

The Relationship Between Knowledge Level and Long-Term Contraceptive Method Selection in Family Planning Acceptors

Alda¹, Ni Made Dwi Mahayati², Ni Wayan Ariyani³

¹²³ Poltekkes Kemenkes Denpasar, Bali, Indonesia

* Correspondence e-mail; alda67xx@gmail.com

Article history

Submitted: 2026/08/01; Revised: 2026/09/05; Accepted: 2026/10/18

Abstract

The utilization of Long-Acting Reversible Contraceptive Methods (LARCs) in Denpasar City remains lower than that of non-LARC methods. This study aimed to determine the relationship between knowledge level and the selection of LARCs among family planning acceptors at UPTD Puskesmas IV Denpasar Selatan. This analytical correlational study employed a cross-sectional design and was conducted from April to May 2026. A total of 46 family planning acceptors were selected using purposive sampling. Data were collected using a valid and reliable knowledge questionnaire and analyzed using the Chi-Square test. The results showed that most respondents had a low level of knowledge (47.8%). Equal proportions of respondents used LARCs and non-LARC methods (50% each). Respondents with a low level of knowledge were more likely to use LARCs, whereas those with a good level of knowledge tended to choose non-LARC methods. Statistical analysis revealed a significant relationship between knowledge level and the selection of LARCs ($p = 0.044$). It can be concluded that knowledge level was significantly associated with the selection of LARCs among family planning acceptors at UPTD Puskesmas IV Denpasar Selatan. Continuous education on LARCs should be strengthened while considering other factors that may influence contraceptive choice.

Keywords

Knowledge Level; Contraceptive Selection; Long Acting Contraceptive Methods; Family Planning Acceptors



© 2026 by the authors. This is an open access publication under the terms and conditions of the Creative Commons Attribution 4.0 International (CC BY SA) license, <https://creativecommons.org/licenses/by-sa/4.0/>.

INTRODUCTION

Population growth remains a major challenge for developing countries, including Indonesia. As one of the most populous countries in the world, Indonesia faces increasing demands for healthcare services, family welfare, and sustainable development. Uncontrolled population growth may contribute to greater economic pressures on households, limited access to healthcare services, and increased risks to maternal and child health. Therefore, effective population management is essential to improving public health and supporting family well-being. One of the government's strategies to address this issue is the Family Planning (FP) program, which aims to help couples regulate the number and spacing of

births while promoting reproductive health.

Family planning plays an important role in achieving the Sustainable Development Goals (SDGs), particularly those related to reproductive health, maternal mortality reduction, and child health. One of the contraceptive options promoted through this program is long-acting reversible and permanent contraception, commonly referred to in Indonesia as Metode Kontrasepsi Jangka Panjang (MKJP). These methods include intrauterine devices (IUDs), contraceptive implants, female sterilization (Metode Operatif Wanita, MOW), and male sterilization (Metode Operatif Pria, MOP). MKJP offers several advantages, including high effectiveness, long-term protection, and relatively low failure rates. Despite these benefits, the utilization of MKJP in Indonesia remains lower than that of non-MKJP methods. National family planning program data indicate that non-MKJP methods continue to dominate contraceptive use, with injectable contraception being one of the most widely used options (BKKBN, 2023; Kemenkes RI, 2024).

A similar pattern can be observed in Bali Province. According to the 2024 Bali Health Profile, injectable contraception accounted for approximately 42.3% of contraceptive use among active family planning participants. Meanwhile, the reported proportions for IUDs, implants, female sterilization, and male sterilization were approximately 30.3%, 5.1%, 5.4%, and 0.6%, respectively (Dinas Kesehatan Provinsi Bali, 2024). In Denpasar City, data from the Bali Provincial Statistics Agency indicated that 19,087 out of 58,191 active family planning participants used MKJP, representing approximately 32.7%, while 39,104 participants, or approximately 67.2%, used non-MKJP methods (BPS Provinsi Bali, 2024). These figures indicate that non-MKJP methods remain more widely used than long-term contraceptive methods in the city. However, data on modern contraceptive prevalence in South Denpasar showed a different distribution, with MKJP use reaching 50.9% and non-MKJP use accounting for 48.9%. This variation suggests that contraceptive choices may differ across service areas and may be associated with individual characteristics, access to information, and healthcare experiences.

