

ISSN: 2549-4643

**THE PROCEEDINGS OF
INTERNATIONAL
SEMINAR AND WORKSHOP
ON NURSING**

**UPDATE GUIDELINES EVIDENT BASED
MANAGEMENT WOUND, OSTOMY, CONTINENT
AND HEALTH PROBLEM**

2017

SUNDAY, JANUARY, 29th

AKPER DHARMA HUSADA KEDIRI

Jl. Penanggungan No.41 A Bandar Lor
Kediri - East Java - Indonesia
Website: akper-akbid-kediri.com

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ALUMNI ASSOCIATION OF
AKPER DHARMA HUSADA KEDIRI

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Published by:

Adjie Media Nusantara Publishing



CV. ADJIE MEDIA NUSANTARA
Website: adjiemedianusantara.co.id
Telepone: (0358) 792436/ 082244863077
Address: Jl. Demang Palang No.9 Watudandang Prambon Nganjuk
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GREETING FROM COMMITTEE

INTERNATIONAL SEMINAR AND WORKSHOP ON NURSING

On behalf of the committee, it is a great honor to extend this opportunity to welcome all of you to International Seminar and Workshop on Nursing with theme "UPDATE GUIDELINES EVIDENT BASED MANAGEMENT WOUND, OSTOMY, CONTINENT AND HEALTH PROBLEM". This event is organized by AKPER DHARMA HUSADA KEDIRI and Alumni of AKPER DHARMA HUSADA KEDIRI. Hopefully, all of you have wonderful, fulfilling chance and are able to take great ideas to support your individual program and goal. Through this event, by transferring knowledge and sharing ideas, we can response the change of global needs across health systems.

Ladies and Gentlemen,

This International Seminar and Workshop on Nursing brings together academicians, practitioners, researchers from different provinces in Indonesia and different countries such as Malaysia and Australia.

Finally, we would like to congratulate those whose selected articles are included in the proceeding and we also would like to thank to the attendance speakers, expertise, participants and committee of this Seminar and Workshop.

Thank you very much and enjoy the event.

Sincerely,

Committee

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A Literature Review: Transcutaneous Electrical Nerve Stimulation (Tens) for The Management of Pain

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ABSTRACT

Introduction: The transmission of pain is inhibited by the stimulation of large, afferent nerve fibres which carry impulses towards the central nervous system. When afferent nerves are stimulated, the pathway for other (painful) stimuli is closed by the operation of a 'gate' in the spinal cord that controls transmissions to the brain. Transcutaneous electrical nerve stimulation (TENS) is one of the most widely used physical modalities for the management of a wide variety of painful condition.

Objective: This review is to provide literature review to describe about that examined the optimal stimulation frequency of transcutaneous electrical nerve stimulation in reducing pain.

Method: Elsevier Inc, Medline, Science direct are Data Based used to explore the article, by using PECOT/PICOT framework P (patient/problem): Patient with pain; E/I (exposure/ implementation): Transcutaneous electrical nerve stimulation; C (control): placebo; O (outcome): reducing pain.

Results: Compared with placebo TENS, high frequency and low frequency increased pressure pain threshold. There was no effect on the cutaneous mechanical pain threshold.

Conclusion: Both high frequency and low frequency increased pressure pain threshold in people with pain; placebo TENS had no significant effect on pressure pain threshold.

Keywords: *pain, transcutaneous electrical nerve stimulation, management of pain*

INTRODUCTION

Transcutaneous electrical nerve stimulation (TENS) is an inexpensive, noninvasive intervention used to manage a wide variety of painful conditions. Previous studies showed that TENS increases pressure and heat pain thresholds in people who are healthy and reduces mechanical and heat hyperalgesia in arthritic animals. Transcutaneous electrical nerve stimulation (TENS) is an inexpensive, safe, non-drug analgesic that is advocated as an adjunct to other treatments for musculoskeletal pain and promotes self management by patients. As low- and high-frequency stimulations of TENS seem to work on the various analgesic mechanisms to a different extent, some researchers advocate that an alternating stimulation frequency of TENS could trigger optimal analgesic effects. Treatment

with transcutaneous electrical nerve stimulation (TENS) is rarely associated with negative side effects and has been reported to be effective in patients with peripheral neuropathic pain e.g., patients with diabetic neuropathy, and patients with pain of differing origin but less effective in patients with central neuropathic pain.

METHOD

The Pearl study is a double blind. Randomization was carried out by drawing lots from the randomization envelope. Only therapists who administered treatment to the subjects knew the group allocation, while the subjects and the assessor were not given this information. Thirty-six subjects participated in the Pearl study. Twelve of them were suffering from bilateral knee pain, and both knees were studied. A TENS machine (The Han Acupoint Nerve Stimulation, model LH204H; Beijing, China) was used for stimulation and the stimulation duration was set to 40 minutes. The stimulation parameters of the machines had been fixed by the manufacturer.

Linda was a multicentre, pragmatic randomised clinical trial with two parallel arms. An independent trial steering committee and a data monitoring committee reviewed the progress of the trial. Participants were recruited from 38 general practices in the West Midlands region of the United Kingdom. These practices covered primarily urban areas, with some rural and inner city areas, generating a source population broadly representative of the UK population. Male and female patients aged 18 years and over who consulted their general practitioner with a first or new clinical diagnosis of tennis elbow were eligible to take part. After randomisation, the treating clinician delivered the allocated treatment. Patients in both treatment arms were told that they could access their general practitioner for ongoing care in the usual way if their elbow pain became worse, but they were encouraged to follow the protocol regimens for six weeks in the first instance.

