

Relationship between Contraception Selection and Number of Children, Perceptions of Side Effects and Perceptions of Information from the Community on Fertile Age Couples (PUS) in the Work Area of the Lubuk Buaya Community Health Center, Lubuk Buaya Village, Kotapadang

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ABSTRACT

The Family Planning Program (KB) is one of the programs used to address population increases. The purpose of the Family Planning Program (KB) is to improve the quality of the population through birth control, reducing mortality and increasing the quality of the family planning program, one of which is by implementing the Long-Term Contraception Method (MKJP). The purpose of this study was to analyze the relationship between contraceptive selection and the number of children, perceptions of side effects and perceptions of information from the community on fertile age couples in the work area of Puskesmas Lubuk Buaya, Lubuk Buaya Village, Padang City. This study used a cross sectional design. The study population was all fertile aged couples who were in the working area of the Puskesmas, Lubuk Buaya Village, Padang City who received contraceptive services. The sample of this research is 108 respondents of fertile age couples who have received family planning services. Data collection using questionnaires and data analysis using chi-square test and logistic regression test. The conclusion of this study is that there is a relationship between the number of children, the perception of side effects and there is no relationship between perceptions of information from the community on couples of reproductive age and the choice of contraception.

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1. Introduction

African research has a high level of unmet needs for family planning (KB) due to many obstacles including high costs, long distance, poor distribution, medical restrictions, and fear of side effects or even misinformation (Mosha, et al., 2013). In a study in India, it was found that 40% of respondents experienced side effects from one of the contraceptive methods (Bhandari, et a., 2013).

The Ethiopian state found that 29.4% of respondents had changed their contraceptive method including 41.9% from pills to injections. A study in the United States found that 42.6% of married women had changed the contraceptive method from pills to condoms, women over the age of 35 had 2 or more children who had the motivation to limit the number of children meaning high-effectiveness contraception was recommended for these women (Amran et al. ., 2019).

Indonesia as a developing country has various types of problems, especially in the field of population. In the world, Indonesia is one of the most populous countries after the People's Republic of China, India, the United States of America and Indonesia are in the fourth position with the largest population growth. Where in 2018 there were 286 million people with 133.17 million men and 131.88 million women, and the total TFR in 2018 reached 2.38 where the national target must reach 2.1 children per woman of childbearing age (Bapenas, 2018).

Based on data from the Indonesian Demographic and Health Survey (IDHS) in 2017, it is known that 64% of currently married women aged 15-49 use a family planning (KB) tool / method, 57% use modern family planning (KB) tools / methods and 6% use tools. The traditional family planning (KB) method. Women who use the Long-Term Contraception Method (MKJP) include the use of the IUD 5%, 5% implant, 4% MOW, 0% MOP, while those who are not the Long-Term Contraception Method are 29% injection, pill 12% and condoms 3% (IDHS, 2017).

Based on the 2017 IDHS data, information on the exposure of married women aged 15-49 to family planning messages through 6 media radio, television, newspapers, posters, banners and the internet. Television is the most widely accessed source of family planning information by married women (57%), followed by banners (39%) and posters (37%). Radio is the least accessed by women (9%) compared to other media.

In general, 30 percent of currently married women were not exposed to family planning

messages through any of the 6 media and varied according to background characteristics. In men, 34 percent of men were not exposed to family planning messages through one of the six media sources, according to background characteristics. Meanwhile, health workers obtain information about family planning from family planning officers, teachers, religious leaders, doctors, midwives, community leaders, family welfare development (PKK) and pharmacists that the main sources of information are midwives (24%), PKK (12%), and family planning officers and doctors (7%) (IDHS, 2017).

The results of Arliana's (2013) research conducted in Buton Regency in Southeast Sulawesi showed that there was a relationship between maternal age ($p = 0.004$), family income ($p = 0.031$) and husband's support ($p = 0.034$) and the use of hormonal contraceptives.

Research conducted by setiawati, et al, 2017, Some contraceptives with low concentration, namely pills, MOW and intrauterine devices (IUD), the small number could be due to MOW because they have not met the existing requirements, the intrauterine device (IUD).) acceptors are ashamed to carry out internal examinations. The side effects most experienced by family planning (KB) acceptors of the Long-Term Contraception Method (MKJP) and non-Long-Term Contraception Method (non-MKJP) 5 include weight gain (40.5%), vaginal discharge (36.5%), Amenorrhea (29.5%), Spots (29%) and Acne (16.5%) (Setiawati, et al., 2017).

Erna Setiawati's research results reveal that there is no significant difference in the selection of MKJP and Non MKJP. Based on the side effects in the reproductive age group of 20-30 years with the selection of MKJP and Non MKJP based on side effects in the age group > 30 years. The results of this study indicate that in the choice of contraception, no one is allowed to force a woman or PUS to use a particular contraceptive device which is not her choice. However, in the selection of PUS prospective contraceptive users, they should know everything even if this is a side effect, because the side effects that occur sometimes make it uncomfortable and can make it difficult for the acceptor (Erna, 2017).

The implementation of the Family Planning (KB) program, there are several types of methods used by the Long-Term Contraception Method (MKJP) and non-Long-Term Contraception Method (non-MKJP). MOW, implants and non-long term contraceptive methods (non MKJP) consist of injections, pills, condoms and vaginal medicines. The number of active family planning participants in Indonesia in 2017 was 63.22% while in West Sumatra 132,523 active family planning (KB) participants used the Long-term Contraception Method (23.9%) and non-Long-Term Contraception Methods (non-MKJP) as many as 420,974 people (76%). The contraceptives used by new family planning (KB) participants with the Long-Term Contraception Method (MKJP) were 23.