Knowledge is one of the factors that may influence women's decisions when selecting a contraceptive method. Knowledge about the benefits, effectiveness, mechanisms, and potential side effects of MKJP can help family planning acceptors evaluate available options according to their reproductive needs and health conditions. Conversely, limited knowledge may contribute to misconceptions, concerns about side effects, and reluctance to use long-term contraceptive methods. Previous studies conducted in Bali have reported associations between knowledge levels and MKJP selection. Artini (2023), in a study conducted in Denpasar City, found a significant relationship between women's knowledge and MKJP use ($p < 0.05$). Similarly, Sari and Dewi (2023) reported that limited understanding of contraceptive effectiveness and concerns about side effects were associated with a greater preference for non-MKJP methods, particularly injectable contraception. Wijayanti (2024) also identified a significant relationship between knowledge, healthcare worker support, and MKJP selection in Gianyar Regency. Women who received comprehensive counseling about

MKJP were more likely to choose these methods than those who received inadequate counseling. Furthermore, Putu and Mahayani (2024) found a significant association between knowledge levels and MKJP selection in Tabanan Regency ($p < 0.05$).

These findings highlight the potential importance of knowledge in contraceptive decision-making. Nevertheless, differences in contraceptive utilization across regions indicate the need to examine this relationship within specific healthcare settings. Primary healthcare centers, including community health centers (Puskesmas), play an important role in providing family planning services, counseling, and accurate information about available contraceptive methods. Comprehensive counseling may help women understand the advantages and limitations of each method and make informed decisions based on their reproductive goals and health needs. However, the extent to which knowledge is associated with MKJP selection among family planning acceptors at UPTD Puskesmas IV Denpasar Selatan requires further examination. Understanding this relationship may provide useful information for evaluating contraceptive education and counseling services at the facility.

Based on this background, this study aims to analyze the relationship between knowledge levels and the selection of long-acting contraceptive methods among family planning acceptors at UPTD Puskesmas IV Denpasar Selatan. Specifically, the study seeks to identify the acceptors' levels of knowledge about MKJP, describe their contraceptive method choices, and determine whether a statistically significant relationship exists between knowledge and MKJP selection. The findings are expected to contribute to reproductive health research and provide practical information for improving family planning counseling and educational services, particularly in supporting informed contraceptive decision-making among women of reproductive age.

METHOD

This study employed a correlational analytical design with a cross-sectional approach to examine the relationship between knowledge levels and the selection of long-acting contraceptive methods (MKJP) among family planning acceptors at UPTD Puskesmas IV Denpasar Selatan, Bali, Indonesia. The study was conducted from April to May 2026. The study population consisted of all family planning acceptors visiting the healthcare center. Participants were selected using a non-probability sampling technique with purposive sampling, based on predetermined inclusion and exclusion criteria. The inclusion criteria comprised family planning acceptors aged 15–49 years who were registered and resided in the study area, agreed to participate by signing informed consent, and were able to communicate and complete the questionnaire independently or with assistance. Individuals who were ill during data collection, submitted incomplete questionnaires, or withdrew from the study were excluded. The minimum sample size was calculated using a correlational sample size formula, with the correlation coefficient estimated at 0.5 based on previous research (Dahlan, 2021; Yuliantari, 2020).

