

BEHAVIOR TOWARD CONTRACEPTION AND FERTILITY: A LITERATURE REVIEW

Elena Suci Rahmawati¹, Elfa Rona², Farid Agushybana³, Sri Winarni⁴, Cahya Tri Purnami⁵

^{1,2,3,4,5} Public Health Faculty Departement, Faculty of Public Health, Diponegoro University

Corresponding author:

Name : Farid Agushybana

Address : Jl. Prof. Soedarto No.1269, Tembalang, Semarang City, Central Java 50275

Email address : agushybana@lecturer.undip.ac.id

ABSTRACT

Efforts to mitigate fertility in order to maintain the stability of the quality and quantity of the population in a country and improve the health status of mothers is a top priority in handling the health sector of family planning services. The purpose of this study is to describe the perspective of women of reproductive age (WUS) in the utilization of contraceptive services. The method used is literature review by conducting a literature search using Google Scholar, Pubmed, and ScienceDirect. The results of the study obtained 9 journals consisting of 7 national journals and 2 international journals which discussed the factors that influence the perspective of women of reproductive age (WUS) in contraception use. It was concluded that the women's perspective will influence behavior in decision making in the form of acceptance or rejection of using contraception. The intended behavior can be influenced by several factors such as knowledge, awareness, and accessibility.

Keyword: perspective, women of childbearing age, contraception

INTRODUCTION

Fertility is defined as the ability of a woman to produce birth (live births). Fertility is the real result of the reproduction of a person or group of women, while in the sense of demographics, it is expressed as the number of babies born alive (Sinaga, et al., 2017). Fertility is a natural characteristic of living things, namely reproduction. The purpose of living things in breeding is to preserve their kind (Fushshilat & Nunung, 2021). So,

basically a baby's first birth through a complex process does not just happen to women. Fertility becomes one of the components that affect population growth with the nature of increasing the population in addition to migration. Factors that affect high and low fertility can be divided into two, namely demographic factors and non-demographic factors (Sinaga, et al., 2017). Demographic factors include age structures, marriage structures, first marriage age, parity, marriage disruption, and the proportions that are marrying. Meanwhile, non-demographic factors include the economic situation of the population, the level of education, the improvement of women's status, urbanization, and industrialization (Baskoro, et al., 2022).

One way that can be done to maintain the stability of birth rates in a country is by the use of contraceptives. The term contraception comes from the word contra and conception. Cons means "against" or "preventing", while conception is an encounter between the egg cells that are mature with sperm as a result of pregnancy. The purpose of conception is to avoid/prevent pregnancy as a result of an encounter between the egg and sperm cells. Contraception is an effort to prevent pregnancy, the business can be temporary nor can be permanent (Matahari, et al., 2018).

Indonesia as a developing country has tried to mitigate fertility to maintain a balance in the number and quality of its population by recommending the use of contraception by couples of childbearing age. In general, contraceptive classification is divided into traditional contraceptive methods and modern contraceptive methods. Traditional or simple methods of contraception include the calendar method, the basal temperature method, the symptothermal method, the cervical mucus method, the use of condoms and spermicides. Meanwhile, modern contraceptive methods include hormonal contraception such as pills, injections, subcutaneous contraceptive devices, and intrauterine contraceptive devices (IUD), as well as non-hormonal contraceptives such as vasectomy and tubectomy (Nurullah, 2021). Even though the Family Planning program has been implemented since 1968, the total fertility rate (TFR) is still quite high. The government's target is to reduce the TFR from 2,26 in 2020 and is targeted to be 2,1 in 2024 (BKKBN, 2020). However, the results of the 2017 Indonesian Demographic and Health Survey showed that it only decreased from 2,6 children in 2012 to 2,4 in 2017 (Ekawati, et al., 2019).

