

The Relationship Between Service Readiness and Injection Contraceptive Acceptor Motivation in Compliance with Revisits at the Beginning of the COVID-19 Pandemic

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Abstract: The COVID-19 pandemic has impacted the continuity of health services, especially contraceptive service facilities. The purpose of this study was to examine the relationship between service readiness and injection contraceptive acceptor motivation in compliance with revisits at the beginning of the COVID-19 pandemic. This was an observational analytical study with a cross sectional design. The results of the study found that of the 82 respondents in five contraceptive service facilities, as many as 61 (74.4%) respondents said contraceptive service facilities were prepared in providing contraceptive services, as many as 71 (86.6%) respondents had high motivation, and as many as 72 (87.8%) respondents were compliant in revisiting in the early days of the COVID-19 pandemic. In conclusion, there was a relationship between preparedness of services in providing injectable contraceptive services and high motivation to re-inject according to a predetermined schedule.


1 INTRODUCTION


The increasing population is one of the global problems that have arisen throughout the world. A large population that is unaccompanied by adequate quality will have an impact on development, causing difficulties for the government in increasing economic growth and national development. The Central Bureau of Statistics found that one problem that occurs in Indonesia is the relatively high population growth. The results of the 2020 population census found that the total population in Indonesia was 270.20 million people. This number has increased by 32.56 million compared to the results of the 2010 population census with a population growth rate of 1.25%. The growth rate is determined by birth and death. However, with improvements in health services, the number of deaths decreased, while the number of births increased, causing a population explosion.


According to the World Health Organization, the contraceptive use has increased, especially in Asia,

from 60.9% to 61.6%. High population growth will hamper the development pace, meaning efforts to reduce the number of births need to be increased. The government has carried out several programs, one of which is the family planning (KB) program. The population and family planning agency (BKKBN) seeks to reduce the rate of population growth with family planning methods or the use of contraceptives. Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which causes inflammation of the pulmonary organs. COVID-19 transmission occurs through contact with droplets in the respiratory tract of sufferers. COVID-19 symptoms vary, but include runny nose, cough, sore throat, headache, muscle aches, loss of sense of smell, and so on (Huang et al., 2020).

The International Professional Practices Framework (IPPF) found that during the COVID-19 pandemic, health service activities were not optimal. The COVID-19 pandemic has also impacted family planning services. This happened due to limited

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supplies of birth control equipment as all health service resources were concentrated on supporting the handling of COVID-19 (Nanda et al., 2020).

In addition, health services, especially family planning services during the COVID-19 pandemic, experienced obstacles due to limited access for the community, especially among couples of childbearing age (PUS) to health facilities. This was done to reduce the spread of the COVID-19 virus. The addition of new COVID-19 cases showed a tendency for cases to increase from time to time. An increase in transmission occurred among health workers, even leading to death. The COVID-19 pandemic that occurred also caused several other impacts, such as limited access to health services, decreased group activities, and decreased operational mechanisms in the health line which might affect service readiness and family planning membership (Munawar, 2020).

Injectable contraception is a method of contraception to prevent pregnancy by injecting KB acceptors. The factors that influence the lack of adherence to injectable contraception are the mothers' level of knowledge, attitude, husband's support, and other supporting factors. Positive attitudes about family planning, for example, good knowledge, will result in acceptor compliance in undergoing injection-based family planning programs. Family planning services must be improved to achieve the goal of a healthy, prosperous family. The COVID-19 pandemic in Indonesia has had an impact on health, especially women's reproductive health services. Reproductive health services cannot be postponed, including services for pregnant women, childbirth, postpartum, infants, as well as family planning services. At the beginning of the pandemic, most acceptors experienced changes in reproductive health examinations (Mandira et al., 2020).

The pandemic conditions demanded comprehensive efforts in case management and efforts to break the chain of transmission. Judging from the escalation of cases and the expansion of affected areas, the government issued Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions (PSBB) in the framework of accelerating the handling of COVID-19 and Presidential Decree Number 11 of 2020 concerning Establishing a Public Health Emergency for COVID-19.

