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Factors Associated with Mothers' Interest in Choosing Intrauterine Contraceptive Device (IUD) at Moti Health Center, Ternate City, North Maluku Province



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Abstract

The utilization of intrauterine devices (IUDs) remains low in Maluku Province, with a reported adoption rate of only 33.9% in 2020. At the Moti Community Health Center in 2022, IUD usage was recorded at just 0.19%. This study aimed to identify factors influencing the interest in choosing IUD at the Moti Community Health Center in Ternate City, North Maluku Province. Using a quantitative cross-sectional design, the research employed multistage random sampling involving 66 women of reproductive age (WRA). Data collection utilized questionnaires and interviews, with statistical analysis including univariate and bivariate analyses using Chi-Square tests. Out of 66 respondents, 19 (28.8%) expressed interest in choosing IUD, while 47 (71.2%) did not. Chi-square analysis revealed significant correlations between interest in IUD and variables such as knowledge (p-value 0.002), attitude (p-value 0.031), education (p-value 0.027), husband's support (p-value 0.000), and acceptance of birth control information (p-value 0.001). However, parity showed no significant association (p-value 0.624) with mothers' interest in choosing IUD at the Moti Health Center in Ternate City, North Maluku Province. Significant relationships were observed for variables like knowledge and attitude, whereas parity did not demonstrate a notable link. Increasing IUD adoption among WRA requires enhanced education, family involvement, flexible services, and competent healthcare providers. Encouraging husbands' participation, structured counselling, home visits, and incentives can boost uptake. These findings highlight the need for training the staff, and collaborating with community leaders to increase IUD adoption.

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INTRODUCTION

Indonesia, the fourth most populous country globally after China, India, and the United States, currently has a population of 270.2 million with a growth rate of 1.25% ([Kuncaraning et al., 2021](#)). Population is projected to continue growing, with a population explosion expected by 2030. This rapid growth is driven by Indonesia's high Total Fertility Rate (TFR) of 2.4 children per woman ([BKKBN, 2021](#)). The Strategic Plan aims to reduce TFR to 2.24 by 2021, a target yet to be met. Such rapid population growth impacts development, necessitating policies to manage it.

The importance of contraception in Indonesia is crucial to prevent population increases ([BKKBN, 2021](#)). Active birth control participants significantly contribute to reducing population growth through Long-Acting Reversible Contraception (LARC) and Short-Acting Contraceptive Methods (non-LARC). LARC methods are more effective in preventing or delaying pregnancy compared to non-LARC methods ([BKKBN, 2021](#)). The government emphasizes LARC usage to control births and achieve Goal 3 of the SDGs, ensuring healthy lives and promoting well-being for all ages ([Astuti, 2018](#)).

The Indonesia Demographic and Health Survey, 55.36% of women of reproductive age (WRA) are birth control acceptors, while 44.64% decline ([Nuraini et al., 2018](#)). The choice of contraceptive method should be informed by knowledge of each method's benefits, drawbacks, effectiveness, and efficiency. Factors influencing contraceptive choice include education, economic status, and knowledge ([Syum et al., 2019](#)). Good knowledge of birth control correlates with the behavior of WRA mothers in using contraceptives, supported by positive attitudes and spousal support ([Astuti, 2018](#)). Rahayu's research (2021) indicates that knowledge, age, and number of children influence WRA mothers' contraceptive choices.

Contraceptive prevalence distribution shows the highest rates in South Kalimantan, Bangka Belitung Islands, and Bengkulu, while the lowest are in Papua, West Papua, and Maluku ([BKKBN, 2021](#)). The most preferred modern contraceptive

methods in 2020 were injectables (66.49%), followed by pills (15.59%), implants (8.85%), and IUD (7.8%). LARC methods are more effective than non-LARC methods ([Badan Pusat Statistik \(LF SP2020\), 2023](#)).

In Ternate City, IUD acceptors are notably fewer compared to other methods. Data from the Ternate City Health Office in 2020 showed only 5% of active birth control participants opted for IUD. Similar patterns persisted in 2021 and 2022, with IUD consistently being the least preferred method ([Mentari & Artikel, 2020](#)). A survey at the Moti Community Health Center in 2022 found that out of 686 WRA, the majority used injectable contraception (33%), while IUD usage was only 0.19% ([Puskesmas Moti, 2022](#)). Based on these issues, this study aims to analyze factors related to mothers' interest in choosing IUD at the Moti Community Health Center in Ternate City, North Maluku Province.

