Jurnal Keluarga Berencana
P-ISSN: 2527-3132 E-ISSN: 2503-3379
Vol. 10 No. 2, 2025
https://ejurnal.kemendukbangga.go.id/kkb
Kementerian Kependudukan dan Pembangunan Keluarga/BKKBN

THE EFFECT OF HEALTH EDUCATION ON DECISION-MAKING FOR LONG-TERM CONTRACEPTIVE USE AMONG WOMEN OF FERTILE AGE

[1]Firdana Ayur Daranova, Suprapti[2], Innas Tiara Ardhiani[3]
[1,2]Politeknik *Kesehatan Kemenkes Malang, Indonesia*
[3]*University of Bengkulu, Bengkulu, Indonesia*
Email: firdanaad@gmail.com[1], supraptisantoso@gmail.com[2], itardhiani@unib.ac.id[3]

ABSTRACT
Long-term contraceptive methods (LTCMs) are highly effective in preventing unintended pregnancies; however, their utilization remains low among women of reproductive age. This study aimed to examine the effect of health education on decision-making regarding the use of long-term contraceptive methods among women of reproductive age in Tunjungtirto Village, Singosari Sub-district, Indonesia. A quantitative pre-experimental study with a one-group pretest–posttest design was conducted involving 44 women of reproductive age who were users of non-long-term contraceptive methods. Health education was delivered through video and booklet media in two consecutive sessions. Data were collected using pretest and posttest questionnaires and analyzed using univariate analysis and the Wilcoxon signed-rank test. The results showed a significant increase in the decision to use long-term contraceptive methods after the intervention. Prior to health education, none of the respondents (0%) decided to use long-term contraception, whereas after the intervention, 11 respondents (25%) expressed willingness to adopt long-term contraceptive methods. Statistical analysis confirmed a significant effect of health education on contraceptive decision-making ($p = 0.001$). In conclusion, health education significantly influences decision-making regarding long-term contraceptive use among women of reproductive age. Strengthening health education interventions may contribute to increased uptake of long-term contraceptive methods and support population control efforts.

Keywords: decision; health education; long-term contraceptive method.

INTRODUCTION

Indonesia is the fourth most populous country in the world after India, China, and the United States, with 278.8 million people in 2023. This is an increase of 1.1% compared to last year's population of 275.7 million. As the population increases, so does the population density. This year, the country's population density is projected at 147.27 people/km^2. This is an increase of 1.1% from last year's figure of 145.7 people/km^2 (BPS, 2023). Looking at this data, it is feared that the population will increase, leading to a population explosion from 2030 to 295 million people. (Rismawati, 2014). This is undoubtedly a big problem, especially for socio-economic life. Based on the description above, one of the SDGs programs is the population problem. One way to reduce the population growth rate is by participating in the Family Planning (KB) program. (Khoiriyah et al., 2022). In this case, the government has made a policy, namely a program called Family Planning by the National Family Planning Coordinating Board (BKKBN), where the position of BKKBN in Presidential Decree Number 38 of 1978 is as a non-departmental

Email Coresponding:
firdanaad@gmail.com
Article History
Received: 27-09-2024 Accepted: 30-12-2025
© 2025 The Author(s). This is an open-access article under Attribution-NonCommercial-ShareAlike 4.0 International License (https://creativecommons.org/licenses/by-nc-sa/4.0/)

government agency that is under and responsible to the President through the Minister of Health. (Simanjuntak et al., 2023).

Contraceptive methods used in government programs based on the protection period are divided into 2, namely Long-Term Contraceptive Methods (MKJP) and Non-Long-Term Contraceptive Methods (Non-MKJP). Among the various methods, one is MKJP, which, according to Affandi's 2014 theory, has a very high level of Effectiveness and does not require high discipline in using long-term contraception. (Ginting & Iskandar, 2022). In addition, according to research conducted by Muthi'ah and Trihandini (2022) Also states that MKJP is a type of contraception with a high level of Effectiveness, even though it is used appropriately and consistently, or used regularly. Although MKJP is highly effective, it is not in high demand, as evidenced by the national MKJP rate of 22.6% in 2023. This is still very far compared to the target designed in the BKKBN Strategic Plan in 2024 of 28.39% (BKKBN, 2020).

