



Provision of contraceptive education through leaflet media to Mrs. S, a postpartum mother, in a normal condition at Hj. Anna Lasmanah Banjarnegara Regional Public Hospital

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ABSTRACT

Prevention of maternal illness and death is the main reason for the need for family planning services. Intrauterine Device (IUD) is one of the government's priorities, but its use is still low due to many factors, one of which is the lack of knowledge. The level of knowledge of husband and wife, especially low childbearing age, can affect the emergence of several health problems, especially nursing. Knowledge improvement readiness is defined as the cognitive development of information on a specific topic to meet health goals, listed in the Indonesian Nursing Diagnostic Standard (IDHS). It takes the role of nurses to be more active in communicating in delivering messages that will be conveyed through visual media counseling, one of which in this study is a leaflet. Methods: nursing care data collection techniques that include interviews, documentation, observation. The purpose of this study was to analyze the level of knowledge of married couples after counseling with leaflet media instruments in making decisions on contraception. The sample of this study was a couple of childbearing age with one child after experiencing normal (spontaneous) labor and used a descriptive design of case studies through a nursing care approach that included assessment, diagnosis, nursing planning, implementation, evaluation, and analysis. Results: nursing diagnoses that emerged were readiness to increase knowledge where after 2 days of nursing activities, the results of the first and second day evaluations were resolved according to the recommended behavioral indicators and criteria, increased, knowledge of the importance of birth control and contraceptive methods increased, erroneous perception of a problem decreased. Conclusion: there is an effectiveness of the results of the application of nursing care with health education interventions through leaflet media that increases the level of knowledge for Mrs.S with the safest percentage of birth control types, namely spirals.

Keywords: *contraceptives, educational media leaflets, postpartum*

1. INTRODUCTION

The Maternal Mortality Rate can be used as a measure of the success of maternal health strategies. There are four main risks referred to as 'Too' (being too young, giving birth under the age of 21; being too old, giving birth above the age of 35; having births too closely spaced, less than 3 years apart; and having too many children, more than 2 years

apart) that increase the maternal mortality rate. Postpartum Family Planning (PPFP), or family planning services provided to mothers after childbirth up to 42 days, is one way to reduce the Maternal Mortality Rate (MMR). Preventing the causes of maternal mortality is one of the methods. Some studies have shown that the strict implementation of family planning (including PPFP) can reduce the

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maternal mortality rate by up to 33% (BKKBN, 2019; Kementerian Kesehatan 2020)

According to Rosmawaty's study (2017), Family Planning (FP) is a way for couples to monitor pregnancy, achieve ideal births, prevent unwanted pregnancies, manage pregnancy spacing, and determine the desired number of children. Another regulation carried out by public authorities is documented in the Medium-Term Public Improvement Plan, particularly focusing on expanding the use of long-term prevention techniques (LTPs) such as disinfection, IUD (Intra Uterine Device), and insertion (Maribeth et al., 2020).

According to BKKBN (2019), married couples in which the wife's age is between 15 and 49 years and she is still menstruating, married couples where the wife is under 15 years old and has started menstruating, or married couples where the wife is over 50 years old and still menstruating are considered as Couples of Reproductive Age (CRA)

Based on the number of Couples of Reproductive Age (PUS) in the Central Java province in 2021, there were a total of 6,408,024 couples. In the data for Banjarnegara regency in 2021, postpartum family planning participants, based on the type of contraception, were as follows: condom 3.2%, injection 58.6%, pills 0.9%, IUD 19.4%, sterilization for men (MOP) 0.1%, sterilization for women (MOW) 2.6%, and implants 15.1%. The total number of active family planning participants (PUS KB) was 14,5028 individuals, accounting for 76.1%. Postpartum family planning participants numbered 6,762 individuals, representing 47.2%(Dinkes, 2021).

