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The Effect of Participation in Pregnant Women's Class on The Time Range of Contraception Use in The Minasatene Public Health Center

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INFO ARTICLE

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ABSTRACT

The usage of contraception is a problem that leads to maternal mortality. According to the 2012 IDHS, the rate of unmet demand is 8.5%. The significant unmet need for family planning services increases the likelihood of unwanted pregnancies (UP). If UP is prolonged in postpartum women, it will result in a very close pregnancy distance, and there is a risk of abortion difficulties if it is interrupted. Pangkep Regency has the fewest new and active family planning participants in South Sulawesi Province, with the lowest percentages in the Minasatene Health Center, at 62.04% and 76.73%, respectively. Meanwhile, the class program for pregnant women has been implemented in all Public Health Center in Pangkep Regency, including one at the Minasatene Health Center, in compliance with the rules for conducting courses for pregnant women. The goal of this study was to see how participation in the Pregnant Women's Class (PWC) affected the time span of contraceptive usage. This is an analytic observational study with a cross-sectional design with 73 respondents recruited by purposive sampling and the Simple Linear Regression Test. From 73 respondents, it is known that the majority of participation in the class of pregnant women is not in accordance with the standards, namely as many as 57 mothers (78.08%) and the time span of using contraception that is not according to standards (> 42 days) as many as 20 mothers (27.39%). The results of the analysis test of the Simple Linear Regression Test obtained the value of p = 0.004 (p = <0.05). The study concludes that participation in the Pregnant Women Class (PWC) has an influence on the duration span of contraceptive usage at the Minasatene Health Center, Pangkajene and Islands Districts in 2022.

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INTRODUCTION

Health development is the execution of health activities to raise knowledge, willingness, and capacity to live a healthy lifestyle for all people in order to achieve the greatest level of public health (Depkes, 2009). Currently, health development projects in Indonesia are still focused on efforts to enhance the health status of mothers and children, particularly those in the most vulnerable health groups, such as pregnant women, maternity, and newborns during the perinatal period. The high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) attest to this (Kemenkes RI, 2011). The maternal mortality ratio decreased from the 1994 IDHS to the 2007 IDHS, according to a trend study. In the 2012 IDHS, this ratio jumped to 359/100,000 KH (Ministry of Health RI, 2013). As a result, a concerted effort is required to meet the 2015-2019 National Medium-Term Development Plan (RPJMN) objective of 306/100,000 KH in 2019 (Ministry of Health RI, 2015).

The adoption of the MCH Handbook, which is projected to improve the quality of Maternal and Child Health services, is one of the government's initiatives to meet national health development goals, especially the decrease of MMR and IMR. The MCH handbook may also be used as a monitoring tool for maternal and child health, as well as for community education and health education, particularly for mothers (Kemenkes RI, 2011). Knowledge is the outcome of someone knowing and sensing specific items. The majority of human information is derived via the eyes and hearing. Knowledge, or cognitive ability, is a critical domain for the formulation of one's activities (Over Behavior). Education, mass media/information, socio-cultural and economic factors, the environment, experience, and age all have an impact on a person's knowledge (Notoatmodjo, 2007).

Pregnant women class is a study group with a maximum of 10 members for pregnant women with a gestational age of 4 weeks to 36 weeks. The discussion of the information in the MCH Handbook serves as the teaching approach for the class for pregnant mothers. Pregnant women class is a program for face-to-face learning on health for pregnant women that seeks to boost mothers' knowledge and skills about pregnancy, prenatal care, labor, postpartum care, infant care, myths, infectious illnesses, and birth certificates (Kemenkes RI, 2011).

Pregnant women attend at least three class meetings during their pregnancy, with the content delivered emphasizing the primary topic. The first meeting's subject includes pregnancy, physical changes and complaints, and pregnancy care. The second meeting will cover topics such as birthing and postpartum care, as well as postpartum family planning. The last meeting's subject included newborn care, misconceptions, infectious illnesses, and birth certificates (Kemenkes RI, 2011). In addition to direct and indirect reasons, contraceptive usage is a concern that contributes to maternal mortality. According to IDHS data from 2012, the unmet-need rate was 8.5%, a 0.1% drop over the previous ten years. The objective of these two family planning program metrics should be suspected of contributing to the progressive drop in MMR if the family planning program is one of the upstream initiatives to minimize MMR (Kemenkes RI, 2013).