Many factors influence the low coverage of Long-Term Contraceptive Methods (MKJP) acceptors, one of which is knowledge, and this is in accordance with the results of research from Yulizar et al. (2022) With a p-value of 0.005 ($p < \alpha$) in logistic regression analysis with an OR value of 2.476, which states that most respondents who use MKJP have extensive knowledge, while most respondents who do not use MKJP have less knowledge. This shows that knowledge is very influential on the decision to choose the Long-Term Contraceptive Method. The decision to use contraception, if based on knowledge, will last a very long time because they understand essential information about contraception, such as its benefits, side effects, and conditions for using contraception. Someone who still refuses to use long-term contraception may not know the benefits of contraception.

Based on the description above, efforts to increase the target include providing family planning education. This health education aims to provide knowledge and information about family planning. According to Notoatmodjo (2014b), Changing human behavior involves providing stimulation or communication. The behavior attracts someone to change their perception. This attracts researchers who seek stimulation or communication through education. Education is one way to change this contraceptive selection decision. Education can be delivered through media such as booklets, leaflets, posters, and videos. According to Palentari (2021)The media serves as a channel for conveying messages that stimulate thoughts and feelings, which can encourage the learning process. The press is given to non-MKJP family planning acceptors in the hope that knowledge will increase, so that the selection of MKJP is more likely after receiving this education, because MKJP itself is a contraceptive recommended in Indonesia due to its high Effectiveness. Given the low number of MKJP users, I am interested in researching to determine the Effect of Providing Health Education on the Decision to choose long-term contraceptive methods among women of fertile age in Tunjungtirto Village, Singosari Sub-district.

METHOD

This study uses a quantitative method with a pre-experiment and a one-group pretest-posttest design. This research was conducted in May 2024. The research location was in Tunjungtirto Village, Singosari Sub-district. The reason for choosing this location is that Singosari Subdistrict comprises two Health Centers (*Puskesmas*), namely Singosari and Ardimulyo. The Puskesmas Singosari service area has more Non-MKJP family planning users than the Puskesmas Ardimulyo service area.

The population in this study was all women of childbearing age (WUS) who used Non-MKJP family planning in Bunut Hamlet, totaling 162 people, consisting of *RT* (Neighborhood Unit) *1, RT 2, RT 3, RT 4, RT 5, and RT 6*. The sample in this study consisted of women of childbearing age (WUS) who used Non-MKJP family planning in RT 5 Bunut Hamlet, totaling 44 participants. This sample is generated from all women of childbearing age in *RT 5* using the inclusion criteria. In this study, women of childbearing age with the following criteria: a) Women of childbearing age (WUS) who use Non-MKJP family planning who live in RT 5 Bunut Hamlet, Tunjungtirto Village, Singosari Subdistrict; b) Already married; c) Willing to be a respondent; and d) Women of

childbearing age who have been given education about MKJP family planning. Data were collected offline using a nonprobability purposive sampling method. Forty-four samples were collected to obtain stable data for parameter estimation. Researchers collected data and information by having respondents complete forms provided directly to them.

