

Family Planning Participation at the Time Covid-19 Pandemic in the Special Region of Yogyakarta

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ABSTRACT: *The Covid-19 pandemic has affected the family planning (FP) participation. This paper aims to determine the development of family planning participation in the Special Region of Yogyakarta, especially those related to the use of contraceptive methods in the early days of the Covid-19 pandemic, in March-April 2020. The data were sourced from the results of the Monthly Field Family Planning Participation Control Report and Contraception Services Report in BKKBN Yogyakarta Special Region in January-April 2020. The results show that the number of active and new contraceptive prevalence in the early Covid-19 pandemic experienced a decline, while unmet need for contraception showed a tendency to increase in the same period. The number of new family planning participants appears to have decreased in March-April 2020 along with the addition of the number of positive cases of Covid-19 in the Special Region of Yogyakarta. This is due to the decrease in the intensity of family planning counseling and services.*

KEYWORDS: Active contraceptive acceptor, Covid-19, New contraceptive acceptor, Unmet need.

I. INTRODUCTION

Pneumonia Coronavirus Disease 2019 or COVID-19 is a pulmonary inflammatory disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Clinical symptoms vary from common cold symptoms (cough, runny nose, sore throat, muscle aches, headaches) to severe complicity (pneumonia or sepsis). How to transmit COVID-19 through contact with the respiratory tract droplets of the sufferer. Thus the transmission of this virus is very easy and fast[1]. During the current pandemic, there are several impacts, especially for The Family Planning (FP) program, namely: 1) the decrease in FP participants due to limited access to services and changes in pattern change, 2) decreased activities in the activity FP group (BKB, BKR, BKL, PIK-R and UPPKS), and 3) reduction of operational mechanisms in the field including *Kampung KB*[2]. In the end, it will affect the service and participation of FP.

Special Region of Yogyakarta (DIY) is interesting as a research lokus because it is an area that has a long experience of FP program and has had several indicators of success in handling population and FP. In 2019, DIY received 8 honors and awards in commemoration of National Family Day 2019 as a form of appreciation for the commitment aimed at community leaders who have contributed to advancing the Population, Family Planning, and Family Development program in DIY[3]. DIY that does not have many problems in the distance to access FP services can also be used as an early indication of areas affected by FP services due to the Covid-19 pandemic[4].

The development of Covid-19 in DIY initially occurred due to the number of people who had contact with sufferers outside the area, subsequently there was a spread of local transmission due to contact with early sufferers or asymptomatic carrier[5]. This is exacerbated by the low public awareness for the discipline of keeping distance, staying at home, wearing masks when traveling, and ignoring self-isolation for residents exposed to Covid-19[6]. Similarly, there are migrants due to returning home / homecoming that occurred from the affected areas who are not honest with their health condition or undisciplined in conducting isolation.

The results of the National Socio-Economic Survey (SUSENAS) in 2019 showed that the percentage

of women of childbearing age who had been married who were using birth control tools to prevent or delay pregnancy in DIY reached 53.4 percent. While the use of long-term contraceptive methods (MKJP) in DIY only reached 42.9 percent of all types of tools / ways FP. With MKJP it is more possible to have sustainability of the use of FP services by fertile age couples (PUS) when there is short-term turmoil such as natural disasters. MKJP can also minimize the drop out rate of contraceptive use commonly found in the use of short-term contraceptive methods (Non-MKJP) services, such as injections and pills. In the broader context, increasing the use of MKJP services can help government planning related to the provision of contraceptive needs each year. Contraceptive users, especially non-MKJP, will be vulnerable during the Covid-19 pandemic due to limited access and knowledge and are considered to reduce the number of FP participation and unwanted pregnancies. [7] mentioned factors that influence unwanted pregnancy, among others, maternal knowledge level, unmet need FP, age, and parity.

Although the use of contraceptive methods and contraceptive needs are always evaluated by the Indonesian government every year, but with the Covid-19 pandemic is suspected to affect the participation of birth control and there has been no analysis and evaluation of the dynamics of contraceptive use by users of FP program services. Therefore, this paper aims to find out the development of FP participation in DIY, especially related to the dynamics of contraceptive methods in the early period of the Covid-19 pandemic, namely in March-April 2020.