Data obtained from the obstetrics and maternity inpatient clinic of RSUD Banjarnegara in the year 2022 indicates that the utilization of family planning among Couples of Reproductive Age (PUS) who are postpartum family planning participants amounted to 42.1%. When considering the types of contraceptives used, 31.4% used IUD, 8.9% used sterilization for women (MOW), and 1.8% used implants. The remaining 57.9% comprised condom users, male sterilization (MOP) users, and active family planning participants. Notably, postpartum family

planning participants at RSUD Banjarnegara experienced a 3.2% increase from the previous year.

Common nursing issues that arise for Couples of Reproductive Age (PUS) with Postpartum Family Planning (KBPP) within the Long-Acting Reversible Contraception Program (MKJP), based on SDKI data, include deficits in knowledge regarding conception prevention and postpartum maternal health, healthy behavior related to family planning, the risk of undesired pregnancies, the risk of injury due to improper method usage, the risk of personal hygiene infection or inadequate equipment care, decision-making conflicts, changes in sexual patterns due to contraceptive discomfort, and the readiness for improved knowledge about MKJP usage (PPNI, 2016).

In this study, readiness for knowledge improvement is identified as a priority diagnosis, defined as the cognitive development of information on a specific topic. This diagnosis aligns with the Indonesian Nursing Diagnosis Standards (SDKI), encompassing the behavioral category and subcategories of counseling and learning. Nurses are expected to be more actively engaged in communicating messages through visual educational media, including leaflets. In this research, a leaflet is defined as a small folded piece of paper containing health information presented in the form of sentences and color-printed images. The advantage of using a leaflet is that respondents can easily receive information presented more quickly and clearly, as intended. Clients' interest is evident when they inquire about the topic's content, express a desire to learn, and engage in behavior consistent with their knowledge of contraception, such as sharing their own experiences or those of people around them (SDKI PPNI, 2016).

2. RESEARCH METHODS

The data collection method used in this case study research is descriptive-analytical, which includes anamnesis interviews, documentation, and observations, which are then further analyzed and interpreted. The purpose of this case study is to uncover the current situation that occurred in the hospital.

The sample selected for this research consists of one patient and their partner with uncomplicated post-pregnancy cases. The criteria for sample selection are based on inclusion criteria at the Hj. Anna Lasmanah Banjarnegara Regional General Hospital, which includes inpatients diagnosed with normal delivery and cesarean section. The research took place in the Teratai Room, a dedicated maternity ward at RSUD Hj. Anna Lasmanah Banjarnegara, with ethical clearance provided through ethical clearance letter No. B.LPPM-UHB/2301/09/2023. This research was conducted from April 10th to April 11th, 2023, involving data collection through interviews on the first day, analysis, leaflet media counseling, and evaluation on the second day.

3. RESULT AND DISCUSSION

The information collection was completed at RSUD Teratai Banjarnegara on April 10, 2023. Assessment, physical examinations, and the medical records of patients diagnosed with spontaneous postpartum delivery served as the basis for data collection.

The study collected subjective data directly from the client, her husband, and family members for its findings. Subjective data obtained from the research findings indicate that Mrs. S is 24 years old, female, resides in Banjarnegara, a homemaker, and has completed secondary education. The patient arrived at the Menur Room (VK room) at RSUD Banjarnegara on April 10, 2023, at 05:00 with complaints of abdominal pain, nausea, no bleeding, and a slight clear discharge. According to the ultrasound interpretation in the Menur Room on April 10, 2023, the patient was 40 weeks pregnant, weighing 3880 grams, and gave birth through vaginal delivery at 11:30 without complications. She was subsequently transferred to the Teratai inpatient ward at the Hj. Anna Lasmanah Regional General Hospital in Banjarnegara

The family history and marriage history of Mrs. S, the client, indicate that this is her first childbirth from her first lawful marriage, with no history of complications or

underlying family illnesses throughout both the pregnancy and the birth. She had her first menarche at the age of 14 with a 30-day cycle lasting 7 days. Her estimated last menstrual period was on September 20, 2022. During her pregnancy, she regularly attended antenatal care (ANC) check-ups at the nearest health center and did not experience severe illness or postpartum bleeding.

