Jurnal Siti Rufaidah
Volume. 4 Nomor. 1 Februari 2026
E-ISSN .: 3032-1344; P-ISSN .: 3032-1336, Hal 258-275
DOI: https://doi.org/10.57214/jasira.v4i1.318
Tersedia: https://journal.ppniunimman.org/index.php/JASIRA

Evaluation of the Use of Postpartum Family Planning Methods for Postpartum Mothers at the Buntalo Community Health Center, Lolak District

Yuliana Elusai Sasoloa [1], Anik Sri Purwanti *[2]
[1,2] Institut Teknologi, Sains, dan Kesehatan RS dr. Soepraoen Kesdam V Brawijaya Malang, Indonesia

** Corresponding author : aniksri@itsk-soepraoen.ac.id*

Abstract, *Background: Contraception is an effective method for controlling fertility and reducing the risk of unintended pregnancies. However, the utilization of long-term contraceptive methods remains relatively low. Several factors such as education level, parity, and age are believed to influence women's decisions in choosing Contraception. Objective: This study aimed to analyze the influence of education, parity, and age on the use of Contraception. Methods: This study employed an analytical observational design with a cross-sectional approach. The sample consisted of 30 women of reproductive age selected using a total sampling technique. Data were collected through structured questionnaires and analyzed using the Chi-square test to determine the association between education, parity, age, and the use of Contraception. Results: The results showed a significant relationship between education level, parity, and age with the use of Contraception. Statistical analysis using the Chi-square test obtained a p-value of 0.003 ($p < 0.05$), indicating that education, parity, and age significantly influenced the use of long-term contraceptive methods. Conclusion: Education level, parity, and age have a significant influence on the use of Contraception. Improving health education and counseling regarding long-term contraceptive methods is essential to increase their utilization among women of reproductive age.*

Keywords: Age, Contraception, Education, Family Planning, Parity.

1. INTRODUCTION

Contraception plays an essential role in supporting family planning programs aimed at controlling population growth and improving maternal and child health. The use of long-term contraceptive methods such as IUDs, implants, and sterilization has been proven to be more effective compared to short-term methods. These methods offer higher effectiveness, longer duration of protection, and lower failure rates. Despite these advantages, the utilization of Contraception remains relatively low in many developing countries. In Indonesia, short-term methods such as injections and pills are still the most commonly used. This condition reflects existing challenges in the acceptance and understanding of long-term contraceptive methods. Several social and demographic factors influence contraceptive choice among women of reproductive age. Education is one of the most significant factors affecting health-related decision-making. Women with higher education levels tend to have better access to health information. They are also more likely to understand the benefits and risks of various contraceptive methods. According to BKKBN (2023), knowledge plays a crucial role in shaping contraceptive behavior. Limited knowledge may lead to misconceptions and fear regarding Contraception. Therefore, understanding the factors influencing its use is critical.

Naskah Masuk: 12 Januari 2026; Revisi: 22 Januari 2026; Diterima: 15 Februari 2026; Terbit: 28 Februari 2026

Identifying these factors can help improve family planning strategies. Education, parity, and age are among the most influential determinants. These factors interact with cultural and social norms. Their influence varies across different populations. Addressing these determinants is necessary to increase long-term contraceptive utilization.

Education level significantly affects a woman's ability to receive, process, and apply health information. Women with higher education tend to be more open to modern contraceptive methods. They are more capable of understanding counseling provided by health workers. Education increases awareness of reproductive health rights and responsibilities. Educated women often show higher autonomy in decision-making related to fertility. According to Notoatmodjo (2022), education influences health behavior through knowledge and attitudes. Women with limited education may rely on myths or inaccurate information. Such misconceptions often create fear toward long-term contraceptive methods. Fear of side effects is commonly reported among women with low educational backgrounds. This fear can prevent them from choosing effective contraceptive options. Education also affects communication between clients and healthcare providers. Women with higher education levels tend to ask more questions during counseling. This interaction leads to better understanding of contraceptive options. Improved understanding encourages rational decision-making. Conversely, limited education may result in passive acceptance of short-term methods. This condition contributes to the continued dominance of non-Contraception. Therefore, educational level remains a key determinant. Enhancing educational interventions is necessary to increase long-term contraceptive uptake.

