Indonesian Journal of Global Health Research
Volume 5 Number 3, August 2023
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

FACTORS AFFECTING THE USE OF LONG-TERM CONTRACEPTION

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ABSTRACT
Indonesia's Total Fertility Rate is above the ASEAN average of 2.4 per 1000 Women of Reproductive Age and has continued to experience a stagnation period in the last 4 periods. In addition, the maternal mortality rate in Indonesia is still high at 359 per 100,000 live births. Long-Term Contraceptive Method is the most effective method of contraception to reduce birth rates but its users are only 20.3%. The national family planning program prioritizes the use of long-term contraceptive methods, but long-term contraceptive coverage is still low. This study aims to analyze the factors that influence the use of long-term contraception of the IUD type and implants at the Sang Timur Klaten Clinic. This type of research is quantitative research, with a research approach using a cross-sectional design with the research sample being couples of childbearing age using long-term contraception of the Implant and IUD type. The population in this study was 115 acceptors recorded in the register at the clinic. Non-random sampling technique used inclusion criteria. The inclusion criteria in this study are: Acceptors who are willing to be respondents, PUS who have followed long-term contraceptive methods. Data analysis with Chi-Square with a confidence level of 95%. The results of the bivariate analysis in this study used the Chi-Square test and the multivariate test used logistic regression. The results showed that there was a relationship between age, education and menstrual history with the use of long-term contraceptive methods with a p value <0.05. There is no relationship between work, parity, husband's support and family income with the use of long-term contraceptive methods with a p value > 0.05. The most dominant factor with long-term contraceptive use is education.

Keywords: contraception; factors; long term

First Received	Revised	Accepted
01 May 2023	08 May 2023	29 May 2023
Final Proof Received		**Published**
18 August 2023		31 August 2023

How to cite (in APA style)
Prastyoningsih, A., Sulistyowati, A., & Kristiarini, J. (2023). Factors Affecting the Use of Long-Term Contraception. Indonesian Journal of Global Health Research, 5(3), 121-130. https://doi.org/10.37287/ijghr.v5i3.2062.

INTRODUCTION

This population problem is an important issue that receives attention and discussion, both throughout the world and in Indonesia. If this is not followed by a decrease in the number of birth rates, then the population will increase rapidly so that it will be difficult to overcome. One of the efforts made by the government at this time is the provision of quality family planning services including increasing access and quality of information, counseling and family planning services. In order to reduce population growth, programs that can control population growth through efforts to reduce birth rates, namely Family Planning. Family planning according to WHO (World Health Organization) is planning the number and spacing of pregnancies using contraception. Contraceptive users aim to manage the spacing of pregnancies and to delay pregnancies in young women with an increased risk of health problems and death due to early child birth. (Ditadiliyana Putri, Pradnya paramithaD, &Ani, 2019).

Efforts to reduce MMR need to be supported to achieve Universal Health Coverage for reproductive health services, including family planning services with the vision of creating quality families. One of the basic strategies to reduce MMR is that all pregnancies should be planned. Approximately 98% of postpartum women do not want to get pregnant within 2 years, this means that every postpartum woman is given protection from pregnancy for at least 2 years by using contraception. (BKKBN, 2019). The number of couples of childbearing age in Central Java is 6,408,024. while there were 419,097 acceptors of long-term contraception of the IUD type, and implant users as many as 617,177 acceptors. Klaten Regency has a total of 197,321 couples of PUS with 13,061 acceptors of long-term contraceptive users in the form of IUDs and 25,469 acceptors of implant contraceptive users (Jateng, 2021).

