

An Overview of Internal and External Factors in the Selection of Intrauterine Devices (IUDs) Among Family Planning Acceptors

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Abstract

The Maternal Mortality Rate (MMR) in Indonesia remains high, prompting the government to promote Long-Acting Reversible Contraception (LARC) such as the Intrauterine Device (IUD). However, IUD uptake at Abang I Health Center is still low compared to short-term methods like injections and pills. This study aims to describe the internal and external factors influencing IUD selection among family planning acceptors at Abang I Health Center. The research method used is descriptive with a cross-sectional approach involving 62 respondents selected via purposive sampling. Data were collected using validated questionnaires and analyzed descriptively. The results showed that the majority of respondents were in the reproductive age of 21–35 years (77.0%), all respondents (100%) had secondary education, most were multipara (72.1%), and had low income (57.4%). The acceptors' internal knowledge level was entirely in the "fair" category (100%), while external factors (support from husbands and health workers) were entirely in the "good" category (100%). The study concludes that IUD selection is influenced by the maturity of age and parity of the acceptors and is very strongly supported by external factors that compensate for the limitations in internal technical knowledge.

Keywords

Intrauterine Device, Family Planning Acceptors, Long Acting Reversible Contraception



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INTRODUCTION

Maternal mortality remains a major public health concern in Indonesia. According to the 2023 Population Census, the maternal mortality ratio (MMR) in Indonesia was 189 deaths per 100,000 live births. This figure highlights the need to strengthen maternal health interventions, including family planning services, to support the achievement of the Sustainable Development Goals (SDGs). Access to effective contraception is an important component of reproductive health services because it enables women and couples to plan pregnancies, reduce unintended pregnancies, and minimize risks associated with pregnancy and childbirth (Radharani, 2022).

Indonesia has implemented family planning programs to improve reproductive

health and manage population growth. In 2021, a total of 37,338,265 people participated in the national family planning program. Of these, 27,919,105 participants (74%) used non-long-acting contraceptive methods, while 9,419,160 participants (25.99%) used long-acting contraceptive methods (LACMs). Among LACM users, 1,688,681 participants used intrauterine devices (IUDs), representing 7.15% of the reported contraceptive method distribution, while implants, female sterilization, and male sterilization accounted for 6.99%, 2.78%, and 0.53%, respectively. These figures indicate that the utilization of long-acting contraceptive methods remains relatively limited compared with short-acting methods (Safitriana et al., 2022). Furthermore, the 2023 family data update by the National Population and Family Planning Board (BKKBN) reported that the prevalence of family planning participation among eligible couples in Indonesia was 60.4%. The prevalence varied considerably across provinces, ranging from 71.2% in South Kalimantan to 10.5% in Papua.

A similar pattern can be observed in Bali Province. According to the 2024 Bali Health Profile, the coverage of active family planning participants reached 73.8%. Tabanan Regency recorded the highest coverage at 83.9%, whereas Klungkung Regency had the lowest coverage at 62.8%, followed by Karangasem Regency at 63.85%. Data from the Bali Provincial Health Office in 2024 also indicated that injectable contraception was the most commonly used method among postpartum family planning participants (31.76%). In comparison, IUDs accounted for 17.64%, condoms 17.32%, the lactational amenorrhea method (LAM) 11.48%, female sterilization 8.08%, oral contraceptive pills 7%, implants 6.58%, and male sterilization 0.13%. At the subdistrict level, data from the Karangasem District Health Office in 2025 showed that short-acting methods, particularly injections and pills, were more widely used than IUDs in the service areas of Abang I and Abang II Community Health Centers. The combined number of users of injectable contraception and pills in Abang Subdistrict was 5,010, compared with 3,213 IUD users. This difference illustrates the continuing challenge of increasing IUD utilization in the area.

