

# Factors Affecting the Reason Mother to Replaces Pill Contraception with Implant Contraception in the UPTD Puskesmas of Kemalaraja, East Baturaja Sub-District, OKU District in 2019

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**Abstract— Background:** Implantable contraception is a method of contraception that is placed under the skin of the arm in the upper part. This method is very effective to prevent pregnancy and does not interfere with daily activities. Birth control pills are one of the hormonal contraceptives that aims to prevent pregnancy from being added to a woman's body by being taken by mouth (pills). The purpose of taking birth control pills is to prevent, inhibit and prevent pregnancy. The advantages of implant contraception are high usability, long-term protection (5 years), rapid return of fertility after revocation, no need for internal examination, does not interfere with breast milk, can be revoked at any time as needed (Saifuddin, 2003). Side effects of implant contraception are irregular bleeding, amenorrhea, spotting bleeding, weight gain, acne, headache, cramps, depression, premenstrual tension, hair loss, headaches., Knowledge of KB Needs Acceptors in choosing a contraceptive device. The pupose of contraception is to prevent pregnancy in women. This type of research is analytic survey with cross sectional. The population in this study is the Acceptor of contraceptive pills in the Village Building Work Area UPTD Puskesmas Kemalaraja East Baturaja OKU District Subdistrict from July-August 2019 as many as 73 people Instruments in this study using a questionnaire. Results obtained no knowledge of the relationship, age and parity with mothers reason to change the contraceptive pill contraceptive implants and there is no relationship between maternal side effects by reason of replacing pills with a contraceptive implant.

**Keywords—** Knowledge, age, parity, contra indication, contraceptive pill, the contraceptive implant.

## I. INTRODUCTION

Family planning is an effort to increase awareness and community participation through maturing the age of marriage, birth control, fostering family resilience, increasing family welfare to create a happy and prosperous small family (Dasgupta, Zaba, & Crampin, 2016). According to WHO (World Health Organization) contraceptive use has increased in many parts of the world, especially in Asia and Latin America and the lowest in Sub-Saharan Africa. Globally, users of modern contraception have increased insignificantly from 54% in 1990 to 57.4% in 2014 (WHO, 2014).

Regionally, the proportion of couples of childbearing age of 15-49 years reporting the use of modern contraceptive methods has increased at least the last 6 years. In Africa from 23.6% to 27.6%, in Asia it has risen from 60.9% to 61.6% to 67.0%. An estimated 225 million women in developing countries want to delay or stop fertility but do not use any contraceptive method with the following reasons: limited choice of contraceptive methods or experience of side effects. Unmet needs or contraception are still too high. Injustice is driven by population growth (Burk & Norman, 2019).

Family Planning (KB) is one of the efforts to achieve family welfare, increase awareness, and to realize a truly happy small family. Based on data from the OKU District Health Office in 2017, the achievement of active KB

participant coverage in OKU District in 2017 was 81.3%, an increase of 0.6% from 2015 (by 80.77%) and has reached the OKU Regency target of 81% of seven puskesmas that have not reached the target, namely UPTD of Tanjung Agung puskesmas (78.57%), Tanjung Baru (68.46%), Batumarta II (67.27%), Karya Mukti (87.55%) Screening (28, 77%), pengandonan (49.93%), Muara Jaya (72.55%) and Kedaton (34.36%) (Section of Public Welfare and Nutrition Year, 2017).

MKJP contraceptive method users in OKU Regency are still very low both in active family planning and new family planning choices. The proportion of active FP who chose MKJP was only 1.49% compared to the Non MKJP method of 13.32%. There was a decline in the use of the MKJP method by 9.83% from 2015 (by 11.32%) and a decrease in the use of the non-MKJP metone by 54.85% from 2016 (by 68.17%). The most desirable MKJP method is implants (1.24%) and the Non-MKJP that is most popular is injection KB (8.24%). The large proportion of KB participants who use the Non MKJP method presents the risk of KB drop out. To increase the coverage of active FP participants in the MKJP method, the government has trained heretics for inserting IUD / implants and providing free services to the community and post partum family planning services. Popular contraceptive methods used by the community in OKU Regency, IUD (1.40%), Pills (30.30%), MOW (0.20%), Implants (8.40%), Condoms

