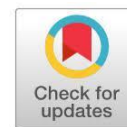


## The influence factors of mother in using postpartum contraceptives in the work area of Kokap I PHC



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### ABSTRACT

The main problem of the population in Indonesia is the large population with a fairly high population growth rate of 1.49% per year, so it is necessary to increase the Family Planning program. This research is expected to be useful as a learning material in adding knowledge about postpartum Family Planning and the factors that influence it, so that postpartum mothers get consideration for participating in using postpartum contraceptives. Objectives: This study aims to analyze the factors that influence mothers in using postpartum contraceptives in the work area of Kokap I Central Health Community Services (CHCS), Kulon Progo, DIY. This research method was quantitative with case control design. The study population was all puerperal mothers in 2021 with quota sampling techniques. The subjects of this study were 33 mothers who used postpartum contraceptives and 33 mothers who didn't use postpartum contraceptives. The results showed  $p < 0.05$  are parity, motivation and husband support had an influence on postpartum contraceptives use. Multivariate analysis of logistic regression showed motivation (OR=4,825), parity (OR=3,638) and husband support (OR=2,407). The motivation variable is the variable that most affects the use of postpartum contraceptives. Factors that influence mothers in using postpartum contraceptives are motivation, parity and husband support in the work area of Kokap I CHCS. The biggest influence factor is motivation.

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### INTRODUCTION

The efforts to improve maternal health have been a top priority for the government, even before the 2015 Millennium Development Goals were set. Maternal Mortality Rate (MMR) (along with Infant Mortality Rate) is one of the main indicators of a country's health degree. MMR also demonstrates the ability and quality of health services, health service capacity, quality of education and knowledge of the community, quality of environmental health, socio-culture and obstacles in obtaining access to health services. According to the 2015 Inter-Census Population Survey (SUPAS), it shows that the average MMR is recorded at 305 per 100 thousand live births. This figure has not reached one of the targets of the

Sustainable Development Goal SDGs 2030, namely reducing MMR to 70 per 100,000 live births. <sup>1</sup> Compared to some countries in the ASEAN region, the MMR in Indonesia is higher than Thailand, Myanmar, Malaysia and the Philippines, although it is still lower than Laos and Cambodia. This high maternal mortality rate indicates a low degree of health caused by access and quality of health services and the low knowledge of mothers and families in recognizing the danger signs in pregnancy. <sup>2</sup>

According to the population in 2020, it was recorded that the total population of Indonesia in September 2020 was 270.20 million people. Since Indonesia conducted its first population census in 1961, the population has continued to increase. The results of the 2020 population census compared to the 2010 population census showed an increase in the population of 32.56 million people or an average of 3.26 million people annually. <sup>3</sup>The main problem of the population in Indonesia is a large population with a growth rate of 1.49% per year, which means that every year there will be a population growth of about 3.5 million more per year. By 2035 the total population of Indonesia is estimated to reach 343.96 million people living and must be reduced to 1.14% per year (BAPPENAS, 2012). The increasing rate of population growth forces the government to try to suppress the rate of population growth with a program known as Family Planning. <sup>4</sup>

According to Juliana (2019), many factors that can influence mothers in using postpartum contraceptives include maternal knowledge, maternal attitudes, husband support and the role of health workers. <sup>5</sup> The use of postpartum contraceptive services strongly supports the goal of improving maternal well-being, and this is also supported by the large number of prospective new birth control participants who have been in contact with health workers, in this case midwives. During the ANC examination, service providers (midwives) and pregnant women can communicate with each other about inspiration and childbirth can encourage mothers to start using contraceptives before 42 days after delivery. A puerperal mother who has just given birth to her baby is usually easier to convince to use contraceptives, so the time immediately after giving birth is the best time to do so. Postpartum birth control is expected to reduce the incidence of pregnancies that are too close. Postpartum family planning can be relied upon to contribute by staying away from the difficulties in pregnancy, childbirth and puerperium that often lead to maternal death. <sup>6</sup>

Based on the results of Riskesdas 2018, the proportion of contraceptive use after childbirth in women aged 10-54 years according to the type of contraception in Indonesia is male sterilization 0.2%, male condoms 1.1%, sterilization of women 3.1%, birth control 4.7% implants, 6.1% injection 1 month, IUD 6.6%, pills 8.5%, 42.4% injection 3 months and 27.1% not using birth control. The proportion of postpartum birth control use in women aged 10-54 years according to the time of birth control services in 2018 was 7.3% at the same time as the delivery process, 5.2% after the delivery was completed, but had not returned from a health facility, 20.0% after returning from a health facility up to 42 days after delivery, 67.5% for 42 days after giving birth. <sup>7</sup>

