



Factors Related To The Timeliness Of Re-Injection Of Injectable Birth Control Acceptors 3 Months At Pratama Aulia Medika Clinic, Cirebon Regency

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Abstract.

Background. Family planning is an effort to measure the number and distance of children desired. Injectable contraceptives are a way to prevent pregnancy from occurring through hormonal injections. The failure of the injectable contraceptive method is caused by the delay of the acceptor to re-inject. The rate of inaccuracy in the re-visit of birth control injections at the Aulia Medika Primary Clinic is still high at 52.9%.

Purpose. This study aims to determine the factors related to the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic, Cirebon Regency in 2025.

Method. This study uses analytical research. Observational research method with a *cross sectional* approach. The population was 191 acceptors who visited in the January-December 2024 period and a sample of 66 samples. The sampling technique proposes "*non probability sampling*" with the *purposive sampling* method. The research instrument used medical records and questionnaire sheets and statistical analysis using *Chi-Square test analysis*.

Results. The results of the relationship between knowledge and the accuracy of the 3-month injectable birth control acceptor revisit with a p value of $0.000 < \alpha (0.05)$, the relationship between husband support and the accuracy of the 3-month injectable birth control acceptor with a p value of 0.002.

Conclusion. The conclusion of this study is that there is a relationship between knowledge and support of husbands and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic, Cirebon Regency in 2025.

Keywords : 3-Month Injectable Birth Control, Injection Timeliness, Acceptors, Factors, Age, Education, Parity, Knowledge, Husband Support, Health Worker Support)



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INTRODUCTION

Indonesian residents are all people domiciled in Indonesian territorial areas, including Indonesian Citizens (WNI) and Foreign Citizens (WNA) who have resided for one year or more or plan to reside in Indonesian territory for at least one year. The number of Indonesia's population currently reaches 284,444 people with a population growth rate from 2020-2025 reaching 1.09%. Meanwhile, the population in West Java reached 50,345.2 people with a population growth rate from 2020-2025 reaching 1.06% (Central Statistics, 2023).

The number of people in Cirebon district is 2.45 million people per 2024. In the last 13 years, the population has continued to increase. Compared to the previous five years, the average annual growth rate (CAGR) of the region was higher. The growth in the last five years was recorded at 2.26% (Central Statistics, 2023).

Indonesia as one of the developing countries has the goal of prospering its people. One of the government's real efforts to improve the health status of the public is focused on maternal and child health programs. Every health service of the maternal and child health program that has been implemented so far aims to improve the health status of mothers and children and reduce the Maternal Mortality Rate (AKI) and Infant Mortality Rate (AKB). For this reason, efforts are needed to manage maternal and child health programs that aim to utilize and improve the reach and quality of maternal and child health services effectively and efficiently.

Improving the degree of health can be done through the Planned Exit program which has its own paradigm. The new paradigm of the National Family Planning program has been changed from realizing the Norm of Happy Prosperous Small Families (NKKBS) to a vision to realize "Quality Families in 2015". A quality family is one that is prosperous, healthy, advanced, independent, has an ideal number of children, is forward-looking, responsible, harmonious and fears God Almighty. This new paradigm of the Family Planning program, its mission strongly emphasizes the importance of efforts to respect reproductive rights, as an integral effort in improving the quality of the family.

The verses of the Qur'an that are the basis of Islam's view on the use of contraception are contained in Surah Al-Isra' (17:31):

قُلْ تَعَالَوْا أَتْلُ مَا حَرَّمَ رَبُّكُمْ عَلَيْكُمْ أَلَّا تُشْرِكُوا بِهِ شَيْئًا وَبِالْوَالِدَيْنِ
 إِحْسَانًا وَلَا تَقْتُلُوا أَوْلَادَكُمْ مِنْ إِمْلَاقٍ نَحْنُ نَرْزُقُكُمْ وَإِيَّاهُمْ وَلَا تَقْرَبُوا
 الْفَوَاحِشَ مَا ظَهَرَ مِنْهَا وَمَا بَطَّنَ وَلَا تَقْتُلُوا النَّفْسَ الَّتِي حَرَّمَ اللَّهُ إِلَّا بِالْحَقِّ
 ذَلِكُمْ وَصَّكُمْ بِهِ لَعَلَّكُمْ تَعْقِلُونَ ﴿١٥١﴾

"Say (the Prophet Muhammad), "Come here! I will recite what God has forbidden for you, (namely) do not associate Him with anything, do good to your parents, and do not kill your children because of poverty. (Your Lord said,) 'We are the ones who provide for you and for them.' Nor do you approach any abomination, both visible and hidden. Do not kill anyone whom Allah has forbidden, except for a just reason. Thus He commands you to understand

Based on the above verse, what is meant is the importance of safeguarding the lives of children and not killing them for fear of poverty. This verse can be interpreted as an encouragement to be economically responsible for children born into the world. Therefore, it is necessary to arrange and plan birth through the Family Planning program Birth control can be done by choosing hormonal and non-hormonal contraceptives. According to Hartanto (2010), the contraceptive method certainly has side effects such as hormonal contraceptive methods, one of which is injectable contraception. Injectable contraceptives generally have side effects of menstrual disorders and weight changes.

According to WHO, the number of injectable contraceptive use worldwide is 4,000,000 or around 45%. In the United States, the number of use of injectable contraceptives is 30%, while in Indonesia, injectable contraceptives are one of the popular contraceptives. Contraception in Indonesia is the most in demand, namely injectable contraceptives at 34.3%. (Risksedas, 2013). About 225 million women in developing countries want to delay or stop fertility, but do not use any contraceptive methods due to limited contraceptive options and experience side effects. The unmet need for contraceptives is still high and inequality is driven by population growth.

