

# The Effect of The Role of Health Workers and Self-Efficacy with the Use of Intrauterine Contraception (IUD) in Women of Childbearing Age Coplees

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**Submission date:** 20-May-2022 02:55PM (UTC+0700)

**Submission ID:** 1840469458

**File name:** d\_Self-Efficacy\_with\_the\_use\_of\_IUD\_in\_women\_of\_IJPSAT\_2022.pdf (249.97K)

**Word count:** 6173

**Character count:** 30933

## *The Effect Of The Role of Health Workers and Self-Efficacy with the Use of Intrauterine Contraception (IUD) in Women of Childbearing Age Couples*

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**Abstract**—The public health centre is the health facility with the lowest coverage of active family planning participants at 16.7%. Based on a preliminary survey conducted at the Garuda Health Center regarding the implementation of family planning, it is known that the number of couples of childbearing age (PUS) recorded at the Garuda health centre is 13,500 people. However, the number of couples of childbearing age who use family planning is 9260 and using the IUD as many as 213 people (2.3%). This study aims to determine the factors associated with the use of intrauterine devices (IUD) in women of childbearing age in the Garuda Pekanbaru City Health Center Work Area in 2021. This type of research is quantitative analytic observational with a case-control design. The sampling technique was systematic random sampling with 148 cases and 148 controls. Analysis using chi-square and logistic regression test. The bivariate analysis results showed that knowledge, education, self-efficacy, in-come, husband's support, work history, and the role of health workers affected the use of the IUD. Meanwhile, parity did not affect IUD use. The most dominant variable that has a significant influence on the use of IUD contraception is the role of health workers with p (sig) 0.000 and has an OR value of 3.724. This study concluded that the role of health workers was 3.7 times riskier and self-efficacy was 1.7 times riskier not using the IUD. It is recommended that health workers at the Garuda Health Center will be more active in providing health information in order to improve IEC for married couples who want to use family planning, especially IUDs, to Private Practice Midwives and public health cadres to provide counselling or counselling related to IUD contraception their husbands to participate in the socialization so that husbands can support their wives to use family planning, especially the IUD.

**Keywords**—component; Birth Control, Family Planing, Health workers, IUD, Public Health Centre, Self Efficacy.

### I. INTRODUCTION

Fertility control is one of the steps to control the population, including the population's number, composition, and distribution. Implementation of the population control program in Indonesia through the National Family Planning Movement (KB) program[1]. The family planning program as a component of reproductive health aims to cultivate the Small Happy and Prosperous Family Norm (NKKBS). The family as the smallest unit of the nation's life is expected to accept the Small Happy and Prosperous Family Norm which is oriented to "citizen chess" or zero population growth (balanced growth)[2]. The government's policy on family planning currently leads to the use of long-term contraceptive methods[3]. The Intrauterine Contraceptive Device (IUD) is one of the most effective and safe long-term contraceptives compared to other contraceptive methods such as the pill. The IUD contraception is very effective in reducing maternal mortality and controlling population growth rates because of its effectiveness up to 99.4% and the IUD can be used for a period of 3-5 years (hormonal type) and 5-10 years (copper type).

Family planning has become one of the histories of success in the 20th century. Currently, nearly 60% of couples of childbearing age worldwide use contraception. Until now the world population has reached 6 billion and more than 120 million women in developing countries have ways to prevent pregnancy. As for Indonesia, according to the 2018 Riskesdas report data, the proportion of contraceptive use after delivery in women aged 10-54 years according to the type of contraception is the pill as much as 0.2%, male condoms 1.1%, MOW 3.1%, implants) 4.7%, 6.1% 1 month injection, 6.6% IUD, 8.5% pill and 42.4% 3-month injection [4]. The coverage of active family planning participants in Riau Province was 63.8%, a decrease compared to 2018 of 72.4% and PUS who did not participate in active family planning as much as 36.2% decreased compared to 2017 of 27.6%, meaning that there was an increase in public awareness to become KB acceptor. Meanwhile, according to the type of contraception, the most widely used contraceptives by active family planning participants were injections 55.0%, pill users 26.5%, implants 7.6%, condoms 5% and the remaining IUD 4.6%, MOW 1.3% and 0.1% MOP[5].

