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DETERMINANTS OF LACMS ON KB ACCEPTORS IN THE WORK AREA OF DEPATI TUJUH HEALTH CENTER KERINCI REGENCY

Lia Nurdini [1], Puspita Sari [2], Rika Safitri [3]
[1] *Public Health, Faculty of Medicine and Health Sciences, Jambi University*
E-mail : nurdinilia1@unja.ac.id
[3] *Public Health, Faculty of Medicine and Health Sciences, Jambi University*
E-mail : puspita.sari@unja.ac.id
[3] *Public Health, Faculty of Medicine and Health Sciences, Jambi University*
E-mail : rikasafitri@gmail.com

ABSTRACT

Family Planning Program (KB) using contraceptives is an effort to suppress the rate of population growth. In 2020, the proportion of LACMs (13.4%) in the working area of the Depati Tujuh Health Center is smaller than the proportion of non-LACMs (86.6%) meaning that this achievement has not met the target of the 2020-2024 Strategic Plan (25.11%). The purpose of the research was to determine the determinants of the use of the Long-Acting Contraceptive Methods (LACMs) on family planning acceptors in the working area of the Depati Tujuh Koto Tuo Health Center, Kerinci Regency. This type of research is quantitative research with a cross-sectional *research design and an analytical survey research method. The number of research samples was 117 respondents who were taken using* the proportional random sampling *technique. Data collection in April-May 2021. The dependent variable is the use of LACMs while the independent variables are work status, knowledge, attitudes, husband's support, and the role of health workers. Data analysis using chi-square and cox regression. The results showed that the proportion of LACMs was 17.9%. There was a relationship between working status (PR=1.33; 95% CI=1.01-1.75), knowledge (PR=1.23; 95% CI=1.06-1.42), husband's support (PR= 1.30; 95% CI=1.10-1.53), and the role of health workers (PR=1.40; 95% CI=1.17-1.67) with the use of LACMs. There was no relationship between attitude (PR=1.15; 95% CI=0.98-1.36) with the use of LACMs. The dominant factor in the use of LACMs in the working area of the Depati Tujuh Health Center in 2021 is the role of health workers (RR=6.34; 95% CI=1.45-27.71).*

Keywords: *LACMs, family planning acceptors, determinants of LACMs.*

Introduction

The increase in population is the biggest problem that usually occurs in developing countries such as Indonesia. Indonesia occupies the fourth position as the country with the largest population after China, India and United States with a population of 270,20 million people and a relatively high population growth rate [1].

One of the factors for this increasing population is the high birth rate or total fertility rate (*Total Fertility Rate/TFR*). The ideal TFR for all countries is 2,1 children per woman. However, globally, according to data from the United Nations, Department of Economic and Social Affairs (UN DESA), Population Division, namely the World Population Prospects 2019, states that the provisional TFR figure for the 2015-2020 period is 2,47 children per woman, meaning that the average A woman will give birth to 2-3 children during her lifetime if she follows the pattern of birth rate per age group (ASFR)[2].

To overcome the high birth rate, Indonesia formed the National Family Planning Coordinating Board (BKKBN), one of which is the Family Planning Program (KB). The Family Planning Program is run through two methods of contraception or commonly called modern contraception, namely the Long Term Contraceptive Method (MKJP) and Non Long Term Contraceptive Method (Non-MKJP). Long Term Contraception Method (MKJP) is a contraceptive method used to delay and delay pregnancy and stop fertility with a high level of effectiveness and can be used in the long term. MKJP consists of Implants, *Intrauterine Devices* (IUD)/Intrauterine Contraceptive Devices (IUD), Female Operation Method (MOW) and Male Operation Method (MOP)[3].

The Covid-19 pandemic period caused several problems, one of which was in the implementation of the Family Planning program such as the decline in health services related to family planning, especially MKJP

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due to limited access to services, changes in contraceptive methods, and decreased counseling activities by family planning officers. This can have an impact on the decline in the use of modern contraceptives or the modern Contraceptive Prevalence Rate (mCPR) both MKJP and non-MKJP so the birth rate is likely to increase. The United Nations Children's Fund (UNICEF) has predicted that the birth rate will increase during the COVID-19 pandemic to 116 million births globally[4].