There is a close relationship between the use of contraception and the total fertility rate (TFR). TFR is the average number of children born by a woman at the end of her production period. The use of contraception by couples of childbearing age (CBA) greatly influences the total fertility rate. The prevalence of contraceptive users is high in a country, so it can be ascertained that the birth rate will be lower. The trend of contraceptive use in Indonesia among married women has increased from 1991 to 2017. In 1991 there were 47% of married women using modern contraceptives, increasing to 52% in 1994 and 55% in 1997. However, there has been an increase since 2002 - 2003; over the past 15 years the use of modern trends has tended to stagnate (Nurullah, 2021). Therefore, this literature

review aims to find out more clearly about the description of the use of contraception toward the fertility rates by controlling the level of fertility that occurs in the community.

METHOD

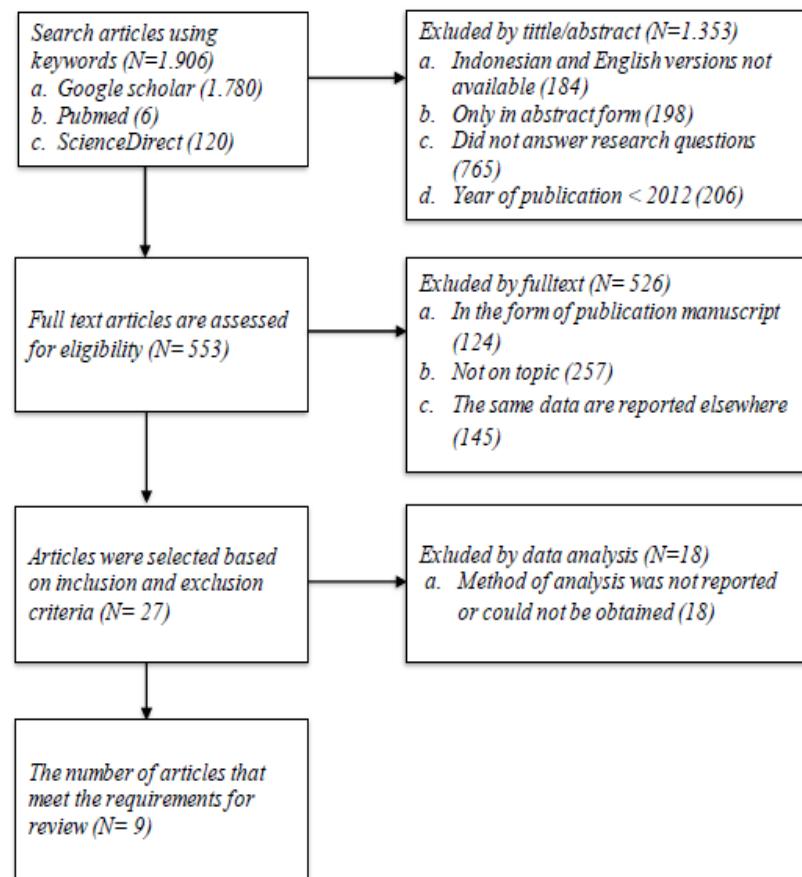
The type of research used is a literature review study by collecting data from various sources of literature. A literature review study is an activity carried out by collecting library data, reading and taking notes, and processing literature review materials. Researchers designed this literature review study following Preferred Reporting Items for Systematic Statement Reviews and Meta-Analyses (PRISMA). Searching for literature sources that are relevant to research topics or variables was carried out using a database through Google Scholar, PubMed, and ScienceDirect from September to October 2022.

The search strategy for the articles to be studied uses the keywords “Perspektif Wanita Usia Subur (perspective of women of childbearing age)” and “pelayanan kontrasepsi (contraceptive services)”. Then, the articles that have been obtained will be classified based on inclusion and exclusion criteria, namely articles published in scientific journals, open access, full text available, in Indonesian and English, and published in the period from 2012 to 2022 and discuss in detail specific relationship of behavior to contraception and fertility. Based on the keyword Articles that meet the inclusion and exclusion criteria will be analyzed, extracted and synthesized until the evidence is determined.

RESULTS

There were 9 articles that were selected based on inclusion and exclusion criteria. All articles were obtained using research subjects of women of childbearing age (WUS). The following is a breakdown of the article search process used in the literature review, which can be seen in the diagram.