The results of the MCH report in DIY in 2020 showed that the achievement of postpartum contraceptives was 13.71%. Kulon Progo Regency ranks first in the postpartum contraceptives achievement of 40.16%, followed by the postpartum contraceptives achievement of Gunungkidul Regency by 19.29%, Yogyakarta City by 13.71%, Bantul Regency by 7.94%, Sleman Regency by 6.03%. The achievement of postpartum

contraceptives in the Kalibawang Central Health Community Service work area was 45.88%, while in the Kokap I Central Health Community Service work area in 2020 the postpartum contraceptives achievement was 16.67%. This figure is much lower than the achievement rate of Kulon Progo district. Data from the MCH report of the Kokap I Central Health Community Service also showed that the existence of pregnancies with 4 too (too close to the previous pregnancy) was still quite high at 7.73%.<sup>8</sup>

In general, this study aims to analyze the factors that influence mothers in using postpartum contraceptives in the work area of the Kokap I Central Health Community Service, Kokap District, Kulon Progo Regency, Yogyakarta Special Region. The scope of this study is the implementation of Family Planning services, and the scope of this study is limited to the discussion of factors that affect the use of postpartum contraceptives in the work area of Kokap I Central Health Community Service in 2021. The results of this study are expected to be a learning material in adding insight and knowledge about postpartum contraceptives planning and the factors that influence it.

## METHOD

This type of research is analytical (non-experiential) observational with a case control research design. This research was conducted at the Kokap I Central Health Community Service, Kulon Progo Regency in February 2022. In this study, it was divided into 2 groups, namely the case group and the control group. The sampling technique in this study is to use a non-probability sample technique, namely quota sampling. The sample in this study was 33 respondents for each group. Samples that meet the inclusion and exclusion criteria, will then be selected to be respondents in this study. The criteria for exclusion in this study include: postpartum / puerperal mothers who use postpartum contraceptives, have more than the same as one child, stay in Kokap District, the working area of the Kokap I Central Health Community Service, during the 0-42 days live in one house with her husband, spontaneous maternity mothers or sectio caesarea. The exclusion criteria include: the mother of yang meets the inclusion criteria but is not willing to be a research sample, cannot be communicated with, has a chronic disease, whose husband uses vasectomi contraception. Then each group was taken data that included age, parity, employment rate, motivation, access to health facilities and husband support. The data obtained, analyzed using a computer program. The data analysis used is univariate analysis, bivariate analysis with chi-square and multivariate analysis with logistic regression test.

## RESULTS

### Analyzes Univariat

The following is a table of frequency distributions by age, parity, occupation, level of education, access to health facilities, motivation, husband support for postpartum use of Contraceptives.

Based table 1, it is known that the type of postpartum contraceptive used is the most from AKDR, namely 11 people (33.3%). Most of the respondents in the case group included the healthy reproductive age category (20-35 years) which was 27 people (81.8%). Most of the respondents included multigravida parity of 27 people (81.8%). Based on education, most of them have secondary education (SMA) which is 24 people (72.7%). Most of the

respondents were out of work, namely 23 people (69.7%), most of the respondents were well motivated, namely 29 people (87.9%). Most respondents rated access to CHCS as easy, namely 22 people (60.6%). Some respondents had good category husband support, namely 29 people (87.9%).

Table 1. Maternal Frequency Distribution By Age Characteristics, Parity, Occupation, Level of Education, Access to Health Facilities, Motivation, Husband Support for Postpartum Contraceptives Group cases

Variable	Frequency (n)	Percentage (%)
<b>Postpartum contraceptive use status</b>		
Use	33	100,0
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Types of postpartum contraceptives used</b>		
GDP		
Injection	3	9.1
IUD / AKDR	9	27.3
Implant	11	33.3
	10	30.3
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Age</b>		
20 – 35 years old	27	81.8
<20 years or >35 years	6	18.2
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Parity</b>		
Multigravida	27	81.8
Primigravida	6	18.2
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Education Level</b>		
PT	6	18.2
SMA	24	72.7
SD-SMP	3	9.1
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Work</b>		
Work	10	30.3
Not Working	23	69.7
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Motivation</b>		
Good	29	87.9
Keep	4	12.1
<b>Total</b>	<b>33</b>	<b>100,0</b>
<b>Access to Health Facilities</b>		
Easy	22	60,6
Difficult	11	39,4
	33	100.0
<b>Husband Support</b>		
Good	29	87.9
Keep	1	3.0
Less	3	9,1