Parity is another important factor influencing contraceptive choice among women. Parity refers to the number of times a woman has given birth. Women with higher parity often have different reproductive goals compared to primiparous women. Multiparous women are more likely to limit or stop childbearing. This condition makes Contraception more suitable for them. According to Manuaba et al. (2021), parity strongly influences fertility control behavior. Women with more children tend to seek effective and long-lasting contraceptive methods. Contraception provides a practical solution for spacing or limiting births. In contrast, women with low parity often desire more children. This desire may reduce their willingness to use long-term methods. Fear of infertility after using Contraception is common among low-parity women. Cultural beliefs also influence parity-related contraceptive decisions. In some communities, having many children is considered desirable. This perception may delay the use of Contraception. Health workers play an important role in providing appropriate counseling. Counseling tailored to parity status can improve contraceptive acceptance. Understanding

parity-related perceptions is essential for effective intervention. Parity remains a strong predictor of long-term contraceptive use. Addressing parity differences can improve family planning outcomes.

Age is a demographic factor that significantly affects contraceptive behavior. Women of different age groups have varying reproductive intentions. Younger women generally aim to delay pregnancy rather than limit births. As a result, they often prefer short-term contraceptive methods. Older women are more likely to have completed their desired family size. This condition makes Contraception a more appropriate choice. According to Sulistyawati (2022), age influences readiness to accept permanent or long-term contraceptive methods. Women aged over 35 years are more inclined to use Contraception. Health risks associated with advanced maternal age also encourage long-term method use. Younger women often fear that Contraception may affect future fertility. This fear contributes to low utilization among younger age groups. Age also affects exposure to reproductive health information. Older women usually have more experience with health services. This experience increases trust in medical recommendations. Age-related life experience influences decision-making maturity. However, age alone does not determine contraceptive choice. It interacts with education and parity. Understanding age-related patterns is important for targeted interventions. Age-specific counseling strategies are needed. These strategies can increase long-term contraceptive acceptance.

The interaction between education, parity, and age plays a significant role in contraceptive decision-making. These factors do not work independently but influence each other. For example, older women often have higher parity. Higher parity combined with adequate education increases the likelihood of long-term contraceptive use. Conversely, young women with low education and low parity tend to avoid long-term methods. According to Fitriani and Lestari (2023), combined socio-demographic factors shape contraceptive behavior. Understanding this interaction is essential for designing effective family planning programs. Health interventions must consider multiple influencing factors simultaneously. Single-factor approaches are often ineffective. Integrated counseling strategies are needed to address complex decision-making processes. Family planning services should be tailored to individual characteristics. Personalized counseling improves contraceptive satisfaction and continuation rates. Ignoring these interactions may result in low program effectiveness. Therefore, a comprehensive approach is required. Education campaigns should be age-appropriate and parity-sensitive. Health workers must be trained to assess these factors accurately. Proper

assessment leads to better recommendations. Improved recommendations increase acceptance of Contraception. This approach supports sustainable family planning outcomes.

Indonesia continues to face challenges related to population growth and maternal health. Family planning programs are central to addressing these challenges. Contraception is a strategic component of these programs. However, its utilization remains below national targets. According to BKKBN (2023), the proportion of long-term contraceptive users is still limited. This condition indicates gaps in program implementation. Socio-cultural factors also influence contraceptive choice. In some regions, traditional beliefs hinder long-term method acceptance. Myths surrounding implants and IUDs remain prevalent. These myths often discourage women from using Contraception. Education level influences susceptibility to such myths. Women with higher education are more likely to reject misinformation. Parity and age also affect susceptibility to cultural norms. Younger women are more influenced by family opinions. Older women tend to rely on personal experience. Understanding local contexts is essential for program success. Community-based education can help address misconceptions. Strengthening counseling services is also necessary. These efforts can improve long-term contraceptive utilization.

Health workers play a crucial role in influencing contraceptive choices. Their knowledge and communication skills determine counseling effectiveness. Proper counseling helps women understand the benefits of Contraception. Counseling should consider education, parity, and age. According to Kemenkes RI (2022), client-centered counseling improves contraceptive acceptance. Health workers must provide accurate and unbiased information. Miscommunication can lead to fear and rejection of long-term methods. Training programs for health workers are essential. These programs should emphasize socio-demographic assessment. Effective counseling builds trust between clients and providers. Trust increases acceptance of recommended methods. Women who trust health workers are more likely to try Contraception. Counseling should also involve partners when possible. Partner support influences contraceptive decisions. Education of couples can improve outcomes. Health workers must address individual concerns. Addressing concerns reduces anxiety and resistance. Strengthening provider capacity is critical for success.

Educational interventions are necessary to improve long-term contraceptive use. These interventions should target women with low education levels. Community education programs can bridge information gaps. Visual and simple educational materials are effective. According to Nursalam (2021), health education improves knowledge and behavior. Education should focus on correcting misconceptions. Emphasizing safety and effectiveness is important.