The coverage of active family planning participants in Pekanbaru City in 2019 was 66.4%. According to the type of contraception, the contraceptives most used by active family planning participants were injections 61.1%, pill users 29.7%, IUD 12.5%, implants 11.3%, condoms 8.2%, MOW 2.3% and 0.2% MOP. Meanwhile, according to the working area of the Puskesmas, the Garuda Puskesmas is the Puskesmas with the lowest coverage of active family planning participants at 16.7% [5]. The IUD for many women is the best form 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 levels of breast milk. However, there are women who have not been able to use this contraceptive method, therefore every prospective acceptor of the IUD method of contraception needs to obtain complete information about the IUD insertion method, the benefits of using the IUD contraception, the category of women who are suitable for using the IUD, the benefits of using the IUD contraception, and contra indications for use. IUD and when to control again[6].

The IUD contraceptive method is a non-hormonal method of contraception, which substantially does not interfere with the body's physiological functions. The IUD only prevents sperm from entering the uterus. The installation process is also very simple and easy. The tool is very small and can be carried out by medical personnel such as midwives. It's just that so far there is a growing stigma in society that IUDs have terrible effects, such as frequent bleeding, interfering with husband-and-wife relationships, and a series of other scary things. For the problem of the enjoyment of the husband-and-wife relationship, it is only related to the installation technique. Usually what makes it uncomfortable is that the IUD threads often pierce the husband's genitals. This can be handled by experienced medical personnel. The IUD can be used for up to eight years and fertility can be restored soon after the device is removed. Unlike the hormonal method that requires adjustment once it is no longer used.

1 According to Lawrence Green's theory in Pramiyana[7], health behavior is influenced by 3 factor 1 namely predisposing factors which include knowledge, attitudes, beliefs, socioeconomic levels, beliefs, values, 5 self-efficacy, enabling factors which include the availability of facilities and infrastructure or health facilities for the community, and reinforcing factors which include support from community leaders, religious leaders, including health workers. This i 4 ncludes laws, regulations, both from the central and regional governments. According to the results of Teshome[8], it states that there is a relationship between age, education, nu 2 mber of children and knowledge of the choice of IUD contraception. Meanwhile, according to Dereje, Engida and Holland [9], there is a relationship between education level, number of children and age related to the selection of IUD contraceptives. According to Safriaana et al[10], there are several factors that can influence mothers in choosing the IUD contraceptive method, including fear of side effects, knowledge, low EFA education, lazy and uncomfortable, perceptions about the IUD, from external factors: IUD insertion procedures complex, experience of other IUD acceptors, and work. In line with that, according to the results of Tarsikah's[11], states that self-efficacy affects the choice of contraceptives. the higher the self-efficacy, the WUS will choose the MKJP method. Knowledge of birth control and family planning is an important aspect towards understandi 3 ng various contraceptive methods/methods and their continuing influence on the use of appropriate and effective methods of family planning. The low level of education and lack of knowledge from the community have resulted in many women having difficulty in determining the type of contraception and often causing women to switch to other methods, even causing women to stop using contraceptives, resulting in frequent unwanted pregnancies.

Based on a preliminary survey conducted at the Garuda Health Center regarding the implementation of family planning, it is known that the number of fertile age couples (PUS) recorded at the Garuda Health Center is 13,500 pe 1 ple, but active family planning participants who use the IUD are 213 people (2.3%) of the 9260 women who use the IUD. KB. Based on these data, it

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3 can be seen that participation at the Garuda Health Center in participating in the family planning program, especially the IUD, is still very low. Furthermore, based on interviews conducted by the author to 15 family planning acceptors who did not use the IUD regarding the reasons for not using the IUD. It is known that 5 acceptors said they did not get husband's support, 3 acceptors said they were afraid and worried about the installation, 7 acceptors said they were afraid when having sex with their partner. While the results of interviews with 5 family planning acceptors who use IUDs, it was found that 2 acceptors said IUDs were more practical and 3 acceptors had received counseling about IUDs and knew the benefits and advantages of IUDs.

7 This study aims to analyze the effect of health workers and self-efficacy with the use of intrauterine devices in women of childbearing age.

