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## PERCEPTION OF WOMEN OF REPRODUCTIVE AGE TOWARDS LONG-ACTING CONTRACEPTIVE (LAC) COUNSELING OF FAMILY PLANNING COUNSELORS: A QUALITATIVE STUDY

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### ABSTRACT

**Background:** Long-acting contraceptive (LAC) is one kind of birth control method for preventing, spacing pregnancy or stopping the fertility for an extended period. Increasing the number of LAC user can be done by providing a good quality of LAC counseling. This study aims to explore the perception of reproductive woman in LAC counseling by family planning counselors.

**Methods:** This study was a qualitative study with Rapid Assessment Procedure (RAP) design. This study conducted in Bontomatene, Selayar Island on April 2019. There were 6 samples that represent 3 samples used LAC and 3 samples used non-LAC. The in-depth interview was used to get the information and the interactive model analysis was used in analyzed the data.

**Results:** 5 of 6 respondents mentioned when the family planning counselor explained LAC used native language was easier to understand. The counseling by family planning counselor was already good because the counselor explained in detail information about LAC, visited the house of respondents to give information and did not push the respondents to select contraceptive methods.

**Conclusions:** The reproductive woman in Bontomatene, Selayar Island feel more comfortable with LAC counseling held by family planning counselor if using native language, explain in detail information and not force respondent to use LAC methods.

**Keywords :** Counseling, Long-Acting Contraceptive, Perception of Woman Reproductive Age

### INTRODUCTION

Family Planning is an effort to control childbirth, the ideal childbirth distance and age, as well as pregnancy planning, conducted through promotion, protection, and assistance based on the reproductive rights to create a balanced population and quality families [1]. One of the methods to realize this effort is by using contraceptive devices or medications [2].

Contraceptive methods are divided into several criteria, such as the womb condition, duration, method, and effectiveness. The recommended contraception is Long-Acting Contraceptive (LAC), which provides highly effective contraception for an extended period. LAC is a long-acting contraceptive method to delay and prevent pregnancy as well as impede fertility. It is more rational with few side effects. LAC is beneficial to effectively prevent pregnancy up to 99% with lower cost and more extended period. In addition, it does not affect breastmilk and sexual function. Therefore, spouses will plan

pregnancy better while preventing maternal death risk. The LAC methods include implant, IUD, tubectomy and vasectomy [3].

The Indonesian Health Demographic Survey (IDHS) conducted every five years result stated that the number of LAC active participants (LAC Aps) for all contraceptive users continued to decline from 1994 to 2012. In 1994, the LAC Aps percentage reached 19% and dropped to 17.5% in 1997. Meanwhile, in 2002, the figure declined to 14.6%, and it dwindled to 10.9% in 2017. The trend continued to 10.6% in 2012 but increased to 23.1% in 2017. In addition, The Indonesia's Short-Term Strategic Plan for 2015 – 2019 result stated that, in 2015, the number LAC Aps reached 103.9%. However, it declined to 102.3% in 2016 and 99.07% in 2017 but increased to 103.59% in 2018 but if the achievement in 2018 is compared with the target of 2019, then it will only get a percentage of 98.30% [4].

The low interest of LAC usage in Indonesia is due to the low education and economic factors, expensive initial LAC cost and poor LAC knowledge. The poor LAC knowledge is identified from the myth that LAC terminates the pregnancy, has many side effects and disrupts the quality of marital relations so the use of LAC is very low [5]. The low of knowledge is caused by a lack of access to information from providers, especially for promotion and counseling of family planning [6]. In addition, poor perceptions also cause low of use LAC, women were poorly informed about LAR, had firm but incorrect beliefs about their safety and side effects, disliked any method which involved an invasive procedure and/or vaginal examination, and had rather a low opinion of advice given by health professionals [7].