The number of Couples of Childbearing Age (PUS) in West Java Province reached 7,822,002 people, of which 4,606,815 people (58.9%) are modern family planning participants. The majority of contraceptive methods chosen were injectable methods as many as 2,811,552 (61.0%) participants (West Java Health Profile, 2022). In Cirebon City, there are 54,524 Couples of Childbearing Age, of which 22,044 (40.4%) are active participants in modern family planning. Most of the participants used injectable contraceptive methods in a total of 12,271

(55.7%). This shows that the majority of family planning participants actively use contraceptive injectable methods.

Some of the factors that affect the selection of contraceptives include education, economic level and knowledge in the selection of contraceptives (Pratiwi, 2019). Good knowledge of the use of family planning is closely related to the behavior of mothers in using contraceptives. A high level of knowledge supports being the basis for mothers to play an active role in family planning programs (Huda, 2016). In addition, Sari (2019) stated that there is a relationship between knowledge, education, and the role of Family Planning Field Officers (PLKB) and family planning acceptors, on the mother's actions in the selection of family planning.

Based on a preliminary study from January to December 2024, of the 191 injectable birth control acceptors at the Aulia Medika Primary Clinic, there were 102 people or 53.4% injectable birth control acceptors who were not on time and as many as 89 people or 46.6% were on time for injection revisits.

Based on the description above, the researcher is interested in conducting a study entitled "Factors related to the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic, Cirebon Regency in 2025"

Based on the table above, there is a difference between this study and the previous study, namely in the number of samples of 66 injectable birth control acceptors, the research site at the Aulia Medika Primary Clinic, Cirebon Regency, and the research method is in the form of descriptive multivariate analytics with independent variables, namely age, education, parity, knowledge of husband support, and support of health workers.

LITERATURE REVIEW

Definition of Contraception

The term contraception comes from the words *contra* and *conception*. Contraception means "to fight" or "prevent", whereas conception is the encounter between a mature egg and a sperm that results in pregnancy. The purpose of conception is to avoid/prevent pregnancy as a result of the encounter between the egg and the sperm cell. For this reason, based on the purpose and purpose of contraception, those who need contraception are couples who are actively having sex and both have normal fertility but do not want to get pregnant. Contraception is an effort to prevent pregnancy, it can be temporary or permanent (Matahari et al., 2018).

Contraception is an effort to prevent the encounter of eggs and sperm cells that can

result in pregnancy. (Wardoyo, 2020) Meanwhile, according to the Ministry of Health of the Republic of Indonesia (Kemenkes RI), contraception is an effort to prevent pregnancy that can be temporary or permanent. (BKKBN, 2013) Contraception is an attempt to prevent pregnancy that can be temporary or permanent. (Ministry of Health of the Republic of Indonesia, 2015).

The ideal contraception should meet the following conditions:

1. Safe means that it does not cause severe complications when used
2. Effective, when used in accordance with the rules can prevent pregnancy
3. It is acceptable, not only by the client but also by the cultural environment in the community.
4. The price is affordable by the community.
5. If the method is discontinued, the client will immediately return to fertility, except for steady contraception.

The purpose of contraception is to delay pregnancy, delay pregnancy, and terminate or terminate pregnancy/fertility. The ideal contraception should be not only effective and safe, but also painless, non-invasive spontaneity, non-soiling, odorless, easy to use, affordable, and not contrary to local culture. According to Pradana (2020), the types of contraceptives are divided into several methods: Simple methods without tools. Intercourse is interrupted. Disconnected intercourse is a traditional family planning method, in which a man removes his genitals from the vagina before the man reaches ejaculation so that sperm does not enter the vagina and pregnancy can be prevented. Abstinence periodically. Periodic abstinence is not to have intercourse during a woman's fertile period, which is the time when the evaluation occurs. In order for contraception in this way to be successful, a woman must be completely aware of her ovulation period (the time at which the egg is ready to be fertilized). The disadvantage in this way is that the period of fasting is very long so that it sometimes results in the couple not obeying. Simple method with condom tools. A condom is a sheath or rubber sheath that is attached to the penis during sexual intercourse. The way condoms work is to prevent the meeting of sperm and eggs by packing sperm at the end of a rubber sheath attached to the penis so that the sperm does not spill into the female reproductive tract, besides that condoms can also prevent the transmission of microorganisms (HIV/AIDS) from one partner to another. Scientifically, it is found that there is only a small number of condom failures, namely 2-12 pregnancies per 100 Women per year. The advantages of using condoms are: Effective when used correctly. Does not interfere with the user's health. Cheap and can be purchased in general. Disadvantages of using condoms : Somewhat disturbing sexual intercourse (reduce direct touch), Should always be available whenever sexual intercourse, How to use greatly affects

the success of contraception. Diaphragm. The diaphragm is a convex-shaped cap, made of rubber that is inserted into the vagina before sexual intercourse and closes the cervix. The way it works is to squeeze sperm so that they do not get access to the upper reproductive tract. The advantage of using a diaphragm is that it does not interfere with breast milk reproduction. Does not interfere with the Health of the user. Do not interfere with sexual intercourse. Disadvantages of using a diaphragm: Installation requires skill, For use, instructions and installation by trained healthcare workers are required. On Some Users become causes of urinary tract infections.

