

Factors Affecting Participation of Productive Ages in Family Planning Program for Kampung Bape, Pegunungan Bintang District

Seperyanus Kakyarmabin¹, Arius Togodly², Yermia Msen³, Anwar Mallongi⁴

¹Magister Program of Public Health, Faculty of Public Health, Cenderawasih University, Jayapura.

^{2,3}Lecturer of Master Program in Public Health. Faculty of Public Health, Cenderawasih University, Jayapura

⁴Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar

Corresponding Author: Seperyanus Kakyarmabin

ABSTRACT

The situation and condition of Indonesia in the field of population, its quality is currently very poor. Various attempts have been made to control population growth, especially through controlling birth rates or fertility. Efforts to reduce birth rates are done by using contraceptives voluntarily for couples of childbearing age.

This study aims to determine knowledge factors, educational factors, family support factors, socio-environmental factors, cultural factors, information accessibility factors, the number of children, economic factors, age factors and health factors, influencing the participation of couples of childbearing age in the Family program. knowing knowledge factors, educational factors, family support factors, socio-environmental factors, cultural factors, information accessibility factors, factors in the number of children, economic factors, age factors and health factors, influencing the participation of fertile couples in the Family Planning program in Bape Village, Pegunungan Bintang Regency. This research is descriptive-analytical by processing data distributed to respondents based on population in couples of childbearing age. Sampling was done by purposive sampling with a large sample of 70 in couples of childbearing age. Data is processed using the SSS 21 program.

The results of bivariate analysis using the Chi-square test showed that variables that had significant influence were knowledge variables (p-value 0.000 <0.05), family support variables (p-value 0.005 <0.05), cultural variables (p-value 0.001 <0.05), and information accessibility variable (p-value 0.006 <0.05). While the variables of education, number of children, economy, age and health showed no

influence on the participation of couples of childbearing age in family planning programs.

It is expected that family planning officers in the region will be more proactive in providing counseling to the community, especially for couples of childbearing age to understand the benefits of family planning and can change the paradigm of values (beliefs) in the community.

Keywords: knowledge, family support, culture, information accessibility, family planning.

1. INTRODUCTION

According to the World Health Organization (WHO) Family Planning is an action that helps married couples to avoid unwanted pregnancies, get births that are desirable, set the interval between pregnancies. Control the time at birth in relation to the age of the husband and wife and determine the number of children in the family (Hartanto, 2004). This family planning program has a NKKBS vision and has been transformed into a quality family in 2015. So that through this family planning program quality assessment of family planning services can be conducted by participating and focusing on strategies so that services are more easily obtained and participants are accepted by various couples of childbearing age so that fertile age couples interested in being a KB acceptor (Sarwono, 2005).

The family planning program was declared to be quite successful in Indonesia, but in the implementation up to now there are still obstacles that are felt, among others, that there are still many couples of

childbearing age who are still not KB participants. From the results of the study, it was known that many reasons were stated by women who did not use contraception, partly because they wanted children. The most dominant reason is due to health problems arising from the side effects of family planning, religious and socio-cultural issues as well as reasons related to socio-economic conditions that are expensive costs (BKKBN, 2010). Official data on the 2015 Intercensal Population Survey (SUPAS) notes that the average Maternal Mortality Rate (MMR) is 305 per 100 thousand live births. Based on the data, the government makes programs that can reduce maternal and child mortality by running a Family Planning program in couples of childbearing age (EFA) (MOH, 2017).

Fertile age couples range between the ages of 20-45 years, where couples (male and female) are mature enough in everything; especially their reproductive organs are functioning properly. EFA is distinguished by women of childbearing age who are widowed / divorced. Family planning methods include regulating pregnancy by using contraception, preventing infertility with a healthy way of life, marriage advice by maintaining harmony between partners, and the norm of a happy and prosperous small family by making rules in the family (Hartanto, 2014). Fertile age couples aged 15-49 years of method of contraceptive use increased in Asia and Latin America, this increase began in 1990 around 54% continued to increase until 2014 as much as 57.4%, besides in Latin America and the Caribbean of 66.7% rose to 67.0%, in Africa from 23.6% rose to 27.6%, and in Asia from 66.7% rose to 67.0% (WHO, 2014). According to data from the Papua Provincial Health Office in 2015, there were 108,856 KB participants, from 535,394 couples of childbearing age. Whereas KB data in 2016 obtained 134,207 KB participants, from 407,502 couples of childbearing age.

