

The Participation of Worthy Age in the Use of Contraceptive Equipment during the Covid-19 Pandemic in the Working Area of Batuyang Public Health Center, Pringgabaya District, East Lombok

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Abstract

The use of contraceptives fell by 47 percent in Indonesia during the Covid-19 pandemic and a decline in family planning services by 1,179,467 family planning services during January-April 2020. These conditions can increase the number of unplanned pregnancies resulting in a population explosion. In East Lombok district, it is known that the highest birth and infant mortality rates are in the working area of BatuYang Health Center, Pringgabaya District, with 1264 people, namely 1246 births and 18 infant deaths. Where out of 9512 PUS in Pringgabaya sub-district, only 92.3 percent are already using contraceptives. The research method uses a cross sectional study approach with quantitative and qualitative approaches. Statistical tests to determine the existence of a relationship use the chi square test, to determine the most influential variable using multiple logistic regression, while for the qualitative approach the data collection technique is through FGD. The results of the chi-square test can be seen that the level of education (p-value = 0.021) and access to family planning services (p-value = 0.028) are significantly related to the participation of couples of childbearing age in using family planning contraceptives during the COVID-19 pandemic in the Work Area. BatuYang Health Center, Pringgabaya District, East Lombok Regency. Meanwhile, the variables of age, knowledge, and husband's support were not significantly related to the participation of couples of childbearing age in the use of contraceptives during the COVID-19 pandemic. The results of the analysis using multiple logistic regression tests, the most significant variable on the participation of couples of childbearing age in the use of family planning contraceptives during the COVID-19 pandemic was Education (p-Value = 0.019).

Keywords

EFA participation; contraceptive devices; covid-19 pandemic



I. Introduction

In Indonesia, the need for family planning for couples of childbearing age who have not been served (unmet need) is categorized as still high. Over the last four years, unmet need has continued to decline despite fluctuations between 2017 and 2018. In 2016 it fell to 15.8 percent, rose to 17.50 percent in 2017 and fell again to 12.4 percent in 2017. year 2018 (BKKBN, 2019). Twenty-three percent of women do not want to use contraception because of concerns about side effects, while among men, there are 32 percent of men who do not use contraception because they do not want to use contraception.

The implementation of the family planning program resulted in a significant reduction in the TFR figure. According to World Population Prospects, 2019 it was stated that the TFR

figure in Indonesia in 2019 was 2.5 percent, while the TFR in NTB in 2019 from the target of 2.38 TFR West Nusa Tenggara only reached 2.85. This shows that the TFR rate in NTB is still high. In Indonesia, maternal and infant mortality rates are still high, where the condition of children has not shown good things. It can be seen that the maternal mortality rate (MMR) is 305 per 100,000 live births (1), while the infant mortality rate (IMR) is 24 per 1000 live birth(2).

Currently globally and Indonesia is experiencing a non-natural disaster, namely the COVID-19 virus outbreak, so that the implementation of the family planning program which has been carried out through face-to-face activities in socializing, counseling and providing contraceptive services, is now unable to do during the COVID-19 pandemic.

Facing the COVID-19 outbreak, a Large-Scale Social Restriction (PSBB) policy was also carried out to prevent the transmission of COVID-19. This condition makes it increasingly difficult to access public health services, including family planning and reproductive health services. The emergence of public concerns to access family planning services in the clinic of midwives and doctors. Based on BKKBN data (2020)(2), it is stated that compared to 2019, there was a decrease in family planning services by 1,179,467 family planning services during January-April 2020 and a decrease in the use of contraceptives by 47 percent in Indonesia during the Covid-19 pandemic (BKKBN, 2020).

In East Lombok district, it is known that the highest birth and infant mortality rates are in the working area of the Pringgabaya Health Center with 1264 people, namely there are 1246 births and 18 infant deaths. Where out of 9512 PUS in Pringgabaya sub-district, only 92.3 percent are already using contraceptives. Therefore, this study aimed to determine the participation of EFA in the working area of the Pringgabaya Health Center, East Lombok Regency during the Covid-19 pandemic (Dinas Kesehatan Profil Kesehatan Kabupaten Lombok Timur tahun 2019).

