

---

**ACTIVE FAMILY PLANNING ACCEPTORS' PERCEPTIONS  
TOWARD THE USE OF INTRA UTERINE DEVICE (IUD) IN THE  
FAMILY PLANNING PROGRAM AT MELUR PUBLIC HEALTH  
CENTER, PEKANBARU CITY****Sri Wardani<sup>1</sup>, Makomulamin<sup>2</sup>, Erniwanti<sup>3</sup>**<sup>1</sup>Fakultas Kesehatan, Universitas Hang Tuah Pekanbaru : [sriwardani44@gmail.com](mailto:sriwardani44@gmail.com)<sup>2</sup>Fakultas Kesehatan, Universitas Hang Tuah Pekanbaru: [makomul\\_amin@htp.ac.id](mailto:makomul_amin@htp.ac.id)<sup>3</sup>Fakultas Kesehatan, Universitas Hang Tuah Pekanbaru**Abstract**

*The Intrauterine Device (IUD) is a contraceptive device shaped like the letter T, inserted into the uterus with a small thread left in the vagina to indicate its position. Husbands' support for their wives is still lacking because they believe that the Intrauterine Device interferes with sexual intercourse. The Melur Community Health Center has the lowest number of IUD acceptors in the city of Pekanbaru, which is 9.9%. This research aims to determine the Perceptions of Active Family Planning Acceptors regarding the use of the Intrauterine Device in the Family Planning program at the Melur Community Health Center in Pekanbaru City. The method used in this research is qualitative descriptive. The research was conducted at the Melur Community Health Center in Pekanbaru from December to March in 2021. The sources of information were obtained through observation and in-depth interviews with 8 informants. The results of the research showed that many acceptors were unaware of the Intrauterine Device, mainly because health workers had not provided sufficient information about it to the local community. Family planning acceptors in the Melur Community Health Center area are quite modern, and their decision not to use the Intrauterine Device is not based on cultural reasons but rather on other factors, such as fear of the device's insertion and its side effects. Some acceptors do not receive support from their husbands, while others do receive support in deciding which contraception method to use. Health workers do not actively promote the Intrauterine Device in the Melur Community Health Center area due to the COVID-19 pandemic. It is hoped that the health center can increase the role of its staff, especially in the implementation of the Family Planning program, particularly regarding the Intrauterine Device, to ensure the successful achievement of the IUD program.*

**Keywords:** Family Planning Acceptor Perceptions, IUD, Family Planning Program

**INTRODUCTION**

Family Planning (KB) Program is a step taken to achieve a quality family by promoting, protecting, and supporting reproductive rights. Its goals include encouraging marriages at an appropriate age, regulating the number and spacing of pregnancies, and promoting the well-being and resilience of children. (Priyatni et al., 2022). Enhanced Family Planning programs aim to control population growth by reducing the number of children born to women aged 15-49. Contraception or birth control refers to the use of drugs, devices, or surgical procedures to prevent pregnancy, with the objective of addressing health issues related to pregnancy through the use of these contraceptive methods. (Harwijayanti et al., 2023).

According to the World Health Organization (WHO) estimates, around 100,000 maternal deaths worldwide could be prevented each year if all women who do not wish to have more children could avoid pregnancy. These deaths primarily occur in developing countries where

the contraceptive usage rates are low. Currently, the average birth rate (total fertility rate/TFR) for married couples is still around 2.6. The target to be achieved is a TFR of 2.1, set since 2015, and efforts to reach this goal will be strengthened until 2025. (Kampung KB, 2019). Maternal health issues are significant as maternal mortality rates remain high in Indonesia. In more detail, maternal health levels in Indonesia are still insufficient, with a Maternal Mortality Rate (MMR) of 305 per 100,000 live births in 2015 and an Infant Mortality Rate (IMR) of 24 per 1,000 live births in 2017. (Eneng Daryanti & Lina Marlina, 2021). The National Population and Family Planning Board (BKKBN) has identified four main programs as priorities for the year 2023. These programs include accelerating the reduction of stunting rates, efforts to eliminate extreme poverty, optimizing Quality Family Village (Kampung KB), and implementing the Bangga Kencana program (Family, Population, and Family Planning Development). BKKBN has set policy directions for 2023 focused on accelerating the reduction of maternal mortality and the swift decrease in stunting cases (Bappeda Jateng, 2023).

