset (Utami et al., 2013).

The higher a person's knowledge, the greater the level of participation. Knowledge not only impacts the decision to use contraception, but also influences the choice of contraceptive method. According to the BKKBN, women who have a strong understanding of MKJP can influence people's choices to use MKJP contraception, thereby helping achieve the BKKBN's goal of creating small, happy and prosperous families (BKKBN, 2021).

Having knowledge plays an important role in influencing someone's behavior. The majority of human knowledge comes from seeing and hearing things. Not all respondents received information about long-term contraceptive methods, especially first-time mothers, resulting in varying levels of knowledge and the potential influence of inaccurate information in the community (Kusumawati et al., 2022).

This research is in line with research by Wahyuningsih et al. (2023) which shows that there is a relationship between awareness of IUD contraception and involvement of IUD contraceptive users at PMB Ni GP Sutreptininghati, A.Md., Keb. The correlation coefficient value of 0.678 indicates a moderate level of correlation between Knowledge about IUD KB and Acceptor Participation. The correlation coefficient of 0.678 indicates that there is a positive relationship between variables in the same direction.

Researchers believe that knowledge is a crucial factor in determining the choice of IUD use. Having thorough knowledge about the function, success rate, advantages, and potential disadvantages of IUDs helps people make the right choice. On the other hand, a lack of understanding or misinformation can result in hesitation or incorrect use. Training of health workers is essential to ensure they can make the right decisions. In addition, health service workers can involve husbands in educating WUS about contraception, so that decisions regarding family planning can be taken together.

The relationship between attitudes and WUS's decision to use an IUD

The research results showed that of the 162 respondents who had a negative attitude, 145 (89.5%) respondents did not use an IUD and 17 (10.5%) respondents did not use an IUD.

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Meanwhile, of the 207 respondents who had a positive attitude, 168 (81.2%) respondents did not use an IUD and 39 (18.8%) respondents used an IUD.

The chi square obtained a p *value of* 0.038 < 0.05, meaning that there is a relationship between attitude and the decision of WUS to use an IUD in the Working Area of the Maja Public Health Center, Lebak Regency in 2024. The result of OR= 1.980 means that respondents with a negative attitude have a 1.98 times risk of not using an IUD . compared to respondents who have a positive attitude.

Attitude refers to the tendency to accept or avoid, show a positive or negative attitude towards different social circumstances, such as institutions, people, events, ideas, and more. This mindset motivates mothers to continue seeking new knowledge. Conversely, a lack of knowledge can hinder a person's attitude towards new values. Good knowledge can lead to a better understanding of family planning and IUDs.

Attitude is how a person responds to stimuli or objects, both internal and external, because his actions are not immediately visible, but can only be inferred from his behavior. Respondents' perception of MKJP KB is their attitude towards using it as an additional contraceptive (Safitri et al., 2021).

This research is in line with research by Sulastri et al. (2024) which shows that there is a relationship between husband's support and the decision to use IUD contraception. Thus, the hypothesis regarding the relationship between attitudes and choice of IUD contraception is supported by statistical evidence. The Odds Ratio findings show a result of 4.722, which indicates that individuals with a positive attitude have a 4.722 times greater tendency to choose IUD contraception compared to those with a negative attitude.

Researchers argue that the limited use of IUD contraception by mothers is caused by their lack of awareness of its benefits, causing their reluctance to choose this method, which ultimately affects their decision-making process. This situation greatly influences the mother's choice to use IUD contraception.

The relationship between husband's support and WUS's decision to use an IUD

The results showed that of the 196 respondents who did not receive husband support, 174 (88.8%) respondents did not use IUD and 22 (11.2%) respondents did not use IUD. While of the 173 respondents who received husband support, 139 (80.3%) respondents did not use IUD and 34 (19.7%) respondents used IUD.

chi square obtained a p *value of* 0.035 <0.05, meaning that there is a relationship between attitudes and the decision of WUS to use IUDs in the Maja Health Center Work Area, Lebak Regency in 2024. OR = 1.935 means that respondents who do not receive husband support are 1.935 times more likely not to use IUDs. compared to respondents who receive husband support.