Diagram 1. Studies identification process



The initial search for the article began by entering the three database keywords, namely Google Scholar, Pubmed, and ScienceDirect, then searching with the keywords “Perspektif Wanita Usia Subur (perspective of women of childbearing age)” and “pelayanan kontrasepsi (contraceptive services)” combined with Boolean Operators”. AND” got a total of 1,906 articles. Articles that did not meet the inclusion and exclusion criteria were not further processed so that only 9 articles were obtained that discussed the topic of the perspective of women of childbearing age in the utilization of health services.

Table 1. Literature search results

No	Author (year)	Research title	Research location	Research design	Research result
1	Livingood, et al.,	Incorporating Black women's	Southeastern US	qualitative methods,	The environment around women of childbearing age

	2022	perspectives into long-acting reversible contraception implementation	city	specially focus group interviews	often provides inaccurate information about contraception. This needs to be straightened out by health workers. It is necessary to ask each woman's goals from short to long term so as to guide the discussion of the impact of having children and the role of contraceptive use.
2	Rahayu, et al., 2017	Faktor-Faktor Penyebab Rendahnya Penggunaan Metode Kontrasepsi Jangka Panjang	Lampung, Indonesia	descriptive research	Most of the women of childbearing age, around 50%, have good knowledge about contraception which includes the meaning, purpose, effectiveness, benefits, and use of various types of contraception. However, there are still as many as 37.78% of women of childbearing age who are reluctant to use contraception, especially long-term contraceptive methods (MKJP) for fear of side effects.
3	Kusyanto, H. 2017	Review Penurunan Fertilitas di Negara Berkembang: Tren dan Penjelasan	Central Java, Indonesia	Scoping review	During the half century 1950-2000, developing countries made tremendous progress in reducing fertility. Some of the main hypotheses regarding the causes of decreased fertility are the desire to have fewer children or even not have children. Women of childbearing age have started to be aware of the risks of fertility for the health of mothers and children,

					therefore in order to reduce infant and child mortality, the use of contraception is the right choice.
4	Mahendr a, A. 2017	Analisis Faktor-Faktor yang Mempengaruhi Fertilitas di Indonesia	Indonesia	Ordinary Least Squared (OLS)	Education has a positive effect on fertility rates in Indonesia. There is a close relationship between education and fertility, in this case fertility. The higher the level of education, the lower fertility as well as fertility. This can be caused by women who are aware of the importance of using contraception because they understand the impact if they do not plan to have a number of children.
5	Eko, A & Uswatun Kasanah, 2016	Hubungan Motivasi dengan Perilaku Penggunaan Alat Kontrasepsi Kondom pada Pekerja Seks Komersial (PSK) di Desa Margorejo Kecamatan Margorejo	Pati, Indonesia	Cross Sectional	The results of interviews with women who are commercial sex workers (CSWs) show that they have never used contraception to prevent pregnancy because they feel embarrassed and are reluctant to go to available health services. Most CSWs have bad behavior as many as 37 people (86.1%), so cooperation between health workers and CSWs is needed so that the motivation to use contraceptives increases to prevent unwanted pregnancies and sexually transmitted diseases.
6	Anggrian	Analysis of	Bandung,	quantitativ	Age affects the selection of

	i, A, et al., 2019	Knowledge and Reasons to Use Contraceptive Injection in the Panyileukan Community Bandung	Indonesia	e methods, specially descriptive survey	contraceptives. Usually mothers at a young age will tend to choose contraception that most people use. The level of education influences ideas or new ways of life in the form of broad views, including one regarding participation in contraceptive use. Then, a high level of income also affects a woman in choosing the method of contraception used because sufficient income will require a person to choose a good contraceptive method as well.
7	Astuti, E & Ratifah, 2014	Deskriptif Faktor-Faktor yang Mempengaruhi Wanita Usia Subur (WUS) Tidak Menggunakan Alat Kontrasepsi	Banyumas, Indonesia	Descriptive cross sectional	The number of children affects a person's perspective in using contraception. For respondents who have just had one child, the reason for not using contraception is because they want to have more children until there is a reason for the child's gender. Local cultural factors consider sons to be more valuable than daughters which results in husband and wife trying to increase the number of children if they have not yet had a son. Most women do not use contraception due to side effects, namely overweight and menstrual disorders.
8	Parsekar, S.S, et al., 2021	The Voice of Indian Women on Family	India	qualitative methods	Women's interest in utilizing family planning services is influenced by several factors

