

The Relationship Between Knowledge and Husband's Support with the Achievement of Implant Contraceptive Coverage Among Postpartum Mothers

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ABSTRACT

The importance of the husband's knowledge and support in choosing a contraceptive implant is because involving the husband in the decision-making process for long-term contraceptive methods, especially implants, can strengthen communication and respect each other's needs. The aim of this research was to determine husbands' knowledge and support for Implant KB coverage at the Ubung Community Health Center. The sample size in this study used purposive sampling, namely 38 mothers who were family planning acceptors, with 13 people using implants and 25 other family planning people at the Ubung Community Health Center. Husband's knowledge and support was measured using a questionnaire. The data analysis used was univariate and bivariate analysis using the chi square test using the SPSS statistical program. Research Results: Based on the results of the chi-square test and significance limit = 0.05, p value = 0.000 < 0.05, this shows that there is a significant relationship between knowledge and the choice of contraceptive implants. And for husband's support with the use of implants, p value = 0.004 < 0.05, this shows that there is a relationship between husband's support and the use of implant contraceptives in the Ubung Health Center working area. It is hoped that there will be cooperation involving health workers, especially midwives, and involving husbands to provide information regarding knowledge about long-term contraceptive methods, especially implants.

Keywords: Husband's support, Implant Family Planning, Knowledge, Postpartum.

1. BACKGROUND

Contraception is a measure that helps individuals or married couples achieve specific objectives: avoiding unwanted pregnancies, ensuring desired births, spacing pregnancies, and controlling the timing of childbirth within the marital relationship[1].

According to World Health Organization (WHO) data, over 100 million couples worldwide use effective contraceptive methods, with 75% using hormonal contraceptives and 25% using non-hormonal ones. Global contraceptive usage reached 89% in 2019 and rose to 92.1% in 2020. In Africa, 82% of the

population does not use contraceptives. In Southeast, South, and West Asia, 43% of the population uses contraceptives. The rate of modern contraceptive use stands at 58% in urban areas and 57% in rural areas [2].

According to data from the Indonesian Ministry of Health, the majority of couples of reproductive age (PUS) participating in family planning programs in Indonesia still rely on hormonal contraceptives. The breakdown of methods used is as follows: injectable contraceptives (63.7%), pills (17%), implants (7.4%), IUDs (7.4%), female sterilization/MOW (2.7%), male sterilization/MOP (0.5%), and condoms (1.2%). In 2020, the figures were: injectable

contraceptives (72.9%), pills (19.4%), implants (8.5%), IUDs (8.5%), female sterilization (2.6%), male sterilization (0.6%), and condoms (1.1%). Data from the Ministry of Health (Infodatin) regarding contraceptive use in West Sumatra Province in 2019 shows the following: injectable contraceptives (62.1%), pills (11.9%), implants (10.8%), IUDs (8.2%), female sterilization (3.5%), male sterilization (0.4%), and condoms (2.6%). In 2020, the figures were: injectable contraceptives (62.2%), pills (11.9%), implants (10.9%), IUDs (8.3%), female sterilization (3.6%), male sterilization (0.4%), and condoms (2.7%) [3].

A nationwide decline in family planning participants was observed in March 2020 compared to February 2020; specifically, the number of Intrauterine Device (IUD) users fell from 36,155 to 23,383, while implant users dropped from 81,062 to 51,536, injectable contraceptive users from 524,989 to 341,109, pill users from 251,619 to 146,767, condom users from 31,502 to 19,583, Male Operative Method (MOP) users from 2,283 to 1,196, and Female Operative Method (MOW) users from 13,571 to 8,093 [4].

Data from 2020 for West Nusa Tenggara Province shows that 65,787 women of reproductive age used contraceptives; the breakdown of methods used was: condoms (0.8%), injections (79.3%), pills (3.2%), IUDs (3.8%), male sterilization/MOP (0.1%), female sterilization/MOW (0.8%), and implants (12.0%). The data indicates that injectable contraceptives were the most widely used method, while male sterilization (MOP) was the least frequently used [5].

Low coverage of postpartum family planning can lead to issues such as unintended pregnancies, which pose risks to women, their families, and their communities. One consequence of unintended pregnancy is abortion; an

estimated 18 million illegal abortions are performed annually in developing countries, contributing to high maternal mortality rates. Furthermore, unintended births jeopardize the health and well-being of children and contribute to rapid population growth [6].