The focus of handling the COVID-19 pandemic is efforts to break the chain of transmission by empowering the community to voluntarily and obediently carry out government recommendations such as wearing masks, washing hands diligently with soap and running water, staying at home, and social

distancing if you need to leave the house. Limited access to health facilities and family planning service providers who do not have the necessary facilities to prevent COVID-19 transmission has had an impact on family planning services (Suprayitno et al., 2020).

Research by Natalia (2014) on the Relationship between Knowledge and Compliance of Mothers Using Contraceptive Injections Depo Medroxy Progesterone Acetate (DMPA) in the Work Area of the Ranotana Weru Health Center, Kec. Wanea Manado found that the higher or better a person's knowledge, the better their compliance in making visits. This research was conducted on DMPA injectable contraception users. As much as 70% of respondents (42 respondents) were in the good knowledge category and 30% (18 respondents) in the lesser knowledge category. As for compliance with repeat visits by respondents using the DMPA injection contraception, 61.7% (37 respondents) were in the compliant category, and 38.3% (23 respondents) were in the non-compliant category. The study found that there was a relationship between knowledge and mothers' adherence in using the DMPA injection contraception ($p = 0.000 < 0.05$).

This is in line with research conducted by Noriani (2019) concerning the Relationship between Knowledge and Motivation of 3-Month Injecting KB Acceptors and Compliance with Repeat Visits at BPM Koriawati. Based on the results of the study, it was found that out of 19 respondents, 52.6% (10 respondents) had high motivation, 63.2% (12 respondents) had high knowledge, and 63.2% (12 respondents) had compliance in making repeat visits. The study found that there was a relationship between knowledge about the use of three-month family planning injection contraception and increased awareness to carry out re-injections according to a predetermined schedule (Natalia et al., 2014).

Repeat visits by family planning participants (old acceptors) and/or visits by new participants (new acceptors) are efforts to obtain contraceptive services aimed at preventing pregnancy. The use of contraception is not only for couples of reproductive age (PUS) who plan to space births, but also for those who intend to delay pregnancy and/or end pregnancy or fertility. Visits by old acceptors or new acceptors require leaving the house and meeting with health workers to get contraceptive services. Meanwhile, the spread of the virus, which was very fast and difficult to detect, caused many couples who wished to have family planning to delay going to health facilities in fear of contracting COVID-19. The technical instructions from primary healthcare center services during the COVID-19 pandemic towards couples of

reproductive age consisted of 1) family planning services at primary healthcare centers can be provided by appointment to acceptors who have complaints, IUD/implant acceptors that have expired, or injection acceptors who arrive on schedule; 2) family planning services for IUD/implant/injection acceptors that cannot be controlled by health workers are carried out in coordination with PLKB and cadres to ask for help in giving condoms; 3) family planning services for birth control pill acceptors are carried out in coordination with birth control clinicians and cadres to ask for assistance in administering birth control pills; 4) provision of communication, information, and educational materials (IEC) as well as counseling related to reproductive health and family planning can be carried out using online media or telephone consultations; 5) all couples were encouraged to postpone pregnancy while continuing to use contraception in the COVID-19 pandemic by increasing the delivery of information/IEC to the public. The issuance of these technical guidelines caused discomfort in the community because it required an adaptation and acceptance stage. Basically, individuals needed time to adapt until they reached the acceptance stage, and then there was a change in behavior by complying with existing rules, especially in family planning services (RI, 2020).

The pandemic, as is currently happening, has had several effects, especially on the family planning program, namely 1) a decrease in family planning participants due to limited access to services and pattern changes; 2) a decrease in activity in activity groups (BKB, BKR, BKL, PIK -R, and UPPKS); and 3) reduction of rational operating mechanisms in field lines including KB Village (BKKBN, 2020). Ultimately, this will affect family planning services and membership.

Based on a preliminary survey conducted in Bali Sadhar Utara, Kec. Banjit, Kab. Way Kanan, Lampung, Indonesia obtained information that contraceptive service visits by acceptors had decreased at the start of the COVID-19 pandemic. Based on this background, this study intended to conduct research on "The Relationship Between Service Readiness and Injection Contraceptive Acceptor Motivation in Compliance with Revisits at the Beginning of the COVID-19 Pandemic".

