

## RELATIONSHIP BETWEEN MOTHER'S CHARACTERISTICS AND HUSBAND'S SUPPORT WITH THE USE OF POST-PARTUM FAMILY PLANNING IN MAMUJU DISTRICT

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### ABSTRACT

The application of Postpartum Family Planning is very important because the return of fertility to the mother after giving birth is unpredictable and can occur before the arrival of the menstrual cycle even in breastfeeding women. However, the KBPP coverage figures in Indonesia are still not satisfactory. Based on data from the 2019 Indonesia Health Profile, the coverage of KBPP in Indonesia has only reached 35.1%, while the coverage of using KBPP in West Sulawesi Province only reached 20%. The decision to use postpartum family planning for postpartum mothers is influenced by several factors, including the characteristics of the mother (education level, economic status, distance from home to health facilities) and husband's support. The purpose of this study was to analyze the relationship between mother's characteristics and husband's support for the use of postpartum family planning in Mamuju Regency. The method used is a quantitative method with a cross sectional approach. Sampling used a purposive sampling technique according to the inclusion and exclusion criteria. The sample used was 400 postpartum mothers in Mamuju Regency. The dependent variable is the use of KBPP and the independent variable is the characteristics of the mother and husband's support. The type of data analysis used was the contingency coefficient C test. The results showed that there was a significant relationship between economic level, distance from home to health facilities and husband's support for the decision to use postpartum family planning ( $p < 0.05$ ). Conclusion: there is a statistically significant relationship between the characteristics of the mother which includes economic status, distance to health facilities and husband's support for the use of Postpartum Family Planning in Mamuju District.

### ABSTRAK

Penerapan KB Pasca Persalinan ini sangat penting karena kembalinya kesuburan pada ibu setelah melahirkan tidak dapat diprediksi dan dapat terjadi sebelum datangnya siklus menstruasi bahkan pada wanita menyusui. Namun, angka cakupan KBPP di Indonesia masih kurang membahagiakan. Berdasarkan data dari Profil Kesehatan Indonesia tahun 2019, cakupan KBPP di Indonesia baru mencapai 35,1%, sedangkan cakupan penggunaan KBPP di Provinsi Sulawesi Barat hanya mencapai 20%. Keputusan dalam menggunakan KB Pasca Persalinan pada ibu nifas dipengaruhi oleh beberapa faktor, diantaranya karakteristik ibu (tingkat Pendidikan, status ekonomi, jarak rumah ke fasilitas kesehatan) dan dukungan suami. Tujuan dari penelitian ini adalah untuk menganalisis hubungan karakteristik ibu dan dukungan suami terhadap penggunaan KB Pasca Persalinan di Kabupaten Mamuju. Metode yang digunakan adalah metode kuantitatif dengan pendekatan cross sectional. Pengambilan sampel menggunakan teknik purposive sampling sesuai dengan kriteria inklusi dan eksklusi. Sampel yang digunakan sebanyak 400 ibu nifas yang berada di Kabupaten Mamuju. Variabel dependen adalah penggunaan KBPP dan variabel independen adalah karakteristik ibu dan dukungan suami. Jenis analisis data yang digunakan adalah uji contingency coefficient C. Hasil penelitian menunjukkan bahwa didapatkan adanya hubungan yang signifikan antara tingkat ekonomi, jarak rumah ke fasilitas kesehatan dan dukungan suami terhadap keputusan penggunaan KB Pasca Persalinan ( $p < 0,05$ ). Kesimpulan: terdapat hubungan yang signifikan secara statistik antara karakteristik ibu yang mencakup status ekonomi, jarak ke fasilitas kesehatan dan dukungan suami terhadap penggunaan KB Pasca Persalinan di Kabupaten Mamuju.

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## INTRODUCTION

Indonesia is the fourth most populous country in the world and is expected to receive a "demographic bonus" in 2020-2030. One of the efforts made by the government to anticipate the possibility of this problem is to create a program called Family Planning (KB). This family planning program is intended as one of the population strategies that aims to reduce population growth to match the carrying capacity of the environment and is also one of the strategies in the health sector in an effort to improve maternal health through setting when to have children, managing the spacing of children and planning the number of births later. So that a mother has the opportunity to maintain and improve her health and well-being (Priyatni & Rahayu, 2018). One of the strategic goals of the implementation of the family planning program itself as stated in the 2017 government work plan (RKP) for national priorities for health development is to improve family planning and reproductive health services, reduce the drop-out rate of contraception and increase the use of MKJP (BKKBN, 2016).