In 2019, the global modern contraceptive prevalence rate (mCPR) was 75,7%[5]. Meanwhile mCPR in Indonesia was lower by 62,5% in 2019 with MKJP at 18% and non-MKJP at 82%. This means that non-MKJP contraceptive methods are more desirable than MKJP even though the dropout rate is higher. Therefore, the Indonesian government always directs to use MKJP[6].

In an effort to increase the use of MKJP, the target of MKJP active family planning acceptors is included in one of the targets of the 2015-2019 BKKBN Strategic Plan, namely MKJP active family planning acceptors targeted at 23,5% for 2019[7]. While the target for the 2020-2024 BKKBN Strategic Plan, namely MKJP active family planning acceptors, is targeted 25,11% for 2020[8].

Depati Tujuh sub-district is a sub-district in Kerinci Regency which occupies the second position with a high population density reaching 545,62 people/km2 according to the Kerinci District. Meanwhile, MKJP achievements in Depati Tujuh Sub-district were 15,2% in 2019 and decreased to 13,4% in 2020 according to Kerinci District Health Office data and Depati Tujuh Health Center data[9.10].

Based on the data described above, it can be said that these achievements have not reached the 2015-2019 or 2020-2024 Strategic Plan targets, so the authors are interested in researching the determinants of the use of the Long-Term Contraceptive Method (MKJP) on family planning acceptors in the working area of the Depati Tujuh Koto Health Center. Tuo Kerinci Regency.

The purpose of this research was to determine the determinants of the use of the Long Term Contraception Method (MKJP) on family planning acceptors in the working area of the Depati Tujuh Koto Tuo Health Center, Kerinci Regency.

Method

This research is a quantitative research with a cross-sectional research design and an analytical survey research method to see the determinants of the use of MKJP where exposure and outcome assessments are carried out simultaneously. This research was carried out in the Depati Tujuh Koto Tuo Health Center Work Area, Depati Tujuh District, Kerinci Regency from April to May 2021.

The population in this research were female couples of suburban age. Family planning acceptors found 2,049 family planning acceptors spread over 20 villages. With a large sample using the two-proportion hypothesis test formula by Lameshow (1997) it was found that a large sample of 117 respondents was taken using a probability sampling technique, namely *proportional random sampling* or balanced sampling.

In this research the data used are primary data obtained from the results of direct interviews conducted by researchers with respondents using a questionnaire instrument. The dependent variable is the use of MKJP while the independent variables are work status, knowledge, attitudes, husband's support ,and the role of health workers. Data analysis using *chi-square* and *cox regression*.

Results and Discussion

a) Univariate Analysis

Table 1 Distribution of Respondents Based on Research Variables in the Work Area of the Depati Tujuh Health Center in 2021

Research Variable	Frequency	Percentage (%)
Contraceptive Method		
Non MKJP	96	82,1
MKJP	21	17,9
Total	117	100,0
Working Status		
Doesn't Work	88	75,2
Work	29	24,8
Total	117	100,0
Knowledge		
Not Good	36	30,8
Good	81	69,2
Total	117	100,0

Research Variable	Frequency	Percentage (%)
Attitude		
Negative	53	45,3
Positive	64	54,7
Total	117	100,0
Husband Support		
Less Support	52	44,4
Support	65	55,6
Total	117	100,0
Role of Health Workers		
Less Role	56	47,9
Role	61	52,1
Total	117	100,0

Source: Processed Primary Data, 2021

The results of this research showed that most of the family planning acceptors in the working area of the Depati Tujuh Health Center, Kerinci Regency, used non-MKJP at 82,1%, while only 17,9% used MKJP. This means that non-MKJP is more desirable than MKJP.

According to BKKBN data and the Indonesian Health Profile in 2020 which states that in 2019, the highest method achievement was non-MKJP which reached 82% with the choice of contraception by injection (63.7%) and birth control pills (17%), while acceptors who used MKJP only went 18%[6],[11].

Likewise, the research conducted by Aningsih BSD and Irawan YL (2019) on family planning acceptors in Dusun III Pananjung Village, Cangkuang District, Bandung Regency which stated the proportion of MKJP use (17.6%) was smaller than the proportion of non MKJP use (82.4%)[12].