Based on the background, the formulation of the problem in this study can be summarized as "what is the relationship between service readiness and injection contraceptive acceptor motivation in compliance with revisits at the beginning of the COVID-19 pandemic?". The purpose of this study was to determine the relationship between service

readiness and injection contraceptive acceptor motivation in compliance with revisits at the beginning of the COVID-19 pandemic.

2 MATERIAL AND METHOD

This study was conducted using the correlation analysis method to determine repeat visits by injection contraceptive acceptors at the beginning of the COVID-19 pandemic. The research was conducted in North Bali Sadhar, Kec. Banjit, Kab. Way Kanan, Lampung, Indonesia from March to April 2020. The population in this study were injection family planning acceptors who made repeat visits. The sample in this study consisted of 82 women who revisited for injectable contraceptives from March to April 2022, selected using total sampling.

The data were collected by distributing questionnaires to injection family planning acceptors who made repeat visits to five healthcare facilities. Data were collected using a questionnaire packaged on Google Forms and distributed via WhatsApp (WA). Respondents filled out questions or statements and then submitted. Data in the form of responses to the Google Form were processed using frequency distribution, and then analyzed quantitatively using tables. The data were analyzed using the Chi-square test.

3 STATISTICS

Statistical analysis was performed using SPSS Statistics for Windows (Version 23, IBM enterprise). The independent variable in this study was service readiness in the early days of the COVID-19 pandemic, while the dependent variable in this study was the motivation of injection contraceptive acceptors in complying with repeat visits. The data analysis used in this study was the Chi-square test. The Chi-square alternative test stated that if the expectation value was below 5, it was more than 20%. A p-value of less than 0.05 was considered significant.

4 RESULTS

Based on research conducted at five PMB Bali Sadhar Utara in March to April 2020 involving 82 respondents regarding the relationship between

service readiness and injection contraceptive acceptor motivation in compliance with revisit at the beginning of the COVID-19 pandemic, the results are presented in the following table:

Table 1: Respondents' Characteristics.

Characteristics	Frequency	Percent
Age		
< 20 years	4	4.89
20 – 35 years	55	67.07
> 35 years	23	28.04
Educational Level		
Basic Education	8	9.75
Secondary Education	64	78.04
Tertiary Education	10	12.21
Parity		
Primiparas	66	80.48
Multiparas	14	17.07
Grande Multiparas	2	2.45
Total	82	100

Table 1 shows that respondents were mostly 20-35 years old, with 55 in this age range (67.07%), 23 aged over 35 years (28.04%), and four aged below 20 years (4.89%). In the table of educational characteristics, most of the respondents went through secondary education, amounting to 64 (78.04%) respondents, while 10 had undergone tertiary education (12.21%), and eight had completed basic education (9.75%). Meanwhile, in terms of parity, 66 respondents were primiparas (80.48%), 14 multiparas (17.07%), and two grande multiparas (2.45%).

Table 2: Service Readiness in the Early Period of the COVID-19 Pandemic.

Service Readiness	Frequency	Percent
Ready	61	74.4
Not Ready	21	25.6
Total	82	100

In Table 2, it was found that service readiness during the early days of the COVID-19 pandemic was mostly in the ready category with 61 respondents (74.4%), while the remaining 21 (25.6%) were not ready.

Table 3: Injection Contraceptive Acceptor Motivation.

Acceptor Motivation	Frequency	Percent
High	71	86.6
Low	11	13.4
Total	82	100

In Table 3, it was found that injection contraceptive acceptors were mostly highly motivated with as many as 71 reports (86.6%), while the remaining 11 had low motivation (13.4%).

Table 4: Visit Compliance.

Visit Compliance	Frequency	Percent
Compliant	72	87.8
Not Compliant	10	12.2
Total	82	100

Table 4 shows that the compliant proportion in conducting visits amounted to 72 respondents (87.8%), while 10 did not comply (12.2%).

Table 5: Visit Compliance*Acceptor Motivation Crosstabulation.