Counseling is one of the methods to provide better information to society. In addition, Green (1980) proposed that information access is one of the enabling factors that can influence a person's behavior change [8]. Furthermore, the research in Nepal argued that counseling was effective in increasing the LAC utilization [9]. Moreover, research conducted in Central Java, Indonesia stated that counseling by healthcare providers could increase the LAC utilization of married women [10]. These previous research results identified that LAC counseling increase the knowledge and positive perception of women affects the increased use of LAC. Then, another studies proposing that eight themes emerged as important to women's perceptions of family planning services: service accessibility, information provision, attention to client comfort, providers' personalization of care, service organization, providers' empathy, technical quality of care and providers' respect for women's autonomy [11].

The Regional Technical Implementation Unit of Family Planning of Bontomatene is one of in Selayar Islands Regency of South Sulawesi. One of its working targets is to increase the number of family planning acceptors. The achievement of active participants (APs) in 2016 was 72% and decreased in 2018 to 70%. In fact, the difference in LAC APs compared to non-LAC was still relatively high. It is known that in 2016, LAC APs only reached 17.8%, whereas the non-LAC APs amounted to 82.2%. Furthermore, in 2017, LAC APs only reached 21.5% while non-LAC APs amounted to 78.5% 2. In 2018, nevertheless, LAC APs were only 25.9%, while non-LAC APs reached 74.1%. Although the number of LAC users increases every year, it is still considered insubstantial. This number is still insignificant compared to the number of non-LAC APs [12].

Based on the aforementioned data and the research background, this study was conducted to explore in-depth information on the perception of women toward LAC counseling by family planning counselors in The Regional Technical Implementation Unit of Family Planning of Bontomatene.

## **METHODS**

The method used in this research was qualitative which aims to obtain a general understanding of social reality from the participants' perspectives [13] with RAP (Rapid Assessment Procedure) to understand the situation of the informants' perspectives [14]. In this case, it is to explore in-depth information on

informants' perceptions about LAC counseling administered by family planning counselors. The information about LAC counseling was explored through five service quality variables according to Parasuraman (1998), namely counseling aids (tangible), information completeness (reliability), follow up counseling (responsiveness), communication skills (assurance), and empathy [15]. The information was obtained through an in-depth interview by using semi-structured interview guidelines.

The research population was married women of reproductive age. The research samples were six women as the main informants, consisting of three LAC users and three non-LAC users. Informants were selected according to their experience in LAC counseling and related matter. The samples about six with two different experiences on the utilization of different types of contraception were considered adequate in providing sufficient and relevant information according to the chosen theme [16]. The first to six sample were selected based on the instruction from the family planning counselors in the local area to find the right samples with the criteria. The general criteria were women of reproductive age obtained of LAC counseling with age range of 15-49 years old. The particular criteria are women who could not use LAC because of medical indications. Furthermore, to triangulate the data, there were two key informants involved, namely a family planning counselor who usually provided counseling and The Head of The Regional Technical Implementation Unit of Family Planning of Bontomatene. This study was conducted in April 2019 at Bontomatene Subdistrict, Selayar Island, South Sulawesi, Indonesia.

Data collected was analyzed using an interactive analysis model which is an analysis process using four components of the data processing from collecting data to obtain the desired information, downsizing data by summarizing the information obtained, presenting data in the form of narrative text and it is finalized with conclusion or verification [13]. This type of analysis was chosen because it allows data analysis to be carried out during the researcher is still in the process of collecting data, continued after data collection has ended, it is continuously done until it is complete or no more new information is obtained.

## RESULTS

Selayar Islands Regency is one of the regencies located in South Sulawesi which has 11 districts. There were five districts are located on the main island and six subdistricts are located outside. Bontomatene Subdistrict is one of the districts located on the main island but far from the city center of regency. The characteristics of the informants were on average 32 years old, most of them had 2 children and had high school education. The providers The following are described the women's perception toward LAC counseling of family planning counselors.