Padang City has only 16,947 participants (9.35%) and active family planning (KB) participants as many as 116,458 people (64.24%) out of 181,299 people in Fertile Age Couples (PUS) in Padang City in 2017. Participants There are 3,243 people (19%) of new family planning (KB) using the long-term contraceptive method (19%) and 13,704 (80.9%) non-long-term contraceptive methods (non-MKJP). For active family planning (KB) participants who use the Long-Term Contraception Method (MKJP) as many as 22,122 people (18.9%) and 94,336 people (non-MKJP) non-Long-term Contraception Methods (81%) (Padang City Health Office, 2017). Family Planning cohort summary report

(KB), the Padang City Health Office (DKK) in 2018 reported that from 22 Puskesmas in the City of Padang, the highest coverage of PUS was in the Lubuk Buaya Community Health Center Work Area, as many as 21,016 PUS with new KB participants 1,487 (7.08%) people and 11,851 active family planning participants (56.39%) people (Padang City Health Office, 2017).

2. Research methods

2.1 Place and time of research

The location of the research was carried out in the Lubuk Buaya Public Health Center, Padang City, including Lubuk Crocodile Village. The research period starts from July to March 2020.

2.2 Population

The population is the whole of the object under study (Notoatmodjo, 2010). The population of this study is all couples of childbearing age who receive contraceptive services in the work area of the Lubuk Buaya Community Health Center, Lubuk Buaya Village, Padang City.

2.3 Research Instruments

The research instrument used in this study was a research questionnaire consisting of: a questionnaire containing questions and statements to assess the number of children, perceptions of side effects and perceptions of information from the community at PUS regarding the choice of contraceptive methods by acceptors. The perception questionnaire is arranged in the form of a Likert scale which is determined using a scale of 1 to 4 with a description of the assessment, namely:

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree

Instruments or measuring instruments used for research that can be accepted according to standards are measuring instruments that have been tested for the validity and reliability of the data. The process of validity and reliability is carried out by testing the instrument before collecting the research data.

The validity of the instrument was carried out on question items through an internal validity test, namely testing to determine the suitability between the items of the research instrument.

2.4 Data collection technique

The data used in this study came from two sources, namely:

a. Primary data

Primary data collection in this study was conducted by interview using a questionnaire. The questionnaire used is a questionnaire for the number of children that has been standardized from the BKKBN and a questionnaire on perceptions about side effects and perceptions about information from the community that has been modified and tested for validity and reliability beforehand.

b. Secondary Data

Secondary data collection in this study was carried out with a variety of information related to the topic under study. To obtain facts from the required information, data tracing was carried out by means of the annual report of the West Sumatra Provincial Health Office, the Padang City Health Office.

2.5 Data validity

a. Questionnaire Validity Test

Validity is the validity of a research instrument in measuring what has been measured. Validity of the research instrument is obtained by testing construct validity and content validity. Construction validity is obtained by consulting experts. After the validity of the construction is obtained, then the instrument is tested on a sample of the research population (Sugiyono, 2013). The distribution of the measurement results will be close to normal by testing the instrument on a minimum of 20 respondents (Notoatmodjo, 2010). The results of the validity test where each question is obtained $r_{count} > r_{table}$ is said to be valid, and $r_{count} < r_{table}$ is said to be invalid.

b. Questionnaire Reliability Test

Reliability is an index that shows the extent to which a research instrument can be trusted or relied upon and is consistent with the measurement results from time to time (Notoatmodjo, 2010). One method of testing the reliability of research instruments is to use Cronbach's Alpha. The research instrument is said to be reliable if the value of Cronbach's Alpha is ≥ 0.6 and not reliable if the value of Cronbach's Alpha is < 0.6 .

c. Test Results of the Validity and Reliability of Research Instruments

The questionnaire that was tested consisted of 20 questions which were divided into 2 variables, each of which was 12 questions regarding the perception variable about side effects and 8 questions regarding the perception variable about information from the community environment. Validity and reliability tests were carried out on 25 PUS with almost the same characteristics as the research respondents. Data collection for validity and reliability tests was carried out for 3 days.

The results of the analysis of the validity test obtained the calculated r value of all question items, both the question items for the perception variable about side effects and the perception variable about information from the community, which was worth more than r_{table} , so that 20 questions were declared valid.

Along with the results of the validity test, the results of the reliability test questions for the perception variable about side effects and information from the community were declared reliable because the cronbach's r_{alpha} value was ≥ 0.6 .

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3. Research Results and Discussion

3.1 Univariate Analysis

a. Characteristics of Respondents

Table 1
Respondent Characteristics Frequency Distribution

Variable	f	%
Age		
It's risky	5	4.6
Not risky	103	95.4
Education		
Junior High	10	9.3
High school	53	49.1
PT	45	41.7
Profession		
Work	32	29.6
Does not work	76	70.4
amount	108	100

Based on table 1, it is found that most of the respondents are not at risk (95.4%), the most respondents are high school level (49.1%), and those who do not work (70.4%).

b. Number of children

Table 2
Frequency Distribution of Number of Children

Number of children	f	%
Ideal	48	44.4
Not ideal	60	55.6
amount	108	100

Based on table 2, it is found that more than half of the respondents with the number of children who are not ideal (55.6%).

c. Perceptions of Side Effects

Table 3
Perceived Frequency Distribution of Side Effects

Perceptions of Side Effects	f	%
positive	43	39.8
negative	65	60.2
amount	108	100

Based on table 3, it is found that more than half of the respondents with perceptions of negative side effects (60.2%).

d. Perceptions of Information from the Community

Table 4
Distribution of Perceptions Frequency of Information from the Community

Perception about Information from the Community	f	%
Positive	67	62
Negative	41	38
amount	108	100

Based on table 4, it is found that more than half of the respondents with a positive perception of information from the community (62%).

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e. Contraceptive Selection

Table 5.