Data were collected directly from respondents using structured questionnaires covering sociodemographic characteristics, knowledge of MKJP, and contraceptive method

selection. The knowledge questionnaire consisted of 15 questions addressing the definition, types, mechanisms, benefits, advantages, disadvantages, side effects, indications, contraindications, and appropriate timing of MKJP use. The questionnaire was adapted from an instrument used by Wirani (2025). The contraceptive selection questionnaire classified respondents according to whether they used MKJP or non-MKJP methods. Instrument validity was assessed using Pearson's Product-Moment correlation, with all 15 items declared valid because their calculated correlation coefficients ranged from 0.334 to 0.715, exceeding the critical value of 0.291 ($p < 0.05$). Reliability testing using Cronbach's alpha yielded a coefficient of 0.799, indicating acceptable internal consistency. Before data collection, ethical approval was obtained from the Ethics Committee of Poltekkes Kemenkes Denpasar (No. DP.04.02/F.XXIV.26/483/2026), along with the required research permissions. Two enumerators were trained and briefed on the study procedures. Eligible respondents received an explanation of the study objectives and procedures and provided written informed consent before completing the questionnaires, which took approximately 20 minutes.

The collected data were processed through editing, coding, data entry, and cleaning using SPSS. Knowledge levels were categorized as poor ($\leq 55\%$), moderate (56–75%), and good ($\geq 76\%$). Contraceptive selection was classified into MKJP and non-MKJP categories. Respondent characteristics and the distributions of the study variables were analyzed using univariate analysis and presented as frequencies and percentages. Bivariate analysis was performed using the Chi-square test and cross-tabulation to determine the relationship between knowledge levels and MKJP selection. Statistical significance was established at a 5% significance level ($\alpha = 0.05$), with a p -value ≤ 0.05 indicating a statistically significant association. Throughout the study, ethical principles of beneficence, respect for human dignity, voluntary participation, and justice were observed, and respondents' identities were kept confidential.

RESULT AND DISCUSSION

Respondent Characteristics

Table 1. Respondent Characteristics

Characteristics	Category	Frequency (n)	Percentage (%)
Age	< 20 years	3	6.5
	20–35 years	33	71.7
	> 35 years	10	21.7
Total age		46	100
Highest educational level	Basic education	15	32.6
	Secondary education	22	47.8
	Higher education	9	19.5
Total education		46	100
Number of children	0 children	1	2.1

	1 child	9	19.5
	2 children	21	45.6
	3 children	14	30.4
	4 children	1	2.1
Total number of children		46	100

Source: Primary research data, 2026.

Table 1 shows that most of the 46 respondents were aged 20–35 years (71.7%), had secondary education (47.8%), and had two children (45.6%).

Family Planning Acceptors' Knowledge of Long-Acting Contraceptive Methods

Table 2. Distribution of Knowledge Levels Regarding Long-Acting Contraceptive Methods (MKJP)

Knowledge level	Frequency (n)	Percent age (%)
Poor ($\leq$ 55%)	22	47.8
Moderate (56–75%)	12	26.1
Good ($\geq$ 76%)	12	26.1
Total	46	100

Source: Primary research data, 2026.

Table 2 shows that the largest group of respondents had poor knowledge, comprising 22 respondents (47.8%). Meanwhile, 12 respondents (26.1%) had moderate knowledge, and another 12 (26.1%) had good knowledge.

Contraceptive Method Selection

Table 3. Distribution of Contraceptive Method Selection

Contraceptive method	Frequency (n)	Percent age (%)
Non-MKJP	23	50.0
MKJP	23	50.0
Total	46	100

Source: Primary research data, 2026.

Table 3 shows an equal distribution of contraceptive methods. Of the 46 respondents, 23 (50.0%) used long-acting contraceptive methods (MKJP), while the other 23 (50.0%) used non-MKJP methods.

Relationship Between Knowledge Level and Contraceptive Method Selection

Table 4. Cross-Tabulation of Knowledge Level and Contraceptive Method Selection

Knowledge level	Non-MKJP, n (%)	MKJP, n (%)	Total, n (%)
Poor	7 (31.8)	15 (68.2)	22 (100)

Moderate	7 (58.3)	5 (41.7)	12 (100)
Good	9 (75.0)	3 (25.0)	12 (100)
Total	23 (50.0)	23 (50.0)	46 (100)

Chi-square test: $p = 0.044$; $\alpha = 0.05$.

Source: Primary research data, 2026.