Issues related to population and adverse impacts within families in Indonesia have become highly complex and are significant national concerns. One aspect that can also be observed is the lack of preparation among couples when getting married, bringing various health risks for both mothers and infants during the childbirth process. This lack of preparedness significantly diminishes the capacity of young couples to create a high-quality younger generation. (Wahyuni, 2022). Internationally, Family Planning (KB) programs are recognized as one of the most efficient factors in preventing health problems. Through the implementation of Family Planning programs, including contraceptive use, there are direct and indirect benefits to the health of mothers, infants, and children. This program also has the potential to reduce population growth, making it an essential element in achieving national development goals. (Maryani et al., 2023). The Intrauterine Device (IUD) is a contraceptive device shaped like the letter T. This contraceptive device is placed inside the uterus, leaving a small string visible in the vagina as an indicator of its position. There are two variants of IUD to choose from: copper IUD (non-hormonal) and hormonal IUD. (Ewang Sewoko/Penata KKB Ahli Muda, 2022)

Internal survey results by BKKBN indicate that among women using contraceptive methods, only 29.3% receive related information. Having a more limited number of children will contribute to the increase in the productive age group and support the sustainable development of a country. (Putri et al., 2022). Increasing individual knowledge levels in choosing contraceptive methods is a crucial step in maintaining women's reproductive health. Higher knowledge levels among the public are a valuable asset in the implementation of Family Planning programs, which can reduce maternal mortality rates and the negative impact that may arise due to side effects of contraceptive method use. (Harwijayanti et al., 2023). According to the Basic Health Research results in 2018 conducted by the Ministry of Health of the Republic of Indonesia, the use of IUD or Copper T reached a rate of 4.6%. This rate is much lower compared to the use of other hormonal contraceptive methods, such as 3-month injectables reaching 47.6%, 1-month injectables at 7.2%, and pills at 7.6%. (Kusumawati et al., 2022)

The use of IUD as a contraceptive method by Women of Reproductive Age (WRA) has decreased during the pandemic. According to a study conducted by the Guttmacher Institute, there was a 10% decrease in the use of Long-Acting Reversible Contraceptives (LARC) and Short-Acting Contraceptives (SAC) in 132 lower-middle-income countries. Meanwhile, there were 48.6 million WRA who could not meet their contraceptive needs. (Altamilano et al., 2022) A common issue faced by many mothers who wish to use contraception is the difficulty in determining the appropriate type of contraceptive. This is due to a lack of information regarding the benefits and advantages of various contraceptive methods. Not using a safe contraceptive method after giving birth can result in the risk of unwanted pregnancies, an increase in the number of children, closely spaced pregnancies, and may pose a risk to the mother's mental well-being, potentially increasing the risk of abortion. (Maftuha et al., 2022).

Furthermore, there is a misconception that the insertion of the Intrauterine Device (IUD) involves a procedure similar to a cesarean section, causing fear among potential users. Additionally, there is a lack of support from husbands toward their wives, stemming from the belief that using an IUD can disrupt sexual relations. This is largely due to a lack of information and education provided by healthcare professionals. (Harefa & Ndruru, 2022).

Based on data obtained from the Pekanbaru City Health Office for the 2021 period, there is a comparison of data from three Community Health Centers (Puskesmas): Sidomulyo Inpatient Care Puskesmas reached 14.1%, Lima Puluh Puskesmas reached 11.4%, Pekanbaru Kota Puskesmas reached 11.3%, and Melur Puskesmas had the lowest number of IUD acceptors at 9.9%. This indicates that there are still many mothers in that area who are not interested in using IUD. Based on a preliminary survey, it is known that out of 10 family planning acceptors at Puskesmas Melur, 9 of them do not use IUD, and 1 person uses IUD. Additionally, out of the 9 individuals, they mentioned not wanting to use IUD due to a lack of support from their husbands. Moreover, they fear that it might cause discomfort during intercourse, leading to their disinterest in using IUD.