Based on the current delivery history, the client experienced uterine contractions (HIS) occurring 3 times or more every 10 minutes. During the first stage of labor (kala I), the client had a 5-hour dilation period, followed by the second stage (kala II) which lasted 1 hour with contractions occurring every 2-3 minutes. The third stage (kala III) lasted for 25 minutes, during which the placenta and amniotic sac were expelled. The fourth stage (kala IV) extended for 2 hours. A 3 cm episiotomy was performed, with a vaginal blood loss of 300 cc, accompanied by the complete expulsion of the placenta.

The baby's delivery process immediately after birth included crying. The baby is female, with a weight of 3190 grams and a length of 50 cm, and there are no congenital abnormalities on the baby's body. The client also mentioned that they have already initiated bonding attachment, which involves placing the baby immediately on the mother's body after birth and providing the first breastfeeding.

Based on the history of changing roles and contraceptive understanding, the client and her husband express readiness to become parents and are willing to raise their child. The client and her husband also indicate that they are aware of what contraception is, but they don't fully understand the methods or types of contraception, so they haven't decided to use contraception. The client and her husband also mention that they have never used any contraceptive methods. They express a desire to learn more about the concept of contraception, even though the husband believes that having many children will bring blessings.

The results of the physical examination obtained from the client are as follows: Blood

Pressure: 110/70 mmHg, Heart Rate: 98 beats per minute, Respiration Rate: 20 breaths per minute, Temperature: 36.8 degrees Celsius, Oxygen Saturation: 98%, Body Weight: 58 kg, and Height: 155 cm. The shape of the head appears mesocephalic, with clean hair and slight hair loss. The conjunctiva of the eyes appears reddened, without signs of anemia, with symmetric eye positioning, and no abnormalities or diminished taste and hearing functions. Both breasts show symmetric enlargement, with pigmentation in the areola area appearing dark, and prominent nipples. The client experienced some pain during the first breastfeeding session but no lymph node enlargement was observed. The abdominal area feels soft, with no signs of abdominal or bladder distension, and striae and linea nigra are visible. In the anogenital area, there is evidence of episiotomy stitches, and the client reports pain around the stitched area. Edema is observed in the vaginal labia minora, along with lochia rubra, while no hemorrhoids or thrombosis are detected in the anal region. In the musculoskeletal area, there are no signs of edema, the Homman sign is negative, and there are no difficulties in performing movements, with the skin texture appearing elastic. While in the Teratai ward, the patient received the following drug therapy: Mefenamic Acid 3x500mg orally for pain relief, Amoxicillin 3x500mg as an antibiotic for bacterial infections, and Ferrous Sulfate (SF) 1x200mg for the treatment of anemia and prevention of iron deficiency. Supporting data were obtained on April 10, 2023, with average normal results (Table 1).

Tabel 3.1 (source: reference to normal values from RSUD Hj. Anna Lasmanah Banjarnegara Laboratory)

Examination	Results	Normal Values	Increased/Decreased
Hemoglobin	13.4	12.0-16.0	Normal
Leukocyte	9.6	4.0-10.0	Normal
Hematocrit	39.4	40.0-54.0	Normal
Platelets	129	150-300	Normal
Erythrocytes	4.25	4.00-5.50	Normal
RDW	14.5	11.0-16.0	Normal

MCV	89.8	80.0-100.0	Normal
MCH	28.7	27.0-34.0	Normal
MCHC	33.5	32.0-36.0	Normal

Diagnosis

Data collection, both subjectively and objectively, was conducted during the interview assessment on the first day, where data was obtained regarding signs and symptoms. Both Mrs. S and Mr. T expressed their lack of knowledge and the desire to have a broader understanding of family planning, as well as their lack of knowledge about the definition, types, and methods of contraception. The data above were analyzed, leading to the identification of a nursing diagnosis, which is readiness for knowledge enhancement.