### *Counseling Aids*

The following are the results of in-depth interviews with the informants. The information obtained from non-LAC user informants, most of them said that the counselors did not use any aids in providing LAC counseling, *"The counselors came to my house... Uhm and they explained about LAC directly"* (Informant 3, 38 years). On the other hand, LAC user informants who had obtained the counseling, most of informants said that when the counselors provided counseling, they explained while using decision-making aids, namely flip charts and props. *"Oh... the counselor explained about the implant and everything. Uhm, I like it because they used sheets that can be flipped so that the pictures can be seen directly. One more, what is it called? Oh, we saw the IUD (contraception aids) and everything directly... It was very good"* (Informant 5, 37 years). Furthermore, all informants, both LAC, and non-LAC users said that they comprehend better and easier to understand the information conveyed. *"Good... I like it; it was easy to understand because we saw the pictures and obtained the explanations. Also I can see the actual shape because there was a model ... good, Uhm, it was good. A week after that, if I am not mistaken, I went to get an implant at the Community Health Centre (Puskesmas) because it seemed good"* (Informant 6, 35 years). From the results of these interviews, it is identified that LAC counseling will be better given when using counseling aids.

The information obtained from family planning counselors based on the results of in-depth interviews, it is known that counselors, when providing LAC counseling with aids, find it easier to convey information in full, and the client is easier to understand the information conveyed. It's just that they don't always carry counseling instrument or props because they feel troubled or objected especially if they only visiting a married woman. *"The use of instrument media is very good, we feel helped in providing more complete information and facilitating the target of receiving information. It's just that we are a little lazy or bothered maybe because of the weight too especially if only one house that will be visited"*.

### **Information Completeness**

The information obtained from the results of an in-depth interview with all the main informants showed that all informants obtained information about the types of LAC, advantages, disadvantages, service points and contraception installation fee. However, in the process of extracting information, the informants often found difficulties to remember the information obtained from the counseling. *"Oh, a lot, they told me about the implant so I would not get pregnant too often, then they also told me about the advantages Uhm, if the implant, it will take a longer time. A lot was conveyed. I forget a little bit. The cost is free if has an Indonesian Health Card. It can get the LAC at the Community Health Centre, or it is also possible if there is a midwife of Sub Community Health Center"*, (Informant 3, 38 years). On the other hand, another informant added different information, *"Well, there was much information explained, such as the implant, IUD, and sterilization. Yes... contraception is used to prevent pregnancy. It has a long period; it is different from injection and pills. However, the implant also makes us fat. They said because it contains some medication. I would like to get the implants in at the Community Health Center, but should pay except if have BPJS (National Health Insurance)"*, (Informant 1, 28 years).

This was justified by the key informants, namely family planning counselors and the Head of The Regional Technical Implementation Unit of Family Planning who stated that when providing counseling, the information provided should be complete and clear, so there was no information bias that confused the clients and afraid to use LAC.

### **Follow Up Counseling**

The following are the results of in-depth interviews with the informants. The information obtained from non-LAC user informants, most of the informants, said that the counselors only visited the house of women once to give LAC counseling, *"Only once, they said they ever visited, but I was not at home"*, (Informant 2, 25 years), Meanwhile, LAC user informants who had obtained the counseling, most of the informants said that they were visited twice to their homes in order to provide LAC counseling, *"If I'm not mistaken, they visited twice because I was afraid, but finally I got the implant"*, (Informant 4). These responses indicate that there is a tendency for women to use LAC after continuous counseling was given. Furthermore, LAC user informants, it was identified that after they used LAC, most of informants stated that they had never been visited by the Family Planning Counselors. *"They never visit again; they only visited before we got the implants"*, (Informant 6, 35 years).

After confirming with the family planning counselors, it was known that *"The family planning counseling is usually conducted continuously, first counseling as an introduction and explanation. Further counseling is stabilization counseling, so the clients are more confident to use LAC, especially those who still feel afraid or doubtful or have restrictions from the family. We will come to convince the family, like the husband, and the others to allow the clients using LAC. After the installation, sometimes, we still visit them so the LAC users will not drop out"*.