Table 4 shows that respondents with poor knowledge were more likely to use MKJP (68.2%). In contrast, respondents with moderate and good knowledge had higher proportions of non-MKJP use. The Chi-square test yielded a p-value of 0.044.

Discussion

Family Planning Acceptors' Knowledge of MKJP

The findings showed that 47.8% of respondents had poor knowledge of long-acting contraceptive methods (MKJP). Meanwhile, respondents with moderate and good knowledge each accounted for 26.1%. These findings indicate that nearly half of the respondents had not achieved an adequate level of knowledge regarding MKJP, as measured by their understanding of its definition, types, mechanisms of action, benefits, and side effects. According to Notoatmodjo (2018), knowledge results from the process of sensing an object and may be influenced by education, experience, age, and exposure to information. Knowledge enables individuals to understand health information and use it as a consideration when making decisions. Darsini et al. (2019) also explain that knowledge is influenced by several factors, including age, education, experience, occupation, and sources of information. Therefore, family planning acceptors' knowledge cannot be explained solely by formal education; their experiences and access to health information must also be considered.

In this study, most respondents were aged 20–35 years and had secondary education. Although these characteristics may support the acquisition of information, the findings show that poor knowledge remained the largest category. This indicates that being of reproductive age and having formal education do not automatically guarantee adequate understanding of MKJP. One possible explanation is that the information received by respondents may not have covered all aspects of long-acting contraception in sufficient depth. However, because sources of information and the intensity of counseling were not analyzed as research variables, this explanation remains an interpretation rather than a statistically established finding.

These findings are consistent with Putri and Lestari (2022), whose study reportedly found that most family planning acceptors had limited knowledge of MKJP. Artini (2023) also reportedly found that insufficient information about the benefits and effectiveness of MKJP was associated with low levels of knowledge among acceptors. These studies support the possibility that understanding long-acting contraception remains an issue in family planning services. Thus, the present findings provide affirmation of previous findings regarding the importance of knowledge in contraceptive services. Nevertheless, because the

methodological details and sample characteristics of the previous studies are not available in the materials provided, this consistency should be interpreted at the level of general findings rather than as evidence that the underlying causes are identical.

Contraceptive Method Selection Among Family Planning Acceptors

The findings showed that MKJP and non-MKJP use each accounted for 50% of respondents. This means that, among the 46 respondents studied, neither contraceptive category predominated. Half of the respondents used MKJP, while the other half selected non-MKJP methods. However, this equal distribution describes only the respondents included in the study and cannot automatically be generalized to all family planning acceptors in South Denpasar. Contraceptive selection is a decision that may involve various considerations. In the research materials, WHO (2022) and BKKBN (2022) are cited to explain that contraceptive choice is influenced not only by knowledge but also by age, number of children, health conditions, partner support, counseling quality, service accessibility, convenience, and individual preferences. This framework helps explain why contraceptive choices do not necessarily follow a single factor. Acceptors may understand the effectiveness of a particular method but still choose another method based on their reproductive needs, previous experiences, or personal considerations.

The availability of family planning services at UPTD Puskesmas IV Denpasar Selatan, including IUD and implant services and contraceptive counseling, provides relevant context for understanding the distribution of contraceptive choices. However, the study did not measure the influence of service availability or counseling quality on respondents' decisions. Therefore, the availability of these services cannot be identified as the direct cause of the 50% proportion of MKJP use. The study also refers to Sari and Dewi (2023), who reportedly found that non-MKJP use was higher than MKJP use. In comparison, the present study found an equal distribution of the two categories. This difference constitutes a descriptive antithesis to the pattern of non-MKJP predominance reported in the previous study. Nevertheless, the difference in proportions is insufficient to conclude that MKJP use in the present study was higher than the provincial or national rate, because comparable statistical data were not provided in the research materials. A stronger comparison would require data from clearly identified sources and equivalent observation periods.

