RELATIONSHIP BETWEEN KNOWLEDGE LEVEL AND SELECTION OF LONG-TERM CONTRACEPTION METHODS IN WUS AT PMB RUBIYATI

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ABSTRACT

Relationship between Knowledge Level and Selection of Long-Term Contraception Methods in WUS at PMB Rubiyati

Background : Family Planning is also one of the most effective ways to increase family resilience, health and safety of mothers, children, and women. Family planning acceptors in Temanggung Regency prefer to use non-MKJP family planning. This study aims to determine the relationship between the level of knowledge and the selection of long-term contraceptive methods in WUS at PMB Rubiyati.

Research Methods: This research is a correlation analytic study with a cross sectional approach. This research was conducted at PMB Rubiyati. The population in this study were 43 active family planning acceptors in March 2021 at PMB Rubiyati. How to collect data by means of questionnaires or questionnaires using googleform. Data analysis used univariate and bivariate analysis using Chi Square.

Research Results: Based on the results of statistical tests using chi square with p value = 0.003. So H0 is rejected, which means that there is a knowledge relationship in the selection of long-term contraceptive methods in women of childbearing age at PMB Rubiyati.

Conclusion : There is a relationship between knowledge and the choice of long-term contraceptive methods.

Keywords: MKJP, WUS, knowledge

INTRODUCTION

The Government of Indonesia seeks to overcome and control the increase in the population of Indonesia, so the Government Regulation of the Republic of Indonesia number 87 of 2014 concerning population development and family development, family planning and family information systems states that the family planning program (keluarga berencana/KB) is an effort to manage births, distance and ideal age to give birth, manage pregnancy, by means of promotion, protection and assistance in accordance with reproductive rights to create a quality family (Peraturan Pemerintah, 2014). Family planning is a strategy to reduce maternal mortality, especially mothers with 4T conditions, namely too young, too close to delivery, too many and too old.

Family Planning (KB) is also one of the most effective ways to improve family resilience, health and safety for mothers, children, and women. The 2015-2019 RPJMN is an effort by the government to regulate the population growth rate (laju pertumbuhan penduduk/LPP): increasing the use of family planning in contraceptive methods The long-term (MKJP) consists of Implant, IUD (Intra Uterine Device), MOP (Male Operative Method) and MOW (Female Operative Method) by fertile age couple (pasangan usia subur/PUS) at all stages of the family, so that the rate of population growth will be according to the National Development Planning Agency (Bappenas, 2015).

In the 2018 Indonesian Health Profile, Indonesia's 2018 active family planning number is 63.27%. According to the choice of contraceptive methods, more than 80% chose injections (63.71%) while pills (17.24%) compared to other methods. Injections and pills are included in non-MKJP so that the level of effectiveness of injections and pills in the setting of pregnancy is lower than the type of MKJP. Central Java province ranks 14th in Indonesia with active family planning coverage of 65.43%, while the coverage of MKJP active family planning participants is only 20.06%.

Data on PUS (pasangan usia subur/fertile age couple) coverage in Central Java Province in 2018 was 6,527,869 people. Judging from the data of all available PUS, 73.7% were active family planning participants. The coverage of active family planning participants in Central Java Province in 2018 was 73.60%, a decrease compared to 2017's achievement of 76.9%. Temanggung Regency has an active EFA coverage of 83.31%, ranking the highest in Central Java out of 35 districts and has exceeded Central Java's coverage of 73.83% (*Profil Kesehatan Provinsi Jawa Tengah Tahun 2018*, 2019).

According to the 2018 Central Java Province Health Profile, the number of new family planning acceptors in the Temanggung district in 2018 was 11,027 acceptors with 6,811 (61.8%) choosing MKJP, 4,216 (38.2%) choosing non-MKJP, and the number of family planning acceptors active in the Temanggung Regency area in 2018,

namely 115,651 acceptors with as many as 56,447 (48.8%) choosing MKJP, as many as 59,204 (51.25%) choosing non-MKJP. KB acceptors in the Temanggung Regency prefer to use non-MKJP KB while according to Affandi (2014) Non-MJKP family planning devices have a high risk of failure, for example in the limitations of pill contraception, which often occurs when you forget to take a pill (taken all day and at the same time) if one of the pills is forgotten to take, as well as injectable contraceptives that are used. become very dependent on the puskesmas or PMB (re-injection) then the failure will be greater and lead to unwanted pregnancies.