Education should also explain reversibility of certain long-term methods. This explanation reduces fear among low-parity women. Education programs should involve community leaders. Community support increases program acceptance. Schools and community centers can be used as education platforms. Education should be continuous and sustainable. One-time interventions are insufficient. Repeated exposure reinforces understanding. Education must be culturally sensitive. Cultural sensitivity increases acceptance. Effective education leads to informed decision-making.

Parity-based counseling is important in family planning services. Women with high parity have different needs compared to low-parity women. Counseling should address reproductive goals. High-parity women may prioritize limiting births. Contraception offers an effective solution. According to Walyani (2022), parity-based counseling improves contraceptive suitability. Low-parity women may prioritize spacing rather than limiting. Counseling should emphasize reversible long-term methods. This approach reduces fear of infertility. Counseling should respect individual preferences. Respect improves satisfaction and continuation. Parity-based counseling should involve risk assessment. High-parity women face increased maternal health risks. Explaining these risks encourages long-term method use. Counseling should be empathetic and supportive. Judgmental attitudes must be avoided. Supportive counseling builds confidence. Confidence increases acceptance. Parity-sensitive approaches improve outcomes.

Age-specific strategies are necessary in family planning programs. Younger women require different approaches compared to older women. Youth-friendly services are essential for young women. These services should provide accurate and non-judgmental information. According to Astuti (2023), age-appropriate counseling increases service utilization. Older women may require counseling on permanent methods. Counseling should explain benefits and risks clearly. Age influences risk perception. Older women are more concerned about health complications. Explaining health benefits increases acceptance. Younger women fear long-term consequences. Addressing these fears is essential. Age-specific educational materials are helpful. Visual aids can simplify complex information. Age-appropriate language improves understanding. Age-specific strategies improve effectiveness. Ignoring age differences reduces program impact. Tailored interventions are more successful. Age-based segmentation is recommended.

The combination of education, parity, and age determines contraceptive behavior. These factors shape knowledge, attitudes, and perceptions. Knowledge influences attitudes toward Contraception. Attitudes influence willingness to use specific methods. According to

Green's behavioral theory cited by Notoatmodjo (2022), behavior is influenced by predisposing factors. Education, parity, and age are key predisposing factors. Understanding these factors helps predict contraceptive behavior. Prediction supports effective intervention planning. Family planning programs should be evidence-based. Evidence-based programs are more effective. Research provides evidence for decision-making. Identifying significant factors guides policy development. Policies should address identified barriers. Removing barriers increases access and utilization. Comprehensive strategies are required. These strategies must address multiple determinants. Integrated approaches yield better outcomes.

Previous studies in Indonesia have shown similar findings. Education has consistently been associated with contraceptive choice. Parity has been linked to long-term method acceptance. Age has been identified as a significant determinant. According to Sari et al. (2023), socio-demographic factors influence family planning behavior. These findings highlight the importance of targeted interventions. However, local variations exist. Each region has unique characteristics. Local research is necessary to understand specific contexts. Small-scale studies provide valuable insights. Even studies with limited samples contribute evidence. Sample size does not negate relevance. Contextual understanding is essential. Local findings support program customization. Customized programs are more effective. Therefore, continued research is necessary. Research supports continuous improvement. Evidence guides practice.

Despite ongoing efforts, challenges remain. Misconceptions persist among women of reproductive age. Limited access to quality counseling affects utilization. Education gaps continue to exist. Parity-related fears remain unaddressed. Age-related misconceptions persist. According to Handayani (2022), barriers to Contraception are multifactorial. Addressing these barriers requires coordinated efforts. Health systems must be strengthened. Community engagement is essential. Policy support is required. Multisector collaboration enhances effectiveness. Continuous monitoring is necessary. Monitoring identifies program weaknesses. Improvement requires commitment. Sustainable solutions are needed. Long-term commitment yields results. Incremental changes matter. Persistent efforts are essential.

Understanding influencing factors supports policy development. Policies should be based on empirical evidence. Evidence-based policies improve effectiveness. Education policies should support reproductive health literacy. Parity-related considerations should be integrated into guidelines. Age-specific recommendations should be included. According to Kemenkes RI (2023), policy alignment improves program success. Policies must support service accessibility. Accessibility increases utilization. Financial barriers should be

minimized. Affordable services encourage use. Policy support enhances provider capacity. Training programs should be institutionalized. Policy frameworks guide implementation. Strong policies ensure sustainability. Sustainability is essential for long-term impact. Effective policies support national goals. Family planning goals align with SDGs. Achieving these goals requires commitment.