II. METHODOLOGY

The data used in this study is derived from the results of the Monthly Field Control Report on FP Participation and Contraceptive Services Report at Population and Family Planning Agency (BKKBN) DIY in January-April 2020. For this study, only modern contraceptive methods include female sterilization, male sterilization, pills, intrauterine device (IUD), injectables, implants, and condoms. The data used in this study are information about active FP participants and new FP participants. In addition, information about unmet need FP is also used as an overview of how much services have not been met. The analysis method is descriptive quantitative with tables and charts[8].

III. RESULTS AND DISCUSSION

3.1. Active FP Participant Distribution.

As already discussed in the previous section, modern contraceptives can be distinguished into short-term methods and long-term methods. In this study, short-term contraceptive methods (non-MKJP) include condoms, injections, and pills, while long-term contraceptive methods (MKJP) include IUD, MOW (tubectomy), MOP (vasectomy), and implants.

As can be seen in Table 1., the most widely selected method of contraception of PUS in DIY is injectable, followed by IUD and pills. If reviewed from the category of contraceptive methods used, most PUS in DIY currently use syringes in the non-MKJP category (41.5%) and IUD in the MKJP category (25.0%). The non-MKJP method is still used more than 60 percent PUS. This condition indicates that short-term contraceptive methods are still the main choice of FP services in DIY. This happens in all districts, only in Yogyakarta, where the non-MKJP method is only 49.8 percent. The results of the National Socio-Economic Survey (SUSENAS) in 2019 also showed that the use of MKJP in DIY was around 42.9 percent[9]. There are still many participants of non-MKJP FP is vulnerable in FP membership if there is a change in conditions because it must remain frequently related to the FP service place.

Progress of Active FP Participants, New FP Participants, and Unmet need FP based on Figure 1. It can be seen that the number of active FP participants in the first four months of 2020 in DIY appears to have fluctuated with a tendency to decrease, namely from 371,790 active FP participants in January 2020 to 370,447 active FP participants in April 2020. The report of active FP participants in February 2020 which dropped dramatically was due to the incomplete coverage of the report, especially from other health facilities network (91%). Number of active FP [10] participants according to the author's estimate on in February 2020

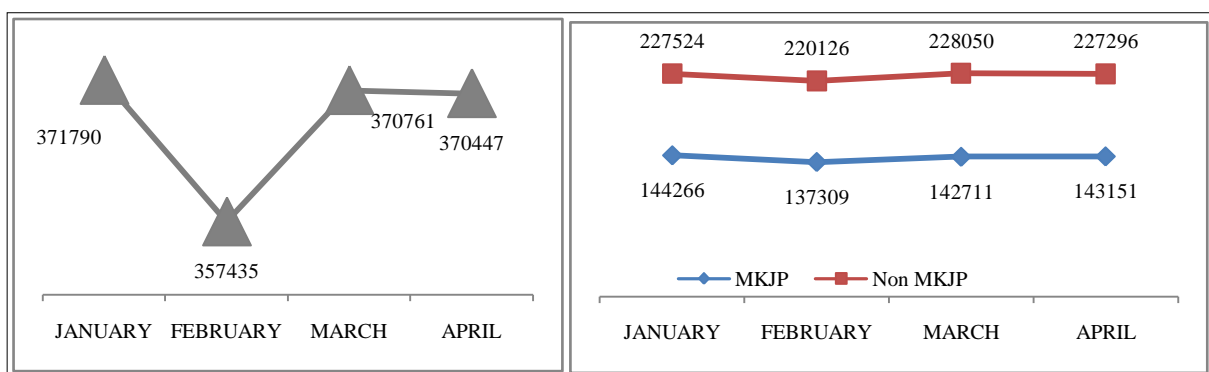
approximately 371,276 participants (average from January and March 2020 reports).

Table 1. Active FP Participants by District/City and Contraceptive Type in DIY, January 2020

District/City	MKJP				Non-MKJP			Total (%)	N
	IUD	MOW	MOP	Implant	Condom	Injection	Pill		
Kulonprogo	25,1	5,1	1,1	14,1	9,3	35,8	9,5	100	43626
Bantul	24,3	5,0	1,0	4,3	10,8	44,8	9,8	100	98633
Gunungkidul	19,1	4,5	0,5	12,8	4,3	45,3	13,4	100	90458
Sleman	27,3	5,2	0,6	5,3	10,9	42,3	8,3	100	110097
Yogyakarta	36,7	9,1	1,2	3,0	19,2	24,0	6,6	100	28976
DIY	25,0	5,3	0,8	7,7	9,7	41,5	10,0	100	371790