According to a preliminary study conducted at PMB Rubiyati of 27 women of childbearing age (WUS), 14 WUS used MKJP KB and 13 WUS used non-MKJP KB and it was found that WUS lacked knowledge about contraceptives. midwife at PMB Rubiyati. Health education is aimed at increasing awareness of using family planning. This health education is done verbally. Because the respondent's knowledge will affect the mindset and understanding of the information provided so that there is a change in the behavior and attitude of the respondent to choose contraception, therefore the more effective the information that is absorbed and understood about contraception will cause changes in the behavior and attitude of the respondent to choose.

According to research (Olo et al., 2019) there is a relationship between age, education, level of knowledge, and the selection of long-term contraceptive methods (MKJP). Meanwhile, husband's work and support have no relationship with the selection of MKJP.

According to Mularsih's research (Mularsih et al., 2018) there is a relationship between the level of knowledge and the choice of intrauterine device (IUD) in couples of childbearing age (EFA). According to Mulyaningsih's research (Mulyaningsih & Sariyati, 2014) that the level of knowledge of family planning acceptors about the definition of contraceptives shows 23 respondents (69.7%) in the sufficient category, the level of knowledge of family planning acceptors about types of contraceptives shows 12 respondents (36.4) each. %) in the less and sufficient categories, the level of knowledge of family planning acceptors about examples of contraceptives shows 21 respondents (63.6%) in the good category, the level of knowledge of family planning acceptors about the advantages and disadvantages of contraceptives shows 16 respondents (48.5%) in the category not enough.

According to research from (Murtiyarini, 2015) that a small proportion of respondents use IUDs, most mothers have poor knowledge about IUDs, a small number of mothers have negative attitudes about IUDs, there is a significant relationship between knowledge and IUD selection, there is a significant relationship between attitudes with IUD selection.

According to Raidanti's research (Raidanti, 2019) the number of family planning acceptors as respondents in this study in the Salembaran Jaya

Health Center Work Area, Tangerang Banten Regency who used IUDs were 21 people (21%) and respondents who did not use IUD contraception were 79 people (79%) of 100 respondents. Most of the respondents have less knowledge as much as 82 (82%).

Based on the description above, the researcher wanted to know the relationship between the level of knowledge and the selection of long-term contraceptive methods in women of childbearing age (WUS) at PMB Rubiyati.

METHOD

This research is a correlation analytic study with a cross sectional approach. This research was conducted at PMB Rubiyati. The population in this study were 43 active family planning acceptors in March 2021 at PMB Rubiyati. How to collect data by means of questionnaires or questionnaires using googleform. Data analysis using univariate and bivariate analysis using Chi Square.

RESULT

This research was conducted on women of childbearing age with active family planning at PMB Rubiyati on January 8, 2021 to April 13, 2021. The researchers collected data with the assistance of the midwife at PMB Rubiyati. At the time of data collection, Indonesia and even the world were experiencing a corona pandemic disaster, so researchers used Google Forms to implement and support government policies, namely social distancing. In this study a sample of 30 WUS.

Table 1. Frequency Distribution

No.	Variable	Frequency	Percentage (%)
1	Age		
	Healthy reproduction: 20-35 years	19	63,3%
	Unhealthy reproduction: <20 years and >35 years	11	36,7%
	Total	30	100%
2	Education		
	Junior	2	6,7%
	Intermediate	14	46,7%
	Senior	9	30%
	Total	30	100%
3	Parity		
	Primipara	7	23,3%
	Multipara	23	76,7%
	Total	30	100%
4	Job		
	Jobless	9	30%
	Not Jobless	21	70%
	Variabel	Frekuensi	Presentase (%)