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<b>Variable</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Total</b>	33	100,0

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Table 2. Maternal Frequency Distribution Based on Age Characteristics, Parity, Occupation, Education Level, Access to Health Facilities, Motivation, Husband Support for Postpartum Birth Control Use in the Control Group

Variable	Frequency (n)	Percentage (%)
<b>Postpartum contraceptive use status</b>		
Not using		
	33	100,0
<b>Total</b>	33	100,0
<b>Age</b>		
20 – 35 years old	26	78,8
<20 years or >35 years	7	21,2
<b>Total</b>	33	100,0
<b>Parity</b>		
Primigravida	14	42,4
Multigravida	19	57,6
<b>Total</b>	33	100,0
<b>Education Level</b>		
PT	4	12,1
SMA	23	69,7
SD-SMP	6	18,2
<b>Total</b>	33	100,0
<b>Work</b>		
Work	6	18,2
Not Working	27	81,8
<b>Total</b>	33	100,0
<b>Motivation</b>		
Good	19	57,6
Keep	14	42,4
Less	0	0
<b>Total</b>	33	100,0
<b>Access to Health Facilities</b>		
Easy		
Difficult	18	54,5
	15	45,5
	33	
<b>Husband Support</b>		
Good	20	60,6
Keep	8	24,2
Less	5	15,2
<b>Total</b>	33	100,0

Based on Table 2, Most of the respondents of the control group included the category of healthy reproductive age (20-35 years) which was 26 people (78.8%). Most of the respondents included primigravida parity of 19 people (57.6%). Based on education, most of them have secondary education (SMA) which is 23 people (69.7%). Most of the respondents were out of work, namely 27 people (81.8%), most of the respondents were well motivated, namely 19 people (57.6%). Most respondents rated access to CHCS as easy, namely 18 people (54.5%). Some respondents had good category husband support, namely 20 people (60.6%).

### Bivariate Analysis

Bivariate analysis used to determine the factors affecting postpartum birth control use. The results of the bivariate analysis are as follows:

Table 3. Factor Analysis of Age, Parity, Education and Work in Mothers and Nature Using Postpartum Contraceptives in the Work Area of Puskesmas Kokap I

Postpartum Birth Control Usage Status	Age			Total	p
	Healthy Reproduction	Unhealthy Reproduction	Total		
Use	27	6	33		
Not using	26	7	33		1,000
	Parity				
	>1	Child=1	Total		
Use	27	19	33		0,025
Not using	14	19	33		
	Education				
	Tall	Keep	Low	Total	
Use	6	24	3	33	0,491
Not using	4	23	6	33	
	Work				
	Work	Doesn't work	Total		
Use	10	23	33		0,389
Not using	6	27	33		
	Motivation				
	Good	Keep	Total		
Use	29	4	33		0,013
Not using	19	14	33		
	Access to Health Facilities				
	Mudah	Difficult	Total		
Use	22	11	33		0,450
Not using	18	15	33		
	Husband support				
	Good	Keep	Less	Total	
Use	29	3	1	33	0,031
Not using	20	8	5	33	

Based on Table 3, the proportion of mothers who took birth control was not much different between mothers with a healthy reproductive age of 50.9% compared to an unhealthy reproductive age of 46.2%. The chi square test results were obtained  $p > 0.05$  then  $H_0$  was accepted. The proportion of mothers using postpartum birth control in mothers with child parity of more than 1 is 63.2% higher than in mothers with child parity equal to 1. The chi square test results were obtained  $p < 0.05$  then  $H_0$  was rejected. The proportion of mothers who use postpartum birth control based on education does not differ too much. Chi square test results were obtained  $p > 0.05$  then  $H_0$  was accepted. Proportion of mothers using postpartum birth control in working mothers 62.5% is not much different from the proportion in non-working mothers, which is 46.0%. The chi square test results were obtained  $p > 0.05$  then  $H_0$  was accepted. The proportion of mothers who use postpartum birth control in mothers with good motivation is 60.4% higher than in mothers with moderate



motivation, which is 22.2%. The chi square test results were obtained  $p < 0.05$  then  $H_0$  was rejected. The proportion of mothers who use postpartum birth control in mothers with access to easy health facilities, namely 55.0%, does not differ much from the proportion in mothers with difficult access to health facilities, which is 42.3%. The chi square test results were obtained  $p > 0.05$  then  $H_0$  was accepted. The proportion of mothers using postpartum birth control in mothers with good husband support was 59.2% higher than in mothers with moderate husband support, namely 27.3% and husband support was less, namely 16.1%. The chi square test results were obtained  $p < 0.05$  then  $H_0$  was rejected.