According to data from the Pegunungan Bintang District Health Office in 2017, there were 22,639 KB participants, out of 39,256 fertile age couples. Whereas KB data in 2018 amounted to 24,330 participants from 40,214 couples of childbearing age, meaning that there was an increase in family planning and fertile age couples in the last year (DP2K Jayapura Regency, 2017). Based on initial data collection at Okbape Health Center in 2017 there were 282 KB participants, from 1,361 fertile age couples, while data on family planning in 2018 obtained 159 KB participants, from 644 fertile age couples means an increase in fertile age couples and family planning. The results of interviews with Okbape Health Center Maternal and Child Health (KIA) staff obtained data that there were still fertile age couples who did not do family planning on the grounds, felt uncomfortable and the couple did not agree. Description of the background above, the researcher is interested in conducting research on the factors that influence the participation of fertile age couples in family planning programs.

2. MATERIALS AND METHODS

This research is included in causal associative research using a quantitative approach. Causal associative research is research that aims to find out the influence between two or more variables. This study will explain the relationship affect and be influenced by the variables to be studied. Quantitative approach is used because the data used will analyze the relationship between variables expressed by numbers. This study connects the factors that influence the participation of PUS in the family planning program in Bape Village, Pegunungan Bintang Regency.

B. Location and Time of Research

This research was carried out in Bape Village, OKbape District, Pegunungan Bintang Regency, from August 2 to September 2018.

C. Population and Sample

1. Population

The population is all subjects or object whose characteristics are to be studied (Hidayat, 2003). The population in this study were fertile age couples who lived in Kampung Bape, Pegunungan Bintang Regency, amounting to 70 PUS.

2. Sample

In this study sampling was not carried out because the population was limited so that the census method was carried out, namely the entire population made as respondents or also referred to as total sampling. So that the sample used in this study is the entire fertile age couple who live in Kampung Bape, Pegunungan Bintang Regency, which amounts to 70 PUS.

3. RESULTS AND DISCUSSION

3.1 Description of Respondents' Answers

In this section descriptive data will be presented from the independent and dependent variables used in this study. The description of each variable is shown in the following table:

Table 1. Variable of Statistic Descriptive

Research Variable	N	Mean	Standard Deviation
Education (X1)	70	3,53	0,83
Knowledge (X2)	70	3,67	0,70
Family support (X3)	70	3,94	0,67
Culture (X4)	70	3,68	0,78
Accessibility Information (X5)	70	3,92	0,78
Number children (X6)	70	4,08	0,76
Economy (X7)	70	3,32	0,93
Age (X8)	70	4,25	0,52
Health (X9)	70	3,76	0,67
Participation (19)	70	3,72	0,88

Table 1 shows that the standard deviation values for all factors are very small compared to the mean value, this also indicates that the results are good. If we look at the comparison for all factors, it can be seen that the mean age factor (X8) obtained a relatively low value when compared to the average value of the other factors, this indicates that the need for improvement and improvement of these factors in the community awareness efforts on family planning programs. The highest mean score obtained by health factor statement (X9), this indicates that health is very important for couples of childbearing age. This will affect the required attention of PUS in following the Family Planning program, the higher the attention they receive, the more automatically they feel cared for in participating in the family planning program, and vice versa. While other factors, apart from the lowest and the highest, have achieved good average results, meaning that these factors are very feasible to continue to be maintained.

3.2 Validity test

The validity of the research instrument was conducted on questionnaires about the variables of knowledge, education, family support, culture, information accessibility, number of children, economy, age, health and participation.

Table 2. Validity Test Results

No	Variables	Question	Coefficient Correlation	Prob. Significance	Note
1	Knowledge (X1)	P 1	0,70	0,000	Valid
		P 2	0,51	0,000	Valid
		P 3	0,72	0,000	Valid
		P 4	0,88	0,000	Valid
		P 5	0,80	0,000	Valid
2	Education (X2)	P 1	0,47	0,000	Valid
		P 2	0,54	0,000	Valid
		P 3	0,53	0,000	Valid
		P 4	0,78	0,000	Valid
		P 5	0,54	0,000	Valid
3	Family support (X3)	P 1	0,55	0,000	Valid
		P 2	0,61	0,000	Valid
		P 3	0,61	0,000	Valid
		P 4	0,55	0,000	Valid
		P 5	0,73	0,000	Valid
4	Culture (X4)	P 1	0,62	0,000	Valid
		P 2	0,54	0,000	Valid
		P 3	0,49	0,000	Valid
		P 4	0,62	0,000	Valid
		P 5	0,54	0,000	Valid

Table 2 to be continued...