The Maternal Mortality Rate (MMR) is an indicator to see the success of maternal health efforts. Based on data from the 2019 Indonesia Health Profile, in general there was a decrease in MMR in Indonesia during the 1991-2015 period, from 390 per 100,000 live births to 305 per 100,000 live births. Even though there was a downward trend in MMR, this figure failed to reach the MDGs target which had to be achieved, namely 102 per 100,000 live births in 2015. According to the 2015 SUPAS results, MMR in Indonesia has tripled compared to the MDGs target (Kemenkes RI, 2020).

Efforts to reduce MMR are carried out by ensuring that every mother is able to access quality health services such as health services for pregnant women, delivery assistance by trained health workers at health service facilities, postpartum care for mothers and babies, special care and referral if complications occur, and services family planning including postpartum family planning (Kemenkes RI, 2020).

Postpartum family planning is an important breakthrough effort to support the reduction of the Maternal Mortality Rate (MMR) through the prevention of unwanted pregnancies and risky pregnancies. Postpartum family planning is a family planning method that is carried out after the placenta is born up to 42 days after delivery (Hanifah, et al., 2022). The application of Postpartum Family Planning is very important because the return of fertility to the mother after childbirth is unpredictable and can occur before the arrival of the menstrual cycle even in breastfeeding women. This causes a woman to experience an unwanted pregnancy (KTD). Contraceptives should be used before returning to sexual activity, therefore it is very important to use contraception as early as possible after delivery (Lubis, Rachmania, & Prastia, 2020).

However, the KBPP coverage figures in Indonesia are still not satisfactory. Based on data from the 2019 Indonesia Health Profile, the coverage of KBPP in Indonesia has only reached 35.1%, while the coverage of using KBPP in West Sulawesi Province only reaches 20% (Kemenkes RI, 2020). The decision to use postpartum family planning for postpartum mothers is influenced by several factors, including the characteristics of the mother (education level, economic status, distance from home to health facilities) and husband's support.

Education level and mother's economic status also influence the use of KBPP. This is because mothers who have a higher level of education tend to understand more about the needs of KBPP (Wassihun, et al., 2018). Meanwhile, mothers with high economic status have the opportunity to obtain better information and knowledge about postpartum contraceptive methods and better access to health services (Abraha, et al., 2018).

The distance between the mother's house and the health facility is an important variable that influences contraceptive use. Mothers who live near health facilities tend to use contraceptive methods compared to those who live far from health facilities (Abraha, et al., 2018).

The use of contraceptives before the last pregnancy and the husband's consent can also increase the use of postpartum contraceptives in postpartum mothers. This is because in most areas, the husband is the head of the family and major decisions such as fertility wishes must be approved by them (Coomson & Manu, 2019). From the background above, the researcher was interested in conducting research on the relationship between mother's characteristics and husband's support for the use of postpartum family planning in Mamuju Regency.

## METHOD

### Types of research

The type of research used is analytic with *cross sectional design*. A *cross-sectional* study was used to see the relationship between maternal characteristics and husband's support for postpartum contraceptive use in Mamuju District, West Sulawesi. The purpose of this study design is to identify the relationship between the independent variables and the dependent variable at the same time.

### Location and Time of Research

This research was conducted in Mamuju Regency, West Sulawesi at 3 health centers, namely the Binanga Health Center, Beru-Beru Health Center and the Tampa Padang Health Center in June - August 2022.

### Population and Sample

The population in this study were all postpartum mothers in Mamuju District, West Sulawesi. The sampling technique was *purposive sampling* according to the inclusion criteria so that a sample of 400 respondents was obtained. The inclusion and exclusion criteria in this study were:

1. Inclusion criteria:
  - a. Postpartum mothers 0-6 months postpartum
  - b. Postpartum women who are sexually active
  - c. Willing to be a respondent.
2. Exclusion criteria:
  - a. Mother who has a history of hysterectomy.