The significant unmet need for family planning services increases the likelihood of unplanned pregnancies (UP). Postpartum women will be confronted with two risks that can both lead to maternal mortality. First, if the pregnancy continues, it will be extremely similar to the prior pregnancy, which is one of the "4 Too" components (too young, too old, too many and too close). Second, if the pregnancy is terminated, there is a chance that abortion complications will develop, contributing to maternal death (Kemenkes RI, 2012).

Because the return of fertility in a woman after delivery is uncertain and can occur before the commencement of the menstrual cycle, even in nursing women, postnatal family planning is critical. The first ovulation in a non-breastfeeding woman can happen as early as 34 days after giving birth. As a result of this, women frequently suffer unwanted pregnancies (unwanted pregnancies) at intervals near to prior pregnancies while nursing. Contraception should be used before engaging in sexual activity. As a result, it is critical to begin contraception as soon as possible after birth (Kemenkes RI, 2012).

The class activities for pregnant women are expected to produce a group of mothers who truly understand their own and their babies' health, are able to prepare themselves and their families for disturbances during pregnancy, are able to prepare themselves and their families during the delivery process, and are also able to

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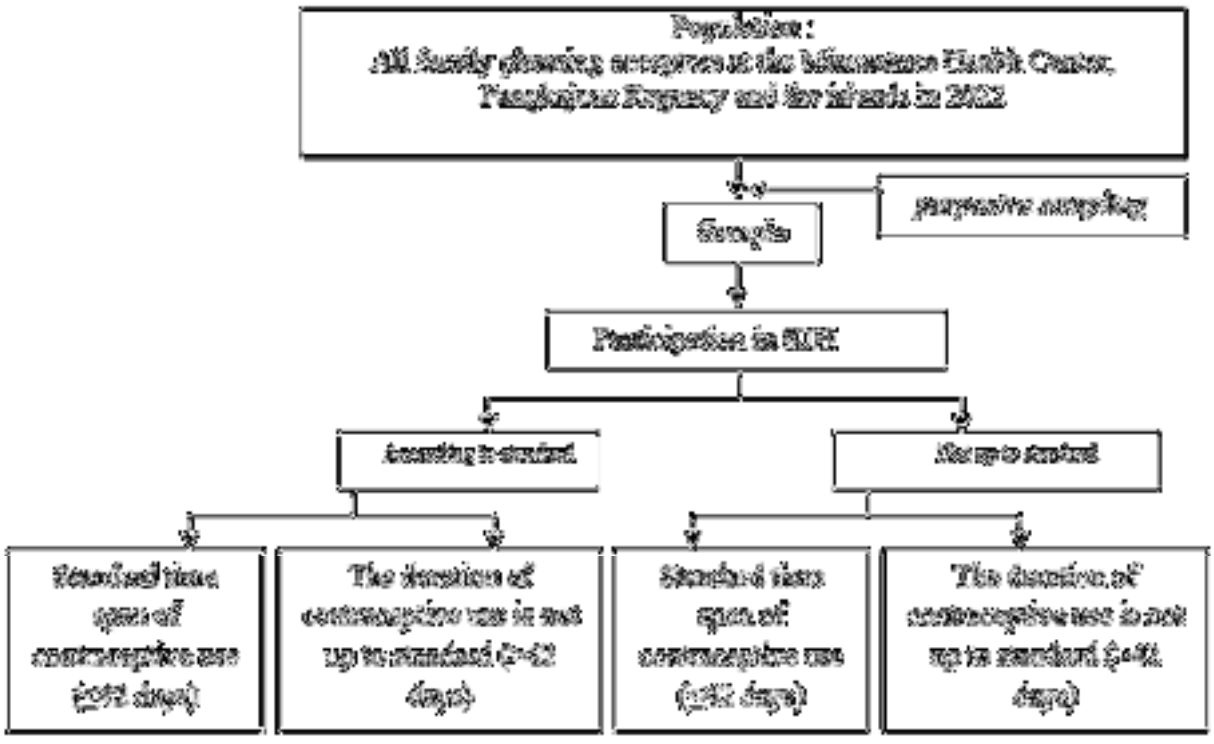
take good care of their babies. It is also envisaged that via class activities for pregnant women, the necessity for family planning after childbirth would become a concern and obligation for the entire family. As a result, the researcher aimed to investigate how participation in the pregnant women class affected the time span of contraceptive usage at the Minasatene Health Center in Pangkajene and Islands Regency in 2022.