Contraceptive Selection Frequency Distribution		
Contraceptive selection	F	%
MKJP	28	25.9
NON MKJP	80	74.1
amount	108	100

Based on table 5, it was found that most of the respondents (74.1%) chose Non-Long-Term Contraceptive Methods

3.2 Bivariate Analysis

Table 6

The Relationship between Contraceptive Selection and Number of Children

Number of children	Contraceptive Selection				Total	p value	OR (95% CI)
	MKJP		Non MKJP				
	f	%	F	%			
Ideal	7	14.6%	41	85.4%	48	100%	0.029 0.317 (0.121-0.829)
Not ideal	21	35.0%	39	65.0%	60	100%	
Total	28	25.9%	80	74.1%	108	100%	

Based on table 6, it can be seen that the number of children who are not ideal is more in choosing contraception with Non-Long-Term Contraception Method (65%) compared to Long-Term Contraception Method (35%). The results of the chi square test obtained a p value of 0.029, which means that there is a significant relationship between the number of children and the choice of contraception in fertile age couples

Table 7

The Relationship between Contraceptive Selection and Perceptions of Side Effects

Perceptions of Side Effects	Selection of contraception				Total	p value	OR (95% CI)
	MKJP		Non MKJP				
	f	%	f	%			
Positive	17	39.5%	26	60.5%	43	100%	0.016 3,210 (1,317-7,825)
Negative	11	16.9%	54	83.1%	65	100%	
Total	28	25.9%	80	74.1%	108	100%	

Based on table 7, it can be seen that respondents with perceptions of side effects who have negative perceptions are more likely to choose contraception with the Non-Long-Term Contraception Method (83.1%) compared to the Long-Term Contraception Method (16.9%). The results of the chi square test obtained a p value of 0.016, which means that there is a significant relationship between perceptions of side effects and the choice of contraception in reproductive age couples.

Table 8

The Relationship between Selection of Contraception and Perceptions of Information from the Community

Perceptions of information from the community	Contraceptive Selection				Total		p value	OR (95% CI)
	MKJP		Non MKJP		f	%		
	f	%	f	%				
Positive	15	22.4%	52	77.6%	67	100	0.397	0.621
Negative	13	31.7%	28	68.3%	41	100		(0.259-1,488)
Total	28	25.9%	80	74.1%	108	100%		

Based on table 8, it can be seen that perceptions about information from the community that have positive perceptions are more in the choice of long-term non-contraceptive methods (77.6%) compared to the long-term contraceptive method (22.4%). The results of the chi square test obtained a p value of 0.397, which means that there is no relationship between perceptions of information from the community and the selection of contraceptives for couples of childbearing age.

3.3 Multivariate Analysis

Table 9

Summary of Bivariate Analysis Results between Independent Variables and Dependent Variables

Variable	P Value
Number of children	0.029
Perceptions of Side Effects	0.016
Perceptions of information from the community	0.397

Based on table 9 of the results of bivariate selection, it is known that the 2 variables with p value <0.05 were entered into the model for multivariate analysis using Logistic Regression with the Backard LR model. In this modeling all variables with a p value <0.05 were entered simultaneously. simultaneously, then it will automatically be issued starting from a larger P Value. The results of the regression test can be seen in the following table:

Table 10

Results of Logistic Regression Analysis between Independent and Dependent Variables which have a relationship with the Selection of Contraception in Fertile Age Couples in the Work Area of the Lubuk Buaya Community Health Center

Variable	P Value	OR	95% CI
Number of Children	0.026	0.326	0.122-0.875
Perceptions About Side Effects	0.015	3,217	1,253-7,806

From the results of the analysis on the logistic regression test, it was found that the most dominant variable was the perception variable about side effects with a p value of 0.015 and an OR value of 3.217 (95% CI = 1.253-7.806) which was associated with contraceptive selection services.

3.4 Discussion

This research was conducted from July to March 2020 at the Lubuk Buaya Public Health Center, Padang City, covering Lubuk Crocodile Village by giving a questionnaire totaling 108 PUS people. The data obtained is then displayed in tabular form for each variable, then the data is analyzed systematically.

a. Characteristics of Research Respondents

1) Age

Based on Table 1, it was found that most of the respondents were not at risk (95.4%) and at risk (4.6%). The results of field observations found that many respondents were under 35 years of age and only a small proportion were over 35 years of age. According to Notoatmodjo, age is a period of adjustment to new life patterns. In this adult period is

marked by physical and mental changes. The older a person gets, the more his desire and knowledge about health will increase (Notoatmodjo, 2014).

Maternal age is related to interest in using MKJP, a woman is said to be at a productive age when she is under 30 years old (BKKBN, 2010). At that age, he tries to be able to have offspring. Age is an important variable that has an influence on the use of contraceptives (Bkkbn, 2011). In this study, it shows that mothers aged 20 to 35 years use the most Non Long-term contraceptive methods and mothers over 35 years of age use more long-term contraceptive methods. Age is very influential in regulating the number of children born. The age period of 20-35 years is a period of spacing between pregnancies, so a contraceptive method is needed which is quite effective, has a long duration (2-4 years) and is reversible (Prawirohardjo, 2013). In contrast to the type of contraception used by mothers who are more than 35 years old. At this age it is the phase of terminating pregnancy so that contraception with higher criteria is needed, namely very high effectiveness and does not add to existing disorders / diseases (Prawirohardjo, 2013).

Age is the length of time lived or existed (since birth or birth). (Hoetomo, 2012) while the age of pregnant women is the age of pregnant women is the age of the mother obtained through filling out a questionnaire.

The Indonesian Ministry of Health (2014) divides groups in the reproductive period associated with pregnancy into 3 groups, namely, the first age <20 years, at this time the mother is still too young to get pregnant, the second age 20 - 35 years at this time the mother must regulate fertility (spacing pregnancy), and the three ages above 35 years, at this time the mother must end her fertility (no longer pregnant) because the mother is too old to get pregnant.

The safest age for a mother to get pregnant is 20 - 35 years because in women starting at the age of 20 years, the uterus and other body parts are completely ready to accept pregnancy, also at that age women usually feel ready to become mothers (MOH, RI, 2014). This study is also in line with Arifuddin (2013) and Hartanto (2004), who state that there is a relationship between age and the choice of contraceptive method. However, this result is different from Fitri in 2012 who stated that there was no relationship between age and the choice of contraceptive method. This is the same as Arifuddin's research in 2013 which states that there is a relationship between age and contraceptive choice.