(2.90%) Injections (56.80%). (Public Welfare and Nutrition Section Year, 2017)

Contraception is very useful in family planning programs, but please note that not all contraceptives are suitable for everyone's condition. Contraception Services (PK) is one of the types of family planning services available. Most family planning acceptors choose and pay for themselves the various methods of contraception available. Factors that influence acceptors in choosing contraceptive methods include, among others, partner factors (age, lifestyle, frequency of intercourse, number of families desired, experience with past methods of contraception, and attitudes of womanhood / femininity) and health factors (health status, history menstruation, family history, physical examination and pelvic examination) and contraceptive method factors (effectiveness, side effects, and costs) (Radita, 2014)

In addition to these factors there are still many other factors that influence the choice of contraception such as level of education, family knowledge, religion, and support from husband / wife and there are also factors that influence mothers to replace contraceptive pills with implantable contraceptives (knowledge, age, parity and side effects). These factors will also affect the cleanliness of the family planning program. This is because each method or contraceptive chosen has different effectiveness (Hay, Li, & Guo, 2018).

Based on the Projection of Indonesian Population 2010-2035, Indonesia's population has increased from 238.5 million in 2010 to 265 million in 2018. This increase in population can be seen through the number of births. Nationally, the average number of children in the reproductive period of women (Total Fertility Rate / TFR) for more than two decades was recorded to decrease, especially changes in the 1991 IDHS and 2002-2003 IDHS. In the 2017 survey, the results of the National Mid-Term Development Plan (RPJMN) survey showed a decreasing TFR rate of 2.4 children during the women's reproductive period. This decrease in fertility is influenced by the regulation of pregnancy and birth. This can be seen through the increasing use of contraceptive methods. In the 1991 IDHS, the use of contraceptive methods / contraception was 49.7% and increased to 61.9% in the 2012 IDHS. However, in the 2017 RPJMN survey, the use of contraceptive methods / methods decreased, namely 59.7%. (Hartanto, 2017 dan Radita, 2014)

Based on the above background, the researcher is interested in conducting a study entitled "Factors Related to Mother's Reasons to Replace Pill Contraception with Implant Contraception in the Work Area of UPTD Puskesmas Kemelaraja, East Baturaja Sub-District, OKU District 2019".

## II. METHOD

This research is an analytical survey research with cross sectional approach where independent variables (knowledge factors, age, parity, and side effects) and dependent variables (contraceptive acceptor of pills that replace with implant contraception) are collected at the same time (point time approach) and sought relationship between dependent and independent variables.

The population is the whole object of the study or the object under study (Notoatmodjo, 2010). The population in this study were all pill contraceptive acceptors, amounting to 73 populations in the Work Area of the UPTD Puskesmas Kemelaraja, East Baturaja District, OKU Regency in 2019. The sample in this study is purposive sampling, which is a sampling technique that is carried out based on the consideration of researchers who consider that the desired elements already exist in the sample members 73 students were taken in the Work Area of the UPTD Puskesmas Kemelaraja, East Baturaja Sub-District, OKU District in 2019

## III. RESULTS

Analysis carried out for each variable of the research results. In general, this analysis only results in the distribution and percentage of independent variables (knowledge factors, age, parity, and side effects) and the dependent variable (contraceptive acceptor pills that replace implant contraception).

### UNIVARIATE

#### 1. Contraception acceptor pills that replace with implanted contraception

TABLE I. Frequency Distribution and Percentage of Respondents by Contraceptive Acceptor of pills that replace with implanted contraception in the Work Area of UPTD Puskesmas Kemelaraja, East Baturaja Sub-District, OKU District 2019

No	Contraception acceptor pills that replace with implanted contraception	Frequency	Percentage (%)
1	Yes	43	58,9
2	No	30	41,1
	<b>Total</b>	<b>73</b>	<b>100</b>

Source: Primary Data 2019

Based on the table above obtained from 73 respondents, respondents who accept Pill Contraception acceptors who replace contraception with implants are 43 respondents (58.9%) and those who are not as many as 30 respondents (41.1%).