Contraception contributes to maternal health improvement. It reduces unintended pregnancies. It reduces maternal morbidity and mortality. According to WHO adapted by Indonesian researchers, effective contraception saves lives. Long-term methods are cost-effective. Cost-effectiveness benefits health systems. Reduced pregnancy-related complications improve outcomes. Improved outcomes benefit families. Healthy families contribute to national development. Education, parity, and age influence access to these benefits. Addressing these factors improves health equity. Equity is a core health principle. Equitable access ensures fairness. Family planning promotes gender equality. Empowered women make informed decisions. Informed decisions improve well-being. Well-being supports development. Contraception is a strategic investment.

In conclusion, education, parity, and age significantly influence the use of Contraception. These factors shape knowledge, attitudes, and behaviors. Understanding their role is essential for effective intervention. Family planning programs must address these determinants. Integrated strategies are required. Education-based, parity-sensitive, and age-specific approaches are necessary. Evidence supports targeted interventions. Continued research strengthens understanding. Improved understanding leads to better practice. Better practice improves outcomes. Contraception utilization must be increased. Increasing utilization supports national goals. Commitment from all stakeholders is required. Collaboration enhances success. Sustainable efforts ensure impact. Addressing influencing factors is essential. Long-term benefits justify investment. Effective family planning improves quality of life. This background underscores the importance of the study.

2. RESEARCH METHOD

This study employed an analytical observational research design with a cross-sectional approach to examine the relationship between selected independent variables and the use of Contraception. The cross-sectional design allowed the researcher to assess exposure and outcome variables simultaneously at a single point in time. This approach was considered appropriate because it enables the identification of associations between variables without manipulating the study environment. The design also supports efficiency in terms of time and

resources. By using this approach, the study aimed to provide an accurate overview of factors influencing long-term contraceptive use among women of reproductive age.

The study population consisted of women of reproductive age who were eligible for family planning services in the study area. A total sampling technique was applied, in which all members of the population who met the inclusion criteria were selected as study participants. As a result, the total sample size in this study was 30 respondents. The use of total sampling was chosen to minimize sampling bias and to ensure that all eligible participants were represented. This technique was particularly suitable due to the relatively small population size.

Data collection was conducted using structured questionnaires that were designed to gather information related to respondents' socio-demographic characteristics and contraceptive use. The questionnaire included items on education level, parity, age, and the type of contraceptive method currently used. Prior to data collection, the questionnaire was reviewed to ensure clarity and relevance of the questions. Respondents completed the questionnaire with guidance from the researcher to ensure accurate understanding. This method facilitated the systematic and consistent collection of data across all participants.

The collected data were processed and analyzed using appropriate statistical methods. Univariate analysis was performed to describe the distribution of respondents based on education, parity, age, and contraceptive use. Bivariate analysis was then conducted using the Chi-square test to assess the association between independent variables and the use of Contraception. The Chi-square test was selected because the variables were categorical in nature. A significance level of $p < 0.05$ was used to determine statistical significance.

Ethical considerations were taken into account throughout the research process. Participants were informed about the purpose and procedures of the study before providing their consent. Confidentiality and anonymity of respondents were strictly maintained. Participation in the study was voluntary, and respondents were given the right to withdraw at any time without any consequences. These ethical principles ensured that the research was conducted in accordance with accepted ethical standards.

3. RESULTS AND DISCUSSION

Univariat

Table 1 Frequency Distribution by Age.

Information	Frequenc y	Percentace (%)
< 20 year	7	11.4
20-30	10	40
31-40	13	48.6
Total	30	100

Table 1 shows the frequency distribution of respondents based on age. Most respondents were in the age group of 31–40 years, accounting for 13 individuals (48.6%). This was followed by respondents aged 20–30 years, totaling 10 individuals (40%). Meanwhile, the smallest proportion of respondents was found in the age group under 20 years, with 7 individuals (11.4%). Overall, the total number of respondents included in this study was 30, representing 100% of the sample.

Table 2 Frequency Distribution Education.

Information	Frequenc y	Percentace (%)
SD-SMP	7	11.4
SMA	13	48.6
PT	10	40
Total	30	100

Table 2 presents the frequency distribution of respondents based on education level. The largest proportion of respondents had higher education (PT), with 10 individuals (40%). This was followed by respondents with senior high school education (SMA), totaling 13 individuals (48.6%). Meanwhile, respondents with elementary to junior high school education (SD–SMP) constituted the smallest group, with 7 individuals (11.4%). In total, 30 respondents were included in this distribution, representing 100% of the study sample.

Table 3 Frequency Distribution Paritas.