### **Communication Skill**

The results of the interview were very through to the six main informants. Most of them said that when providing counseling, the counselors used local or everyday language for communication, so it was easy



to understand, *"Yes, they use Selayar Language (local language) so it was comfortable to have a discussion,"* (Informant 1, 28 years). After the confirmation from the family planning counselors obtained, it was confirmed that *"We provide counseling in the language understood by the clients, so the information is easily understood, but for certain terms, we still use the actual term then we provide simpler examples to make them understand."*

### **Empathy**

The results of in-depth interviews with all the main informants resulted in information indicating that the final decision on the type of contraception being used still returned to the informant. *"For me, I will still the injection because I am used to it, I do not want to change again, it is comfortable"* (Informant 1, 28 years). *"I moved to the implants, I was initially a little bit forced, but finally I agreed because I thought it was good, not too complicated, if injection I need to do once in three months, it is complicated"* (Informant 6, 35 years). After confirmation by key informants, one of the informants, i.e., The Head of The Regional Technical Implementation Unit of Family Planning stated *"There must be no coercion at all in conducting counseling."* A different statement conveyed by the Family Planning Counselors stated that *"All decisions were returned to the client; we should not force the will because it will make the client feel inconvenience. However, if the client refuses because they are afraid, then a little coercion is usually done, and Thank God, always succeeds after twice or three times counseling"*.

### **Women's Perceptions of LAC Counseling**

The following are the informants' perceptions obtained from the interview with the informants who had obtained LAC counseling, which consists of 3 non-LAC-user informants and 3 LAC-user informants. There was only one of non-LAC user informant who stated that the the Family Planning Counselors in providing counseling was not good enough, *"No, uhm, it is not good enough because they spoke too fast. Uhm, maybe it would be better if they can come again, so we get to understand better. I am also still uncertain"* (Informant 2, 25 years). On the other hand, all LAC users stated that family planning counselors was very good at providing counseling. One of those informants stated *"Very good... It was good because they visited home, gave sufficient information and after that I used implants voluntary. That is also because I was visited again after using the implants, so I felt cared for, but they visited only once"* (Informant 5, 37 years). From the results of these interviews, it is identified that women's perception toward LAC counseling of family planning counselor was good.

## **DISCUSSION**

Based on the data collection and analysis above, the women's perceptions on the LAC counseling administered by the family planning counselors were obtained. The informants perceived that the LAC counseling conducted by the family planning counselors provided good counseling. It occurred since the counselors provided more detailed information on LAC, visited the houses of informants and let the clients select contraceptive method without forcing. Good counseling procedures have two major elements and occur when: 1. Mutual trust is established between client and provider. The provider shows respect for the client and identifies and addresses her/his concerns, doubts, and fears regarding the use of contraceptive methods and 2. The client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning [17]. It is aligned with the results of previous studies proposing that eight themes emerged as important to women's views of family planning services: service accessibility, information provision, attention to client comfort, providers' personalization of care, service organization, providers' empathy, technical quality of care and providers' respect for women's autonomy [11].

The additional tools utilization by the family planning counselors in providing counseling either flip charts or teaching aids generated a more maximum result. The clients understood the information better since they could directly observe the pictures along with the several explanations, as well as the real form of the LAC type. The counseling tools area media or channel that influences the counseling process

to alter the acceptors' perception and behavior, which lead them to select and voluntarily use the contraception type delivered. It is crucial to provide counseling to the clients with the additional tool as it is an official guide of family planning counseling services. It contains not only up-to-date information on contraception or family planning but also the standard process and stages of family planning counseling based on the clients' rights of family planning and informs choice. The counseling aids tools also provide a dual function, among others, guiding to select the suitable birth control method, helping in solving problems of birth control utilization, working aids for providers, providing references or technical information and visual aids for the training of new providers [18]. It is congruent with the previous studies stating that the use of counseling aids makes client easier to understand the information conveyed [19].