Hormonal Contraceptive Methods

A method of contraception for women in the form of pills or tablets that contain a combination of the hormones estrogen and progesterone (Combination Pill) or consists only of the hormone progesterone (Mini Pill). The way birth control pills work emphasizes ovulation to prevent the release of a woman's egg from the ovaries, thickens the mucus of the uterine mouth so that it is difficult for sperm to enter the uterus, and thins the endometrial lining. Mini pills can be taken while breastfeeding. The effectiveness of the pill is very high, the failure rate ranges from 1-8% for combination pills, and 3-10% for mini pills. Injections/Injections: DMPA, cylofem. Injections/Injections: DMPA, cylofem, Subcutaneous: Implant (underskin contraceptives: AKBK). Non-Hormonal Contraceptive Method, Female Surgery Method (MOW/Tubectomy). MOW is the act of closure of both the right and left oviducts, which causes the egg to not be able to pass through the egg, thus the egg cannot meet the male sperm so that pregnancy does not occur. The method is done by occlusion (binding and cutting or attaching a ring) of the tubaflopi so that the sperm cannot meet the ovum. Intrauterine Contraceptive (AKDR). AKDR is a contraceptive device that is installed in the uterus by clamping the two tubes that produce the ovaries so that fertilization does not occur, consisting of polyethylene plastic material, some wrapped by copper and some not. Male Surgery Method (MOP/Vasectomy). MOP or vasectomy is a clinical procedure to stop the reproductive capacity of men by performing occlusion of the vas deferens so that the flow of sperm transport is inhibited and the fertilization process (union with the ovum). The occlusion action is carried out on both the right and left seminal canals so that it cannot cause pregnancy.

Injectable Contraceptives

Injectable contraceptives are contraceptives that are injected into the body for a certain

period of time, then enter the blood vessels and are absorbed little by little by the body which is useful for preventing pregnancy. The main purpose of injectable contraceptives is contraceptives that work for a long time and do not require daily use or every time they have intercourse (Priyanti & Syalfina Dwi, 2017). Types of Injectable Contraception. Injectable contraception 1 month (Combination). The way combination injections work is to suppress ovulation, make the cervical mucus viscous so that sperm penetration is disrupted, there are changes in the endometrium (atrophy) so that implantation is disrupted, and inhibit the transport of gametes by the tubes. The combination injection type is 25 mg of medroxyprogesterone acetate depo and 5 mg of estradiol cypionate given by I.M. injection once a month (Cyclofem), and 50 mg of norethindrone enanthate and 5 mg of estradiol valerate given by I.M. injection once a month (Priyanti & Syalfina Dwi, 2017). 3-month Injectable Contraception (Progesterone). Injectable contraceptives for 3 months (progestin) are contraceptives that contain only the hormone progestin. Progestin injection contraceptives are very effective and suitable for use during lactation because they do not inhibit breast milk production. The way this contraceptive works prevents ovulation, thickens cervical mucus so as to reduce sperm penetration ability, makes the mucous membrane of the uterus thin and atrophies, and inhibits gamete transport by the tube (Priyanti & Syalfina Dwi, 2017). There are two types of injectable contraceptives that contain only progestin, namely Depo medroxyprogesterone acetate (DMPA), which contains 150 mg of DMPA, which is given every three months by intramuscular injection, and Depo norethisterone enanthate (Depo Noristerate), which contains 200 mg of norethindrone enanthate, given every two months by intramuscular injection. Mechanism of action of injectable contraceptives According to Hartanto (2015), the mechanism of action of injectable contraceptives is divided into two, namely: Primary, preventing endometrial ovulation from becoming superficial and atrophic with dormant glands. Often the stroma becomes oedematous. With long-term use, the endometrium can become so small that it is not obtained or only a small amount of tissue is obtained when a biopsy is performed. However, these changes will return to normal within 90 days after the last DMPA injection. Secondary, cervical mucus becomes thick and sparse, thus becoming a barrier to spermatozoa and making the endometrium less good or less suitable for implantation of a fertilized ovum. Advantages/Advantages. According to Ladyani (2018) The advantages of injectable contraceptives include being effective, not interfering with the relationship between husband and wife, no need to store injectable drugs, because the action is carried out by medical personnel/paramedics, participants do not need to store injectable drugs and do not need to remember every day, except only to return to do the next re-injection. Injectable contraceptives

that do not contain estrogen do not have a serious effect on heart disease and blood clot reactions. This contraceptive does not cause dependence, only that participants must regularly control every 1, 2, or 3 months. The injection reaction lasts very quickly (less than 24 hours) and can be used by older women over 35 years of age, with the exception of *Cyclofem*. Losses and side effects. According to Ladyani (2018), injectable contraceptives generally have side effects such as menstrual disorders, weight changes, dizziness or headaches and increased blood pressure. Weight gain is the most common thing complained about by injectable birth control acceptors. Indications of Injectable Contraception According to Angsar et al (2021), indications for the use of injectable contraceptives include if the client wants to use contraception long-term or the client has enough children as expected, but is currently not ready. This contraceptive is also suitable for clients who do not want to use contraceptives every day or during intercourse or clients with contraindications for the use of estrogen and clients who are breastfeeding. Clients who are approaching menopause or are waiting for the sterilization process are also suitable for using injectable contraception. Contraindications of injectable contraception. Some abnormalities or diseases are contraindications to the use of birth control injections such as in diabetic women or a history of diabetes during pregnancy, must be followed up carefully. Then the mother is said to be not suitable to use injectable birth control if the mother is pregnant, the mother who suffers from jaundice (liver), heart disease, high blood pressure, the mother who has varicose veins (the veins of the legs are protruding), and breast or reproductive organ cancer. In addition, mothers who are heavy smokers, are preparing for surgery, unclear blood discharge from the vagina, headache (migraine) are abnormalities that are taboos in the use of this injectable birth control. Factors Related to the Use of Injectable Contraception. According to Pramudita (2019), there is one theory that discusses behavior, namely *the Procede-Proced* Theory developed by Lawrence Green in 1991. There are many factors that can affect a person in using injectable contraception. These factors can be grouped into the *Procede-Proced* theory, including: Predisposing factors: Education. Education is an activity that a person does formally to develop his talents and knowledge. The level of education is needed to get information, for example, things that support health, including the use of contraceptives (Sartika, 2020). Educational Classification: Lower Education Level. Basic education is in the form of Elementary School (SD) and Madrasah Ibtidaiyah (MI) or other equivalent forms as well as Junior High School (SMP) and Madrasah Tsanawiyah (MTs), or other equivalent forms. And some sources also categorize low education as those who complete less than 6 years of education in school or those who do not go to school at all. Higher Education Levels Higher education includes high school, diploma, bachelor's, master's, specialist, and doctoral education