Cecilia subject was patients who recruited to participate in the study through advertisements at the Karolinska University Hospital spinal unit. Patients were required to have been between 18 and 70 years, have had an SCI for more than 6 months, have pain classified as neuropathic, have a pain intensity of at least 4 on the Borg Category Ratio-10 scale. Patients signed a written consent on their first visit. Enrolled patients were assessed and assigned to either LF or HF TENS stimulation according to the protocol (every other patient enrolled was assigned to start with HF TENS) and sent home with operating instructions. After 2 weeks, at the period 1 follow-up, the patients returned the stimulator and evaluated the treatment.

Carol study was a double-blind, randomized clinical trial that included 75 people who had knee OA and were randomly allocated to 1 of 3 groups (HF-TENS, LF-TENS, and placebo TENS). Outcome measurements were obtained before and during a single TENS treatment.

RESULTS

For the measurements Pearl study of the timed up-and-go test, the average amount of time the active TENS groups took to complete the timed up-and-go test significantly decreased across sessions. The results in Linda study were calculated on an intent-to-treat basis. All differences between patients assigned to start with LF TENS and those assigned to HF TENS were nonsignificant. No carryover effect between the two modes of stimulation was found.

DISCUSSION

Pearl our findings demonstrated that 2 weeks of repeated applications of TENS at 2 Hz, 100 Hz or 2/100 Hz significantly reduced OA knee pain, whereas the placebo group experienced no such reduction. Pain reduction occurred in a cumulative manner from day 1 to day 10.

The treatment effect in Cecilia study was quite “poor” but not exclusive to this patient group. As observed in many pharmacological studies on SCI-related neuropathic pain, we found no significant treatment effect on a group level, but some patients still seemed to experience an effect that made continuation of the stimulation worthwhile. The low number of participants in this study probably resulted in statistical power that was too low to detect possible significant changes, but unfortunately, we had difficulties enrolling participants in this study.

In the Grace study, participants were able to correctly identify active TENS 92% of the time. We previously reported similar responses to active TENS in healthy control. Despite participants knowing that they received active TENS, there was no difference between active TENS and placebo TENS in subjective pain rating. Blinding of an electrical modality such as TENS has always been difficult, and few studies have reported blinding of active TENS.

Linda results provide further evidence of the challenges of implementing effective self management treatment strategies and changing patients’ behaviour, as recently reported for the management of long term conditions in primary care. Future studies might investigate the delivery of TENS and patients’ adherence within primary care to establish if this can be improved in other ways, and if so whether this is associated with larger effects of TENS.

CONCLUSION

The conclusion in Cecilia study, until treatment options for SCI-related neuropathic pain become adequate, all interventions that might help a patient should be considered. TENS may be tried as a complement to the pharmacological approach in patients with SCI and neuropathic pain.

ACKNOWLEDGEMENTS

This Cecilia's result of work supported with resources of The Norrbacka-Eugenia Foundation, The Cancer and Traffic Injury Fund, and The Swedish Association of Persons with Neurological Disabilities.

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Early Detection of Diabetic Foot Wounds

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ABSTRACT

Introduction: Diabetes mellitus (DM) is a global problem in the treatment of chronic health. Complication often happens to patient with diabetes mellitus is diabetic foot infection (DFI). DFI is a major cause of hospitalization. Thus, it becomes important to review the literature to find out how far the effectivity of early detection programs in the prevention of diabetic foot complications.

Objective: The purpose of this literature review to determine the activities risk of early detection infection of diabetic foot wounds.

Method: used is a search of the literature that is either from a text book or article research. The literatures are reviewed and compared each other.

Result and Discussion: The results of the review showed that the diabetic foot disorders occurred because blood sugar levels were not well controlled and lasts a long time. Diabetic foot was also common due to the lack of knowledge of the public about the prevention of diabetic foot. With diabetes wound activities corner, the incident of diabetic foot infections can be suppressed.

Conclusion: counseling on the prevention of diabetic foot wounds is absolutely necessary in order for the knowledge society who is at risk or already suffering from diabetic foot infection is reduced.

Keywords: *early detection, diabetic foot wounds, prevention*

Pendahuluan: Diabetes mellitus (DM) merupakan masalah secara global dalam perawatan kesehatan. Komplikasi kronik yang sering terjadi pasien diabetes mellitus yaitu kaki diabetes infeksi (KDI). KDI merupakan penyebab utama rawat inap. Dengan demikian menjadi penting untuk menelaah literature guna menemukan seberapa jauh efektifitas program deteksi dini dalam pencegahan komplikasi kaki diabetes.

Tujuan: literature review ini untuk mengetahui kegiatan deteksi dini resiko terjadinya luka infeksi kaki diabetes.

Metode: yang digunakan adalah penelusuran dari berbagai literature yang ada baik dari text book maupun artikel penelitian. Literatur yang terjaring ditelaah dan diperbandingkan satu sama lain.

Hasil dan Pembahasan: Hasil review yang menunjukkan bahwa gangguan kaki diabetik terjadi karena kadar gula darah yang tidak terkontrol dengan baik dan berlangsung dalam waktu yang lama. Kaki diabetes juga sering terjadi karena kurangnya pengetahuan dari masyarakat tentang pencegahan kaki diabetik. Dengan kegiatan *diabetes wound corner*, angka kejadian kaki diabetes infeksi dapat ditekan.

Kesimpulan: Penyuluhan tentang pencegahan luka kaki diabetes mutlak diperlukan agar pengetahuan masyarakat bagi yang beresiko atau sudah menderita kaki diabetes infeksi berkurang.

