Indonesian Journal of Global Health Research
Volume 8 Number 2, April 2026
e-ISSN 2715-1972; p-ISSN 2714-9749
https://jurnal2.globalhealthsciencegroup.com/index.php/IJGHR

THE INFLUENCE OF EDUCATIONAL LEVEL, EMPLOYMENT STATUS, AND KNOWLEDGE ON ANXIETY AMONG FAMILY PLANNING ACCEPTORS

Yuniarty*, Bobby Indra Utama, Elly Usman
Universitas Andalas, Jl. Lingkar Universitas Andalas, Limau Manis, Pauh, Padang, Sumatera Barat 25175, Indonesia
*yuniartyyuyun82@gmail.com

ABSTRACT

Family planning is an effort to regulate the number and spacing of births through the use of contraception in order to achieve family welfare and control population growth. However, anxiety remains a barrier to contraceptive use, often related to fear of insertion procedures and potential side effects, which may increase the dropout rate among acceptors. Therefore, this study aimed to analyze the influence of educational level, employment status, and knowledge on anxiety levels among family planning acceptors. This study employed a quantitative design with a cross-sectional approach involving 100 family planning acceptors selected through purposive sampling. Respondents were recruited during scheduled Posyandu activities and selected based on inclusion and exclusion criteria. Data were collected using structured questionnaires administered through face-to-face guided interviews by the researchers. The data were analyzed using univariate, bivariate, and multivariate methods with ordinal logistic regression. The results showed that most respondents were aged 36–50 years (58.0%), had three children (38.0%), and used three-month injectable hormonal contraception (23.0%). The majority of respondents had a low educational level (84.0%), were unemployed (62.0%), possessed high knowledge levels (57.0%), and did not experience anxiety (48.0%). Bivariate analysis showed significant associations between employment status $p = 0.047$ and knowledge level $p = 0.025$ with anxiety levels, while educational level was not significantly associated with anxiety levels $p = 0.544$. Multivariate analysis indicated that knowledge was the most dominant factor OR = 3.27, followed by employment status OR = 2.86. In conclusion, employment status and knowledge were significantly associated with anxiety levels among family planning acceptors, whereas educational level was not. Health workers, including midwives, are expected to improve education regarding contraceptive methods by providing accurate and comprehensive information to reduce anxiety levels. Midwives should also involve family and social support systems and facilitate open communication regarding complaints during contraceptive use, enabling acceptors to manage anxiety more adaptively.

Keywords: educational level; employment status; family planning acceptors; knowledge

How to cite (in APA style)
Yuniarty, Y., Utama, B. I., & Usman, E. (2026). The The Influence of Educational Level, Employment Status, and Knowledge on Anxiety among Family Planning Acceptors. Indonesian Journal of Global Health Research, 8(2), 1273–1280. https://doi.org/10.37287/ijghr.v8i2.2073.

INTRODUCTION

Family Planning is an effort to regulate the number of children and pregnancy spacing through the use of contraception in order to achieve economic and social welfare for families and society through population planning and control (Purwati, 2025). The Family Planning Program is a government initiative aimed at reducing population growth and maternal mortality rates (Janani et al., 2024). The objective of the FP program is to improve maternal and child welfare and to create small, happy, and prosperous families through birth control and population growth management in Indonesia, resulting in a higher-quality population, better human resources, and improved family welfare (Yanti et al., 2023). The main reasons why women of reproductive age do not use contraception are anxiety about the method of use and fear of pain during insertion. Anxiety experienced by FP acceptors is also one of the factors causing discontinuation (drop-out) from contraceptive use (Purwati, 2024). Low public interest in using contraception, particularly implants, is often related to fear and anxiety during the insertion procedure (Widaryanti et al., 2020).

Many contraceptive acceptors, especially users of hormonal contraception, feel anxious about possible side effects such as weight gain, menstrual disorders, osteoporosis, and others (Noviayanti, 2017). Anxiety is also associated with the low use of long-term contraceptive methods, as most anxiety levels among women are caused by a lack of knowledge regarding contraceptive side effects, which ultimately influences acceptor behavior (Ratna et al., 2023). Therefore, this study aims to analyze the influence of educational level, employment status, and knowledge on anxiety among family planning acceptors.