Relationship Between Knowledge Level and MKJP Selection

The Chi-square test yielded a p-value of 0.044, which is lower than the significance level of 0.05. This finding indicates a statistically significant relationship between knowledge level and contraceptive method selection among the respondents. However, the cross-tabulation revealed a pattern that does not support the assumption that better knowledge is always accompanied by greater MKJP use. Among respondents with poor knowledge, 15 out of 22 (68.2%) used MKJP. In contrast, 58.3% of respondents with moderate knowledge selected non-MKJP, while the proportion of non-MKJP users among respondents with good knowledge reached 75%.

These findings require a distinction between the presence of a statistical association

and the direction of the observed pattern. The p-value indicates an association between the two variables in the sample, but it does not demonstrate that knowledge level causes respondents to choose a particular method. The data also do not establish that lower knowledge directly increases the likelihood of MKJP use. Because the study employed a cross-sectional design, both variables were observed during the same period, making it impossible to determine the temporal order or establish a causal relationship. According to Notoatmodjo (2018), knowledge is one of the factors associated with health behavior. Individuals who understand health information may use that knowledge when making decisions. However, the relationship between knowledge and behavior is not always direct. Green and Kreuter (2018) explain that health behavior is also influenced by enabling and reinforcing factors, in addition to predisposing factors. In this study, knowledge should therefore be considered alongside respondent characteristics, contraceptive needs, previous contraceptive experiences, partner support, and access to health services.

The respondents' characteristics provide additional context for interpreting these findings. Most respondents were aged 20–35 years (71.7%), had secondary education (47.8%), and had two children (45.6%). However, these characteristics cannot directly explain why respondents with good knowledge were more likely to select non-MKJP. The study did not examine the individual relationships between these characteristics and contraceptive method selection. Consequently, age, education, and number of children cannot be established as determining factors based on the available results. Previous studies cited in the research materials also reported different patterns. Artini (2023) and Wijayanti (2024) reportedly found that respondents with good knowledge were more likely to select MKJP. In contrast, the present study found a higher proportion of MKJP use among respondents with poor knowledge. This difference represents an antithesis to the pattern reported in the previous studies and suggests that the relationship between knowledge and contraceptive choice may vary across respondent groups and service contexts. However, this difference does not demonstrate that knowledge is unimportant in contraceptive selection. Rather, it indicates the need to examine other factors that were not measured in the present study.

Overall, the findings establish a statistically significant relationship between knowledge level and contraceptive method selection, although the observed pattern does not support the assumption that better knowledge is always accompanied by greater MKJP use. The practical implication is that contraceptive education should continue to be provided comprehensively, alongside counseling that considers each acceptor's needs, health conditions, experiences, and preferences. However, the effectiveness of education or counseling in increasing MKJP use cannot be concluded from this study because these interventions were not specifically evaluated.

Research Limitations

This study has several limitations that should be considered when interpreting the findings. First, the knowledge questionnaire was adapted from a previous study. Although it underwent validity and reliability testing, the instrument was not specifically developed to

reflect the sociocultural and socioeconomic characteristics of the population served by UPTD Puskesmas IV Denpasar Selatan. Consequently, certain aspects of local understanding may not have been fully represented in the measurement. Second, the study analyzed only the relationship between knowledge level and MKJP selection. Other factors potentially associated with contraceptive decisions, including partner support, the quality of healthcare counseling, previous contraceptive experiences, sociocultural conditions, and socioeconomic circumstances, were not analyzed as research variables. Therefore, the observed pattern of contraceptive selection cannot be fully explained by the findings.

Third, data were collected using closed-ended questionnaires, which limited the researcher's ability to explore respondents' reasons, experiences, and considerations when choosing contraceptive methods. This limitation is particularly relevant because respondents with poor knowledge were more likely to use MKJP, whereas respondents with good knowledge were more likely to use non-MKJP. Future studies should include additional relevant variables and, where possible, use qualitative or mixed-methods approaches to explore the reasons underlying contraceptive choices. Studies involving larger samples and broader geographical coverage may also help determine whether the observed pattern applies to other groups of family planning acceptors.

