Relationship of Education With   Election Of Intra Uterine Device (IUD) Contraception In The Village "T" Sragen

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Abstract.   One of the government's efforts to control the Population Growth Rate is through the implementation of the Family Planning (FP).Family Planning according to WHO is an action that helps individuals or couples to avoid unwanted births, get the birth you want, set the interval between pregnancies and determine the number of children in the family. In addition to controlling the birth rate, participation in FP program is also intended to improve the welfare of the population, especially women, and children. Family planning programs play a significant role in reducing maternal mortality through prevention of pregnancy, delay pregnancy and spacing of gestation. To determine the relationship of education with the election of Intra Uterine Device (IUD) contraceptive in the Village "T" Sragen. This research is a quantitative research using cross-sectional observational approach. Sampling techniques use probability sampling. The research used 82 respondents who become acceptors of contraception. The test results of data analysis with chi-square statistic showed that the x-count with α = 5%, df = 2, so there is no relation between education and the election of IUD contraception, statistical test values obtained contingency. From the variables of the research that have there is no relation between education and contraceptive IUD.

Keywords: Education, IUD Contraception election.

INTRODUCTION

The population of Indonesia according to the *Sensus Penduduk* (*SP*) In 2000 there were 205.1 million people, with the Population Growth Rate (PGR) of 1.45%. In 2010 SP as much as 237.6 million of 1.49% by PGR. SP Data above increased by 32.5 million, with an annual average of 3.25 million people have added (BKKBN, 2012).

Population Growth Rate in a region or country due to demographic factors, such as birth rate and mortality (Anggraeni and Martini, 2011). Results *Survei Demografi dan Kesehatan Indonesia (SDKI)* in 2012 the condition of the Total Fertility Rate (TFR) shows the number equal to the TFR in 2007 is equal to 2.6% of the target in 2014 is at 2.1% (BKKBN, 2012). Maternal Mortality Rate (MMR) in Indonesia in 2007, showed that 228 per 100,000 live births. Results SDKI 2012, Maternal Mortality Rate (MMR) revealed that 359 per 100,000 live births. The figure soared because of the Millennium Development Goals (MDGs) in 2015 which is 102 per 100,000 live births (BKKBN, 2013).

One of the government's efforts to control the PGR is through the implementation of the Family Planning (FP). Family Planning according to WHO (Expert Committee, 1970) is an action that helps individuals or couples to avoid unwanted births, get the birth you want, set the interval between pregnancies and determine the number of children in the family. In addition to controlling the birth rate, participation in FP program is also intended to improve the welfare of the population, especially women, and children (Anggraeni and Martini, 2010). Family planning programs play a significant role in reducing maternal mortality through prevention of pregnancy, delay pregnancy and spacing of gestation (Utami, 2013).

BKKBN (2011), family planning programs supported by the contraceptives. Contraceptives that have a high effectiveness in preventing pregnancy is a long-term contraception. Long contraception methods include the IUD, implant, MOW, MOP. Results SDKI 2012 that the pattern of use of IUD over a period of 1997 s / d in 2012 decreased from 8.1% to 3.9% (BKKBN, 2012).

IUD contraceptive effectiveness is high, i.e., 0.6-0.8 pregnancies / 100 women in one year first. IUD also play a role in preventing a pregnancy from 98% to nearly 100%, depending on the appliance. Some studies suggest that IUD use is influenced by the husband's support, knowledge, and education (Widiyawati, 2012). Research Indira (2009) concerning the selection of factors contraception to low-income families affected by spousal support and participation in Jamkesmas.

As for the various methods of contraception, namely syringes, pills, implants, IUDs, condoms, tubal ligation, and MOP. In 2012 the achievement of 3.9% IUD and IUD occupied the lowest position number 5 after implant.

According to the data of Central Java in 2012 BKKBN attainment of IUD acceptors participants are 9.02% and hold the lowest position number 4 after the MOW. According to data from the BKKBN, Sragen in 2012 achievement of IUD acceptors participant occupies the lowest position number 4 to the result of 4.3% after the MOW. From 7 Village in the District "G" Sragen, Village Green "T" is the village with the most IUD acceptors are 106 IUD acceptors of 472 spouses of fertile age. In addition to the village "P" is the village with the lowest IUD acceptors are 33 acceptors of IUD of 381 spouses of reproductive age.

MATERIALS AND METHODS

In this study data collection, the instrument was a questionnaire enclosed (close ended). The method used in this study using analytic observational study design to analyze the relationship of education with the election of IUD contraception in the Village "T," Sragen. The design of this study using a cross-sectional approach. Sampling in this study using cluster sampling. Criteria for inclusion in the sample are couples of fertile age use contraception with a total population of 82 acceptors of contraception.

RESULT AND DISCUSSION

Result
Educational relationship with the contraceptive IUD
Relation between education and the selection of contraception IUD research

Table 1. Selection of contraception IUD based education

Election IUD	Mother's Knowledge			Total
	Basic	Secondary	High	
	F	F	F	F
Choose	11	22	18	51
	57,9%	53,7%	81,8%	62,2%
Not choose	8	19	4	31
	42,1%	46,3%	18,2%	37,8%
Total	19	41	22	82
	100%	100%	100%	100%

Based on Table 1 it can be seen that the majority of women who choose contraception secondary education at 22 respondents (53.7%) and minority women who chose IUD basic education that is equal to 11 respondents (57.9%).

Table 2. Value of IUD based on the election results education

P value	Coefisien Contingensi	X^2
0,081	0,240	5,023

Based on Table 2 shows the test results table by using chi-square statistic Showed that the x-count 5023 with $\alpha = 5\%$, df = 2, so there is no relation between education and the election of iud contraception, statistical test values obtained contingency (c = 0240).

Discussion
The relationship of education with the election of IUD
Research in the Village "T" Sragen shows that there is no relationship between education with the election of IUD. Statistical results for the level of education, namely primary, secondary and higher education in the ratio of respondents who choose the IUD is very thin, which is why there is no relationship between the variables of education with the election of IUD. From this study, mothers were educated middle and high tend to prefer the IUD than the basic education. This study showed that respondents were middle and high educated will choose contraception in accordance with the circumstances, which have a higher efficacy is IUD. Typically less educated mothers are less understood contraception that suits him and only went along in choosing a contraceptive but did not rule out the possibility that less educated mothers are active in accessing information and is active in various counseling so as to have a high knowledge.

Based on the theory of Handayani (2010) the relationship between education and mindset, perception and behavior are very significant, in the sense that the higher the level of education a person more rational in making

decisions. Increased levels of education will produce a low birth rate because education will adversely affect the perception of the value of the child and will suppress their large family. Parents in the family certainly wanted him to quality with the hope in the future can continue the ideals of family, useful for society and the state.

According to Adhyani (2011), which states that education is one of the factors that determine a person's knowledge and perception of the importance of things, including the importance of participation in family planning. This study is not consistent with research Bernardus (2012) which states that there is a relationship between education and the selection of the IUD.

According to Widiyawati (2012), The higher the person's level of education the more easily in receiving information about the IUD. Low education also makes respondents are less able to accept and understand the family planning counseling given by the officer KB, thereby inhibiting the process of dissemination of information about birth control and inhibit the process of using an IUD. It can be concluded that the level of education affects a person in the choice of contraceptive IUD.

CONCLUSION

The majority of respondents who choose the IUD's mother a high school education (53.7%) and from the statistical analysis shows that there is no relation between education and the election of iud contraception.

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