According to the clients, the family planning counselors provided complete information during LAC counseling. It comprised the LAC types, advantages, disadvantages, service places, and the costs. The complete information provided during the counseling is considerably essential so that the clients can understand the information comprehensively, completely, and thoroughly. It was expected that the clients did not receive biased information that caused clients' confusion and fear to have LAC. It is aligned with the results of previous studies proposing that there was a positive relationship between the use of LAC by the married women to information perceived by the healthcare providers [20]. Then, the client and service provider give and receive relevant, accurate, and complete information that enables the client to make a decision about family planning [17]. Nonetheless, when the informers inquired the clients to provide complete information, the clients could not finish it since they could not remember the detailed information due to the the long time counseling factor.

There was a tendency for women to use LAC after being provided with follow up LAC counseling. Hence, follow up counseling, which is appropriate with the counseling steps, will convince the clients more to have LAC. The counseling stages that should be administered is introduction counseling. It is conducted for those who have not yet understood the contraception types. Then, counseling to help clients select one type of contraception. It follows with stabilizing counseling to convince the clients that the type of contraception selected is suitable for their conditions and needs. Moreover, the clients should understand the possible side effect and how to overcome it. Next, consolidation counseling is to overcome problems arising after using contraception. Thus, contraceptive users feel safe and remain to use a contraceptive device [17]. The results of other studies argued that the follow-up mechanism counseling has a relatively vital role in choose of kind contraception, avoiding side effects of using contraception, maintaining the use of contraception, and preventing contraception discontinuation [21]. Regarding communication skills, it is obtained that the clients apparently preferred the use of everyday language or local language during the family planning counseling. It is believed that the local language can help the clients to more easily communicate so that it is easier to understand the information conveyed. It is mentioned in the Counseling for Family Planning Services module where the counseling principle is to help the clients understand the language used by the counselors, for example, local dialects, simple vocabulary that is culturally appropriate, and the use of highly technical medical terminology [17]. Our findings are consistent with a previous study that stated if language-appropriate service provision in family planning service was highly important [11].

The end of the LAC counseling was the clients voluntarily selected and decided the type of LAC they wanted to use. However, there were some clients who did not choose the LAC type at all. It can be identified from the results of this study, which shows that the clients ultimately chose the type of contraception based on their wishes without any coercion. In the family planning counseling process, it is not recommended to force clients to choose one type of contraception method. Otherwise, it will make the clients uncomfortable so that the clients only use contraception for a short time. It, thus, is congruent with the results of the study stating that contraceptive counseling has excellent potential as a strategy to empower women who do not want pregnancy to choose their own contraceptive methods to

be used correctly and consistently over time, thereby reducing the risk of individual unwanted pregnancies [22].

Last, this study has limitations about the subjectivity of the author in interpretate the meaning implied of the informants data so the tendency to bias still persists but to reduce it, the source triangulation process has been carried out to match the informant's data and reality through the key informant.

## CONCLUSIONS AND SUGGESTIONS

The conclusions of this study are as follows; 1). The use of counseling aids helped women to more easily understand the information delivered by family planning counselors, 2). Women obtained complete information during the counseling, 3). There is a tendency for women to use LAC after received follow up or repetitive counseling, 4). The use of everyday language or local language during the counseling helped the women to understand the information conveyed information easily, 5). Informants were free whether or not to select the LAC type as their own wishes without any coercion from the family planning counselors. The researcher suggested these following things based on the results of this study, namely: 1). Continuous use of counseling aids by family planning counselors when providing LAC counseling, 2). The innovation of counseling aids or other information media in local or everyday languages, 3). Maximizing follow-up counseling before and after women use one type of LAC.

## CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest regarding the publication of this study

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