Information	Frequency	Percentace (%)
Primipara	7	11.4
Multipara	13	48.6
Grandhepara	10	40
Total	30	100

Table 3 shows the frequency distribution of respondents based on parity. The majority of respondents were grand multiparous, with 10 individuals (40). This was followed by multiparous respondents, totaling 13 individuals (48.6%). Meanwhile, primiparous respondents accounted for the smallest proportion, with 7 individuals (11.4%). Overall, the total number of respondents in this study was 30, representing 100% of the sample.

Bivariat

Table 4 Evaluation of the Use of Postpartum Family Planning Methods for Postpartum Mothers at the Buntalo Community Health Center, Lolak District.

		Contraception				P-value
		Birth Control Injection	IUD	Implant	Total	
Factors	Paritas	9	4	1	14	
	Age	9	2	1	12	
	Education	2	1	1	4	
Total		20	7	3	30	0,003

Table 4 presents the factors influencing the use of Contraception based on parity, age, and education. Among respondents categorized by parity, the majority used birth control injections, with 9 respondents, followed by IUD users with 4 respondents and implant users with 1 respondent, resulting in a total of 14 respondents. In the age factor group, most respondents also used birth control injections (9 respondents), while 2 respondents used IUDs and 1 respondent used implants, with a total of 12 respondents. Regarding education level, 2

respondents used birth control injections, 1 respondent used an IUD, and 1 respondent used an implant, resulting in a total of 4 respondents.

Overall, the most commonly used contraceptive method among respondents was birth control injection, with a total of 20 users, followed by IUDs used by 7 respondents and implants used by 3 respondents. The total number of respondents included in the analysis was 30. Statistical analysis using the Chi-square test showed a p-value of 0.003 ($p < 0.05$), indicating that parity, age, and education had a statistically significant influence on the use of Contraception.

The findings of this study indicate that parity, age, and education significantly influence the use of Contraception. The results demonstrate that birth control injections remain the most commonly used method among respondents. This pattern reflects the continued preference for short-term contraceptive methods in many Indonesian communities. According to BKKBN (2023), injectable contraception is favored due to its ease of use and perceived safety. Women often consider injections as less invasive compared to IUDs or implants. Cultural familiarity also contributes to this preference. Many women are introduced to injectable contraception early in their reproductive life. This early exposure shapes long-term contraceptive behavior. Despite the effectiveness of long-term methods, fear and misinformation persist. These fears influence women's contraceptive choices. Health beliefs strongly affect acceptance of contraception. Notoatmodjo (2022) emphasizes that behavior is closely linked to knowledge and perception. Limited understanding of Contraception leads to low utilization. Therefore, the dominance of injectable contraception reflects knowledge gaps. Addressing these gaps is essential. Health education must focus on correcting misconceptions. Improved understanding can shift preferences toward long-term methods. This finding aligns with national family planning challenges. Increasing long-term contraceptive use remains a priority.

Parity was shown to have a significant relationship with contraceptive choice. The majority of respondents in the parity group used injectable contraception rather than long-term methods. This finding suggests that even women with higher parity may still prefer short-term contraception. According to Manuaba et al. (2021), parity influences reproductive intentions and contraceptive decisions. Women with multiple children often intend to limit births. However, fear of side effects may prevent them from choosing long-term methods. Injectable contraception is perceived as reversible and flexible. This perception provides a sense of control over fertility. In contrast, long-term methods are often associated with permanent effects. Misunderstanding about reversibility contributes to avoidance. Parity-related counseling is often insufficient. Health workers may not emphasize the suitability of long-term

methods for multiparous women. Walyani (2022) states that parity-based counseling improves contraceptive appropriateness. Without tailored counseling, women may continue using less effective methods. High parity increases the risk of maternal complications. Contraception can reduce these risks. However, risk awareness remains low. Education on maternal health risks is limited. Increasing parity awareness can improve acceptance. Parity should be emphasized in counseling sessions. This approach can improve contraceptive outcomes. Addressing parity-specific concerns is essential. Effective counseling must consider reproductive goals.

Age also showed a significant influence on contraceptive use. Most respondents across age groups continued to use injectable contraception. This indicates that age alone does not guarantee acceptance of long-term methods. According to Sulistyawati (2022), age influences readiness to adopt certain contraceptive methods. Older women are generally more receptive to Contraception. However, this study shows continued reliance on injections. This may be due to habit and comfort with familiar methods. Younger women often fear long-term consequences. Older women may fear procedural discomfort. These fears persist across age groups. Age-related misconceptions influence behavior. Health information is not always age-specific. Astuti (2023) emphasizes the importance of age-appropriate counseling. Without tailored approaches, counseling effectiveness is reduced. Older women may benefit from counseling on limiting births. Younger women require reassurance about reversibility. Failure to differentiate counseling strategies leads to uniform outcomes. Uniform counseling does not address individual needs. Age influences perception of risk and benefit. Understanding these perceptions is critical. Age-specific interventions are necessary. Tailored education can improve acceptance. Age remains a key determinant when combined with other factors.