### 1 II. MATERIAL AND METHOD

4 This research is a case-control study approach because this study observes the respondents once. The population in this study were all women of childbearing age who were family planning participants in the working area of the Garuda Health Center, Pekanbaru City. The sample consisted of a case sample and a control sample, each of which amounted to 148 respondents. The tool for data collection is the distribution of questionnaires. The data that has been collected was processed by univariate, bivariate and multivariate analysis. An ethical feasibility assessment has been carried out with Number: 403/KEPK/STIKES-HTP/VIII/2021

### III. RESULT

TABLE I. Frequency Distribution Of Dependent And Independent Variables In The Work Area Of Garuda Health Centre Pekanbaru In 2021

Variable	The Use of IUD			
	Case		Control	
	n	%	n	%
<b>Knowledge</b>				
Less	91	61,5	73	49,3
Enough	51	38,5	75	50,7
<b>Education</b>				
Low	16	10,8	6	4,1
High	132	89,2	142	95,9
<b>Self Efficacy</b>				
Low	66	44,6	44	29,7
High	82	55,4	104	70,3
<b>Parity</b>				
Primipara	33	22,3	34	23,0
Multipara	15	77,7	114	77,0
<b>Income</b>				
Low	127	85,8	111	75,0
Moderate	21	14,2	37	25,0
<b>Husband's Support</b>	57	38,5	37	25,0

Variable	The Use of IUD			
	Case		Control	
	<i>n</i>	%	<i>n</i>	%
Not Support	91	61,5	111	75,0
Support				
<b>Family Planing and Birth Control History</b>				
Never	105	70,9	87	58,8
Ever	43	29,1	61	41,2
<b>Role of Health Worker</b>				
Not Support	57	38,5	20	13,5
Support	91	61,5	128	86,5

Table 1, shows univariate analysis of 148 case respondents revealed that respondents with less knowledge were 91 people (61.5) with low education 16 people (10.8%) and low self-efficacy 66 people (44.6%). The respondents who were primiparous were 33 people (22.3%) with a low income of 127 people (85.8%) and 57 people were not supported by their husbands (38.5%). The respondents who did not have a family planning history were 105 people (70.95) and those who were not supported by health workers were 57 people (38.5%). Furthermore, from 148 control respondents, respondents with less knowledge were 73 people (49.3%) with 6 people (4.1%) low education and 44 people (29.7%) low self-efficacy. The primipara respondents amounted to 34 people (23.0%) with a low income of 111 people (75.05) and 37 people were not supported by their husbands (25.0%). The respondents who did not have a family planning history were 87 people (58.8%) with 20 people being less supported by health workers (13.5%).

Furthermore, bivariate analysis was carried out in the study to identify the relationship between the independent variable and the dependent variable, following the results of the analysis carried out.

TABLE II. Bivariate Results Of Dependent And Independent Variables In The Garuda City Health Centre Work Area Pekanbaru In 2021

Variable	The Use of IUD						P value	OR
	Case		Control		Total			
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
<b>Knowledge</b>							0,047	1,640 (1,033-2,603)
Less	91	61,5	73	49,3	164	55,4		
Enough	51	38,5	75	50,7	132	44,6		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		
<b>Education</b>							0,046	2,869 (1,090-7,550)
Low	16	10,8	6	4,1	22	7,4		
High	132	89,2	142	95,9	274	92,6		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		

Variable	The Use of IUD						P value	OR
	Case		Control		Total			
	n	%	n	%	n	%		
<b>Self Efficacy</b>							0,012	1,902 (1,179-3,071)
Low	66	44,6	44	29,7	110	37,2		
High	82	55,4	104	70,3	186	62,8		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		
<b>Parity</b>							1,000	0,962 (0,558-1,659)
Primipara	33	22,3	34	23,0	67	22,6		
Multipara	15	77,7	114	77,0	229	77,4		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		
<b>Income</b>							0,028	2,016 (1,114-3,647)
Low	127	85,8	111	75,0	238	22,6		
Moderate	21	14,2	37	25,0	58	77,4		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		
<b>Husband's Support</b>							0,018	1,879 (1,142-3,092)
Not support	57	38,5	37	25,0	94	80,4		
Support	91	61,5	111	75,0	202	19,6		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		
<b>Family Planing and Birth Control History</b>							0,038	1,712 (1,057-2,775)
Never	105	70,9	87	58,8	192	31,8		
Ever	43	29,1	61	41,2	104	68,2		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		
<b>Role of Health Worker</b>							0,000	4,009 (2,254-7,131)
Not Support	57	38,5	20	13,5	77	26,0		
Support	91	61,5	128	86,5	219	74,0		
<b>Total</b>	<b>148</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>296</b>	<b>100</b>		

