
Factors Related To The Suitability Of Contraceptive Use Among Active Family Planning Acceptors In Kayu Aro District, Jambi Province In 2023

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Abstract

The selection of appropriate contraceptive methods is a crucial factor in the success of a family planning (FP) program, as mismatching methods with needs, health conditions, and reproductive goals can increase the risk of unwanted pregnancy. This study aims to analyze factors related to the appropriateness of contraceptive use among active FP acceptors in Kayu Aro District, Jambi Province in 2023. The study used a quantitative analytical design with a cross-sectional approach on 106 active FP acceptors selected by simple random sampling. Data were collected using a structured questionnaire and analyzed univariately and bivariately. The results showed that the majority of respondents used appropriate contraceptive methods (88.7%). There was a significant relationship between the number of children ($p=0.001$), family planning goals ($p=0.006$; $p=0.002$), the role of health workers ($p=0.001$), community stigma ($p=0.001$), and information sources ($p=0.001$) with the appropriateness of contraceptive use, while age ($p=0.505$) and medical history ($p=0.204$) were not significantly related. It was concluded that the number of children, family planning goals, support from health workers, community stigma, and information sources were factors related to the appropriateness of contraceptive use. Strengthening contraceptive education, counseling by health workers, and providing accurate information are needed to improve the accuracy of contraceptive method selection.

Keywords: Contraception, Family Planning Acceptors, Health Workers, Stigma, Information.

INTRODUCTION

Population growth remains a global and national challenge that impacts various aspects of development, including reproductive health. Indonesia's population increased from 272.68 million in 2021 to 275.73 million in 2022, while the global population is projected to reach 9.7 billion by 2030. This situation places fertility control through family planning (FP) programs as a crucial strategy to suppress population growth and prevent further impacts such as increased maternal and infant mortality rates, poverty, and nutrition and sanitation problems. (Mahmudah & Daryanti, 2023; Sari et al., 2015; Warsini et al., 2021)

Proper contraceptive use is a key component to the success of family planning programs. However, in Indonesia, the use of non-MKJP methods is still more dominant than MKJP. In Jambi Province, non-MKJP contraceptive use reached 86.3%, with injectables being the most common choice. A similar situation is also seen in Kerinci Regency, particularly Kayu Aro District, where the majority of active family planning users still choose injectables and pills as their primary methods. (Fitri, 2016; Rismawati & Sari, 2021) The dominance of non-MKJP methods is a concern because they do not always align with the acceptor's family planning goals, health conditions, number of children, or reproductive needs, thus increasing the risk of unwanted pregnancy. (Diang Mahalia et al., 2022; Nurmaliza et al., 2023)

Data from the National Population and Family Planning Agency (BKKBN) in Kerinci Regency shows that Kayu Aro District has a high proportion of unmet need and use of non-MKJP contraceptives. Preliminary survey results also found a gap between the purpose of using family planning, such as birth control, and the method chosen, with many acceptors continuing to use injections or pills despite rationally preferring long-term contraceptive methods. Furthermore, persistent stigma surrounding MKJP, such as the belief that IUDs can migrate to the heart or that the

implant can come out during strenuous activity, influences acceptors' decisions in choosing a method. (Okusa, 2019)

Previous research has shown that age, number of children, family planning requests, sources of information, and support from health workers are associated with appropriate contraceptive use. (Agustini et al., 2015; Krismiyati, 2020). However, research related to the appropriateness of contraceptive use among active family planning acceptors in Kayu Aro District is still limited, even though this area has a high prevalence of non-MKJP use. Therefore, this study is important to analyze factors related to the appropriateness of contraceptive use among active family planning acceptors in Kayu Aro District in 2023. (Kusuma Dewi & Arka, 2021)

RESEARCH METHODS

This study used a quantitative analytical design with a cross-sectional approach to analyze factors related to the suitability of contraceptive use among active family planning acceptors in Kayu Aro District, Kerinci Regency, Jambi Province. The study was conducted from January to February 2024 in 21 villages within the Kayu Aro District working area.

The study population consisted of all 4,313 active couples of childbearing age (PUS) in Kayu Aro District. The sample size was calculated using the Lemeshow formula, resulting in 96 respondents. A 10% dropout rate was added, resulting in a total of 106 respondents. The sampling technique used was probability sampling with proportionate stratified random sampling based on village.

Inclusion criteria included legally married active family planning acceptors, aged 15–49 years, domiciled in Kayu Aro District, who had used contraception for at least one month, and were willing to be respondents. Respondents who used traditional methods, were not resident, or could not be interviewed were excluded from the study.