1.1 General Purpose

This study aims to determine the participation of couples of childbearing age (EFA) in the use of contraceptives during the COVID-19 pandemic in the BatuYang Health Center Work Area, Pringgabaya District, East Lombok Regency.

1.2 Special Purpose

To find out the relationship between age, education, knowledge, access to family planning services, husband's support with the participation of couples of childbearing age during the covid-19 pandemic.

II. Research Methods

This research uses descriptive method, with quantitative and qualitative approaches. Quantitative approach is used to measure the relationship between education level, knowledge level about the participation of couples of childbearing age in using contraceptives, age of couples of childbearing age about the participation of couples of childbearing age in the use of contraceptives, access to participation of couples of childbearing age in the use of contraceptives, Family support for participation couples of childbearing age in the use of contraceptives. Qualitative data collection is carried out after quantitative data collection is completed with the aim of digging deeper into the variables that have been analyzed quantitatively. The data collection technique was carried out by FGD of two groups. The first group is for the criteria of EFA with participation in the use of high contraceptive devices, while the second group is for the criteria of men with low participation

in the use of contraceptives. This type of research is cross sectional because the causal variables that occur in the research object are measured or collected at the same time. qualitative approach with data collection techniques through FGD.

2.1 Population and Sample

The population in this study were couples of childbearing age (PUS) in the Working Area of the BatuYang Health Center, Pringgabaya District, East Lombok Regency in 2021, amounting to 9512 PUS. The sampling method uses the Slovin formula:

$$n = \frac{N}{(1+Nd^2)}$$

$$n = \frac{9512}{(1+9512(0.1)^2)}$$

So that the research sample obtained is $n = 99$.

2.2 Data Collection Stage

In collecting data, the researcher was assisted by 1 public health graduate enumerator who had previously been trained. Quantitative data was collected by using a questionnaire with interview techniques. Questionnaires were conducted on all research samples. Then the qualitative data collection was carried out by FGD, FGD was carried out after the quantitative approach data was analyzed.

2.3 Data Processing and Analysis Stage

Quantitative data processing is done by computer, which includes: Editing. Coding, data entry, tabulation. Univariate quantitative data analysis was used for descriptive analysis to describe the variables studied and used to estimate population parameters; The statistical test used in this study is the Chi square correlation to find the relationship between the independent variables (education level, knowledge level, age, access, support,) with the dependent variable (PUS participation in family planning); Researchers used multiple logistic regression analysis to determine the dominant variables in the pattern of relationships between research variables.

III. Discussion

3.1 Results

a. Characteristics of Respondents

Table 1 shows that 93.9% of couples of childbearing age who participated in using contraceptives during the COVID-19 pandemic, while those who did not participate in the use of contraception during the COVID-19 pandemic, were 6.1%. The average of respondents who use contraceptives aged > 35 years is 50.5%, respondents who use contraceptives aged < 21 years are 23.3%, while respondents aged 21-35 years use contraception by 26.3%. Respondents who have higher education are 22.2% while respondents with low education are 77.8%. Respondents who have knowledge about contraceptives are 37.4% while respondents who have low knowledge are 62.6%. Respondents who have easy access to family planning services are 47.5%, while the respondents who have difficulty accessing family planning services are 52.5%. Respondents who received support from their husbands in the use of contraceptives were 62.6%, while respondents who did not receive support from their husbands in using contraceptives were 37.4%.

Table 1. Characteristics of couples of childbearing age

Variable	N	%
EFA participation		
Participate	93	93.9
Not Participating	6	6.1
Age		
<21	23	23.2
21-35	26	26.3
>35	50	50.5
Education		
Tall	22	22.2
Low	77	77.8
Knowledge		
Tall	37	37.4
Low	62	62.6
Family Planning Service Access		
Easy access	47	47.5
Difficult to Access	52	52.5
Husband Support		
Supported	62	62.6
Not supported	37	37.4

Source: Primary Data Processed, 2021.