5	Information Accessibility (X5)	P 1	0,54	0,000	Valid
		P 2	0,68	0,000	Valid
		P 3	0,79	0,000	Valid
		P 4	0,78	0,000	Valid
		P 5	0,69	0,000	Valid
6	Number of children (X6)	P 1	0,70	0,000	Valid
		P 2	0,67	0,000	Valid
		P 3	0,75	0,000	Valid
		P 4	0,53	0,000	Valid
		P 5	0,74	0,000	Valid
7	Economy (X7)	P 1	0,70	0,000	Valid
		P 2	0,50	0,000	Valid
		P 3	0,48	0,000	Valid
		P 4	0,72	0,000	Valid
		P 5	0,70	0,000	Valid
8	Age (X8)	P 1	0,65	0,000	Valid
		P 2	0,42	0,000	Valid
		P 3	0,61	0,000	Valid
		P 4	0,67	0,000	Valid
		P 5	0,65	0,000	Valid
9	Health (X9)	P 1	0,68	0,000	Valid
		P 2	0,61	0,000	Valid
		P 3	0,48	0,000	Valid
		P 4	0,83	0,000	Valid
		P 5	0,62	0,000	Valid
10	Participation (Y)	P 1	0,81	0,000	Valid
		P 2	0,67	0,000	Valid
		P 3	0,79	0,000	Valid
		P 4	0,68	0,000	Valid
		P 5	0,62	0,000	Valid

Table 3. Reliabilities test results

Variable	Cronbach's Alpha	Information
Knowledge (X1)	0,81	Reliable > 0,60
Education (X2)	0,65	Reliable > 0,60
Family support (X3)	0,68	Reliable > 0,60
Culture (X4)	0,68	Reliable > 0,60
Information accessibility (X5)	0,80	Reliable > 0,60
Children number (X6)	0,77	Reliable > 0,60
Economy (X7)	0,82	Reliable > 0,60
Age (X8)	0,64	Reliable > 0,60
Health (X9)	0,64	Reliable > 0,60
Participation (Y)	0,85	Reliable > 0,60

Table 3 shows that the Cronbach Alpha coefficient for all variables is greater than 0.60 (reliable).

Multivariate Analysis

Multivariate analysis was used to obtain answers to which factors influence EFA participation in family planning programs, it is necessary to do bivariate analysis and continued on multivariate tests with modeling using logistic regression test beginning with bivariate modeling using each independent variable gradually tested on the dependent variable with p value <0.05 so that the variables included in the multivariate test can be seen in the table below:

Table 4. Bivariate modeling

NO.	Variable	P-value	RP	CI 95 %	
				Lower	Upper
1.	Knowledge	0,000	10,333	0,571	186
2.	Education	0,378	2,132	0,385	11,825
3.	Family support	0,005	10,333	0,571	186
4.	Culture	0,001	24,800	1,903	323
5.	Information accessibility	0,006	12,200	1,405	105
6.	Children number	0,553	1,613	0,329	7,893
7.	Economy	0,833	1,269	0,139	11,624
8.	Age	1,000	1,000	0,107	9,314
9.	Health	0,133	3,800	0,602	23,999

Table 4 shows that the variables that were not included in the multivariate test with a value of >0.05 were the variables of education, number of children, economy, age and health

4. DISCUSSION

1. The Influence of Knowledge on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows that the Knowledge variable (X1) has a significance value of P-value = 0,000 (p <0.05) which means that it has a significant effect between knowledge variables on EFA

participation in the Family Planning Program.

This result is in accordance with the research of Afni Andini, Asfriyati, Maya Fitria (2012), with the title "Factors That Influence Fertile Age Couples to Become Kb acceptors in Babura Village, Medan Sunggal Sub-District, Medan City in 2012". The results of bivariate analysis show that there is a cultural influence (belief) with couples of childbearing age to be acceptors of Family Planning. It is hoped that family planning officials in the region will be more proactive in providing counseling to the community, especially for couples of childbearing age so that they better understand and understand the benefits of family planning and can change the paradigm of values (beliefs) in the public community.

People with low knowledge of family planning will assume that family planning programs are only an effort to stop births and do not see other benefits, namely the creation of quality families in the sense of planned family development from the start. Knowledge of family planning is directly related to the reason for whether or not someone is involved in a family planning program, especially regarding the side effects and effectiveness of the contraceptive. Someone who knows the benefits and objectives of the family planning program will be more open in their thoughts and perceptions that by joining the family planning program not only to limit the number of births but also to improve the quality of family life.