Data were collected using a structured questionnaire through direct interviews covering variables such as age, number of children, medical history, family planning goals, the role of health workers, community stigma, information sources, and appropriateness of contraceptive use. The dependent variable was the appropriateness of contraceptive use, while the independent variables included age, number of children, medical history, family planning goals, the role of health workers, community stigma, and information sources. Data analysis was performed using univariate analysis to describe the frequency distribution of respondent characteristics and bivariate analysis using the Chi-Square test to determine the relationship between the independent and dependent variables.

RESULTS AND DISCUSSION

Kayu Aro District is a district in Kerinci Regency, Jambi Province, Indonesia. This area was formed as a result of the division of Gunung Kerinci District on June 12, 1996, based on Government Regulation Number 47 of 1996. The district's administrative center is currently located in Tanjung Bungo Village, which was previously located in Batang Sangir Village. Kayu Aro District has an area of approximately 106.06 km², with a population of 19,979 people and a population density of approximately 188 people/km². Administratively, this area consists of 21 villages.

Table 1. Distribution of Respondent Characteristics based on Education, Occupation, and Contraceptives Used

	Variables	Frequency	Percentage (%)
Education	Elementary School	7	6.6
	Junior High School	25	23.6
	Senior High School	60	56.6
	PT	14	13.2
Work	Housewife/Not Working	53	50.0
	Civil Servants/Police	33	31.1
	Private	3	2.8
	Businessman	1	0.9
	Other	16	15.1
Contraceptive Devices Used	Injectable Birth Control	46	43.4
	Birth Control Pills	31	29.2
	IUD/IUD	5	4.7
	Implant	22	20.8
	Vasectomy	2	1.9

The highest distribution by educational level was found in high school, with 56.6% of respondents being housewives or unemployed, at 50.0%. The majority of contraceptives used were injectables, at 43.4%.

Table 2. Distribution of Respondent Characteristics by Age

Mean	95% CI	Median	Min-Max	Standard Deviation
31.05	29.76-32.33	30.00	20-51	6.68

The average age of respondents was 31 years with a median of 30 years. The lowest age was 20 years and the highest age was 51 years with a variation of 6.68 years.

Table 3. Frequency Distribution of Factors Related to the Suitability of Contraceptive Use among Active Family Planning Acceptors in Kayu Aro District, Jambi Province in 2023

	Variables	Frequency	Percentage (%)
Suitability of Contraceptive Use	It is not in accordance with	12	11.3
	In accordance	94	88.7
Age	Young Age	77	72.6
	Old Age	29	27.4
Number of children	>2 children	8	7.5
	<= 2 children	98	92.5
Medical History	There is	68	64.2
	There isn't any	38	35.8
	Postpone	76	71.7

Variables		Frequency	Percentage (%)
Request for Family Planning and Contraceptive Devices	Space	17	16.0
	End	13	12.3
The Role of Health Workers	Does not support	15	14.2
	Support	91	85.8
Social Stigma	Prohibiting the Use of Contraceptives	10	9.4
	Does Not Prohibit the Use of Contraception	96	90.6
Resources	Does Not Influence/Encourage	11	10.4
	Influence/push	95	89.6

The distribution based on contraceptive suitability showed that the highest percentage of respondents were in the appropriate category (88.7%). The majority of respondents were young (72.6%) aged 20–35. The majority of respondents had fewer than two children (92.5%). The highest number of respondents had a medical history (64.2%).

The majority of requests for family planning and contraceptives are for the purpose of delaying pregnancy (71.7%). Based on the role of health workers, the majority support the use of contraceptives (85.8%). Furthermore, based on societal stigma, the majority do not prohibit the use of contraceptives (90.6%). Furthermore, based on information sources obtained, the majority influence or encourage the use of contraceptives (89.6%).