organized by universities to create students who will later become part of society who are academically or professionally capable in establishing and developing science. (Arikunto, 2020). Age. The age of the mother is considered important because it can receive several values such as experience, thinking development, and ability are certain values of a woman who already has a healthy reproductive age. The development of a person's age affects the direction and way of thinking in determining which method of contraception he wants to use, age over 20 years is the period of dividing pregnancy so that a person's decision in general will prefer to use contraception (Anggraini, 2023). Age level. The age of < 20 years where the age under 20 years old has a relationship with the health of the mother and the growth process of the fetus with the irregularity of the reproductive organs at that age. The age of 20-35 years is called early adulthood and is a proportional age for the pregnancy process where mental ability reaches its peak at the age of 20 to learn and adapt to new situations such as remembering things that have been learned, analogous reasoning and creative thinking. In this adult, individuals often reach the pinnacle of achievement in their lives. The age of > 35 years is called early middle age where in the end it is marked by physical and mental changes at this time a person just needs to maintain the achievements that he has achieved in adulthood. Pregnancy in the age range over 35 years has the potential to pose risks and complications. Parity. The number of children is closely related to the family planning program because one of the missions of this program is to create a family with an ideal number of children, namely two children in one family, both boys and girls are the same. Many children are one of the factors for the married couple to choose to use contraceptives (Angsar, 2021). Parity is classified into 2 according to Wiknjastro (2017) citation Mariati & Ermawati (2023): No risk: 0 – 3 number of children at risk: > 4 number of children. Knowledge. The knowledge of family planning acceptors is related to the use of contraceptives, that the higher a person's level of education, the better a person's knowledge of the use of contraceptives and the more rational they are in using contraceptives. Without knowledge, a person will not have a basis in making a decision and determining actions or solutions to the problems being faced. A person's behavior is based on knowledge, awareness, and a positive attitude so that it affects women of childbearing age in the use of injectable contraceptives (Musyayadah, 2022).

The measurement of the level of knowledge can be categorized into two, namely:

Good knowledge if the respondent can answer >50%, Knowledge Less if

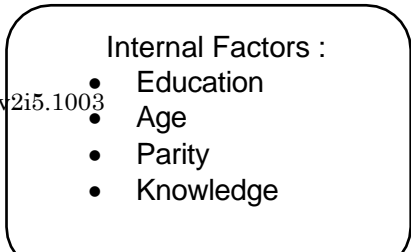
Respondents can answer ≤50%. Possible Factors. Availability of Health Resources (Facilities and Infrastructure). Health service facilities, clinic personnel, affordability of resources and costs, distance of transportation availability, time and

so on are resources that need to be considered. In Green's theory, access to health services is one of the enabling factors that influence a person to act or not act. With the ease of access, the availability of family planning services, and the good service allows a person to participate in the use of a contraceptive device. Reinforcing Factors. Husband's support. Husband support is verbal and non-verbal communication, advice, and assistance provided by a husband to his wife. In making decisions to prevent pregnancy, an agreement between husband and wife is needed so that the integrity of the family is maintained (Ema, 2020). The classification of husband support is divided into: Not supporting: < 50%; Support : > 50%. Health Worker Support. The role of midwives is the effort given by midwives both mentally, physically, and socially to individuals by providing physical and psychological comfort, attention, appreciation, and assistance in other forms. This is in line with the Minister of Health Regulation No. 28 of 2017 which states that midwives play the role of health workers who have the authority to provide women's reproductive health services and family planning.

In this case, the role of midwives is by providing counseling and counseling on reproductive health and family planning as well as providing contraceptive services, one of which is the injection method. Health support classification: Not supportive : < 50%. Support : > 50%. Timeliness of Injection Returns. Obedience comes from the word "Obey". According to KBBI (Great Dictionary of the Indonesian Language), Obey means to like to follow orders, obey orders or rules and be disciplined. Obedience means being obedient, obedient, submissive to teachings and rules. Compliance is the positive behavior of the sufferer in achieving the goals of therapy. Obedience is a form of human behavior that obeys rules, orders that have been set, procedures and disciplines that must be carried out. According to Saifuddin, (2007) citation Febrianti, (2018) The timeliness for reinjection is acceptor compliance because if it is not correct, it can reduce the effectiveness of the contraception. The failure of the injectable contraceptive method is caused by the delay of the acceptor to re-inject. Timely birth control acceptors make a 3-month injection revisit. It is said to be on time if the acceptor arrives according to the predetermined date or before the date that has been specified on the birth control card. It is said to be untimely if the acceptor does not arrive according to the predetermined date or before the date predetermined on the card.