			Acceptor Motivation		Total
			High	Low	
Visit Compliance	Compliant	Count	71	1	72
		% within Compliant	98.6%	1.4%	100%
	Not Compliant	Count	0	10	10
		% within Not Compliant	0.0%	100%	100%
Total		Count	71	11	82
		% within Visit Compliance	86.6%	13.4%	100%

Table 5 shows the distribution of repeat visit adherence against respondent motivation. From the research results, it was found that 98.6% of respondents who obeyed in making repeat visits had high motivation to do so, while respondents who were disobedient in making repeat visits had low motivation.

Table 6: Visit Compliance*Service Readiness Crosstabulation.

			Service Readiness		Total
			Ready	Not Ready	
Visit Compliance	Compliant	Count	61	11	72
		% within Compliant	84.7%	15.3%	100%
	Not Compliant	Count	0	10	10
		% within Not Compliant	0.0%	100%	100%
Total		Count	61	21	82
		% within Visit Compliance	74.4%	25.6%	100%

Table 6 shows the distribution of repeat visit adherence against service readiness. From the results of the study, it was found that 84.7% of contraceptive service facilities had good readiness to provide services at the start of the COVID-19 pandemic. Meanwhile, the remaining contraceptive service

facilities lacked preparedness in providing services at the start of the COVID-19 pandemic.

5 DISCUSSION

The study results are in accordance with the opinion of Nurjanah (2015), who stated that education is a process of the changing attitudes and behaviour of a person or group as well as efforts to mature humans through teaching and training; thus, the higher a person's level of education, the more knowledge is obtained. A person tends to apply their previous experience to solve the problems they face. The respondents' experiences cause them to have good analytical and synthesis skills. The better the analysis and synthesis abilities a person has, the better their level of knowledge (Nurjanah & Puspitaningrum, 2015).

Motivation that exists in a person is a person's personality that encourages the individual's desire to carry out certain activities in order to achieve their goals. Motivation refers to encouragement and effort to achieve a goal or satisfy one's life needs. A person's behaviour in complying with every recommendation from a health professional is influenced by several factors, including level of knowledge, educational level, socioeconomic factors, and culture. Besides that, health facilities, the physical environment, and intervention or support from health workers also support and strengthen the formation of one's behaviour (Suhartatik et al., 2022).

Based on the results of the study, there was a relationship between service readiness and injection contraceptive acceptors' motivation with adherence to repeat visits at the beginning of the COVID-19 pandemic. Service readiness and acceptor motivation greatly influenced the success of the family planning program. In addition, education and reproductive age were also very influential. The higher a person's education, the better their knowledge was; conversely the lower a person's education, the less knowledge they had.

The tables show that there is a relationship between service readiness and injection contraceptive acceptors' motivation with adherence to repeat visits at the beginning of the COVID-19 pandemic. This means that the more prepared contraceptive service facilities were, the higher a person's motivation was in complying with making repeat visits according to schedule at the start of the COVID-19 pandemic. Compliance was closely related to one's knowledge or cognition, which is a very important domain in the formation of one's motivation or actions. There are

three factors that influence behavioral change, namely predisposing factors, enabling factors, and reinforcing factors.

This study's results are in line with research conducted by Wulan (2022) regarding participation in the family planning program during the COVID-19 pandemic. The research found that most of the reproductive age couples in Bali during the COVID-19 pandemic used injectable contraceptives. Data obtained from January to April 2020 found that the non-MKJP method was the most widely used contraceptive method in Bali at the start of the COVID-19 pandemic. The non-MKJP method was chosen because the method was classified as practical.

This is in line with Bakri's (2019) research concerning "Factors Associated with the Selection of Contraceptive Methods in Women of Reproductive Age". Family planning acceptors who had good knowledge preferred the non-MKJP type of contraception method. This is because injection contraception is considered safer, more practical and has a high effectiveness of 99%. Apart from that, injection contraception also has another advantage, namely it does not affect milk production, hence, it is very good for breastfeeding mothers.

Another study was also conducted by Wulan (2022) regarding "Education of Family Planning Programs for Women of Reproductive Age as an Effort to Suppress Baby Booms during the COVID-19 Pandemic". This study found that most women of childbearing age had insufficient knowledge, with 10 people (1.4%) having sufficient knowledge and 715 having good knowledge (98.6%) about family planning programs for women of childbearing age. Providing education about family planning programs to women of childbearing age as an effort to suppress baby booms during the COVID-19 pandemic has had a significant effect on the level of knowledge of women of childbearing age.