Education level was also found to influence contraceptive choice. Respondents with higher education were more likely to consider Contraception. However, injectable contraception remained dominant even among educated women. This suggests that education alone is not sufficient. According to Notoatmodjo (2022), education improves knowledge but does not always change behavior. Behavioral change requires motivation and support. Educated women may still be influenced by social norms. Peer influence affects decision-making. Even well-informed women may follow community trends. Community norms often favor injections. Health communication strategies may not fully address educated women's concerns. Educated women may seek detailed explanations. If explanations are insufficient, hesitation remains. Education level affects information processing. Higher education improves critical thinking. However, emotional factors still play a role. Fear and anxiety influence decisions. Fitriani and Lestari (2023) note that education interacts with psychosocial factors.

Therefore, education must be combined with effective counseling. Information alone is not enough. Emotional reassurance is needed. Trust in health providers is crucial. Strengthening provider communication skills is essential.

The dominance of injectable contraception reflects systemic issues in family planning services. Availability and accessibility influence method choice. Injectable contraception is widely available at primary health centers. Long-term methods require trained providers. Limited provider availability restricts access. According to Kemenkes RI (2022), provider capacity affects contraceptive distribution. Facilities may lack trained personnel for IUD or implant insertion. This limitation discourages women from choosing long-term methods. Service readiness affects utilization. Women prefer methods that are easily accessible. Convenience plays a significant role. Time constraints also influence choice. Injectable methods require minimal time. Long-term methods may require longer visits. These practical considerations influence behavior. Health systems must improve service readiness. Training programs are essential. Improving access can increase utilization. Without system improvement, behavior change is limited. Structural barriers must be addressed. Service availability influences outcomes. Strengthening health systems is critical.

The significant p-value obtained from the Chi-square test confirms the relationship between the studied factors and contraceptive use. A p-value of 0.003 indicates strong statistical significance. This finding supports existing literature in Indonesia. According to Sari et al. (2023), socio-demographic factors significantly influence family planning behavior. Statistical significance highlights the importance of these variables. It provides evidence for targeted interventions. Evidence-based planning improves program effectiveness. Data-driven decisions are more reliable. Statistical results support theoretical frameworks. Green's behavioral theory emphasizes predisposing factors. Education, age, and parity are key predisposing factors. These factors shape attitudes and behavior. The findings align with this theory. Theory-based interpretation strengthens discussion. Research evidence supports practice. Translating evidence into action is essential. Program planners must use these findings. Evidence guides policy development. Statistical significance justifies intervention. Ignoring evidence reduces effectiveness.

The interaction between parity, age, and education further explains contraceptive behavior. These factors do not act independently. For example, older women often have higher parity. Higher parity combined with adequate education increases long-term method acceptance. However, if education is low, acceptance remains limited. According to Handayani (2022), combined factors shape reproductive behavior. Understanding interaction effects

improves intervention design. Single-factor interventions are insufficient. Integrated approaches are required. Counseling should address multiple factors simultaneously. Holistic counseling improves outcomes. Assessing all factors during counseling is important. Individualized assessment supports better recommendations. Health workers must be trained to assess interactions. Without proper assessment, recommendations may be inappropriate. Inappropriate recommendations reduce acceptance. Integrated strategies are more effective. Multi-factor approaches improve satisfaction. Satisfaction improves continuation rates. Understanding interactions enhances effectiveness. Comprehensive approaches are necessary.

Cultural beliefs also influence contraceptive choice. Cultural norms may discourage Contraception. Myths about IUDs and implants persist. These myths are deeply rooted. According to Nursalam (2021), cultural beliefs influence health behavior. Cultural resistance affects educated and uneducated women. Parity and age do not eliminate cultural influence. Community opinions strongly affect decisions. Family members often influence women's choices. Partner approval is significant. Without partner support, women hesitate. Counseling often excludes partners. Including partners may improve acceptance. Community-based education can address myths. Community leaders can support programs. Cultural sensitivity is essential. Ignoring culture reduces effectiveness. Interventions must respect local values. Culturally appropriate education is needed. Addressing culture improves outcomes.

Health worker communication plays a critical role. Effective communication builds trust. Trust influences acceptance of recommendations. According to Kemenkes RI (2023), provider-client interaction affects contraceptive choice. Poor communication leads to misunderstanding. Misunderstanding increases fear. Fear reduces acceptance. Health workers must provide clear explanations. Use of simple language is important. Visual aids can improve understanding. Counseling should be interactive. Interactive counseling encourages questions. Questions clarify doubts. Clarification reduces fear. Training health workers is essential. Communication skills must be improved. Skilled providers increase confidence. Confidence leads to acceptance. Provider competence affects outcomes. Strengthening human resources is critical.