The title "Factors Related to Mothers' Interest in Choosing Intrauterine Devices (IUD) at the Moti Community Health Center in Ternate City, North Maluku Province" was chosen because this study aims to identify and analyze the factors influencing the low interest of mothers in selecting IUD as a contraceptive method. Understanding these factors is crucial to improving birth control programs and reproductive health services in the area. Focusing on the Moti Community Health Center in Ternate City provides a specific context that is relevant for developing more effective interventions tailored to the needs of the local community.

METHOD

This was a quantitative study with an observational analytic approach using a cross-sectional method which aimed to identify the relationship between risk factors such as knowledge, attitudes, parity, education level, husband support, and receipt of birth control information with interest in choosing an Intrauterine Contraceptive Device (IUD) in Women of Fertile Age at Moti Health Center, Ternate City, North Maluku Province. The population of this study consisted of 1,240 WUS from January to June 2024,

with a sample of 66 respondents selected using the Multistage Random Sampling technique. The variables studied included independent variables, namely knowledge, attitude, parity, education level, husband support, receipt of birth control information, economic status, and access to health services, while the dependent variable was interest in choosing an IUD. Control variables included age, occupation, and history of previous contraceptive use.

The inclusion criteria in this study included WUS aged 15-49 years, domiciled in the working area of Moti Health Center during the study period, married, and willing to become respondents. Meanwhile, the exclusion criteria included WUS who were not present during the study, had divorced either due to death or separation, were sick so they could not fill out the questionnaire, and who had used contraceptive methods such as IUD, vasectomy, or tubectomy. Data were collected using a questionnaire that had been tested for validity and reliability, including aspects of knowledge with 10 multiple-choice questions categorized as low, medium, or high, attitudes measured with a 5-point Likert scale, and parity classified as primiparous, multiparous, and grand multiparous. In addition, education level was categorized as low (no formal education or primary education), medium (junior high school/high school), and high (college).

Husband's support was assessed through 5 questions regarding the level of encouragement and approval of the husband towards IUD use, while the receipt of birth control information was measured based on the frequency and source of receiving information, such as health workers, media, or community leaders. Economic status was classified based on monthly household income into low, medium, and high categories, while access to health services was evaluated based on distance and ease of reaching health facilities. Interest in choosing an IUD was measured through a binary response (interested/not interested) and the reasons behind preference or disinterest.

This study has an advantage over other studies by focusing on Moti Health Centre in Ternate City, North Maluku Province, using quantitative methods and a cross-sectional design to evaluate various factors affecting IUD selection. The Multistage Random Sampling technique ensures a representative sample, while strict inclusion and exclusion criteria help avoid bias. In addition, the use of a validated and highly reliable questionnaire provided better data quality than other studies that may have used different approaches or locations. This study has obtained ethical approval from the Health Research Ethics Committee of Universitas Airlangga with approval number 47/EC/KEPK/FKUA/2024, valid from February 19, 2024 to February 19, 2025.

RESULT

Table 1. Frequency Distribution Based on Respondent Characteristics

Variables	Frequency	Percentage (%)
Age		
20-30 years	31	
>35 years	35	47
Occupation		
Housewife	53	80,3
Employee	2	3,0
Civil Servant	5	7,6
Farmer	4	6,1
Entrepreneur	2	3,0
Type of Contraceptive Method		
Not using contraception	3	4,5
IUD (Intrauterine Device) 0	0	0
Other than IUD	63	95,5

Variables	Frequency	Percentage (%)
Knowledge		
Low	38	57,6
Sufficient	17	25,8
Good	11	16,7
Attitude		
Positive	15	22,7
Negative	51	77,3
Parity		
Primiparous	9	13,6
Multiparous	51	77,3
Grand multiparous	6	9,1
Educational Level		
Low	18	27,3
Moderate	40	60,6
High	8	12,1
Husband's Support		
Not Supportive	28	81,8
Supportive	38	18,2
Acceptance of Birth control Information		
Poor	47	71,2
Good	19	28,8
Total	66	100

Source: Primary Data, 2024

Based on Table 1, it can be observed that 63.6% of respondents interested in IUD have good knowledge, with a chi-square test showing a p-value of 0.002, indicating a significant relationship between knowledge and mothers' interest in choosing IUD at Moti community health centers, although the relationship is weak (contingency coefficient of 0.397). Out of 51 respondents with a positive attitude, 35.3% are interested in IUD, with a Fisher's exact test showing a p-value of 0.049, indicating a significant relationship between attitude and mothers' interest in IUD, although the relationship is also weak (contingency coefficient of 0.256). The prevalence ratio (PR) of 1.442 indicates that mothers with a negative attitude are 1.442 times more likely to not be interested in IUD.