Theoretical Framework

E.g. Febrilianti
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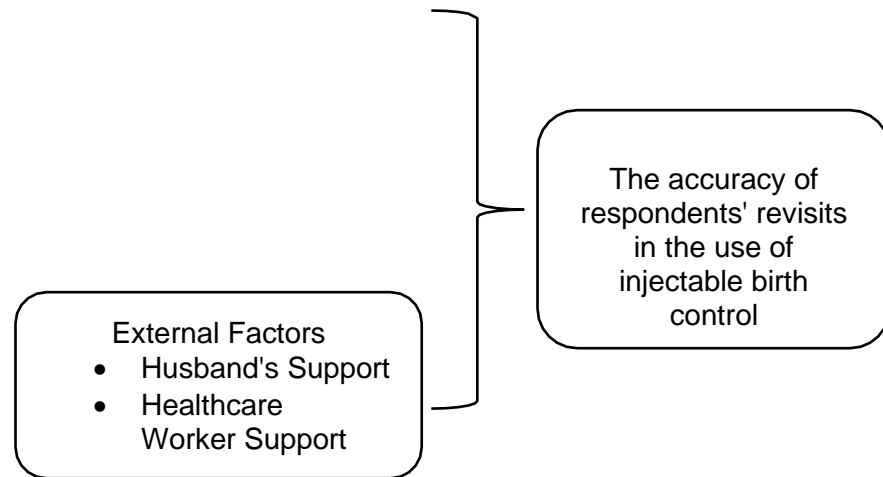


Figure 1 Theoretical Framework
Based on Lawrence Green's *Presede-Proceed* theory in Pramudita (2019)

Concept Framework

Independent Variables

Dependent Variable

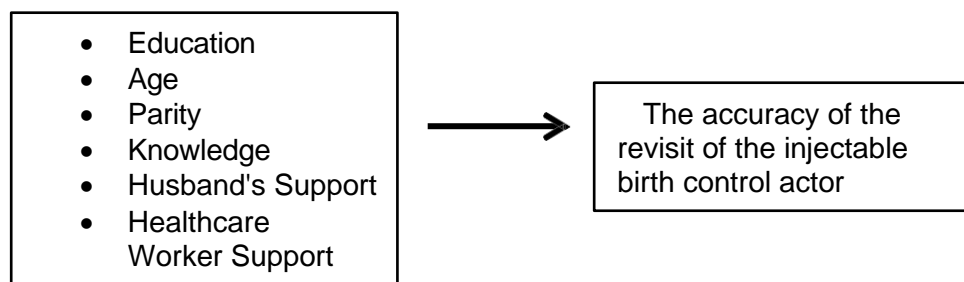


Figure 2 Concept Framework

Hypothesis

A hypothesis is a statement of conjecture between two or more variables. On the other hand, it can also be said that the hypothesis in the study is a temporary answer to the question or problem posed in the research.

The hypothesis in this study is as follows:

1. There is a relationship between the age factor and the timeliness of re-injection of injectable birth control acceptors at 3 months.
2. There is a relationship between educational factors and the timeliness of re-injection of injectable birth control acceptors for 3 months.
3. There is a relationship between the Parity factor and the timeliness of re-injection of injectable birth control acceptors at 3 months.
4. There is a relationship between the knowledge factor and the timeliness of re-injection of

- injectable birth control acceptors for 3 months.
5. There is a relationship between the husband's support factor and the timeliness of re-injection of injectable birth control acceptors at 3 months.
 6. There is a relationship of support factors Energy Health on the timeliness of re-injection of injectable birth control acceptors for 3 months.

RESEARCH METHODS

This type of research is a quantitative research using the Observational Analytical research type method. Observational analytics is a survey or research that explores how and why a health phenomenon occurs and analyzes the dynamics of the correlation between the phenomenon and risk factors and the effect factor. The design used in this study is also through a *cross-sectional quantitative approach*, which is research that studies the dynamics of the correlation between risk factors and effects (cause and effect), and by approach, observation, or with data collection techniques at a certain time (Budiman & Wahyuningsih, 2023).p

RESULTS AND DISCUSSION

Univariate Analysis

Respondent Characteristics

Table 4. Frequency Distribution of Respondent Characteristics

	Frequency (N=66)	Percentage (%)
Age at Risk	36	54,5
No Risk	30	45,5
Total	66	100
Education		
Low	34	51,5
High	32	48,5
Total	66	100
Risk-Free Parity		
No	3	4,5
Yes	63	95,5
Total	66	100
Lack of Knowledge		
Not Good	20	30,3
Good	46	69,7
Total	66	100
Husband's Support		
Is Not Supportive	23	34,8
Supportive	43	65,2
Total	66	100
Health Workers' Support		
Not Supportive	1	1,5
Supportive	65	98,5

Total	66	100
Inappropriate Revisits		
Precise	36	54,5
	30	45,5
Total	66	100

Based on the results of the analysis, that The number of respondents mostly had a risk age of 36 people (54.5%). From the level of education, most of the respondents had a low level of education as many as 34 people (51.5%). Meanwhile, parity for most respondents had a non-risk parity of 63 people (95.5%). Most of the respondents' knowledge had a good level of knowledge as many as 46 people (69.7%). The husband's support of the respondents was mostly supported by 43 people (65.2%). The support of health workers mostly supports as many as 65 people (98.5%). The 3-month birth control injection revisit was mostly untimely as many as 36 people (54.5%).

The Relationship Between Age and the Timeliness of Returning 3-Month Birth Control Injector

Table 5. The relationship between age and the timeliness of re-injection of 3-month birth control injectors at Pratama Aulia Medika Clinic, Cirebon Regency

Accuracy of 3-Month Birth Control Injection Revisit							
	Inaccurate		Precise		Total		<i>p-value</i>
Age	f	%	f	%	f	%	
Risky	24	36,4	12	18,2	36	54,5	0,055
No Risk	12	18,2	18	27,3	30	45,5	
Total	36	54,5	30	45,5	66	100	

Based on the results of the study, it was shown that most of the respondents were at risk of untimely re-visits for 3-month birth control injections as many as 24 people (36.4%). The results of the *chi square* test obtained a significance value of 0.055 (*p-value* > 0.05) indicating that there was no significant relationship between age and the timeliness of reinjection of injectable birth control acceptors at the Pratama Aulia Medika Clinic, Cirebon Regency in 2025.