Family planning is an effort to regulate pregnancy and support the establishment of small, healthy, and prosperous families. Government policies on family planning also aim to manage population growth and improve reproductive health outcomes (Direktorat Kesehatan Keluarga, 2021). One of the approaches promoted through the national family planning program is the use of long-acting contraceptive methods, including implants, intrauterine devices, female sterilization, and male sterilization (Azis & Musfirah, 2021; Noriani, 2023). Among these methods, the IUD is an effective, reversible, and long-acting contraceptive option. Its contraceptive effectiveness exceeds 99% during the first year of use, and fertility generally returns promptly after removal. Furthermore, the IUD does not interfere with breast milk production or quality, making it an appropriate option for many women of reproductive age, including breastfeeding mothers (Affandi et al., 2021; Kementerian Kesehatan Republik Indonesia, 2021). Despite these advantages, the adoption of IUDs remains influenced by various individual and social considerations.

Several psychological and sociocultural barriers may affect women's decisions to use

IUDs. Some women experience fear and anxiety regarding the insertion procedure, particularly concerns about pain, bleeding, and potentially unpleasant experiences associated with previous contraceptive use. Feelings of embarrassment may also arise because insertion involves the vaginal area, which can be considered a sensitive or taboo subject in certain cultural contexts (Harahap et al., 2025). These concerns may influence women's perceptions of the method and their willingness to consider it as a contraceptive option. In addition, limited knowledge about long-acting contraceptive methods may contribute to unfavorable attitudes toward their use. A study by Putri et al. (2022), entitled *The Relationship Between Knowledge and Attitudes of Third-Trimester Pregnant Women Toward the Selection of Long-Acting Contraceptive Methods*, conducted at UPTD Puskesmas I Denpasar Timur, found a statistically significant relationship between knowledge and attitudes toward the selection of long-acting contraceptive methods. The study also reported that 46.4% of respondents had insufficient knowledge about these methods. This finding suggests that knowledge may be an important consideration in contraceptive decision-making, although the choice of a particular method may also depend on other personal and contextual factors.

The selection of an IUD can be influenced by both internal and external factors. Internal factors include age, educational attainment, parity, income, knowledge of contraceptive methods, attitudes, health conditions, and previous contraceptive experiences. These characteristics may shape women's understanding of contraceptive benefits and risks, as well as their assessment of the suitability of a particular method for their reproductive needs. External factors include support from husbands and family members, social and cultural influences, and interactions with healthcare professionals. Spousal support may affect women's confidence in making reproductive health decisions, while healthcare providers play an important role in delivering accurate information, addressing misconceptions, and explaining available contraceptive options. Consequently, understanding both internal and external factors is necessary to obtain a more comprehensive picture of IUD selection among family planning acceptors.

The relatively low utilization of IUDs compared with short-acting contraceptive methods warrants further attention. Continued reliance on methods that require regular administration or repeated visits may increase the possibility of discontinuation when users experience inconvenience, forget scheduled use, or become dissatisfied with their chosen method. Contraceptive discontinuation and inconsistent use can contribute to unintended pregnancies, which may expose women and families to additional health and socioeconomic challenges. Unintended pregnancies can also increase the demand for maternal healthcare services and potentially contribute to adverse maternal health outcomes, depending on individual circumstances and access to appropriate care (Delima et al., 2022). Improving access to information and supporting informed contraceptive choices are therefore important components of family planning services. Identifying the factors associated with IUD selection can help healthcare providers develop counseling approaches that respond more closely to women's concerns, reproductive circumstances, and contraceptive preferences.

Although previous research has examined the relationship between contraceptive knowledge and attitudes, further investigation is needed to describe the internal and external factors involved in IUD selection among family planning acceptors in specific local healthcare settings. In particular, information concerning age, educational attainment, parity, income, contraceptive knowledge, spousal support, and support from healthcare professionals is relevant to understanding contraceptive choices in the service area of UPTD Puskesmas Abang I. A local assessment of these factors may provide useful information for evaluating family planning counseling and identifying areas in which reproductive health education and service delivery could be improved.