	Total	30	100%
5	Selection of KB		
	Non MKJP	9	30%
	MKJP	21	70%
	Total	30	100%
6	Knowledge		
	Good	21	70,0%
	Not good	9	30,0%
	Total	30	100%

Based on the results of the research in table 4.1, it shows that of the 30 female respondents of childbearing age, active family planning acceptors at PMB Rubiyati, most of the respondents are of healthy reproductive age as many as 19 (63.3%) respondents, most of whom have secondary education as many as 14 (46.7%).) respondents, mostly with multipara parity as many as 23 (76.7%) respondents, most of the respondents working as many as 21 (70%) respondents, most of the respondents choosing MKJP KB as many as 21 (70%). While on the knowledge variable, most of the mothers had good knowledge, that is 21 (70.0%) respondents.

Statistical test to determine the relationship between knowledge and the choice of long-term contraceptive method using the Chi Square test. Here are the results of the research.

Table 2. Relationship of knowledge with the selection of MKJP

Knowledge	Selection of KB				Total	%	*P value*
	Non MKJP		MKJP				
	N	%	n	%			
Not Good	6	20	3	10	9	30	0,003[a]
Good	2	6,7	19	63,3	21	70	
Total	8	26,7	22	73,3	30	100	

[a]*Fishers exact test*

Based on the results of the study in table 4.3, it shows that the majority of respondents with good knowledge chose the MKJP contraceptive method as many as 18 (60%) respondents compared to respondents with poor knowledge which was only 1 (3.4%) respondents. Statistical test using fishers exact with p value = 0.003 <a = 0.05.

So H0 is rejected, which means that there is a knowledge relationship in the selection of long-term contraceptive methods in women of childbearing age at PMB Rubiyati.

DISCUSSION

Characteristics of female respondents of childbearing age with

active family planning at PMB Rubiyati, most of the women of childbearing age with healthy reproductive age aged 20-35 years were 19 (63.3%) respondents from 30 respondents. According to (Wawan & Dewi, 2014) the age or age of the individual is calculated from the time of birth until the birthday. The more old enough, the level of maturity and strength of a person will be more mature (Sari & Sulistyorini, 2017) in thinking and working. On the age factor, age <20 years is the phase of delaying pregnancy, it is expected that this phase is for women of childbearing age who marry at a young age, age 20-35 years is a phase of spacing pregnancies by setting a minimum distance of 2 years in each pregnancy and age> 35 years is Termination phase of pregnancy is necessary if couples of childbearing age do not want more children and there is a high risk if pregnant at the age of > 35 years. The results of the study of acceptors aged less than 30 years (healthy reproductive age) prefer non-MKJP contraception, on the other hand those aged 30 years or more usually prefer MKJP contraception, this is often supported by the purpose or reason for using family planning.

Age is very influential in regulating the number of children born. The age period of 20-35 years is a period of spacing out pregnancies. Therefore, a contraceptive method that is quite high in effectiveness, has a long duration (2-4 years) and is reversible. The appropriate priority of contraception is IUD, injection, mini pill, pill, simple method, Norplant (AKBK) and Kontap. In contrast to the type of contraception used by mothers who are more than 35 years old. At this age is the phase of terminating pregnancy so that contraception is needed with higher criteria, namely very high effectiveness and does not add to existing abnormalities/diseases (Prawirohardjo, 2009).

The education category of respondents had secondary education as many as 14 (46.7%) respondents. Education level affects the use of types and methods of contraception. It is hypothesized that educated married couples want effective family planning with few side effects (Marmi, 2018). Based on research (Sari & Sulistyorini, 2017), acceptors with higher education will tend to choose MKJP contraceptives because they have knowledge of family planning, both the weaknesses and strengths of each contraceptive method. They choose these contraceptives for practical and safe reasons. Education is one that can affect knowledge, the more highly educated will have a broad view and easy to accept new ideas or things or innovations and the perception of family planning acceptors the more educated the more educated the mindset and views are more rational in decision making.

