

## DETERMINANTS DROP OUT EVENTS TOOLS WOMEN CONTRACEPTIVE FERTILE AGE 15-49 YEARS IN THE BENGKULU PROVINCE (2017 IDHS DATA ANALYSIS)

\*Nopia Wati<sup>1</sup>, Ferasinta<sup>1</sup>, Oktarianita<sup>1</sup>, Frensi Triastuti<sup>2</sup>, Bintang Agustina Pertiwi<sup>1</sup>

<sup>1</sup>Faculty of Health Sciences, Universitas Muhammadiyah Bengkulu, 38119 Bengkulu, Indonesia

<sup>2</sup>National Population and Family Planning Board of Bengkulu, 38119 Bengkulu, Indonesia

\*Corresponding Author : Nopia Wati ; Email : [nopia@umb.ac.id](mailto:nopia@umb.ac.id)

Published by Fakultas Kesehatan Masyarakat Universitas Airlangga

### ABSTRACT

#### Keywords:

Determinants,  
Disconnect Use,  
Contraception

The continued use of contraception has an effect on the effectiveness of a contraceptive method to prevent the occurrence of an unwanted pregnancy. The purpose of this study is to find the association of the incidence of contraceptive discontinuation in women of 15-49 years of age in Bengkulu Province. While the benefits of this study specifically for the National Population and Family Planning Board (BKKBN) are to overcome the problems associated with Population, Family Planning and Family Development (KKBPK) for the discontinuation of contraceptive use in WUS in Family Planning in Bengkulu Province. This study uses a *cross-sectional* design using secondary data from the 2017 IDHS data on respondents of Fertile Age Women, and the results of the data analyzed using the SPSS program with the Univariate, Bivariate *Chi-Square* test. The results of this study found that WUS who discontinued using contraceptives were 89 people (33.8%), with the reason that the dominant husband opposed 85 people (32.3%) and health problems as many as 44 people (16.7%). Most were 15-35 years old and high school graduates, most worked and lived in the village. There is no relationship between age (*p value* 0.420), education (*p value* 0.304), employment (*p value* 0.275), area of residence (*p value* 0.714) and wealth index (economy) (*p value* 0.232) with the incidence of contraceptive use in Fertile Age Women Bengkulu Province. Factors of age, education, occupation, area of residence and wealth index (economy) impact the incidence of dropping out of contraceptive use in women of childbearing age.

### ABSTRAK

#### Kata Kunci:

Determinan,  
Putus Pakai,  
Kontrasepsi

Efektifnya suatu alat/cara kontrasepsi dapat mencegah kehamilan yang tidak diinginkan, menjadi indikator penentu untuk angungan pemakaian alat kontrasepsi. Penelitian ini bertujuan untuk mengetahui faktor yang berhubungan dengan kejadian putus pakai alat kontrasepsi pada Wanita Usia Subur usia 15-49 tahun di Provinsi Bengkulu. Sedangkan manfaat dari penelitian ini khususnya bagi Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN) adalah untuk mengatasi masalah yang berkaitan dengan Kependudukan, Keluarga Berencana dan Pembangunan Keluarga (KKBPK) terhadap kejadian putus pakai alat kontrasepsi pada WUS dalam Keluarga Berencana di Provinsi Bengkulu. Penelitian ini menggunakan desain *Cross-sectional* dengan data sekunder SDKI 2017 pada responden Wanita Usia Subur, dan hasil data dianalisis menggunakan program SPSS dengan uji Univariate, Bivariate *Chi-Square*. Hasil didapatkan bahwa WUS yang putus pakai alat kontrasepsi adalah sebanyak 89 orang (33.8%), dengan alasan dominan suami menentang 85 orang (32.3%) dan masalah Kesehatan sebanyak 44 orang (16.7%). Sebagian besar responden berusia 15-35 tahun dan pendidikan tamat SLTA, kebanyakan bekerja dan tinggal di desa. Tidak ada hubungan antara usia (*p value* 0.420), pendidikan (*p value* 0.304), pekerjaan (*p value* 0.275), wilayah tempat tinggal (*p value* 0.714) dan indek kekayaan (ekonomi) (*p value* 0.232) dengan kejadian putus pakai alat kontrasepsi pada Wanita Usia Subur di Provinsi Bengkulu. Faktor usia, pendidikan, pekerjaan, wilayah tempat tinggal dan indek kekayaan (ekonomi) terhadap kejadian putus pakai alat kontrasepsi pada Wanita Usia Subur.