		Planning: A Qualitative Systematic Review			such as socio-demographic characteristics. Fear of side effects of contraceptive methods, access to information and support, and cultural and religious beliefs become inhibiting. Then the factor of the lack of health service workers makes counseling in the selection of modern contraception ineffective, especially for the poor.
9	Nisak, A.Z., et al., 2020	Keikutsertaan Wanita Usia Subur (WUS) dalam Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP)	Kudus, Indonesia	quantitative methods specially case control study	Age factor can affect the use of contraception. An age period causes a difference in the contraceptive needed by women. The number of children also influences the choice of contraceptive method to be used. Usually, the more children you have, the greater the tendency to stop fertility, so you prefer a stable method of contraception for the long term. Then, the mother's perception is also influenced by the knowledge she has, so that the lack of experience gained from various sources of information forms certain beliefs.

DISCUSSION

According to the Coale Theory of 1973, there are 3 (three) conditions for controlling fertility, namely by conscious control, considering decreased fertility as an advantage, and effective methods must be available. Awareness of fertility risks for maternal and child health is a form of awareness control according to Coale's theory. The

first step to form a pattern of fertility risk awareness must be implemented before they get married. Knowledge and discussion of reproductive health and fertility are urgently needed in order to reduce maternal mortality and other health problems that will be borne during pre and post neonatal (Pratiwi, et all, 2021). In accordance with the framework reference of the 2015-2019 National Medium-Term Development Plan (RPJMN), maternal and child health is one of the goals that must be achieved in health development with the target of reducing the maternal mortality rate (MMR) from 346 per 100,000 population in 2010 to 306 per 100,000 population in 2019 and a reduction in the infant mortality rate (IMR) with the achievement of initial status of 32 per 1000 live births in 2013 to 24 per 1000 live births in 2019 (Ulfadila, 2022).

The implementation of the Family Planning (KB) program in Indonesia is hampered by several obstacles, such as increasing the quality and quantity of information, strengthening community involvement, to the lack of attention to family planning programs (Harmiati, et all, 2020). This theory is in line with the theory put forward by Parsekar, S.S., et al., which states that limited access to information and support is an obstacle to the implementation of family planning programs (Parsekar, S.S., et al., 2021). The quality and quantity of accurate information available in the environment determines a person's decision to accept or reject contraceptive use. An environment that does not support the availability of accurate and even misleading information will interfere with a person's optimal choice to choose contraceptive use (Livingood, et al., 2022). The role of doctors and health workers still holds the most important position as a source of information that is accurate, trusted and respected to date (Livingood, et al., 2022). Doctors and health workers need to align existing information and conduct discussions, as well as counseling regarding the use of contraception and its effects. This statement is in line with research by Parsekar, S.S., et al, namely the lack of counseling by health workers resulted in the choice of modern contraceptives being ineffective (Parsekar, S.S., et al., 2021). In addition, in the midst of being exposed to the many media that can provide information at this time, of course every individual needs to equip himself so that he is ready to understand and be able to deal with the amount of inaccurate and misleading information so that he can be more optimal in choosing the optimal use of contraception.