The parity category of the majority of respondents with parity multipara (2-5 times giving birth) as many as 23 (76.7%) respondents. Parity of 2-3 times is the safest parity in terms of 2-3 times is the safest parity in terms of maternal mortality. Parity 1 and high

parity (more than 3) have higher maternal mortality rates. Higher parity, higher maternal mortality. The risk in parity 1 can be managed with better obstetric care, while the risk in high parity can be reduced or prevented by family planning. Most pregnancies at high parity are unplanned (Prawirohardjo, 2009).

The number of children is one of the most fundamental factors influencing the behavior of couples of childbearing age (families) in using contraceptive methods. One of the things that encourage someone to decide to join the family planning program is when they feel that the number of children who are still alive is sufficient for the desired number of children. So, the number of children who are still alive affects a person's participation in family planning. The greater the number of living children a person has, the more likely it is to limit births (Depkes, 2001).

Job category most of the respondents work as many as 21 (70%) respondents. According to research (Ningrum & Sugihati, 2018) the results showed that the selection of MKJP was obtained that there were 21 people (28.0%) with working mothers. While among mothers who jobless there are 12 people (11.5%) who choose MKJP. Respondents who has job are 1.335 times more likely to choose MKJP contraception than mothers who do not work.

According to research (Budiarti et al., 2017) statistical test results obtained p-value = 0.000 which means p <0.05 so it can be concluded that there is a significant relationship between work and the use of long-term contraceptive methods (MKJP) on family planning acceptors in Indonesia. The working area of the Kalirejo Public Health Center, Negeri Katon Subdistrict, Pesawaran Regency in 2017. From the analysis of the closeness of the relationship, it shows an Odd Ratio (OR) value of 11.371, meaning that respondents who do not work have an 11.371 times greater chance of using long-term contraceptive methods (MKJP) compared to respondents who work.

Based on the analysis of research results on PMB Rubiyati, it is known that most of the respondents have good knowledge of 21 (70%). In the knowledge variable as many as 17 (56.6%) respondents still do not understand about long-term contraceptive methods, it can be proven that there are still many who answered wrongly on favorable questions. respondents still answered wrongly on question number 3 as many as 15 (50%) respondents, namely about one The condition for using contraceptives or family planning is that the length of use can be adjusted as desired. Meanwhile, for the unfavorable questions, the highest number of incorrect answers were found on items 10, 11 and 16, 17 (56.4%) of respondents answered incorrectly, respondents did not understand how the use of spiral contraception (IUD) can prevent sexually transmitted diseases (STIs, HIV/AIDS). , the use of spiral KB (IUD) can prevent pregnancy outside the womb, and KB implants can

interfere with sexual relations between husband and wife.

The results of this study are the same as the results of research conducted in Naunu Village, Fatuleu District, which is the working area of the Camplong Health Center, with the results that most of the respondents have good knowledge. This can be caused because the mother already knows a lot about contraceptive methods from several media such as MCH books and the internet. Predisposing factors as one of the factors that influence the health behavior (behavior). Knowledge and attitudes towards traditions and beliefs, the value system adopted by the community, education level, social and economic level are predisposing factors according to Green's theory (Leida, I., Milayanti, W., & Amiruddin, 2020).

Factors that affect knowledge, education, occupation, and family income per month have a relationship with the formation of knowledge about contraceptive methods. Education is one of the external factors that can influence the acceptor in acting. The results of this study indicate that the respondents who have the highest level of education are Senior High/Vocational Schools (SMA/SMK). This is in line with the research conducted by Sweya and Goncalves et al which stated that the characteristics of respondents in terms of the most recent education level in the selection of contraceptive methods were secondary schools. Respondents who have a high level of education will make it easier for respondents to receive and apply information in life, especially

related to the choice of contraceptive use (Sweya et al., 2016).