Table 2 shows, from 8 independent variables there are 7 variables that have a significant effect (p-value <0.05) on IUD use, namely knowledge, education, self-efficacy, income, husband's support, family planning history, and the role of health workers.

TABLE III. Logistics Regression Multivariate Test Results

Variable	P value	POR	95% CI	
			Lower	Upper
Self Efficacy	0,026	1,760	1,069	2,896
Role of Health Worker	0,000	3,724	2,081	6,666

The results of the multivariate analysis using the logistic regression test resulted in 2 (two) variables that had an influence on the use of IUD contraceptives, namely the self-efficacy variable and the health worker role variable with p value (sig) = <0.05. The most dominant variable that has a significant influence on the use of IUD contraceptives is the role of health workers with p (sig) 0.000 and has an OR = 3.724 meaning that respondents who are not supported by health workers are 3.7 times more at risk of not using an IUD (POR: 3.724: CI 95 %: 2,081-6,666).

#### IV. DISCUSSION

##### 4.1. The Correlation of the Role of Health Workers with IUD use in Women of Childbearing age

Based on the results of the research conducted, it is known that most of the case respondents stated that there was a lack of support from health workers, especially in the use of the IUD, which amounted to 57 people (38.5%). The control respondents who stated that there was a lack of support from health workers, especially in the use of IUDs, amounted to 20 people (13.5%). The results of the multiple logistic regression analysis showed that respondents who were not supported by health workers had a 3.7 times greater risk of not using the IUD compared to respondents who were supported by health workers in using the IUD.

Health workers play an important role in providing information about family planning methods for prospective acceptors, which in this case is specifically for pregnant, maternity and postpartum women. The provision of this information is done through counseling using the Decision-Making Tool (DMT) with family planning. Most of the respondents received support from health workers in both high and low IUD coverage areas, one of which was support such as health workers explaining in advance about the contraceptives that respondents would choose for side effects and giving freedom to respondents in using contraceptives according to their needs, his condition. Most respondents said that the role of health workers in providing an understanding of the use of contraceptives in accordance with the health conditions of prospective family planning acceptors was quite good, this was supported by the relationship between the roles of health workers in the use of IUDs.

This is not in line with the results of the study, where 38.5% of case respondents and 13.5% of control respondents stated that there was still a lack of support from health workers in providing information and services related to the benefits and use of the IUD. As for the 10 questions related to the role or support of health workers, there were 89.2% of respondents' stated that health workers had never provided counseling about IUDs. Basically, health workers, especially at the Puskesmas, play a role in providing information on family planning programs known as KB Communication, Information and Education CIE). CIE 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 CIE family planning can be in the form of counseling and visits by family planning officers.

The results of this study are in line with the results of Al-Battawi et al [12], it is known that there is a relationship between the role or support of health workers on the selection of IUD contraceptives. The lack of the role of health workers shows that the implementation of the IEC program is still not running optimally. The results of the study, according to [13], there is a relationship between the support of health workers on the use of IUD contraception. The results of the research analysis, referring to the results of women of childbearing age who felt they were not supported by health workers tended not to use the IUC compared to respondents who felt they were supported by health workers. The form of support or the role of health workers in the selection of IUD contraception to the community is in the form of providing information through IEC activities or health counseling. So that EFA knows well the benefits of using an IUD.

##### 4.2. The Correlation Self Efficacy on the use of IUD in Women of Childbearing Age

Based on the results of the research conducted, it is known that there are case respondents with low self-efficacy with a total of 66 people (45.9%) while control respondents with low self-efficacy are 44 people (29.7%). The results of the multiple logistic

regression analysis showed that respondents with low self-efficacy were 1.7 times more at risk of not using the IUD compared to respondents with high self-efficacy.