Table 4. Bivariate Analysis of Factors Associated with the Suitability of Contraceptive Use among Active Family Planning Acceptors in Kayu Aro District, Jambi Province in 2023

Variables	Suitability of Contraceptive Use				PR (95% CI)	P-Value	
	It is not in accordance with	%	In accordance	%			
Age	Young Age	10	13.0%	67	87.0%	1.883 (0.439-8.083) Chorus	0.505*
	Old Age	2	6.9%	27	93.1%		
Number of children	>2 children	7	87.5%	1	12.5%	17,150 (7,021-41,894) Chorus	0.001*
	<= 2 children	5	5.1%	93	94.9%		
Medical History	There is	10	14.7%	58	85.3%	2.794 (0.645-12.096) Chorus	0.204*
	There isn't any	2	5.3%	36	94.7%		
Request for Family Planning and Contraceptive Devices	Postpone	4	5.3%	72	94.7%	Chorus 11,250 (2,500-50,624)	Chorus 0.006
	Space	3	17.6%	14	82.4%		
	End	5	38.5%	8	61.5%	2.917 (0.547-15.561)	0.002

Variables		Suitability of Contraceptive Use				PR (95% CI)	P-Value
		It is not in accordance with	%	In accordance	%		
The Role of Health Workers	Does not support	7	46.7%	8	53.3%	8,493 (3,095-23,304) Chorus	0.001*
	Support	5	5.5%	86	94.5%		
Social Stigma	Forbid	7	70.0%	3	30.0%	13,440 (5,224-34,577) Chorus	0.001*
	Not Prohibited	5	5.2%	91	94.8%		
Resources	Does Not Affect	7	63.6%	4	36.4%	12,091 (4,616-31,673) Chorus	0.001*
	Influence	5	5.3%	90	94.7%		

*Fisher's Exact Test

Based on individual characteristics, the proportion of inappropriate contraceptive use was found in 13.0% of young respondents and 6.9% of older respondents. The results of the bivariate analysis showed that young respondents had a 1.88 times higher risk of using inappropriate contraceptives compared to older respondents (PR=1.883; 95%CI: 0.439–8.083), but the relationship was not statistically significant (p=0.505).

Based on the number of children, 87.5% of respondents with >2 children used inappropriate contraception. Respondents with >2 children had a 17.15 times higher risk than respondents with ≤2 children (PR=17.150; 95%CI: 7.021–41.894), and this association was statistically significant (p=0.001).

Regarding medical history, 14.7% of respondents with a medical history used inappropriate contraception. Respondents with a medical history had a 2.79-fold higher risk than those without (PR=2.794; 95%CI: 0.645–12.096), but the relationship was not significant (p=0.204).

Based on the purpose of family planning use, inappropriate contraceptive use was found in 5.3% of respondents who postponed pregnancy, 17.6% who spaced their pregnancy, and 38.5% who terminated their pregnancy. Respondents with the goal of spacing their pregnancy had an 11.25-fold higher risk than those who intended to delay pregnancy (PR=11.250; 95%CI: 2.500–50.624; p=0.006). Meanwhile, respondents who intended to terminate their pregnancy had a 2.91-fold higher risk (PR=2.917; 95%CI: 0.547–15.561; p=0.002).

Regarding the role of health workers, 46.7% of respondents who received support from health workers did not support the use of inappropriate contraceptives. The analysis showed that a lack of support from health workers increased the risk of inappropriate contraceptive use by 8.49 times compared to supportive health workers (PR=8.493; 95%CI: 3.095–23.304; p=0.001).

Based on societal stigma, inappropriate contraceptive use was more common among respondents with societal stigma prohibiting contraception. Respondents in communities with societal stigma had a 13.44-fold higher risk than those with societal stigma prohibiting contraception (PR=13.440; 95%CI: 5.224–34.577; p=0.001).

Regarding the information source variable, 63.6% of respondents with information sources that did not influence their use of contraception used inappropriate methods. Respondents with inadequate information sources had a 12.09 times higher risk than respondents with adequate information sources (PR=12.091; 95%CI: 4.616–31.673; p=0.001).

Discussion

1. The Relationship Between Age and the Suitability of Contraceptive Use

The study results showed that younger respondents (20–35 years old) were more likely to use inappropriate contraceptives than older respondents, although this relationship was not statistically significant. This finding indicates that age may contribute to contraceptive use behavior but is not a dominant factor in itself.

These findings align with research by Blanc et al., who reported that adolescent and young adult women had higher rates of contraceptive discontinuation within the first year than older age groups, and experienced more contraceptive failure due to inconsistent or inappropriate use (Blanc et al., 2009). This suggests that young age is often associated with limited experience, practical knowledge, and continuity of contraceptive method use.

Furthermore, Santelli et al. explained that the decline in teenage pregnancies is significantly influenced by the increased use of effective and consistent contraception (Santelli et al., 2007). The main challenge in this younger age group is not only choosing a method, but also the consistency and accuracy of its use in daily life. This supports the research findings that the 20–35 age group appears to be at higher risk, although this is not yet statistically significant.