### Data collection

Primary data was collected through interviews with respondents to fill out questionnaires that had been prepared and prepared by the research team. The questionnaire contains data on mother's characteristics such as education level, economic level and distance to health facilities, data on husband's support and data on Postpartum Family Planning usage.

Interviews and questionnaires were carried out after obtaining informed *consent* from the respondents. For secondary data in the form of KBPP type data used by respondents collected through data collection from the Puskesmas.

### Processing and analysis of data

The analysis in this study uses univariate analysis and bivariate analysis. Univariate data analysis was performed to determine the frequency distribution and proportion of each variable. Analysis bivariate done with using the *Contingency Coefficient C* test.

## RESEARCH RESULTS

Table 1 shows that 89.3% of respondents including in group 20-35 year olds, i.e. as many as 357 people. The age group of 20-35 years is a healthy reproductive age for pregnancy. Most of the respondents in this study had graduated from high school, namely 183 people (45.6%). Table 1 also shows that the majority of respondents are housewives (IRT), namely 360 people (90%) and 40 other people or only 10% of the total respondents who work. Table 1 also shows that most of the respondents are at a low economic level where in these families the monthly income is less than the Regency Minimum Wage (UMK) of Mamuju Regency, namely 335 people (83.8%).

**Table 1 .** Characteristics Respondents

No	Variable	Frequency(n=400)	Percentage (%)
1.	<b>Age</b>		
	<21 years	43	10.8
	21-35 years	357	89.3
	>35 years	0	0
2.	<b>Education</b>		
	Graduated from elementary school	90	22.5
	Graduated from junior high school	66	16.5
	Graduated from high school	183	45.8
	Graduated PT	61	15.3
3	<b>Work</b>		
	No Work /IRT	360	90
	Work	40	10
4.	<b>Economic level</b>		
	Low (< MSE IDR 2,571,328)	335	83.8
	High ( $\geq$ MSEIDR 2,571,328)	65	16.3
5	<b>Distance to Health Facilities</b>		
	<1km	258	64.5
	1-5km	128	32
	>5km	14	3.5

**Table 2.** Distribution Frequency Support Husband to Use of Postpartum Family Planning in the District Mamuju

Variable	n	Percentage(%)
<b>Support Husband</b>		
Yes	262	65.5
No	138	34.5

**Table 3.** Distribution Frequency Post Use of Postpartum Family Planning in the District Mamuju

Use of KPP	n	Percentage (%)
No	74	18.5
Yes	326	81.5
Total	400	100

Table 2 shows part big respondent get support from husband related post -use KB Childbirth , that is as many as 262 people (65.5%). Table 3 shows that part big respondent used Postpartum Family Planning (KBPP), namely 326 people (81.5%) and only 74 people (18.5%) chose For No use tool contraception post labor. While in table 4 shows that most types of Postpartum Family Planning (KBPP) used by mother puerperium in the District Mamuju is injectable birth control , namely 196 people (49%) and type no contraception interested is sterilization man /MOP where based on data not found exists respondents who use this type of birth control (0%).

**Table 4.** Distribution Frequency Postpartum Family Planning in the District Mamuju

No	KPP type	n	Percentage (%)
1.	Condom	1	0.3
2.	Pill	66	16.5
3.	Inject	196	49
4.	Implants / Implants	53	13.3
5.	IUD/IUD	7	1.8
6.	Female Sterilization/MOW	3	0.8
7.	Male sterilization/MOP	0	0
	<b>Total</b>	<b>326</b>	<b>100</b>

**Table 5.** Cross tabulation of Mother and Support Characteristics Husband to Postpartum Family Planning in the District Mamuju

	Use of KPP				Total		<i>p-values</i>
	Yes	%	No	%	F	%	
<b>Education</b>							
Graduated from elementary school	74	18.5	16	4	90	22.5	0.756
Graduated High school	54	13.5	12	3	66	16.5	
Graduated high school	150	37.5	32	8	182	40.5	
Graduated PT	45	18	14	3.5	59	59	
<b>Economic level</b>							
Low	283	70.8	52	13	335	83.7	0.000*
Tall	43	10.8	22	5.5	65	16.3	
<b>Distance to health facilities</b>							
<1km	211	52.7	47	11.7	258	64.4	0.007*
1-5km	108	27	20	5	128	32	
>5km	7	1.8	7	1.8	14	3.6	
<b>Support Husband</b>							
Yes	240	60	22	5.5	262	65.5	0.000*
No	86	21.5	52	13	138	34.5	

Table 5 shows that there is significant relationship in a manner statistics between level economy mother, distance House to Health and support facilities husband to use of Postpartum Family Planning ( $p < 0.05$ ). However, for variable Education, outcome study show No there is significant relationship in a manner statistics between education Mother with decision post-use KB Childbirth ( $p > 0.05$ ).