### Multivariate Analysis

The results of the logistic regression analysis can be seen in the table below:

Table 4. Logistic Regression Analysis Results

Variable	B	Itself	OR	95% CI	
				Lower	Upper
Parity	1.291	0.026	3.638	1.169	11.320
Motivation	1.574	0.022	4.825	1.257	18.529
Husband support	.878	0.092	2.407	0.866	6.689
Constant	-4.979	0.000			

Based on the table of results of a multivariate analysis of logistic regression, it is known that the variable that has the most dominant relationship with the use of postpartum birth control is motivation. Mothers with high motivation have a 4.8 times chance (95% CI 1,257-18,529), mothers with more parity have a 3.6 times chance and mothers with good husband support have a 2.4 times chance of using postpartum contraceptives.

### DISCUSSION

Based on the age of the respondents, most of them were at a healthy reproductive age between 20-35 years (80.3%). The results of the bivariate analysis using the chi square statistical test obtained no meaningful relationship between the age of the respondents and the use of postpartum contraceptives. Notoadmodjo (2012), states that age can affect an individual's behavior as well as the use of contraceptives. A person under the age of 35 is more likely to use long-term contraceptives than a person under 35 years of age. The age factor affects a person's motivation to accept and use postpartum contraceptives. The results of this study are not in line with the theory above, age does not affect the use of postpartum contraceptives. The results of this study are in accordance with the results of Nurwita's research (2019) which states that there is no influence between age and the use of postpartum birth control ( $p = 0.568$ ).<sup>9</sup>

Based on the results of the study, it showed that the proportion of mothers using postpartum contraceptives in mothers with child parity > 1 was 63.2% higher than in mothers with child parity = 1. The parity factor is the overall parity that is born. According to Subiyatun (2011) parity can affect the use of contraceptives. The more parity is possessed, the greater the desire to terminate the next pregnancy so that it prefers to use postpartum contraceptives. The results of the chi square test obtained  $p = 0.025 < 0.05$  means that there is an effect of parity on the use of postpartum contraceptives in the work area of



Kokap I CHCS in 2021. The value of OR = 3.638 means that the parity factor is a risk factor for the use of postpartum birth control. This research is in accordance with the results of Ichsan's research (2021) which states that there is an influence of parity with the use of postpartum birth control.<sup>10</sup> This study in line with the results of Wulandari (2016) stated that there was a significant relationship between the number of children living with the use of the long-term contraceptive method (MKJP), respondents who had children living  $\geq$  people had a 3.9 times greater chance of using the long-term contraceptive method (MKJP) than respondents who had a 0-2 living child.<sup>11</sup> According to Lakew et.al. (2013), the number of children living from a woman has a significant influence associated with the use of modern contraceptive methods. A woman who has at least one child has a higher probability of using modern contraceptives than a childless woman.<sup>12</sup>

The proportion of mothers using postpartum contraceptives based on education does not differ too much. The results of the chi square test obtained  $p = 0.486 > 0.05$  meaning that there is no effect of education on the use of postpartum contraceptives in the work area of Kokap I CHCS in 2021. The results of this study are not in line with Mandiwa's (2017) research which showed that women with higher education are more likely to use LARCs compared to lower education. Other studies have also shown that the higher a woman's education will increase the likelihood of choosing sterilization by 1.4 times compared to women who do not have a formal education.<sup>13</sup>

The results of this study are different from the results of the previous study by Herowati (2019) in Semarang which stated that there was no significant relationship between the level of education and the selection of contraceptives.<sup>14</sup> Mothers' decision-making to use postpartum contraceptives is closely related to maternal and family knowledge about the importance of birth control. Health promotion activities, MCH KB that have been carried out by Kokap I CHCS are good enough that most mothers have gained knowledge about post-copy birth control since the mother did an ANC. Therefore, the level of maternal education does not affect the use of post-copy contraceptives in the work area of the Kokap I CHCS in 2021.

The results showed that the proportion of mothers who use postpartum contraceptives in working mothers of 62.5% is not much different from the proportion in non-working mothers, which is 46.0%. Chi square test results obtained  $p=0.389 > 0.05$  then  $H_0$  was accepted. This means that there is no effect of work on the use of postpartum contraceptives in the work area of the Kokap I CHCS in 2021. This result is different from previous case studies which stated that there was a meaningful relationship between the mother's employment status and the selection of contraceptives.