Based on the results of a preliminary study, contraceptive users consist of 176 acceptors of IUD contraception, 297 acceptors of implants, 394 acceptors of pills, 182 acceptors of condoms, 1088 acceptors of injections, and 105 acceptors of MOW (Jateng, 2021). The results of research conducted by Sulistyorini stated that the factors that influence the choice of long-term contraceptive methods are age, education, and socioeconomic (Sulistyorini, 2016). The results of research conducted stated that the factors influencing the choice of long-term contraceptive methods were the level of education, knowledge, husband's support, culture, level of welfare, communication, information, and family planning education (Nur Mahmudah, 2015). The results of the 2012 IDHS follow-up analysis conducted that age, education level, occupation, sources of family planning services, and residential areas influence the use of long-term contraceptive methods (Triyanto, 2019). This study aims to analyze the factors that influence the use of long-term contraception of the IUD type and implants at the Clinic Sang Timur Clinic in Klaten"

METHOD

This type of research is quantitative research, with a research approach using a cross-sectional design with the research sample being couples of childbearing age using long-term contraception of the Implant and IUD type. The population in this study was 115 acceptors recorded in the register at the clinic. Non-random sampling technique used inclusion criteria. The inclusion criteria in this study are: Acceptors who are willing to be respondents, PUS who have followed long-term contraceptive methods. Data collection was carried out using a questionnaire containing the factors that influence contraceptive use which had previously been tested by an expert. The results of the bivariate analysis in this study used the Chi-Square test and the multivariate test used logistic regression

RESULTS

Table 1 shows the proportion of exposure to factors associated with the use of long-term contraceptive methods at the Sang Timur Clinic on the age factor, the proportion of mothers aged over 35 years as many as 39 respondents (66.1%). The education factor in the proportion of secondary education is the most, namely 24 respondents (57.6%). The most proportion parity factor is skundipara, namely 47 respondents (79.7%). Most of the respondents' occupational factors were housewives as many as 51 respondents (86.4%). Husband support factor as much as 56 respondents (94.9%) support. Menstrual history of the majority of respondents was regular as many as 47 respondents (79.7%) and income of the majority of respondents <2,000,000, namely as many as 40 respondents (67.8%).

Table 1.
Frequency distribution of age, parity, education, and occupation of family planning acceptors

Variable	f	%
Age		
< 20 years	0	0
20-35 years	20	33,9
> 35 years	39	66,1
Education		
Basic education	18	30,5
Middle education	24	57,6
College	7	11,9
Parity		
Primipara	5	8,5
Skundipara	47	79,7
Multipara	7	11,9
Work		
Housewife	51	86,4
Private sector employee	1	1,7
civil servant	7	11,9
Self-employed	0	0
Husband Support		
Support	56	94,9
Does not support	3	5,1
Menstrual history		
Regular	47	79,7
Irregular	12	20,3
Income		
< 2,000,000	40	67,8
2,000,000-3,500,000	19	32,2
> 3,500,000	0	0

Table 2.
Use of Long Term Contraceptive Methods

Type of contraception	f	%
IUD	21	35,6
Implant	38	64,4

Table 2 shows the use of long-term contraception methods of the 59 respondents who mostly used Implants, namely 38 respondents (64.4%).

Table 3, it is known that there is a relationship between age, education and menstrual history with the use of long-term contraceptive methods with a p value <0.05. There is no relationship between work, parity, husband's support and family income with long-term contraceptive use with a p value > 0.05.

Table 3.
Factors for using long-term contraceptive methods (MKJP) at the Sang Timur Klaten Clinic

Variable	Use of Long Term Contraceptive Methods				P value	CC
	IUD		Implant			
	f	%	f	%		
Age						
< 20 years	0	0	0	0	0,018*	0,294
20-35 years	3	5,1	17	28,8		
> 35 years	18	30,5	21	35,6		
Education						
Basic education	3	5,1	15	25,4	0,005*	0,388
Middle education	12	20,3	22	37,3		
College	6	10,2	1	1,7		
Parity						
Primipara	2	3,4	3	5,1	0,419	0,169
Skundipara	15	25,4	32	54,2		
Multipara	4	6,8	3	5,1		
Work						
Housewife	17	28,8	34	57,6	0,353	0,185
Private sector employee	1	1,7	0	0		
civil servant	3	5,1	4	6,8		
Self-employed	0	0	0	0		
Husband Support						
Support	20	33,9	36	61	0,933	1,111
Does not support	1	1,7	2	3,4		
Menstrual history						
Regular	21	35,6	26	44,1	0,004*	0,352
Irregular	0	0	12	20,3		
Income						
< 2,000,000	13	22	27	45,6	0,472	0,093
2,000,000-3,500,000	6	13,6	11	18,6		
> 3,500,000	0	0	0	0		