To reduce high maternal and infant mortality rates and manage birth spacing, it is essential to provide early postpartum education regarding contraceptive options suitable for preventing pregnancy and spacing births. Factors contributing to this situation include limited knowledge about postpartum contraceptive methods and the influence of husband support on the uptake of postpartum contraceptive implants [7].

A husband's support significantly influences the choice and use of postpartum contraception. Such support—which includes accompanying his wife during counseling, the insertion of the contraceptive device, and follow-up visits, as well as providing care and reassurance should any complications arise—helps the wife feel secure and at ease in using contraceptive methods [8].

A husband's support is crucial when deciding on a contraceptive method; therefore, partners should be involved in selecting the method to be used by the mother after childbirth. In reality, however, the choice of contraception is often left entirely to the mother, as the use of contraceptives is still viewed as solely her responsibility. Husbands' engagement with their family's reproductive processes—particularly regarding pregnancy and childbirth—remains relatively low. Furthermore, there is the influence of social and cultural pressures to follow the practices of those around them, even when such practices may not be suitable or appropriate for the individual's specific health condition [9].

Based on a preliminary study conducted at the Ubung Community

Health Center (Puskesmas) involving interviews with ten pregnant women, data showed that nine planned to choose non-LARC (Long-Acting Reversible Contraception) methods, while one planned to choose an IUD. Reasons cited by the pregnant women for not choosing contraceptive implants included fear of the insertion procedure, higher costs, and a lack of permission from their partners. Other reasons included simply following their mothers' advice or emulating friends, most of whom chose injectable contraceptives. They also mentioned having heard stories from family and friends that contraceptives inserted into the body could rust and migrate to other parts of the body.

2. RESEARCH METHODS

This study employs a quantitative research design, specifically a correlational design with a cross-sectional approach. The research was conducted from November 27 to December 12, 2023, at the Ubung Community Health Center (Puskesmas). The study population consisted of all 38 postpartum mothers residing in the Ubung Community Health Center's service area (based on October 2023 PWS-KIA data).

The sample comprised postpartum mothers in the Ubung Community Health Center's service area who used postpartum contraceptive implants during November 2023. A total sampling technique was used to select the sample. Data collection was carried out through interviews and the administration of questionnaires. Data analysis involved univariate analysis using frequency distributions and bivariate analysis using the Chi-Square test with the aid of SPSS software.

3. RESULTS AND DISCUSSION

3.1. Results

a. Age

Table 1. Distribution of respondents by age.

No.	Age	Frequency	Percentage %
1.	<20 years	3	7,9%
2.	20-35 years	25	65,8%
3.	>35 years	10	26,3%
Total		38	100%

Based on Table 4.1, regarding respondent characteristics, the largest group among the 38 respondents fell within the 20-35 age range (25 respondents, or 65.8%), while the smallest group was in the under-20 age range (3 respondents, or 7.9%).

b. Parity

Table 2. Distribution of respondents by parity

No	Parity	(f)	(%)
Primigravida		13	34,2
Multigravida		25	65,8
Total		38	100

Based on Table 2 regarding respondent characteristics, the largest group among the 38 respondents was the multigravida parity group, comprising 25 respondents (65.8%).

c. Analisa univariat

Table 3. Distribution of respondents based on choice of contraceptive implant, knowledge, and husband's support.

Respondent	Distribution	F	%
Choice of Implant Contraceptive			
Yes		13	34,2
No		25	65,8
Knowledge			
Poor		13	34,2
Adequat		17	44,7
Good		8	21,1
Husband's Support			
Supportive		17	44,7
Not Supportive		21	55,3

Source: Processed data (2023)

Table 4 shows that among the 38 respondents studied, 25 (65.8%) did not choose the contraceptive implant, while 13 (34.2%) chose it. Regarding knowledge levels, the majority of respondents possessed "sufficient" knowledge (17 respondents or 44.7%), while 8 respondents (21.1%) possessed "good" knowledge. In terms of spousal support, the majority of husbands (21 or 55.3%) were unsupportive, whereas 17 husbands (44.7%) were supportive.