Bernadus in 2013 stated that there was a relationship between age and choice of contraception. Based on these two studies, it can be concluded that there is a relationship between age and contraceptive choice. The results of the above study are different from Fitri's research in 2012 which states that there is no relationship between age and contraceptive choice. Jurisman in 2016 also stated that age and number of children had no relationship with contraceptive choice, while high levels of education tended to choose contraception. Previous research has revealed a lot about the relationship between age and contraceptive use. From the research, Asih and Oesman stated that most of the use of family planning is generally used by women aged relatively young less than 30 years.

The results of this study are in line with research conducted by Nasution (2011), which found a significant relationship between age and the selection of MKJP. Age plays a role as an intrinsic factor, which can affect organ structure, function, biochemical composition and hormonal system at a certain age. Age also affects a person in thinking and behaving. A person who is more than 30 years old already has 2 (two) children, so he prefers contraception with a longer period (Bernadus, 2013). According to the researchers' assumptions, the use of MKJP for more than 30 years because of increasing age, the opportunity to limit births is also higher.

According to research conducted by Nicola (2018) in the UK, there is an increase in long-term contraceptive use at the age of 35-49 years, but in the 16-24 year age group there is no increase in long-term contraceptive use.

According to the perceptions found in the field using contraceptive methods, the majority of using MKJP contraception was 35 years old where at the time the study was conducted the mothers said they did not want to have more children and their age was enough to not give birth again, where mothers who were over 35 years old had a higher risk. high in pregnancy and childbirth, the majority of respondents were under 30 years of age where at the time of

the study they said that they still wanted to add more children and felt that they were still young.

2) Education

Based on table 1, it is found that most of the respondents have high school education (49.1) and tertiary education (41.7%). A person's education level is very influential on that person in acting and finding solutions to all the problems that exist in his life. With high education, a person can act very rationally so that it is easier to accept new ideas. Education in the real sense is a process of delivering material to the target which aims to change behavior and goals (Notoadmodjo, 2003).

According to Kusumaningrum (2009), there is not always a significant relationship between the level of education and the use of the contraceptive method. Research conducted by Nurbaiti (2013), illustrates that the use of contraceptive methods is influenced by previous education levels with contraceptive use practices. This level of education affects the respondent's decision to choose a contraceptive method. Research conducted by Lilik (2017) found that mothers with secondary education (SMA) mostly used long-term non-contraceptive methods while mothers with basic education used more long-term contraceptive methods than mothers with high education.

The concept of this educational variable is the same as Anderson's research which explains that education affects the choice of contraceptives. The education of a mother will determine the pattern of acceptance of information and decision making, the more educated a mother is, the better the decisions she will take. (Anderson, 2003)

Based on this study, it appears that there is not always a significant relationship between education level and the choice of contraceptive method. This can be influenced by the different characteristics and number of respondents in each study. So the level of education is one of the factors that greatly determines a person's knowledge and perception of the importance of something, including the importance of participating in family planning. This is because someone who is highly educated will have a broader perspective and more receptive to new ideas and ways of life. Notoatmodjo stated that someone with high education will have a wider knowledge than those with a low level of education. Mothers who have higher education are generally more open to accepting changes or new things in order to maintain their health, including knowledge about side effects (Notoatmodjo, 2014).

The level of one's education is crucial in the pattern of decision making and information acceptance (Bower, 2000). Education will also affect a person's knowledge and perception of the importance of something, including his role in the family planning program. For mothers using family planning with a low level of education, their participation in the family planning program is only intended to regulate births. Meanwhile, for mothers using family planning with a high level of education, their participation in the family planning program is not only to regulate births but also to improve the welfare of the family because only two children in one family (male or female are the same), a happy and prosperous small family can be achieved by easy.

This is supported by Bernadus (2013) who states that there is a relationship between education level and the choice of contraceptive method. According to research conducted by Ayoub (2012) in Tanzania the types of contraceptive use show that more education is positively related to contraceptive use. These types of contraception indicate that the relationship is stronger with higher levels of education.

Theoretically, formal education has a very big influence on knowledge where if someone is highly educated, he will also have high knowledge. Conversely, if someone has low formal education, their knowledge will also be low. A highly educated person is expected to more easily and quickly understand the importance of health and make choices (Notoatmodjo, 2007).

According to the perceptions found when researching, it is hoped that a person's higher education will find it easier to receive messages and motivation in choosing this contraceptive method. But in this day and age, a person's knowledge does not depend on high education but they can get it from information from the media, information from people around him, so that this greatly influences what they decide, especially in their

decision to choose contraception.

3) Profession

Based on table 1, it is found that most of the respondents did not work (70.4%) and those who worked were (29.6). According to Notoadmodjo (2003) that people who work, they can get information from their work environment, where the environment affects a person's knowledge. This is in line with the BKKBN research which welcomes that work has a very significant influence on the use of MKJP, so it is likely that working women are more aware of the use and benefits of family planning than women who do not work.

Research conducted by Nurbaiti (2013) states that a mother's job has nothing to do with contraceptive selection (Wulandari, 2015). This was also expressed in his research at the Panda Arang General Hospital, Boyolali, by selecting the type of contraception. It is said that there is no significant relationship between a person's work or absence and the choice of contraception, because generally contraceptive use will not interfere with daily activities (Bernadus, 2013).

According to research conducted by Rebeca (2012) in the Philippines, women who work alone are also significantly more likely than those who do not work to get facilities to use contraception, and get more information about contraception and its use. Research conducted by Ahmed (2016) shows that contraceptive use is found to be higher in women who work (67%) than women who do not work.