The better knowledge of EFA about family planning, which means that they better understand the benefits and disadvantages of family planning, have an impact on the emergence of beliefs to join the family planning program and be realized in the participation of family planning.

2. Influence of Education on EFA Participation in Family Planning Programs.

From the results of the bivariate analysis using the Chi-Square test shows the

Education variable (X2) with a P-value = 0.378 ($p > 0.05$), which means that there is no significant effect between education variables on PUS participation in the KB Program.

This result is in accordance with previous research by Afni Andini, Asfriyati, Maya Fitria (2012) with the following "Factors that Influence Fertile Age Couples to Become Kb Acceptor in Babura Village, Medan Sunggal Sub-District, Medan City in 2012". The results of the bivariate analysis showed no correlation between education with couples of childbearing age to become acceptors of Family Planning.

3. Effect of Family Support on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows the variable Family Support (X3) has a p-value = 0.005 ($p < 0.05$) which means there is a significant influence between family support variables on PUS participation in the KB Program.

This research is supported by the results of research from Bernadus (2013), showing the high family support proves that the average respondent has good knowledge about contraception 58 people (60.4%) gave support to use contraceptives. Lawrence Green's theory in Notoatmodjo (2007) suggests that the factor of husband's support can be said to be one of the antecedent (enabling) factors, which allows a motivation or aspiration to occur. This is in line with the theory put forward by Friedman (2002), family support is social support seen by family members as something that can be held for families in the form of providing support.

This theory is also supported by the theory put forward by Caplan in Friedman (2002), also argues that family support has four support functions, including information support (where the family functions as a collector and disseminator of information both received directly from the wife, close people and health personnel or not directly from print and electronic media, assessment support (where the family acts

as a feedback guide, guides and mediates problem solving and as a source and decision maker in family planning), instrumental support (family support which is a source practical and concrete help such as providing special budget for family planning), and emotional support (where the family is a safe and peaceful place to rest and restore and help control one's emotions such as giving moral support).

4. Cultural Influence on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows that the culture variable (X4) has a p-value = 0.001 ($p < 0.05$) which means that there is a significant influence of cultural variables on PUS participation in the KB program.

This result is in accordance with the research of Afni Andini, Asfriyati, Maya Fitria (2012), with the title "Factors That Influence Fertile Age Couples to Become Kb acceptors in Babura Village, Medan Sunggal Sub-District, Medan City in 2012". The results of bivariate analysis show that there is a cultural influence (belief) with couples of childbearing age to be acceptors of Family Planning. It is hoped that family planning officials in the region will be more proactive in providing counseling to the community, especially for couples of childbearing age so that they better understand and understand the benefits of family planning and can change the paradigm of values (beliefs) in the public community.

5. Effect of Information Accessibility on EFA Participation in Family Planning Programs.

From the results of the bivariate analysis using the Chi-Square test shows the variable Accessibility Information (X5) has a p-value = 0.006 ($p < 0.05$) which means that there is a significant influence between the variable Information Accessibility to PUS participation in the KB Program. This is consistent with the theory put forward by Kadir (2003) information is knowledge gained from learning and experience that

has meaning for the recipient and has real value, so that it can be used as a basis for making decisions and actions in the future. Mubarak and Chayatin (2009) also suggested that the ease of obtaining information can help accelerate a person to acquire new knowledge.

This theory is also supported by the theory put forward by Hidayat (2007), the information obtained by PUS through both print and electronic media will influence the husband's knowledge of decision-making in the selection of contraceptives to be used by the husband, the knowledge gained through information received about family planning will determine whether or not the husband easily absorbs and understands the information he receives, which then becomes understood so that the information is beneficial for the welfare of his family.

6. Effect of the Number of Children (Parity) on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows the variable Number of Children (X6) has a p-value = 0.553 ($p > 0.05$) which means there is no significant effect between the variable Number of Children (Parity) on PUS participation in the KB Program.

Based on the results of research conducted by (Annisa, 2010) that respondents who had more than two children (Multipara) the majority participated in a family planning program, namely (57.1%) and the majority of respondents who did not join the family planning program were mothers who had children first (primipara) namely (88.9%). Then analyzed using chi square (X) with a level of significance (α) is = 0.05 obtained the probability value (p) 0.007. So it can be concluded that there is a significant relationship between the parity of the participation of women of childbearing age in the use of IUD family planning. Parity is the amount of labor experienced by a mother, parity 2 to 3 is the safest parity in terms of maternal mortality, parity 1 and high parity (more than 3) have a higher

maternal mortality rate. Higher parity is higher in maternal deaths. The risk of parity 1 can be handled with obstetric care better, while the risk of high parity can be reduced or prevented by family planning, some pregnancies in high parity are not planned (Prawirohardjo, 2008)

7. Economic Influence on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows the Economic variable (X7) has a p-value = 0.833 ($p > 0.05$) which means there is no significant effect between knowledge variables on EFA participation in the KB Program.