METHOD

In 2022, this study was carried out at the Minasatene Public Health Center in Pangkajene Regency and Islands. The Minasaten Health Center can be found at Jalan Pramuka No. 43 in Minasatene. This study was carried out between June 6 and June 20, 2022. Analytical observational research methodologies were applied in this study. An observational research/analytical survey is a research survey in which numerous research subject variables are observed or measured under natural settings without modification or intervention. The data was then evaluated using correlational analysis. Correlational study examines the link between one variable and another (Notoatmodjo, 2010). In this study, observations were done on pregnant women's participation in the class and the time span of taking contraception at the Minasatene Health Center in Pangkajene and Kepulauan Regency in 2022. The data derived from the observations was then evaluated to establish the influence of participation in the class of pregnant women on the time span of contraceptive usage. This study used a cross-sectional design or technique, in which the connection between the independent variable (risk factor) and the dependent variable (effect) was studied using immediate data. The assessment of all factors is done just once. These risk variables and impacts are assessed based on their state or condition at the time of observation (Sastroasmoro, 2011). This “cross sectional” research design can be described as follows:



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This research variable is described as something that is employed as a characteristic, trait, or measure that the research unit owns or obtains regarding a certain notion of knowledge (Notoatmojo, 2010). This study makes use of two variables: one independent variable and one dependent variable.

The independent variable (independent variable) is a variable that influences or causes the dependent variable to develop and evolve (Sugiyono, 2007). Participation in the class of pregnant women was the study's independent variable. The dependent variable (also known as the response variable) is the variable that is impacted or is the consequence of the independent variable (Sugiyono, 2007). The duration of contraceptive usage is the dependent variable in this study.

Independent variable

Participation in the pregnant women's class in this study is the state of participation and activity in the pregnant women's class as measured by the number of meetings attended. Class sessions for pregnant women are held three times during pregnancy in compliance with the Guidelines for Classes for Pregnant Women. Data were gathered from respondents' remarks and public health center data. The data scale is nominal and is classified as follows:

- Not in accordance with the criteria (if the responder attends the class for pregnant women for three meetings or not at all).
- According to the norm (if the respondent attends the class for pregnant women at least 3 times).

Dependent variable

In this study, the time span for taking contraception is the time gap between the respondent's latest delivery and the commencement of utilizing family planning, according to the Guidelines for Postpartum Family Planning Services offered after delivery for a period of 42 days. Data were gathered via questionnaires and notes completed during the puskesmas. The data scale is nominal and is classified as follows:

a. Not acceptable (if the time duration exceeds 42 days)
b. According to the norm (when timeframe 42 days)

Population and Sample

The population is the total subject of the study or investigation (Notoatmodjo, 2010). In this study, all moms of family planning acceptors at the Minasatene Health Center in Pangkajene and Islands Regency in 2022 were included. The sample is the thing under investigation and is thought to reflect the total population. In this study, the sample consisted of family planning acceptors who satisfied the requirements at the Minasatene Health Center, Pangkajene and Islands Districts in 2022. Purposive sampling was employed to get the sample, which is sampling based on a consideration made by the researcher himself, based on previously known traits or features of the population (Notoatmojo, 2010). In this investigation, the minimal sample size was determined to be 73 persons. The individuals in this study were chosen based on the following criteria:

a. Women of Childbearing Potential (15-49 years)
b. Acceptors of new family planning services for 2021-2022
c. The final child is between the ages of 3 and 4 years.
d. Willing to participate in research

Types of Data and Data Collection Techniques

In this study, there are two categories of data: main data and secondary data. The characteristics of the respondents (mother's age, mother's education, mother's employment, income, maternal parity), participation in courses for pregnant women, time span of contraceptive usage, and kinds of contraception used after delivery were the major data in this study. Data acquired as a consequence of completing the questionnaire. Secondary

data received from the Minasatene Health Center include the respondent's name, residence, respondent characteristics, attendance in the class of pregnant women, date of last delivery, date of becoming a family planning acceptor, and form of contraception.