"I don't really know how to use condoms, IUDs, vasectomy and tubectomy contraceptives. If you're embarrassed to buy a condom, you're afraid that you'll miss it later, you don't know how to use it..."
(Informant 80).

"Yes, it's far from home, but I still use it because if I don't use it, I'll get pregnant again."
(Informant 53).

"I am currently injecting family planning at the village midwife, ma'am, yes, I still wear a mask, there is also a place to wash my hands..."
(Informant 20).

"My husband still takes me if I want to give birth control because it's far from home, I can't ride a motorbike, ma'am..."
(Informant 12)

"My husband agrees that I use KB but I can't use KB that is inserted into the uterus, he said it's dangerous, I'm afraid that if I do something wrong, why is that object inserted in the body..."
(Informant 33).

"My wife and I said they wanted family planning but I didn't go into the puskesmas or the midwife's house, usually I just waited outside..."
(Informant 77).

b. Chi-Square Analisis Analysis

From the results of the chi-square test, it can be seen that the level of education (p-value = 0.021) and access to family planning services (p-value = 0.028) is significantly related to the participation of couples of childbearing age in using family planning contraceptives during the COVID-19 pandemic in the region. Sihombing (2020) state that Covid-19 pandemic caused everyone to behave beyond normal limits as usual. The outbreak of this virus has an impact especially on the economy of a nation and Globally (Ningrum, 2020). The problems posed by the Covid-19 pandemic which have become a global problem have the potential to trigger a new social order or reconstruction (Bara, 2021). The work of Batu Yang Health Center, Pringgabaya District, East Lombok Regency. Meanwhile, the variables of age, knowledge, and husband's support were not significantly related to the participation of couples of childbearing age in the use of contraceptives during the COVID-19 pandemic in the BatuYang Health Center Work Area, Pringgabaya District, East Lombok Regency.

Table 2. The Relationship Between Age, Education, Knowledge, Service Access, and Husband's Support with the Participation of Couples of Childbearing Age in Using Contraceptives during the COVID-19 Pandemic in the BatuYang Health Center Work Area

Independent variable	Health Center Work Area				P- Value	RP (95% CI)
	EFA participation					
	use contraception					
	KB during the covid-19 pandemic					
	Participate		Not Participating			
	N	%	N	%		
Age						
< 21	23	23.2	0	0.0	0.117	
21-35	25	25.3	1	1.0		
>35	45	45.5	5	5.1		
Education						
Tall	18	18.2	4	4.0	0.021	0.840 (0.688-1.026)
Low	75	75.8	2	2.0		
Knowledge						
Tall	34	34.3	3	3.0	0.668	0.966 (0.864-1.079)

Low	59	59.6	3	3.0		
Family Planning Service Access						
Easy access	47	47.5	0	0.0	0.028	1,130 (1,025-1,247)
Difficult to Access	46	46.5	6	6.1		
Husband Support						
Support	33	33.3	4	4.0	0.186	0.286 (0.055-1.484)
Does not support	93	93.9	6	6.1		

Source: Primary Data Processed, 2021.

c. Multiple Logistics Regression Analysis

The results of the analysis using the Multiple Logistics Regression test obtained variables that affect the participation of couples of childbearing age in using family planning contraceptives during the covid-19 pandemic in the BatuYang Health Center Work area, Pringgabaya District, East Lombok Regency, namely the education of couples of childbearing age with a p-value = 0.019. Respondents with low education were 0.120 times more likely to participate in using contraceptives during the COVID-19 pandemic compared to respondents with higher education.

Table 3. The variable of education is very influential on the participation of couples of childbearing age in using family planning contraceptives in the BatuYang Health Center Work Area.

Variable	P-Value	OR	(CI95%)	
			Lower	Upper
Education	0.019	0.120	0.020	0.707

Source: Primary Data Processed, 2021.