Another study was done by Herowati in 2019 concerning the "Relationship Between Reproductive Ability, Child Ownership, Place of Residence, Education and Working Status in Married Women and Use of Hormonal Contraception". In this study, it was found that injectable contraception was more attractive to family planning acceptors because the method was considered the easiest. This method is done by injecting hormonal substances into the body, meaning that acceptors do not need to visit healthcare facilities repeatedly (Herowati & Sugiharto, 2019).

Education and socialization for couples of childbearing age (PUS) about the benefits and importance of the MKJP method, especially at the

start of the COVID-19 pandemic, needs to be improved. Health workers such as doctors and midwives who had been trained had an important role or significant influence in increasing knowledge and understanding of family planning acceptors regarding participation in MKJP contraception (Huang et al., 2020; Ramlan et al., 2020)

The decline can be attributed to many family planning service facilities closing at the start of the COVID-19 pandemic. During the COVID-19 pandemic, medical personnel were more focused on handling COVID-19 cases, while family planning services were not classified as emergencies. Research conducted by Lindberg (2020) found that access to health service facilities was very limited and many residents avoided looking for available service facilities because of fears that they would be contaminated with COVID-19. This is in line with research conducted by Benson (2020). This study found that one in three women (33%) reported that, because of the pandemic, they had to postpone or cancel visits to healthcare providers.

During the COVID-19 pandemic, the BKKBN has made various efforts to increase family planning membership. This effort came in the form of family planning extension workers/field officers assisting couples of reproductive age virtually by promoting family planning after childbirth and miscarriages to avoid forcing couples to return to healthcare facilities (Ramlan et al., 2020). In addition, these officers identified recovered COVID-19 patients, who were then given motivation and could be accepted in society. Other efforts made were the creation of vlogs and virtual-based media involving the millennial generation as an effort to increase family planning participation (Mandira et al., 2020).

Repeat visits by injection contraceptive acceptors at the start of the COVID-19 pandemic continued, but some anxiety occurred during the visits. Family planning repeat visits are determined by several things, including access to health workers or officers, as well as the contraceptive availability. The WHO declared COVID-19 a global health emergency. The Indonesian government has declared it as a non-natural national disaster. In facing the outbreak, the Large-Scale Social Restrictions (PSBB) policy was implemented to prevent COVID-19 transmission. This has had an impact on the continuity of health services in the community, including contraceptive and reproductive health services. Government policies have implemented social distancing, physical distancing, and working from home as efforts to prevent COVID-19 transmission. The COVID-19 pandemic has made it difficult for family planning

acceptors to receive family planning services (Amin et al., 2022).

Injection contraceptive services at the beginning of the COVID-19 period were hampered due to limited family planning equipment supplies as all health service resources were concentrated on supporting the handling of the pandemic. The lockdown measures taken globally in response to COVID-19 brought major disruptions to the contraceptive supply chain. Major contraceptive manufacturers in Asia have had to stop production or operate at reduced capacity. Personnel and funds for sexual and reproductive health services in various countries have been diverted to handling COVID-19. This causes women and girls to be unable to access contraception and other sexual and reproductive healthcare.

The provision of sexual and reproductive health services has also been affected by infection prevention measures, the use of personal protective equipment (PPE), and including access to health workers. Even though contraception is available and continues to be provided through clinics or pharmacies, the impact of COVID-19 on the lives of women and girls has limited access to contraceptive services. Quarantine measures and mobility restrictions will affect the ability of women and girls to seek contraceptive services.

Financial insecurity and additional parenting burdens caused by lockdown measures will be a further obstacle. If women, girls, and marginalized communities are unable to access contraceptive services in this crisis, there will be an increase in unwanted and forced pregnancies, an increase in sexually transmitted infections, including HIV, and ultimately, a sharp increase in unsafe abortions. The impact on the lives of women and girls now, and after this crisis, will be dire (Aly et al., 2020; Nanda et al., 2020).

Access to healthcare facilities is very limited and people are starting to avoid going to health facilities because of fears of contracting COVID-19. One in three women (33%) reported that due to the pandemic, they had to postpone or cancel visits to healthcare providers (Benson et al., 2020; Lindberg et al., 2020).