Tri Prasetyo (2013), "Analysis of Factors Affecting Pus Participating in Family Planning (Kb) in the Work Area of Sambirejo Health Center, Sragen District". The results of this study indicate: there is no effect of EFA income on family planning participation, on family planning participation in Sukorejo Village, Sambirejo district Sragen in October 2012.

These results indicate that respondents with low income have the same family planning behavior as respondents with sufficient or higher income. Some of the factors that led to the equality of family planning behavior between low income groups and higher income were the low cost of family planning in Indonesia, even in some family planning activities KB participants were not charged.

The results of this study are contrary to Becker's (2005) statement. Becker saw that economically, there were differences in orientation about the value of children between advanced (rich) people and disadvantaged (poor) communities. Poor people for example, the value of children is more of a production item. That is, the child born is emphasized more on the aspect of the number or number of children owned (quantity).

According to Becker, the number of children born to the poor is expected to help parents at retirement age or no longer be

productive so that children are expected to be able to help them in economic, security, and social security (insurance). Because the poor generally have no old-age savings, while in the advanced (rich) community, the value of children is more towards consumer goods, namely in the form of quality. With the meaning of the word, children as human capital so that children are born relatively little but the investment or costs incurred are greater both direct costs and opportunity costs, especially for improving health, education, nutrition, skills and so on so that children are expected to compete in the job market rather than function as security especially as social security for parents.

8. Influence of Age on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows the Age variable (X8) has a p-value = 1,000 ($p > 0.05$), which means that there is no significant effect between knowledge variables on EFA participation in the KB Program.

These results are in accordance with Tri Prasetyo's (2013) study, "Analysis of Factors Affecting EFA following family planning in the working area of Sembirejo Community Health Center in Sragen Regency" The results of the study showed that there was no influence of EFA age on family planning participation.

9. Health Effects on EFA Participation in Family Planning Programs.

From the results of bivariate analysis using the Chi-Square test shows that the Health variable (X9) has a p-value = 0.133 ($p > 0.05$) which means that there is no significant effect between knowledge variables on EFA participation in the KB Program.

This result shows that the majority of respondents have not chosen to join the family planning program, because the culture of the community that having many children is fortune so that the maternal health factor that gives birth is still not paid attention to which almost every year gives

birth to children, which means the womb condition and children to be born less healthy. Health behavior is basically a person's response to stimuli related to illness and disease, in the health, food and environmental service systems (Mubarak, et al. 2009). Behavior can be interpreted as an activity or activity of a person or organization concerned.

10. Dominant Influencing Factors for EFA Participation in Family Planning Programs.

From the results of multivariate analysis with logistic regression test method shows that there are three variables whose influence is dominant, namely the knowledge variable has a value with p-value of 0.015, family support variables with p-value of 0.047, and cultural variables with p-value of 0.000. This explains that knowledge, family support and culture have the most influence on PUS participation in the Family Planning program in Bape Village, Pegunungan Bintang Regency.

5. CONCLUSIONS

Based on the results of the analysis and proof of the hypothesis in the previous chapter, the following conclusions can be drawn:

1. There is an influence of knowledge on EFA participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 0,000).
2. There is no influence of Education on EFA Participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 0.378).
3. There is an effect of Family Support on EFA Participation in the Family Planning Program in Bape Village, Pegunungan Bintang District (p-value = 0.005).
4. There is a cultural influence on PUS participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 0.001).
5. There is an influence of Information Accessibility on EFA participation in the Family Planning Program in Bape Village,

Pegunungan Bintang Regency (p-value = 0.006).

6. There is no influence of the Number of Children on EFA Participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 0.553).

7. There is no economic influence on PUS participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 0.833).

8. There is no influence of age on EFA participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 1,000).

9. There is no health influence on EFA participation in the Family Planning Program in Bape Village, Pegunungan Bintang Regency (p-value = 0.133).

10. Variables whose influence is dominant, namely knowledge variables have a value with p-value of 0.015, family support variables with p-value of 0.047, and cultural variables with a p-value of 0.000

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