The Indonesian government is working hard to make the KB program a success to form prosperous and quality families so that family resilience and the safety of mothers and children increase. Family planning policies are directed at the use of contraceptive methods that suit individual needs, both short and long term, safe and effective. It is estimated that 225 million women in developing countries wish to delay pregnancy but do not use contraceptive methods due to limited knowledge of contraceptive methods and experience of side effects of family planning (Rahayu, et al., 2017). Considerations for choosing other contraceptives are regarding convenience, product accessibility, and affordability. Several contraceptive methods such as the copper IUD, other IUDs, and implants have > 99% effectiveness in controlling births. For injections, vaginal rings, oral contraceptive pills (OCP), the patch has an effectiveness of 91 - 94%. Then, the diaphragm

/ cervical cap / sponge, male condom, female condom, and spermicide have an effectiveness of 78 - 88% in controlling birth. In the United States, the OCP method is most widely used due to its high level of effectiveness (Colquitt & Martin, 2017). Meanwhile, the contraceptive method most used by active family planning participants in Indonesia is injection (47.54%) and the second most used is the pill (23.58%). Meanwhile, the least contraceptive method chosen by active family planning participants was the Male Operation Method (MOP) at 0.69%, then condoms at 3.15% (Anggriani, et al., 2019).

Contraceptive use behavior with family planning programs since 1970 has had a beneficial impact on controlling population growth, limiting birth rates, and regulating birth spacing so as to create prosperous families. The family planning program is expected to reduce the maternal mortality rate (MMR) and the infant mortality rate (IMR), which of course will provide a sense of security to families and users.

Awareness of fertility risks for the health of mothers and children will lead to the desire to have fewer children or even the desire not to have children (Kusyanto, 2017). Fertility risks can occur in women with risky pregnancies, namely the 4T (too old, too young, too close, and too many). Pregnant women with high risk have 2.9 times more risk of having labor complications. These complications will have a greater impact on the mother and on the fetus in the womb and can cause death, illness, disability, discomfort and dissatisfaction compared to mothers who do not have high-risk pregnancies (Hazairin et al., 2021). Fertility risk awareness can occur due to increased knowledge or increased education. Increasing knowledge or education has a close relationship between the level of education and the level of fertility. The higher the level of education, the lower fertility as well as fertility (Mahendra, 2017).

The related desire to have fewer children or even the desire not to have children will influence a person's behavior in dealing with fertility and contraceptive use. Behavior is an activity or activities of organisms or living things concerned from humans themselves which have a very wide range such as walking, talking, working, writing, reading, thinking, laughing, and so on. Human behavior is all activities or human activities, both those that are directly observed, and those that cannot be observed by outsiders (Notoatmodjo, 2014).

Contraception is a regulation of pregnancy using a tool or method with the aim of preventing, delaying to give a delay in conception and even ending fertility (Susanti & Haniva, 2020). Contraceptives as an effort to prevent or delay fertility have various models available in health services. One of the choices of contraceptive models is classified based on the period of use, namely the long term and short term. Long-term contraception consists of steady contraception (female surgery method (tubectomy) and male contraception method (vasectomy), intrauterine contraceptive devices (IUD), and subcutaneous contraceptive methods (AKBK) / implants. Meanwhile, short-term contraceptives consist of injections, pills, and condoms (BKKBN, 2017).

According to Lontaan, et al., the choice of contraceptive method is influenced by age, socioeconomic, education, parity, and effectiveness (Lontaan, et al., 2014). This theory is in line with that put forward by Nisak, A.Z., et al that age range causes differences in the choice of contraceptives (Nisak, A.Z., et al, 2020).

In middle-aged women, progestogen pills (pop) are usually the first choice in choosing contraception that will be used, although it often causes bleeding problems. Combination Oral Contraception (COC) is an effective contraception but provides an increased risk of disease related to age, especially cardiovascular disease. The risk of this COC seems irrelevant to Chinese women and other Asian women. Therefore, COC is a better choice than POP for the group (Ruan & Mueck, 2015).

Whereas for teenagers, condoms are the first choice as emergency contraception. Hormonal contraception is used in a longer relationship. Condoms and hormonal contraception can be recommended for teenagers as double protection. However, long-term reversible contraception such as intrauterine contraception and the implant has a much higher efficacy of contraception, it is also safe for teenagers, and must be recommended (Apter, 2018).