Tabel 4.
The most dominant risk factor influencing the use of Long Term Contraceptive Methods

Variable	P value	Exp (B)
Age	0,025	0,138
Education	0,021	0,175
Parity	578	1,746
Work	0,912	0,937
Husband Support	0,303	4,156
Menstrual history	0,998	13156
Family income	0,563	1,684

Table 4 In this multivariate analysis is used to determine the most dominant factor. The dominant factor is the factor that has a p-value <0.05 and has the largest OR (Exp B). Based on these provisions, it can be seen from the table above, the related factors are age and education with p-values = 0.025 and 0.021 respectively. Then the most influencing factor is the education variable by looking at Exp B, which is 0.175. Thus, mothers who have higher

education are almost 1 times more likely to use MKJP contraception when compared to mothers with basic education.

DISCUSSION

Description of age, parity, education, occupation, husband's support and income

The results showed that the proportion of exposure to factors related to the use of long-term contraceptive methods at the Sang Timur Clinic on the age factor, the proportion of mothers aged more than 35 years was 39 respondents (66.1%) compared to mothers aged 20-35 years, namely 20 respondents (33.9%). The results of this study are in accordance with Siti's research (2020) which states that most respondents use contraception to space pregnancies and manage the spacing of pregnancies over 35 years of age. Maturity of a person's age affects the decision making and thinking process in determining the KB that will be used. The more mature, the level of maturity and strength of a person will be more mature in thinking (Siti Qomariah et al., 2020). The chance of using contraception for WUS aged between 30-35 years is 2.3 times compared to women of childbearing age who are under 30 years old and over 35 years old (Devi et al., 2022).

The education factor in the proportion of secondary education is the highest, namely 24 respondents (57.6%) compared to basic education, namely 18 respondents (30.5%) and higher education, namely 7 respondents (11.9%). These results indicate that the majority of users of long-term contraceptive methods are secondary education. Education affects attitudes to make decisions, because the higher the education the more rational in making decisions. This also applies to decision making when choosing contraception. Studies say that if contraceptive use is influenced by education, this means that acceptor education influences acceptors in choosing long-term contraceptive methods (Deviana, 2023).

The highest proportion of parity factors is skundipara, namely 47 respondents (79.7%) compared to parity primipara, namely 5 respondents (8.5%) and multipara, namely 7 respondents (11.9%). These results indicate that scundipara parity use long-term contraceptive methods the most. Women will have more births depending on the number of children that have been born. A wife may use contraception after having a certain number of children. The more often a person gives birth, the higher the risk of death during childbirth. This means that the number of children will greatly affect the health of the mother and will increase the standard of living of the family to the maximum (Anggriani et al., 2019) Most of the respondents' occupational factors were housewives as many as 51 respondents (86.4%). Occupation influences a person's long-term use of contraceptive methods. Women who have jobs tend to be aware of the function of contraception compared to women who don't work. A study by Anggraini states that respondents who have jobs are 4.7 times more likely to use long-term contraceptive methods than those who do not work (Anggriani et al., 2019).