Interviews and observation of respondents' data at the puskesmas were employed to obtain data. The questionnaire was completed at the puskesmas, posyandu, and the acceptor's home. In this study, the data collecting instruments in the field were questionnaires and data collection forms. Questionnaires were used to collect information about respondents' characteristics (mother's age, mother's education, mother's occupation, income, maternal parity), participation in pregnant women's courses, time span of contraceptive usage, and methods of contraception used after delivery. Secondary data was collected at the Minasatene Health Center in the form of the respondent's name, residence, characteristics of the respondent, class attendance of pregnant women, time span of contraceptive usage, and method of contraception using the data collecting format.

Format for data processing. This format is a table that contains the whole study sample. To make it easier to categorise the variables analyzed, this data processing structure is known as a master table. Initials of names, characteristics of respondents (age, education, occupation, income, parity), participation in courses of pregnant women, time range of contraceptive usage, and forms of contraception are among the data collected. The following steps are involved in data processing:

1. Data editing After all of the data has been obtained, the data is edited.
2. Provide a code. Giving a numeric code (number) to data that is divided into numerous categories, namely:
    a. Attendance at Maternity Class
        - Non-standard code 0
        - Non-standard code 1
    b. Family planning start time range
        - According to standard code 1
        - Non-standard code 0

Fill up a data processing format known as the master table according to the responses to each question to enter data. The data input in the master table is structured in the tabulating stage in the form of a frequency distribution so that it is easy to add and organize for presentation and analysis. The following data were analyzed in this study:

1. Analysis of one variable. The goal of univariable analysis is to explain or characterize the properties of each study variable. This study generates a frequency and percentage distribution for each variable (Notoatmojo, 2010). This study's univariable analysis includes:
    - Participation in the pregnancy class, including not adhering to standards and adhering to the standard implementation of the pregnancy class.
    - The duration of contraceptive usage, including both nonstandard and postnatal family planning standards.
2. Analysis of two variables. Bivariable analysis was performed in two stages that were thought to be connected or associated. Following the computation of univariable analysis, bivariable analysis was performed (Notoatmojo, 2010).

In this work, bivariate analysis was performed using a computer program and a basic linear regression test. This statistical test indicates that the independent variable has an influence on the independent variable. It is considered influential if the probability factor is less than 5% or the p-value is less than 0.05.

Overview of Research Locations

The study was carried out at the Minasatene Health Center, which can be found at Jalan Pramuka No. 43 in Minasatene. The study began on June 6, 2022, and will last through June 20, 2022. Pangkajene and Kepulauan Regency have 23 health centers, including Minasatene Public Health Center. It encompasses two villages and

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four wards from the district's six wards, including Minasatene, Biraeng, Bonto Kio, and Bonto Langsa villages, as well as Kabba and Panaikang villages.

Characteristics of Research Subjects

Direct surveys were distributed to mothers of family planning acceptors, and respondents' records were traced at the Minasatene Health Center. According to the number of sample needs calculated in this study, the number of respondents who matched the standards was 73 family planning acceptors. Maternal age, mother's education, mother's work, and maternal parity are characteristics of respondents in the research of participation in the class of pregnant women on the time span of contraceptive usage at the Minasatene Health Center in 2022.

Table 1. Frequency Distribution of Respondents' Characteristics at the Minasatenne Public Health Center, Pangkajene Regency and Islands in 2022

No	Characteristics	n	%
1.	Mother's Age		
	<20 years	0	0
	20-35 years	52	72,71
	>35 years	21	27,29
	Total	73	100,0
2.	Mother's Education Level		
	Base	7	9,58
	Intermediate	38	52,05
	High	28	38,37
	Total	73	100,0
3.	Mother's Job		
	Doesn't work	41	56,17
	Working	32	43,83
	Total	73	100,0
4.	Parity		
	≤2	47	64,39
	>2	26	35,61
	Total	73	100,0

According to table 1, the majority of respondents in this study were moms aged 20-35 years, with 52 mothers (72.71%). The majority of respondents, including 38 mothers (52.05%), had a middle-level education. There are more non-working respondents than working respondents, with 41 moms (56.17%). In terms of responder characteristics based on parity, 47 women (64.39%) are family planning acceptors with parity 2.