The preference for injectable contraception highlights the need for program evaluation. Family planning programs must assess effectiveness. Low long-term method utilization indicates gaps. According to BKKBN (2023), program performance requires improvement. Monitoring and evaluation are necessary. Evaluation identifies weaknesses. Weaknesses can be addressed through intervention. Continuous improvement is essential. Program adaptation improves relevance. Programs must respond to community needs. Static programs are

ineffective. Flexibility improves outcomes. Data should guide adaptation. Research findings inform adaptation. Using research evidence strengthens programs. Evidence-based adaptation improves success. Continuous evaluation ensures sustainability. Sustainability is crucial for long-term impact. Family planning goals require sustained effort.

Education interventions must be strengthened. Health education should target misconceptions. Simple and clear messages are needed. According to Notoatmodjo (2022), effective education changes behavior. Education must be continuous. One-time sessions are insufficient. Repetition reinforces learning. Education should use multiple media. Multimedia approaches increase reach. Community sessions can improve coverage. Education should involve families. Family involvement increases support. Support improves acceptance. Education must be culturally sensitive. Sensitivity increases acceptance. Tailored education improves relevance. Relevant education improves outcomes. Investing in education yields benefits. Education is cost-effective. Strengthening education is essential.

Parity-focused strategies should be developed. Women with high parity need specific counseling. Counseling should emphasize health risks. According to Manuaba et al. (2021), high parity increases maternal risk. Explaining risks increases motivation. Motivation influences behavior. Counseling should present long-term methods as protective. Protection appeals to mothers. Mothers prioritize health. Emphasizing child welfare is effective. Parity-based messaging improves relevance. Relevant messages improve acceptance. Counseling should respect preferences. Respect builds trust. Trust improves outcomes. Parity-focused approaches are recommended. Targeted strategies improve efficiency. Efficient strategies maximize impact. Parity must be considered in planning. Planning improves outcomes.

Age-based interventions are also necessary. Younger women require reassurance. Older women require information on limiting births. According to Astuti (2023), age-appropriate counseling increases effectiveness. Youth-friendly services are essential. Non-judgmental approaches are needed. Judgment discourages participation. Older women may prefer privacy. Privacy increases comfort. Comfort increases acceptance. Age-specific materials improve understanding. Materials should match literacy levels. Literacy affects comprehension. Comprehension influences decisions. Age-based segmentation improves targeting. Targeted interventions are more effective. Effectiveness improves utilization. Age-specific strategies are essential. Ignoring age reduces impact. Tailored approaches are required.

The findings of this study contribute to existing literature. They support previous Indonesian studies. Consistency strengthens evidence. According to Sari et al. (2023), consistent findings validate conclusions. Validation increases confidence. Confidence supports

policy change. Policy change improves programs. Research informs policy. Policy guides practice. Practice affects outcomes. Outcomes reflect program success. Contribution to literature is important. Local studies add context. Context improves understanding. Understanding improves intervention. Intervention improves utilization. Utilization improves health. Health improvement benefits society. Research impact extends beyond academia. Evidence supports action.

Despite its contributions, this study has limitations. The sample size was relatively small. Small samples limit generalization. However, local relevance remains high. According to Handayani (2022), small studies provide valuable insights. Contextual findings inform local programs. Local evidence supports local action. Action improves local outcomes. Further studies are recommended. Larger samples can strengthen evidence. Multicenter studies increase generalizability. Mixed-methods approaches provide deeper understanding. Qualitative data can explore perceptions. Understanding perceptions improves interventions. Future research should explore barriers. Identifying barriers supports solutions. Solutions improve utilization. Continuous research is needed. Research supports improvement.

In conclusion, the discussion highlights the complex influence of parity, age, and education on contraceptive use. Injectable contraception remains dominant despite availability of long-term methods. Misconceptions, cultural beliefs, and system barriers contribute. Education, parity, and age interact to shape behavior. Statistical significance confirms their influence. Addressing these factors requires integrated strategies. Health education, counseling, and system improvement are essential. Provider capacity must be strengthened. Cultural sensitivity is required. Partner involvement should be encouraged. Evidence-based interventions improve outcomes. Research supports program development. Policy alignment enhances success. Sustainable efforts are necessary. Long-term commitment yields impact. Improving long-term contraceptive use supports maternal health. Maternal health supports family well-being. Family well-being supports national development. This discussion underscores the importance of comprehensive family planning strategies.