#### 2. Knowledge Factor

TABLE II. Frequency Distribution and Percentage of Respondents Based on knowledge of contraception in the Work Area of UPTD Puskesmas Kemelaraja, East Baturaja Sub-District, OKU District 2019

No	Knowledge Factor	Frequency	Percentage (%)
1	Low	42	57,5
2	High	31	42,5
	<b>Total</b>	<b>73</b>	<b>100</b>

Source: Primary Data 2019

Based on the table above obtained from 73 respondents, respondents who had low knowledge were 42 respondents (57.5%) and those who had high knowledge were 31 respondents (42.5%).

#### 3. Age factor

TABLE III. Frequency Distribution and Percentage of Respondents by Age Factors in the Work Area of UPTD Puskesmas Kemelaraja, East Baturaja Sub-District, OKU District 2019

No	Age factor	Frequency	Percentage (%)
1	Young (26-35 Years)	35	48,0
2	Old (36-45 Years)	38	52,0
	<b>Total</b>	<b>73</b>	<b>100</b>

Source: Primary Data 2019

Based on the table above obtained from 73 respondents, young respondents were 35 respondents (48.0%) and old age were 38 respondents (52.0%).

4. Paritas Factor

TABLE IV. Frequency Distribution and Percentage of Respondents Based on Parity Factors in the Work Area of UPTD Puskesmas Kemalaraja East Baturaja Sub-District, OKU District 2019

No	Factor Parity	Frequency	Percentage (%)
1	Low	43	58,9
2	High	30	41,1
<b>Total</b>		<b>73</b>	<b>100</b>

Source: Primary Data 2019

Based on the table above obtained 73 respondents, high parity respondents were 43 respondents (58.9%) and low parity were 30 respondents (41.1%).

5. Contra Indication Factor

TABLE V. Frequency Distribution and Percentage of Respondents by Factor Contra Indications in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District 2019

No	Factor Contra Indications	Frequency	Percentage (%)
1	Yes	42	57,5
2	No	31	42,5
<b>Total</b>		<b>73</b>	<b>100</b>

Source: Primary Data 2019

Based on the table above obtained from 73 respondents, respondents who experienced side effects as much as 42 (57.5%) and who did not experience side effects as much as 31 (42.5%).

BIVARIATE

1. Relationship of Knowledge to the Contraception Acceptor Acceptance of pills that replace implanted contraception

TABLE VI. The relationship between knowledge of family planning with the reason for the contraceptive pill acceptor who replaced the implantable contraception in the working area of the UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019

No	Knowledge Factor	Contraceptive Acceptor Pills That Replace With Implant Contraception				Total	PValue
		Yes		No			
		N	%	N	%		
1	Low	34	81,0	8	19,0	42	100,0
2	High	9	29,0	22	71,0	31	100,0
<b>Total</b>		<b>43</b>	<b>58,9</b>	<b>30</b>	<b>41,1</b>	<b>73</b>	<b>100,0</b>

Source: Primary Data 2019

Based on the above table of 73 respondents there were 42 respondents who had low knowledge on contraceptive acceptor pills that replaced with implant contraception 34 (81.0%) and who did not include contraceptive acceptor pills who replaced with implant contraception as many as 8 (19.0%), of 73 respondents there were 31 respondents who had high knowledge on contraceptive acceptor pills that replaced with implant contraception as many as 9 (29.0%) and who did not include contraceptive acceptor pills who replaced with implant contraception as many as 22 (71.0%)

From the results of the chi-square statistical test obtained p value 0,000 <0.05, this shows that there is a relationship of knowledge with the reason for the contraceptive acceptor of pills that replace with implant contraception in the working area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKI District in 2019.