Variations in Postpartum Contraceptive Use

The use of postpartum contraception at the Minasaten Health Center consists of various methods, including natural, hormonal, non-hormonal and steady contraception methods.

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Table 2. Frequency Distribution of Postpartum Contraception Types at Minasatene Health Center, Pangkajene and Islands Districts in 2022

No	Types of Contraception	n	%
1.	Native	10	13.70
2.	Hormonal		
	Pill	4	5.48
	Inject	33	45.21
	Implant	6	8.22
3.	Non Hormonal		
	IUD	14	19.18
	Condom	3	4.11
4.	Great Contraception		
	MOW/MOP	3	4.11
	Total	73	100,0

Based on table 2, it is known that the type of contraception that is most widely used by postpartum mothers at the Minasatene Health Center is injection as many as 33 mothers (45.21%).

Participation in Maternity Class

Data on participation in the class of pregnant women in this study were obtained based on the mother's answers to the questionnaire given and the respondent's notes at the Minasaten Health Center. The criteria for participation in the class of pregnant women according to the standard is if there are at least 3 meetings.

Table 3. Distribution of the Frequency of Participation in Maternity Classes at the Minasatene Health Center, Pangkajene and Islands Districts in 2022

No	KIH participation	N	%
1	Not up to standard	57	78,08
2	According to standard	16	21,92
	Total	73	100

Based on table 3, it is known that the majority of participation in the class of pregnant women at the Minasatene Health Center, Pangkajene and Islands Regency in 2022 was not in accordance with the standards, namely 57 mothers (78.08%).

Contraceptive Use Time Range

Data on the time span of contraceptive use in this study were obtained from mothers' answers through questionnaires given to respondents and respondents' records at the Minasatene Health Center.

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Table 4. Frequency Distribution of Contraceptive Use at the Minasatene Health Center, Pangkajene and Islands Districts in 2022

No	Family Planning Start Time	n	%
1	Not up to standard (>42 days)	20	27,39
2	As per standard (≤42 days)	53	72,61
	Total	73	100,0

Based on Table 4 shows that the time span of the use of maternal contraception at the Minasatene Public Health Center is in accordance with postnatal family planning standards (≤42 days), as many as 53 mothers (72.61%).

The Effect of Participation in Pregnant Women's Classes on the Time Range of Contraceptive Use

Bivariable analysis in this study used a simple linear regression test to determine the effect of participation in the class of pregnant women on the time span of contraceptive use at the Minasatene Public Health Center, Pangkep Regency.

Table 5. Table of Simple Linear Regression Test Results for Participation in Classes of Pregnant Women with Time Ranges for Contraceptive Use at the Minasatene Health Center, Pangkajene and Islands Districts in 2022

ANOVAa						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1.468	1	1.468	9.451	,003b
	Residual	11.025	71	0.155		
	Total	12.493	72			
a. Dependent Variable: FREQUENCY FOLLOW KIH						
b. Predictors: (Constant), TIME TO USE FP						

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,343a	0.117	0.105	0.394
a. Predictors: (Constant), TIME TO USE FP				

The Simple Linear Regression test of 0.003 was used to examine the influence of participation in the class of pregnant women on the temporal span of contraceptive usage. The p-value of 0.003 shows that the p-value is 0.05, indicating that there is an impact on the temporal span of contraceptive usage at the Minasatene

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Health Center, Pangkajene and Islands Districts in 2022. The preceding table also illustrates the size of the correction value / relationship (R) of 0.343. The determining coefficient (R Square) is 0.117, indicating that the independent variable (Pregnant Mother Class Participation) has an 11.7% effect on the dependent variable (time span of family planning usage)

RESULT AND DISCUSSION

According to the study's findings, the majority of moms are between the ages of 20 and 35, with the youngest being 21 and the oldest being 40. This demonstrates that the majority of the respondents in this survey are still of reproductive age and have reproductive organs that are still working normally, making it simpler to become pregnant. The majority of responders have a middle education level, while the lowest is a basic education level. According to Notoatmodjo (2007), the better one's education, the simpler it is to acquire information and, as a result, the greater one's knowledge. People with a higher level of education will have a better understanding of contraception and a stronger desire to control their fertility.