3.2 Discussion

a. The Relationship between Age and the Participation of Couples of Childbearing Age (EFA) in the Use of Contraceptives during the Covid-19 Period in the Batu Yang Health Center Work Area, Pringgabaya Sub-District, East Lombok Regency

From the results of the analysis of the relationship between age and EFA participation in using contraceptives during the pandemic *covid-19*, shows that there is no significant relationship between age and EFA participation in the use of family planning contraceptives during the covid-19 pandemic. This research is in line with research conducted by Sihombing, Rosnella (2018)(4) that there is no significant relationship between age and the use of MOP contraception. Hakim, R., A., Utami, W., S (2012)(5) also stated that there was no effect of There is a significant difference between the age at first using family planning to the participation of couples of childbearing age in the family planning program in the sub-district of Kauman, Ponorogo Regency. This is because couples of childbearing age in the working area of the BatuYang Health Center use contraceptives to delay pregnancy with their first child, space out pregnancies, and to terminate pregnancy if they have had enough children and difficult economic conditions make them reluctant to have many children.

Manuaba (2012) (6), states that during the reproductive life of women, basically they can be divided into three periods, namely young reproduction at 15-19 years old, healthy reproduction at 20-35 years old and old reproduction at 36-45 years old. This division is based on epidemiological data which states that the risk of pregnancy and childbirth for both mother and child is higher at the age of < 20 years, the lowest at the age of 20-35 years. Ages that are not at risk in pregnancy are ages 20 to 30 years, and those who are at risk in pregnancy are ages > 35 years. The type of contraception used at that age should be adjusted to the stage of the reproductive period. In this study, women who participated in using contraceptives during the COVID-19 pandemic were mostly >35 years old.

b. The Relationship between Education and the Participation of Couples of Childbearing Age (EFA) in the Use of Contraceptives during the Covid-19 Period in the Batu Yang Health Center Work Area, Pringgabaya Sub-District, East Lombok Regency

Based on the results of the analysis of the relationship between education and participation in using contraceptives during the COVID-19 pandemic, it shows that there is a significant relationship between education and EFA participation in using contraceptives in the BatuYang Health Center area, namely (p-value = 0.021). The results of this study are in line with research conducted by Lontaan, A., Kusmiyanti & Dompas, R (2014) that there is no significant relationship between the level of education and the use of contraceptive methods in EFA. Where the level of education is one of the most decisive factors in receiving information, knowledge and perceptions of a person. Women who have higher education are easier to receive information and knowledge about contraception so that they better understand the benefits of using contraception.

Yanuar (2010) states that education is one of the factors that determine the choice of a contraceptive method because a high level of education is able to obtain information and consider things that are beneficial or side effects for health. A person's level of education can bring a person's mindset, especially to his aspirations for education itself, where differences in education levels will also affect a person's mindset.

The results of the analysis show that couples of childbearing age (EFA) with low education participate more in the use of family planning contraceptives by 75.8%, while couples of childbearing age with higher education participate less in the use of family planning contraceptives by 18.2%. This is influenced by the characteristics of and the number of research respondents in the BatuYang Puskesmas Working area during the covid-19 pandemic, namely PUS delaying pregnancy, regulating birth spacing and economic conditions. Most of the population also has low knowledge of KB contraception by 59.6%, they think that the use of contraception is only as a tool to regulate pregnancy intervals and most women with sexual intercourse have support from their husbands of 60.

According to Micelli et al., (2020) and Ullah et al (2020) stated that >80% of EFAs did not plan pregnancy during the pandemic, as many as 56% of EFAs who planned to have children before the pandemic delayed pregnancy during the pandemic due to job loss, economic problems and fear of needing medical care during this time. According to Aqmal (2020) Many couples of childbearing age think that the use of family planning contraceptives is only to regulate the spacing of children's births and many have side effects such as black spots, fatness, and dizziness.