2. Relationship between age and reasons for contraceptive acceptor pills that replace implanted contraception

TABLE VII. The relationship between age factors with the reason for the contraception pill acceptor who replaced the implant contraception in the working area of the UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District 2019

No	Age factor	Contraception Pill Acceptor That Replaces With Implant Contraception				Total	PValue
		Yes		No			
		N	%	N	%		
1	young (26-35 Years)	13	37,1	22	69,2	35	100,0
2	Old (36-45 Years)	30	78,9	8	21,1	38	100,0
<b>Total</b>		<b>43</b>	<b>58,9</b>	<b>30</b>	<b>41,1</b>	<b>73</b>	<b>100,0</b>

Source: Primary Data 2019

Based on the above table of 73 respondents there were 35 respondents who had a young age on contraceptive acceptors pill replacing with implant contraception 13 (37.1%) and not including contraception acceptor pills that replaced with implant contraception as many as 22 (69.2%), of 73 respondents there were 38 respondents who had an old age on Contraceptive Acceptor pill that replaced with implant contraception as many as 30 (78.9%) and who did not include contraceptive acceptor pills who replaced with implanted contraception as many as 8 (21.1%).

From the results of the chi-square statistical test obtained p value 0.001 <0.05, this shows that there is a relationship between the age factor by reason of acceptor of contraceptive pills that replace with implant contraception in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKI District in 2019.

3. Relationship between parity factors and the reasons for contraceptive acceptor pills that replace implantable contraception

TABLE VIII. The relationship between parity factors and the reason for the contraceptive acceptor of the pill that replaces the contraceptive implant in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019

No	Factor Parity	Contraception Pill Acceptor That Replaces With Implant Contraception				Total	PValue
		Yes		No			
		N	%	N	%		
1	High	34	79,1	9	20,9	43	100,0
2	low	9	30,0	21	70,0	30	100,0
<b>Total</b>		<b>43</b>	<b>58,9</b>	<b>30</b>	<b>41,1</b>	<b>73</b>	<b>100,0</b>

Based on the above table of 73 respondents there were 43 respondents who had high parity in Contraceptive Acceptor pills that replaced with implant contraception 34 (79.1%) and who did not include Contraception Acceptor pills who replaced with implants as many as 9 (20.9%), of 73 respondents were 30 respondents who had low parity in contraceptive pill acceptors who replaced with implant contraception by 9 (30.0%) and who did not include contraceptive pill acceptors who replaced with implant contraception by 21 (70.0%).

From the results of the chi-square statistical test obtained p value 0,000 <0.05, this shows that there is a relationship between parity factors and the reason for the contraception acceptor of pills that replace with implant contraception in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019.

4. Relationship between side effects and the reasons for the contraceptive acceptor of pills that replace implantable contraception

TABLE IX. The relationship between the side effects and the reason for the contraceptive acceptor of the pill that replaces the contraceptive implant in the Work Area of the UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019

No	Contra Indications	Contraception Pill Acceptor That Replaces With Implant Contraception				Total	PValue
		Yes		No			
		N	%	N	%		
1	Yes	28	66,7	14	33,3	42	0,184
2	No	15	48,4	16	51,6	31	
<b>Total</b>		<b>43</b>	<b>58,9</b>	<b>30</b>	<b>41,1</b>	<b>73</b>	

Based on the above table of 73 respondents there were 42 respondents who had side effects on the contraceptive acceptor of pills that replaced with implant contraception 28 (66.7%) and who did not include contraceptive acceptor pills who replaced with implant contraception as many as 14 (33.3%) of 73 respondents there were 31 respondents who did not have side effects on contraceptive acceptor pills that replaced with implant contraception as many as 15 (48.4%) and who did not include contraceptive pill acceptors who replaced with implant contraception as many as 16 (51.6%).

From the chi-square statistical test results obtained p value 0.184 > 0.05, this shows that there is no correlation between side effect factors and the contraceptive acceptor of the pill that replaces implant contraception in the Work Area of the UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019.

IV. DISCUSSION

Family Planning acceptors are members of the community who follow the Family Planning Movement by implementing the use of contraceptives. KB acceptors according to the target are divided into three phases, namely the phase of delaying or preventing pregnancy, the phase of thinning the pregnancy and the phase of stopping or ending or fertility. Family planning acceptors are recommended for fertile age couples (PUS)

using contraception. In EFA it is more likely to produce offspring and can increase birth rates. Contraceptive pills are one type of contraceptive in the form of pills, which contain estrogen and progesterone. The combined birth control pill contains 21 tablets of the active hormone estrogen and or progesterone in doses that vary with or without 7 tablets without hormones (Arousell, Carlbom, Johnsdotter, & Essén, 2019).