According to the assumptions of the researchers, respondents who work or have a permanent job will prefer MKJP contraceptives because they are practical, safe and have a long-term effect. The use of MKJP is intended to limit birth spacing and limit the number of children so as not to interfere with their career and work. For working women, regulating pregnancy spacing is very important, because it is in order to maintain the career they have and to support the family economy. Meanwhile, respondents who do not work are more focused on pregnancy and caring for their children and have the opportunity for children to have more children because they are focused on activities at home.

b. Frequency Distribution of Number of Children

Based on table 3, it was found that most of the respondents had the number of children who were not ideal (55.6%) and the ideal number of children (44.4%). Parity is the number of children ever born and lived by a mother. A person's parity affects the suitability of a medical contraceptive method (Wulansari, 2007), research conducted by Yanik (2016) states that there is a statistically positive relationship between the number of children and the use of MKJP ($p = 0.013$).

The results of Yusuf's (2001) study state that the number of children who have an influence on the contraception chosen or which will be used, the more children the greater the tendency to stop fertility so that the tendency to choose a long-term contraceptive method.

Research conducted by Magetin (2016), shows that the number of children who are still alive is also related to the family planning of married couples and the level of family welfare. Couples who have children still have few opportunities or tendencies to use contraceptives with low effectiveness, while couples with a large number of living children tend to use contraception with high effectiveness. According to Andriani, the more the number of children will increase experience and can expand the knowledge of the mother (Andriani, 2005). Parity is the number of deliveries a mother has had in her life. The condition of mother and child greatly influences the happiness and welfare of the family, where one of the factors that influence it is the number of births or the number of children.

Research conducted by Nuryatai (2014) there is a significant relationship ($p < 0.05$), namely age, occupation, place of residence, education, welfare index, number of children born alive, the number of children who are still alive and the status of women on the use of MKJP and there is a relationship. which is significant ($p < 0.05$). According to Silviana's research (2019) The results showed the proportion of > 2 living children was 24.9%, and the proportion of the number of living children \leq two children was 15.2% and had a significant relationship with long-term use of ontraception ($p = 0.005$ OR = 1, 63 95% CI = 1.118 - 1.80).

According to the perceptions found at the time of the study, mothers with higher parity would be more experienced than mothers who had low parity, and mothers wanted to feel crowded at home with children with more than 2 children, while some thought that for many children

there was a lot of luck and there was an opinion about prohibition of wearing. contraception so that many children are too close apart, there is no husband's consent for contraception to be used. Based on the results of the study of mothers who used MKJP contraception, including mothers with parity above three, when the study was conducted, the mother said that she did not want to have any more children and the majority did not do MKJP contraception with parity 2 where at the time the study was conducted the mother said she wanted to add more children

c. Perceived Frequency Distribution of Side Effects

Based on table 5.3, it is found that the majority of respondents with perceptions of negative side effects (60.2%) and positive ones (39.8%). According to Green Lawrence (2005) product quality is the product's ability to carry out its functions, this capability includes durability, reliability, and other valuable attributes of the product as a whole. This shows that in determining the quality of contraceptives, it can not only be seen from the ease of use and effectiveness of contraceptives but other attributes of contraception as a whole.

According to research conducted by Aparna (2017) giving contraception to family planning needs to be aware of the additional consequences associated with this contraceptive side effect to provide special counseling that recognizes this problem and helps women to reduce it. Based on the results of research found in the field, some mothers still choose to use MKJP even though they know the side effects of the contraceptive method, this is due to the experience of mothers who have used contraception before and the factor of the mother's age who is more than 40 years old and is no longer productive. PUS states that there are side effects to the contraceptive method used. This is because couples of childbearing age often complain of experiencing changes in body weight and vaginal discharge so that it makes couples of childbearing age feel uncomfortable with these side effects. Researchers are of the opinion that if EFA experiences these side effects, they should immediately check and consult a health worker so that complaints from these side effects can be resolved immediately. According to a study conducted by Nelson by examining the side effect variables and acceptor age (2017) on 103 women in America aged 16 up to 50 years using contraceptives of various races showed that the majority of productive age respondents from African-American race tended to use MKJP (68%) as their contraceptive option, while the rest of non-Hispanic whites chose injection and pill as their method of contraception.

Based on the survey results, in general, US women with African-American race are looking for contraception that is able to control the birth rate by minimizing the side effects that will occur. However, almost half of the respondents (49%) reported that they were worried about the side effects that would be caused before starting the installation of KB MKJP. The most common concerns related to side effects were weight gain (75%), mood changes (18%), infertility (9%), and menstrual irregularities (7%). Of all the side effects that occurred, there was the most significant difference between mood changes for women of higher productive age (20%) compared to elderly acceptors, with a significant value <0.05 .

d. Distribution of Perceptions Frequency of Information from the Community

Based on table 4, it is found that most respondents with a positive perception of information from the community (62%). According to Robbin (2006) perception is an assessment or a person's response to certain objects or activities. A person's perception of an object will be positive if it is in accordance with their needs, on the contrary it will be negative if it is contrary to the person's needs. Meanwhile, according to Kotler (2002), perception is defined as the process of an individual in selecting, organizing and interpreting input and information to create a meaningful picture of something.

The use of MKJP is more efficient than non-MKJP in terms of budget availability and provision of contraceptives and is more effective because of the lower levels of side effects, complications and failure rates (BKKBN, 2012). Winner B, et al (2012), stated that using MKJP will save costs, someone does not need to visit frequently to get contraceptives again and quickly restore fertility. It is feared that the low use of MKJP could have an impact on efforts to reduce fertility more rapidly. Perception of a product (contraception) will influence consumer behavior (family planning acceptors).

The family planning communication, education and information (IEC) program in Indonesia is an information and socialization activity for family planning programs through various media.

The media has an important role in promoting family planning. Information on media exposure is important for program planners to determine an effective target population in implementing IEC family planning programs. Both print media (newspapers / magazines, pamphlets, posters) and electronic media (radio and television) are used to disseminate family planning messages. IEC activities for television programs are carried out by government and private TV stations at the central and regional levels. IEC for radio is also carried out through government and private radio stations throughout Indonesia (BKKBN, 2012)

In addition, a research conducted by Aryanti (2014) obtained an OR value of 0.289, which means that family planning acceptors who were not exposed to MKJP information had a 0.298 times greater tendency to use non-MKJP than family planning acceptors who were exposed to MKJP information.