Kata kunci: deteksi dini, luka kaki diabetes, pencegahan

PENDAHULUAN

Diabetes mellitus (DM) merupakan masalah secara global dalam perawatan kesehatan. Dampak kelainan DM berupa hiperglikemia kronik disertai berbagai kelainan metabolik akibat gangguan hormonal. Di negara yang sedang berkembang, komplikasi kronik yang sering terjadi pasien diabetes mellitus yaitu kaki diabetes infeksi (KDI). KDI merupakan penyebab utama rawat inap. Jumlah diabetisi, baik di Indonesia maupun dunia, terus meningkat dengan pesat. Berdasarkan data Organisasi Kesehatan Dunia (WHO) tahun 2010, pasien diabetes mellitus tipe 2 (kronis) di Indonesia naik dari 8,4 juta pada 2000 menjadi 21,3 juta tahun 2010. Sedangkan International Diabetes Federation memperkirakan pada 2030 jumlah penderita diabetes di seluruh dunia mencapai 450 juta orang. Kaki diabetic adalah kelainan pada tungkai bawah yang merupakan komplikasi kronik diabetes mellitus yang disebabkan oleh pembuluh darah vena, arteri serta persarafan mengalami gangguan diantaranya karena adanya infeksi kaki. Pasien diabetes sangat beresiko terhadap kejadian luka kaki (Litzelman, 1993) dan merupakan jenis luka kronis yang sangat sulit penyembuhannya. Sebuah studi di United States mengabarkan 75% klien diabetes memiliki masalah pada kaki dan hampir 44% klien harus menjalani perawatan (Resenquist, 1984) dikutip dari (Gitarja, 2008:27). Kaki diabetes merupakan salah satu penyulit DM yang paling ditakuti. Nasib pasien DM dengan persoalan kaki umumnya masih mengecewakan, baik bagi pasiennya sendiri, maupun perawatannya di rumah sakit. Biaya yang harus ditanggung untuk mengatasi persoalan kaki diabetes sangat besar bahkan terjadi amputasi pada kaki.

Berdasarkan data bahwa setiap 30 detik terjadi amputasi pada kaki diabetic di seluruh dunia, 60-80% amputasi kaki non traumatic disebabkan oleh diabetes, 80% amputasi kaki diabetes didahului oleh luka (M.Yunir 2008). Di Amerika Serikat persoalan kaki diabetes merupakan sebab utama perawatan bagi pasien DM. Penelitian selama 4 tahun, 16% perawatan DM adalah akibat persoalan kaki diabetes dan 23% dari total hari perawatan adalah akibat persoalan kaki diabetes, menurut studi Armstrong tahun 2005 jumlah pasien yang diamputasi di Amerika Serikat berjumlah 162 (Andross, 2006). Perawatan primer karena kaki DM merupakan 1,2 % total perawatan. Diperkirakan sebanyak 15% pada pasien DM akan mengalami persoalan kaki suatu saat dalam kehidupannya bersama DM. (Nantono, 2010). Pengobatan dan perawatan kaki diabetes berdampak pada kualitas hidupnya (Brood, 1998, Katsambas et al, 2005). Dampak pasien dengan KDI yang perawatannya kurang baik jika dibawa ke rumah sakit kebanyakan diamputasi (Price and Harding, 2009). Dari Makassar dilaporkan sekitar 20,61%

pasien yang dirawat di beberapa rumah sakit di Makassar disebabkan oleh KDI. Penyebab kaki diabetes infeksi adalah iskemik dan neuropati, kemudian diikuti oleh infeksi. Faktor resiko yang mempermudah atau memperburuk perlangsungan KDI antara lain: kendali glikemik buruk, lamanya diabetes, umur pasien, merokok, keadaan kebersihan pasien, keterlambatan mencari pertolongan dokter dan sebagainya. Dengan kemajuan penatalaksanaan DM pada akhir-akhir ini seperti penggunaan insulin yang lebih dini serta kemajuan jenis antibiotik yang lebih berspektrum luas, maka resiko pasien untuk amputasi berkurang.

Peran perawat sebagai *care giver* (pemberi pelayanan) terutama dalam perawatan kaki diabetik sangat diperlukan terutama pencegahan luka/ perawatan kaki DM yang belum ada lukanya, atau jika sudah ada lukanya/KDI maka diharapkan luka tidak bertambah parah bahkan seminal mungkin tidak dilakukan amputasi. Peran perawat selanjutnya *health educator* (pendidikan kesehatan) sangat diperlukan. Untuk itu sebagai bentuk kepedulian dari institusi pendidikan keperawatan membentuk *diabetes corner* untuk mengurangi kaki diabetes. Adapun kegiatan menggunakan prinsip posyandu yaitu melibatkan peran serta masyarakat. Adapun kegiatannya terutama mengajarkan klien untuk perawatan kaki untuk mencegah luka dengan memakai alas kaki, memakai lotion, mengajarkan senam kaki, mengikuti program diet yang tepat, mengenali bentuk-bentuk kaki dan menjaga kebersihan terutama kakinya. Adapun tujuan dari literature review ini untuk mengetahui resiko terjadinya luka kaki diabetes.

METODE

Metode yang digunakan adalah penelusuran dari berbagai literature yang ada baik dari text book journal, Buku sumber serta artikel.

HASIL DAN PEMBAHASAN

Kaki diabetic merupakan salah satu komplikasi menahun dari DM, menurut dr. Sapto dari bagian bedah ortopedi RS. Internasional Bintaro, komplikasi yang paling sering dialami pengidap diabetes adalah komplikasi pada kaki (15 persen) yang kini disebut kaki diabetes. Menurut Prof Sarwono Waspadji, peneliti pada Fakultas Kedokteran Universitas Indonesia (FK-UI), gangguan kaki diabetik terjadi karena kendali kadar gula yang tidak dilakukan dengan baik dan berlangsung terus-menerus selama bertahun-tahun. Penyebab utamanya adalah kerusakan syaraf (neuropati diabetik) dan gangguan pembuluh darah. Syaraf yang telah rusak membuat pasien diabetes tidak dapat merasakan sakit, panas, atau dingin pada tangan dan kaki.