The majority of moms work as housewives or are unemployed. According to Juliaan's (2009) research, women who work had lower unmet needs than women who do not work. Women who work are more motivated to meet their family planning requirements, therefore they are less likely to go unfulfilled. The respondents in this study had a maximum parity of 2, indicating that the majority of KB acceptor moms in the Minasatene Health Center region are in the parity that is not at high risk. According to the findings of Katulistiwa (2013)'s research, there is a substantial association between the number of children and the unmet demand for family planning. Women with 3-4 children are 5.4 times more likely than those with 1-2 children to have an unmet need for family planning.

According to the findings of a 2016 study at the Minasatene Health Center on the influence of participation in the class of pregnant women on the time span of contraceptive usage, most participation in the standardized class of pregnant women is still quite low. The majority of respondents' characteristics of being of reproductive age, having a secondary education, and not working are not directly proportionate to participation in the class of pregnant women. According to Lumley and Brown (1993), pregnant women who did not engage in the class of pregnant women were under 25 years old, had not completed secondary education, and had low salaries.

According to Scott, Judith, and Judy Priest (2009), the poor coverage of participation in the class for pregnant women is due to a lack of knowledge and implementation of measures to maximize class services for pregnant women. This might be due to client or consumer limits as well as provider constraints. Clients who are dissatisfied with their expectations, unfulfilled needs, and moms' willingness to attend programs for pregnant women are all constraints. Because of staff shortages, funding limits, teaching settings and conditions, provider preparation in presenting content or information, and a lack of training to become teachers in courses for pregnant women, as well as establishing education priority for parents who are not emphasized. Another research, Uswatun (2012), found that pregnant women's knowledge influences their motivation to attend classes for pregnant women ($p = 0.0001$). This is consistent with the findings of Historyati (2011), who found a substantial association between the factors of knowledge, attitude, and participation in classes for pregnant women.

According to the criteria for postpartum family planning, the majority of the time range of taking contraception after giving birth to the final child is 42 days, according to the findings of this study. There are various variables that impact this, one of which is that awareness of family planning acceptors is associated to contraceptive usage, including information about the best time for postnatal family planning, as stated by Sitopu (2012). One of the items addressed in the class for pregnant women is on family planning after childbirth, which is one of the media to boost mothers' understanding about family planning after delivery. Green's theory also states that husband support is one of the reinforcing elements that influence individual health behavior, including behavior to identify whether it is appropriate to utilize postnatal family planning.

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According to the data collected about the kinds of postpartum contraception, the majority of respondents preferred injections, followed by the IUD, and the least preferred were MOW/MOP and Pills. Mothers in the Minasatene Health Center region are influenced by a variety of characteristics, including maternal age, education level, knowledge or information, and parity. This is consistent with the findings of Kusumaningrum (2009), who discovered that the age of the woman, number of children, and degree of education all influence the kind of contraception used in EFA.

The p-value for the bivariable test on the effect of participation in the pregnant women class on the time span of contraceptive usage was 0.03, indicating that participation in the pregnant women class influences the time span of contraceptive use. These findings are consistent with the findings of Eliason et al. (2013), who found that prenatal and early postnatal services are required to assess postnatal family planning acceptability. According to Stoll and Wendy (2012), moms who attend prenatal courses are considerably more likely to breastfeed after giving birth for up to three months after giving birth.

The primary source of knowledge is information (Notoatmodjo, 2007). Respondents' education level at the Minasatene Health Center, which is largely medium, will make it simpler for them to receive information, both from other individuals and from the mainstream media. Because a lot of information was discovered and many things were done to expand their understanding about postpartum contraception, the more information gathered, the more knowledge about health.

One of the background influences that might impact a person's conduct under the Theory of Planned Behavior is media (Ajzen, 2008). Pregnant women class is a medium for increasing mothers' knowledge about maternal and child health, with postnatal family planning being one of the topics covered. According to the study's findings, the majority of moms who participated in the pregnant women class began using contraception according to the postnatal family planning standard (42 days) compared to respondents who did not participate in the pregnant women class. The findings of this study are consistent with the findings of Rutaremwa et al. (2015), who found that media exposure is substantially connected to the use of postnatal family planning.