Table 5 Distribution of Respondents Based on Knowledge and Choice of Implant Contraception

No	Knowledge	Selection of implant Contraception				Total		P-Value
		Yes		No				
		N	%	N	%	N	%	
1	Good	10	26,3	3	7,9	13	34,2	0,000
2	Adequate	2	5,3	15	39,5	17	44,7	
3	inadequate	1	2,6	7	18,4	8	21,1	
Total		13	34,2	25	65,8	38	100	

Source: Processed data (2023)

Table 5. shows that among the 17 respondents with adequate knowledge, 15 (39.5%) did not choose the contraceptive implant, a figure higher than the 2 respondents (5.3%) who did choose it. Meanwhile, among the 13 respondents with good knowledge, 3 (7.9%) did not choose the contraceptive implant, whereas 10 (26.3%) chose it. Based on the chi-square test results and a significance level of 0.05, a p-value of 0.000 was obtained ($p < 0.05$), indicating a significant association between knowledge and the choice of the contraceptive implant. Thus, the hypothesis stating that there is an association between knowledge and the choice of the contraceptive implant is statistically supported.

Table 6. Distribution of Respondents Based on Husband's Support and Choice of Implant Contraception

No	Husband's Support	Selection of Implant Contraception				Total		P-Value
		Yes		No				
		N	%	n	%	N	%	
1	Supportive	10	26,3	7	18,4	17	44,7	0.004
2	Not Supportive	3	7,9	18	47,4	21	55,3	
Total		13	34,2	25	65,8	38	100	

Table 4.5 above shows that among the 21 respondents whose husbands did not provide support, 18 (47.4%) did not choose the contraceptive implant, a figure higher than the 3 respondents (7.9%) who did choose it. Meanwhile, among the 17 respondents whose husbands were supportive, 7 (18.4%) did not choose the contraceptive implant, whereas 10 (26.3%) did. Based on the chi-square test results and a significance level of 0.05, a p-value of 0.004 was obtained; since this is less than 0.05, it indicates a significant association between husband support and the choice of the contraceptive implant. Thus, the hypothesis stating that there is an association between husband support and the choice of the contraceptive implant is statistically supported.

3.2 . Discussion

1. Implant Usage Coverage at Ubung Community Health Center

According to the theory proposed by Rhomadona (2018), various factors influence health-related decisions regarding the choice of contraceptive implants. One such factor is education; an individual's level of education affects their knowledge regarding contraceptive implants. Economic factors also play a role in the decision to use contraceptive implants. Additionally, a facilitating factor that can influence the choice of contraceptive implants is the availability of the necessary infrastructure or facilities to support the adoption of this contraceptive method [5].

The research findings indicate that the majority of respondents—specifically 25 individuals (52%)—do not use contraceptive implants. Questionnaire results reveal that, on average, women of reproductive age prefer contraceptive pills and injections. Most respondents (31 individuals) stated they felt more comfortable using pills and injections, primarily due to a lack of information regarding implants.

Based on respondent characteristics, 25 respondents (65.8%) fell within the 20–35 age range; this is considered a productive age, making the implant a suitable choice for contraception. According to Hartanto (2018), the implant is an effective method for birth spacing due to its very low failure rate (approximately 1%), which significantly impacts women's reproductive health; furthermore, the implant offers a long duration of action, unlike other hormonal contraceptives [6].

This aligns with research conducted by Camelia (2022) regarding parity, husband's support, and the choice of contraceptive implants among couples of reproductive age; the study found that 27 respondents (33.3%) used contraceptive implants, 23 (28.4%) had high parity, and 36 (44.4%) received husband's support, out of a total sample of 81 respondents [7].

This is because contraceptive implants are a form of long-term contraception. Users with low parity who opt for implants typically possess good knowledge regarding the method they are using; furthermore, their goal is usually to space out pregnancies so that the interval between them is not too short. Ideally, healthcare providers should offer information to prospective users at the time of adoption, enabling them to make informed decisions.

The choice of contraceptive method significantly influences the process of conception for couples of reproductive age. Factors such as age, health, and economic status also play a role in this decision. However, for some people, using contraceptives is highly uncomfortable [8].