The Indonesian Nursing Diagnostic Standard (SDKI) under the behavioral category with the counseling and learning sub-category, coded as D.0113. The health promotion diagnosis does not appear to be related due to the lack of etiology. Therefore, the diagnosis can be simplified to readiness for knowledge enhancement, characterized by the lack of knowledge of Mrs. S and Mr. T regarding understanding, types, and methods of contraception, as well as their lack of knowledge and desire to gain deeper insights into family planning. This diagnosis is defined as the development of cognitive information related to a specific topic sufficient to achieve enhanced health objectives.

Interventions

The Indonesian Nursing Outcome Standards (SLKI) are used to determine the priority nursing outcome standards for the readiness for knowledge enhancement diagnosis, specifically the increased knowledge level, coded as L.12111. Therefore, to demonstrate that the expected knowledge level will increase, it is organized according to outcome criteria. After 2x24 hours of nursing activities, the following changes are observed: increased enthusiasm for learning about contraception and family planning, improved ability to receive information, understand and correct misconceptions about contraception through mediating measures, including health

education or counseling. This results in changes or improvements in healthy behavior.

Implementation

The implementation was carried out from April 10 to April 11, 2023, following the previously prepared plan and adjusted in accordance with the hospital's prescribed therapy. On the first day, at 2:00 PM, an intervention was conducted to assess readiness and the ability to receive information about long-term contraceptive methods, as well as the factors that could increase or decrease motivation in choosing the appropriate method. The patient and her partner expressed their readiness to learn and understand various contraceptive strategies and their willingness to plan their family. Then, at 3:30 PM, a schedule and a contract for the implementation of health education were created.

On April 11, 2023, at 3:00 PM, health education and promotion about various contraceptive methods were conducted, allowing couples of reproductive age to ask questions. The patient and her partner stated that they understood the introduced materials but were not entirely ready to choose a long-term contraceptive method (IUD) because they felt it was the safest and did not affect hormone levels. The patient also mentioned that she wanted to focus on caring for her first baby and spacing out subsequent pregnancies.

Evaluation

The evaluation results after two days of nursing activities showed that the evaluation of the first and second days indicated that the issues were addressed according to the behavior indicators and criteria, as recommended. Knowledge about the importance of family planning and contraceptive methods increased, and misconceptions about a particular issue decreased. On the second day, the patient was allowed to go home and stated that she would use the IUD contraceptive method.

DISCUSSION

Assessment

Since the researcher was accompanied by the room supervisor during the data

collection process, the researcher did not encounter any difficulties. Before conducting the assessment, the researcher engaged in a therapeutic phase, which consisted of introducing and explaining the researcher's purpose, which was to provide nursing care to the patient in order to enhance cooperation, understanding, and openness of the patient and their family.

Mrs. S, a 24-year-old woman, provided subjective data for the case study. According to Notoatmodjo (2010), as discussed by Rofikoh et al. (2019), the age range of 29 to 30 years is considered women of reproductive age (PUS), and this age range is one of the factors that influence an individual's behavior when deciding whether to use long-term contraceptive methods. The likelihood of using contraception decreases with increasing age.

The client resides in Banjarnegara, with her last education level being junior high school (SMP), and she is a homemaker. According to the study by Barokah & Melani (2020), "the higher a person's educational level, the broader their access to good and clear information about contraception." However, the majority of respondents in this study have only completed high school (SMA). This aligns with the findings of Arisona's research in 2019, which indicated that individuals with lower levels of education tend to choose commonly used contraception methods due to a lack of knowledge about contraception. They often focus solely on one type of prevention. Meanwhile, the study by Novitasari and Maimunah in 2017 found that women of reproductive age who work tend to prefer contraceptive implants because they are easier to control and have a long-lasting effect, in contrast to homemakers who usually opt for intrauterine devices (IUDs).

According to Ny. S's family and marriage history, this is her first child born from a valid first marriage, and her family has no history of complications or underlying diseases during pregnancy or after childbirth. According to research conducted by Novitasari & Maimunah (2017), "parity determines contraceptive choice." Women who have more than two children and want to space out their

pregnancies can use the IUD method because of its effectiveness in preventing pregnancy for up to 10 years, and implants are also effective for birth spacing for 3-5 years. Meanwhile, the MOW contraceptive method should be used by people who already have many children but do not want to have more.