CONCLUSION

Berdasarkan hasil analisis data dan pembahasan, dapat disimpulkan bahwa tingkat pengetahuan akseptor KB mengenai metode kontrasepsi jangka panjang (MKJP) di UPTD Puskesmas IV Denpasar Selatan sebagian besar berada pada kategori kurang, yaitu sebanyak 22 responden (47,8%). Pemilihan metode kontrasepsi menunjukkan proporsi yang seimbang antara MKJP dan non-MKJP, masing-masing sebanyak 23 responden (50%). Hasil uji Chi-Square menunjukkan adanya hubungan yang signifikan antara tingkat pengetahuan dan pemilihan metode kontrasepsi pada akseptor KB, dengan nilai $p = 0,044$ ($p < 0,05$). UPTD Puskesmas IV Denpasar Selatan dan tenaga kesehatan diharapkan terus mengoptimalkan pelayanan keluarga berencana melalui pemberian informasi dan konseling mengenai berbagai pilihan kontrasepsi yang disesuaikan dengan kebutuhan serta karakteristik masyarakat setempat. Akseptor KB diharapkan meningkatkan pengetahuan mengenai metode kontrasepsi melalui sumber informasi yang terpercaya agar dapat menentukan pilihan sesuai dengan kondisi kesehatan dan rencana reproduksi keluarga. Peneliti selanjutnya disarankan mengembangkan instrumen penelitian yang sesuai dengan karakteristik sosial budaya dan sosial ekonomi masyarakat serta mengkaji faktor-faktor lain yang berpotensi berkaitan dengan pemilihan MKJP, seperti dukungan suami, pengalaman penggunaan kontrasepsi, kondisi sosial ekonomi, dan lingkungan sosial, sehingga diperoleh pemahaman yang lebih komprehensif mengenai pemilihan metode kontrasepsi.

REFERENCES

- Affandi, B., Adriaansz, G., Gunardi, E. R., & Koesno, H. (2019). *Buku Panduan Praktis Pelayanan Kontrasepsi*. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo
- Ali, M., Bahamondes, L., & Landoulsi, S. (2021). Extended effectiveness of long-acting

- reversible contraceptives. *Human Reproduction*, 36(2), 1–9.
- Anggreni, N. L. P. (2022). *Metodologi Penelitian Kesehatan*. Denpasar: Pustaka Panasea.
- Arikunto, S. (2021). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- Artini, N. L. (2023). Hubungan tingkat pengetahuan dengan pemilihan metode kontrasepsi jangka panjang pada wanita usia subur di Kota Denpasar. *Jurnal Kesehatan Reproduksi*, 14(2), 85-92
- Badan Kependudukan dan Keluarga Berencana Nasional. (2022). *Laporan Program Bangsa Kencana*. Jakarta: BKKBN.
- Badan Kependudukan dan Keluarga Berencana Nasional. (2023). *Profil Program Bangsa Kencana Tahun 2023*. Jakarta: BKKBN.
- Badan Pusat Statistik. (2024). *Hasil Sensus Penduduk Indonesia Tahun 2024*. Jakarta: BPS.
- Badan Pusat Statistik Provinsi Bali. (2024). *Statistik kesejahteraan rakyat Kota Denpasar*. Denpasar: BPS Provinsi Bali.
- Bahamondes, L., & Makuch, M. (2021). Female sterilization: Indications and counseling. *Contraception Journal*, 104(1), 1–6.
- Britton, L., et al. (2020). Intrauterine devices and contraception effectiveness. *American Journal of Obstetrics and Gynecology*, 223(4), 1–8.
- Curtis, K. M., Tepper, N. K., & Jatlaoui, T. C. (2020). U.S. Medical Eligibility Criteria for Contraceptive Use. *MMWR Recommendations and Reports*, 69(4), 1–103.
- Dahlan, M. S. (2021). *Statistik untuk Kedokteran dan Kesehatan*. Jakarta: Epidemiologi Indonesia.
- Danvers, A., & Borrero, S. (2022). Female sterilization and reproductive decision making. *Obstetrics and Gynecology Clinics*, 49(1), 85–98.
- Darsini, D., Fahrurrozi, F., & Cahyono, E. A. (2019). Pengetahuan sebagai faktor yang mempengaruhi perilaku kesehatan. *Jurnal Keperawatan*, 12(1), 95–102.
- Dewi, N. P. A. (2023). Faktor-Faktor yang Mempengaruhi Rendahnya Pengetahuan Akseptor KB Tentang MKJP di Puskesmas Kota Denpasar. *Jurnal Kebidanan Bali*, 8(2), 88–95.
- Dinas Kesehatan Provinsi Bali. (2024). *Profil kesehatan Provinsi Bali tahun 2024*. Denpasar: Dinas Kesehatan Provinsi Bali
- Glanz, K., Rimer, B., & Viswanath, K. (2021). *Health Behavior and Health Education: Theory, Research, and Practice*. San Francisco: Jossey-Bass.
- Green, L. W., & Kreuter, M. W. (2018). *Health Promotion Planning: An Educational and Ecological Approach*. New York: McGraw-Hill.
- Kasim, F., & Muchtar, A. (2019). *Pelayanan Kontrasepsi dalam Praktik Kebidanan*. Jakarta: Salemba Medika.
- Kementerian Kesehatan Republik Indonesia. (2020). *Pedoman Pelayanan Kontrasepsi*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2021). *Profil Kesehatan Indonesia Tahun 2021*. Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2023). *Profil Kesehatan Indonesia Tahun 2023*.