Self-efficacy is the belief to perform an expected action under certain conditions. This is in accordance with Nola J Pender's theory, self-efficacy is one of the most important things in influencing oneself to form a motivation. Self-efficacy affects the level of goal achievement, strength to commit, how much effort is required and how to increase motivation when it decreases. Referring to the results of the research, self-efficacy is a factor that influences women of childbearing age in the working area of the Garuda Health Center in choosing and using IUD contraception. Of the 10 questions, 76% of women of childbearing age were worried that using IUDs could worsen their health. In theory, all contraceptives, both hormonal and IUD, have side effects that can cause anxiety in family planning participants, especially for those who have never used contraceptives or are prospective family planning acceptors. The experience and support of health workers and their families, especially husbands, greatly influences the use of IUD contraception. From this description, it shows that the role of health workers and husbands is in line with self-efficacy in women of childbearing age to achieve satisfaction in the use of IUC contraception. The higher the self-efficacy, the women of childbearing age will choose the long term contraceptive method (LTCM).

The results of this study are in line with re-search [9] which conducted research related to self-efficacy playing a role in the use of contraceptive methods in High-Risk women of childbearing age. In this study, referring to the results of studies that showed self-efficacy or self-confidence of women of childbearing age related to the choice of use of IUD contraception, self-efficacy in WUS was strongly related to social support. Social support can come from the role of health workers and family support, especially husbands.

#### 4.3. The Correlation Knowledge on the use of IUD in Women of Childbearing Age

Based on the results of the study, it is known that based on the results of univariate analysis, it is known that the majority of respondents in case respondents have less knowledge of 61.5%, while in control respondents, the majority have good knowledge of 75%. Meanwhile, based on the results of the multivariate analysis, knowledge did not affect the use of the IUD.

According to [14], knowledge is a variety of symptoms encountered and obtained by humans through the observation of reason. Knowledge arises when a person uses his mind to about certain objects or events that have never been seen or felt before. The relation to the use of the IUD is that the higher the acceptor's knowledge, the higher the acceptor's interest and action in wanting to use the IUD. According to the results of the study, knowledge was not statistically related to IUD use. This shows that although respondents already know the benefits and advantages of the IUD, there are other factors that influence respondents so that they do not use ADKR contraception, such as lack of husband's support and low self-confidence/self-efficacy. The results of this study are not in line with research conducted by [15], which states that there is a relationship between the level of knowledge and the use of the IUD. The more knowledge a person has, the higher the level of knowledge. The results of the study [16] there is a relationship between knowledge of the use of IUD contraception.

#### 4.4. The Correlation Education on the use of IUD in Women of Childbearing Age

Based on the results of the study, it is known that based on the results of univariate analysis, it is known that the majority of respondents in case respondents have a higher education level of 69.2%, while in control respondents it is 95.9%. Meanwhile, based on the results of the multivariate analysis, education did not affect the use of the IUD.

According to [14], education is the main and successful means of implementing family planning goals. Education is needed to obtain information such as things that support health, so that it can improve health and quality of life, women with higher education tend to have good knowledge and patterns of thinking, especially in the use of IUD contraception. Referring to the results of the study, education was not related to IUD use. This means that although the majority of respondents have higher education, they do not necessarily use IUD contraception. The installation of expensive IUD contraception can be one of the factors for the low use of IUD contraception. The results of this study are not in line with research [17] it is known that education has a p value < 0.000 for the selection of IUD / IUD contraceptives at the Nangung District Health Center. In line with previous research, the results of this study are not in line with research [18], it is known that there is a relationship between low education and factors related to the use of IUD contraception in women of childbearing age (WUS).