## DISCUSSION

Based on the results of the study, it was found that 89.3% of the respondents belonged to the age group of 20-35 years, namely 357 people. The age group of 20-35 years is a healthy reproductive age for pregnancy. According to Notoatmodjo (2007), age is a variable that is always considered in epidemiological studies which is one of the things that influences knowledge. Age is the length of time a person lives in years from birth to the last birthday. The older a person is, the processes of mental development improve, but at a certain age, the process of mental development is not as fast as when they were in their teens (Notoatmodjo, 2007).

Most of the respondents in this study had graduated from high school. Education provides information that is accurate, true and scientifically justifiable. Education provides access to information and knowledge needed by humans. Education is the initial bridge for a mother to know all new things in her life. Thus, the higher a woman's education, the more things she knows will increase. Education affects the learning process, the higher a person's education the easier it is for the woman to receive information. With higher education, a woman will tend to get information, both from other people and from the mass media (Wardani, Irawati, & Wayanti, 2019).

The results of the bivariate analysis showed that there was no statistically significant relationship between mother's education and the decision to use postpartum family planning. The results of this study are not in line with research conducted by Wassihun (2018) which states that educational status is a predictor of postnatal contraceptive use by postpartum mothers. Mothers with higher levels of education have a better understanding of available contraceptive methods, the benefits of fertility management and the need for contraception during the postpartum period. In addition, higher education can also increase mother's awareness of the side effects of contraceptive methods and be able to choose the most comfortable contraceptive method. With a higher level of education, a mother will certainly be more rational in making decisions including choosing and using contraception (Wassihun, et al., 2018).

The results of this study indicate that there is a statistically significant relationship between economic level and the decision to use postpartum family planning with  $p$  value = 0.000 ( $p < 0.05$ ). The results of this study are in line with research conducted by which states that the economic level of the

family has a significant direct influence on the choice of contraceptive use in women. So it can be interpreted that if a woman has a high economic level, then the woman will tend to use contraception (Putra, Jailani, Qudsiyah, & Permadi, 2020).

The high and low socio-economic levels owned by respondents make it very difficult for respondents to finance or continue their education. On the one hand, fulfilling daily needs is very important to fulfill. Income has a close relationship with the choice of contraception. Respondents with sufficient economic status prefer long-term contraceptive methods, because these methods are classified as expensive contraception. The level of the community's socio-economic status affects the choice of contraceptive type because the economic level of the community is closely related to the ability to buy contraceptives to be used, for example, families with sufficient income will be more able to participate in family planning programs than families who cannot afford it, because for families who are less able KB is not a basic need. Several studies state that a woman's economic status influences the use of postpartum contraception. This is because mothers with high economic status have the opportunity to obtain better information and knowledge about postpartum contraceptive methods and better access to health services (Abraha, et al., 2018).

From the results of the research conducted, there was a statistically significant relationship between the distance from the mother's house to the health facility and the decision to use postpartum family planning with a  $p$  value = 0.007 ( $p < 0.05$ ). The results of this study are in line with research conducted by Abraha (2018) which stated that the distance between the mother's house and the health facility is an important variable affecting contraceptive use. A mother who lives near a health facility tends to use contraceptive methods compared to those who live far from a health facility. Ease of accessing health services can increase postpartum contraceptive use (Abraha, et al., 2018). A study by Khan (2022) states that the likelihood of women using long-term contraceptive methods decreases by 27% for every km increase in the average distance of health facilities from the respondent's residential group. Health facilities that provide facilities for installing long-term contraceptive methods within a distance of approximately 6.3 km from the respondent's house are twice as likely to use contraception. The possibility increases if within 6.3 km there is more than one health facility compared to areas without health facilities (Khan, Akter, & Islam, 2022). Another study by Silumbwe (2018) stated that people from rural areas reported that walking long distances to health facilities to access family planning services hindered utilization. They report that distance motivates women to consistently use family planning services/methods, and is a major contributor to their discontinuation and continued use. Long distances also put clients at risk of not being able to access family planning/KB services if they come to a health facility outside of a predetermined service delivery schedule (Silumbwe, et al., 2018).