METHOD

This study used a quantitative design with a cross-sectional approach conducted in the working area of Puskesmas Sungai Tarab II. A total of 100 family planning acceptors were selected through purposive sampling. Respondents were recruited during scheduled Posyandu activities and selected based on the inclusion and exclusion criteria. Data were collected using structured questionnaires administered through face-to-face guided interviews by the researchers. The collected data were then analyzed using univariate, bivariate, and multivariate methods with ordinal logistic regression. This study employed a quantitative method with an observational analytic design to examine the relationship between variables. A cross-sectional approach was used, with data collected at a single point in time during one data collection period. The study was conducted in the working area of Puskesmas Sungai Tarab II, Tanah Datar Regency, which includes three Nagari: Sungai Tarab, Simpuruik, and Padang Laweh, from November 2025 to February 2026. The population consisted of all active family planning acceptors in the working area of Puskesmas Sungai Tarab II, totaling 1,634 individuals. The sample size was calculated using the Isaac and Michael formula, resulting in a minimum sample of 91 respondents, with an additional 10% reserve (9 respondents), so the total sample size was 100 respondents.

Inclusion criteria were willingness to participate and being an active FP acceptor with complete data recorded in the 2024 report of Puskesmas Sungai Tarab II. Exclusion criteria included active FP acceptors diagnosed with psychiatric disorders and those who could not be contacted after three consecutive visits. The dependent variable was anxiety level among contraceptive acceptors, categorized as no anxiety, mild anxiety, and severe anxiety. Anxiety levels were measured using the Hamilton Anxiety Rating Scale (HARS), a validated and reliable instrument consisting of 14 questions with standardized scoring: 0 = no symptoms, 1 = mild (one symptom present), 2 = moderate (half of the symptoms present), 3 = severe (more than half of the symptoms present), and 4 = very severe (all symptoms present). The independent variables were educational level, employment status, and knowledge. Statistical analysis was performed using ordinal logistic regression. Data were analyzed through univariate, bivariate, and multivariate methods.

RESULT

Table 1.
Respondent characteristics (n= 100)

Respondent Characteristics	f	%
Age		
17-22	1	1,0
22-35	39	39,0
36-50	58	58,0
>50	2	2,0
Children		
1	10	10,0
2	36	36,0
3	38	38,0
4	13	13,0
5	2	2,0
6	1	1,0

Respondent Characteristics	f	%
Type of Contraceptive Method		
Hormonal		
Implant	9	9,0
Combined Oral Contraceptive Pill	8	8,0
Progestin-Only Pill	6	6,0
1-Month Injectable Contraceptive	17	17,0
3-Month Injectable Contraceptive Total KB Hormonal	23	23,0
Non Hormonal	63	63,0
Intrauterine Device (IUD)		
Condom	15	15,0
Tubectomy	9	9,0
Total KB Non Hormonal	13	13,0
	37	37,0

Based on Table 1 shows the demographic characteristics of the respondents. Of the total 100 respondents, the majority were in the 36–50 years age group (58.0%). Based on the number of children, most respondents had three children, totaling 38 respondents (38.0%). Based on the type of contraception used, the majority were users of hormonal contraception, totaling 63 respondents (63.0%).