Sirat (2021) stated that there were still many respondents who were delayed in making repeat visits to family planning services by 51.35% for several reasons, namely delays due to government regulations that must be at home and social distancing, delayed due to fear of infected with covid-19, delayed because family planning services were closed for face-to-face or face-to-face meetings with providers and delayed because the costs for making visits were transferred or repurposed for living expenses.

c. Relationship between Knowledge and Participation of Couples of Childbearing Age (EFA) in the Use of Contraception Devices during the Covid-19 Pandemic in the Batu Yang Health Center Work Area, Pringgabaya Sub-District, East Lombok Regency

This study found that there was no relationship between knowledge and EFA participation in using family planning contraceptives during the pandemic *covid-19* where (p -value=0.186) and the Confident Interval (CI) value shows the number (0.055-1.484). This study is in line with research conducted by Dayanti, Jessa Kris et al (2018) that there is no relationship between the level of knowledge and the use of contraceptive methods in couples of childbearing age. Knowledge is the result of knowing and will occur after someone has sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of the human senses are obtained through the eyes and ears (Notoadmojo, 2020).

Prevalence Ratio (RP) = 0.286 shows that PUS who have low knowledge have the opportunity to participate in the use of contraceptives during the covid-19 pandemic compared to PUS who have a high level of knowledge, where PUS who have high knowledge and participate in the use of contraceptives are 34 people (34.3%) while, EFA 59 people (59.6%) had low knowledge and participated in using contraception. This is that even though knowledge of EFA is low, it does not necessarily make someone not use contraception during the COVID-19 pandemic. Another factor that causes the economic status. Most of the PUS work as farmers and breeders so that the income per day is not certain.

Good knowledge of something does not happen in a short time but through a certain process. According to Notoatmodjo (2015), knowledge must go through 6 stages, namely knowing, understanding, application, analysis, synthesis and evaluation. Each stage has a role in determining a person's level of knowledge. Most of the couples of childbearing age in the BatuYang Health Center work area only use short-term contraceptives such as injections, pills and implants, while contraception devices such as condoms, IUDs, vasectomy, and tubectomy, most of the respondents do not know the benefits, how to use them, the time of installation and the effects. side effect. According to Adelekan et al.,(2020) and Dasupta et al (2020), there was a decrease in the use of MKJP by up to 48% during the lockdown compared to the average use in the previous two years in Gauteng, South Africa. The switch to short-term contraceptive methods such as the pill is caused by limited access to other options, problems with the availability of contraceptives and limited information about the contraceptive options used. Based on Lae's et al research (2020), regarding the use of contraception during the Covid-19 Pandemic in Kalimantan Province, from 445 respondents, it was found that most used contraceptive methods with the highest dropout rate, namely pills with a percentage of 46%.

d. The Relationship between Access to Family Planning Services and Participation of Childbearing Age (EFA) in the Use of Contraceptives during the Covid-19 Period in the Batu Yang Health Center Work Area, Pringgabaya District, East Lombok Regency

Analysis of the relationship between service access and EFA participation in using contraceptives during the covid-19 pandemic, obtained a P -value of 0.028 ($p < 0.05$), so statistically there is a relationship between service access and EFA participation in using contraceptives during the covid pandemic. -19. The Confident Interfal (CI) value is (1.025-1.247) and the results of the biological analysis based on the Ratio Prevalence (RP) value which shows the number = 1.130 which means that it is not a risk factor but is a protective or protective factor. Respondents who have easy access to family planning services have the opportunity to participate in the use of contraceptives during the COVID-19 pandemic, compared to couples of childbearing age who have difficulty accessing family planning services.

Respondents who easily access family planning services and participate in using contraceptives during the covid-19 pandemic are 47 respondents (47.5%), while respondents who easily access family planning services and do not participate in using contraceptives in the covid-19 era are 0 respondents (0.0). Respondents who find it difficult to access family planning services and participate in using family planning contraceptives during the covid-19 pandemic are 46 people (46.5%), while respondents who have difficulty accessing family planning services and do not participate in using family planning contraceptives during the covid-19 pandemic are 6 respondents (6.1%). This means that even though during the COVID-19 pandemic it was difficult for EFA to access family planning services, they still used contraception. where the availability of health workers who are able to serve EFA in using family planning contraceptives during the covid-19 pandemic, such as village midwives and posyandu so that PUS does not have to go far to get family planning services. EFAs that provide direct family planning consultation services continue to comply with health protocols by complying with health protocols by making appointments to meet with health workers to be addressed, using masks, washing hands, and checking the temperature of COVID-19 (screening).