Another research that supports Ali (2013) finds a strong association between knowledge and contraceptive usage among childbearing couples, with a p value of 0.0001. Acceptor knowledge is improving as a result of the vast amount of information collected from both health professionals and the media. Meanwhile, Rogres (1974) in Notoatmodjo (2007) states that if the acceptance of new behavior is based on knowledge, awareness, and good attitudes, the behavior will continue a long time, but the behavior will not endure if it is not based on information and awareness.

These findings support the hypothesis of the effect or link between education and increased knowledge and attitudes, which are predictors of behavior. Knowledge, or cognitive ability, is a critical domain in influencing one's behaviors (over behavior). Predisposing circumstances impact health behavior. This component comprises the community's understanding and attitudes about health-related issues, education level, socioeconomic status, and so on (Notoatmodjo, 2007).

CONCLUSIONS

The following conclusions may be taken from the study and discussion results:

1. The majority of women in this research are of reproductive age, have a secondary education, are not working, and are classed as those who are not at high risk.
2. The majority of pregnant women who attended lessons at the Minasatene Community Health Center did not achieve the guidelines.
3. The Minasaten Health Center's contraceptive use was mainly in conformity with postnatal family planning requirements (42 days since the last birth).
4. Participation in the pregnant women's class had an influence on the duration of contraceptive usage at the Minasatene Health Center.
5. Mothers who participate in the standard pregnant women class are nearly twice as likely to begin using

contraception according to the postnatal family planning standard (42 days) as women who do not participate in the standard pregnant women class.

REFERENCES

Ali. 2013. Faktor-Faktor yang Berhubungan dengan Penggunaan Alat Kontrasepsi pada Pasangan Usia Subur di Wilayah Puskesmas Bahu Kabupaten Gorontalo. Jember : Fakultas Kesehatan Masyarakat Universitas Jember

Bertand, J. (1980). Audience Reasearch for Improving Family Planning Communication Program. The Community and Family Study Centre. Chicago. Diunduh pada 1 Agustus 2016 dari http://pdf.usaid.gov/pdf_docs/PNAAK992.pdf

Dinkes DIY. 2015. Profil Kesehatan Provinsi DIY. Yogyakarta : Dinas Kesehatan DIY

Dinkes Yogyakarta. 2015. Profil Kesehatan Kota Yogyakarta. Yogyakarta : Dinas Kesehatan Yogyakarta

Eliason, et.al. 2013. Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. Diunduh pada 30 Juni 2016 dari http://reproductive-health-journal.biomedcentral.com/articles/10.1186/174 2-4755-10-34

Glanz, Karen., Rimer Barbara K., dan Viswanath K. 2008. Health Behavior and Health Education. San Fransisko. Jossey Bass A Wiley Imprint. Diunduh pada 8 Agustus 2016 dari http://www.sanjeshp.ir/phd/phd_91/Pages/Refrences/health%20education%20and%20promotion/%5BKaren_Glanz,_Barbara_K._Rimer,_K._Viswa nath%5D_Heal%28BookFi.or.pdf

Handayani, S. 2010. Buku Ajar Pelayanan Keluarga Berencana. Yogyakarta : Pustaka Rihama

Hartanto, H. 2004. Keluarga Berencana dan Kontrasepsi. Jakarta : Pustaka Sinar Harapan

Historyati, Dyah. 2003. Tesis Hubungan Pengetahuan dan Sikap Ibu Hamil Tentang Kelas Ibu Hamil dengan Partisipasi dalam Kelas Ibu Hamil di Wilayah Kerja Puskesmas Tembelang. Solo : UNS

Juliaan, F. (2009). Analisis DKI : Unmet Need dan Kebutuhan Pelayanan KB di Indonesia. Jakarta : Penerbit KB dan Kespro BKKBN

Katulistiwa, R. (2013). Determinan Unmet Need KB pada Wanita Menikah di Kecamatan Klabang Kabupaten Bondowoso. Jember : Fakultas Kesmas Universitas Jember

Kemenkes RI. 2011. Pedoman Pelaksanaan Kelas Ibu Hamil. Jakarta : Kementerian Kesehatan Republik Indonesia

Kemenkes RI. 2012. Pedoman Pelayanan Keluarga Pasca Persalinan di Fasilitas Kesehatan. Jakarta : Kementerian Kesehatan Republik Indonesia

Kemenkes RI. 2012. Survei Demografi dan Kesehatan Indonesia Tahun 2012. Jakarta: Kementerian Kesehatan Republik Indonesia