Based on this background, this study aims to describe the internal and external factors associated with the selection of intrauterine devices among family planning acceptors in the service area of UPTD Puskesmas Abang I, Karangasem Regency, Bali, Indonesia. The internal factors examined include age, educational attainment, parity, income, and contraceptive knowledge, while the external factors include spousal support and support from healthcare professionals. The findings are expected to provide information that can inform the development of more responsive family planning counseling and health education services and support informed decision-making regarding the use of long-acting contraceptive methods, particularly IUDs.

METHOD

This study employed a descriptive research design with a cross-sectional approach to describe the internal and external factors associated with intrauterine device (IUD) selection among family planning acceptors in the service area of UPTD Puskesmas Abang I, Karangasem, Bali, Indonesia. The study was conducted from February to April 2026. The study population consisted of 153 active IUD users, from which 62 respondents were selected using purposive sampling based on predetermined inclusion and exclusion criteria. The sample size was calculated using Slovin's formula with a 10% margin of error. The inclusion criteria were active IUD users who agreed to participate and were able to read and understand Indonesian and complete the questionnaire independently. Respondents who were ill were excluded from the study.

Primary data were collected using a self-developed questionnaire comprising 30 items, consisting of 16 items assessing internal factors and 14 items assessing external factors. The internal factors included age, educational attainment, parity, income, and contraceptive knowledge, while the external factors included spousal support and support from healthcare professionals. Before the main data collection, the questionnaire was tested on 30 respondents outside the study area, namely in the service area of Puskesmas Karangasem I. Item validity was assessed using the Pearson product-moment correlation, with an (r)-table value of 0.361. All questionnaire items were declared valid, with correlation coefficients ranging from 0.512 to 0.658 for internal factors and from 0.533 to 0.645 for external factors. Reliability testing using Cronbach's alpha yielded coefficients of 0.812 for internal factors and 0.784 for external factors, indicating acceptable internal consistency. Data collection was

conducted after obtaining the necessary research permissions and ethical clearance. Eligible respondents received an explanation of the study objectives and procedures and provided informed consent before completing the questionnaire, with assistance from two trained enumerators who were midwives at the family planning clinic.

The collected data were processed through editing, coding, data entry, cleaning, and scoring, followed by univariate analysis to describe the distribution of each research variable using frequencies and percentages. The analysis covered age, educational attainment, parity, income, contraceptive knowledge, spousal support, and healthcare professional support. The findings were intended to provide a descriptive overview of the internal and external factors associated with IUD selection among family planning acceptors in the study area. Ethical principles were maintained throughout the research by respecting participants' autonomy through informed consent, minimizing potential harm, maintaining fair treatment, and ensuring voluntary participation.

RESULT AND DISCUSSION

Results

Characteristics of the Research Subjects

Data were collected from 62 active intrauterine device (IUD) users in the service area of UPTD Puskesmas Abang I, Karangasem, Bali. The characteristics of the respondents were examined based on internal factors, including age, educational attainment, parity, monthly family income, and contraceptive knowledge, as well as external factors, including spousal support and support from healthcare professionals. The distribution of respondents across these characteristics is presented in Table 2.

Table 2. Characteristics of the Research Subjects (n = 62)

No.	Variable	Category	Frequency (n)	Percentage (%)
1	Age	Reproductive age (20–35 years)	51	82.25
		Above 35 years	11	17.75
2	Educational attainment	Elementary school	0	0
		Junior high school	8	12.90
		Senior high school/vocational school	54	87.10
		Higher education	0	0
3	Parity	Primiparous	13	20.96
		Multiparous	44	70.96
		Grand multiparous	5	8.08
4	Monthly family income	Low	55	88.70
		High	7	11.30
5	Contraceptive	Good	0	0

	knowledge			
		Moderate	62	100
		Poor	0	0
6	Spousal support	Good	62	100
		Moderate	0	0
		Poor	0	0
7	Healthcare professional support	Good	62	100
		Moderate	0	0
		Poor	0	0

Source: Primary data, 2026.