Furthermore, according to information from program coordinators, many mothers are reluctant to use IUD due to religious issues that forbid mothers from using family planning. Additionally, there are negative cultural beliefs in the community, where mothers are not allowed to use family planning for too long, so they are unwilling to use Long-Acting Reversible Contraceptives (LARC). Moreover, mothers are afraid of the contraceptive insertion process. They prefer using injectable or oral contraceptives because they perceive them as safer and more practical than IUD. The results of this initial survey depict a negative perception of IUD among mothers. Based on these findings, this research aims to determine "Active Family Planning Acceptors' Perceptions Toward the Use of Intrauterine Device (IUD) in the Family Planning Program at Melur Public Health Center, Pekanbaru City, in 2021."

## RESEARCH METHODS

The researcher conducted a study on the perceptions of active family planning acceptors regarding the Intrauterine Device (IUD) in the family planning program at Melur Public Health Center, Pekanbaru City, in 2021. The method employed in this research is qualitative

descriptive. The study was conducted at Melur Public Health Center in Pekanbaru City from December to March 2021. The variables in this study include perceptions, with a focus on knowledge, culture, spousal support, and healthcare provider support. Information sources for this study were obtained through observations and in-depth interviews with 8 informants, including 1 Family Planning Program Coordinator (Key informant), 1 Head of the Public Health Center (Primary informant), 1 midwife (Supporting informant), and 5 Family Planning Acceptors (Supporting informants).

## RESEARCH RESULT

### a. Active family planning (KB) acceptors' perception regarding the use of IUDs as assessed based on knowledge at the Melur Public Health Center in Pekanbaru City, 2021

Based on the research results, it was found that the perception of active family planning (KB) acceptors regarding the use of IUDs, as assessed based on knowledge at the Melur Public Health Center in Pekanbaru City in 2021, indicates that the knowledge of acceptors is still lacking. This can be seen from the statements of informants as follows:

"Yes, because the position of this health center is in the middle of the city, and the residents are mostly working individuals, but there are also those who are housewives. But every time we ask whether they know about IUD, maybe in general, they know about IUD, but if, for example, we ask again in more detail, like whether they know the benefits of IUD, well, on average, they don't know. So, they only know that IUD is a contraceptive that is inserted into the uterus, that's all they know" (IK).

The interview results above are supported by other informants, where family planning acceptors do not know exactly what IUD is. This is supported by the interview results with family planning acceptors, as follows:

"I don't know, what is the abbreviation for IUD, what I know is family planning that is implanted in the uterus. That's all I know because I don't use that family planning method; I use the injection method" (IP3).

"IUD, what is the abbreviation for that, I don't know. But there was a midwife who explained about IUD before. From what I know, she said IUD is like a device inserted into our vagina. But that's all I know" (IP4).

Based on the above interview results, we can conclude that there are still many family planning (KB) acceptors who are not familiar with IUD and do not use it. Meanwhile, the efforts of the personnel to increase the knowledge of family planning acceptors about IUD at the Melur Public Health Center in Pekanbaru City still face challenges due to the COVID-19 pandemic. This is reflected in the interview excerpt as follows:

"For now, to be honest, we can't conduct education sessions like we used to, because of the current pandemic conditions. However, we continue to educate family planning acceptors about IUD through counseling. Usually, when postpartum mothers visit and express interest in using contraception, that's when we provide information to them. The results vary; some are willing to use IUD, and some are not willing to use it" (IK).

**b. Active family planning (KB) acceptors' perception regarding the use of IUDs as assessed based on cultural considerations at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research findings regarding the active family planning (KB) acceptors' perception of the use of IUDs, as assessed from a cultural perspective at the Melur Public Health Center in Pekanbaru City in 2021, it is observed that the cultural background of the acceptors is relatively positive. Their culture appears to be quite modern due to the urban setting where the population resides. This is consistent with the interview results from key informants, as follows:

"In terms of culture, as far as I feel, it's not a problem. The people here don't live in remote areas; this is in the city, so there's no issue. However, there are some who sometimes believe that in their religious teachings, contraception is not allowed, including IUDs. Well, we can't force people's beliefs, right? But those instances are only a small fraction" (IU).