The measured variable of this study is the decision to choose MKJP family planning. Variable measurements are referenced from the form sheet. The first researcher conducted a pretest stage. Meeting with prospective respondents in one room. Communicate well with prospective respondents, who will research them, assisted by midwives and cadres. Prepare Explanation Before Consent (PSP) and informed consent as an agreement to become a respondent. The first opening meeting was followed by the administration of a questionnaire (pre-test) to respondents before the intervention. The questionnaire was self-made and did not include validity or reliability tests, as it was a short form with 'yes' or 'no' responses regarding willingness to use Long-Acting Contraceptive Methods (MKJP). This pretest was conducted to determine the selection of family planning users in women of childbearing age (WUS). After that, the researcher conducts the Intervention or Treatment. Researchers provide counseling by gathering respondents with the help of Village Midwives and Cadres. Researchers used video and booklets to provide health education to respondents. The video used is 3 minutes 44 seconds long. Interventions using video media and booklets were delivered twice. At the first meeting, the researcher showed the video once with one explanation in the booklet. For the second meeting, held the next day, it was done the same way as the first. The counseling session lasted approximately 60 minutes, and after each session, the researcher gave the respondent a gift. After the intervention, the researcher administered a post-test questionnaire identical to the pre-test questionnaire to respondents. The purpose of the posttest is to assess respondents' selection of KB MKJP. After that, the researcher statistically analyzed the data from the form sheets.

Data Analysis Method

Data were collected through filling out form sheets, then processed and analyzed using Google Sheets and SPSS. In this study, the Wilcoxon test was used for data analysis, with data processing including Editing, Coding, Scoring, Transferring, and Tabulating. Data were analyzed using univariate analysis and bivariate analysis. Univariate analysis was used to identify age, parity (number of children), highest education level, occupation, and income. Meanwhile, bivariate analysis was conducted to determine the effect of health education on the selection of Long-Term Contraceptive methods in family planning decisions among women of childbearing age. This research has obtained ethical approval from the Health Research Ethics Commission of the *Poltekkes Kemenkes Malang*, with approval number No. DP.04.03/F.XXI.31/0411/2024. The ethics of research aims to protect the rights of subjects, including the confidentiality of respondents' identities, privacy rights, dignity, and the right to be free from intrinsic injury risks (physical, social, and emotional).

RESULTS AND DISCUSSION

1. Univariate Analysis

a. Age Characteristics of Respondents

Table 1: Frequency Distribution of Respondent Characteristics Based on Age.

Age (Year)	F	%
21-35 Years	16	36.4
>35 Years	28	63.6
Total	**44**	**100**

Source: Primary Data Researcher, 2024.

Based on Table 1, the results showed that the age distribution of respondents was mostly>35 years (63.6%), with a small proportion aged 21-35 years (36.4%) and no respondents aged <20 years.

b. Characteristics of Parity (Number of Children) of Respondents

Table 2: Frequency Distribution of Respondent Characteristics Based on Parity.

Parity (Number of Children)	F	%
Number of children 1	9	20.5
Number of children: two or more	35	79.5
Total	**44**	**100**

Source: Primary Data Researcher, 2024.

Based on Table 2, the results showed that the distribution of parity (number of children) was as follows: most respondents (79.5%) had two or more children, and a small proportion (20.5%) had one child.

c. Education Characteristics of Respondents

Table 3: Frequency Distribution of Respondents' Characteristics Based on Education.

Education	F	%
Elementary School	18	40.9
Junior High School	8	18.2
Senior High School	16	36.4
Bachelor's Degree	2	4.5
Total	**44**	**100**

Source: Primary Data Researcher, 2024.

Based on Table 3, the results showed that the educational characteristics of respondents were mostly (40.9%) with the last level of elementary school education and (36.4%) had the last level of high school education, while a small proportion (18.2%) with the last level of junior high school and (4.5%) with the last level of bachelor's degree education.

d. Occupational Characteristics of Respondents

Table 4: Frequency Distribution of Respondents' Characteristics Based on Occupation.

Occupation	F	%
Private	22	50
Self-employed	3	6.8
Housewife	18	40.9
Other	1	2.3
Total	**44**	**100**

Source: Primary Data Researcher, 2024.