Table 2 shows that most respondents were of reproductive age, with 51 respondents (82.25%) aged 20–35 years, while 11 respondents (17.75%) were above 35 years. Regarding educational attainment, the majority had completed senior high school or vocational school (54 respondents; 87.10%), whereas eight respondents (12.90%) had completed junior high school. No respondents reported elementary-level education or higher education. In terms of parity, multiparous women represented the largest group, comprising 44 respondents (70.96%), followed by primiparous women (13; 20.96%) and grand multiparous women (5; 8.08%). Most respondents also reported low monthly family income (55; 88.70%), while seven (11.30%) were classified as having high income.

Regarding contraceptive knowledge, all 62 respondents (100%) were classified as having moderate knowledge, with none categorized as having good or poor knowledge. A similar distribution was observed for external factors: all respondents reported good spousal support and good support from healthcare professionals. These findings indicate that the respondents shared relatively similar characteristics in terms of contraceptive knowledge and perceived external support, whereas their age, educational attainment, parity, and family income varied.

Internal Factors Associated with IUD Selection

The descriptive findings indicate that the majority of IUD users were women of reproductive age, had completed senior high school, and had given birth more than once. Multiparous women accounted for 70.96% of the sample, suggesting that women with previous childbirth experience constituted the largest proportion of IUD users in the study area. In addition, 88.70% of respondents were classified as having low family income. All respondents demonstrated a moderate level of contraceptive knowledge, indicating that none reached the study's highest knowledge category.

External Factors Associated with IUD Selection

The results showed that spousal support and support from healthcare professionals were consistently categorized as good among all respondents. All 62 participants reported good support from their husbands and healthcare professionals. These findings suggest that the respondents perceived their family and healthcare environments as supportive of their

contraceptive use. However, because the study included only active IUD users, the findings describe the characteristics and reported support of existing users rather than establishing whether these factors distinguish IUD users from users of other contraceptive methods.

Discussion

Internal Factors and IUD Use

The predominance of respondents aged 20–35 years indicates that most IUD users in the study area were within the reproductive age range. This stage of life may involve decisions about pregnancy spacing, family size, and maternal and child health. IUDs offer long-term contraceptive protection without requiring daily or monthly action from users, which may make them suitable for women seeking to manage their reproductive plans. Nevertheless, the present study does not establish that age directly influences IUD selection because no comparison was conducted between IUD users and women using other contraceptive methods. Educational attainment is another characteristic relevant to reproductive health decision-making. Most respondents had completed senior high school or vocational school, while the remainder had completed junior high school. Formal education may provide a foundation for understanding health information, but educational attainment alone does not necessarily reflect an individual's ability to evaluate contraceptive risks, benefits, and potential side effects. Therefore, family planning counseling should provide clear, accessible, and evidence-based information tailored to women's knowledge and concerns, regardless of their educational background.

Parity was characterized by a predominance of multiparous respondents, who accounted for 70.96% of the sample. Women who have experienced childbirth may have particular reproductive preferences, including spacing subsequent pregnancies or limiting family size. The long-acting nature of IUDs may be relevant to these needs because the method does not require frequent replacement or repeated action by the user. However, the present findings should not be interpreted as evidence that higher parity causes women to choose IUDs, since the study did not compare parity across different contraceptive user groups. Monthly family income was categorized as low for 88.70% of respondents. This finding highlights the importance of considering economic circumstances when providing family planning services. Long-acting contraceptive methods may offer practical advantages because they provide extended protection and reduce the need for frequent contraceptive-related visits. However, the economic implications of IUD use depend on service availability, eligibility for health insurance coverage, and any associated costs. Consequently, the income distribution observed in this study does not establish that lower income motivates IUD use. Further research comparing users of different contraceptive methods would be needed to examine this possibility.