In the study of implant users obtained from 73 respondents, respondents who used contraceptive pills that replaced with contraception were 43 respondents (58.9%) and those who were not as many as 30 respondents (41.1%). In the study of implant users found 73 respondents there were 35 respondents who had a young age on contraceptive acceptors pill replacing with implant contraception 13 (37.1%) and not including contraception acceptor pills that replaced with implant contraception were 22 (69.2%), of 73 respondents there were 38 respondents who had an old age on contraceptive acceptor pills that replaced with implant contraception as many as 30 (78.9%) and who did not include contraceptive acceptor pills who replaced with implant contraception as many as 8 (21.1%). In this study, the results showed that most of the elderly respondents changed the pill to become an implantable contraceptive. Researchers assumed this was due to their increasing age so that they could reduce their memory of fear of forgetting to take the pill, and some of them did not want to have more children so they chose to change the contraception. the pill becomes implanted contraception. The age of a woman determines in the choice of contraception, young women tend to have a higher desire for children compared to older women, so older women tend to prefer long-term contraception such as implants. The results of this study are in line with research conducted by Radita (2014) in her research which aims to find the relationship of maternal age with the reason that the contraceptive acceptor of the pill is replacing it with implanted contraception in the Surakarta City Health Center.

In the study of implant users found that 73 respondents were 43 respondents who had high parity in contraceptive acceptor pills that replaced with implant contraception 34 (79.1%) and those not included in contraceptive acceptor pills who replaced with implants were 9 (20.9%), of 73 respondents there were 30 respondents who had low parity in contraceptive acceptor pills that replaced with implant contraception as many as 9 (30.0%) and who did not include contraceptive acceptor pills who replaced with implant contraception as many as 21 (70.0%).

Paritas is the number of children born alive, a condition that describes the birth of a group or groups of women during reproduction. In this study, the results were obtained that most of the high parity respondents chose to change the pill contraception to implant contraception because they refused to be sterile. The results of this study are in line with research conducted by Radita (2014) in her research which aims to find the relationship of maternal parity with the reason that the contraceptive acceptor of the pill is replacing it with implanted contraception in the Surakarta City Health Center.

In the study of implant users 73 respondents contained 42 respondents who had low knowledge of birth control in contraceptive acceptors of pills that replaced with implant contraception 34 (81.0%) and who did not include contraceptive acceptors of pills who replaced with implant contraception by 8 (19.0%), out of 73 respondents there were 31 respondents who had high knowledge on contraceptive acceptors of pills that replaced with implant contraception as many as 9 (29.0%) and who did not include contraceptive acceptors of pills who replaced with implant contraception as many as 22 (71.0%).

The research assumes this is because they have a good understanding of the advantages and disadvantages of pill and implant contraception because they are diligently seeking various information about the advantages and disadvantages of various contraceptives. In addition, they also actively absorb various information from books, magazines, television and the internet. Based on a short interview that researchers asked mothers who had good knowledge said they gained some understanding from their friends. Someone's satisfaction in determining the contraception used is influenced by the knowledge he has about the contraception. Research conducted by Arousell et al., (2019) says that there is a relationship between the use of contraception and knowledge.

In the study of implant users 73 respondents contained 42 respondents who had side effects on contraceptive acceptors of pills that replaced with implant contraception 28 (66.7%) and those who did not include contraceptive acceptors of pills who replaced with implant contraception were 14 (33.3%) of 73 respondents there were 31 respondents who did not have side effects on contraceptive acceptor pills that replaced with implant contraception as many as 15 (48.4%) and who did not include contraceptive pill acceptors who replaced with implant contraception as many as 16 (51.6%).

Side effects of birth control pills are spotting more blood or longer periods, appearing nausea, nyipada breast, headaches or migraines, weight gain, reduce the level of arousal, vaginal discharge. Implanted contraception is a contraceptive that is infiltrated under the skin of the inner upper arm, in the form of a silastic (flexible) capsule where each capsule contains the hormone levonorgestrel which can prevent pregnancy from occurring (BBKBN, 2006). User contraceptive pills replace implant contraception because users experience side effects using contraceptive pills. Asih, Ni Luh Gede research results (2009) and Aligne, Phelps, Cranch, Korones, & Greenberg, (2020) showed that there was no relationship between side effects with the choice of contraception (1.6%).