The client first experienced menarche at the age of 14, with a menstrual cycle of 7 days every 30 days. Her normal menstrual cycle was expected to occur on September 20, 2022. The client never experienced severe pain or bleeding during childbirth and regularly attended ANC check-ups at the nearest health center during her pregnancy. "One of the common side effects that occur in users of hormonal contraceptives is a change in the menstrual pattern caused by the presence of the hormone progesterone, which can suppress follicle growth and inhibit ovulation," as stated in the research by Arisona (2019).

Assessment of the delivery history revealed that the client experienced uterine contractions (HIS) occurring 3 times or more every 10 minutes. During the first stage of labor (kala I), the client had a 5-hour duration, followed by the second stage (kala II) lasting 1 hour with contractions occurring at intervals of 2-3 minutes. The third stage (kala III) lasted for 25 minutes, during which the placenta and amniotic sac were expelled, and the fourth stage (kala IV) lasted for 2 hours. A 3 cm episiotomy was performed, with a total vaginal bleeding amount of 300 cc, accompanied by the complete delivery of the placenta. The client also did not show indications of uterine issues such as fibroids or ovarian cysts. According to the research conducted by Widodo et al., it has not been empirically proven whether long-acting contraception methods (MKJP) affect the quality of life or lead to gynecological diseases. A study from 2019 stated, "There is no relationship between family history, obesity, and contraceptive methods in triggering ovarian cancer.

Assessment of the baby's history and condition at birth revealed that the baby immediately cried, was female, weighed 3,190 grams, and had a body length of 50 cm. No congenital abnormalities were found in the

baby's body. The client also mentioned that she had already engaged in bonding attachment, which involves immediate skin-to-skin contact between the baby and the mother, along with initiating breastfeeding for the first time. Immediate Mother and Baby Skin-to-Skin Contact (IMD) treatment at birth can affect some of the mother's hormones in her future menstrual cycle and serves as an alternative option for hormonal contraception. However, according to the research by Arisona (2019), it states that "one of the common side effects experienced by contraceptive users of hormonal methods is a change in menstrual patterns." Nevertheless, administering IMD immediately after the baby's birth can affect some of the mother's hormones in the upcoming menstrual cycle. This contradicts the research that claims "hormonal contraceptive users have a better level of knowledge in choosing contraceptive methods compared to non-hormonal users." (Rofikoh et al., 2019).

The assessment results regarding changes in the role and understanding related to contraception show that the client and her husband are prepared to become parents and are willing to raise their child. They both claim to understand what contraception is, but they do not have a complete understanding of its methods and types, so they have not yet decided to use contraception. Neither the client nor her husband has used any contraceptive methods before. They express their desire to learn more about the concept of contraception, even though the husband believes that having more children will bring more blessings. The researcher believes that there is a connection between individual perceptions and the use of Long-Acting Contraception (LAC). This is because women who actively receive family planning services may still have negative perceptions and feel fear or anxiety about using LAC due to potential pain and side effects associated with it. Additionally, some family planning clients argue that LAC use may hinder marital activities.

According to the research by Nuryati & Fitria (2019), "The higher the percentage of contraceptive use that matches the characteristics and needs of the wife, the higher the emotional support from the husband." They

also state that "family support influences the wife's decision to use contraception," according to subsequent research (Fadul, 2019). However, these findings contradict those of Sulistiani et al. (2021), who state that "there is no relationship between husband's support for a mother's use of LAC" and that "knowledge is one of the factors that influence a husband's support; the better a husband's knowledge of contraception, the better the support provided."

Here are the findings from the client's physical examination: blood pressure (BP) 110/70 mmHg, pulse rate 98 beats per minute, respiratory rate 20 breaths per minute, body weight 58 kg, oxygen saturation 98 percent, and a height of 155 cm. The client has no history of hypertension or family diseases, allowing her to choose a prevention strategy based on the examination directed by Suryani and Wulandari (2018), who state that "the use of hormonal contraception, especially injectable contraceptives, can affect the occurrence of hypertension due to hormonal or genetic factors."