An important finding was that all respondents had moderate contraceptive knowledge. Although these women were active IUD users, none was classified as having good knowledge according to the study's measurement criteria. This result suggests an opportunity to strengthen contraceptive education, particularly concerning the mechanism

of action, duration of effectiveness, possible side effects, warning signs requiring medical attention, and follow-up recommendations. Healthcare professionals can use counseling sessions to identify misunderstandings and provide explanations that address each woman's specific concerns. Information about checking IUD strings should also follow current clinical guidance, with clear instructions on when professional assessment is necessary. These educational measures may help users make informed decisions and maintain confidence in their chosen method.

External Factors and IUD Use

Spousal support was reported as good by all respondents. This finding highlights the perceived importance of partner support among the women participating in the study. Supportive partners may contribute to reproductive health decision-making through communication, emotional reassurance, practical assistance, and shared consideration of family planning needs. Involving husbands in counseling, when desired by the woman, may help couples understand the available contraceptive options and make informed decisions together. Nevertheless, women's autonomy and individual preferences should remain central to contraceptive counseling. Because all respondents reported good spousal support, the study cannot determine whether differences in partner support influence the selection of IUDs.

Support from healthcare professionals was also rated as good by all 62 respondents. This result suggests that the participants perceived the support provided by healthcare personnel positively. In family planning services, healthcare professionals can help women understand contraceptive options, address misconceptions, discuss possible adverse effects, and explain follow-up procedures. Respectful communication, confidentiality, and opportunities to ask questions are important components of person-centered contraceptive care. Maintaining these practices may help women feel more comfortable discussing reproductive health concerns and making decisions based on accurate information. The uniform reports of good spousal and healthcare professional support should nevertheless be interpreted cautiously. The absence of variation in these variables prevents meaningful comparisons between support categories within this sample. Furthermore, the study measured reported support rather than independently evaluating the quality of counseling or the specific actions undertaken by husbands and healthcare professionals. Therefore, although the findings demonstrate a favorable pattern of perceived support among existing IUD users, they do not establish that such support caused IUD adoption or continued use.

Study Limitations

This study has several limitations. First, the research used a descriptive cross-sectional design, which provides information about respondents' characteristics at a particular period but cannot establish causal relationships between the examined factors and IUD selection. Second, the sample consisted exclusively of 62 active IUD users from one community health center service area. Consequently, the findings cannot be generalized directly to all women of reproductive age in Karangasem Regency or used to compare IUD

users with women choosing other contraceptive methods. Third, the questionnaire was developed by the researcher and tested using item-total correlation and internal consistency measures; however, formal content and construct validity assessments were not conducted. Finally, the uniform distribution of contraceptive knowledge and perceived external support limited the ability to examine differences within these variables. Future studies involving larger and more diverse populations, including users of different contraceptive methods, and employing more comprehensive instrument validation are recommended.

CONCLUSION

Based on the findings, IUD users in the service area of UPTD Puskesmas Abang I were predominantly women of reproductive age (82.25%), multiparous (70.96%), and from low-income households (88.70%). All respondents had a moderate level of contraceptive knowledge, while all reported good spousal support and good support from healthcare professionals. These findings highlight the importance of strengthening contraceptive education, particularly regarding potential side effects, follow-up care, and appropriate IUD monitoring. However, because this study involved only active IUD users and employed a descriptive cross-sectional design, the findings describe respondents' characteristics and perceived support rather than establishing causal relationships with IUD selection.

Healthcare professionals, particularly midwives, are encouraged to improve post-insertion counseling through clear explanations, illustrated educational materials, and demonstrations using anatomical models, while maintaining respectful communication and patient confidentiality. Family planning acceptors should seek professional advice when experiencing concerns or physical complaints, while husbands and family members are encouraged to maintain supportive involvement in reproductive health decisions. Educational institutions may use these findings as a reference for developing learning materials on health promotion and family planning services. Future researchers are recommended to conduct analytical or qualitative studies involving more diverse populations and additional variables, such as social media exposure, cultural influences, and differences between copper and hormonal IUDs, to obtain a more comprehensive understanding of contraceptive decision-making.

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