Riza Fatma Arifa's research (2021) suggests that there are still many women who carry out family planning counseling services face-to-face or meet directly with health workers. EFAs who provide family planning counseling services during the covid-19 pandemic are generally couples of childbearing age who often visit family planning services before the covid-19 pandemic.

e. Relationship between Husband's Support and Participation of Couples of Childbearing Age (PUS) in the Use of Contraceptives during the Covid-19 Period in the Batu Yang Health Center Work Area, Pringgabaya District, East Lombok Regency

This study found that there was no relationship between knowledge and EFA participation in using family planning contraceptives during the covid-19 pandemic where (p-value = 0.186) and the Confident Interval (CI) value showed numbers (0.055-1.484). This study is in line with research conducted by Dayanti, Jessa Kris et al (2018) that there is no relationship between husband's support and the use of contraceptive methods in couples of childbearing age. This is because husband's support is one of the reinforcing factors that can influence an EFA mother to determine her attitude, where husband's support in participating in the use of contraceptives is a real form of husband's care and responsibility in participating.

Bivariate results can be seen that respondents who received support from their husbands and participated in using contraceptives during the COVID-19 pandemic were 61 respondents (60.6%), while respondents who received support from their husbands and did not participate in using contraceptives during the COVID-19 pandemic. are 2 respondents (2.0%). Respondents who did not receive the support of their husbands and participated in using family planning contraceptives during the covid-19 pandemic were 33 people (33.3%), while respondents who did not receive the support of their husbands and did not participate in using contraceptives during the covid-19 pandemic is 4 respondents (4,0).

Husband's support is support given by the husband in the form of verbal and non-verbal, suggestions, real assistance in the form of behavior or presence that can provide emotional benefits and affect behavior or presence that can provide emotional benefits and affect his wife's behavior. According to Friedman (1998), there are 4 husbands' support given to his wife, namely, emotional support, appreciation or appraisal support, instrumental support and informative support. The support given by the husband is in the form of an understanding attitude that is shown in the form of positive cooperation, helping in

completing household work, and providing moral and emotional support for the career or work his wife does.

IV. Conclusion

4.1 Conclusion

Based on research that has been carried out in the BatuYang Satisfaction work area, Pringgabaya District, East Lombok Regency, it can be concluded that the Participation of Fertile Age Couples (PUS) in the use of family planning contraceptives during the COVID-19 pandemic has been very good, namely as many as 93.3 percent of PUS participated, even though during the pandemic. covid-19 EFA remains active in the use of contraception. Participation is related to the level of education and access to family planning services where as many as 75.8% of PUS with low education participate more in the use of contraceptives compared to those with higher education only 18.2%. As many as 47.5% of PUS are easy to access and participate in the use of contraception devices, while 46.5% of PUSs have difficulty accessing family planning services but still participate in using contraceptives. This is that even though the knowledge and education of EFA is low, it does not necessarily make someone not use contraception during the COVID-19 pandemic. Another factor that causes the economic status. Most of the PUS work as farmers and breeders so that the daily income is uncertain, with this condition most of the PUS still use contraceptives during the COVID-19 pandemic in order to limit the number of children.

4.2 Suggestion

1. Couples of childbearing age should always communicate to their partners in the selection of family planning contraceptives.
2. Officers should use two-way communication, namely between officers and couples of childbearing age for information about types of contraception, namely pills, injections, implants, especially condoms, IUDs, MOW/MOP on the use of contraceptive services for couples of childbearing age in order to increase knowledge about more effective use of contraception for maternal and child health, especially during the COVID-19 pandemic.
3. To further develop socialization to all couples of childbearing age regarding the types of contraception, the correct way to use contraceptives, the right time to use contraception and the effects.
4. It is necessary to add the identity of respondents such as religion, ethnicity and further researchers can use other variables in research such as socio-cultural, economic, attitudes and psychological levels of couples of childbearing age.

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