Kaki diabetes sering terjadi karena kurangnya pengetahuan dari masyarakat. Untuk itu dengan kegiatan *diabetes wound corner* diharapkan bisa menurunkan terjadinya kaki diabetes dan amputasi dapat menurun terutama klien yang beresiko terjadinya komplikasi tersebut. Di Amerika Selatan telah terbukti dengan penyuluhan dan pelatihan diabetes penyuluhan dan screening/ deteksi dini pada masyarakat yang mempunyai resiko kaki diabetes mampu mengurangi komplikasi

diabetes (WCET Journal, 2010). Hal tersebut juga dilakukan di Negara India, pemberian pendidikan kesehatan dengan pemberian leaflet, pemutaran video tentang komplikasi diabetes juga memberi dampak penurunan terjadinya komplikasi diabetes (WCET Journal, 2008)

Perencanaan dan pelaksanaan untuk menurunkan angka kejadian kaki diabetes membutuhkan kerjasama dari berbagai instansi pemerintahan, instansi pendidikan dan peran serta masyarakat. Kegiatan diabetes corner berprinsip seperti posyandu yaitu : Meja/ruang I : Registrasi, Meja/ruang II :Anamnese, Meja/ruang III : Pemeriksaan, Meja /ruang IV : Tindakan, Meja/ruang V :Konsultasi

Untuk pelaksanaan KDI tenaga dari perawat yang ada di institusi dan kader kesehatan yang ada di desa. Secara teknis awalnya pelaksanaannya bergabung dengan posyandu lansia yang ada di kelurahan, sehingga untuk jadwal dan lokasi sudah tersedia. Teknis pelaksanaan *Wound Corner*:

Meja/ruang I: Registrasi / pendaftaran oleh kader kesehatan, kegiatan menyiapkan kartu Identitas dan mencatat di buku pendaftaran.

Meja/ruang II: Anamnese/wawancara oleh perawat, kegiatan menanyakan ke klien tentang identitas klien, keluhan utama, riwayat penyakit dahulu, riwayat kesehatan, pola aktivitas, pemenuhan nutrisi, pemeriksaan laboratorium, program terapi.

Meja/ruang III: Pemeriksaan oleh perawat, kegiatannya pemeriksaan tanda-tanda vital, pemeriksaan TB/BB, pemeriksaan gula darah, pemeriksaan kaki yang meliputi:

1. Mengenali bentuk dan gangguan kaki diabetes.
2. Mengkaji status neuropathy,
3. Mengkaji status pulsasi/vascular
4. Klasifikasi risiko kaki diabetes:
 - a. Risiko tinggi jika Sensation (-), Pulse (-), Kerusakan kaki (-)/(+)
 - b. Risiko sedang jika Sensation (+), Pulse (+), Kerusakan kaki (+)
 - c. Risiko rendah jika Sensation (+), Pulse (+), Kerusakan kaki (-)

Faktor risiko terjadinya kaki diabetic pada klien diabetic diantaranya Kerusakan saraf di kaki, penyakit pembuluh darah pada tungkai, adanya kapalan, adanya perubahan pada bentuk kaku rasa kebas pada kaki, sakit pada tungkai bila berdiri, berjalan dan melakukan kegiatan fisik, penurunan fungsi penglihatan, orang yang tidak mampu menggapai kakinya sendiri untuk membersihkannya, pengendalian gula darah yang kurang baik, berkurangnya sensasi atau rasa kebas pada kaki, jika diraba kaki terasa dingin, rasa nyeri pada kaki pada waktu istirahat dan malam hari, pemeriksaan nadi pada kaki menjadi kecil dan hilang, perubahan warna kulit, kaki pucat atau kebiru-biruan.

Meja/ruang IV: Tindakan, kegiatannya melakukan:

1. Perawatan kaki dengan tindakan menghilangkan/bersihkan Kallus/Coms, menghilangkan/bersihkan Fisura/nekrosis dengan pelembab dan menghindari Blister/bullae.

2. Perawatan kuku, dengan menguntinglah kuku kaki Anda setiap bulan dengan arah lurus, kikir ujung-ujung kuku yang tajam dengan pengikir kuku dan jangan menggunting kutikula kuku.
3. Latihan/senam Kaki Gerakan Senam Kaki Diabetes yang dapat dilakukan oleh pasien DM secara teratur dengan sendiri atau bersama-sama :
 - a. Jika dilakukan dalam posisi duduk maka posisikan pasien duduk tegak diatas bangku dengan kaki menyentuh lantai.
 - b. Dengan Meletakkan tumit dilantai, jari-jari kedua belah kaki diluruskan keatas lalu dibengkokkan kembali kebawah seperti cakar ayam sebanyak 10 kali
 - c. Dengan meletakkan tumit salah satu kaki dilantai, angkat telapak kaki ke atas. Pada kaki lainnya, jari-jari kaki diletakkan di lantai dengan tumit kaki diangkat ke atas. Cara ini dilakukan bersamaan pada kaki kiri dan kanan secara bergantian dan diulangi sebanyak 10 kali.
 - d. Tumit kaki diletakkan di lantai. Bagian ujung kaki diangkat ke atas dan buat gerakan memutar dengan pergerakkan pada pergelangan kaki sebanyak 10 kali.
 - e. Jari-jari kaki diletakkan dilantai. Tumit diangkat dan buat gerakan memutar dengan pergerakkan pada pergelangan kaki sebanyak 10 kali.
 - f. Angkat salah satu lutut kaki, dan luruskan. Gerakan jari-jari kedepan turunkan kembali secara bergantian kekiri dan ke kanan. Ulangi sebanyak 10 kali.
 - g. Luruskan salah satu kaki diatas lantai kemudian angkat kaki tersebut dan gerakkan ujung jari kaki kearah wajah lalu turunkan kembali kelantai.
 - h. Angkat kedua kaki lalu luruskan. Ulangi langkah ke 8, namun gunakan kedua kaki secara bersamaan. Ulangi sebanyak 10 kali.
 - i. Angkat kedua kaki dan luruskan, pertahankan posisi tersebut. Gerakan pergelangan kaki kedepan dan kebelakang
 - j. Luruskan salah satu kaki dan angkat, putar kaki pada pergelangan kaki, tuliskan pada udara dengan kaki dari angka 0 hingga 10 lakukan secara berganti.

