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**Determinants of Low Postpartum Family Planning Coverage**

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**ABSTRACT**

**Background:** Indonesia is a country with the 4th highest population growth rate. The increasing number of population, one of the causes is because the use of postpartum family planning is still low so that many couples of childbearing age have children with less than ideal spacing. **Object:** Determine the determinants of low postpartum family planning coverage in the Sukosari Ponorogo Health Center. **Method:** This study is a quantitative study with a case control approach using secondary data from the KB and delivery register book in 2023. The independent variables are age, parity, education, occupation, and type of delivery while the dependent variable is the use of postpartum family planning. Sampling using systematic sampling and simple random sampling techniques with the Slovin formula, obtained a sample size of 60 case and control groups. Univariate data analysis with frequency distribution and bivariate using chi-square test with a level of significance ( $p = 0.05$ ). **Results:** Sukosari Health Center in 2023 most did not use postpartum family planning. Mothers who use postpartum birth control are mostly low-risk age, multiparous parity, higher education, working mothers, and type of SC delivery while mothers who do not use postpartum birth control are mostly low-risk age, multiparous parity, secondary education, working mothers and type of vaginal delivery. From the chi-square analysis, it was found that age, education and type of labor had a relationship. **Conclusion:** Needs follow-up and innovation from health workers and cross-sectors to increase the use of postpartum family planning.

**Keywords:** Postpartum Family Planning, Education, Type of Delivery

**BACKGROUND**

Indonesia is one of the countries with the highest population growth rate, ranking fourth. One of the government's efforts to control population growth is by implementing a family planning program (Juliaan & Maria, 2021). Family planning is one of the preventive health services for women because women have an important role in the continuity of the next generation of the nation (Awwaliah et al., 2021).

In Indonesia, the achievement rate of post-coital contraceptive use in 2022 is 38.4% (Saputri & Indriani, 2022). Data on the coverage rate of post-coital family planning participants in East Java Province is still low at 48.76% (Brahmana, 2018). In

2022, the coverage of active family planning users in Ponorogo District was 110,959 (64.84%) users (Damayanti et al., 2021). In a preliminary study conducted by researchers at the Sukosari Health Center, it was found that the achievement of post-saline family planning in October 2023 was still low, namely out of 123 birth mothers who used post-saline family planning, 46 (37%) people from the post-saline family planning coverage target in the Ponorogo Regency area of 60% (East Java Health Office, 2022).

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saline family planning coverage target in the Ponorogo Regency area of 60% (East Java Health Office, 2022).

## RESEARCH METHODS

This study is a quantitative study with a case control approach using secondary data from the family planning and childbirth register book in 2023. The independent variables are age, parity, education, occupation, and type of delivery while the dependent variable is the use of postpartum family planning. Sampling using systematic sampling and simple random sampling techniques with the Slovin formula, obtained a sample size of 60 for the case and control groups. Data were analyzed univariate with frequency distribution and bivariate using chi-square test with a level of significance ( $p = 0.05$ ).

## RESULT AND DISCUSSION

### Postpartum Contraception Coverage

**Table 1.**

Frequency Distribution of Coverage Postpartum Family Planning Use in the Sukosari Health Center Working Area in 2023

| Postpartum contraception         | Frequency  | %           |
|----------------------------------|------------|-------------|
| Mother use contraception         | 234        | 39          |
| Mother did not use contraception | 366        | 61          |
| <b>Total</b>                     | <b>600</b> | <b>100%</b> |

Based on the results in table 1, the coverage of mothers who use postpartum family planning is 39%.

### Frequency Distribution Of Postpartum Family Planning

**Table 2**

Frequency Distribution of Mothers Using Postpartum Family Planning in the Sukosari Ponorogo Health Center Working Area in 2023

| Age          | Frequency | %           |
|--------------|-----------|-------------|
| High risk    | 9         | 15          |
| Low risk     | 51        | 85          |
| <b>Total</b> | <b>60</b> | <b>100%</b> |

|                      | Frequency | %    |
|----------------------|-----------|------|
| <b>Parity</b>        |           |      |
| Primiparity          | 23        | 38.3 |
| Multiparity          | 37        | 61.7 |
| Total                | 60        | 100% |
| <b>Education</b>     |           |      |
| Elementary           | 6         | 10   |
| Intermediate         | 18        | 30   |
| High                 | 36        | 60   |
| Total                | 60        | 100% |
| <b>Jobs</b>          |           |      |
| Work                 | 38        | 63.3 |
| Not working          | 22        | 36.7 |
| Total                | 60        | 100% |
| <b>Type of Labor</b> |           |      |
| Vaginal labor        | 22        | 36.7 |
| Sectio Caesarea      | 38        | 63.3 |
| Total                | 60        | 100% |