Source: Field Control Report January 2020, BKKBN DIY

Compared to the number of active FP participants in January 2020, the number of active FP participants decreased, with the number of active FP participants in March and April 2020 recorded at 370,761 and 370,447 participants respectively. The decrease in the number of active FP participants in March to April 2020, especially in non-MKJP contraceptives, decreased from 228,050 to 227,296 participants. Contraceptives experienced a decrease in participation primarily in injectable contraceptives and pills which decreased by 0.5 and 0.4 percent over the same period. This is related to both types of contraceptives that rely heavily on the availability of birth control services. At the beginning of the Covid-19 pandemic there was a decrease in the frequency of services due to health resources concentrated on handling Covid-19, while the public themselves were hesitant to access health services for fear of contracting Covid-19. Meanwhile, MKJP contraceptives have not seen a decrease in active birth control participation in the period March-April 2020. MKJP method does not require contact with FP services in a short period of time, if the effective period expires temporarily can use other methods that are easy to obtain. In addition, it is possible that there is also a decrease in the frequency of counseling by family planning counselor (PKB) and cadres. This can be seen from the decrease in reporting administration due to the Covid-19 pandemic.



Source: Field Control Report January-April 2020, BKKBN DIY

Figure 1. Active FP User Progress in DIY

This result is related to which showed that the high proportion of contraceptive use shifts in pill and injectable methods is strongly related to the socialization carried out by cadres to the community[10]. Counseling conducted by cadres of birth control programs introduced more injectable contraceptives and pills[11]. Therefore, it is not surprising that injections and pills are a modern contraceptive method widely known and used generally by PUS in DIY, although it is vulnerable to sustainability due to Covid-19.

The proportion of active FP participants of MKJP type in DIY did not change much in January-April 2020, which was recorded at about 38 percent. The proportion of short-term to long-term contraceptive replacement methods is relatively small[12]. These findings demonstrate the need for more optimal efforts to increase acceptance interest in using long-term contraceptives, in accordance with government policy. By using long-term contraceptives, acceptors do not need to go to the birth control service in a short period of time, especially during the current pandemic. The use of MKJP can also reduce the rate of disconnected contraceptives.

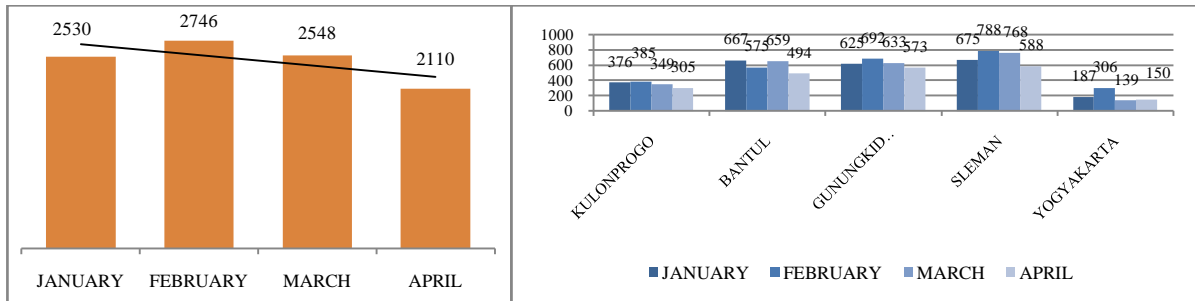
The quality element of FP service is focused on the perspective of clients (FP participants) that have an impact on the continuity of participation including choice of methods, information, technical capabilities of officers, officer-client relationships, availability of advanced services, and accuracy of the constellation of services[13]. The large use of short-term contraceptives generally has an impact on the high discontinuation rate of contraceptives. The high rate of disconnection of a number of contraceptives can be due to an assessment of the quality of service of certain contraceptive methods, including side effects that can be caused and the convenience of contraceptive use [14]. This condition may indicate the limitations of informed choice obtained by PUS affecting the choice of contraceptive use. Meanwhile, new FP participants are also one of the focus of attention from BKKBN to increase FP membership. The new FP participant is the target who will be the active FP participant in the next month. If a new FP participant can be upgraded, it will guarantee that the number of active FP participants can be maintained. Data shows the number of new FP participants in DIY continues to decline during the period February-April 2020. In February 2020, the number of new FP participants reached 2,746 PUS, an increase compared to the condition in January 2020 which recorded 2,530 new FP participants. However, the growth of the number of new FP participants continued to show a decrease in March and April 2020, respectively to 2,548 and 2,110 participants. If we look at the trend of decreasing the number of new FP participants in all districts / cities in March-April 2020. The march-April 2020 contraceptive service report shows that nearly 50 percent of new birth control participation is injectable methods whose use depends heavily on birth control services. In that period, the number of positive cases of Covid-19 in DIY increased from one patient at the end of March 2020 to 12 patients on April 30, 2020 so that the emergency response period due to Covid-19 in this area was extended and there were inactive FP services and FP counseling activities that could not be carried out due to restrictions on activities applied.