Limited or no husband's support can influence a woman's choice in choosing a contraceptive method. The husband helps by gathering information, taking them to health services, and covering the cost of installing contraceptives. The more support the husband has, the better the decision making will be in line with the desires of the husband and wife. The husband's support factor plays a role in the low use of IUD contraception (Altamilano et al., 2022).

In a family, the role of husband's support as head of household is very important, because he has the authority to support or not support the mother's decision regarding contraception. Being part of the decision-making process in choosing contraception will ensure that the wife continues to use contraception. Therefore, this can also be one way to reduce fertility rates. However,

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husbands' participation in the use of contraception, especially IUD contraception, is still lacking (Novita et al., 2020).

This research is in line with research by Ratna et al (2023) which shows that there is a relationship between partner support and the involvement of IUD family planning acceptors in PMB R in Kubang Baros Village, Cinangka District, Serang - Banten Regency in 2022. The results of the analysis also show an OR value of 7.619 which indicates that mothers Those who have partners who like to help are 7 times more likely to have IUD contraception.

Researchers believe that acceptors who receive husband's support are more likely to use IUD contraception than those who do not. This is because their husband's support increases their confidence in IUD contraception, making them believe that it is the best choice.

In addition, when considering options regarding contraception in Indonesia, the husband's involvement plays an important role, this shows the patrilineal social system that applies in most Indonesian society. In this patrilineal system, the husband is the main decision maker in the family, even in matters of reproductive health. Therefore, the help provided by the husband plays an important role in the decision to use contraception, especially the IUD. Even though it is installed in the wife's body, the decision to use an IUD often depends on the husband's approval and support. This emphasizes the need to expand the scope of education and intervention to not only involve wives as direct users, but also husbands as main decision makers. A successful plan to increase the number of women choosing IUDs must take into account how the decision is made, involving husbands in the education, counseling, and decision-making process regarding contraception.

The relationship between support from health workers and WUS's decision to use an IUD

The results showed that of the 204 respondents with poor health support, 181 (88.7%) respondents did not use an IUD and 23 (11.3%) respondents did not use an IUD. Meanwhile, of the 165 respondents with good health support, 132 (80%) respondents did not use an IUD and 33 (20%) respondents used an IUD.

chi square shows a p *value of* 0.029 < 0.05, meaning there is a relationship between support from health workers and WUS's decision to use an IUD in the Working Area of the Maja Health Center, Lebak Regency in 2024. The OR result = 1.967, meaning that respondents with poor support from health workers have a probability of 1.967 times greater not to use an IUD compared to respondents who received good health service support.

Health workers are individuals who are professionally committed to the health sector. Assistance from health workers has a significant impact on decision making regarding contraceptive methods in WUS. The more assistance health workers provide to women of childbearing age in using IUD contraception, the greater the prevalence of IUD contraception use among women of childbearing age (Altamilano et al., 2022).

Health workers provide guidance on family planning and contraception programs, including counseling on their use and side effects, as well as providing motivation to acceptors and providing tips on correct use. In addition, support provided by health workers can have an impact on a person's willingness to comply with family planning methods, especially through motivation and guidance from health workers. Therefore, health workers need motivation and a positive role in order to be accepted by those who seek treatment. Health worker support refers to the various ways in which individuals are given physical and psychological comfort, care, recognition, or assistance by health workers. Assistance from health workers can be in the form of emotional, appreciative, instrumental, and informational assistance (Adkhana Sari et al., 2022).

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The findings of this study are consistent with research conducted by (Etnis, 2018) which shows an important correlation between help from health care providers and IUD use. Meanwhile, the findings of the Odd Ratio analysis show an OR value of 2.382, which shows that the possibility of WUS with an IUD receiving support from health workers is 2.382 times higher than WUS without an IUD.