The cost of using contraception and non-material costs (side effect experience) are other factors that can affect the selection of contraception. The contraceptive method that is widely liked in Indonesia is Non-MKJP. The high achievement figure of non-MKJP adapters is because non-MKJP is a relatively cheap contraceptive method, while the cost for installation of MKJP use tends to be more expensive (Septalia & Puspitasari, 2016). The level of education is one of the other factors that can influence the selection of contraceptive methods used. The IUD method is widely chosen by women with higher education in Padang, West Sumatera (Jurisman, et al., 2016). The level of parity (the number of children owned) also affects the selection of contraceptive methods. Pus with moderate parity (2-3 children) or high (more than 4 children) uses more long-term contraceptive methods, namely IUDs rather than PUS with low parity (Indahwati, et al., 2017). This is in line with what was stated by Nisak, A.Z., et al that the more children you have, the greater the tendency to stop fertility, so you prefer long-term contraception methods that are more stable (Nisak, A.Z., et al, 2020).

The level of effectiveness also affects the selection of contraceptive methods. In the United States, OCP is most often used. When OCP is used correctly, it is considered to be over 99% effective. In addition, OCP, which is available in low doses, can be taken daily without interfering with the active tablet (Colquitt & Martin, 2017). Hormonal contraceptive injections are increasingly being used in Indonesia because they work effectively, are practical to use, are relatively cheap and safe, work for a long time, do not interfere with breastfeeding, and can be used immediately after a miscarriage or after the postpartum period (Anggriani, et al., 2019).

However, of the many who decided to use contraception, there were still those who decided not to use contraception. Embarrassment and reluctance to go to health service providers is one of the reasons why someone is reluctant to use contraception (Eko & Kasanah, 2016). The low level of education and lack of public knowledge also resulted in many women stopping using contraception so that unwanted pregnancies occurred (Anggriani, et al., 2019). In addition, the fear of side effects when going for family planning is often an obstacle in making decisions to do family planning (Parsekar, S.S., et al., 2021). Side effects that can occur include changes in menstrual patterns including spotting which can last quite a long time, heavy bleeding rarely occurs, weight gain and some acceptors can feel headaches, breast pain, acne and reduced sexual libido (Astuti & Ratifah, 2014).

The advantage gained by using contraception apart from preventing unplanned pregnancies is preventing pregnancies that are too close so that parents can focus on caring for and caring for their children optimally. The reason is, the first 1000 days of a child's life are important for child development. The use of contraception can improve the quality of family life especially from an economic perspective. In addition, contraception also has long-term benefits for reproductive health because it can reduce the risk of uterine cancer and ovarian cysts, and make menstruation less painful. The study results showed that 31% of women who used birth control pills experienced painless menstruation compared to when they did not take birth control pills. Hormonal birth control pills can help prevent ovulation so that the uterus does not experience contractions that often cause cramps during ovulation (Prasetyowati, 2021).

CONCLUSION

From the literature review of several related articles and journals, it can be concluded that a person's behavior influences the decision to use contraception which has an impact on fertility and fertility rates. This behavior can be in the form of acceptance or rejection of contraception which has an impact on fertility. This behavior can be influenced by knowledge, awareness, perceived fertility reduction as an advantage, comfort, accessibility, affordability, and effectiveness of contraceptive methods, shame and reluctance, level of education, and fear of the side effects of using contraceptive methods.

The many factors that influence a person's behavior in refusing contraception proves the need to cultivate an understanding that contraception is very important to control fertility levels so as to improve the quality of society and its health. In addition to cultivating an understanding of the importance of contraception, increasing effectiveness, reducing side effects, and disseminating information regarding various types of contraception needs to be done.

REFERENCES

Anggriani, A., Iskandar, D., & Aharyanti, D. 2019. Analisis Pengetahuan dan Alasan Penggunaan Kontrasepsi Suntik di Masyarakat Panyileukan Bandung. *Jurnal Farmasi Indonesia*, 16(02): 315 - 325.

Apter, Dan. 2018. Contraception Options: Aspects Unique to Adolescent and Young Adult. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 48: 115 – 127.