Kemenkes RI. 2013. Buletin Jendela Data dan Informasi Kesehatan Semester II, 2013. Jakarta : Kementerian Kesehatan Republik Indonesia

Kemenkes RI. 2015. Rencana Strategis Kementerian Kesehatan Tahun 2015- 2019. Jakarta : Kementerian Kesehatan Republik Indonesia

Kusumaningrum, Radita. 2009. Faktor-faktor yang Mempengaruhi Pemilihan Jenis Kontrasepsi yang Digunakan Pada Pasangan Usia Subur. Semarang: Fakultas Kedokteran Universitas Diponegoro

Linarsih. 2012. Pengaruh Kelas Ibu Hamil Terhadap Peningkatan Pengetahuan dan Keterampilan Ibu Hamil Mengenai Kesehatan Ibu dan Anak di Wilayah Puskesmas Sempor II Kabupaten Kebumen. Depok : Fakultas Kesehatan Masyarakat Universitas Indonesia

Lumley, J dan Brown S. 1993. Attenders And Nonattenders At Childbirth Education Classes In Australia : How Do They And Their Birth Differ? Diunduh pada 15 Desember 2016 dari https://www.ncbi.nlm.nih.gov/pubmed/8240618

Maulana, H. 2013. Promosi Kesehatan. Jakarta : EGC

Notoatmodjo, S. 2007. Kesehatan Masyarakat Ilmu dan Seni. Jakarta: Rineka Cipta

Notoatmodjo, S. 2010. Metodologi Penenlitian Kesehatan. Jakarta: Rineka Cipta

Pasha, et.al. 2015. Postpartum contraceptive use and unmet need for family planning in five low-income countries. Diunduh pada 30 Juni 2016 dari http://reproductive-health-journal.biomedcentral.com/articles/10.1186/1742-4755-12-S2-S11

Republik Indonesia. 2009. Undang-undang Republik Indonesia Nomor 52 Tahun 2009 Perkembangan Kependudukan dan Pembangunan Keluarga. Jakarta: Sekretaris Negara Republik Indonesia

Ritmasari, Daru L., dan Dharminto. 2006. Hubungan Persepsi Suami Tentang Keadaan Kesuburan Istri Pasca Persalinan dan Dukungan Suami Untuk KB Dengan Rentang Waktu Mulai KB di Kelurahan Lamper Lor Kecamatan Semarang Selatang Kota Semarang Tahun 2006. Semarang : FKM Undip

Romlah, S. 2009. Tesis Pengaruh Kelas Ibu Hamil Terhadap Perilaku dalam Perencanaan P4K di Kabupaten Garut Jawa Barat 2009. Depok : Fakultas Kesehatan Masyarakat Universitas Indonesia

Rutaremwa, et.al.2015. Predictors of modern contraceptive use during the postpartum period among women in Uganda. Diunduh pada 24 Juni 2016 dari http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889- 015-1611-y

Ruwayda. 2013. Faktor-faktor yang Berhubungan dengan KB Pasca Salin pada Ibu Nifas di Wilayah Kerja Puskesmas Pakuan Baru Kota Jambi Tahun 2013. Jambi : Universitas Batanghari

Saifuddin, AB, dkk. 2006. Buku Panduan Praktis Pelayanan Kontrasepsi. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo

Sastroasmoro, S. 2011. Dasar-Dasar Metodologi Penelitian Klinis. Jakarta: Sagung Seto

Sitopu, S.D. 2012. Hubungan Pengetahuan Akseptor Keluarga Berencana dengan Penggunaan Alat Kontrasepsi di Puskesmas Helvetia Medan. Fakultas Ilmu Keperawatan Universitas Darma Agung Medan. Medan

Schott, Judith dan Judy Priest. 2009. Kelas Antenatal Edisi 2. Jakarta : EGC

Stoll, Kathrin.H dan Wendy Hall. 2012. Childbirth Education and Obstetric Interventions Among Low Risk Canadian Women. Diunduh pada 22 Desember 2016 dari https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489119/

Sugiyono. 2007. Statistika Untuk Penelitian. Bandung : CV. Alfabeta

Suratun, dkk. 2008. Pelayanan Keluarga Berencana dan Pelayanan Kontrasepsi. Jakarta : Trans Info Media