4. CONCLUSION

The results of this study indicate that parity, age, and education are significant factors influencing the use of Contraception. Statistical analysis using the Chi-square test showed a p-value of 0.003, indicating a meaningful association between these factors and contraceptive choice. This finding confirms that socio-demographic characteristics play an important role in determining contraceptive behavior among women of reproductive age. The study provides

empirical evidence that individual characteristics cannot be ignored in family planning services. Understanding these factors is essential for improving the effectiveness of long-term contraceptive programs.

The findings reveal that injectable contraception remains the most commonly used method among respondents, despite the availability and effectiveness of long-term contraceptive methods. This preference reflects persistent misconceptions, fear of side effects, and comfort with familiar methods. Even among women with higher parity, older age, and higher education, short-term methods continue to dominate. This indicates that knowledge alone is insufficient to change behavior. Comprehensive counseling and emotional reassurance are necessary to support informed decision-making.

Parity was found to influence contraceptive choice, with higher-parity women showing a tendency to continue using injectable contraception rather than switching to long-term methods. This suggests that reproductive goals and perceived risks play a role in decision-making. Women with higher parity often intend to limit childbirth, yet lack adequate understanding of the benefits of Contraception. Tailored counseling that emphasizes maternal health risks and the advantages of long-term methods is therefore required. Addressing parity-specific concerns can improve acceptance and utilization.

Age also contributes significantly to contraceptive behavior, as women in different age groups demonstrate varying levels of readiness to use Contraception. Younger women tend to prioritize fertility preservation, while older women focus on limiting births. However, without age-appropriate counseling, these differences are not adequately addressed. The study highlights the importance of age-specific education and counseling strategies. Such approaches can reduce fear, correct misconceptions, and improve contraceptive suitability.

In conclusion, increasing the use of Contraception requires integrated and targeted interventions that consider education, parity, and age simultaneously. Strengthening health education, improving counseling quality, and enhancing provider capacity are critical steps. Family planning programs should adopt individualized, culturally sensitive approaches to improve acceptance of long-term methods. Continued research and program evaluation are needed to ensure sustainability. By addressing these influencing factors, Contraception utilization can be increased to support maternal health and family well-being.

REFERENCES

Astuti, D. (2023). Kesehatan reproduksi dan pelayanan keluarga berencana. Yogyakarta: Pustaka Baru Press.

Badan Kependudukan dan Keluarga Berencana Nasional. (2023). Profil keluarga berencana Indonesia. Jakarta: BKKBN.

Fitriani, A., & Lestari, R. (2023). Faktor sosial demografi yang memengaruhi pemilihan metode kontrasepsi pada wanita usia subur. Jurnal Kesehatan Masyarakat Indonesia, 18(2), 85-94.

Handayani, S. (2022). Metodologi penelitian kebidanan dan kesehatan. Jakarta: Salemba Medika.

Kementerian Kesehatan Republik Indonesia. (2022). Pedoman pelayanan keluarga berencana. Jakarta: Kemenkes RI.

Kementerian Kesehatan Republik Indonesia. (2023). Buku ajar kesehatan ibu dan anak. Jakarta: Kemenkes RI.

Manuaba, I. B. G., Manuaba, I. A. C., & Manuaba, I. B. G. F. (2021). Ilmu kebidanan, penyakit kandungan, dan KB. Jakarta: EGC.

Notoatmodjo, S. (2022). Promosi kesehatan dan perilaku kesehatan. Jakarta: Rineka Cipta.

Nursalam. (2021). Konsep dan penerapan metodologi penelitian ilmu keperawatan. Jakarta: Salemba Medika.

Pratiwi, N. L. (2023). Faktor yang berhubungan dengan pemilihan kontrasepsi jangka panjang pada wanita usia subur. Jurnal Kesehatan Reproduksi, 14(2), 101-109.

Rukiyah, A. Y., & Yulianti, L. (2021). Asuhan kebidanan pada wanita usia subur. Jakarta: Trans Info Media.

Sari, D. P., Rahmawati, I., & Utami, T. (2023). Determinan penggunaan kontrasepsi jangka panjang pada pasangan usia subur. Jurnal Kebidanan Indonesia, 14(1), 33-41.

Sulistyawati, A. (2022). Asuhan kebidanan pada kesehatan reproduksi wanita. Jakarta: Salemba Medika.

Walyani, E. S. (2022). Asuhan kebidanan keluarga berencana. Yogyakarta: Pustaka Baru Press.

Yulifah, R., & Yuswanto, T. J. A. (2021). Asuhan kebidanan komunitas. Jakarta: Salemba Medika.