In accordance with belief, the role of health workers is very important for the participants because it helps mothers to know more about IUD contraception, thereby increasing their confidence in choosing IUD contraception for birth control, which ultimately makes mothers tend to use IUDs for child spacing .

Multivariate

The results of this study show that of the 5 independent variables analyzed, there are still 3 variables that are related to WUS's decision to use an IUD, namely education, knowledge and husband's support. The variable that is most related to WUS's decision to use an IUD is knowledge after being controlled by the variables of education and husband's support, because it has the highest OR value, namely 9.591, meaning that risk knowledge has the closest relationship of 9.5 times with WUS's decision to use an IUD. IUD with various differences in knowledge. good and bad from 2,909 to 31,618.

WUS' understanding of the IUD plays an important role. This information consists of an understanding of the function, benefits, potential dangers, and potential side effects. Having sufficient information empowers WUS to make better decisions about IUD use. This is in line with Ajzen's Theory of Planned Behavior, which emphasizes the importance of accurate knowledge and information in influencing attitudes, subjective norms and perceived behavioral control of individuals when making health choices. Having good knowledge can reduce fear and uncertainty, as well as increase self-confidence when choosing the right contraceptive method (Rias & Winarti, 2024).

Apart from knowledge, education plays an important role in making this decision. Typically, higher education is associated with increased access to health information and better understanding of that information. Education has the ability to influence individuals' views and beliefs regarding reproductive health and contraception, including IUDs. Individuals with a higher level of education are usually more receptive to new information and more proactive in seeking health information. This causes a higher chance of them choosing to use an IUD.

Husband support is also known to be an important factor influencing WUS's choice to use an IUD. In various cultural settings, the consent and support of a partner are very important in decision-making in the field of reproductive health. The presence of a husband can provide a sense of security and assurance for women in using an IUD. In addition, effective communication between partners regarding reproductive health can improve understanding and collaboration in determining the most appropriate contraceptive method. Emotional and practical assistance from a husband, such as providing more details or addressing concerns, can increase women's choice to use an IUD (Widiawati et al., 2021).

The researchers stated that the findings of this study highlight the importance of increasing knowledge and education, as well as partner support, to encourage IUD use among WUS. Inclusive and comprehensive reproductive health education programs involving couples can increase understanding and awareness of IUDs. Furthermore, married couples, especially husbands, need to increase their support for each other by having open communication and helping each other in making reproductive health choices. This initiative is expected to increase IUD utilization and support WUS in achieving excellent reproductive health.

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In addition, this study showed a statistically significant relationship between knowledge and the decision to use an IUD due to the wide range of CI values, resulting in low precision in the estimates. This may be due to various reasons, such as small sample size or significant data variability. Large confidence intervals also indicate that the actual impact of the knowledge variable may differ significantly from the estimated value. So that future researchers can expand their research, they must consider additional variables that may influence WUS' choice to use an IUD, such as economic factors, health care accessibility, and cultural norms.

Conclusion

Based on the research results, it can be seen that there were 226 (61.2%) respondents aged 20-35 years, 276 (74.8%) respondents with multiparous parity, 341 (92.4%) respondents with low education, 257 (69.6%) %) respondents did not work, 255 (69.1%) respondents had sufficient knowledge, 207 (56.1%) respondents had a good attitude, 196 (53.1%) respondents lacked husband's support, 204 (55.3%) respondents had lack of support from health workers, and 313 (84.8%) respondents did not use an IUD. The results of bivariate analysis showed that there was no relationship between age (p=0.405), parity (p=0.837), and occupation (p=0.875) with WUS' choice of using an IUD. Meanwhile, education (p=0.004), knowledge (p=0.000), attitude (p=0.038), husband's support (p=0.035), and support from health workers (p=0.029) influenced WUS' decision to use an IUD. The main factor influencing WUS' choice of using an IUD is the level of knowledge with an odds ratio of 9.591. WUS should proactively gather information from trusted sources such as consulting medical professionals at community health centers or reading reliable health literature.

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