Received in 19 February 2020 ; Accepted in 28 July 2021 ; p-ISSN 2302-707X - e-ISSN 2540-8828 ; DOI: <https://doi.org/10.20473/jbk.v11i1.2022.54-61>

Cite this as : Wati N, Ferasinta F, Oktarianita O, Triastuti F, Pertiwi BA. Determinants Drop Out Events Tools Women Contraceptive Fertile Age 15-49 Years In The Bengkulu Province (2017 IDHS Data Analysis). J Biometrika dan Kependud [Internet]. 2022;11(1):54-61. Available from: <https://doi.org/10.20473/jbk.v11i1.2022.54-61>

## INTRODUCTION

Family Planning or *Keluarga Berencana* (KB) is one of the preventive health services, especially those used by married women of childbearing age or *Wanita Usia Subur* (WUS) in planning the number of family members (1). The increasing number of discontinuation of contraceptive use, failure, or changing methods/tools is an indicator in providing information about the choice of contraceptives and the best contraceptive services (2).

Control and improvement of the quality of the population through the family planning program must be carried out by the government. This condition is a problem that requires joint attention and handling for future development (3).

Improving the quality of family planning services is one way to prevent the dropout rate for contraceptive users. Based on the results of the 2017 IDHS it was found that 71% of married women aged 15-49 years used family planning, while in the five years prior to data collection, it was found that 5.7% use of family planning methods was discontinued for 12 months. The most common reasons for stopping using contraceptive methods/methods were the perceived side effects or health problems (37%) and the desire to get pregnant again (26%). Generally, 34% of women want to use family planning methods/methods for five years, before stopping using them within 12 months after the start of use. Some reasons for not using the method are unsuccessful, desire to get pregnant, the impact of health problems, desire for more effective contraception, limited access, high price and inconvenience (4).

There are several reasons that cause the termination of contraception, namely pregnancy, willingness to get pregnant, no husband's consent, desire to use effective contraception, side effects on health, access and availability of equipment, installation costs are too expensive, uncomfortable, fatalistic, fearful if you wait a long time if you want to have children again and menopause, away from your husband, divorce, and others. This study aims to determine the factors related to the incidence of dropping out of contraceptives in WUS in Bengkulu Province.

## METHODS

This study uses secondary data sourced from the 2017 Indonesian Health Demographic

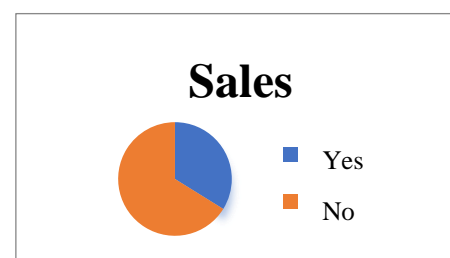
Survey (IDHS). The research design in the 2017 IDHS is cross-sectional. The independent variables studied were age, education, occupation, wealth index, place of residence and the dependent variable was the incidence of contraceptive drop out. The population was 797 women of childbearing age and the research sample, namely women of childbearing age aged 15-49 years with drop out status and not contraceptive drop out as many as 263 WUS. The data collection used secondary data from the 2017 IDHS. The data were analyzed by Univariate and Bivariate (*Chi-Square Test*).

## RESULT

Based on the results of the IDHS data research and analyzed univariately, it was found that the incidence of discontinuation of contraceptive use as many as 89 people (33.8%) and 174 people using contraception (66.2%) (Figure 1).