Based on Table 4, the results showed that the employment characteristics of respondents were mostly private (50%) and housewives (40.9%), with a small proportion (2.3%) in other categories and 6.8% self-employed.

e. Characteristics of Respondents' Income

Table 5: Frequency Distribution of Respondent Characteristics Based on Income.

Income	F	%
< Rp. 500.000	12	27.3
1.000.000 - 1.500.000 IDR	23	52.3
> 1.500.000 IDR	9	20.5
Total	**44**	**100**

Source: Primary Data Researcher, 2024.

Based on Table 5, the results showed that the characteristics of respondents' income, most of them (52.3%) had an income of 1,000,000 - 1,500,000 IDR, while a small proportion (27.3%) had an income of <500,000 IDR, and 20.5% had an income of >1,500,000 IDR.

2. Bivariate Analysis

a. The decision to choose long-acting contraceptive methods among women of childbearing age before and after receiving health education in Tunjungtirto Village, Singosari Subdistrict

Table 6: Frequency Distribution of the Decision to Choose Long-Term Contraceptive Methods in Women of Childbearing Age Before and After Health Education.

Pre-Post	Not using a contraceptive method		Decided to use a contraceptive method	
Before Education	44	100%	0	0%
After Education	33	75%	11	25%

Source: Primary Data Researcher, 2024.

According to Table 6, before receiving health education on MKJP family planning, respondents did not use it. They preferred non-MKJP methods such as condoms, pills, and injections. Before receiving health education about KB MKJP, zero respondents (0%) decided to use it; after receiving the education, 11 respondents (25%) decided to use it.

b. The Effect of Providing Health Education on the Decision to Choose Long-Term Contraceptive Methods in Women of Fertile Age

Table 7 Results of Wilcoxon Test Analysis of the Effect of Providing Health Education on the Decision to Choose Long-Term Contraceptive Methods in Women of Fertile Age in Tunjungtirto Village, Singosari Subdistrict.

Measurement		N	p-value
Post Pre	Negative ranks	0^a	0.001
	Positive ranks	11^b	
	Ties	33^c	
	Total	**44**	

Source: Primary Data Researcher, 2024.

Based on Table 7, the value 0^a indicates no decrease from pretest to posttest; the value 11b indicates an increase of 11 from pretest to posttest; and the value 33c indicates a similar value between pretest and posttest, namely 33.

The results of the Wilcoxon statistical test obtained a significant p-value of 0.001. This indicates that the value is smaller than the α value (0.001 < 0.05); in this case, p < α, and h0 is rejected, indicating that providing health education affects the decision to choose the Long-Term Contraceptive Method in Women of Fertile Age.

DISCUSSION

Characteristics of Women of Fertile Age (WUS) in Tunjungtirto Village

The majority of respondents in Tunjungtirto Village are WUS aged> 35 years who are at risk of pregnancy occurring. Hence, it is necessary to carefully select an appropriate MKJP family planning method. This is supported by the results of research by Aningsih and Irawan (2019), who say that ages 20 to 35 are considered risk-free because this is a window of time when the female organs, reproductive system, and hormonal balance are ready to bear children.

Someone with two or more children will greatly affect the pattern of their children's education. The number of children will not be optimal for caring for them; in contrast, having only one child will be more optimal in all respects. Respondents with two or more children must choose family planning in accordance with their circumstances to prevent further pregnancies from occurring. This is supported by the results of research by Aningsih and Irawan (2019)Those who say that the number of children a living woman has will also provide experience and information so that she can choose the appropriate method or contraceptive.

A person's level of education also influences their choice of KB MKJP, as someone with higher education will usually have a broader perspective. This is supported by the results of research by Triyanto et al. (2018), which says that someone who has higher education will be more open to trying new ideas and activities. In addition, someone with a high level of education will easily access information because they have more basic skills, such as writing, reading, and interpreting, to do so.