- Jakarta: Kemenkes RI.
- Kementerian Kesehatan Republik Indonesia. (2024). Laporan Program Kesehatan Reproduksi Indonesia. Jakarta: Kemenkes RI.
- Natalia, O. (2024). Hubungan Pengetahuan Tentang Kontrasepsi Dengan Pemilihan Metode Kontrasepsi Jangka Panjang. *Jurnal Promotif Preventif*, 7(4), 822-826.
- Notoatmodjo, S. (2018). Metodologi Penelitian Kesehatan. Jakarta: Rineka Cipta.
- Notoatmodjo, S. (2021). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta.
- Nurhidayah, N., Nengsih, Y., & Maulana, E. (2025). Analisis Penggunaan Metode Kontrasepsi Jangka Panjang Pada Akseptor KB. *Jurnal Ilmiah Kebidanan dan Kesehatan*, 14(2), 129-139.
- Nurmala, I., Rahman, F., Nugroho, A., Erlyani, N., Laily, N., & Anhar, V. Y. (2018). Promosi Kesehatan. Surabaya: Airlangga University Press.
- Peterson, H. B., et al. (2021). Female sterilization and long-term reproductive outcomes. *Obstetrics and Gynecology*, 137(4), 681–689.
- Prajayanti, H., & Andanawarih, P. (2024). Pengetahuan Ibu Pasca Bersalin tentang Kontrasepsi Metode Jangka Panjang (MKJP) di Wilayah Puskesmas Buaran Kota Pekalongan. *Jurnal Medika Husada*, 4(2), 19-33.
- Putri, D., & Lestari, M. (2022). Pengaruh Konseling KB terhadap Tingkat Pengetahuan Akseptor Tentang Metode Kontrasepsi Jangka Panjang di Pelayanan Kesehatan Tingkat Pertama. *Jurnal Kesehatan Masyarakat Indonesia*, 17(3), 120–128.
- Putri, N., Rahmawati, S., & Dewi, L. (2021). Faktor yang mempengaruhi pemilihan metode kontrasepsi jangka panjang pada wanita usia subur. *Jurnal Kesehatan Reproduksi*, 12(2), 115–122.
- Putu, N. L. P., & Mahayani, N. M. (2024). Analisis penggunaan metode kontrasepsi jangka panjang pada akseptor KB di Kabupaten Tabanan. *Jurnal Kesehatan Reproduksi*, 15(1), 45–53.
- Riyanto, A. (2022). Aplikasi Metodologi Penelitian Kesehatan. Yogyakarta: Nuha Medika.
- Rusmini, R., dkk. (2017). Pelayanan Keluarga Berencana. Jakarta: Salemba Medika.
- Sahir, S. H. (2022). Metodologi Penelitian. Jakarta: Pustaka Belajar.
- Saifuddin, A. B. (2020). Buku Panduan Praktis Pelayanan Kontrasepsi. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo.
- Sari, N., & Dewi, L. (2023). Faktor-faktor yang mempengaruhi pemilihan metode kontrasepsi jangka panjang pada wanita usia subur. *Jurnal Kebidanan*, 13(2), 78-86.
- Sari, N. (2022). Efektivitas penggunaan implant sebagai metode kontrasepsi jangka panjang. *Jurnal Kebidanan Indonesia*, 13(2), 120–128.
- Sembiring, E. (2024). Metode Penelitian Kesehatan. Jakarta: Pustaka Medika.
- Seriana, et al. (2023). Efektivitas penggunaan alat kontrasepsi dalam rahim. *Jurnal Kebidanan*, 12(1), 33-40.
- Siregar, S. (2019). Statistik Parametrik untuk Penelitian Kuantitatif. Jakarta: Bumi Aksara.
- Sugiyono. (2016). Metode penelitian kuantitatif, kualitatif, dan R&D. Bandung: Alfabeta.