However, age is not the only factor determining the appropriateness of contraceptive use. Cleland et al. emphasized that access to services, quality of counseling, and the availability of adequate information significantly influence the appropriateness of contraceptive use (Cleland et al., 2012). Therefore, comprehensive contraceptive education for young people needs to be strengthened, particularly regarding correct use, consistency of use, and method selection according to needs.

2. The Relationship Between the Number of Children and the Suitability of Contraceptive Use

The results showed that respondents with more than two children were at higher risk of using inappropriate contraceptives than those with two or fewer children, and this relationship was statistically significant. These findings confirm that the number of children is an important factor influencing contraceptive use behavior.

These findings align with Barden-O'Fallon and Speizer's findings that couples' contraceptive decisions are strongly influenced by ambivalence toward pregnancy, particularly in couples with more children who have entered the birth control phase (Fallon & Speizer, 2014). Under these circumstances, contraceptive decisions are often driven by practical and immediate needs, potentially increasing the risk of choosing an inappropriate method.

Cleland et al. also stated that the greater a couple's need to prevent unwanted pregnancies, the more important it is to choose a method that is effective and appropriate for the user's reproductive health (Cleland et al., 2012). In families with more than two children, the desire to limit births is generally stronger, so the method chosen should be highly effective and suitable for long-term use. Therefore, acceptors with more than two children should be prioritized in parity-based family planning counseling to ensure the method chosen truly aligns with the goal of birth control.

3. The Relationship Between Medical History and the Suitability of Contraceptive Use

Respondents with a medical history were found to be at higher risk of using inappropriate contraceptives than those without, although this relationship was not statistically significant. Burrows et al. explained that hormonal contraceptive use can affect comfort, perceived side effects, and user acceptance of a method (Burrows et al., 2012). In women with a medical history, concerns about side effects often influence method selection decisions, which can lead to inappropriate use.

For respondents with a history of STIs, Glasier et al. emphasized the importance of dual protection, namely using a contraceptive method to prevent pregnancy while using condoms to prevent STI transmission (Glasier et al., 2006). Therefore, in this group, choosing a hormonal contraceptive method without the additional protection of condoms can be categorized as less appropriate.

However, Cleland et al. emphasized that the suitability of a method for women with comorbidities is largely determined by the quality of counseling and the method's suitability to the user's medical condition (Cleland et al., 2012) . This explains why the relationship in this study was not yet significant.

4. The Relationship Between Family Planning Demand and Contraceptive Use Suitability

The results of the study showed that respondents who aimed to space and terminate pregnancies had a higher risk of using inappropriate contraceptives compared to respondents who aimed to delay pregnancy, and this relationship was statistically significant.

Blanc et al. explain that the sustainability and appropriateness of contraceptive use are greatly influenced by the user's reproductive goals (Blanc et al., 2009) . Women who want to space or terminate pregnancies require more effective and sustainable methods than those who simply want to temporarily delay pregnancy.

Cleland et al. also emphasized that contraceptive benefits are optimal if the chosen method aligns with the couple's fertility intentions (Cleland et al., 2012) . For those seeking termination of pregnancy, the use of short-term methods with higher failure rates can increase the risk of unintended pregnancy. Therefore, contraceptive counseling based on fertility goals is essential to ensure the chosen method aligns with the user's needs.

5. The Relationship between the Role of Health Workers and the Appropriateness of Contraceptive Use

The role of health workers has been shown to be significantly associated with appropriate contraceptive use. Respondents who received inadequate support from health workers were at greater risk of using inappropriate methods.

Williamson et al. stated that one of the main barriers to modern contraceptive use is limited accurate information and a lack of support from the health care system (Williamson et al., 2009) . When health workers do not provide optimal counseling, users are more likely to choose a method based on perceptions, myths, or incomplete information. Therefore, health workers need to strengthen their capacity as counselors, educators, and motivators to help users choose the most appropriate method.

6. The Relationship between Community Stigma and the Suitability of Contraceptive Use

Community stigma prohibiting contraceptive use has been shown to be significantly associated with non-compliance with contraceptive use. A study in Ethiopia showed that social norms and negative societal perceptions are among the main barriers to modern contraceptive use (Musa et al., 2016) . Women living in environments with high stigma often feel ashamed or afraid of being judged negatively, leading them to choose methods without adequate consultation.

Dyer et al. also emphasized that stigma surrounding reproductive health can hinder women from seeking health information and services (Dyer et al., 2002) . In these circumstances, decisions about contraceptive use are often more influenced by social acceptance than medical need. Therefore, community-based education and the involvement of community leaders are crucial to reducing stigma surrounding contraceptive use.