The advantages of implant contraception are high usability, long-term protection (5 years), rapid return of fertility after revocation, no need for internal examination, does not interfere with breast milk, can be revoked at any time as needed (Saifuddin, 2016). Side effects of implant contraception are irregular bleeding, amenorrhea, spotting bleeding, weight gain, acne, headache, cramps, depression, premenstrual tension, hair loss, headaches (Dasgupta et al., 2016).

In this study, the results showed that most of the high parity respondents chose to change the pill contraception to implant contraception because they refused to be sterile.

## V. CONCLUSION

There is a relationship between knowledge factors and the reason for mothers to replace pill contraception with implant contraception. The Work Area of the UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019 with a p value of 0,000.

There is a relationship between the age factor with the reason mothers replace pill contraception with implanted contraception in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019 with a p value of 0.001.

There is a relationship between parity factors and the reason why mothers replace pill contraception with implantable contraception in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019 with a p value of 0,000.

There is no relationship between the contra indikasi factor with the reason mothers replace pill contraception with implantable contraception in the Work Area of UPTD Puskesmas Kemalaraja, East Baturaja Sub-District, OKU District in 2019 with a p value of 0.184.

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## REFERENCES

- [1] Aligne, C. A., Phelps, R., Cranch, M. J. L., Korones, M. S. A., & Greenberg, K. B. (2020). Impact of the Rochester LARC Initiative on Adolescents' Utilization of Long-Acting Reversible Contraception. *American Journal of Obstetrics and Gynecology*. <https://doi.org/10.1016/j.ajog.2020.01.029>
- [2] Arousell, J., Carlbom, A., Johnsdotter, S., & Essén, B. (2019). Are ' low socioeconomic status ' and ' religiousness ' barriers to minority women ' s use of contraception? A qualitative exploration and critique of a common argument in reproductive health research, 75, 59–65. <https://doi.org/10.1016/j.midw.2019.03.017>
- [3] Burk, J. C., & Norman, W. V. (2019). Trends and determinants of postabortion contraception use in a Canadian retrospective cohort ☆. *Contraception*, 100(2), 96–100. <https://doi.org/10.1016/j.contraception.2019.04.013>
- [4] Dasgupta, A. N. Z., Zaba, B., & Crampin, A. C. (2016). Postpartum uptake of contraception in rural northern Malawi: A prospective study ☆. *Contraception*, 94(5), 499–504. <https://doi.org/10.1016/j.contraception.2016.05.007>
- [5] Hay, B. A., Li, J., & Guo, M. (2018). Theriogenology Vected gene delivery for lifetime animal contraception: Overview and hurdles to implementation. *Theriogenology*, 112, 63–74. <https://doi.org/10.1016/j.theriogenology.2017.11.003>
- [6] Hanafi, 2010 Family Planning and Contraception. Jakarta; CV.Muliasari
- [7] Radita, ., 2014 Family Planning and Contraception, Padang: Faculty of Medicine, Andalas University cluster, (2011) Definition of side effects. [jsfk.ffarmasi.unand.ac.id](http://jsfk.ffarmasi.unand.ac.id)
- [8] WHO, 2014 Keluarga Berencana. <https://apps.who.int>
- [9] Notoatmodjo, 2010 Revised Edition Health research methodology. Jakarta: PT Rineka Cipta



- [10] Asih, Ni Luh Gede. (2009). *Fundamentals of Nursing Maternity*. Jakarta : EGC
- [11] BKKBN. (2015). *Number of Active Family Planning Participants According to the Modern Method of Contraception: Data Year 2014*. Surakarta : Sukoharjo Health Office.
- [12] BKKBN Gorontalo. 2012. *Main Benefits of Family Planning*. Accessed: April 22, 2015
- [13] Hartanto, H. 2017. *Family Planning and Contraception*. Jakarta: Sinar Harapan Library
- [14] Saifuddin, A. 2016. *ontraception Services Practical Handbook*. Jakarta: Bina Pustaka Sarwono Prawirohardjo Foundation
- [15] Sofyan, S. 2011. *Family Counseling*. Bandung: Alfabeta.