Based on the results in table 2, it was found that mothers who used postpartum family planning most of the characteristics of respondents were low risk age as much as 85%, multiparous

parity as much as 61.7%, high education as much as 60%, working mothers as much as 63.3%, type of SC delivery as much as 63.3%.

**Table 3**

Frequency Distribution of Mothers Who Did Not Use Postpartum Family Planning in the Sukosari Ponorogo Health Center Working Area in 2023

|                      | Frequency | %    |
|----------------------|-----------|------|
| <b>Age</b>           |           |      |
| High risk            | 8         | 13.3 |
| Low risk             | 52        | 86.7 |
| Total                | 60        | 100% |
| <b>Parity</b>        |           |      |
| Primiparity          | 25        | 41,7 |
| Multiparity          | 35        | 58.3 |
| Total                | 60        | 100% |
| <b>Education</b>     |           |      |
| Elementary           | 5         | 8.3  |
| Intermediate         | 30        | 50   |
| High                 | 25        | 41,7 |
| Total                | 60        | 100% |
| <b>Jobs</b>          |           |      |
| Work                 | 35        | 58.3 |
| Not working          | 25        | 41,7 |
| Total                | 60        | 100% |
| <b>Type of Labor</b> |           |      |

|                 | Frequency | %    |
|-----------------|-----------|------|
| Vaginal labor   | 33        | 55   |
| Sectio Caesarea | 27        | 45   |
| Total           | 60        | 100% |

Based on the results in table 3, it was found that mothers who did not use postpartum family planning were mostly characterized by low-risk age as much as 86.7%, multiparous parity as

much as 58.3%, secondary education as much as 50%, working mothers as much as 58.3%, type of vaginal delivery as much as 55%.

### Analysis of Determinants of Postpartum Contraception Use

**Table 4**

Cross Tabulation of Postpartum Family Planning Use in the Sukosari Health Center Work Area, Ponorogo Regency in 2023

| Variabel      | Mother use contraception |      | Mother not use contraception |      | <i>p-value</i> | Odds ratio |
|---------------|--------------------------|------|------------------------------|------|----------------|------------|
|               | f                        | %    | F                            | %    |                |            |
| Age           |                          |      |                              |      |                |            |
| High risk     | 9                        | 15   | 8                            | 13.3 | 0,003          | 9,40       |
| Low risk      | 51                       | 85   | 52                           | 86.7 |                |            |
| Total         | 60                       | 100% | 60                           | 100% |                |            |
| Parity        |                          |      |                              |      |                |            |
| Primiparity   | 23                       | 38.3 | 25                           | 41,7 | 0,753          | 0,84       |
| Multiparity   | 37                       | 61.7 | 35                           | 58.3 |                |            |
| Total         | 60                       | 100% | 60                           | 100% |                |            |
| Education     |                          |      |                              |      |                |            |
| Elementary    | 6                        | 10   | 5                            | 8.3  | 0,002          | 4,40       |
| Intermediate  | 18                       | 30   | 30                           | 50   |                |            |
| High          | 36                       | 60   | 25                           | 41,7 |                |            |
| Total         | 60                       | 100% | 60                           | 100% |                |            |
| Jobs          |                          |      |                              |      |                |            |
| Work          | 38                       | 63.3 | 35                           | 58.3 | 0,99           | 0,71       |
| Not working   | 22                       | 36.7 | 25                           | 41,7 |                |            |
| Total         | 60                       | 100% | 60                           | 100% |                |            |
| Type labor    |                          |      |                              |      |                |            |
| Vaginal labor | 22                       | 36.7 | 33                           | 55   | 0,036          | 3,29       |
| SC            | 38                       | 63.3 | 27                           | 45   |                |            |
| Total         | 60                       | 100% | 60                           | 100% |                |            |

The results of the analysis of determinants of postpartum family planning use factors in the Sukosari Health Center working area in 2023 with statistical tests using the Chi-Square test found that in the age category with a p-value = 0.003. Parity with a p-value =