New FP participants in DIY mainly used non-MKJP contraceptives (58.91 percent in April 2020). The most FP acceptances assume that using non-MKJP contraceptives is not expensive, while for the use of contraceptives MKJP is considered quite expensive[15]. Actually if calculated in terms of economic contraceptives MKJP is definitely cheaper than non-MKJP contraceptives. Most perceptions of FP acceptance tend to look at the costs incurred during installation without seeing the cost of using contraceptives if calculated over a long period of time. One of the contributing factors to birth control acceptance is the use of non-MKJP contraceptives because of the attitude of FP acceptance who tend not to care about pregnancy concerns experienced, feel suitable, practical, and cheap. There is a relationship between attitude and hormonal birth control selection, their attitude tends not to care about the side effects of FP they use[16].

Distance to the place of FP service and the response of FP participants is a factor that can influence in the use of contraceptives. The closer the FP service place (no barriers to accessibility) will facilitate the acceptance of new FP to access FP services. Respondents who are far away to a close FP service place have a greater chance to want to use MKJP contraceptives[17].

While the development of unmet need FP in DIY can be seen in Figure 3. Unmet need FP figures show how much PUS actually does not want to get pregnant, both for the sake of delay and prevention, but not being a FP participant. Unmet need FP shows an increasing trend in the early days of the Covid-19 pandemic. In January 2020, the number of unmet need FP in DIY was recorded at around 10.2 percent. With the Covid-19 pandemic, the number of unmet need FP tends to continue to increase, to around 10.36 percent in April 2020. The increase in unmet need is mainly in Kulonprogo Regency, Bantul Regency, and Yogyakarta City. This is because many service facilities are closed during the pandemic, medical personnel are more focused on handling pandemics while FP services are not an emergency, and medical personnel do not have complete

personal protective equipment (PPE) (e.g. for private practice midwives). In addition, there is an appeal from the government to stay at home and acceptors who do not dare to visit health facilities for fear of contracting the virus, as well as transportation restrictions (public transportation, online motorcycle taxis, etc.) [18].

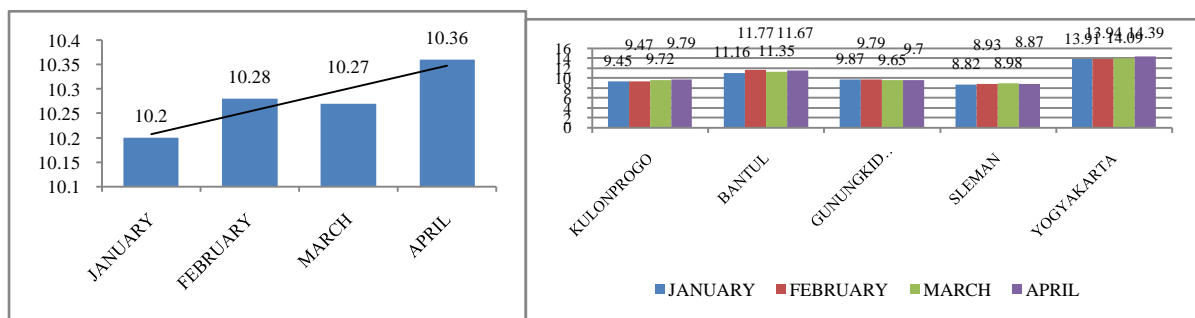


Source: Contraceptive Services Report January-April 2020, BKKBN DIY

Figure 2. New FP User Progress in DIY

Factors that significantly affect unmet need are age, education, income, failure to FP, and number of children [7]. Similarly, the factor of wife knowledge and husband's support to have a meaningful relationship to unmet need FP [19]. Meanwhile, SDKI 2012 report is known that demographic, socioeconomic, educational, cultural, and access characteristics factors become determinant unmet need in Indonesia.