Diagnosis

Mrs. S's primary nursing diagnosis is readiness to expand her knowledge, which, in accordance with PPNI (2016), is defined as the accumulation of cognitive information on a specific topic sufficient to meet health goals and can be improved.

In establishing the nursing diagnosis, focused data supporting factors were obtained, such as the client asking about contraceptive methods, behavior aligned with knowledge of family planning and contraceptive methods, and expressing an interest in learning with a willingness to engage in health promotion.

Intervention

The use of printed media, specifically leaflets, in providing nursing care under the counseling category is employed by the researcher. This choice is based on the belief that leaflet media is more effective and efficient in terms of time and location when administered. According to Taufiq (2015), leaflet-based education is more effective than brochures due to the way leaflets effectively combine content and images, thus allowing the

community to absorb information more effectively. Similarly, it is stated that the level of knowledge and spousal support for family planning with unmet needs significantly increased after conducting education through leaflet media (Hartati, 2020).

The nursing intervention conducted by the researcher involves primary well-being training, which includes the identification of readiness and capacity to obtain data, as well as the identification of variables that can increase or decrease motivation for a healthy lifestyle. According to a health education journal, "in the selection of contraception, couples of reproductive age are influenced by factors such as age, occupation, education, knowledge, attitudes, the availability of health services, and family support." (Samsi, 2023),

The second intervention involves providing an opportunity for questions, scheduling health education according to agreements, and providing materials and media for health education. According to a journal, "educational video media has been proven to increase the knowledge, attitudes, and behaviors of postpartum family planning patients." (Henri S, 2022).

The third intervention involves understanding risk factors that can affect health, teaching healthy and clean behaviors, and instructing strategies that can be used to improve healthy lifestyle behaviors.

Implementation

The activities conducted on April 10-11, 2023, specifically on the first day at 14:00, aimed to identify the factors that can increase or decrease motivation in choosing the right contraceptive method, as well as readiness and the ability to receive information about long-term contraceptive methods.

The results showed that the patient and her husband expressed their readiness to learn and understand various contraceptive methods and were prepared to use contraception. Mrs. S and Mr. T have agreed to use the IUD contraceptive device. At 15:30, a time schedule and a plan for health education implementation were established.

On April 11 at 15:30, the couples of reproductive age were given the opportunity to ask questions and receive counseling and health promotion on various contraceptive methods. The patient and her husband stated that the information provided was clear, and they decided to use the IUD (long-term contraceptive device) because they believed it was the safest and did not affect hormones. The patient also expressed her desire to postpone the next pregnancy in order to concentrate on taking care of their first child. This is in line with the findings of the journal "Effectiveness of Intra Uterine Devices (IUD) as a Contraceptive Device," which states that "IUD is a safe, effective, and reversible long-term contraceptive device. It involves inserting a device into the uterus, which is typically made of small plastic or copper-wrapped metal in various sizes. In Indonesia, IUD acceptors contribute to 22.6% of all contraceptive methods." (Rani Pratama & Dwita, 2016).

Evaluation

From the nursing activities carried out over 2 sessions of 7 hours, the readiness for knowledge improvement has been successfully addressed. Mr. T is now ready to use non-hormonal IUD contraception and has increased awareness and knowledge of contraceptive methods. This aligns with the findings of Fadul's research in 2019, which suggests that "mothers who do not work or are homemakers are advised to choose IUD as a contraceptive method." "Reproductive age couples who have 2 children and wish to space pregnancies can use the IUD contraceptive method due to its effectiveness and lower risk of failure," according to research conducted by Novitasari and Maimunah in 2017.

According to information from the medical records of Hj. Anna Lasmanah Regional General Hospital in Banjarnegara, 42.1% of reproductive-age couples use intrauterine devices (IUDs) as their chosen family planning method. According to Ridho (2017), "health education affects knowledge about family planning, and there is a 93% increase in the knowledge level of reproductive-age couples after family planning counseling" (Dewiyanti, 2020). This data is consistent with the research findings. A

relationship was found between the level of knowledge of reproductive-age couples regarding the correct and safe use of various contraceptive methods. After counseling and education, there was an increase in knowledge, with the safest type of contraception being the IUD or spiral, while the most common issues were related to condoms (Mulyanti & Lestari, 2021).