The Relationship Between Education and the Timeliness of Returning Acceptors for 3-Month Birth Control Injections

Table 6. The relationship between education and the timeliness of re-injection of 3-month birth control injector acceptors at the Aulia Medika Primary Clinic, Cirebon Regency

Accuracy of 3-Month Birth Control Injection Revisit							
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	Inaccurate		Precise		Total		<i>p-value</i>
	f	%	f	%	f	%	
Education							
Low	21	31,8	13	19,7	34	51,5	0,334
Height	15	22,7	17	25,8	32	48,5	
Total	36	54,5	30	45,5	66	100	

Based on the results of the study, it was shown that the number of respondents mostly had a low level of education with an untimely revisit of 3-month birth control injections as many as 21 people (31.8%). The results of *the chi square* test obtained a significance value of 0.334 (*p-value* > 0.05) indicating that there was no significant relationship between education and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic, Cirebon Regency in 2025.

The Relationship Between Parity and Timeliness of 3-Month Birth Control Injectable Acceptors

Table 7. The relationship between parity and the timeliness of re-injection of 3-month birth control injector acceptors at the Aulia Medika Primary Clinic, Cirebon Regency

	Accuracy of 3-Month Birth Control Injection Revisit						<i>p-value</i>
	Inaccurate		Precise		Total		
	F	%	f	%	f	%	
Parity							
Risky	2	3,0	1	1,5	3	4,5	1,000
No Risky	34	51,5	29	43,9	63	95,5	
Total	36	54,5	30	45,5	66	100	

Based on the results of the study, it was shown that the number of respondents mostly had non-risk parity with untimely revisits of 3-month birth control injections as many as 34 people (51.5%). The results of *the chi square* test obtained a significance value of 1,000 (*p-value* > 0.05) indicating that there was no significant relationship between parity and the timeliness of reinjection of injectable birth control acceptors at the Pratama Aulia Medika Clinic, Cirebon Regency in 2025.

The Relationship Between Knowledge and the Timeliness of Return of 3-Month Birth Control Injectable Acceptors

Table 8. The relationship between knowledge and the timeliness of re-injection of 3-month birth control injector acceptors at Pratama Aulia Medika Clinic, Cirebon Regency

	Accuracy of 3-Month Birth Control Injection Revisit						<i>p-value</i>
	Inaccurate		Precise		Total		
	f	%	f	%	F	%	
Knowledge							
Less	18	27,3	2	16,7	17	30,3	0,000

Good	18	27,3	28	25,8	49	69,7
Total	36	54,5	30	45,5	66	100

Based on the results of the study, it was shown that the number of respondents mostly had good knowledge and lacked the timely re-visit of 3-month birth control injections as many as 18 people (27.3%). The results of the *chi square* test obtained a significance value of 0.000 ($p\text{-value} < 0.05$) indicating that there is a significant relationship between knowledge and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Pratama Aulia Medika Clinic, Cirebon Regency in 2025.

The Relationship Between Husband Support and the Timeliness of Returning 3-Month Birth Control Injectable Acceptors

Table 9. The relationship between husband support and the timeliness of re-injection acceptors of 3-month birth control injection acceptors at the Aulia Medika Primary Clinic, Cirebon Regency

	Accuracy of 3-Month Birth Control Injection Revisit						<i>p-value</i>
	Inaccurate		Precise		Total		
Support Husband	f	%	f	%	f	%	
No Support	19	28,8	4	6,1	23	34,8	0,002
Support	17	25,8	26	39,4	43	65,2	
Total	36	54,5	28	45,5	66	100	

Based on the results of the study, it was shown that the number of respondents mostly did not get husband's support by not timely revisiting the 3-month birth control injection as many as 19 people (28.8%). The results of the *chi square* test obtained a significance value of 0.002 ($p\text{-value} < 0.05$) indicating that there was a significant relationship between the husband's support and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Pratama Aulia Medika Clinic, Cirebon Regency in 2025.

The Relationship Between Health Worker Support and the Timeliness of 3-Month Birth Control Injectable Acceptors

Table 10

The relationship between health worker support and the timeliness of re-injection of 3-month birth control injector acceptors at Pratama Aulia Medika Clinic, Cirebon Regency

	Accuracy of 3-Month Birth Control Injection Revisit						<i>p-value</i>
	Inaccurate		Precise		Total		
Health Worker Support	F	%	f	%	f	%	
Not Supported	1	1,5	0	0	1	1,5	1,000

Support	35	53,0	30	45,5	65	98,5
Total	36	54,5	28	45,5	66	100

Based on the results of the study, it was shown that the number of respondents mostly received health worker support with an untimely revisit of 3-month birth control injections as many as 35 people (53.0%). The results of *the chi square* test obtained a significance value of 1,000 ($p\text{-value} > 0.05$) indicating that there was no significant relationship between the support of health workers and the timeliness of re-injection of injectable birth control acceptors at the Pratama Aulia Medika Clinic, Cirebon Regency in 2025.

Description of the Characteristics of 3-Month Injectable Family Planning Acceptors

Based on table 4, the results of the number of respondents were mostly 36 people (54.5%) at risk. At that age, the female reproductive organs have developed a deep Its use has Effectiveness and The survival rate or over 35 years old is not good for pregnancy. Because pregnancy at this age has a high risk, such as miscarriage or a higher risk of childbirth complications compared to younger ones (Oktarida, 2019). From the level of education, most of the respondents had a low level of education as many as 34 people (51.5%). Economic limitations make respondents have a low level of education Parity Most of the respondents have non-risk parity as many as 63 people (95.5%). Parity and the number of children living are closely related to high levels of well-being generally more concerned with the quality of children than the quantity of children. Most of the respondents' knowledge had a good level of knowledge as many as 46 people (69.7%). According to Notoatmodjo (2003), Mardani (2021) quotes that knowledge is influenced by formal education factors, but it is emphasized that it does not mean that a person with low education is absolutely low-knowledge. In addition, it is also caused by exposure to information. Good knowledge is seen from the level of education. The husband's support of the respondents was mostly supported by 43 people (65.2%). The support of health workers mostly supports as many as 65 people (98.5%). The 3-month birth control injection revisit was mostly untimely as many as 36 people (54.5%). The researcher's assumption about the description of characteristics is the researcher's initial beliefs or assumptions about the characteristics of the respondents or research subjects to be studied, which are important for designing the study and analyzing the data, as well as helping to identify patterns and differences in the results of the analysis. Support comes from a variety of sources such as family, friends, social environments, and caring communities. This support can be material support (physical or financial assistance) and moral support (motivation, advice, advice, and empathy).