Research conducted by Wang (2019) in Haiti Women in Haiti, many types of contraception are still limited in health facilities, but efforts are always being increased by family planning programs by offering various contraceptive methods and increasing access to various contraceptive methods available at health facilities nearby. shelter in order to increase contraceptive use in the urban and rural areas of Haiti.

The low number of MKJP usage is considered to cause several problems, such as the high rate of delaying failure or thinning of having children. The choice of contraceptive method, of course, can be influenced by several factors. As it is known, the distribution of contraceptive method use is differentiated based on the characteristics of mothers using family planning, namely place of residence, age, marital status, education, number of living children and family economic status (BPS, 2012).

The results of this study are the same as the BKKBN (2016) research on factors that influence long-term contraceptive use (MKJP) which states that there is a significant relationship between information exposure and long-term contraceptive selection (MKJP) with a p value of 0.001 ($p < 0.05$).

According to research Schiffman (2010) defines consumer behavior as behavior displayed by consumers in looking for, buying, using, evaluating, and spending products and services that they hope will satisfy their needs, in this case family planning acceptors. In general, the decision-making process for choosing contraceptive use in women is based on an effort to find the most suitable or appropriate for them and the information obtained.

In Christiani's research, et al. (2014) although the socialization of the family planning program has been carried out through various activities such as posyandu activities, recitation, as well as ball-pick methods and casual chat, the use of MKJP has not yet reached the expected target. According to him, this was caused by the implementation of the socialization that had not been carried out optimally because the event was still combined with other events so that the community did not really understand about the family planning program, especially MKJP.

According to perceptions found in the field at the time of research, the low use of MKJP is a problem in the family planning program, this is due to several rumors about MKJP such as IUD contraception, that IUDs can disappear in the body, IUDs can fail and stick to the baby's head, the partner will feel discomfort The IUD can pass out of the uterus, causing miscarriage and cancer. Another perception regarding MKJP is the prohibition of husbands and the side effects of the IUD that acceptors feel, such as the discomfort of using the IUD during intimate relationships (Lilestina, 2011).

As for the respondents choosing MKJP, it was found that the respondents got information from various media such as electronic media, print media as well as getting information from health workers and from friends and family. This shows that access to information sources has a very important role in determining the use of MKJP and non-MKJP contraceptives. It is clear that more and more women are exposed to information about contraceptives and where to get contraceptives, of course they can choose contraceptives according to their needs through advocacy and promotional programs to encourage someone to choose long-term contraception. Providing information through family planning and reproductive health service activities by officers both through partners is considered appropriate in increasing contraceptive use.

e. Contraceptive Selection Frequency Distribution

The results of the study in Table 5 show that the majority (74.1%) of respondents chose Non-

Long-Term Contraceptive Methods (Non MKJP) compared to those who chose MKJP (25.9%). According to the research results and assumptions of family planning acceptors found in the field, the majority of family planning acceptors use non-MKJP on the grounds that they are still in the trying phase, so if there are side effects due to the use of contraception it will not last long to the acceptors.

According to Lewin's (1954) Health Belief Model (HBM) theory in Notoatmodjo (2008), it is revealed that the acceptors' low interest in choosing MKJP is influenced by individual perceptions of threats and profit and loss considerations. Individual perceptions are influenced by modifying factors, namely age, education, knowledge, number of children, exposure to information sources and economic conditions.

The results of this study are in accordance with research conducted by Ghandis (2020) on 104 active family planning acceptors, where there are still few family planning acceptors who choose to use MKJP (30%), and there are still many acceptors who choose to use Non MKJP contraceptives (70%). large number of female family planning acceptors aged 30 years (70%), had 2 living children (60%), and still at least active family planning acceptors who access information about family planning (40%). Meanwhile, based on the results of interviews with PPKBD and Village Midwives, there is still a wrong perception about MKJP, and there is a fear of switching to MKJP contraception because there is still a number of failures that cause the use of MKJP is still low.

Research conducted by Egarter (2011) on 247 Austrian women aged 19-40 years using contraceptive methods. This study compares women's perceptions and preferences for long-term and non-long-term contraception before and after counseling. Initially, most samples used non-long-term hormonal contraceptives with reasons of doubt about the effectiveness of long-term contraception and its effects, this perception was with a percentage (18.1%). After being given counseling, the doubt decreased by a percentage of 3.2% with a significance of $p < 0.0001$. The benefits of counseling are that the long-term method is very effective in use both in terms of time and in overcoming pregnancy.

According to another study conducted by BKKBN Polewali Mandar (2015) with a frequency of 3087 (7.1%) family planning acceptors chose MKJP and 40,214 (92.9%) family planning acceptors chose Non MKJP. This occurs because one of the reasons for choosing contraception between MKJP and Non MKJP is support from the husband, where the support of the husband is very important to motivate and support the wife in choosing the contraceptive device to use. The absence of support from the husband often makes the wife not have the right to decide something in making decisions. Support can be provided, among others, choosing a suitable contraception, namely contraception that is suitable for his wife's condition, reminding him to control and delivering it when there are side effects or complications.

f. The Relationship between Contraception Selection and Number of Children

The results of the study in Table 6 show that the number of children who are not idealized is more in the selection of contraceptives with Non-MKJP (65%) compared to MKJP (35%). The results of the chi square test obtained a p value of 0.029, which means that there is a significant relationship between the number of children and the choice of contraception in fertile age couples. After the Logistic Regression Test was carried out, the number of respondent children obtained an OR value of 0.236, meaning that respondents with the ideal number of children had the possibility to choose Non-MKJP contraceptives of 0.236 compared to respondents who had the number of children who were not ideal in choosing MKJP contraceptives.