The high proportion of non-MKJP compared to MKJP can be caused by several factors. From the results of research in the field, there are several family planning acceptors who claim to be afraid of using implants because they have heard from people around that implants can move if they move a lot. their baby and some feel afraid and horrified that using MKJP will cause pain.

b) Bivariate Analysis

Table 2 Determination of the use of MKJP for family planning acceptors in the Depati Tujuh Health Center Work Area in 2021

Variable	Contraceptive Method				Total		PR	95% CI	*P-value*
	Non MKJP		MKJP						
	N	%	N	%	N	%			
Working Status									
Doesn't Work	77	87,5	11	12,5	88	100	1,33	1,01-1,75	0,017*
Work	19	65,5	10	34,5	29	100			
Total	96	82,1	21	17,9	177	100			
Knowledge									
Not Good	34	94,4	2	5,6	36	100	1,23	1,06-1,42	0,039*
Good	62	76,5	19	23,5	81	100			
Total	96	82,1	21	17,9	117	100			
Attitude									
Negative	47	88,7	6	11,3	53	100	1,15	0,98-1,36	0,145
Positive	49	76,6	15	23,4	64	100			
Total	96	82,1	21	17,9	117	100			
Husband Support									
Less Support	49	94,2	3	5,8	52	100	1,30	1,10-1,53	0,005*
Support	47	72,3	18	27,7	65	100			
Total	96	82,1	21	17,9	117	100			
Role of Health Workers									
Less Role	54	96,4	2	3,6	56	100	1,40	1,17-1,67	0,000*
Role	42	68,9	19	31,1	61	100			
Total	96	82,1	21	17,9	117	100			

Source: Processed Primary Data, 2021

**Significant α < 0,05*

Relationship of Working Status with Use of MKJP

The results showed that the proportion of those using MKJP was greater in working status (34.5%) compared to those who did not work (12,5%). From the results of the bivariate analysis, it was found that working status had a significant relationship with the use of MKJP in the working area of the Depati Tujuh Health Center (*p-value* 0,017 <0,05) and the non-working status increased the use of non-MKJP by 1,33 times compared to working status (PR 1 ,33 : 95% CI 1,01-1,75).

Apriasih H and Danefi T (2019) also conducted the same research on family planning acceptors in Cigalontang Village, Cigalontang working area in 2018, found that working status had a significant relationship with the use of MKJP (*p-value* 0,000 < 0,05) and working status increased the use of MKJP is 3,094 times compared to the status of not working (OR 3,094)[13]. However, it is different from the research results of Dewi GNT, et al. (2020) whose working status does not have a significant relationship with the use of MKJP on family planning acceptors in Lengkong Village, Rakit District, Banjarnegara Regency in 2019 (*p-value* 0,135 > 0,05)[14].

One of the effects that often occur in working women is delays in having children. This is what can affect women of partner age choosing to use MKJP[15]. Family planning acceptors in the working area of the Depati Tujuh Health Center are housewives (75,2%) so they have free time to take care of their children and use non-MKJP.

Relationship between Knowledge and Use of MKJP

The results showed that the proportion of using MKJP was greater in good knowledge (23,5%) compared to less knowledge (5,6%). From the results of the bivariate analysis, the knowledge obtained has a significant relationship with the use of MKJP in the working area of the Depati Tujuh Health Center (*p-value* 0,039 <0,05) and less knowledge increases the use of non-MKJP by 1,23 times compared to good knowledge (PR 1, 23 : 95% CI 1,06-1,42).

Hastuty M and Afiah's research (2018) also states that knowledge has a significant relationship to the use of MKJP (*p-value* 0,027 < 0,05) and knowledge to increase the use of MKJP by 2,135 times compared to lack of knowledge (POR 2,135 : 95% CI 1,135-4,019)[16]. However, it is different from the results of research by Apriasih H and Danefi T (2019) which states that knowledge has no significant relationship with the use of MKJP on family planning acceptors in Cigalontang Village, Cigalontang working area in 2018 (*p-value* 0,164 > 0,05)[13].

Based on the research that has been done, the knowledge of family planning acceptors has a close relationship with the choice of contraception, because if the family planning acceptor has good knowledge of certain contraceptive methods, it can change the acceptor's perspective in determining the most suitable and effective contraception used, so that family planning acceptors will feel more comfortable with the contraception used. In addition, good knowledge can also prevent family planning acceptors from choosing the wrong contraception according to their needs.