From the results of the research conducted, there was a statistically significant relationship between husband's support and the decision to use postpartum family planning with a  $p$  value = 0.000 ( $p < 0.05$ ). The use of contraception is the responsibility of the husband and wife as a couple, so the contraceptive method chosen will reflect the needs and desires of the husband and wife (Pardosi, Nababan, Brahmana, Ginting, & Sitorus, 2021). Agreement between husband and wife in the use of contraceptive methods is needed. The existence of an agreement between the two regarding contraception used by the husband/wife causes the use of contraception to take place continuously which is an effort to reduce fertility rates. According to the wife, the husband's reason for providing support is so that the wife does not quickly have another child or can space out pregnancies. Because if you have many children, it is difficult to fulfill their needs, especially since the family's economic condition is very low. Respondents who do not get support from their husbands use contraception because their husbands prefer a large number of children with many children, so they can help parents in making money. Whereas respondents who received support from their husbands in using contraception because husband and wife wanted an ideal family (2 children) and if they had many children, it would be difficult to finance the needs of children at every stage of their development and not in accordance with the level of income or parents income. The existence of discussion and husband's approval regarding the use of contraceptives after the last delivery was also proven to increase the use of contraceptives after childbirth (Zimmerman, et al., 2019).

Zimmerman (2019) also stated that most postpartum women make decisions regarding the use of contraception with their husbands because in most areas, the husband is the head of the family and major decisions such as fertility wishes must be approved by them (Zimmerman, et al., 2019). This is

in accordance with research conducted by Paskaria (2015) which states that the role of the husband is related to the use of postpartum family planning. Women who get support from their husbands are 11.90 times more likely to use postpartum family planning than those who do not get support from their husbands. Couples' involvement in discussions around fertility decisions to delay or limit the birth of children is an important component in determining family planning decisions (Psakaria, 2015). Improved spousal communication about family planning has been associated with higher contraceptive use and lower *unmet need*. Specifically, counseling also aims to eliminate the existence of socio-cultural influences that conflict with women's reproductive rights so that more research is needed regarding the direction of the influence of this husband's support (Sarnak, et al., 2021).

Another study conducted by Ayudha and Indrawati (2013) also stated that one of the environmental factors that influenced non-participation in postpartum family planning was the support of the husband. The husband's support factor is divided into good, sufficient and insufficient support. Most mothers who do not get support from their husbands will mostly not use Postpartum Family Planning. This is due to the existence of a patrilineal culture where the man is the head of the family where the husband's preference for reproductive health and his knowledge of family planning programs will greatly influence decisions within the family to use certain methods of family planning. Husband support can be provided in various ways such as encouragement in the form of expressing feelings, giving advice or information and providing material assistance (Ayudha & Indawati, 2013).

The results of this study are also in line with research conducted by Raidanti and Wahidin (2019). The study stated that the husband greatly influenced the use of contraceptives by the mother. Husband's participation in efforts to support family planning programs is not only by taking his wife to health services or simply providing financial materials, but also by accompanying his wife during the installation and during counseling. The husband's role is very important in influencing a woman's decision to use contraception, so men need to be involved in counseling activities about contraception. Another study conducted states that having husband's support in using contraceptives has a positive impact on families, especially for their partners. This is because the wife will tend to feel more confident in choosing contraception and during use the wife will not worry because the husband has supported and given consent to the wife to use contraception (Raidanti & Wahidin, 2019).

## CONCLUSIONS AND RECOMMENDATIONS

Based on the results of a study on 400 postpartum mothers in Mamuju District, it was found that there was a statistically significant relationship between maternal characteristics which included economic status, distance to health facilities and husband's support for the use of Postpartum Family Planning in Mamuju District. Suggestions for health workers are expected to maximize themselves in providing postpartum family planning counseling, not only to mothers, but also to husbands as an effort to increase husbands' support from pregnancy to the postpartum period.

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