Masalah yang biasa terjadi pada kaki diabetic

Resiko	Masalah	Pencegahan
Kerusakan Fungsi saraf pada kaki (kaki diabetic neuropaty)	<ul style="list-style-type: none"> < sensasi pada kaki Kaki baal Sering kesemutan Rasa pegal dan nyeri kaki Kram otot Kulit kering Pecah-pecah Perubahan bentuk pada kaki dan jari kaki 	<ul style="list-style-type: none"> Edukasi DM Pemeriksaan berkala Terhadap komplikasi kaki Pemakaian alas kaki yang tepat Pengendalian DM Perlindungan terhadap trauma SPA dan senam kaki DM Memberikan lotion pada kaki kecuali sela jari kaki perawatan

Resiko	Masalah	Pencegahan
	Kallus dan corn (mata ikan) centengan	kuku oleh keluarga dan perawat
Gangguan pembuluh darah (kaki diabetic iskemik)	Nyeri tungkai bila berdiri dan pada malam hari Kaki teraba dingin Pemeriksaan tekanan nadi kaki kecil atau hilang Warna kulit kaki tampak pucat atau kebiruaan	Edukasi Pemeriksaan secara rutin Senam kaki Pengendalian DM Melakukan perawatan kaki dan kuku kaki secara rutin Memakai alas kaki dengan tepat

Bagi klien diabetes dengan kadar gula darah yang tidak terkendali, masalah kaki dapat mengarah kepada terjadinya infeksi dan konsekuensi yang lebih serius seperti amputasi. Masalah kaki diabetic yang bisa terjadi seperti di bawah ini:

1. Kalus

Merupakan penebalan kulit yang umumnya terjadi di telapak kaki, terutama di bagian yang menonjol. Kalus disebabkan gesekan atau tekanan berulang pada daerah yang sama, juga karena distribusi berat badan yang tidak seimbang, sepatu yang tidak sesuai (kesempitan), atau kelainan kulit. Kalus dapat menjadi berkembang menjadi infeksi, terlebih bila dimanipulasi (dikorek, digunting)

2. Kulit melepuh

Terjadi jika sepatu selalu menggesek kaki pada daerah yang sama. Disebabkan penggunaan sepatu yang kurang pas atau tanpa kaus kaki. Kulit melepuh dapat berkembang menjadi infeksi. Penanganan kulit melepuh adalah dengan tidak meletuskannya.

3. Kuku kaki yang tumbuh ke dalam

Terjadi ketika ujung kuku tumbuh ke dalam kulit dan menimbulkan tekanan yang dapat merobek kulit sehingga kulit bengkak kemerahan dan terinfeksi. Kuku kaki yang tumbuh ke dalam dapat terjadi jika memotong kuku sampai ke ujung, dapat pula disebabkan pemakaian sepatu yang terlalu ketat atau trauma kaki karena aktivitas seperti berlari dan aerobik. Jika ujung kuku kaki kasar, penggunaan kikir untuk meratakannya.

4. Pembengkakan ibu jari kaki

Terjadi jika ibu jari kaki condong ke arah jari di sebelahnya sehingga menimbulkan kemerahan, rasa sakit, dan infeksi. Dapat terjadi pada salah satu atau kedua kaki karena penggunaan sepatu berhak tinggi dan ujung yang sempit.

5. Jari kaki bengkak

Terjadi ketika otot intrinsik kaki menjadi lemah. Kerusakan saraf karena diabetes dapat menyebabkan kelemahan ini. Otot yang lemah dapat

menyebabkan tendon (jaringan yang menghubungkan otot dan tulang) di kaki memendek sehingga jari kaki menjadi bengkok. Akan menimbulkan masalah dalam berjalan dan kesulitan menemukan sepatu yang tepat. Dapat juga disebabkan pemakaian sepatu yang terlalu pendek.

6. Kulit kaki kering dan pecah

Dapat terjadi karena kerusakan saraf pada kaki. Sehingga kulit kaki berkurang memproduksi keringat yang akan menjaga kulit tetap lembut dan lembab. Kulit yang kering dapat pecah. Adanya pecahan pada kulit dapat membuat kuman masuk dan menyebabkan infeksi. Dengan gula darah anda yang tinggi, kuman akan mendapatkan makanan untuk berkembang sehingga memperburuk infeksi.

Meja/ruang V : Konseling, dilakukan oleh perawat, dengan kegiatan:

- Menganjurkan minum obat teratur, makan tepat jadwal, jumlah, jenis,
- Aktivitas/olah raga (senam Tai Chi, senam kaki)
- Menganjurkan menghindari stress/ doa
- Rutin kontrol ke posyandu/pelayanan kesehatan
- Memakai alas kaki/sepatu yang tepat
- Perawatan luka optimal.

KESIMPULAN

Penyuluhan tentang pencegahan kaki diabetes mutlak diperlukan agar pengetahuan masyarakat bagi yang sudah menderita DM atau beresiko DM serta beresiko kaki diabetes berkurang. Penyuluhan tersebut implementasinya dengan membuat/membentuk *diabetes wound corner* sehingga tumbuh kesadaran untuk meningkatkan kesehatan dan mengetahui resiko terjadinya kaki diabetes.