The results of this study are in accordance with the results of Damayanti's research (2021) which states that work is not related to the selection of birth control long-term contraceptive methods. The type of work can be ascertained not related to the selection of the contraceptives method. This is because every mother has contraceptives based on her condition and adjusted for her needs.<sup>15</sup> The results of this study are also in accordance with an Aniningsih (2019) study which states that work is not related to the selection of contraceptives.<sup>16</sup> Supriadi's research (2017) also states that there is no employment relationship with the selection of contraceptives.<sup>17</sup>

The results showed that the proportion of mothers who use postpartum birth control in mothers with good motivation is higher than in mothers with moderate motivation. The chi square test results were obtained  $p=0.013 < 0.05$  then  $H_0$  was rejected. This means there is an influence of motivation on the use of postpartum contraceptives in the work area of the Kokap I CHCS in 2021. The value of  $OR = 4.825$  means that the motivational factor is a factor that causes the mother to use postpartum birth control. Abigail's research (2015) shows that motivation plays an important role for mothers in the selection of post-copy contraceptives. Motivation both external and internal will influence the mother's decision in determining the use of postpartum birth control as a means of her contraception.<sup>18</sup> The results of this study are in accordance with the results of Keesara's research (2018) which states that maternal motivation is significantly related to the use of postpartum contraceptives.<sup>19,20</sup>

Hypothesis testing using chi square test obtained  $p=0.450 > 0.05$  then  $H_0$  accepted. This means that there is no influence of access to health facilities on the use of postpartum contraceptives in the work area of the Kokap I CHCS in 2021. The results of this study are in accordance with Fakhri's research (2015) which said that there is no influence of the distance of the place of service with the use of long-term contraceptive methods. Distance to the place of service is one of the factors that have a role in the use of health advice and infrastructure, the closer to health facilities, the easier it will be to access existing health facilities. The results of this study are not in line with the research conducted which states that there is a significant relationship between the distance to the contraceptive service place and the use of long-term contraceptive methods (MKJP) with a  $p$  value = 0.001. Respondents who were distanced to a contraceptive service place were 4.3 times greater likely to use the long-term contraceptive method (MKJP) than respondents who were distanced to a remote contraceptive service place.<sup>21</sup>

The results of this study showed that the proportion of mothers who used postpartum birth control in mothers with good husband support was higher than in mothers with moderate husband support and less husband support. The chi square test results were obtained  $p=0.013 < 0.05$  then  $H_0$  was rejected. The  $OR$  value = 2.407 means that the husband's support factor is a factor that causes mothers to use postpartum contraceptives. This means there is an influence of husband's support on the use of postpartum contraceptives in work area of Kokap I CHCS in 2021. The responsibility of the man / husband in the involvement and participation of birth control, as well as healthy and safe sexual behavior for himself, his partner and his family. The form of participation of men / husbands in birth control can be done directly or indirectly.<sup>23,22</sup> Husband behavior and good support are indispensable for choosing contraceptives including the selection of postpartum birth control.<sup>24</sup> The results of Nagdalena Pardosi's research (2021) stated that husband support has a significant influence on the interest of maternity mothers in the selection of postpartum birth control.<sup>25</sup>

The results of this study show that motivation is the factor that most influences mothers in using postpartum contraceptives. Hasil analysis of multivariate logistic regression obtained the highest value, namely motivation with  $OR = 4.825$  (95% CI 1,257-18,529), this means that mothers with high motivation have a 4.8 times risk of using postpartum contraceptives.

## CONCLUSION

In 2021, in the working area of Kokap I CHCS, the research indicates that factors such as parity, occupation, and husband's support significantly influence the use of postpartum contraceptives. However, there are several limitations in this study that need consideration. One of them is the lack of in-depth research concerning cultural or social factors that might affect the decision to use postpartum contraception. For instance, aspects like cultural norms related to pregnancy and family, as well as the community's role in reproductive health decision-making, could be crucial aspects that remain undisclosed in this study. Therefore, further research could focus on these social and cultural aspects to gain a more comprehensive understanding of the factors influencing the use of postpartum contraceptives in this area.

Moreover, although the study highlights motivation as the dominant factor, the method of measuring motivation in this research might need clarification and expansion. Further research could involve in-depth interviews or the use of specific instruments that can more accurately measure motivation in the context of postpartum contraceptive use. Additionally, it's essential to consider the role of other factors potentially associated with motivation, such as perceptions of the benefits of postpartum contraception and comprehensive knowledge about various contraceptive options. By exploring these dimensions further, subsequent research can provide a deeper understanding and possibly offer new insights into the influence of motivation on the use of postpartum contraceptives in Kokap I CHCS."

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