Astuti, E. & Ratifah. 2014. Deskriptif Faktor-Faktor yang Mempengaruhi Wanita Usia Subur (WUS) Tidak Menggunakan Alat Kontrasepsi. *Jurnal Ilmiah Kebidanan*, 5(2): 99 - 108.

Badan Pusat Statistik. 2010. Fertilitas Penduduk Indonesia Hasil Sensus Penduduk 2010. Jakarta, Indonesia.

Baskoro, Dwi Sapto, Fiqih A.A., & Surya R. 2022. FAKTOR-FAKTOR YANG MEMPENGARUHI DEMOGRAFI: FERTILITAS, MORTALITAS DAN MIGRASI (LITERATURE REVIEW PERILAKU KONSUMEN). *Jurnal Ilmu Hukum Humaniora dan Politik*, 2(3): 294-303.

BKKBN. 2017. Peraturan Badan Kepala Kependudukan dan Keluarga Berencana Nasional Nomor 24 Tahun 2017 Tentang Pelayanan Keluarga Berencana Pasca Persalinan dan Pasca Keguguran.

BKKBN. 2020. Rencana Strategis Badan Kependudukan Keluarga Berencana Nasional 2020-2024.

Colquitt, C.W., & Martin, T.S. 2017. Contraceptive Methods: A review of Nonbarrier and Barrier Product. *Journal of Pharmacy Practice*, 30(1): 130 - 135.

Ekawati, R., Rahayuwati, L., Nurhidayah, I., Agustina, H. S., & Rahayu, E. 2019. Determinant Factors of Fertility in Reproductive Age Women. *Jurnal Keperawatan Padjadjaran*, 7(3), 283–293.

Eko, A. & Kasanah, U. 2016. Hubungan Motivasi dengan Perilaku Penggunaan Alat Kontrasepsi Kondom Pada Pekerja Seks Komersial (PSK) di Desa Margorejo Kecamatan Margorejo. *Jurnal Ilmu Kebidanan dan Kesehatan*, 7(1): 1 - 6.

Fushshilat, S. R., & Nurwati, N. (2021). PEMBERDAYAAN PEREMPUAN: EFEKTIVITAS DALAM PENURUNAN FERTILITAS. *Jurnal Ilmu Kesejahteraan Sosial HUMANITAS*, 3(II), 17-32.

Harmiati, H., Alexsander, A., Triyanto, D., Maya, M., & Riastuti, F. (2020). Analisis Pemetaan Collaborative Governance Dalam Program Keluarga Berencana Di Kota Bengkulu. *Mimbar: Jurnal Penelitian Sosial Dan Politik*, 9(1), 65-76.

Hazairin A.M. Arsy, A.N., Indra R.A., & Susanti, A.I. 2021. Gambaran Kejadian Resiko 4T pada Ibu Hamil di Puskesmas Jatinangor. *Jurnal Bidan Cerdas*, 3(1): 10 - 17.

Indahwati, L., Wati, L. R., & Wulandari, D. T. 2017. Usia dan Pengalaman KB Berhubungan dengan Pemilihan Metode Kontrasepsi. *Journal of Issues in Midwifery*, 1(2): 9 - 18.

Jurisman, A., Ariadi, & Kurniati, R. 2016. Hubungan Karakteristik Ibu dengan Pemilihan Kontrasepsi di Puskesmas Padang Pasir Padang. *Jurnal Kesehatan Andalas*, 5(1): 191 – 195.

Kusyanto, H. 2017. Review Penurunan Fertilitas di Negara Berkembang : Tren dan Penjelasan. *Jurnal Ilmu Administrasi Publik* 5 (2): 34 - 40.

Livingood, W. C., Bull, K. L., Biegner, S., Kaunitz, A. M., Howard, L., Jefferson, V., ... & Bilello, L. (2022). Incorporating Black women's perspectives into long-acting reversible contraception implementation. *F&S Reports*, 3(2), 80-90.