CONCLUSION

From the results of the nursing care provided, the following conclusions can be drawn: Nursing care was administered to Mrs. S and Mr. T, a reproductive-age couple who have just had their first child. The goals of the nursing care provided include assessment, establishing diagnoses, planning implementation, and conducting evaluations.

The nursing care applied is based on the data and outcomes of the care provided, which involve the provision of health education through leaflets. Knowledge level plays a crucial role in family planning progress for reproductive-age couples when choosing a contraceptive method.

After 2x7 hours of nursing intervention, the nursing issue of readiness for increasing knowledge has been resolved, as evidenced by the agreement of Mr. and Mrs. S and Mr. T to use an IUD contraceptive device for family planning. The researcher's assumption is that this could be due to factors such as age and education influencing the effectiveness of increasing knowledge and awareness for Mr. and Mrs. S and Mr. T in managing the spacing of pregnancies, even delaying or stopping pregnancies, in accordance with family planning principles, and decision-making in fulfilling their contraceptive needs.

RECOMMENDATION

Recommendations for postpartum mothers, whether they have given birth spontaneously or through surgery, and for couples of reproductive age who have more than two children, are to participate in family planning programs. This is where the latest information can be obtained from the nearest

healthcare facilities, including various methods of long-term contraception tailored to the needs of each couple.

For nurses and other medical professionals, it is important to provide education and health promotion that is continually updated and sustainable.