Purwoko (2012) said that when choosing contraception couples of childbearing age will be influenced by the number of children they have. Couples of childbearing age who have a small number of living children tend to use non-MKJP which has low effectiveness. However, some family planning acceptors who already have many children still use the Non-MKJP method for various reasons, including side effects and not getting support from their husbands.

According to the researchers' assumptions, generally the more the number of children, a woman will be more likely to use KB MKJP compared to Non MKJP to limit the number of children, but the opposite is found in the research area in groups who already have more than two or more children (the number of children is not ideal) they still use non-MKJP family planning as a contraceptive method, the reasons for not using MKJP family planning vary, the majority answered that they still want to have more children, and other reasons.

Most Indonesians still use non-MKJP contraceptive methods such as injections and pills, although the failure rate for non-MKJP family planning methods is still quite high (BKKBN, 2015). Sociodemographic factors can cause the use of MKJP, especially among women who have been married in Indonesia, to be still low, while the use of non-MKJP is still an interest in the selection of contraception for women of childbearing age.

The results of the mini survey of active family planning participants and the results of a study on the quality of family planning services revealed that many women use contraception irrationally (it does not match the age of the mother and the number of children she wants). Many couples still use non-MKJP contraception but no longer want to have children or want to delay pregnancy for more than 2 years, this phenomenon is inefficient, so it needs to be studied further (BKKBN, 2015).

According to Nasution (2011), there is a phenomenon of the still high use of Non MKJP in the group of respondents who have more than two children and in the group of respondents who do not want to have more children and spacing pregnancies of more than 2 years. This data is in line with the trend pattern of using Non MKJP. In this group it is more advisable to use MKJP. MKJP can be used for a long period of time, is more effective and efficient for the purpose of spacing the birth of more than three years and even ending pregnancy in couples who no longer want to add more children.

This is in line with research conducted by Fitriyaningsih (2016) where the parity variable (number of children) shows that of the 25 PUS who have live births who have more than three (not ideal) children, most of them are the group of PUS users of Non MKJP, namely 80.0%, compared to PUS users of MKJP, namely 20%. The logistic regression test shows that the significance level of children born alive is 0.027 ($\alpha = 0.05$), which means that parity (number of children) affects the choice of contraceptive method at Puskesmas Gading, Tambaksari District, Surabaya, for children born alive and children still alive.

Another study conducted by Rabbanie (2019) on Khasmir women in India showed the opposite in choosing a contraceptive method, acceptors with high parity preferred long-term non-contraceptive methods compared to long-term methods. The results of statistical tests with chi-square showed p value = 0.023. The results of this study can be concluded that parity has a relationship with the choice of contraceptive method. Mothers who have high parity of children are encouraged to use long-term contraceptive methods, with the aim of terminating or ending the pregnancy.

g. The Relationship between Contraceptive Selection and Perceptions of Side Effects

Based on Table 7, it can be seen that respondents with perceptions of side effects with negative perceptions were more likely to choose contraception with the Non-Long-Term Contraceptive Method (Non-MKJP) with a percentage (83.1%) compared to the Long-Term Contraception Method (MKJP) with a percentage (16.9%). The results of the chi square test were obtained with p value = 0.016, which means that there is a significant relationship between perceptions of side effects and the choice of contraception in fertile age couples. After the Logistic Regression Test was carried out, the perception of the respondent's side effects obtained an OR value of 3.127, meaning that respondents with negative perceptions had the possibility of choosing Non-MKJP contraceptives of 3.127 compared to respondents who had positive perceptions of choosing MKJP contraceptives.

According to the results of interviews and observations in the field regarding the side effects caused by these two types of contraception, in general, there were many negative perceptions in the selection of non-MKJP compared to KB MKJP.

This is due to the information circulating in the community regarding the side effects caused by non-MKJP family planning, including discomfort in use, long-term effects such as metabolic syndrome due to excess body weight, and ineffective in preventing pregnancy. However, the Non-MKJP method was still chosen as the acceptor's choice, the acceptor argued that in terms of the cost of Non-MKJP KB, it was cheaper than KB MKJP, besides that it also did not cause pain as many people have rumored.

In fact, according to the benefits and uses, KB MKJP is more effective in terms of time of use (lasts longer than 5 years) and is more effective in preventing pregnancy compared to non-MKJP family planning.

Based on the results of the research, supporting theory and related research, the researcher

argues that there is a relationship between side effects and the choice of MKJP and Non MKJP contraceptives, choosing contraception will further consider the effectiveness of these contraceptives in order to reduce the risk of pregnancy. By considering the effectiveness of contraception, it is possible for the respondent to choose MKJP by considering its side effects compared to Non MKJP.

The results of this study are in line with the results of research conducted by Musdalifah (2013) based on the results of the study found problems, it appears that some mothers still choose to use MKJP, namely (15.9%) even though she knows the side effects of the contraceptive method, this is due to the experience of the mother who has used contraception before and the mother's age, which is no longer productive. As many as 84.1% of respondents chose to use Non-MKJP by considering the side effects that have been known from various information related to MKJP contraception. However, it does not mean that non-MKJP family planning has no side effects.

According to research conducted by Tibaijuka (2017) to 180 female acceptors in Uganda, and conducting 4 focus group discussions (FGDs) with 36 acceptors and 8 in-depth personal qualitative interviews with health care providers, it is concluded that awareness of contraceptive methods both in urban and rural areas is sufficient. high, but participants were less familiar with the IUD and the sterilization method (MKJP) compared to other forms of contraception (Non MKJP). The majority of participants believed that the MKJP method was more effective than the Non MKJP method. However, in terms of individual method selection, pills and injections were classified as the most effective methods and were widely used by the participants.

Among participants using the short-term (Non-MKJP) method, the most common reasons for not using the MKJP method included wanting a client-controlled method and intending to become pregnant in the near future. Urban clients tended to opt out of the long-term method (MKJP) because of the opposition from their husbands related to side effects and comfort ($p = 0.039$); rural clients were more likely to show a lack of awareness as a reason for not using long-term methods ($p = 0.04$).