Relationship between Attitude and Use of MKJP

The results showed that the proportion of using MKJP was greater in positive attitudes (23,4%) compared to negative attitudes (11,3%). From the results of the bivariate analysis, it is known that attitudes do not have a significant relationship with the use of MKJP, and it is proven that the *p-value* is significant > 0,05 (0,145). This means that whether or not the attitude of family planning acceptors is positive will not be related to the choice of using MKJP in the working area of the Depati Tujuh Health Center.

In line with the research conducted by Faradita MI, et al. (2020) which states that attitudes do not have a significant relationship with the use of MKJP on family planning acceptors in Tajurhalang Village in 2019 (*p-value* 0,613 > 0,05)[17]. However, in contrast to the results of research conducted by Milawardina, et al. (2020) on family planning acceptors in the work area of the Want Jaya Health Center, Aceh Besar District, namely attitudes have a significant relationship to the use of MKJP (*p-value* 0,0001 < 0,05) and a positive attitude will increase the use of MKJP by 5,3 times compared to attitudes negative (and OR 5,3 : 95% CI 2,1-13,3)[18].

Attitude can also be said as a feeling that is in a person. The positive attitudes/feelings of family planning acceptors towards MKJP do not necessarily make family planning acceptors use MKJP, because attitudes are only feelings and not actions. There are several other factors such as personal experience or the experience of people around that can influence family planning acceptors to use MKJP or not. This experience can be in the form of the attitude of the surrounding community who use MKJP towards the MKJP contraception used so that it will provide a mindset for family planning acceptors to respond to MKJP based on that experience.

Relationship between Husband's Support and use of MKJP

The results showed that the proportion of the use of MKJP was greater in acceptors who received their husband's support (27,7%) compared to those who did not receive their husband's support (5,8%). From the results of the bivariate analysis, it was found that husband's support had a significant relationship with the use of MKJP in the working area of the Depati Tujuh Health Center (*p-value* 0,005 < 0,05) and acceptors who did not receive the husband's support increased the use of non-MKJP by 1,3 times compared to acceptors who received less support from their husbands, received the husband's support (PR 1,30 : 95% CI 1,10-1,53).

Same with the research conducted by Mahmudah LTN and Indrawati F (2015) on family planning acceptors in Banyu Biru District, Semarang Regency, which found that husband's support had a significant relationship with the use of MKJP (*p-value* 0,002 < 0,05) and acceptors who received less support. husbands increase the use of non-MKJP by 1,546 times compared to acceptors who receive husband's support (PR 1,546)[19]. However, in contrast to the results of research conducted by Weni L, et al. (2019) also found different results, namely husband's support did not have a significant relationship with the use of MKJP (*p-value* 0,146 > 0,05)[20].

Support is an effort given to someone to motivate others to do an activity. The husband's support or participation in family planning can be done directly (becoming a family planning acceptor) or indirectly, such as supporting the wife in using family planning, motivating the wife, planning the number of children in the family, and making joint decisions in determining family planning[21]. The husband's support includes efforts to obtain family planning information, take his wife to health services, choose contraceptives and provide contraceptives. The results of this research indicate that husband's support has a relationship with the selection of MKJP. The better the support given by the husband, the decision making is in accordance with the wishes of the husband and wife.

The Relationship between the Role of Health Workers and the Use of MKJP

The results showed that the proportion of the use of MKJP was greater for health workers with a role (31,1%) compared to health workers with less role (3,6%). From the results of bivariate analysis, it was found that the role of health workers had a significant relationship with the use of MKJP in the working area of the Depati Tujuh Health Center (*p-value* 0,000 < 0,05) and health workers who had less role would increase the use of non-MKJP by 1,4 times compared to health workers. health that plays a role (PR 1,40 : 95% CI 1,17-1,67).

Same with the research conducted by Mi'rajiah, et al. (2019) and stated that the role of health workers had a significant relationship with the use of MKJP for family planning acceptors registered at Pemurus Dalam Health Center, Cempaka Putih Health Center, and 9 November Health Center Banjarmasin City (*p-value* 0,003 < 0,05). In addition, health workers who have fewer roles will increase the use of non-MKJP by 5,231 times compared to health workers who play a role (OR 5,231)[22]. However, research by Weni L, et al. (2019) found different results regarding the relationship between the role of health workers and the use of MKJP on family planning acceptors at the Padmaran Health Center, the proportion of using MKJP was greater for health workers who played a role (41,2%) compared to health workers with fewer roles (33,3%), and it was found that the role of health workers did not have a significant relationship with the use of MKJP (*p-value* 1,00 > 0,05)[20].