7. The Relationship between Information Sources and the Suitability of Contraceptive Use

Research shows that inadequate information sources are significantly associated with inappropriate contraceptive use. A study in Ethiopia showed that women who obtained information from health workers or official sources were more likely to choose an appropriate method (Habtamu et al., 2019) . Conversely, limited information can lead to inappropriate method selection.

This finding is reinforced by a study on contraceptive myths in Kenya which showed that information from friends, family, or the environment often gave rise to misconceptions, such as that contraception causes infertility or serious illness (Mwaisaka et al., 2020) .

Furthermore, personal experience does influence the decision to use a method, but it is more effective when supported by accurate information from health professionals (Baird & Glasier, 1999). Therefore, strengthening evidence-based education and debunking myths in the community are important strategies for improving the appropriateness of contraceptive use.

CONCLUSION

This study shows that the number of children, the purpose of family planning use, the role of health workers, community stigma, and information sources are significantly associated with the appropriateness of contraceptive use among active family planning acceptors in Kayu Aro District, Jambi Province in 2023. Meanwhile, age and medical history did not show a significant association. These findings confirm that reproductive factors, health service support, and social and informational influences play a significant role in the appropriate choice of contraceptive method.

REFERENCES

- Agustini, R., Martiana Wati, D., & Ramani, A. (2015). Kesesuaian Penggunaan Alat Kontrasepsi Berdasarkan Permintaan KB pada Pasangan Usia Subur (PUS) di Kecamatan Puger Kabupaten Jember (Contraceptives Use Compatibility Based On Contraceptive Demand Among Fertile Age Couple at Puger Sub District, Jember Dist. *e-Jurnal Pustaka Kesehatan*, 3(1), 150–162.
- Baird, D. T., & Glasier, A. F. (1999). Science, medicine and the future: Contraception. *British Medical Journal*, 319(7215), 969–972. <https://doi.org/10.1136/bmj.319.7215.969>
- Blanc, A. K., Tsui, A. O., Croft, T. N., & Trevitt, J. L. (2009). Patterns and trends in adolescents' contraceptive use and discontinuation in developing countries and comparisons with adult women. *International Family Planning Perspectives*, 35(2), 63–71. <https://doi.org/10.1363/3506309>
- Burrows, L. J., Basha, M., & Goldstein, A. T. (2012). The Effects of Hormonal Contraceptives on Female Sexuality: A Review. *Journal of Sexual Medicine*, 9(9), 2213–2223. <https://doi.org/10.1111/j.1743-6109.2012.02848.x>
- Cleland, J., Conde-agudelo, A., Peterson, H., Ross, J., & Tsui, A. (2012). Family Planning 2: Contraception and health. *The Lancet*, 380(9837), 149–156. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60609-6/fulltext%0Ahttps://doi.org/10.1016/S0140-6736\(12\)60609-6](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60609-6/fulltext%0Ahttps://doi.org/10.1016/S0140-6736(12)60609-6)
- Diang Mahalia, L., Kesehatan Kementerian Kesehatan Palangka Raya, P., Raya, P., & Corresponding Author, I. (2022). Unmet Need dan Unsatisfied Demand Pada Penggunaan Alat dan Obat Kontrasepsi. *Indonesian Journal of Midwifery Today*, 2022(1), 1–6.
- Dyer, S. J., Abrahams, N., Hoffman, M., & van der Spuy, Z. M. (2002). Infertility in South Africa: women's reproductive health knowledge and treatment-seeking behaviour for involuntary childlessness. *Human Reproduction (Oxford, England)*, 17(6), 1657–1662. <https://doi.org/10.1093/humrep/17.6.1657>
- Fallon, J. L. B., & Speizer, I. S. (2014). Indonesian couple's pregnancy ambivalence and contraceptive use. *National Institute of Health*, 36(1), 1–17. <https://doi.org/10.1363/ipsrh.36.036.10.Indonesian>
- Fitri, N. K. et al. (2016). Faktor-Faktor Yang Berhubungan Dengan Faktor-Faktor Yang Berhubungan Dengan. *Jurnal Kesehatan Lingkungan*, 13(1), 21–26.
- Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. (2006). Sexual and reproductive health: a matter of life and death. *Lancet*, 368(9547), 1595–1607. [https://doi.org/10.1016/S0140-6736\(06\)69478-6](https://doi.org/10.1016/S0140-6736(06)69478-6)