0.753, education with a p-value = 0.002, work with a p-value = 0.319, type of delivery with a p-value = 0.036. Thus it can be concluded that there is a significant relationship between age, education and type of delivery of the mother with the use of postpartum family planning and there is

no significant relationship between parity and occupation with the use of postpartum family planning. The results of the study from the calculation of the odds ratio showed that postpartum mothers with high risk age were 9.40 times more at risk than postpartum mothers with low risk age. Primiparous parity with the results tend to be 2.44 times the same risk as multiparous. Postpartum mothers with secondary education are 4.40 more at risk than mothers with higher education. Non-working mothers were 1.40 times more at risk than working mothers. Mothers with vaginal delivery were 3.29 times more at risk than mothers with SC delivery.

## **Discussion**

### **Postpartum Contraception Coverage**

In the results of research conducted at the Sukosari Health Center in 2023, it was found that mothers who used postpartum family planning were only 39% less than the postpartum family planning coverage target in the Ponorogo District Health Office area which was 60%. According to Indrawati's research journal 2022, the factors of interest in following family planning include age, education, knowledge, number of children, husband's support in family planning, family planning history, economic activity, side effects and availability of family planning tools, and the range of family planning services (Saputri & Indriani, 2022).

The lack of postpartum family planning coverage at the Sukosari Health Center in 2023 may be due to the existence of good programs such as safari family planning but the reality of its implementation is still lacking, the lack of socialization to the village so that pregnant women and postpartum women who have not used family planning do not know about the existence of the program. The realization of the safari family planning program is not optimal and the lack of motivation from the mother herself due to not knowing the importance of postpartum

family planning, when it should be used, from lack of socio-economic factors, community culture related to family planning and because of the busyness of taking care of children and family is the cause of mothers not using postpartum family planning.

This is in accordance with the research journal Pardosi, 2021 which states that knowledge is one of the predisposing factors of the selection of contraceptive use. An acceptor should have prior knowledge about contraception, its benefits, and all kinds of problems, before choosing and using it. So that it can determine which contraceptives are suitable and can overcome the problems that occur related to the contraceptives it chooses (Manik RM, 2019). There needs to be an understanding given so that the community does not have a negative perspective on the existence of the family planning program (Meisartika & Safrianto, 2021).

### **Factors For Low Coverage Of Postpartum Contraception Age Factor**

The use of postpartum family planning for both women who used and did not use postpartum family planning was mostly among women with age characteristics in the low-risk category. Low-risk age is also called healthy reproductive age, which is a safe age for pregnancy and childbirth in the age range of 20-35 years (Saputri & Indriani, 2022). Couples of childbearing age in the high-risk age group <20 years and >35 years.

If the age is too young, namely <20 years, then there is a high risk of giving birth to an unhealthy baby because from a biological point of view, women under the age of 20 have not yet developed optimally their reproductive function to be able to accept the condition of the fetus. Whereas in old age ( $\geq 35$  years), postpartum mothers tend to choose not to have more children (Juliaan & Maria, 2021). With increasing age, the maturity of thinking

increases so that it is more mature in determining decisions, especially in using family planning and post-saline family planning, so that mothers with a more mature age should be aware of using family planning, especially post-saline family planning because the use of family planning is an important part of their life. If at a more mature age the mother has not also used family planning, there is a need for counseling for family planning.

### **Parity Factor**

The use of postpartum family planning for both mothers who used and did not use postpartum family planning was mostly mothers with parity characteristics in the multiparous category. Parity is the state of bearing children either alive or dead, but not abortion, regardless of the number of children (Pardosi et al., 2021). Multiparous is a woman who has given birth to more than one baby, either alive or dead at the time of birth (Purnamasari et al., 2021). The number of children is closely related to the family planning program, because one of the family planning programs is to create an ideal number of children, namely a family that has two children, both boys and girls in the family. The possibility of a woman adding another child is determined by the number of children she gives birth to (Purnamasari et al., 2021).

Mothers whose parity is multiparous, of course, the burden of taking care of themselves and their families increases in contrast to primiparous who only have one child, which is less than multiparous mothers so that mothers do not focus on planning family planning by using contraceptives. In addition, the mother's busyness makes her focus split so that she puts aside the importance of using family planning, especially postpartum family planning.