2. The relationship between knowledge and the choice of contraceptive implants.

The univariate analysis revealed that among the 38 respondents studied, 25 (65.8%) possessed poor knowledge, while 13 (34.2%) possessed good knowledge. It was observed that among the 17 respondents with adequate knowledge, 15 (39.5%) did not choose the contraceptive implant, a figure higher than the 2 respondents (5.3%) who did choose it. Meanwhile, among the 13 respondents with good knowledge, 3 (7.9%) did not choose the contraceptive implant, whereas 10 (26.3%) chose it. Based on the chi-square test results and a significance level of 0.05, a p-value of 0.000 (< 0.05) was obtained, indicating a significant association between knowledge and the choice of the contraceptive implant. Thus, the hypothesis stating that there is an association between knowledge and the choice of the contraceptive implant is statistically supported.

This study aligns with the research by Sarika et al. (2020). The chi-square statistical test results regarding the knowledge of women of reproductive age (PUS) concerning implant contraceptives yielded a p-value of 0.036, which is less than α (0.05); thus, the alternative hypothesis (H_a) was accepted (H_a accepted and null hypothesis/ H_o rejected), leading to the conclusion that there is a significant relationship between PUS knowledge and implant contraceptives. This study

is also consistent with the findings of Meihartati (2017), which showed a p-value of 0.003, indicating a relationship between knowledge and the choice of implant contraceptives [10].

This study aligns with research conducted by Herlina and Nancy (2023) regarding the relationship between knowledge and husband's support and the lower uptake of implants compared to injectable contraceptives at the Kemiri Community Health Center in Tangerang Regency. Chi-square analysis yielded a significance value of 0.030; since the p-value was less than α ($p < 0.05$), it can be concluded that there is a relationship involving knowledge regarding the lower uptake of implants compared to injectable contraceptives at the Kemiri Community Health Center, Tangerang Regency [11].

Public knowledge regarding the use of contraceptives is essential. Prospective users need to be aware of the relevant factors involved in using these methods, as all contraceptives carry a risk of failure and may entail specific risks associated with their use Regency [6].

Based on the research findings, it is inferred that the majority of couples of reproductive age (PUS) lack knowledge regarding contraceptive implants, primarily because they are not fully informed about the associated benefits and drawbacks. Consequently, the community health center (Puskesmas) needs to provide education on contraceptive implants to these couples and motivate them to consider using this method.

3. The relationship between husband's support and the choice of contraceptive implants.

Univariate analysis of the 38 respondents revealed that the majority of husbands (21 or 55.3%) were unsupportive, while 17 (44.7%) were supportive. The table shows that among the 21 respondents with unsupportive husbands, 18 (47.4%) did not choose the contraceptive implant, whereas 3 (7.9%) did. Among the 17 respondents with supportive husbands, 7 (18.4%) did not choose the contraceptive implant, while 10 (26.3%) did. Based on the chi-square test results and a significance level of 0.05, a p-value of 0.004 was obtained; since this is less than 0.05, it indicates a significant association between husband support and the choice of the contraceptive implant. Thus, the hypothesis stating that there is an association between husband support and the choice of the contraceptive implant is statistically supported.

Research conducted by Huda et al. (2016) indicates a significant relationship between husband support and wives' use of contraceptives. The findings show that the percentage of wives not using contraceptives due to a lack of husband support was approximately 87.5%, compared to about 22.5% among those whose husbands provided support [12].

This study aligns with research conducted by Herlina and Nancy (2023) regarding the relationship between knowledge and husband's support among implant acceptors—whose numbers were lower than those of injectable contraceptive users—at the Kemiri Community Health Center in Tangerang Regency. Chi-square analysis yielded a significance value of 0.000; since the p-value was less than α ($p < 0.05$), it can be concluded that there is a relationship involving husband's support among implant acceptors at the Kemiri Community Health Center[11].

According to Ulfa (2021), social support is a form of interaction characterized by a reciprocal exchange of tangible assistance—specifically, support provided by a husband to his wife—particularly when needed and coming from individuals with whom she shares a close emotional bond. Family (husband) support comprises four aspects: emotional, informational, instrumental, and appraisal support. One form of indirect male participation involves supporting a wife's use of family planning; if the decision is made for the wife to use family planning, the husband's role is to provide support and the freedom for her to choose and use a specific contraceptive method. A supportive husband plays a crucial role in addressing his family's reproductive health needs. Indeed, the use of contraceptives and satisfaction with the chosen method are often significantly influenced by the husband, whose support reinforces his wife's contraceptive use.