- Habtamu, A., Tesfa, M., Kassahun, M., & Animen, S. (2019). Determinants of long-acting contraceptive utilization among married women of reproductive age in Aneded district, Ethiopia: a case-control study. *BMC research notes*, 12(1), 433. <https://doi.org/10.1186/s13104-019-4445-3>
- Krismiayati, M. (2020). Kesesuaian Penggunaan Alat Kontrasepsi Berdasarkan Pola Perencanaan Keluarga Pada Akseptor Kb Pasangan Usia Subur. *Jurnal Kesehata Karya Husada*, 8(1), 68–75. <https://jurnal.poltekkeskhjogja.ac.id/index.php/jkhh/article/view/381>
- Kusuma Dewi, N. K. S., & Arka, S. (2021). Analisis Faktor Yang Mempengaruhi Keputusan Pasangan Usia Subur Dalam Penggunaan Alat Kontrasepsi Di Kabupaten Badung. *E-Jurnal Ekonomi dan Bisnis Universitas Udayana*, 10(11), 1001. <https://doi.org/10.24843/eeb.2021.v10.i11.p07>
- Mahmudah, N., & Daryanti, M. S. (2023). Karakteristik Akseptor Kb Dan Pemilihan Metode Alat Kontrasepsi Pada Wanita Usia Subur Di Masa Pandemi. *IMJ (Indonesian Midwifery Journal)*, 5(1), 16. <https://doi.org/10.31000/imj.v5i1.6008>
- Musa, A., Assefa, N., Weldegebreal, F., Mitiku, H., & Teklemariam, Z. (2016). Factor associated with experience of modern contraceptive use before pregnancy among women who gave birth in Kersa HDSS, Ethiopia. *BMC Public Health*, 16(1), 1–6. <https://doi.org/10.1186/s12889-016-3292-6>
- Mwaisaka, J., Gonsalves, L., Thiongo, M., Waithaka, M., Sidha, H., Agwanda, A., Mukiira, C., & Gichangi, P. (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. *BMC Public Health*, 20(1), 1–10. <https://doi.org/10.1186/s12889-020-09849-1>
- Nurmaliza, L., Maulina Sari Nasution, W., Chairani Lubis, R., Yusnanda, F., & Ayu Pratiwi, T. (2023). Hubungan Pekerjaan, Paritas Pus Tentang Kontrasepsi Dengan Pemilihan Kb Suntik. *Al-Tamimi Kesmas: Jurnal Ilmu Kesehatan Masyarakat (Journal of Public Health Sciences)*, 12(1), 70–76. <https://doi.org/10.35328/kesmas.v12i1.2437>
- Okusa, M. (2019). Analisis Faktor-faktor yang Mempengaruhi Pendapatan Usahatani Bawang Merah (*Allium cepa L.*) di Kecamatan Kayu Aro Kabupaten Kerinci. (المجلة العلمية للعلوم) (المجلد 49), 69–73.
- Rismawati, R., & Sari, A. P. (2021). Analisis Faktor yang Memengaruhi Rendahnya Minat Pasangan Usia Subur terhadap Penggunaan Metode Kontrasepsi Jangka Panjang. *Jurnal Bidan Cerdas*, 3(4), 191–198. <https://doi.org/10.33860/jbc.v3i4.566>
- Santelli, J. S., Lindberg, L. D., Finer, L. B., & Singh, S. (2007). Explaining recent declines in adolescent pregnancy in the United States: The contribution of abstinence and improved contraceptive use. *American Journal of Public Health*, 97(1), 150–156. <https://doi.org/10.2105/AJPH.2006.089169>
- Sari, S. W., Suherni, & Purnamaningrum, Y. E. (2015). Gambaran Efek Samping Kontrasepsi Suntik pada Akseptor KB Suntik. *Jurnal Kesehatan Ibu dan Anak*, 8(2), 30–34.
- Warsini, W., Indarti, S., & Subekti, R. T. (2021). Faktor – Faktor Yang Mempengaruhi Pengambilan Keputusan Pasutri Dalam Memilih Alat Kontrasepsi. *Jurnal Ilmiah Kesehatan*, 10(1), 33–41. <https://doi.org/10.52657/jik.v10i1.1314>
- Williamson, L. M., Parkes, A., Wight, D., Petticrew, M., & Hart, G. J. (2009). Limits to modern contraceptive use among young women in developing countries: A systematic review of qualitative research. *Reproductive Health*, 6(1), 1–12. <https://doi.org/10.1186/1742-4755-6-3>