### **Education Factor**

The use of postpartum family planning for mothers who use postpartum

family planning is mostly mothers with educational characteristics in the higher education category. Whereas in mothers who did not use family planning, most of the characteristics were in the middle education category, namely high school. This study shows that most respondents have completed a college education program between diploma to scholar, which will affect their thinking and action patterns, especially for themselves in the use of postpartum family planning (Saputri & Indriani, 2021). Secondary education is a continuation of basic education. Secondary education consists of general secondary education and vocational secondary education (Riastawaty, 2021).

The level of education affects how a person more easily understands information and accepts it, also affects the way a person thinks and views, including his views on participating in the family planning program. The higher the education, the more knowledge about the benefits of using contraceptives. Women with higher education tend to limit the number of births compared to women with lower education. This is supported by Brahmana's research, 2018 that higher education makes it easier to accept new ideas and problems, such as acceptance, limiting the number of child, or the desire to have children of a certain gender (Ruhanah et al., 2023).

### **Job Factor**

The use of postpartum family planning for both mothers who use and do not use postpartum family planning is mostly characterized by working mothers. A job is a collection of specialized skills and knowledge that must be improved over time. Work refers to an activity, the time and effort expended, and the rewards received [17]. The occupation or activities carried out by mothers on a daily basis, classified into state civil apparatus, self-employed, health workers, teaching staff, mothers who work wfh or online shop, while mothers who do not work are

housewives only. A person's job represents their activities and the level of economic welfare they achieve. Working mothers have a higher level of knowledge than non-working mothers because they have more opportunities to interact with other people so they have more opportunities to find out about their situation.

Working mothers need to use effective contraception immediately after giving birth, because they have to return to work after maternity leave. This is supported by research by Rini, 2022 that working mothers also need to use effective contraception immediately after giving birth, because they have to return to work after maternity leave (Saputri & Indriani, 2021). This means that working mothers use more post-coital contraception to prevent unwanted pregnancies because they are busy working. Mothers who do not work have less interaction with others so that information about health is not obtained from others. This is also influenced by the socio-cultural situation of the community who think that post-coital family planning is not important, family planning can be used after the postpartum period has passed, so they use family planning after the postpartum period has passed (Sukosari, 2023).

### **Type of Labor Factor**

Mothers who used postpartum birth control were mostly mothers with SC delivery characteristics. Whereas mothers who did not use postpartum birth control were mostly characterized by vaginal delivery. The method of delivery is a way to achieve the birth of a baby. Types of labor include vaginal delivery, cesarean delivery or sectio caesarea (Pardosi et al., 2021). Cesarean delivery or sectio caesarea is a method of delivery with the help of an obstetrician. Vaginal delivery is a method of delivery through the vagina or birth canal. The method of delivery by cesarean section is more likely to use an IUD than vaginal delivery. Mothers who gave birth by cesarean section were more

likely to accept postpartum contraception because of the motivation to delay the next pregnancy for at least 2 years.

The use of long-acting contraceptives such as postpartum IUDs is more common in patients with a history of caesarean section due to the increased risk of complications in subsequent pregnancies. Mothers who give birth by elective cesarean section use more postpartum IUDs than those who give birth normally. This is in accordance with Damayanti's research, 2021 that the use of long-term contraceptives such as postpartum IUDs is more common in patients with a history of cesarean section due to the increased risk of complications in subsequent pregnancies. Mothers who give birth by elective cesarean section use the postpartum IUD more than those who give birth normally. This is because the effective procedure allows for appropriate contraceptive counseling after the birth (Indrawati & Ulfiana, 2022).

### **Determinants Factor of Postpartum Contraception Use**

#### **Age**

The results of data analysis using the Chi-square test and odds ratio stated that there was a significant relationship between maternal age and the use of postpartum family planning. This study is in accordance with research by Rini, 2022 that a person's age will form an ideal understanding and selection for himself, so that at an ideal age it will encourage him to follow a better health program in managing pregnancy and childbirth (Saputri & Indriani, 2022). A person's age will shape their desire and belief in choosing family planning. The higher the age of a person, the level of maturity and strength of a person will be more mature in thinking. Many mothers use post-coital birth control in the low-risk age category because mothers at that age are still classified as the phase of planning children by spacing pregnancies rather than terminating them so that they still use birth

control in order to determine the desired birth spacing. At a certain age or approaching old age the ability to accept or remember will be reduced so that it affects in doing something like the selection / use of a contraceptive method (Yuliana et al., 2020).