Knowledge is a key that must be owned by a mother in determining the choice of a contraceptive method. Knowledge can erase the mother's anxiety about the stigma of side effects caused by the Long-Term Contraceptive Method (MKJP). Knowledge can help reduce stress caused by fear. So that the better a person's knowledge about the Long Term Contraception Method (MKJP), the higher the interest in using this method or vice versa. Therefore, service facilities providing information as a means of knowledge need to be improved to increase mothers' understanding of the Long Term Contraceptive Method (MKJP). So that the interest in using the Long-Term Contraceptive Method (MKJP) will be higher (Juniastuti et al., 2017).

Based on the results of the tabulation of data, it can be found that 21 (70%). This shows that many family planning acceptors have chosen to use MKJP KB such as the IUD and what was done at the Tegalrejo Health Center showed that most respondents were interested in using MKJP KB. This could be because the mother already knew about the MKJP implant KB. The results of this study are the same as the results of research (Assagaff & Fitriyanti, 2019), because knowledge provides an understanding that is tailored to the needs of humans themselves. The better a person's knowledge, the more thorough and wiser they will be in determining the contraceptive method they will use. Mother's understanding of long-term

contraceptive methods is the basis for determining this contraceptive method, both high interest and low interest (Haryati, 2020).

The results of the cross tabulation showed that most respondents with good knowledge chose MKJP contraception as many as 18 (60%) respondents compared to respondents with poor knowledge which was only 1 (3.4%) respondents. The results of this study are in line with the opinion (Assagaff & Fitriyanti, 2019) that good and correct knowledge of something has a big influence on the decisions taken, someone who knows the benefits, uses, effectiveness and side effects of non-MKJP contraception and MKJP contraception correctly makes mothers more confident and comfortable to use MKJP.

The results of the study also showed that there were respondents with good knowledge but did not choose to use MKJP KB this could be due to several factors, one of which was the lack of support from their husbands. Husband's support is one of the reinforcing factors that can influence a person's behavior. Meanwhile, husband's support in family planning is a tangible form of men's care and responsibility. This can happen because the husband does not know that vaginal discharge is actually related to the cleanliness of the user itself, not because of the contraception used (Leida, I., Milayanti, W., & Amiruddin, 2020).

Another factor that causes mothers with good knowledge but do not choose to use MKJP KB due to lack of motivation from within the respondent to use MKJP so that even though the respondent's knowledge is high but from within there is no motivation to use MKJP, the respondent will continue to use non MKJP (Leida, I., Milayanti, W., & Amiruddin, 2020).

Based on the results of statistical tests using fisher exact with the results of p value = 0.003. So H0 is rejected, which means that there is a knowledge relationship in the selection of long-term contraceptive methods in women of childbearing age at PMB Rubiyati.

This is in accordance with research (Oktaviani, 2019) which states that there is a relationship between knowledge and the use of MKJP. Due to the respondent's knowledge will affect the mindset and understanding of the information provided so that changes in behavior and attitudes of respondents to choose contraception, therefore the more effective the information absorbed and understood about contraception will cause changes in the behavior and attitudes of respondents to choose.

The results of the study (Leida, I., Milayanti, W., & Amiruddin, 2020) also showed that there was a relationship between knowledge and interest in using long-term contraceptive methods. The results of the study (Haryati, 2020) also showed that there was a relationship between the mother's level of knowledge and the use of long-term contraceptive methods (MKJP) with a p-value of 0.018 <0.05. Knowledge is the basis in determining the action to be interested in something. Knowledge provides an understanding that is tailored to the needs of humans

themselves. The better a person's knowledge, the more thorough and wiser they will be in determining the contraceptive method they will use. Mother's understanding of long-term contraceptive methods is the basis for determining this contraceptive method, both high interest and low interest.

Knowledge is a key that must be owned by a mother in determining the choice of a contraceptive method. Knowledge can erase the mother's anxiety about the stigma of side effects caused by the Long-Term Contraceptive Method (MKJP). Knowledge can help reduce stress caused by fear. So that the better a person's knowledge about the Long Term Contraception Method (MKJP), the higher the interest in using this method or vice versa. Therefore, service facilities providing information as a means of knowledge need to be improved to increase mothers' understanding of the Long Term Contraceptive Method (MKJP). So that the interest in using the Long-Term Contraceptive Method (MKJP) will be higher (Juniastuti et al., 2017).