2  
4.5. The Correlation Parity on the use of IUD in Women of Childbearing Age

4  
Based on the results of the study, it is known that based on the results of univariate analysis, it is known that the majority of respondents in case respondents have more than one child, which is 77.7%, while in control respondents it is 77%. Meanwhile, based on the results of the multivariate analysis, parity did not affect the use of the IUD. Parity is the number of children born to the mother. The number of children is closely related to the welfare of the family. High family welfare tends to be more concerned with the quality of children than the quantity of their children. Referring to the results of the study, it is known that there is no relationship between parity and the use of IUD contraception. This shows that both primiparas and multiparas mostly do not use IUD contraception. Although the statistically high parity rates can be prevented by family planning, steady contraceptive methods are vasectomy and tubectomy. The results of this study are not in line with the results of research [19] it is known that the parity variable has a p value of 0.002. This is also in line with research [18], The results of the statistical test of the relationship between parity and the use of IUDs obtained a P value of 0.017, which means that there is a significant relationship between parity and IUD use.

9  
4.6. The Correlation Income on the use of IUD in Women of Childbearing Age

4  
Based on the results of the study, it is known that based on the results of univariate analysis, it is known that the majority of respondents in case respondents have less income, namely 85.8%, while in control respondents it is 75.0%. Meanwhile, based on the results of multivariate analysis, income did not affect the use of the IUD.

The economic level affects the choice of 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, the IUD is cheaper than injectable or pill KB, but sometimes people see how much it costs for one pair. Referring to the results of multivariate analysis research, the absence of a relationship between income and IUD contraceptive use can be caused by various factors. Such as knowledge and self-efficacy. Even though respondents have high incomes, because they do not have good knowledge and good self-confidence, respondents tend to use contraceptives which they think are safer. The results of this study are not in line with Wright's [20], it is known that there is a relationship between socioeconomic and the selection of IUD contraceptives. The income factor is an obstacle for mothers who are interested in using the IUD.

9  
4.7. The Correlation Husband's Support on the use of IUD in Women of Childbearing Age

4  
Based on the results of the study, it is known that based on the results of univariate analysis, it is known that the majority of respondents in case respondents are supported by their husbands, namely 61.5%, while in control respondents it is 68.2%. Meanwhile, based on the results of the multivariate analysis, husband's support did not affect the use of the IUD. Lawrence Green's theory in [14], suggests that the husband's support factor can be said to be one of the antecedent factors (possibility), which allows a motivation or aspiration to be realized. The combination of husband's education, knowledge and support with the wife's strong will in determining the choice of contraception that has proven to be effective has resulted in a unanimous decision for both partners to use the contraceptive. However, based on the results of the study, even though the respondents were supported by their husbands, the respondents did not use the IUD contraception. It is known that 61.5% of respondents are supported by their husbands, but do not use IUD contraception. The results of this study are not in line with research conducted by Sihotang et al [21], it is known that there is a relationship between husband support for the use of the IUD with a P value of 0.000. Another study, based on research results [22] it is known that there is a relationship between husband's support and the use of IUD contraception and according to [23], there is a relationship between husband's support for the use of IUD contraception.

9  
4.8. The Correlation Family Planning History on the use of IUD in Women of Childbearing Age

4  
Based on the results of the study, it is known that based on the results of univariate analysis, it is known that the majority of respondents have never used family planning, which is 70.9%, while the control respondents are 58.8%. Meanwhile, based on the results of multivariate analysis, family planning history did not affect the use of the IUD. In theory, history or history is events and events that actually happened in the past; knowledge or description of events and events that actually occurred in the past. Regarding family planning history, previous family planning history has a relationship with the decision to use contraceptives. This use is related to the mother's interest in using the contraceptive again. In general, mothers who have used contraception tend to use other contraception, one of which is the IUD. Referring to the results of the study, there were still respondents who, despite

having a family planning history, did not use IUD contraception. Expensive costs and concerns regarding the use of IUD contraception can be a contributing factor. The results of this study are not in line with Luo's research in China which also states that there is a 2 times greater tendency to use the IUD again in previous IUD users than those who have never used an IUD [24].

### V. CONCLUSION AND RECOMMENDATION

The conclusion of the study is that there is a relationship between self-efficacy, the role of health workers on the use of IUD contraception. The suggestions are for health workers at the Garuda Health Center to be more active in providing health information in order to improve IEC for married couples who want to use family planning, especially IUDs, in addition to Puskesmas, Private Practice Midwives (Bidan Praktek Swasta) and Posyandu health cadres to provide counseling or counseling related to family planning or IUD.

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