44.4% of primiparous respondents are more interested in IUD compared to multiparous respondents, but a Fisher's exact test with a p-value of 0.624 shows no significant relationship between parity and mothers' interest in IUD. Respondents with higher education, 50% of whom are interested in IUD, with a chi-square test showing a p-value of 0.027, indicating a significant relationship between

education level and mothers' interest in IUD, although the relationship is weak (contingency coefficient of 0.315). There were no respondents whose husbands did not support them who were interested in IUD, while 50% of respondents whose husbands supported them were interested in IUD, with a chi-square test showing a p-value of 0.000, indicating a significant relationship between husband support and interest in IUD, with a moderate relationship (contingency coefficient of 0.479).

66.7% of respondents with good acceptance of birth control information are more interested in IUD compared to 20.3% who received poor information, with a Fisher's exact test showing a p-value of 0.003, indicating a significant relationship between acceptance of birth control information and mothers' interest in IUD, although the relationship is weak (contingency coefficient of 0.367). The prevalence ratio (PR) of 2.389 indicates that mothers with good information acceptance are 2.389 times more likely to choose IUD compared to those with poor birth control information.

DISCUSSION

This study reveals that respondents with limited knowledge about Intrauterine Devices (IUD) tend to show less interest in choosing them. A significant majority (86.8%) of respondents with low knowledge expressed no interest in IUD, compared to 58.8% with moderate knowledge and 36.4% with good knowledge who also showed disinterest. However, the study found a higher interest in IUD among respondents with good knowledge (63.6%) compared to those with low knowledge (13.2%). Statistical tests, with a chi-square p-value of 0.002 and a contingency coefficient of 0.397, confirm a significant relationship between knowledge levels and interest in choosing IUD. Factors contributing to low knowledge about IUD include limited access to information and healthcare services, particularly among respondents employed as IRT and with education up to junior or senior high school levels. This study aligns with previous findings Mustika highlighting that good knowledge about contraceptive methods, including IUD, increases interest and likelihood of choosing them (Abbas et al., 2019; Bernadus et al., 2013; Harrison et al., 2023; Octavi et al., 2022). However, studies from different regions in Ethiopia (Nekemte, Wolaita Zone, Mekelle) suggest varying responses to information and education about contraception, indicating the need for enhanced educational strategies to improve understanding and acceptance of IUD, and to address misconceptions about its side effects. Providing accurate and reliable information to women of reproductive age is crucial for making informed decisions about their reproductive health.

The study underscores the significant influence of mothers' attitudes towards Intrauterine Devices (IUD) on their inclination to choose them. Out of 51 respondents with a positive attitude towards IUD, 35.3% expressed interest in using it. Statistical analysis shows a p-value of 0.049, with a contingency coefficient of 0.256, indicating a significant yet weak relationship between attitude and interest in IUD. Positive attitudes are often shaped by personal experiences or reliable information sources. Ajzen's Theory (1991)

supports this, suggesting that positive attitudes towards an action increase the intention to perform that action. Conversely, respondents with negative attitudes tend to show less interest in IUD, potentially due to embarrassment or fear related to the insertion procedure. This highlights the importance of effective education, counselling, and healthcare provider support in fostering positive attitudes towards IUD. These findings are consistent with previous studies (Kyejo et al., 2022; Patimah & Nurani, 2022) indicating that attitude significantly influences the intention to use contraceptive methods such as IUD among women of reproductive age. However, inconsistencies in responses to information and education about contraception (Harefa & Ndruru, 2022; Mutika et al., 2022) suggest the need for tailored approaches to address individual preferences and concerns. Overall, fostering positive attitudes towards IUD is crucial in promoting its acceptance as a safe and effective birth control method.