This study is in accordance with several previous studies that obtained the same results, among others also in the research conducted by (Suryanti, 2019) obtained the results that there is a relationship between knowledge and the use of MKJP with a p-value of 0.000. (Assagaff & Fitriyanti, 2019) obtained the results that there was a relationship between the mother's level of knowledge and the use of MKJP with a p-value of 0.024.

Based on the results of the research conducted, it can be concluded that WUS knowledge is very closely related to the selection of MKJP, because good knowledge of contraceptive methods will change the perspective of WUS in choosing contraceptives.

Increased knowledge makes it easier for someone to accept technological developments. According to research (Yusika et al., 2020) family planning information systems can help acceptors or families make decisions about contraceptive use and improve the relationship between acceptors and health workers. So with this information system it can increase the level of knowledge of acceptors about family planning, especially MKJP.

CONCLUSION

Based on the research that has been conducted on the relationship between knowledge and the selection of long-term contraceptive methods in women of childbearing age at PMB Rubiyati, the following conclusions are obtained ;

1. The characteristics of respondents in the most age category are healthy reproduction 20-35 years by 19 (63.3%) respondents, education with secondary education is 14 (46.7%) respondents, parity is multipara by 23 (76.7%)) respondents, the occupation of working mothers was 21 (70%) respondents and the choice of contraception using MKJP was 21 (70%).

2. The results obtained in the knowledge category, most of the

respondents had good knowledge as many as 22 (73.3%) respondents.

3. There is a relationship between knowledge and the choice of long-term contraceptive method with the results of the study p value = 0.003.

RECOMMENDATION

It is expected that MKJP KB acceptors will continue to use MKJP KB and non MKJP KB acceptors are expected to use MKJP KB. It is hoped that midwives will further improve counseling and counseling regarding long-term contraceptive methods (MKJP) in any media, both audio and visual. Midwives are expected to hold testimonials with family planning acceptors who use the MKJP KB so that they can share positive experiences about using MKJP during counseling.

REFERENCES

Affandi, B., & Saifuddin, A. B. (Eds.). (2014). *Buku Panduan Praktik Pelayanan Kontrasepsi*. Yayasan Bina Pustaka Sarwono Prawirohardjo-BKKBN.

Assagaff, S. N. R., & Fitriyanti, E. (2019). Hubungan Tingkat Pengetahuan Akseptor Wanita Tentang Mkjp Dengan Minat Pemilihan Metode Kontrasepsi Di Puskesmas Tegalrejo Yogyakarta. *Naskah Publikasi Universitas 'AisyiyahYogyakarta*, 1–11.

Bappenas. (2015). *Rencana Pembangunan Jangka Menengah Nasional Tahun 2015-2019*.

Budiarti, I., Nuryani, D. D., & Hidayat, R. (2017). Determinan Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP) pada Akseptor KB. *Jurnal Kesehatan*, *8*(2), 220. https://doi.org/10.26630/jk.v8i2.49

Depkes. (2001). *Pedoman Pelayanan Pusat Sterilisasi di Rumah Sakit*.

Haryati. (2020). *PENGGUNAAN METODE KONTRASEPSI JANGKA PANJANG (MKJP) DI UPTD PUSKESMAS LOMPOE KOTA PAREPARE TAHUN 2020 PANJANG (MKJP) DI UPTD PUSKESMAS LOMPOE*.

Juniastuti, Y., Kesehatan, K., Indonesia, R., Kendari, P. K., & Kebidanan, J. (2017). *Hubungan Pengetahuan Akseptor IUD dengan Kecemasan Efek Samping Kontrasepsi IUD*. 107.

Leida, I., Milayanti, W., & Amiruddin, R. (2020). Media kesehatan masyarakat. *Media Kesehatan Masyarakat*, *16*(1), 116–126. https://ejurnal.undana.ac.id/MKM/

Marmi. (2018). Buku Ajar Pelayanan KB. *Yogyakarta: Pustaka Pelajar*.