REFERENCES

- Arisona, W. L. (2019). Hubungan Pemakaian Kontrasepsi Hormonal dengan Kejadian Perubahan Pola Haid di PMB Johana Widijati. 1–5.
- Barokah, L., & Melani, F. I. (2020). Pengetahuan Wanita Usia Subur Tentang Kontrasepsi Pil. *Jurnal Ilmiah Kesehatan Sandi Husada*, 12(2), 1037–1043. <https://doi.org/10.35816/jiskh.v12i2.456>
- BKKBN. (2019). Penduduk Indonesia. <http://www.depkes.co.id>
- Dewiyanti. (2020). Pengaruh Penyuluhan Kb Terhadap Tingkatpengetahuan Pasangan Usia Subur Tentangkontrasepsi Di Posyandu. 335 | *Jurnal Fenomena Kesehatan*, 3, 392–399. <https://stikeskjp-palopo.e-journal.id/JFK/article/view/110>
- Fabiana Meijon Fadul. (2019). Hubungan Tingkat Pendidikan, Pekerjaan Dan Dukungan Keluarga Terhadap Pemilihan Metode Kontrasepsi Jangka Panjang Pada Wanita Usia Subur Di Klinik Bpjs Irma Solikin Mranggan Demak. 1(1), 210–226.
- Dinkes, jawa tengah. (2021). *Jawa Tengah Tahun 2021*.
- Hartati. (2020). The Influence Of Counseling Using Media Leaflets On The Level Of Knowledge And Support Of The Husband AboutThe Family Planning Program In The Unmet Need. *Universitas Hasanuddin Makassar*.
- Mulyanti, L., & Lestari, S. A. . P. F. (2021). Tingkat Pengetahuan Pasangan Usia Subur Berhubungan Dengan Penggunaan Alat Kontrasepsi Senggama Terputus. *Jurnal Kebidanan Malahayati*, 7(2), 354–358. <https://doi.org/10.33024/jkm.v7i2.3418>
- Henri Sulistiyanto, Suryo Ediyono. (2022). Video Edukasi Dapat Meningkatkan Pengetahuan, Sikap, Dan Perilaku Keluarga Berencana Pasien Pasca Salin. *Jurnal Kesehatan Kusuma Husada. Surakarta*. <https://doi.org/10.34035/Jk.V13i1.805>
- Kemkes.(2020). Profil Kesehatan Indonesia 2019. https://doi.org/10.5005/jp/books/11257_5
- Maribeth, A. L., Aulia, A., Pasundani, N. A., Fauziah, N. A., Ma'rifah, S., & Sua'idah, B. T. (2020). Perilaku Wanita Usia Subur Dalam Pemilihan Alat Kontrasepsi Intra Uterine Device (Iud) Di Fakultas Kesehatan Masyarakat Ui Tahun 2018. *Health & Medical Journal*, 2(2), 62–67. <https://doi.org/10.33854/heme.v2i2.541>
- Mulyanti, L., & Lestari, S. A. . P. F. (2021). Tingkat Pengetahuan Pasangan Usia Subur Berhubungan Dengan Penggunaan Alat Kontrasepsi Senggama Terputus. *Jurnal Kebidanan Malahayati*, 7(2), 354–358. <https://doi.org/10.33024/jkm.v7i2.3418>
- Novitasari, & Maimunah. (2017). Hubungan Riwayat Kehamilan Ektopik Dan Riwayat Penggunaan Alat Kontrasepsi Dalam Rahim Terhadap Kehamilan Ektopik Terganggu Di RSUD Kabupaten Bekasi Tahun 2017.
- Rofikoh, R., Widiastuti, Y. P., & Istioningsih, I. (2019). Gambaran Tingkat Pengetahuan Pasangan Usia Subur Tentang Kontrasepsi Hormonal Dan Non Hormonal. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 9(3), 197–206. <https://doi.org/10.32583/pskm.9.3.2019.197-206>
- Rosmawaty. (2017). Faktor-Faktor Penyebab Rendahnya Penggunaan Metode Kontrasepsi Jangka Panjang. *Jurnal Ilmiah Kesehatan Iqra*, 5(1), 1–12.
- Samsi, S. N., Rufaridah, A., Marlia, S., Dahlan, A., Komalasari, W., & Husni, L. (2023). Edukasi Pendidikan Kesehatan Pada Pasangan Usia Subur Dalam Pemilihan Kontrasepsi. *Jurnal Abdi Kesehatan Dan Kedokteran*, 2(1), 74–83. <https://doi.org/10.55018/jakk.v2i1.30>
- Sulistiani, I., Yanti, D. E., & Aryastuti, N. (2021). Analisis Faktor yang Berhubungan dengan Pemilihan Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP) pada ibu Riwayat SC di Wilayah Kerja Puskesmas Candipuro Kabupaten Lampung Selatan 2020. Nurul Aryastuti)

- Jurnal Dunia Kesmas*, 10(3), 301–308.
<http://ejournalmalahayati.ac.id/index.php/duniakesmas/index>
- Suryani, S., & Wulandari, R. (2018). Riwayat Penggunaan Kontrasepsi Terhadap Kejadian Hipertensi Dalam Kehamilan. *Jurnal Kebidanan*, 10(02), 127. <https://doi.org/10.35872/jurkeb.v10i02.285>
- Sutjiati, R., & Harlan, J. (2018). Metodologi Penelitian Kesehatan. In P. J. Slameto (Ed.), *Journal of Physics A: Mathematical and Theoretical* (2nd ed., Vol. 44, Issue 8). Gundarma.
- Taufiq, A. (2015). Efektivitas Media Leaflet dan Media Brosur terhadap Peningkatan Pengetahuan dan Sikap Pasien dalam Perawatan Diabetes Militus Di RSUD Dr. R. M. Djoelham Binjai
- Tim Pokja SDKI DPP PPNI, (2016), Standar Diagnosis Keperawatan Indonesia (SDKI), Edisi 1, Jakarta, Persatuan Perawat Indonesia
- Widodo, J., Musyabiq Wijaya, S., & Rudiyanto, W. (2019). Hubungan Faktor Risiko (Riwayat Keluarga, Obesitas, dan Alat Kontrasepsi Terhadap Derajat Histopatologi Kanker Ovarium di RSUD Dr. H. Abdul Moeloek Bandar Lampung Tahun 2018. *Medula*, 8(2), 154–160.