The Relationship Between Age and the Timeliness of Returning to Injectable Family Planning Acceptors for 3 Months

Based on the results of the research conducted, of the 66 family planning acceptor respondents, most of them are at risk of untimely revisits for 3-month birth control injections as many as 24 people (36.4%). The results of the *chi square* test obtained a significance value of 0.055 ($p\text{-value} > 0.05$) indicating that there was no significant relationship between age and the timeliness of reinjection of injectable birth control acceptors at 3 months. The results of this study are in line with the research of Iklima (2022) with the title Factors related to the adherence to the use of injectable contraceptives for 3 months during the Covid-19 pandemic showing a $p\text{-value}$ of 0.951, meaning that there is no significant relationship between age and the timeliness of re-injection of injectable birth control acceptors at 3 months. In theory, the risk of pregnancy will increase with age. The cause of the risk at the age of over 35 years is that increasing age will affect the number of eggs and the decreased ability of the uterus to receive embryos. While getting pregnant under the age of 20 is said to be risky because the uterus and pelvis have not grown perfectly, you must be aware because there can be difficulties during pregnancy and in the process of childbirth. Therefore, for at-risk ages, it is recommended to have family planning. Age affects a person's ability to grasp and think patterns. The older he gets, the more his grasp of his mindset will develop. (Anggraini et al., 2023)

Age of the researcher is >35 . The age of 20-35 years is a vulnerable age and is more at risk of pregnancy. Age had a significant effect on the timeliness of re-injection, although the relationship was not statistically significant.

The Relationship Between Education and the Timeliness of Returning to 3-Month Family Planning Acceptors

The education that a person undergoes has an effect on the improvement of thinking skills, in other words a person who is more educated will be able to make more rational decisions, generally open to accepting changes or new things compared to individuals with lower education. This includes decision-making related to weight gain on the use of injections for 3 months (Marlina & Indarnita, 2018).

Based on the results of the study, it was found that most of them had a low level of education with untimely revisits for 3-month birth control injections as many as 21 people (31.8%). The results of the *chi square* test obtained a significance value of 0.334 ($p\text{-value} >$

0.05) indicating that there was no significant relationship between education and the timeliness of reinjection of injectable birth control acceptors at 3 months

This is in line with the theory of education that a person's education has an influence on improving thinking skills, in other words a person with higher education will be able to make more rational decisions, generally open to accepting changes or new things compared to individuals with lower education. This includes decision-making related to weight gain in the use of Injectable Birth Control for Three Months (Sulastriningsih & Dwijayanti, 2021).

The researcher's assumption is that from the results of the study, respondents with low education were obtained. The higher a person's level of education, the easier it is to receive information, so it is hoped that the more knowledge they have. Education is needed to get information, for example, things that support health so that it can improve health and quality of life. A person's education has a great influence on the timeliness of re-injections even though the relationship is not statistically significant.

The Relationship Between Parity and the Timeliness of Return of 3-Month Injectable Family Planning Acceptors

Based on the results of the study, it was shown that the number of respondents mostly had non-risk parity with untimely revisits of 3-month birth control injections as many as 34 people (51.5%). The results of *the chi square* test obtained a significance value of 1,000 ($p\text{-value} > 0.05$) indicating no significant relationship between parity and the timeliness of reinjection of injectable birth control acceptors at 3 months

The number of live children a woman has affects the use of contraceptives. The decision to have a number of children is a choice, which is greatly influenced by the value that is considered as a hope for every desire chosen by the parents. (Agustina, 2021). This study is in line with the research conducted by Fina Yanti (2022) with the results of the Chi Square test obtained a $P\text{-value} = 0.750$ which means >0.05 or there is no significant relationship with the inaccuracy of revisits of birth control injections at 3 months.

The researcher's assumption that family planning acceptors who are parity are not at risk or have 0-3 children tend to be late in making injection revisits is seen from the results of a study of 34 people. This is because respondents with the number of children who are not at risk have a desire to have children who are still large compared to acceptors who are at risk and acceptors who have more than one child have greater busyness compared to acceptors with one child. Acceptors who have more than 1 child tend to be untimely in re-injecting. Parity was highly influential on the timeliness of re-injections although the relationship was not statistically significant.

The Relationship Between Knowledge and Timeliness of Returning Injectable Family Planning Acceptors 3 Months

Knowledge is the result of "knowing" and this happens after people do sensing a certain object. Sense occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is influenced by the eyes and ears (Notoatmodjo, 2007). Good knowledge will make it easier for a woman to receive all information, especially about 3-month injectable birth control.