The study found no significant relationship between parity and mothers' interest in choosing IUD (p-value 0.624). While primiparous mothers showed higher interest (44.4%) compared to multiparous (27.5%) and grand multiparous (16.7%) mothers, these differences were not statistically significant. Despite most respondents having 2-4 children, they preferred contraceptive methods other than IUD, often citing discomfort and fear associated with its insertion. This study's findings are consistent with previous research (Patimah & Nurani, 2022), which also found no significant relationship between parity and contraceptive method choice. However, other studies suggest that mothers with more children may prefer long-acting contraceptive methods like IUD to prevent unplanned pregnancies, depending on factors like device side effects, body placement, and ease of use (Manzer & Bell, 2022; Petrie et al., 2024). Differences in study populations and unexplored factors may contribute to these variations in findings.

Education level significantly influenced mothers' interest in choosing IUD, with a p-value of 0.027 and a contingency coefficient of 0.315.

Respondents with higher education (50%) were more interested compared to those with lower education levels (5.6%). Higher education often correlates with better understanding of contraceptive benefits and risks, as well as improved access to health information, as supported by previous studies ([Cleland et al., 2012](#); [Munawaroh et al., 2022](#)). Studies in various regions ([Stearé et al., 2023](#)) have similarly found a positive association between education and interest in IUD. However, inconsistent findings ([Patimah & Nurani, 2022](#)), suggest that sample characteristics may influence these results. Studies in Ethiopia highlight that mothers with higher education levels are more likely to favor IUD ([Syum et al., 2019](#)) emphasizing the role of education in shaping contraceptive preferences. While higher-educated women may prefer non-IUD contraceptives in some cases ([Kamil Rusda Yani, 2021](#)), education generally enhances interest in IUD as a viable birth control option.

Husband support emerged as a highly significant factor influencing mothers' interest in choosing IUD. All respondents without husband support expressed no interest, while 50% of those with support showed interest, supported by a chi-square p-value of 0.001 and a contingency coefficient of 0.479. Studies ([Priyono & Kusumawati, 2020](#); [Widgery, 1988](#)) emphasize husband support as crucial in birth control success, with lack of support increasing disinterest in IUD significantly. This finding is consistent with research indicating that husband involvement is essential in contraceptive decision-making, affecting women's confidence and access to accurate information about IUD. Patriarchal norms may also influence wives' decisions, underscoring the need for supportive spousal relationships in promoting IUD use. The study highlights the importance of involving husbands in birth control discussions to enhance contraceptive acceptance and use among women.

The study shows that mothers' interest in choosing IUD is influenced by knowledge, attitudes, education level, and spousal support with varying degrees of relationship strength, but is not

influenced by parity. Good reception of birth control information significantly influenced mothers' interest in choosing IUD, with 66.7% of well-informed respondents expressing interest, compared to 20% of those with poor information. Fisher's exact test showed a p-value of 0.003 and a contingency coefficient of 0.367, underscoring the impact of comprehensive and accurate information on contraceptive decision-making. Studies ([Ashraf et al., 2022](#); [Perwira et al., 2022](#)) support these findings, emphasizing the role of healthcare providers in delivering reliable information and recommending appropriate contraceptive methods. However, women's autonomy in contraceptive decision-making may vary despite access to information ([Berndt & Bell, 2021](#)) highlighting the need for supportive healthcare environments that empower women to make informed choices about IUD and other contraceptive options.

CONCLUSION

Maternal knowledge, attitudes, education level, husband support, and acceptance of birth control information all correlate with mothers' interest in choosing IUD, albeit with varying degrees of association, except for husband support which shows a moderate association. Mothers with good knowledge and positive attitudes, higher education, husband support, and good birth control information acceptance are more inclined to choose IUD compared to those with low knowledge, negative attitudes, lower education, lack of husband support, and poor birth control information acceptance. However, parity does not significantly influence mothers' interest in choosing IUD.

SUGGESTIONS

To increase the adoption of IUD among Women of Reproductive Age (WRA), it is essential to enhance their knowledge through reliable sources like social media and involve husbands and families to support the choice of IUD. Participating in regular birth control counselling sessions is also crucial. Health care providers should enhance their competency in birth control services, develop compassionate and empathetic approaches, and

provide flexible service schedules, including evenings. Encouraging the active involvement of husbands in birth control discussions is vital. Institutions such as Birth control Centers and Community Health Centers should conduct structured and ongoing education sessions on IUD, perform home visits for IUD education and placement, and offer incentives to women opting for IUD. Training birth control staff to understand individual needs and build trust, and collaborating with religious leaders, community leaders, and local authorities for broader community support, are also important measures.

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AUTHORS CONTRIBUTION

All authors contributed fully to this research activity, from conceptualization to data management, manuscript drafting, analysis, and final publication.

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