Men bear social and economic responsibilities—including those regarding their children—so their involvement in reproductive decisions fosters a stronger bond between them and their offspring. Men play a tangible role in fertility matters; they are significant in deciding which contraceptives their wives use and in providing support regarding reproductive health—such as during and after childbirth and throughout the breastfeeding period. The presented research findings indicate that the support received from family—particularly the husband—regarding the choice of contraceptive implants is rooted in the social interactions experienced by the individual (the wife). It is customary for decisions to require

the approval of the husband or the head of the household, a factor that heavily influences a mother's decision to adopt a contraceptive method.

As a person gets older, their thinking will develop according to what they have learned. With increasing age, a person will be more able to think actively and understand what they learn, both directly and indirectly. [5]

Table 5 shows that 7 respondents (17%) had good knowledge. This aligns with Notoatmodjo's (2012) theory, which defines application as the ability to use learned material in real-life situations. This is supported by research conducted by Jeni Charis Nirwanti Lase, which found the results of a study on the Overview of Mothers' Knowledge of Stunting in Toddlers in Idanotae Village, Gunungsitoli District, Gunungsitoli City, in 2021. Of 55 respondents, 13 (23.6%) had good knowledge. Respondents with good knowledge predominated due to the large number of mothers attending integrated health posts (Posyandu). [8]

This aligns with Notoatmodjo's theory, as cited in the 2018 book "PPSDMK Research Methodology." One factor influencing knowledge is experience and environment. The environment influences the process of knowledge transfer among individuals within that environment. This occurs due to reciprocal or indirect interactions, which are responded to as knowledge by each individual. It can be concluded that the environment can influence a person's knowledge. [5]

Overall, the majority of respondents in this study had poor knowledge (24 respondents (57%)), followed by sufficient knowledge (11 respondents (26%)), and good knowledge (7 respondents (17%)). This aligns with

research conducted by three previous researchers, including Febri Indah Cahyo (2022), which found a study on the Overview of Mothers' Knowledge of Stunting in the Mondokan Sragen Community Health Center Work Area, comprising 350 respondents. Based on their knowledge level, the majority of respondents (182 respondents) had poor knowledge, while 168 (48%) had good knowledge. [29]

Nur Sholichah, Ni'matul 'Ulya, conducted a study on the Overview of Mothers' Knowledge Levels Regarding Stunting at Aisyiyah Bustanul Atfal 1 Kindergarten in Baledono, Purworejo District, Purworejo Regency, comprising 48 respondents. 33 respondents (54.1%) had insufficient knowledge, 8 respondents (31.3%) had sufficient knowledge, and 7 respondents (14.6%) had good knowledge. [24]

Furthermore, a study conducted by Jeni Charis Nirwanti Lase examined the Overview of Mothers' Knowledge Levels Regarding Stunting in Toddlers in Idanotae Village, Gunungsitoli District, Gunungsitoli City, in 2021. Of the 55 respondents, the majority (28%) had insufficient knowledge, 14 (25.4%) had sufficient knowledge, and 13 (23.6%) had good knowledge.

From the research results above, it can be concluded that the lower a mother's knowledge, the higher the incidence of stunting because it is influenced by the mother's low level of education. [8]

4. CONCLUSION

Based on the research conducted in the working area of the Ubung Community Health Center (Puskesmas), the following conclusions can be drawn: the majority of women of

reproductive age were between 20 and 35 years old (25 individuals or 65.8%), and the majority were multigravida (25 individuals or 65.8%). Chi-square test results (with a significance level of 0.05) yielded a p-value of 0.000 (< 0.05), indicating a significant association between knowledge and the choice of contraceptive implants. Similarly, the chi-square test results (significance level of 0.05) yielded a p-value of 0.004 (< 0.05), indicating an association between husband's support and the use of contraceptive implants in the Ubung Community Health Center's working area. Regarding the uptake of contraceptive implants among the 38 respondents studied, 25 (65.8%) did not choose the implant, while 13 (34.2%) chose it.

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