Preventif lebih baik dari kuratif untuk itu menunjang slogan tersebut dapat dicapai dengan menambah pengetahuan kepada masyarakat. Diharapkan masyarakat sadar dan antusias untuk mengikuti kegiatan diabetes corner, sehingga kemungkinan timbulnya komplikasi kaki diabetes dapat dicegah dan prevalensi KDI yang meluas menjadi gangrene dan resiko amputasi dapat dicegah. Pada akhirnya, kemungkinan infeksi kaki diabetes sampai berkembang menjadi gangrene dan risiko amputasi dapat dihindari.

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**Injection Contraception Acceptor's Knowledge about IUD and
Their Interest Toward IUD Usage at Independence Practice
Midwife of Mrs.Tipuk Riani
(in Sumber Kepuh Village, Tanjunganom District Nganjuk
Regency)**

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ABSTRACT

Introduction: IUD (Intra Uterine Device) is a contraception tool in uterus. The side effect of IUD will increase the tendency of drop out or decrease the interest in using IUD, if it isn't known by the acceptors of injection contraception correctly. That's why it must be anticipated early.

Objective: This research objective is to know the correlation between knowledge and the interest of injection contraception acceptors toward IUD usage.

Method: This research used correlation design by using *cross sectional approach*. The population is all of the injection contraception acceptors who check themselves in Independent Practice Midwife of Mrs.Tipuk Riani. By using *accidental sampling technique*, it was gained 53 respondents. The independent variable is the knowledge of injection contraception acceptors about IUD. The dependent variable is the interest of injection contraception acceptors to use IUD. The research instrument uses questionnaire. The research place is at Independent Practice Midwife of MrsTipukRiani in Sumberkepuh Village, Tanjunganom District Nganjuk Regency, and it was done in April 9th 2016 to 2nd August, 2016. Data processing was done by *editing, coding, scoring, and tabulating*, and then they were analyzed by *Spearman Rank*.

Result and Discussion: The result of this research shows that the knowledge of injection contraception acceptors about IUD is enough namely 26 (49.0%) respondents. While the interest of acceptors to use IUD is 46 (86.7%) respondents. The result of statistical test reveals $Z_{\text{count}} = 3.40$ and if it is compared by $Z_{\text{table}} \alpha = 0.05$ is 1.960 so $Z_{\text{count}} > Z_{\text{table}}$ is $3.40 > 1.960$. H_1 is accepted. It means there is correlation between the respondent's knowledge about IUD and their interest to use IUD.

Conclusion: The information about IUD should be increased, so the acceptors of injection contraception can decide the best contraception method that they will choose. The good knowledge about IUD will increase the interest to use IUD.

Key words: *Knowledge, Injection contraception acceptors, interest, IUD*

INTRODUCTION

Indonesia is one of developing countries which have many own problems. The main problem faced by the government is the high growth of its population. The higher growth of population, the greater efforts to make the people

prosperous. In fact, the threat of population explosion is almost in real. It can be showed during 10 years, the population raise to 31.8 million from 218.1 million in 2003 became 249.9 million in 2013 (BKKBN, 2013).

The high growth of population which is not in line with the raise of people quality is overcome by continuous program namely Family Planning Program. It is the program to make a plan the number and the distance of the children that they want. In order to gain this program, it is made some ways to prevent or postpone pregnancy. Some of these ways are contraception or preventive pregnancy and family (Sulistyawati, 2011: 12)

The government continuously tries to minimize the growth of population by family planning program or Keluarga Berencana (KB) in Indonesian. One of the efforts to make family planning program successful is by giving qualified services and based on necessities (Handayari, 2010). Family planning toward prosperous, happy and small family is needed to save the mother and her baby because of delivering baby in young age, too frequent of delivery distance, and deliver baby in old age. (Sulistyawati, 2011: 135)

There are some contraception methods in Indonesia to be chosen, namely simple contraception Method or Lactation Amenorea Method (MAL), Natural contraception (KBA), coitus interruptus, barrier method, hormonal contraception, IUD (Intra Uterine Device) and permanent contraception. Each of contraception method has its own strength and weakness (Handayani, 2010 : 36).

IUD (Intra Uterine Device) is a tool inserted into uterus which is effective, reversible, long term and it can be applied for all fertile women (Handayani, 2010: 139). IUD is really effective contraception method namely 0.6-0.8 pregnancy/100 women in first year (1 failure in 125-170 pregnancy) and 10 years duration (Syaifudin, 2006: 75).

IUD has some benefits such as easy applicability because no need difficult technique, easy medical control, and the fertility turns back fast after the device is taken away. On the other side, the disadvantages of IUD are the possibility to pregnant in site, bleeding, leucorrhea, infection which can lead to infertility, and the thread can hurt portio uteri and bother sexual relation. This knowledge is needed to know by the women before deciding to choose IUD as their contraception method (Manuaba, 2010: 611)

Really, there are some advantages of this contraception method, but not all clients are interested in because they have some worries of the side effects, prohibited by their husbands, and the frightening in application. All of these reasons and the lack of knowledge about IUD make most of the clients have no interest to use IUD as their contraception method. Most of the women in Indonesia choose log-term contraception method, because they still want to have children again after using contraception. Therefore, they use short-term contraception device in order when they stop the contraception they can pregnant again soon (Wordpress, 2010).