The knowledge that a person has is influenced by 3 main factors, namely education, exposure to information from sharing sources, and experiences gained from oneself and others. A person is said to have high knowledge if supported by the many sources of information obtained. The more information obtained, the higher the level of knowledge and the source of information must be accurate. A person with a high level of knowledge will be easier to absorb the health concepts conveyed, so that the person will have a higher level of awareness to change his behavior for the better than those who have low knowledge. (Nurcahyani & Pratiwi, 2022). Based on the results of the study, it was shown that the number of respondents mostly had good knowledge and lacked the timely re-visit of 3-month birth control injections as many as 18 people (27.3%). The results of *the chi square* test obtained a significance value of 0.000 ($p\text{-value} > 0.05$) indicating that there was a significant relationship between knowledge and the timeliness of re-injection of injectable birth control acceptors at 3 months. This study is in line with the research of Maharani (2024) with a *result of P value = 0.002 < 0.05* which shows that there is a relationship between knowledge and inaccuracy of revisits for 3-month birth control injections. The existence of this relationship shows that knowledge is the basis of a person in taking action, a person with a high level of knowledge will find it easier to absorb the concepts of health that are understood so that the person will have a higher level of awareness to change behavior for the better than those with low knowledge. (Maharani, 2024)

. The researcher's assumption is that family planning acceptors with good knowledge tend to be more appropriate in revisits of birth control injections. This is because mothers who have good knowledge about acceptor compliance will have a greater chance of re-injecting family planning according to the schedule compared to mothers who have less knowledge.

The Relationship Between Husband Support and the Timeliness of Returning to Injectable Family Planning Acceptors for 3 Months

Husband's support is a moral and material encouragement to the mother, where the husband's support influences the mother to become an acceptor of injectable Family Planning

(KB). (Yanti & Savitri, 2020).

Based on the results of the study, it was shown that the number of respondents mostly did not get husband's support by not timely revisiting the 3-month birth control injection as many as 19 people (28.8%). The results of *the chi square* test obtained a significance value of 0.002 ($p\text{-value} < 0.05$) showing that there was a significant relationship between the husband's support and the timeliness of re-injection of injectable birth control acceptors at 3 months.

This is in line with the research of Yulianti & Putri (2022) with a $P\text{-value}$ of 0.001 or $P\text{-value} \leq \alpha$ (0.05), statistically there is a statistically significant relationship between husband support and adherence to 3-month injectable birth control revisits.

The husband is the wife's life partner (father of the children), the husband has a full responsibility in the family and the husband has an important role, where the husband is very demanded not only as a breadwinner but the husband as a motivator in various policies that will be decided including family planning. The role and responsibility of men in reproductive health, especially in Family Planning (KB), has a great influence on health. (Ertiana & Rusminingsih, 2022). Husband's support in terms of appreciation such as encouraging mothers to revisit Family Planning (KB) Injection Suitable schedule, deliver the mother revisits the injectable Family Planning (KB), accompanying the mother to the midwife's practice room and the husband's emotional support asks how the mother's health condition is after making a repeat visit of the injectable Family Planning (KB), which proves that the individual is loved, cared for, and appreciated by the husband will greatly affect the compliance of the 3-month injectable family planning revisit (Mardani et al., 2021). The researcher's assumption of husband support for the compliance of injectable birth control acceptors has a significant relationship. With the support of the husband, such as reminding the injection schedule, delivering the mother to revisit the injection, the mother makes the injection revisit according to the schedule.

The Relationship Between Health Worker Support and the Timeliness of Returning to Injectable Family Planning Acceptors for 3 Months

Based on the results of the study, it showed that the number of respondents mostly had health worker support, both with an untimely re-visit of 3-month birth control injections as many as 35 people (53.0%) The results of *of the chi square* test obtained a significance value of 1,000 ($p\text{-value} > 0.05$) showing that there was no significant relationship between health worker support and the timeliness of re-injection of 3-month injectable birth control acceptors.

This study is inversely proportional to the study (Kalsum & Novita (2014) with the result of $p\text{ value} = 0.000$ ($p < 0.05$), then statistically there is a relationship between the role of

midwives and the compliance behavior of acceptors to reinject birth control. In their profession, midwives have various roles, namely as implementers, managers, educators and researchers. As an executor, midwives have three categories of duties, namely independent duties, collaboration tasks, and family planning education/counseling dependency tasks carried out by midwives will be significant in arousing public awareness to do family planning because in general people trust midwives more. The role of midwives in counseling also affects acceptors to be able to create a sense of compliance to carry out this re-injection of family planning according to the specified time. According to the communication between midwives and patients, all communication discussions in the implementation of midwifery management are the value of the implementation of midwifery care from the first to the last step in the evaluation of the patient's condition. The information provided through communication techniques and good communication methods is expected to be able to change the attitude and behavior of clients towards improving good health (Kalsum & Novita, 2014).

The researcher's assumption is that with the support of health workers, such as the availability of supportive health service facilities and affordability towards health care facilities, it greatly affects the compliance of 3-month injectable birth control revisits. Health care facilities have a positive influence on compliance, with encouragement and the role of good midwives. Health worker support had a significant effect on the timeliness of re-injection, although the association was not statistically significant.

CONCLUSION

Based on the discussion of the results of the research on factors related to the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic, Cirebon Regency in 2025, the researcher can draw conclusions:

1. The results showed that the characteristics of most of the respondents were <20 - >35 years old, the education of the respondents was mostly elementary and junior high, parity was mostly not at risk, the knowledge of most respondents was well-informed, the majority of respondents did not receive support, and health support was mostly supported.
2. There was no relationship between the age factor and the timeliness of re-injection of injectable birth control acceptors at the Aulia Medika Primary Clinic in 2025.
3. There was no relationship between educational factors and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic in 2025.
4. There was no relationship between the parity factor and the timeliness of re-injection of injectable birth control acceptors at the Aulia Medika Primary Clinic in 2025.

5. There is a relationship between the knowledge factor and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic in 2025.
6. There is a relationship between husband support and the timeliness of re-injection of injectable birth control acceptors for 3 months at the Aulia Medika Primary Clinic
7. There was no relationship between the support of health workers and the timeliness of re-injection of injectable birth control acceptors at the Aulia Medika Primary Clinic.

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