Table 1 shows WUS aged 15-35 years as many as 158 people (60.1%) and those aged 36-49 years as many as 105 people (39.9%); 38 WUS with tertiary education (14.4%), 152 high school graduates (57.8%) and 73 junior high school graduates (27.8%). WUS working as many as 176 people (66.9%) and not working as many as 87 people (33.1%). WUS living in the city as many as 95 people (36.1%) and who live in the village as many as 168 people (63.9%). WUS with a wealth index of 68 people (25.9%), middle wealth 51 people (19.4%), lower middle class and bottom were 144 people (54.8%).

The results of the analysis showed the p-values (age  $p=0.420$ , education  $p=0.304$ , occupation  $p=0.275$ , area of residence  $p=0.714$  and wealth index  $p=0.232 >0.05$ ), then there was no relationship between age, education, occupation, area of residence and wealth index of WUS with the incidence of dropping out of contraceptive use in WUS in Bengkulu Province.



**Figure 1.** Incidents of dropping out of contraceptives at WUS in Bengkulu Province

**Table 1.** Frequency Distribution of Determinants of Discontinuation of Contraceptive Devices in WUS in Bengkulu Province

Variable	Total		Disposal Incident				P Value
			Yes		No		
	n	%	n	%	n	%	
<b>Age</b>							
15-35 years old	158	100	57	36.1	101	63.9	0.420
36 - 49 years old	105	100	32	30.5	73	69.5	
<b>WUS Education</b>							
College	38	100	12	31.6	26	68.4	0.304
High school graduate	152	100	47	30.9	105	69.1	
Junior high graduate	73	100	30	41.1	43	58.9	
<b>Job status</b>							
Working	176	100	64	36.4	112	63.6	0.275
Doesn't work	87	100	25	28.7	62	71.3	
<b>Residential Area</b>							
City	95	100	34	35.8	61	64.2	0.714
Village	168	100	55	32.7	113	67.3	
<b>Wealth Index</b>							
Top and Upper Middle	68	100	18	26.5	50	73.5	0.232
Intermediate	51	100	21	41.2	30	58.8	
Lower Middle and Bottom	144	100	50	34.7	94	65.3	

## DISCUSSION

### Drop Out Events of Contraceptive Devices

Every couple should support each other. Support from a partner (husband) is one of the factors that encourage someone to use contraception. Previous research stated that the high rate of discontinuation of contraceptive use in America was due to dissatisfaction, difficulty in finding a more effective device and feeling uncomfortable with the method used (5). Behavior with less category in the use of contraception was mostly on husband's support by 87.5% (6).

The main reason to stop using contraception is that 199 people (1.53%) were forbidden by their partners, 64 people were prohibited from religion (0.49%), 156 people (1.19%) was being expensive, it was difficult to get 49 people (0.35%), do not have children 83 people (0.64%), want to have children 3,415 people (26.05%), are afraid of side effects 1,834 people (13.98%), don't want children 1,349 people (10.31%), don't need another child 3,975 people (30.90%) and another reason 1,886 people (14.56%). Prohibition from a partner is the main cause in this study. So that support from spouses is needed for population control and family planning in the future in the community (7).

Discontinuation of using contraceptives from DHS data from six countries showed 40% was for discontinuation due to reasons of desire to get pregnant, want to have children and socioeconomic factors. Drop out of contraception was by reason of side effects and health problems and caused by all other methods related reasons, including husband's disapproval, desire for a more effective method, and inconvenience of use (8).

Previous research said that the desire to have children is a factor that causes people to stop using contraceptives, parents think of children as a source of sustenance and God's grace and has an effect on discontinuation of contraception as much as 23.6% of respondents with a p-value of 0.000 (9).

Various health problems that arise when using contraceptives if the tools/methods used are not in accordance with the user's body condition. Health problems are side effects caused by the use of contraceptives. If the user's health problems can be overcome, then the use of contraceptives will be maintained, on the other hand, if the health problems get worse, the drop out of contraceptive devices/methods will occur. For example, health problems when using pills, including increased blood pressure, bleeding (spotting), nausea, dizziness, obesity and so on, where this condition will make users of

contraceptives feel uncomfortable when using them.