"I don't think there's a problem. Even if there are some whose culture is still negative towards the use of IUDs, the number is very small. Sometimes, there are a few who are not allowed to use IUDs due to cultural or religious prohibitions" (IP1).

"There is no prohibition for family planning. I don't use IUD because I'm afraid of the side effects. People say it can cause vaginal discharge, so I don't want to use it. Besides, I'm currently experiencing vaginal discharge, so I'm afraid it will get worse if I use it, ma'am!" (IP4).

Based on the above research findings, it can be concluded that the family planning (KB) acceptors' culture in the Melur Public Health Center area is quite modern. They do not use IUDs not because of cultural reasons but due to other factors, namely, fear of IUD insertion and concerns about the potential side effects of IUDs.

**c. Active family planning (KB) acceptors' perception regarding IUD as assessed based on spousal support at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research results regarding the active family planning (KB) acceptors' perception of IUD usage as assessed from spousal support at the Melur Public Health Center in Pekanbaru City in 2021, it was found that husband support influences mothers in choosing IUD. This is in line with the interview results from key informants, as follows: "Sometimes, there are husbands who do not support it. We have explained how the IUD is inserted, but some husbands still worry because they may feel that something is being inserted into their wives' private parts. In fact, there are some acceptors who initially used IUD but dropped out because their husbands complained about discomfort during intimate relations with their wives. As a result, they switched to other forms of contraception" (IK).

"Yes, the support of the husband definitely affects them in choosing IUD. It is undeniable that there are husbands who do not like this form of contraception being



inserted into their wives because they may feel uncomfortable during intimate relations, possibly due to the IUD strings causing discomfort" (IP1).

Based on interviews with family planning acceptors about spousal support in using IUDs, the following information was obtained:

"My husband doesn't want me to use IUD because he's afraid it will be uncomfortable during intimate relations. So, that's why I don't use it!" (IP3).

"If my husband agrees and supports me, I can use any form of contraception. The important thing is that it is good for me and has no bad side effects for me, ma'am!" (IP2).

Based on the information provided by the family planning acceptors, it can be concluded that some acceptors do not receive support from their husbands, while others receive support from their husbands in the decision-making process regarding the choice of contraception.

**d. Active family planning (KB) acceptors' perception regarding IUD as assessed based on the support from healthcare providers at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research findings regarding the active family planning (KB) acceptors' perception of IUD usage as assessed from the support of healthcare providers at the Melur Public Health Center in Pekanbaru City in 2021, it was found that the support from healthcare providers still faces challenges in providing information and motivation to acceptors for the use of IUDs. This is in line with the interview results from key informants, as follows:

"Actually, if it weren't for this pandemic, we would certainly be more effective in increasing the coverage of the IUD program. But yes, the impact of this pandemic is strongly felt in healthcare services, not only in this program (KB program), but all programs have experienced a decline in coverage. Well, that's like the integrated health post (posyandu) also experiencing a decline, ANC examinations also, yes, everything is declining" (IU).

The interview results above are supported by other informants, where family planning acceptors state that healthcare providers never provide information about IUD. This is supported by the interview results with family planning acceptors, as follows:

"I have never received information from the midwives at this health center about IUD!!" (IP2).

"Never, I have never attended any counseling because, as far as I know, there isn't any, even at the integrated health post (posyandu), it's not there!" (IP3).

"I think maybe because of this COVID (pandemic), so there has never been any more counseling. Well, I have never received any information at all from healthcare providers at this health center!" (IP4).

Based on the above research findings, it can be concluded that healthcare providers are not supportive in promoting IUD in the Melur Public Health Center area. This is due to the COVID-19 pandemic, which has prevented health services from conducting outreach activities. Additionally, the duties and responsibilities of midwives at the health center

have increased with the implementation of the COVID-19 vaccination program promoted by the government. This has resulted in healthcare providers being unable to focus on the IUD contraception program.

## **DISCUSSION**

### **a. Active family planning (KB) acceptors' perception regarding the use of IUDs as assessed based on knowledge at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research results, it was found that there is no relationship between Risk Management and Occupational Health preventive efforts against solid dust hazards in the process of grinding used cans into iron seeds at PT SAL. The implementation of occupational health and safety risk management is an integral part that includes organizational structure, planning, responsibilities, implementation, procedures, processes, and resources needed for the development, implementation, achievement, assessment, and maintenance of occupational health and safety policies in order to control risks or prevent accidents and work-related illnesses, creating a safe, comfortable, and productive workplace (Firmansyah, 2022).