This condition has also occurred in DIY, where since the COVID-19 pandemic, the number of active family planning participants has decreased. The decrease in active family planning participants in March to April 2020 for the injection and pill contraceptive types amounted to 0.5 and 0.4 percent, respectively. The number of new family planning participants also showed a decline in March and April

2020, and there was a tendency to decrease in the number of new family planning participants in all districts/cities. More new family planning participants in DIY used non-MKJP contraception (58.91% in April 2020). Meanwhile, unmet needs for family planning tended to continue to increase, from 10.2% in January 2020 to around 10.36% in April 2020. The number of new family planning participants appeared to have decreased in March-April 2020 along with the increase in the number of positive COVID-19 cases in DIY (Witono & Parwodiwiyo, 2020).

The BKKBN estimated that the increase in the number of unplanned pregnancies during the COVID-19 pandemic reached 420 thousand. The results of a survey conducted by DKT Indonesia together with independent research institutions to measure the effect of the pandemic on contraceptive consumption patterns, especially the injection and pill contraceptive methods in the DKI Jakarta area and its surroundings, found that: (1) 26% of midwives said that the COVID-19 pandemic had an impact on their clinic income, while 56% of midwives stated that the pandemic had no impact on their clinical practice activities. (2) The number of family planning injection services in the majority of Independent Midwife Practices (PMB) has not changed. A small number of respondents who experienced a decline in injection services said that this was influenced by reduced consumer purchasing power, and because their acceptors were afraid to come to the clinic. (3) The pattern of demand for injecting contraceptive services decreased during the PSBB determination period, but has started to increase in the last one to two months. In general, there was no drastic change in method recommendation patterns. (4) Respondents felt that the pandemic has provided benefits for the pharmacy business, especially in the product segment to increase vitality and endurance. Meanwhile, 34% of respondents stated that there was a decline in sales during the PSBB period. (5) As many as 40% of respondents said contraception was one of the most sought-after items in pharmacies during the pandemic. (6) There was an increase in the frequency of sexual activity, especially in the younger age group. (7) It was necessary to anticipate a decrease in family planning participation due to reduced purchasing power, as well as distribution and service patterns that can reduce the risk of COVID-19 transmission, both for acceptors and for service providers, including pharmacists (Suprayitno et al., 2020).

In this pandemic, it is hoped that couples of childbearing ages, especially those with 4 Too (4T),

postpone their pregnancies first and health workers will continue to monitor them in using contraception. When facing the COVID-19 pandemic, midwife services, especially women's reproductive health services, were still being carried out by applying the principles of infection control prevention and physical distancing.

The family planning service guidelines state that the messages that must be conveyed to the community are: (1) Postpone pregnancy until the pandemic conditions are over. (2) Family planning acceptors should not come to health workers, except for those who have complaints, with the condition that they agree with the health officer first. (3) For acceptors of IUD/implant contraception that have expired, if it is not possible to come to the health worker, they can use condoms which can be obtained by contacting PLKB officers or cadres by phone. If unavailable, they can use traditional methods (periodic abstinence or interruption of intercourse). (4) For injection contraceptive acceptors, they are expected to come to the health worker according to schedule by making an appointment beforehand. If this is not possible, they can use condoms which can be obtained by contacting PLKB officers or cadres by phone. If unavailable, they can use traditional methods (periodic abstinence or interruption of intercourse). (5) For contraceptive pill users, it is hoped that they can contact PLKB officers, cadres, or health workers via telephone to get birth control pills. (6) Mothers who have given birth should immediately use birth control postpartum (KBPP). (7) Communication, information, and education (IEC) materials, as well as the implementation of counselling related to family planning can be obtained online or via telephone consultation.

6 CONCLUSION

In conclusion, there was a relationship between preparedness of services in providing injectable contraceptive services and high motivation to re-inject according to a predetermined schedule. Thus, the more prepared the contraceptive service facility in providing services and the higher acceptors of injectable contraceptives' motivation, the higher their compliance in revisiting. It is best to maximize in-depth socialization regarding family planning guidelines during the COVID-19 pandemic to encourage acceptors to follow the recommendations written in the family planning guidelines.

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