### **Parity**

The results of data analysis using the Chi-square test and odds ratio stated that there was no significant relationship between parity and the use of postpartum family planning. According to research by Rini 2022, couples who have more children are more likely to start contraception than couples of childbearing age who have fewer children. High parity increases the use of postpartum contraception. The number of children is one of the fundamental factors influencing the behavior of childbearing age couples in using contraceptive methods. There is a tendency for women with one child not to use postpartum family planning because of the desire to have more children (Zahari et al., 2022).

Mothers who do not use postpartum contraception with multipara may be due to the fact that they already have more than one child and from previous experience use different family planning not just one way so that at the time of delivery of their last child the mother still cannot determine family planning and is still considering what family planning is most suitable for her. Mothers who already have more than one child will have more activities to take care of their families so that the mother's workload increases which causes the mother to focus less on other interests such as using family planning, especially post-saline family planning.

### **Education**

The results of data analysis using the Chi-square test and odds ratio stated that there was a significant relationship between the mother's education level and

the use of postpartum family planning. The results of this study are in accordance with the results of research by Rini, 2022 that the level of education is one of the important factors that can affect the level of knowledge. A person's level of education will influence in responding to something that comes from outside, a highly educated person will respond more rationally to the information that comes and will think about the extent of the benefits that might be obtained from the idea. Education determines a person, where the higher the education will have directed thinking and behavior, on the other hand, the lower the level of education, the smaller the opportunity to obtain information and knowledge of something (Saputri & Indriani, 2022).

Mothers who use post-coital family planning with a high education category because the mother already has sufficient knowledge related to family planning so that it is easy to decide what family planning is most appropriate for her, while mothers who do not use post-coital family planning with the middle education category are due to lack of knowledge and inappropriate thinking so that it is still difficult to follow the family planning program and determine the contraceptive she wants.

### **Job**

The results of data analysis using the Chi-square test and odds ratio stated that there was no significant relationship between maternal parity and the use of postpartum family planning. The results of this study are inconsistent with the results of the study that working mothers also need to use effective contraception immediately after giving birth, because they have to return to work after maternity leave. This means that working mothers use more post-conception contraception to prevent unwanted pregnancies because they are busy working (Purnamasari et al., 2021). Mothers who use post-coital birth control are mostly working mothers

because the mother realizes that she has a lot of activities outside so that she can quickly decide what birth control to use because there is not much time at home. Meanwhile, mothers who do not use post-sync birth control are also mostly working mothers because they spend a lot of time working so they do not pay attention to using birth control even though birth control is one of the needs for themselves.

### **Type of Labor**

The results of data analysis using the Chi-square test and odds ratio stated that there was a significant relationship between the mother's education level and the use of postpartum family planning. Mothers who gave birth by caesarean section were more likely to accept postpartum contraception because of the motivation to delay the next pregnancy for at least 2 years. The use of long-acting contraceptives such as postpartum IUDs is more common in patients with a history of caesarean section due to the increased risk of complications in subsequent pregnancies (Indrawati et al., 2022). Mothers who used postpartum family planning mostly gave birth by SC because with SC surgery, a contraceptive device such as a postplacenta IUD can be installed immediately, making it easier for mothers because they do not need to think about what family planning will be used later. Meanwhile, mothers who did not use postpartum family planning were mostly vaginally delivered because postpartum mothers may be busy taking care of their babies and forget or do not have time to think about using contraceptives.

### **CONCLUSION**

Based on the results of the study on the determinants of low postpartum family planning coverage in the Sukosari Health Center working area in 2023, it can be concluded that most mothers did not use postpartum family planning. The use of postpartum family planning is most prevalent among low-risk mothers,

multigravida parity, higher education, working mothers, and SC delivery. Mothers who did not use postpartum family planning were mostly at low risk age, multigravida parity, secondary education, working mothers, and type of vaginal delivery. Based on the results of the analysis, there is a significant relationship between age, education and type of delivery with the use of post-saline family planning. There was no significant association between parity and occupation with the use of postpartum family planning. This condition needs follow-up and innovation from health workers and cross-sectors to increase the use of postpartum family planning.

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