Progress in the industrial sector must be accompanied by the development of adequate human resources: productive, healthy, skilled, and professional resources. This contributes positively to the economy by improving productivity, product quality, motivation, job satisfaction, and ultimately the quality of life for workers and the overall environment. A workplace prone to work accidents and work-related illnesses will not yield productive human resources (Mahawati, 2021).

In the context of employment, a critical step in maintaining the health and safety of employees is to identify potential hazards and evaluate risks in the workplace. The process of hazard identification and risk assessment, commonly known as HIRA (Hazard Identification & Risk Assessment), involves recording all potential risks that may arise in the work environment. These risks include physical, chemical, biological, and psychosocial hazards that can affect the health of workers. Furthermore, risk evaluation is carried out for each hazard to ensure that effective measures to protect the well-being of workers can be implemented (Prodia Occupational Health Indonesia, 2023).

Based on the explanation above, according to the researcher's assumptions, in general, Risk Management is indeed designed to control all potential losses that occur in the work environment. However, in carrying out this control, competent and knowledgeable human resources or workers are essential, understanding the impact of potential hazards in the work environment. This means that the implementation of occupational health preventive efforts in the workplace requires workers' knowledge of specific hazards, especially dust generated from the processes at PT, considering that the dust comes from hazardous materials that can cause respiratory problems and lead to Occupational Diseases. If workers are unaware of the potential hazards, it is highly likely that they do not understand how to manage risks in the workplace, especially without supervision and safety personnel (K3).

**b. Active family planning (KB) acceptors' perception regarding the use of IUDs as assessed based on cultural considerations at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research results, it was found that there is no relationship between Environmental Health Requirements and Occupational Health preventive efforts against solid dust hazards in the process of grinding used cans into iron seeds at PT SAL.

One crucial aspect of maintaining health in the workplace is meeting the requirements of occupational environmental health. "Fulfilling the requirements of occupational environmental health" refers to preventive measures against diseases and/or health disorders originating from risk factors in the work environment. These factors involve physical, chemical, biological, ergonomic, and psychosocial hazards, as well as sanitation, with the aim of creating a work environment that supports optimal health quality (PP RI, 2019).

Inhaling Iron Dust Particles in the form of smoke can cause siderosis, especially in poorly ventilated spaces. Prolonged exposure to iron dust or oxidized smoke from it can lead to lung disease, known as siderosis. Workers in factories producing iron oxidation, welders, and users of grinding tools are more susceptible to this disease. However, the risk of siderosis can be minimized with proper ventilation in the work environment to maintain air cleanliness. Therefore, the presence of adequate ventilation in the work environment is a crucial requirement for maintaining occupational health (Ihsan, 2018).

A technical approach can be applied by monitoring the conditions of the work environment through measuring dust concentrations in the air at specific intervals, periodically, especially in areas with the potential to generate dust. Properly positioning exhaust fans can impact the optimization of device performance related to air quality in the workplace (Indriyani et al., 2017).

Good air circulation regulation in the workplace supports the creation of a healthy work environment and reduces the risk of chemical exposure. On the other hand, inadequate ventilation can cause workers to experience excessive dryness or humidity, creating discomfort and reducing the concentration, accuracy, and attention of workers to safe work practices (Haworth & Hughes, 2012).

Based on these considerations, according to the researcher's assumption, the reason why environmental health requirements are not related to preventive occupational health efforts is that preventive occupational health efforts have not been implemented by the management. As a result, workers are unaware of the occupational environmental health requirements, which are part of preventive efforts to prevent diseases and/or health disorders in the work environment. Many workers are observed not using masks, not washing their hands after work, inadequate ventilation, and a significant presence of airborne dust particles in the work environment, indicating that environmental health requirements in the workplace are not being enforced.



**c. Active family planning (KB) acceptors' perception regarding IUD as assessed based on spousal support at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research results, it was found that there is no relationship between Occupational Health Examinations and Preventive Occupational Health efforts against solid dust hazards in the process of grinding used cans into iron seeds at PT SAL.