Weak economic conditions due to the type of work held will affect purchasing power, including the ability to buy contraceptives, so poor families generally have low income and tend to have many children. Inadequate income makes WUS in weak or lower-class economies passive in the family planning movement, especially the MKJP. This is supported by the results of research by Budiarti et al. (2017), This says that work will increase a person's understanding and allow them to collect a lot of data, which will make it easier for them to choose MKJP as an effective and efficient form of contraception.

Economic status affects the selection of contraceptive types, especially MKJP, which requires more funds than non-MKJP. Those with high socioeconomic status find it easier to choose health services, and vice versa. This is in line with the results of research conducted by Farkhanah et al. (2022), which states that respondents with an economic status below the UMR mostly do not use MKJP.

Before and After Providing Health Education About Long-Term Contraceptive Methods

Based on the results of the study before being given public health education in the *RT 5* Bunut Hamlet area, MKJP users are very lacking with the pretest results of 0 (0%), namely all women of childbearing age are not willing to decide to use MKJP because the respondents used are women of childbearing age who are non-MKJP family planning users or who do not use long-term contraception. In this pretest, the decision has not been used. Therefore, the *RT 5* Bunut Hamlet area needs more information about the MKJP family planning to form a decision in choosing contraception, especially for the MKJP.

Meanwhile, after receiving health education, the results increased to 6.0 from an initial decision of 0.0. This is an increase in the frequency with which women of childbearing age who previously chose not to use MKJP family planning later adopted it after the researcher provided health education. The increase in decision-making frequency to choose MKJP family planning was supported by health education using video media and booklets. The media used with an attractive presentation, such as the presence of color games, letters, and animation, whether text animation, images, or photos, can attract the attention of respondents and will further stimulate them to find out more information about the material presented. This aligns with Safitri's (2023) research,

which suggests that audio-visual media can make information messages easier to understand and strengthen memory.

According to the theory by Notoatmodjo (2014a), which supports the change in decisions, the respondent experiences several stages, including gaining knowledge, both from his history and from the knowledge provided by the researcher. Knowledge itself has six aspects: Knowing, Understanding, Application, Analysis, Synthesis, and Evaluation. Of the six levels of knowledge, respondents have passed all stages. After that, enter the stage of attitude change. Attitude is an individual's cognitive, affective, and behavioral response. As well as a person's readiness to act, perceive, think, and feel in the face of objects, ideas, situations, or values, to determine whether people should be pro or con against something. In this study, attitude formation and change have occurred. Attitude formation does not happen by itself or haphazardly. But its formation always occurs through human interaction and is associated with certain objects. According to Gerungan (2017)"Social interactions within groups and outside groups can change attitudes or form new attitudes". This is in accordance with what researchers do: conducting social interactions or providing education in groups that can change respondents' attitudes and influence their decision-making. The next stage is a change in action. In this study, the respondent's decision to replace the KB was not affected by the researcher's health education, as the researcher examined the decision only after providing the education, without assessing the stage of action involved in the replacement.

The Effect of Providing Health Education on the Decision to Choose Long-Term Contraceptive Methods in Women of Fertile Age

Based on the Wilcoxon statistical test, the p-value is smaller than the α value, indicating that providing health education affects the decision to choose the Long-Term Contraceptive Method among women of childbearing age. Before being given health education, no one chose to use MKJP family planning. After being given health education, respondents were allowed to fill in and make decisions in choosing long-term contraceptives to be used. After receiving health education, 11 respondents chose to use MKJP. This happened because of increased knowledge and information about the MKJP family planning program, in accordance with the results of research by Ma'rifah et al. (2023), which found a significant difference in knowledge before and after the family planning intervention. This occurs due to several factors, especially low information and knowledge about family planning. The purpose of family planning is to regulate the timing and spacing of births, the ideal age of childbirth, and pregnancy. To address population growth, family planning acceptors are directed to use the Long-Term Contraceptive Method (MKJP). When providing health education about the MKJP family planning program, researchers have emphasized its very high effectiveness. But many respondents are still not open to switching to MKJP family planning. For example, respondents with more than two children should be more accepting of MKJP family planning, but in reality, many still have difficulty making their choice.