Mularsih, S., Munawaroh, L., & Elliana, D. (2018). Hubungan Pengetahuan Dan Dukungan Suami Dengan Pemilihan Alat Kontrasepsi Dalam Rahim (Akdr) Pada Pasangan Usia Subur (Pus) Di Kelurahan Purwoyoso Kecamatan Ngaliyan Kota Semarang. *Jurnal Kebidanan*, *7*(2), 144. https://doi.org/10.26714/jk.7.2.2018.144-154

Mulyaningsih, S., & Sariyati, S. (2014). Analisis Tingkat Pengetahuan Akseptor KB Tentang Alat Kontrasepsi di Puskesmas Sedayu I Tahun 2014 Contraception Devices In Sedayu I Community Health Center 2014. *Jurnal Kesehatan Masyarakat*, *April*, 71–75.

Murtiyarini, I. (2015). Hubungan Pengetahuan Dan Sikap Akseptor Kb Dengan Pemilihan Akdr Di Puskesmas Sungai Bahar Iv Kecamatan Sungai Bahar Tahun 2014. *Jurnal Bahana Kesehatan Masyarakat (Bahana of Journal Public Health)*, *13*(3), 134–140.

Ningrum, D. A. ., & Sugihati. (2018). *Faktor-faktor Yang Berhubungan Dengan Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP) Pada Pasangan Usia Subur Di Wilayah Kerja Puskesmas Batang Hari Kabupaten Lampung Timur*. 2–7.

Oktaviani, A. S. (2019). *Analisis Faktor Penggunaan Metode Kontrasepsi Jangka Panjang pada Akseptor KB di Wilayah Puskesmas Cilacap Utara II*. 49–55.

Olo, K. M., Ngadiyono, & Hardjanti, T. S. (2019). *Faktor-faktor yang Berhubungan dengan Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP) di Puskesmas Oemue Kabupaten Timor Tengah Utara-NTT*.

Peraturan Pemerintah. (2014). 87. *Peraturan Pemerintah (PP) Tentang Perkembangan Kependudukan Dan Pembangunan Keluarga Keluarga Berencana Dan Sistem Informasi Keluarga*.

Prawirohardjo, S. (2009). *Ilmu Kebidanan*. PT Bina Pustaka.

Profil Kesehatan Provinsi Jawa Tengah Tahun 2018. (2019). Dinas Kesehatan Provinsi Jawa Tengah.

Raidanti, D. (2019). Hubungan pengetahuan dan dukungan suami dengan pemakaian kontrasepsi IUD (Intra Uterine Device) di wilayah kerja Puskesmas Salembaran Jaya Kabupaten Tangerang Banten tahun 2019. *Jurnal JKFT: Universitas Muhamadiyah Tangerang*, *4*(1), 56–66.

Sari, A. ., & Sulistyorini, E. (2017). *Analisis Faktor Yang Mempengaruhi Pemilihan Metode Kontrasepsi Jangka Panjang di Puskesmas Kartasura*. 48–57.

Suryanti, Y. (2019). Fakto- Faktor Yang Berhubungan Dengan Penggunaan Metode Kontrasepsi Jangka Panjang Wanita Usia Subur. *Jambura Journal of Health Sciences and Research*, *1*(1), 20–29. https://doi.org/10.35971/jjhsr.v1i1.1795

Sweya, M. N., Msuya, S. E., Johnson Mahande, M., & Manongi, R. (2016). Contraceptive knowledge, sexual behavior, and factors associated with contraceptive use among female undergraduate university students in Kilimanjaro region in Tanzania. *Adolescent*

Health, Medicine and Therapeutics, *Volume 7*, 109–115. https://doi.org/10.2147/ahmt.s108531

Wawan, A., & Dewi, M. (2014). *Pengetahuan, Sikap dan Perilaku Manusia*. Nuha Medika.

Yusika, K., Widyawati, M. N., & Suryono, S. (2020). The role of information systems towards the success of the family planning program: A literature review. *Journal of Physics: Conference Series*, *1524*(1). https://doi.org/10.1088/1742-6596/1524/1/012118