Health examinations are a step in maintaining the health of workers aimed at determining their health status, early detection of diseases, including Occupational Diseases, and serving as the basis for developing Occupational Health programs. PT Petrokima Gersik conducts Occupational Health Examinations as one of the steps to enhance the health of its workers. This includes pre-employment health examinations, periodic health examinations, and special health examinations. These Occupational Health Examinations are also in line with efforts to provide health services to workers in the workplace (Yolando, 2019).

According to the provisions of the Minister of Manpower and Transmigration Regulation No. 02/MEN/1980, health examinations are an obligation that must be carried out by employers on workers. This action aims to prevent potential impacts that may arise from the worker's medical history or physical and mental disorders that may not be detected by the employer. However, research results indicate that the implementation of occupational health examinations faces obstacles, as not all companies carry them out. Therefore, there is a need for labor supervision that instructs companies to conduct occupational health examinations in accordance with legal provisions (Ridwan et)

**d. Active family planning (KB) acceptors' perception regarding IUD as assessed based on the support from healthcare providers at the Melur Public Health Center in Pekanbaru City, 2021**

Based on the research results, it was found that there is no relationship between Reproductive Health Protection and Preventive Occupational Health efforts against solid dust hazards in the process of grinding used cans into iron seeds at PT SAL.

According to Government Regulation No. 88 of 2019, reproductive health protection is a health effort aimed at maintaining the overall health of the reproductive system, including physical, mental, and social aspects. This goal is not limited to freedom from diseases or disabilities related to the reproductive system's functions and processes but also involves the impact of equipment, materials, work processes, and the overall work environment (JDIH BPK RI, 2019).

Attention to worker protection in Indonesia has not yet reached the desired level, especially in efforts to improve the well-being of laborers, particularly in the context of reproductive health. Every individual working should receive adequate protection related to their reproductive health (Septa Dewi Anggraeni; Aloysius Uwiyono, 2006).

Based on these considerations, according to the researcher's assumption, Reproductive Health Protection is not part of the protection provided to workers. Employers are entirely unaware of occupational health procedures, especially the health requirements that must

be fulfilled in the workplace. Meanwhile, workers themselves are not familiar with and do not understand the regulations related to what is actually part of the rights that workers should obtain in the workplace, as mandated by labor laws and regulations related to occupational health.

### CONCLUSIONS AND SUGGESTIONS

1. Many acceptors are still unaware of IUD, mainly because healthcare workers have not conducted information sessions about IUDs for the local community. However, they continue to provide counseling for postpartum mothers who are considering contraceptive options.
2. Family planning acceptors in the Melur Public Health Center area are quite modern; their decision not to use IUD is not due to cultural reasons but rather because of other factors, such as fear of IUD insertion and concerns about IUD side effects.
3. Some acceptors do not receive support from their husbands, while others receive support from their husbands in making decisions about the contraceptive method to be used.
4. Healthcare workers do not support the promotion of IUDs in the Melur Public Health Center area. This is due to the ongoing Covid-19 pandemic, which has hindered health services from conducting informational sessions. Additionally, the duties and responsibilities of midwives at the Public Health Center have increased since the government launched the Covid-19 vaccination program. This has resulted in healthcare workers being unable to focus on the IUD contraceptive program.

### THANK-YOU NOTE

Thank you to the Rector of Hang Tuah University Pekanbaru, the Program Chair, and colleagues involved in this research. Also, gratitude to the Pekanbaru City Health Office, especially the Melur Public Health Center. Appreciation to the informants who participated in this research.