- Sugiyono. (2017). Metode penelitian bisnis. Bandung: Alfabeta.
- Sugiyono. (201'). Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta.
- Sumartini, N. P. S., Ningtyas, L. A. W., & Ariyani, N. W. (2025). Hubungan Pengetahuan Ibu dan Dukungan Suami dengan Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP). *Sciences and Clinical Pharmacy Research Journal*, 2(2), 15.
- Surioka, I., dkk. (2019). Etika Penelitian Kesehatan. Jakarta: Salemba Medika.
- Survei Demografi dan Kesehatan Indonesia (SDKI). (2023). Laporan SDKI 2022. Jakarta: BKKBN, BPS, Kemenkes.
- Suryani, L., & Kartika, D. (2023). Hubungan Konseling KB dengan Pemilihan Metode Kontrasepsi Jangka Panjang pada Akseptor KB. *Jurnal Kebidanan Nasional*, 11(2), 90–98.
- Swarjana, I. K. (2022). Metodologi Penelitian Kesehatan. Yogyakarta: Andi.
- Triyanto, E. (2019). Uji validitas dan reliabilitas instrument penelitian. *Jurnal Kesehatan*, 10(2), 120-126.
- Varney, H. (2018). Buku ajar asuhan kebidanan. Jakarta: EGC.
- Wijayanti, D. (2024). Hubungan tingkat pengetahuan dan dukungan tenaga kesehatan dengan pemilihan metode kontrasepsi jangka panjang di Kabupaten Gianyar. *Jurnal Kebidanan*, 14(1), 55-63.
- Wirani, N. W. (2025). Hubungan tingkat pengetahuan dengan pemilihan metode kontrasepsi jangka panjang pada wanita usia subur di UPTD Puskesmas Ubud I. Denpasar: Poltekkes Kemenkes Denpasar.
- World Health Organization. (2022). Family Planning: A Global Handbook for Providers. Geneva: WHO.
- Wulandari, N., Fitriyani, A., & Prasetyo, B. (2022). Faktor-Faktor yang Mempengaruhi Pemilihan Metode Kontrasepsi Non-MKJP pada Wanita Usia Subur. *Jurnal Kesehatan Reproduksi*, 13(1), 55–63.
- Yuliantari, D. (2020). Hubungan Pengetahuan dengan Pemilihan Kontrasepsi pada Wanita Usia Subur. *Jurnal Kesehatan*, 11(1), 22-30.
- Yulizar, R. K., Sembiring, R., Nababan, D., Ester, M., & Sitorus, J. (2022). Analisis Faktor-faktor yang Mempengaruhi Partisipasi PUS dalam Metode Kontrasepsi Jangka Panjang (MKJP) di Kecamatan Langsa Timur. *Prepotif Jurnal Kesehatan Masyarakat*, 6(1), 113-24.