The level of user knowledge and ease of access to FP services appear to have an effect on active FP membership, new FP membership, and unmet need FP. Thus, the reduced level of FP services due to the Covid-19 pandemic caused a downward trend in active FP participation, especially non-MKJP methods, decreased participation of new FP, and increased unmet need FP in DIY. New FP membership appears to have experienced the sharpest decline at the beginning of the Covid-19 pandemic. In addition, the misperception of MKJP also needs to be straightened out to maintain the sustainability of FP participants and does not require contact with FP services too often due to social distancing. Therefore, FP counseling, both done at the service post and in a mobile must be maintained.



Source: Contraceptive Services Report January-April 2020, BKKBN DIY

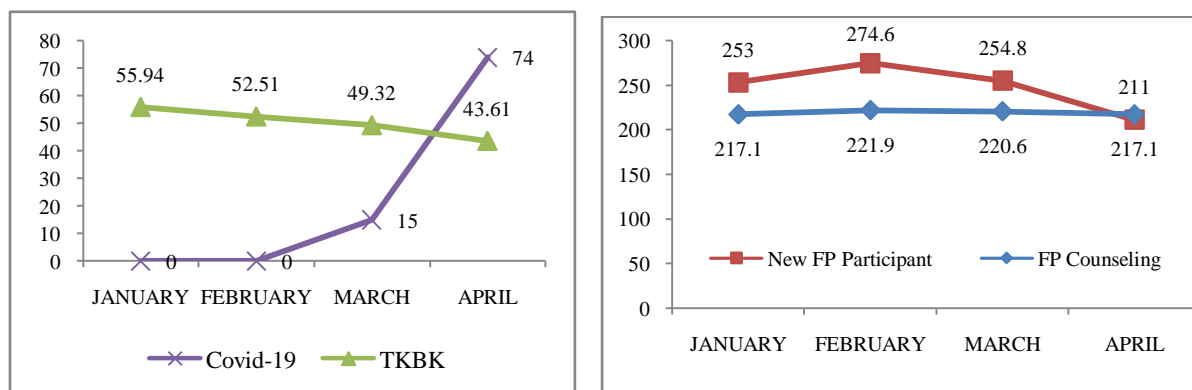
Figure 3. Unmet Need FP Development in DIY

3.2. Covid-19 Positive Cases with a Decrease in New FP Participants

The economic impact of the Covid-19 pandemic is very pronounced in the form of loss of employment opportunities, rising poverty and decreased purchasing power of the community. The next effect is decreased public access to health and education services (Sukamdi, 2020). Several efforts have been made related to FP participation during the Covid-19 pandemic [2]. Such efforts in the form of assistance to PUS are still carried out virtually by Family Planning Counsellors (PKB) / Family Planning Field Officers (PLKB) in the field area, making vlogs counseling with their respective regional languages, promoting postnatal birth control

and miscarriage so that there is no need to return to health facilities. PKB/PLKB will identify Covid-19 patients who have recovered in order to be motivated and acceptable in the community, making vlogs and virtual-based media by involving millennials.

Figure 4. Shows the link between the development of the number of positive cases of Covid-19, the frequency of FP counseling, the percentage of activeness of the mobile FP Team (TKBK) to the village and the number of new FP participants in DIY in January-April 2020. The number of new FP participants appears to have decreased in March-April 2020 in line with the increasing number of positive cases of Covid-19 in DIY. This is allegedly due to decreased intensity in counseling and FP services carried out, such as findings [20], [21], and [22]. When viewed from the operational number of FP counseling and the percentage of TKBK activeness to the village appears to have decreased in March-April 2020. In January-February 2020, more than 50 percent of the mobile FP team performed their duties, but in April 2020 there was only 43.6 percent. Similarly, the number of FP counseling operations also decreased from 2,219 times in February 2020 to 2,171 times in April 2020.



Source: 1) Field Control Report January-April 2020, BKKBN DIY
 2) Covid-19 Task Force of the Diy Local Government (positive case of end-of-month condition)

Figure 4. Number of Positive Cases of Covid-19, Percentage of TKBK Activeness, Frequency of FP Counseling, and Number of New FP Participants in DIY, January-April 2020

Some important points that can be done to keep the community exposed to FP counseling and served by their FP needs are: 1) synergizing to make various breakthroughs and innovations in the implementation of FP counseling during the Covid-19 pandemic, 2) meeting the needs of PPE for FP service personnel during the Covid-19 pandemic, 3) providing incentives for Non-ASN PKB/PLKB during the Covid-19 pandemic, 4) reallocating and refocusing the budget to increase social services for the community during the Covid-19 pandemic. FP counseling is carried out to show the location of FP services that are still active and easily accessible for the community is important to continue to do. More health care facilities in an area reduce the distance of the community to health care facilities and the less time and costs incurred. Affordability of health services both in terms of price, distance and service time is one of the things that affects a person utilizing health services [23]. In addition, the emphasis not to get pregnant first during the Covid-19 pandemic through FP membership must continue to be spread through mass media and social media, both in the form of blogs, videos, leaflets, flyers etc.