There are some considerations to be paid attention by the acceptors to deny misperception after applying the contraception, namely the knowledge of acceptors about regulation and safety of contraception method, healthy status of clients before applying contraception, knowledge about side effects, failure consequences or unwanted pregnancy, the number of children which planned, agreement from the husbands, direncanakan, norms, culture, and even environment (Handayani, 2010: 138)

Nationally, in August 2015 there were 4,142,186 acceptors. If it is seen from each kind of contraception, so the percentage as follows: 2,135,259 injection contraception (51.55%), 21,038,237 pill (25.06%), 287,028 IUD (6.93%), 391,464 implant (9.45%), 217,817 condom (5.26%), 66,456 MOW (1.60%), 5,925 MOP (0.14%). Injection and pill contraception are at the first and second, while the number of acceptors who use IUD is at the third (BKKBN 2015)

Based on data gained from BKKBN of East Java Province in 2015, there were 662, 509 new acceptors. The percentage of each contraception as follows: The users of IUD 40648 peserta (16%), pengguna pil KB were 137,663 (20%), condom 20,077 acceptors (13%), injection 397,389 acceptors (59%), MOW 11,319 acceptors (8%), MOP 789 acceptors (4%), implant 54,624 acceptors (18%). The Data showed the interest decrease of using IUD in East Java Province (BKKBN, 2015)

Because of the low of IUD usage, so it is suggested to increase elucidation about the benefits of IUD. Many people still have lack information with this kind of contraception. Elucidation is hoped to involve husbands, so they can also support their wives to choose IUD as contraception method. It is needed new methods to attract mothers's interest, and also in order the information given is easier to be understood to obtain the goal which hoped. Based on preliminary study which was done in MrsTipuk Riani's practice at Sumberkepuh Village Tanjunganom District Nganjuk Regency toward 10 women, there were 2 women (20%) have good knowledge, and 8 women (80%) have moderate knowledge about contraception, and from 10 women, 9 of them (90%) used injection contraception, and 1 woman (10%) used pill before. From 10 women, there were 2 acceptors who have interest to choose IUD. From that case, it can be concluded that the women who have moderate knowledge have much interest to use short-term contraception namely injection. So counseling about long-term contraception is needed to increase.

METHOD

Research Design

The research design used in this study is correlation design. Correlation research examines the correlation between two variables. The researcher can search, explain correlation, predict and test based on available theories (Nursalam, 2013:162). This research used *Cross Sectional approach*. This research is to know the correlation between knowledge of injection acceptors and their interest to

choose IUD as their contraception in Mrs. Tipuk Riani's Practice at Sumberkepuh Village Tanjunganom District Nganjuk Regency.

Population

In this research, the population is all the injection acceptors who examine themselves in Mrs. Tipuk Riani's practice at Sumber Kepuh Village Tanjunganom District Nganjuk Regency.

Sample

In this research, the samples are some of injection acceptors who examine in Mrs. Tipuk Riani's practice at Sumber Kepuh Village Tanjunganom District Nganjuk Regency. They are 53 women.

Sample Criteria

Determination of sample criteria will help the researcher to minimize the refraction of research result, especially if the control variables have influence toward variables which are examined. Sample Criteria can be differed into two, namely:

a. Inclusion Criteria

Inclusion criteria in this research are:

1. Injection acceptors who were examining to Mrs. Tipuk when the research was being done in Mrs. Tipuk Riani's practice at Sumberkepuh Village Tanjunganom District Nganjuk Regency.
2. The injection acceptor who can read and write.
3. The injection acceptors who want to Tipuk Riani's practice at Sumber Kepuh Village Tanjunganom District Nganjuk Regency to be respondents.

b. Exclusion Criteria

Exclusion criteria in this research are:

1. Acceptors of IUD, pill, condom, implant, MOP, MOW.
2. Injection acceptors who have complaint.

Sampling Technique

This research used *accidental sampling technique (at the moment sampling)*. *Accidental sampling* is sample determination technique based on the number of respondents met when the research is being done (Sugiyono, 2012:67).

Research Variable

The Variables used in this research is divided into groups, namely:

Independent Variable

This Variable is also known as stimulus, predictor, and antecedent. Independent Variable is variable which cause the appearance dependent variable dependent (bonding). In SEM (*Structural Equation Modeling*), independent variable

is called asexogenous variable (Sugiyono, 2012:4). In this research, the independent variable is the knowledge of injection acceptors about IUD.

Dependent Variable

Dependent variable is also known as criteria output, consequence. Dependent Variable is the variable which is influenced or to be consequences because of independent variable. In SEM (*Structural Equation Modeling*) dependent variable is called endogeneous variable (Sugiyono, 2012:4). In this research, dependent variable is the interest of injection acceptors to use IUD.

Research Instrument

In this research, the research instrument used is questionnaire. It is measurement tool with some questions. This instrument is used if the number of respondents are big and literate. (Hidayat, 2012:36).

Data Analysis

After all of the data gathered, they were checked and then the researcher did data analysis using *Spearman Rank technique*.

Correlation of *Spearman Rank* is used to find the relation or to test associational hypothesis significance, if each related variable has ordinal form and data sources among variables don't need the same.

RESULTS

Table 1: The correlation between knowledge and interest of injection acceptors to use IUD at Mrs. Tipuk Riani's practice in Sumberkepuh Village Tanjunganom District Nganjuk Regency.

Interest	High		Moderate		Low		Number	
	N	%	N	%	N	%	N	%
Good	23	43.3	1	1.9	0	0	24	45.3
Moderate	22	41.5	4	7.6	0	0	26	49.0
Less	1	1.9	2	3.8	0	0	3	5.7
Number	46	86.7	7	13.3	0	0	53	100
<i>Spearman Rank(Rho)</i> $Z_{\text{Count}} = 3,40$					$Z_{\text{table}} = 1,960$			

Based on the research result presented on cross tabulation at table 1, it can be known that from 53 respondents :

- 1) There are 23 (43, 3%) respondents who have good knowledge with high interest, while there is only one mother (.9%) who has good knowledge and moderate interest.
- 2) There are 22 respondents (41.5%) who have moderate knowledge with high interest, while the mothers who have moderate knowledge with moderate interest are 4 respondents (7.6%).

- 3) There is only 1 respondent (1.9%), who has lack of knowledge with high interest, while there are 7 respondents (13.3%) who have less knowledge with moderate interest.