Husband support factor as much as 56 respondents (94.9%) support. These results indicate that almost all of the respondent's husbands support the use of long-term contraceptive methods. Husband's support can affect the use of long-term contraceptive methods in couples of childbearing age because aspects of husband's support include informational, emotional, esteem and instrumental support. Factors that might influence the low use of long-term contraceptive methods are husbands getting inaccurate information and understanding, husbands not coming into the room and no involvement resulting in a lack of information owned by husbands and husbands not taking their wives to health services so this is what causes support from husband for less wife. Therefore, husband's support is very influential in choosing (Panjang et al., 2023) Menstrual history of the majority of respondents was regular as many as 47 respondents (79.7%). These results indicate that some respondents using long-term contraceptive methods have a history of regular menstruation. This situation may be the reason respondents use long-term

contraception. A woman whose menstrual cycle varies from 28-36 days, namely a woman whose menstrual duration is less than 4 days and a woman with menstrual bleeding of more than 6 days. Only a few women have regular menstrual cycles, especially a woman who has given birth and is in the years leading up to menopause (F. Aningsih et al., 2018).

The results showed that the income of the majority of respondents was < 2,000,000, namely 40 respondents (67.8%). Income is the total real income of all household members donated to meet the collective and individual needs of the household. According to Nicholson, Engel's Law (2010) states that households that have low wages or income will spend most of their income to buy basic needs. In contrast, high-income households will spend only a small portion of their total expenditure on basic needs. Using contraception is a form of need that requires money, such as transportation costs and health care costs (Marliza, 2013). The results showed that the use of long-term contraception methods of 59 respondents mostly used Implants, namely 38 respondents (64.4%). The long-term contraceptive method is a method that is considered more effective and better than other contraceptive methods because it can provide protection from the risk of pregnancy for a long period of time (Kemenkes, 2018). These results are in accordance with Oktavianah's research (2023) which showed that almost half of acceptors used implanted contraceptives, 21 (42%) used contraceptive implants, and 29 (58%) did not use implanted contraceptives.

Relationship between age, education level, employment status, family income, parity, husband's support and income with the use of long-term contraceptive methods

Relationship between age and use of long-term contraceptive methods

The results of the study on the age factor had a relationship with the use of long-term contraceptive methods with a p value = 0.018 (p <0.05). These results are in accordance with research which states that there is a relationship between age and the choice of implantable contraceptives for women of childbearing age at the Segamit Village Community Health Center (Afrida DS et al., 2023). In determining the choice of implant contraception, age is one of the factors that influence the decision in choosing family planning. The older or mature a person perceives himself to be more easily affected or vulnerable to illness or illness compared to a younger age, so that it can be used as a support in the occurrence of preventive behavior (Marliza, 2013).

The relationship between education and the use of long-term contraceptive methods

Education factor using a statistical test using chi square obtained a p value = 0.005 this means that Ha is accepted and Ho is rejected so that there is an Education factor that has a relationship with the use of long-term contraceptive methods. In line with research that there is a relationship between age, education level and parity on the use of long-term contraceptive methods (B. S. D. Aningsih & Irawan, 2019). Another similar research was also conducted by Farid and Felita (2020) that respondents with tertiary education used the most long-term contraception, education level was related to choosing contraception with a p-value <0.05) meaning that there was a relationship between education level and choosing contraception long-term (Deviana, 2023).

Parity relationship with the use of long-term contraceptive methods

The parity factor obtained a p value = 0.419 (p> 0.05) which means that Ha is rejected and Ho is accepted so that there is no relationship between the parity factor and the use of long-term contraceptive methods. This result is in accordance with Dewi (2017) stating that there is no relationship between parity and the choice of long-term contraceptive methods. The number of living children a woman has affects the use of contraceptives. The decision to have a number of

children is a choice, in which the choice is strongly influenced by the value that is considered as one hope for each desire chosen by the parents (Indahwati et al., 2017)

Occupational relationship with the use of long-term contraceptive methods

Occupational factors with p-value = 0.353 Ha are rejected and Ho is accepted so there is no relationship between occupational factors and long-term contraceptive use. These results are in accordance with Aniningsih's research (2018) which states that there is no relationship between work and the use of long-term contraception. This is consistent with research by Wulandari, et al (2014) that job characteristics have no relationship between work and participation in long-term contraception. Research Lakew, et.al. (2013), also stated the same thing that there is no influence of one's job on the use of contraceptive methods. Work will broaden one's knowledge, so that a lot of information can be obtained to make it easier for someone to determine effective and efficient contraception, namely long-term contraception (Budiarti et al., 2017).