### BIBLIOGRAPHY

- Altamilano, T., Agustina, A., Nurdiantami, Y., & Istanti, N. D. (2022). Faktor–Faktor yang Berhubungan dengan Penggunaan Kontrasepsi IUD pada WUS Saat Pandemi di Puskesmas Kecamatan Cilincing Tahun 2021. *Jurnal Ilmiah Kesehatan Masyarakat : Media Komunikasi Komunitas Kesehatan Masyarakat*, 14(2), 70–81. <https://doi.org/10.52022/jikm.v14i2.321>
- Bappeda Jateng. (2023). *BKKBN RUMUSKAN EMPAT PROGRAM PRIORITAS DI 2023*. <https://Bappeda.Jatengprov.Go.Id/>. <https://bappeda.jatengprov.go.id/bkkbn-rumuskan-empat-program-prioritas-di-2023/>
- Eneng Daryanti, S. S. T. M. K., & Lina Marlina, S. S. T. M. K. (2021). *Kesehatan Perempuan dan Perencanaan Keluarga*. Langgam Pustaka . <https://books.google.co.id/books?id=fbdVEAAQBAJ>
- Ewang Sewoko/Penata KKB Ahli Muda. (2022). *Kenali berbagai jenis alat kontrasepsi beserta kelebihan dan kekurangannya*. BKKBN. <https://yogya.bkkbn.go.id/kenali-berbagai-jenis-alat-kontrasepsi-beserta-kelebihan-dan-kekurangannya/>

- Harefa, N., & Ndruru, E. (2022). Determinan Minat Ibu dalam Pemilihan Kontrasepsi IUD di Wilayah Kerja Puskesmas Mandrehe Utara Kabupaten Nias Barat. *Journal of Issues in Midwifery*, 6(3), 115–130. <https://doi.org/10.21776/ub.joim.2022.006.03.1>
- Harwijayanti, B. P., Aulia, F., Aryani, R., Haryani, L., Arini, K. N., Muna, S., Purba, J., & Sulung, N. (2023). *Pelayanan Kontrasepsi dan KB*. Global Eksekutif Teknologi. <https://books.google.co.id/books?id=yrLBEAAQBAJ>
- Kampung KB. (2019). *Penyuluhan Tentang Macam-macam Kontrasepsi Baik Jangka Pendek Maupun Jangka Panjang serta kelebihan dan kekurangan*. BKKBN. <https://kampungkbbkkbn.go.id/kampung/4468/intervensi/81550/penyuluhan-tentang-macam-macam-kontrasepsi-baik-jangka-pendek-maupun-jangka-panjang-serta-kelebihan-dan-kekurangan>
- Kusumawati, D. R., Murwati, M., & ... (2022). Faktor-Faktor Yang Mempengaruhi Rendahnya Pemakaian KB Alat Kontrasepsi Dalam Rahim (AKDR) Di Puskesmas Talang Rimbo Lama Kabupaten Rejang .... *Jurnal Kebidanan* ..., 89–104. <https://journal.bengkuluinstitute.com/index.php/JKM/article/view/176%0Ahttps://journal.bengkuluinstitute.com/index.php/JKM/article/download/176/136>
- Maftuha, M., Purnamasari, D., & Fuji Hariani, W. (2022). Pengaruh konseling keluarga berencana terhadap pengambilan keputusan alat kontrasepsi pada ibu nifas. *WOMB Midwifery Journal*, 1(1), 1–5.
- Maryani, S., Nengsih, W., Devita, R., Hastri, R., Lestari, T., Dewianti, N. M., Bohari, N. H., Sulung, N., Melisa, I., & Sahara, R. M. (2023). *KONTRASEPSI DAN PELAYANAN KELUARGA BERENCANA (KB)*. Global Eksekutif Teknologi. [https://books.google.co.id/books?id=06\\_HEAAQBAJ](https://books.google.co.id/books?id=06_HEAAQBAJ)
- Prijatni, I., Iskandar, F. N., Wahidah, N. J., Rohmah, A. N., Primindari, R. S., Hidayati, U. N., Putri, F. A., & Kholifah, S. N. (2022). *Perkembangan Metode Kontrasepsi Masa Kini*. Rena Cipta Mandiri. <https://books.google.co.id/books?id=5QeMEAAQBAJ>
- Putri, N. R., Megasari, A. L., Muyassaroh, Y., Petralina, B., & Kartikasari, M. N. D. (2022). *Pelayanan Keluarga Berencana*. Global Eksekutif Teknologi. <https://books.google.co.id/books?id=LeuWEAAQBAJ>
- Wahyuni, S. (2022). *PELAYANAN KELUARGA BERENCANA (KB)*. UNISMA PRESS. <https://books.google.co.id/books?id=Jau5EAAQBAJ>