Based on statistical test by using *Spearman Rank (Rho)*, it is obtained that Z_{count} 3.40 and if it is compared with Z_{table} ($\alpha = 0.05$) is 1.960 so $Z_{\text{count}} > Z_{\text{table}}$ namely $3.40 > 1.960$.

DISCUSSION

The research result shows that from 53 respondents which are examined, there are 23 respondents (43.3%) who have good knowledge with high interest. The other facts, 22 respondents (41.5%) have moderate knowledge and high interest, and 1 respondent (1.9%)

Has less knowledge with high interest. One 1 respondent (1.9%) has good knowledge with moderate interest, 4 respondents (7.6%) have moderate knowledge with moderate interest, and 2 respondents (3.8%) have less knowledge with moderate interest. Based on the result of cross tabulation, it can be concluded that most of the respondents have good knowledge about IUD and have high interest to use IUD as their contraception method. .

The research analysis result used *Spearman Rank* is known that Z_{count} is 3.40 with $\alpha = 0.05$ and Z_{table} 1.960 so $Z_{\text{count}} > Z_{\text{table}}$ ($3.40 > 1.960$). So it can be concluded that H_1 is accepted. It means there is correlation between the knowledge of injection acceptor about IUD and their interest to use IUD as their contraception method.

According to Notoadmojo (2010), knowledge is the result of knowing from human, answer question such as "what" about water, human, environment, nature etc.

Interest is preference feeling and interested in something or activities without command. Basically interest is the acceptance toward a kind of relation between oneself and someone or something else. The stronger of the relation, the bigger of the interest. (Djaali, 2013 : 121).

Based on the data above, they show correlation between respondents' knowledge about IUD and their interest to use IUD. The higher of the knowledge about IUD, the bigger the interest to use IUD. Knowledge becomes an important factor to build someone's action includes independence and also desire to use IUD as their contraception method.

The knowledge which based on proper and right understanding will influence positive response from respondents, especially in choosing the right contraception method. Respondents who have right understanding and knowledge about IUD, either its advantages or disadvantages, will enrich their knowledge about IUD so they can have their own attitude toward ignorance the importance of choosing IUD among society.

Based on knowledge questionnaire distributed to respondents, it is stated that from 53 respondents when asked about disadvantages of IUD, 34 respondents

(64.1%) have moderate knowledge, and 49 respondents (92.4%) have high interest to use IUD when they were asked.

Beside happy feeling and attention, to know the interest of someone toward certain object can be seen from their knowledge they have. (Wordpress, 2011) Someone who has enough knowledge will tend to prove the truth of the knowledge they have. When someone really knows everything about IUD, and convinces with the knowledge they have got, so they will have positive attitude and high interest to do or to apply. The absence of interest about IUD they have previously because the lack of knowledge will develop in line with the knowledge that they get so they will have interest to use IUD.

Based on research result, it can be known that most of injection acceptors whose age in 26-30 years old are 17 respondents (32.0%). It is also known from the table IV.3 that from 53 respondents, 25 of them (47.1%) are housewives.

According to Thomas quoted by Nursalam (2013), job is bad thing that must be done to earn living for family and life. Housewives respondents have more leisure time at home. Most of the respondents are in reproductive age and have good interest. By having leisure time, the injection acceptors as the respondents can add their knowledge about IUD. Moreover they are in reproductive ages, so they have bigger curiosity to try new things especially something that make them feels more interested in. The injection acceptors will find the information that they think will give better impact by changing experience with their relatives, medical professionals or by reading magazine or other source of information. It is needed to give further guidance about the benefit of IUD in choosing the next contraception, so if they have better knowledge they will change their contraception method from injection to IUD.

Based on questionnaire of knowledge distributed to the respondents, it shows from 53 respondents, 27 respondents have less knowledge about side effects of IUD (50.9%). Based on interest questionnaire distributed, it shows that 38 respondents (71.6%) have high motivation to use IUD as their contraception method.

Motivation is an effort which is done by awareness in creating directed behavior to reach the goal expected in interaction situation. (Wordpress, 2011)

The lack of knowledge causes the respondents have no attention and interest toward IUD, include knowledge about side effects of IUD. However, when the motivation rises, the respondents will have big will to know and search which part of information they haven't known yet about IUD. Besides feeling glad and paying attention, to know if someone has interest or not about certain object, it can be seen from the knowledge they have. To grow interest in using IUD is not only from injection acceptors, but also the support from the family especially husband in order the interest of respondents will be stronger to use IUD.

Many sources of information either electronic or printed can add knowledge about IUD, so the interest to use IUD will rise. All of the information got is expected to be absorbed well so it can be applied by injection acceptors. The

medical officers also hoped to keep giving newst information so injection acceptors can renew their knowledge in using this contraception (IUD)

Based on the discussion above, it can give us description that the knowledge of injection acceptors can influence her own will to use IUD. The research result shows that the better of knowledge they have about IUD, the higher the interest of injection acceptor to switch their contraception method from injection to use IUD.

CONCLUSION

There is correlation between the knowledge of respondents about IUD and their interest to use IUD at Mrs. Tipuk Riani's Practice in Sumber Kepuh Village Tanjunganom District Nganjuk Regency. Based on the result of counting by using *Spearman Rank gained* $Z_{\text{counting}} > Z_{\text{table}}$ ($3.40 > 1.960$) . It suggested to the medical professionals to sosialisasi contraception long-term message continuously include IUD, so more women want to use this contraception

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THE PROCEEDINGS OF
INTERNATIONAL
SEMINAR AND WORKSHOP
ON NURSING

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ALUMNI ASSOCIATION OF
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SECRETARIAT OFFICE:

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Jl. Penanggungan No.41 A Bandar Lor
Kediri - East Java - Indonesia
Website: akper-akbid-kediri.com

ISSN:2549-4643