This study is in line with research in 2015 which stated that there was a relationship between health problems/side effects and the incidence of dropping out of contraceptives (10). The existence of these side effects causes acceptors to make a decision to stop using contraceptives. Side effects are the reason for not using contraception, they feel unsuitable and they do not understand that using contraceptives can cause certain side effects in their body condition so that the acceptors feel that their health is threatened and stop using the contraceptives. Meanwhile, those who continue to use it means that the side effects that appear do not feel disturbing if they do not feel any physical changes in themselves. This study is also in line with research in Tuban which found a relationship between side effects of contraception used with the incidence of discontinuation in couples of childbearing age (9).

According to the researchers themselves, health problems are one of the side effects that usually arise when using contraceptives, and the problems that arise depend on the condition of the acceptor's body, because various contraceptive methods always have side effects and there are no contraceptives without side effects. So, this health problem is a risk that must be borne by users of contraception; but sometimes the effects cannot be controlled by the user, this causes the acceptor to stop using it.

#### **Age with Discontinuation of Contraceptive Devices**

There is no relationship between age and the incidence of discontinuation of contraceptive use. The findings of this study are supported by other studies which state that there is no relationship between age and the incidence of family planning drop out in Gunungpati District, Semarang City with  $p$ -value 0.135. The age category of respondents 20-35 years is 89 people (66.4%) and the least respondents who have an age group of less than 20 years are two people (1.5%) (11).

Previous research has shown that the factors that are strong reasons for respondents not having family planning are age, which is quite dominating, and cultural factors. Where almost 52.1% do not participate in family planning and have a total of 4-8 children as many as 11 people (22.9%) (12), which means they should still be

productive; therefore, it is necessary to intervene and pay special attention to this productive age group. Age is one of the reasons respondents stop using contraception, because if you use family planning, it will prevent them from having children/offspring, especially if women are about to end their fertile period. Age also affects acceptors in using contraceptives (10).

The age of a woman plays a role in choosing contraceptives so that the selection of contraceptives must be adjusted to the biological reproductive period of women. Pregnancy control is very necessary for women under 20 years old and over 35 years old because, at that age, the risk of morbidity and mortality at delivery is higher. The pattern of family planning by adjusting the distance between pregnancies can be done to avoid risks. In addition, age is a factor that affects a person's maturity in behavior regarding the use of contraception. Term of termination of pregnancy is a healthy reproductive period for WUS aged  $>35$  years, who have two children/do not want more children (6).

#### **Education with Discontinuation of Contraceptive Devices**

Education is a determining factor in the continued use of contraceptives, where higher education has better knowledge. Based on the results of the study, it was found that there were 12 college education students who dropped out of contraceptives (31.6%), 47 people graduated from high school who dropped out of contraceptives (30.9%), 30 people graduated from junior high school (41.1%). drop out of contraceptives with a value ( $p$ -value 0.304); then there is no relationship between education and the incidence of dropping out of contraceptive use. Research in 2016 in the city of Semarang stated that there was no relationship between the level of education and the incidence of dropping out of family planning use ( $p=0.463$ ) (13). Another study also showed that eight respondents (62%) did not use family planning at all because they were not educated (9).

Education is a learning process for a person to become more mature and better. A person's behavior can be changed through health education. The results of the study on those that dropped out of family planning found they were mostly low-educated, 63.9% (62 people) compared to 35.1% (13 people) of higher education respondents. Other research states that higher education makes it easier for someone to

communicate, get information, and accept new ideas (14). A research conducted in 2017 shows that education is not related to the incidence of dropping out of contraception; the decision not to use contraception is not only influenced by educational factors, it can be influenced by other factors. Counseling knowledge and attitudes can influence a person in choosing hormonal contraception but does not affect the incidence of dropping out of contraceptive use.

This research can conclude that the use of contraceptives will increase along with women's education. Usually women with higher education will get more sources of information about contraceptives, such as types of devices, how to use them, side effects, and others; on the other hand, women with low education get less information about contraceptives. However, education has no effect on the incidence of dropping out of contraceptives in Bengkulu Province, because, women with low education can get information about contraceptives, for example, from midwives, doctors and other health workers, so that they can motivate them to use contraceptives.