Lontaan, A., Kusmiyati, & Dompas, R. 2014. Faktor-Faktor yang Berhubungan dengan Pemilihan Kontrasepsi Pasangan Usia Subur di Puskesmas Damau Kabupaten Talaud. *Jurnal Ilmiah Bidan*, 2 (1): 27 – 32.

Mahendra, A. 2017. Analisis Faktor-Faktor yang Mempengaruhi Fertilitas di Indonesia. *JRAK*, 3(2): 223 - 242.

Matahari, Ratu, Fitriana P.U., & Sri Sugiharti. 2018. *BUKU AJAR KELUARGA BERENCANA DAN KONTRASEPSI*. Yogyakarta: CV. Pustaka Ilmu Group Yogyakarta.

Nisak, A. Z., & Wigati, A. (2021). Keikutsertaan Wanita Usia Subur (Wus) Dalam Pemilihan Metode Kontrasepsi Jangka Panjang (Mkj). *Indones. J. Kebidanan*, 5, 82.

Notoatmodjo, S. 2014. *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta. Biomass Chem Eng, 49(23-6).

Nurullah, F. A. 2021. Perkembangan Metode Kontrasepsi di Indonesia. *Cermin Dunia Kedokteran*, 48(3), 166-172.

Parsekar, S. S., Hoogar, P., Dhyani, V. S., & Yadav, U. N. (2021). The voice of Indian women on family planning: A qualitative systematic review. *Clinical Epidemiology and Global Health*, 12, 100906.

Prasetyowati, P. 2021. *KEYAKINAN PENGGUNA ALAT KONTRASEPSI DALAM RAHIM DALAM MENCEGAH KEHAMILAN*. *Jurnal Wacana Kesehatan*, 6(1), 1-8.

Pratiwi, I. C. E., Rahmadianti, I., Nuha, F. D., & Yuhanna, W. L. (2021). Tingkat Pengetahuan Reproduksi dan Kondisi Fertilitas Generasi Milenial di Desa Kerik, Kabupaten Magetan. *JEMS: Jurnal Edukasi Matematika dan Sains*, 9(2), 245-253.

Rahayu, S., Trisnarningsih, T., & Zulkarnain, Z. 2017. Faktor-faktor Penyebab Rendahnya Penggunaan Metode Kontrasepsi Jangka Panjang. *JPG (Jurnal Penelitian Geografi)*, 5(4).

Ruan, X. & Mueck, A. O. 2015. Oral Contraception For Women of Middle Age. *Maturitas. An International Journal of Midlife Health and Beyond*, 82(3): 266 – 270.

Septalia, R., dan Puspitasari, N. 2016. Faktor yang Mempengaruhi Pemilihan Metode Kontrasepsi. *Jurnal Biometrika dan Kependudukan*, 5(2): 91 – 98.

Sinaga, Lennaria, Hardiani, & Purwaka H.P. 2017. Faktor-faktor yang mempengaruhi tingkat fertilitas di perdesaan (Studi pada Desa Pelayangan Kecamatan Muara Tembesi Kabupaten Batanghari). *Jurnal Paradigma Ekonomika*, 12(1): 41-48.

Susanti, E. T., & Sari, H. L. (2020). Pendidikan Kesehatan Tentang Jenis-Jenis Alat Kontrasepsi Terhadap Pemilihan Alat Kontrasepsi. *Jurnal Kesehatan*, 9(1), 53-57.

Ulfadila, Annisa. 2022. ANALISIS BIDANG PELAYANAN KESEHATAN IBU DALAM PERWUJUDAN KEBERHASILAN PROGRAM PUSKESMAS KESEHATAN IBU DAN ANAK (KIA). *Journal Scientific of Mandalika (JSM)*, 3(6): 640-645.

Yuniarti, S., Sukandar, H., & Susiarno, H. 2013. Analisis Faktor yang Berhubungan dengan Fertilitas: Suatu Kajian Literatur. Available at: <https://pustaka.unpad.ac.id/wp-content/uploads/2013/06/Analisis-Faktor-Yang-Berhubungan-Dengan-Fertilitas.pdf>