To maintain or even to increase FP membership, FP officers need to pay attention to three factors that can influence FP membership behavior, individually or collectively, each of which has a different type of influence on behavior:

- a. Predisposing Factors, which are factors that precede behavior that provide rational basis or motivation for such behaviors include knowledge, certain characteristics in relation to participation in FP, among others: number of children's lives, age, economic level, and perception.

- b. Enabling Factors, which are factors that precede behavior that allow a motivation to be realized.
Included in this factor are:
- 1) Availability of health resources (health facilities, hospitals, and energy).
 - 2) Affordability of resources, can be reached either physically or can be paid by the community, for example the distance of health facilities with housing, good roads, there is transportation and wages of services can be reached by the community.
 - 3) Skills of health workers.
- c. Reinforcing Factors, which are factors that follow a behavior that affects the continuity of the behavior, and contributes to the persistence or countermeasures of such behavior, such as support from husband to wife to FP.

Furthermore, during the Covid-19 pandemic FP services can be carried out in the following ways:

- a. If there are no complaints, the IUD/Implant acceptor may defer to control to a FP service place such as midwives;
- b. For re-visit the Injectable /Pill acceptance need to make a time agreement with the FP service officer by telephone / other communication media. If it is not possible to get services, pus can temporarily use condoms / periodic abstinence / intercourse disconnected / birth control pills;
- c. FP service officers conduct comprehensive assessments according to standards, including information related to the awareness of Covid-19 transmission. If necessary FP services can communicate and coordinate with RT / RW / Kades or local leaders, especially information about the status of pus whether included in self-isolation,;
- d. FP services are provided in accordance with standards while still applying the principle of preventing the transmission of Covid-19;
- e. Acceptors and escorts and all health teams in charge of wearing masks and applying the principle of preventing the transmission of Covid-19;
- f. Communication, Information and Education (KIE) and Reproductive Health Counseling and Birth Control can be implemented online.

The principle of implementing FP services during the Covid-19 pandemic during pre-service is to conduct counseling and provide detailed information with family planning balanced counseling strategies (SKB KB) including about Covid-19 and clients are motivated to use MKJP. Counseling can be done by telephone / communication media and screening the client's health condition according to the circumference diagram of medical eligibility criteria. When the implementation of FP services must be preceded by counseling and informed consent. Counseling should include the provision of KIE about contraceptive methods. The decision of what contraceptive method to use remains with the client. While in the post-service period monitoring is carried out by telephone / communication media, unless there is a complaint then the client can come to the FP service place by making an appointment in advance and complying with health protocols.

IV. CONCLUSION

In the early days of the Covid-19 pandemic, the number of active FP participants in DIY decreased. The decrease in the number of active FP participants in March to April 2020 was mainly in non-MKJP contraceptives. Contraceptives experienced a decrease in participation especially in injectable contraceptives and pills which decreased by 0.5 and 0.4 percent. The number of new FP participants also showed a decrease in March and April 2020 and there is a tendency to decrease the number of new FP participants throughout the district/ city. More new FP participants in DIY used non-MKJP contraceptives (58.91 percent in April 2020). While unmet need FP tends to continue to increase, from 10.2 percent in January 2020 to about 10.36 percent in April 2020. The increase in unmet need is mainly in Kulonprogo Regency, Bantul Regency, and Yogyakarta City. The number of new FP participants appears to have decreased in March-April 2020 in line with the increasing number of positive cases of Covid-19 in DIY. This is due to the decrease in intensity in counseling and operational FP services carried out.

The importance of maintaining active FP membership, increasing new FP membership, and reducing FP unmet need by emphasizing awareness to stay in FP through time media or social media and showing the location of FP services that are still actively operating. KIE is still needed, especially in the acceptance to maintain the quality of contraceptive use with various existing information methods and health protocols in FP services. Cooperation between religious leaders, community leaders, and FP service officers must be maintained in providing information related to FP (the shortcomings and advantages of each contraceptive device, complaints felt after using contraceptives and how to handle it) by not forgetting health protocols so that the number of new FP participants increases and FP participants who experience drop out can be prevented and addressed appropriately.

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