### **Jobs with Discontinuation of Contraceptive Devices**

Work can be a determining factor in the continued use of contraceptives and affect the socioeconomic life of the community. The results obtained p-value 0.275, showing there is no relationship between WUS employment status and the incidence of dropping out of contraceptive use in Bengkulu Province. Work is a determining factor for a mother to use contraceptives, where working mothers will prefer to use contraceptives. This is related to their economic needs. Previous studies of women who work found that they have a risk of dropping out twice as large as non-workers with lower levels of employment, for example, housewives, and stated that the use of contraceptives in WUS who work is more than in WUS who do not work (15).

In this study, most of the respondents work, but work does not affect the incidence of dropping out of contraception, because women who work indirectly help the family's economic income, so this sufficient income may increase WUS interest in using contraceptives according to their conditions and desires.

### **Area of Residence with Discontinuation of Contraceptive Devices**

The area of residence is one of the determining factors in the continued use of contraceptives. The results of the study showed that there were 34 women (35.8%) of WUS who lived in the city who stopped using contraceptives. Meanwhile, of the 168 WUS living in the village, 55 people (32.7%) dropped out of contraception (p-value 0.714), so there is no relationship between WUS area of residence and drop out of contraceptive use in women of childbearing age in Bengkulu Province. Previous research stated that urban residents have a 1.1 risk of stopping using compared to living in rural areas (16).

The results of this study indicate that the area of residence does not affect the use of contraceptive devices/methods, cities and villages have the same availability of contraceptives. This means that the place of residence is not an obstacle in the use of contraception. This study is in line with research in Surabaya in 2015 that the area of residence in the village or city obtained a p-value of 0.679, so it can be concluded that there is no relationship between the incidence of dropping out of contraceptives with the place of residence (17).

Another study stated that the distribution of the population in rural and urban areas was even, as well as the use of contraception where up to 72 months there was no difference in the use of contraception. the chance of contraception continuity living in the city (50.75%) is higher than respondents living in the village (48.22%), thus there is no effect between living in a village or city with the incidence of discontinuation (18).

### **Wealth Index (Economic) with Discontinuation of Contraceptive Devices**

The wealth index/economic level of the community is a determining factor for the continued use of contraceptives to support the National Population and Family Planning Board program which limits the number of children. In order to obtain the contraceptive services needed by consumers, a budget is required. Installation of IUD contraception is considered more expensive than injectable contraceptives or pills, but from the period of use IUDs are cheaper. So to get a better method of contraception it costs more (8).

The results showed that the lower middle wealth index contained 25 people (31.6%) who dropped out of using contraceptives and WUS with the lowest wealth index were 25 people (33.8%) who dropped out of the contraceptive method. The results of the analysis showed that there was no relationship between the wealth index and contraceptive withdrawal in WUS. This shows that the wealth index determines the use of contraceptives used by WUS.

Previous research found that women with low wealth index chose to stop family planning (61.5%), while high income did not. So that high family incomes prefer to use contraception (19).

According to the researcher, family economic level is a consideration for using contraceptives, because if you use a long-term device/method, you have to provide a higher cost for its installation, while for short-term use, such as injections and birth control pills, you must routinely provide funds every year. Doing injections, let alone done once a month, means having to provide a monthly fee for injections. Meanwhile, most of the WUS family wealth index in Bengkulu Province is medium to low. They will focus more on their household needs compared to using contraceptives, so there is a greater chance for acceptors to stop using or prefer to use the calendar method compared to using contraceptives.

## CONCLUSIONS AND SUGGESTIONS

### Conclusion

The results of the study concluded that the majority of women of childbearing age (WUS) were aged 15-35 years. Most of them graduated from high school. The majority work and live in villages with lower middle and lower wealth indexes. The main reason for dropping out was the husband was against it.

There is no relationship between age, education, occupation, area of residence, and wealth index with the incidence of dropping out of contraceptive use in WUS in Bengkulu Province.