Pender's health promotion model is consistent and emphasizes the importance of health promotion and prevention to improve the health of clients or communities. (Alligood, 2014). This is in line with researchers who conduct health education to make the community of *RT 5* Bunut Hamlet understand contraceptive methods, and the community can change their decision to use contraception. With that, researchers used a booklet and video media with a fairly high level of effectiveness.

Health education is provided within two consecutive days, for 60 minutes. In accordance with the theory of the obliteration curve (*Ebbinghaus),* we tend to forget information quickly after initial learning. Therefore, repetition within a specific time interval after initial learning is very important for strengthening long-term memory. Providing information between 45 and 90 minutes can be a good option. Within this timeframe, one can stay focused without feeling too tired. The education is given a relaxed pause of about 5-10 minutes to allow for resting, stretching,

or consolidating the newly learned information. This aligns with research by Wardani et al. (2020), who found that Maria & Sari (2023) provided education over a short span of 1-2 days.

In Kaseuntung's (2015) study, the results show that health education for Women of Fertile Age (WUS) influences knowledge of Long-Term Contraceptive Methods. After being given health education, the community is allowed to fill in and make decisions in the selection of long-term contraception to be used. The increase in the frequency of decision-making on the selection of MKJP family planning is supported by video media and booklets that play a role in WUS decision-making. The media used with an attractive presentation, such as color games, letters, and animations, whether text animation, images, or photos, can attract the audience's attention and make it more stimulating to learn more about the material presented. This can make the information message easier to understand visually and strengthen memory. (Wardani, 2020).

According to the study's results, 33 respondents chose not to change their KB MKJP because several factors made it difficult to do so. After the researcher reconfirmed this, the inhibiting factor was identified as fear and embarrassment. During the provision of health education, the researcher has tried to provide as much positive information as possible, and there is no slightest assumption that frightens the respondent; even the researcher has explained that cooking KB MKJP is assisted by giving anesthesia, so it does not hurt. In addition to the embarrassment, the researcher has also explained that during the installation of MKJP family planning, the SOP is always used, which already includes measures to maintain client privacy. So, health workers, especially midwives, in the implementation of MKJP family planning are sure to maintain patient confidentiality. Respondents who do not have the desire to switch to MKJP family planning, we, as midwives, must provide more information on this matter. This can be used to evaluate the researcher during the research and as a reference for future researchers.

CONCLUSION

The results of the Wilcoxon test indicate that providing health education affects the selection of Long-Term Contraceptive Methods in Women of Fertile Age. It is hoped that further research will further improve the provision of health education so that it is well received and can even more strongly influence respondents' decisions. Suggestions for future researchers include including additional variables that have not been studied in previous research, especially regarding the accuracy of the placement of the Long-Term Contraceptive Method (MKJP), so that this study truly reflects the results obtained and is not merely an abstract desire. Furthermore, future researchers are expected to develop checklist forms to maximize their research outcomes and to create appealing educational media, along with new educational delivery methods, so that they are well-received by the public, especially women of reproductive age.

REFERENCES

Affandi, B., Adriaans, G., Gunardi, E., & Koesno, H. (2021). *Buku Panduan Praktis Pelayanan Kontrasepsi* (3rd ed.). Jakarta: Bina Pustaka Sarwono Prawirohardjo.

Alligood, M. R. (2014*). Nursing Theorists and Their Work (8th ed.)*. St. Louis, Missouri: Elsevier Mosby.