In a qualitative study conducted by Gebremariam (2014) regarding the factors affecting long-term contraceptive use in 594 women in Ethiopia by FGD, it was found that the majority of participants in the study were aware of long-term contraceptive methods (implants and IUDs). They also recognize long-term protection of pregnancy by avoiding repeated visits for short-term contraception. But they have limited knowledge of the permanent method; and rely heavily on negative stories and information from friends.

There is a very clear fear of the procedure, misconceptions about the procedure, and side effects such as headaches, bleeding changes, and weight gain. In addition, they still have concerns about the negative effects on the return to fertility after using the implant or IUD, the insertion and removal procedure and the effect on physical activity. Some women worry about IUDs such as the need for vaginal examinations, discomfort during sex, side effects (infections), effects on long-term fertility, and lack of protection against sexually transmitted infections.

It is different from the results of research that has been conducted, according to Alspaugh (2019) who has conducted research on 1661 women in the United States for the last 3 years. It is estimated that 99% of women use several types of contraception, and the most frequently used are the Non MKJP Pill and the IUD for the MKJP type. In general, women in the United States who use contraception have negative perceptions of this type of MKJP. MKJP itself is very unpopular with US women. This is due to various negative issues and information circulating among women about the side effects of using the MKJP method. In one study reported that long-term contraception can increase the risk of cancer and decrease fertility in women.

h. The Relationship between Contraception Selection and Perceptions of Information from the Community

Based on Table 8, it can be seen that perceptions about information from the community who have positive perceptions are more in the selection of non-MKJP contraceptives (77.6%) compared to MKJP contraceptives (22.4%). Chi square test results obtained p value 0.397, which means there is no relationship between perceptions of information from the community and the choice of contraception in PUS.

Communication media at this time plays an important role as a source of information that is very fast growing in society. So that this communication media has the ability to create issues and has distracted the public's attention about something. In addition, the information that develops usually contains suggestions so that later it will direct someone's opinion. The existence of new information about a matter will provide a new cognitive foundation for the formation of a person's attitudes and beliefs (Adhyani, 2011).

According to the results of interviews with acceptors and assumptions according to the results in the research area, the low interest in MKJP was more influenced by low educational and economic factors, low knowledge of MKJP compared to information from the community. The perception circulating in the community about the use of MKJP is related to the local culture that says that MKJP is to end pregnancy, as well as the myth of the side effects of cervical cancer and disturbing the quality of husband and wife relationships. However, this does not affect the choice of contraceptive methods between MKJP and Non MKJP in the community, because people get related information from health workers. Furthermore, the choice of contraception is more to the acceptor's previous experience, the consent of the husband, The results of research conducted by Alando (2020) on 328 women in Chenca district, South Etiophia based on case and control studies show that knowledge of contraceptive methods, especially long-term contraceptives (MKJP) is quite high, and health workers are the main source of family planning information. . However, factors such as the spouse's education level, the number of children who are still alive, the desire to have more children in the future, the husband's consent to use contraception, the uninformed choice to use contraception, the influence of information and myths circulating in society health regarding other contraceptive methods was the most contributing factor. In order to increase the use of KB MKJP as a bold step towards increasing the use of reproductive services and further reducing maternal and child mortality, we recommend first by educating and motivating people in the research areas. Joint efforts should be made to increase the use of contraceptive methods, especially the long-term permanent contraceptive method (MKJP).

Second, policies aimed at increasing the use of contraceptive methods need to consider increasing the level of formal education. Third, training service providers in quality services, especially on family planning counseling, client rights, information on the choice of contraceptive methods is very important. Various studies have reported that the extension of contraceptive methods through extension has its drawbacks. Among them, improper counseling, problems related to informed decision making, not following proper procedures and so on. Thus, the importance of providing correct information must be given to women-friendly family planning services and counseling.

This research is in line with what was conducted by Yati Nur Indah Sari in Sidodadi Village, Wanomulyo District (2019) where there was no relationship between information from the community and the mother's interest in choosing MKJP and non-MKJP contraceptive tools with a p value = 0.440 where this was due to that acceptors' attitudes are influenced by personal experience and other factors such as husband's support, economy, and others.

Research conducted by Dehlendorf (2009) on health service disparities that had an impact on contraceptive choice regarding information and socioeconomic status, and acceptor race showed no significant effect on contraceptive choice. Where white people with low economic status and less exposure to information regarding contraception were less likely to choose the long-term method compared to white people with high economic status with $p = 0.06$ (95% CI).

Research conducted by Ghandis (2020) also obtained the same results, namely there was no relationship between information from the community and the use of KB MKJP and Non MKJP in Lengkong Village, this could be because women who accept family planning are active both in non-MKJP and MKJP family planning users. many in the exposed category. There have been many acceptors who have received information related to KB MKJP and Non MKJP both from midwives, doctors and from PLKB (96.7%) and there have been counseling on KB MKJP and Non MKJP around the acceptor's residence (77.8%) and not from information or myths circulating from the community. This is also supported by the location of the village which is not far from the health service center (Puskesmas) (Ghandis, 2020).

4. Conclusion

- a. Based on the results of research on the relationship between the number of children, the perception of side effects and the perception of information from the community, it can be concluded that:
- b. More than half of the respondents have children who are not ideal
- c. More than half of the respondents have negative perceptions about side effects of Non-Long-Term Contraception Methods.
- d. More than half of the respondents have positive perceptions regarding information from the community regarding Long-Term Non-Contraceptive Methods.
- e. Most of the respondents chose Non-Long-Term Contraceptive Methods
- f. There is a relationship between the number of children and the choice of contraception in fertile age couples (PUS).
- g. There is a relationship between the perception of side effects and the choice of contraception in fertile age couples (PUS).
- h. There is no relationship between perceptions of information from the community and the choice of contraception in couples of childbearing age (PUS).

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