### Suggestion

#### National Population and Family Planning Board

Increase direct socialization (counseling by Family Planning Field Officer or *Petugas Lapangan Keluarga Berencana/PLKB*) and

indirectly (various media) about intensive contraceptive methods/devices, both types/types and side effects. So that people are aware of the benefits of using contraceptives so that they can be accepted by the community and can be used according to the conditions and needs of the community.

Re-improve the main tasks and functions of family planning promoter or *Penyuluh Keluarga Berencana (PKB/PLKB)* to continue to control and assist acceptors both before and after the installation of contraceptives so that they can control the drop out rate. Improving the family planning program can be done by redeveloping the main function of the National Population and Family Planning Board in monitoring fertility by moving the family planning program for population development.

### Public

The community must be able to choose the appropriate contraceptive method and provide support to their partners to use contraception and inform other colleagues to use contraceptives to support the family planning program.

## ACKNOWLEDGMENT

The author would like to thank the National Population and Family Planning Board which has become a sponsor in this research and thanks also to the University of Muhammadiyah Bengkulu Institution which has provided a forum for research so that this research can run smoothly.

## REFERENCES

1. Aryati S, Sukamdi S, Widyastuti D. Faktor-Faktor yang Mempengaruhi Pemilihan Metode Kontrasepsi (Kasus di Kecamatan Seberang Ulu I Kota Palembang). *Maj Geogr Indones*. 2019;33(1):79–85. doi: <https://doi.org/10.22146/mgi.35474>
2. Hastuty M, Afiah. Faktor-faktor yang Mempengaruhi Perilaku Akseptor KB terhadap Pemilihan MKJP di Wilayah Kerja Puskesmas Tambang Tahun 2018. *J Doppler Univ Pahlawan Tuanku Tambusai*. 2018;2(2):1–12. Available from: <https://journal.universitaspahlawan.ac.id/index.php/doppler/article/view/192>