BPS (Badan Pusat Statistik). (2023). *Data Jumlah Penduduk Indonesia (2013-2023)*. Badan Pusat Statistik (BPS). https://dataindonesia.id/varia/detail/data-jumlah-penduduk-indonesia-20132023

BKKBN. (2020). *Rencana Strategi BKKBN 2020-2024*. https://www.bkkbn.go.id/storage/files/1/RENSTRA%20-%20Rencana%20Strategis%20BKKBN/Pusat/RENSTRA%20BKKBN%202020-2024.pdf

BKKBN Jawa Timur. (2023). *MONITORING DAN EVALUASI CAPAIAN HASIL PELAYANAN KB OLEH BKKBN PROVINSI JAWA TIMUR*. 2023. https://kb.malangkab.go.id/pd/detail?title=keluarga-berencana-opd@3507-monitoring-dan-evaluasi-capaian-hasil-pelayanan-kb-oleh-bkkbn-provinsi-jawa-timur#:~:text=menyebutkan%20berdasarkan%20hasil%20capaian%20aplikasi,akseptor%20(63%2C04%25).

Budiarti, I., Dwi N., D., Hidayat, R., & Masyarakat, F. K. (2017). *Determinan Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP) pada Akseptor KB*. https://doi.org/10.26630/jk.v8i2.490

Farkhanah, A., Ginting, A. S. B., & Pujianti, P. (2022). Dukungan suami, dukungan petugas kesehatan, status ekonomi dengan perilaku ibu dalam pemilihan KB MKJP: Husband's support, health officer support, economic status and mother's behavior in choosing MKJP Family Planning. *SIMFISIS: Jurnal Kebidanan Indonesia*, *2*(1), 225-231. https://doi.org/10.53801/sjki.v2i1.54

Gerungan, W. A. (2017). *Psikologi Sosial*. Bandung: PT Refika Aditama.

Ginting, A., & Iskandar, M. (2022). *Edukasi ABPK KB Metode Kontrasepsi Jangka Panjang* (Y. Rosyad, Ed.). Bandung: Media Sains Indonesia. http://repository.stikes-yogyakarta.ac.id/id/eprint/224/1/EDUKASI%20ABPK%20KB%20METODE%20KONTRASEPSI%20JANGKA%20PANJANG.pdf

Kaseuntung, C., Kundre, R., & Bataha, Y. (2015). Pengaruh penyuluhan kesehatan terhadap pengetahuan Wanita Usia Subur (WUS) dalam pemilihan kontrasepsi di Desa Kalama Darat Kecamatan Tamako Kepulauan Sangihe. *Jurnal Keperawatan*, *3*(3), 1-6. https://doi.org/10.35790/jkp.v3i3.8779

Khoiriyah, M. (2021). *Implementasi Kebijakan Program Keluarga Berencana (KB) di Desa Karanganyar, Kecamatan Ambulu, Kabupaten Jember* (Doctoral dissertation, Sekolah Tinggi Ilmu Administrasi Pembangunan Jember). https://repo.stiapembangunanjember.ac.id/174/

Maria, L., & Sari, R. (2023, January). Pengaruh pendidikan kesehatan terhadap dispareunia pada perempuan menopause di RSUD Kayuagung tahun 2022. *Jurnal Kesehatan dan Pembangunan, 13*(25), 79–86. https://doi.org/10.52047/jkp.v13i25.200

Ma'rifah, A. N., Shabiyya, F. H., Azkya, L. N., Adani, M. F., Novita, R., Putri, R. T. N., ... & Nurfadhilah, N. (2023). Upaya peningkatan pengetahuan masyarakat mengenai program keluarga berencana (KB) melalui kegiatan penyuluhan di Posyandu Cendrawasih RW 013, Kelurahan Jombang, Kota Tangerang Selatan. *AS-SYIFA: Jurnal Pengabdian dan Pemberdayaan Kesehatan Masyarakat*, *4*(2), 1-6. https://doi.org/10.24853/assyifa.4.2.1-6

Muthi'ah, T. A., & Trihandini, I. (2023). Hubungan pemberdayaan wanita dengan penggunaan metode kontrasepsi jangka panjang (MKJP) pada wanita usia subur (15-49 tahun) yang telah menikah di Indonesia: Analisis data SDKI 2017. *Jurnal Biostatistik, Kependudukan, dan Informatika Kesehatan*, *3*(1), 4. https://doi.org/10.7454/bikfokes.v3i1.1037

Notoatmodjo, S. (2014a). *Metode Penelitian Kesehatan*. Jakarta: Rineka Cipta.