Husband's support relationship with the use of long-term contraceptive methods

The husband's support factor obtained a p-value = 0.933, this means that Ha is rejected and Ho is accepted so that there is no relationship between the husband's support factor and long-term contraceptive use. These results are in accordance with Diah's research (2022) which shows that there is no significant relationship between husband's support and the use of intrauterine contraceptive devices in the working area of the Cangkringan Health Center. Support is the attitude, action and acceptance of the family towards its members (Apriyanti & Syahda, 2022).

The relationship between menstrual history and the use of long-term contraceptive methods

The menstrual history factor obtained a p value = 0.004, which means that Ha is accepted and Ho is rejected so that there is a relationship between the menstrual history factor and long-term contraceptive use. The results of this study are not in accordance with Surjono (2015) who said that there is an influence of age, knowledge, husband's support, experience, menstrual history, medical history costs, and age of the baby on the choice of injectable birth control. Educational factors and side effects do not affect the choice of injectable birth control (Surjono & Nurhidayah, 2014).

Relationship between family income and the use of long-term contraceptive methods

The family income factor obtained a p value = 0.472, this means that Ha is rejected and Ho is accepted so that there is no relationship between family income and long-term contraceptive use. Many women of childbearing age do not have their own income. The choice of long-term contraception and short-term contraception is still dominant among women of childbearing age who do not have income, as well as the employment status of women of childbearing age, more women of childbearing age become housewives. This is also in line with Akmal's research, that contraceptive use has a significant relationship to employment status. Working women have a lower percentage than women who do not work (Triyanto, 2019).

The most dominant risk factor influencing the use of Long Term Contraceptive Methods

The dominant factor is the factor that has a p-value <0.05 and has the largest OR. Based on these provisions, it can be seen from the table above, the related factors are age and education with p-values = 0.025 and 0.021 respectively. According to Berthrand in Nazilah (2012), the participation of acceptors in family planning is determined by socio-demographic and social-psychological factors. This type of contraception is more common in women aged 20-30 years who have had three or more children. Socio-psychological factors are ideal family size, the importance of the value of sons, this is in line with the results of research conducted by the author which significantly influence the choice of contraceptive method. The hypothesis that the

most dominant influencing factor is the educational factor, but the results of the analysis in this study are not proven. This is because women of childbearing age who have high or low levels of education already know the benefits and importance of contraception from health workers or other sources (Sulistyorini, 2016).

The last education of a woman of childbearing age who is married does not influence the woman of childbearing age to choose the method of contraception that will be used to delay birth or to space births. The results of this study are in accordance with Aryati's research (2019) which shows the results of a logistic regression multivariate statistical test with a significance value of 0.000 <0.05. Women of Reproductive Age choose long-term or even permanent contraception if they already have children with male and female gender. The gender of the child of a couple of childbearing age is a very important value in making a decision to use long-term contraception (Panjang et al., 2023)(Surjono & Nurhidayah, 2014).

CONCLUSION

The description of the age of acceptors of long-term contraception is more than 35 years as many as 39 respondents (66.1%) The educational factor is the proportion of secondary education, namely 24 respondents (57.6%). The highest proportion of parity factors was skundipara, namely 47 respondents (79.7%). The majority of respondents' work factors were housewives, 51 respondents (86.4%). Husband support factor as much as 56 respondents (94.9%) support. Menstrual history of the majority of respondents was regular as many as 47 respondents (79.7%) and income of the majority of respondents <2,000,000, namely as many as 40 respondents (67.8%). There is a relationship between age, education and menstrual history on the use of long-term contraceptive methods with a p-value <0.05. There is no relationship between parity, employment, husband's support and family income with the use of long-term contraceptive methods with a p value > 0.05. The most dominant risk factors influencing the use of Long-Term Contraceptive Methods are age and education.

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