Notoatmodjo (2018) states that health workers are a driving factor or driving force for health behavior. Therefore, health workers must receive special education and training related to health education and behavior regarding MKJP in order to provide good explanations and understanding to family planning acceptors[23]. Health workers will do something professionally in accordance with their knowledge and skills, have good quality medical equipment, and meet standards. Their ability to carry out their duties in an optimal manner will have an effect on the commitment and motivation of the health workers themselves[24]. Counseling given by health workers must also be carried out and delivered in words that are easily understood by family planning acceptors in accordance with the background of family planning acceptors so that they can be easily accessed.

c) Multivariate Analysis

Table 3 Cox *Regression* Analysis of the Use of MKJP on Family Planning Acceptors in the Depati Tujuh Health Center Work Area in 2021

	Variable	B Value	RR	95% CI	*P-value*
Step 1	Working Status	0,685	1,98	0,83-4,74	0,123
	Knowledge	0,968	2,63	0,59-11,67	0,203
	Attitude	0,327	1,38	0,52-3,69	0,512
	Husband Support	1,014	2,75	0,77-9,78	0,116
	Role of Health Workers	1,693	5,43	1,21-24,35	0,027
Step 2	Working Status	0,696	2,00	0,83-4,79	0,118
	Knowledge	1,010	2,74	0,62-12,14	0,183
	Husband Support	1,096	2,99	0,86-10,30	0,083
	Role of Health Workers	1,754	5,77	1,31-25,37	0,020
Step 3	Working Status	0,858	2,36	1,00-5,56	0,050
	Husband Support	1,120	3,06	0,89-10,54	0,076
	Role of Health Workers	1,848	6,34	1,45-27,71	0,014

Source: Processed Primary Data, 2021

After conducting a multivariate analysis using the *cox regression* test, it was found that the role of health workers is the most dominant factor in relation to the use of MKJP in the work area of the Depati Tujuh Health Center in 2021, where health workers who play a role will increase the use of MKJP by 6,34 times compared to health workers who have less role after being controlled by the knowledge and attitude variables, this is proven to be significantly *p-value* < 0,014 (0,014) (RR 6,34: 95% CI 1,45-27,71).

Same with the research conducted by Qurniyawati E (2016) which stated that the role of health workers was the dominant factor associated with the use of MKJP on family planning acceptors in Bantengan Village, Wungu Madiun District in 2016 with OR = 29,81 (95% CI: 1,95 -456,95) then family planning acceptors who have the role of health workers have 29,81 times the opportunity to use MKJP compared to family planning acceptors who do not have the role of health workers[25].

This research shows that the role of health workers is the dominant factor influencing family planning acceptors to choose to use MKJP. The better the role of health workers in providing encouragement, advice, information, and understanding about MKJP, the greater the tendency to choose MKJP family planning acceptors. Health workers usually have a health education background, especially regarding MKJP contraception, so they understand MKJP very well and must be able to provide a similar understanding to family planning acceptors in accordance with their knowledge and skills. Because of the educational background and training of health workers, family planning acceptors are confident about what the health workers are saying. However, health workers must also be able to convey information related to MKJP in a language that is easily understood by family planning acceptors, so that health messages can be conveyed and reached properly.

Conclusions

1. There is a relationship between working status (*p-value* 0,017 < 0,05; PR 1,33 : 95% CI 1,01-1,75), knowledge (*p-value* 0,039 < 0,05; PR 1,23 : 95% CI 1,06-1,42), husband's support (*p-value* 0,005 < 0,05; PR 1,30 : 95% CI 1,10-1,53), and the role of health workers (*p-value* 0,000 < 0,05; PR 1,40 : 95% CI 1,17-1,67) towards the use of MKJP.
2. However, there is no relationship between attitude (*p-value* = 0,145 > 0,05) with the use of MKJP on family planning acceptors in the working area of the Depati Tujuh Health Center in 2021.
3. The dominant factor related to the use of MKJP is the role of health workers (*p-value* 0,014 <0,05; RR 6,34 : 95% CI 1,45-27,71).

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