Notoatmodjo, S. (2014b). *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.

Palentari, L. (2021). *Pengaruh Penyuluhan Metode Kontrasepsi Jangka Panjang Terhadap Pengetahuan dan Sikap Pada Wanita Usia Subur di Wilayah Kerja Puskesmas Batu Brak*. Diploma thesis, Poltekkes Tanjungkarang. https://repository.poltekkes-tjk.ac.id/id/eprint/148/2/RINGKASAN%20ABSTRAK.pdf

Rismawati, S. (2014). Unmet need: Tantangan program keluarga berencana dalam menghadapi ledakan penduduk tahun 2030. *Fakultas Kedokteran UNPAD*. https://pustaka.unpad.ac.id/archives/132603

Safitri, D. (2023). *Implementasi media audio visual pada mata pelajaran Sejarah Kebudayaan Islam dalam meningkatkan minat belajar siswa kelas XII di MAN 2 Jember*. Universitas Islam Negeri Kiai Haji Achmad Siddiq Jember. https://digilib.uinkhas.ac.id/28878/1/DESY%20SAFITRI_T20191042.pdf

Simanjuntak, L., Handayani, P., Raudah, H. I. A., & Ivana, J. (2023). Implementasi keijakan pemerintah mendorong pelaksanaan keluarga berencana (KB). *Journal Multidisplin Dehasen (MUDE)*, *2*(3), 381-388. https://doi.org/10.37676/mude.v2i3.4026

Aningsih, B. S. D., & Irawan, Y. L. (2019). Hubungan umur, tingkat pendidikan, pekerjaan dan paritas terhadap penggunaan metode kontrasepsi jangka panjang (MKJP) di Dusun III Desa Pananjung Kecamatan Cangkuang Kabupaten Bandung. *Jurnal Kebidanan*, *8*(1), 33-40. https://doi.org/10.47560/keb.v8i1.193

Triyanto, L., & Indriani, D. (2018). Faktor yang mempengaruhi penggunaan jenis Metode Kontrasepsi Jangka Panjang (MKJP) pada wanita menikah usia subur di Provinsi Jawa Timur. *The Indonesian Journal of Public Health*, *13*(2), 244-255. https://doi.org/10.20473/ijph.vl13il.2018.244-255

Wardani, D. A. (2020). Pengaruh pendidikan kesehatan dengan media audio visual terhadap pengambilan keputusan intuitif metode kontrasepsi jangka panjang. *Jurnal Medika: Karya Ilmiah Kesehatan*, *5*(1). https://doi.org/10.35728/jmkik.v5i1.118

Wardani, E. M., Bistara, D. N., & Setiyowati, E. (2020). The influence of social media on COVID-19 on handwashing behavior, mask wearing, and physical distancing of Indonesian students. *STRADA Jurnal Ilmiah Kesehatan*, *9*(2), 1338-1345. http://repository.unusa.ac.id/id/eprint/6411

Yulizar, Y., Rochadi, R. K., Sembiring, R., Nababan, D., Sitorus, M. E. J., & Windra, T. (2022). Analisis faktor-faktor yang mempengaruhi partisipasi PUS dalam metode kontrasepsi jangka panjang (MKJP) di Kecamatan Langsa Timur tahun 2021. *PREPOTIF: JURNAL KESEHATAN MASYARAKAT*, *6*(1), 113–124. https://doi.org/10.31004/prepotif.v6i1.2736