3. Amru DE. Hubungan Tingkat Pengetahuan, Sikap dan Keterjangkauan Jarak Pelayanan Kesehatan terhadap Kejadian Drop Out Alat Kontrasepsi Suntik pada Pasangan Usia Subur (PUS) di Wilayah Kerja Puskesmas Sekupang Kota Batam. *J Bidan Komunitas*. 2019;2(2):117–25. doi: <https://doi.org/10.33085/jbk.v2i2.4341>
4. Badan Pusat Statistik, Badan Kependudukan dan Keluarga Berencana Nasional, Kementerian Kesehatan, USAID. *Survei Demografi Kesehatan Indonesia*. BKKBN. 2017;1–606. Available from: <https://www.bps.go.id/statictable/2020/10/21/2111/laporan-survei-demografi-dan-kesehatan-indonesia.html>
5. Nuryati S. Hubungan Antara Kualitas Pelayanan KB oleh Bidan dengan Pemilihan Metode Kontrasepsi Jangka Panjang ( MKJP ) pada Akseptor KB Baru di Kabupaten Bogor. *J Ilm Kesehat Diagnosis*. 2016;8(1):73–81. Available from: <http://ejournal.stikesnh.ac.id/index.php/jikd/article/view/220>
6. Huda AN, Widagdo L, Widjanarko B, Pendidikan B, Ilmu K, Masyarakat FK, et al. Faktor-Faktor yang Berhubungan dengan Perilaku Penggunaan Alat Kontrasepsi pada Wanita Usia Subur di Puskesmas Jombang-Kota Tangerang Selatan. *J Kesehat Masy*. 2016;4(1):461–9. Available from: <https://ejournal3.undip.ac.id/index.php/jkm/article/view/11856>
7. Indrawati L. Determinan Kejadian Berhenti Pakai (Drop Out) Kontrasepsi di Indonesia (Analisa Sekunder Data RISKESDAS 2010). *Bul Penelit Sist Kesehat*. 2014;17(1):55–62. Available from: <https://adoc.pub/determinan-kejadian-berhenti-pakai-drop-out-kontrasepsi-di-i.html>
8. Amran Y, Damayanti R. Hubungan Antara Motivasi Keluarga Berencana dan Persepsi Terhadap Alat Kontrasepsi dengan Pola Penggantian Metode Kontrasepsi di Nusa Tenggara Barat. 2018;9(1):59–67. Available from: <https://ejournal2.litbang.kemkes.go.id/index.php/kespro/article/view/884>
9. Qonitun U. Hubungan Antara Efek Samping Kontrasepsi DMPA dengan Kejadian Drop Out pada Pasangan Usia Subur (PUS) di Desa Mandirejo Kecamatan Merakurak Kabupaten Tuban. *J Midpro*. 2017;9(2):30–4. doi: <https://doi.org/10.30736/midpro.v9i2.23>
10. Majid M. Pengembangan Metode Penyuluhan Meningkatkan Pemakaian Alat Kontrasepsi. *Media Kesehat Masy Indones*. 2017;13(1):91–6. Available from: <https://journal.unhas.ac.id/index.php/mkmi/article/view/1585>
11. Adriani L, Hastono SP. Determinan Partisipasi Penggunaan Kontrasepsi Modern pada Pria Kawin Usia 15-54 Tahun di Indonesia (Analisis Data Survei Demografi dan Kesehatan Indonesia 2012). *Forum Ilm*. 2016;13(2):76–93. Available from: <https://ejurnal.esaunggul.ac.id/index.php/Formil/article/view/1397>
12. Nurjannah SN, Susanti E. Determinan Kejadian Drop Out Penggunaan Kontrasepsi pada Pasangan Usia Subur (PUS) di Kabupaten Kuningan. *J Ilmu Kesehat Bhakti Husada*. 2017;6(2):1–10. Available from: <https://ejournal.stikku.ac.id/index.php/stikku/article/view/45>
13. Aini AN, Mawarni A, Dharminto D. Faktor-Faktor yang Berhubungan dengan Kejadian Drop Out Akseptor KB di Kecamatan Tembalang Kota Semarang. *J Kesehat Masy*. 2016;4(4):169–76. Available from: <https://ejournal3.undip.ac.id/index.php/jkm/article/view/13985>
14. Pratiwi ED, Sariyati S. Agama dengan Keikutsertaan Keluarga Berencana ( KB ) dan Pemilihan Jenis Alat Kontrasepsi pada Pasangan Usia Subur ( PUS ) di Desa Argomulyo Sedayu Bantul Yogyakarta. *J Ners dan Kebidanan Indones*. 2015;3(1):1–9. doi: [http://dx.doi.org/10.21927/jnki.2015.3\(1\).1-9](http://dx.doi.org/10.21927/jnki.2015.3(1).1-9)
15. Warmin AE, Multazam A, Arman. Penggunaan Kontrasepsi pada Wanita Menikah Usia Dini di Kec. Gantarang Kab. Bulukumba. *J Ilm Kesehat Diagnosis*. 2017;11(3):274–8. Available from: <http://ejournal.stikesnh.ac.id/index.php/jikd/article/view/770>

16. Mehra D, Sarkar A, Sreenath P, Behera J, Mehra S. Effectiveness of A Community Based Intervention to Delay Early Marriage , Early Pregnancy and Improve School Retention Among Adolescents in India. *BMC Public Health*. 2018;18:1–13. doi: <https://doi.org/10.1186/s12889-018-5586-3>
17. Septalia R, Puspitasari N. Faktor yang Memengaruhi Pemilihan Metode Kontrasepsi. *J Biometrika dan Kependud*. 2016;5(2):91–8. doi: <http://dx.doi.org/10.20473/jbk.v5i2.2016.91-98>
18. Saleh S, Ashriady A, Akbar F. Analisis faktor yang Berhubungan dengan Kejadian Efek Samping pada Akseptor Putus Pakai IUD/Implant di Kabupaten Mamuju Tengah. *J Kebidanan*. 2019;9(1):43–50. doi: <https://doi.org/10.31983/jkb.v9i1.3979>
19. Setiadi S, Iswanto L. Pengambilan Keputusan Penggunaan Alat Kontrasepsi Istri dalam Keluarga. *Populasi*. 2015;23(1):20–35. doi: <https://doi.org/10.22146/jp.8561>