Table 2.
Frequency Distribution of Educational Level, Employment Status, Knowledge, and Anxiety among Family Planning Acceptors (n= 100)

Variabel	f	%
Educational		
Low Educational Level	84	84,0
High Educational Level	16	16,0
Employment		
Unemployed	62	62,0
Employed	38	38,0
Knowledge		
Low	43	43,0
High	57	57,0
Anxiety among		
No Anxiety	48	48,0
Mild Anxiety	29	29,0
Severe Anxiety	23	23,0

Table 3.
The Relationship between Educational Level, Employment Status, and Knowledge with Anxiety Levels among Family Planning Acceptors (n= 100)

Variabel	Level Anxiety						Total		*p-value*
	No Anxiety		Mild Anxiety		Severe Anxiety				
	f	%	f	%	f	%	f	%	
Educational									
Low Educational Level	39	46,4	24	28.6	21	25.0	84	100.0	0,544
High Educational Level	9	56,2	5	31.2	2	12.5	16	100.0	
Employment									
Unemployed	24	38,7	20	32.3	18	29.0	62	100.0	0,047
Employed	24	63,2	9	23.7	5	13.2	38	100.0	
Knowledge									
Low	15	34,9	13	30.2	15	34.9	43	100.0	0,025
High	33	57,9	16	28.1	8	14.0	57	100.0	
Frequency	48	48,0	29	29.0	23	23.0	100	100.0	

Table 2. shows that for the educational level variable, out of a total of 100 respondents, the majority had a low level of education, totaling 84 respondents (84.0%). For the employment status variable, most respondents were unemployed, totaling 62 respondents (62.0%). Regarding the knowledge

level variable, 57 respondents (57.0%) had a high level of knowledge. Based on anxiety level, 48 respondents (48.0%) were categorized as having no anxiety.

Based on table 3, it can be concluded that the variables most strongly associated with anxiety levels among family planning acceptors were knowledge level and employment status. Respondents with higher knowledge levels and those who were employed tended to have lower anxiety levels compared to those with lower knowledge levels and those who were unemployed. This was evidenced by the p-value for knowledge $p = 0.025$ and employment status $p = 0.047$ ($p < 0.05$), indicating significant associations. Meanwhile, educational level did not show a significant relationship with anxiety levels, with a $p = 0.544$ ($p > 0.05$). Therefore, knowledge and employment status were more influential factors affecting anxiety levels among acceptors than educational level.

Table 4.
Ordinal Logistic Regression Evaluating Employment Status and Knowledge Associated with Anxiety Levels among Family Planning Acceptors

No	Variabel Independent	Category	Category 1 (Reference)	aOR (Exp (B))	95% CI	P-value
1	Employment	High	Employed	2,86	1,20-6,83	0,018
2	Knowledge	Low	High	3,27	1,44–7,39	0,004

The Goodness-of-Fit results showed that the model fit the data well (Pearson $\chi^2 = 32.268$, df = 26, $p = 0.184$; Deviance $\chi^2 = 34.335$, df = 26, $p = 0.127$). The proportional odds assumption test using the Test of Parallel Lines yielded $p = 0.593$, indicating that the assumption of equal slopes across dependent variable categories was met. The model explained approximately 25–28% of the variation in anxiety levels among family planning (FP) acceptors (Nagelkerke $R^2 = 0.279$).
Based on Table 4. presents the results of the multivariate ordinal logistic regression analysis. Family planning acceptors who were unemployed had a 2.86 times greater likelihood of experiencing higher anxiety levels compared to those who were employed $p = 0.018$. Acceptors with low knowledge had a 3.27 times greater likelihood of experiencing anxiety compared to those with high knowledge levels $p = 0.004$. This model met the proportional odds assumption, showed a good fit with the data, and explained approximately 25–28% of the variation in anxiety levels. Therefore, it can be used to assess multivariate risk factors in this population of family planning acceptors.

DISCUSSION

Univariate Analysis of Educational Level

Based on statistical analysis, the majority of respondents had a low educational level 84.0%. Educational level is an important demographic factor that shapes cognitive ability, information comprehension, and health-related decision-making. Previous studies have reported that low educational attainment remains common among women of reproductive age, particularly in areas with limited access to education, which may affect their understanding of health information (Sari, & Wulandari, 2021). However, low formal education does not necessarily indicate poor health literacy, as individuals may still acquire knowledge through health education, counseling, and media exposure.

This finding is consistent with prior studies indicating that most family planning acceptors in primary healthcare settings have low educational levels, especially among homemakers (Putri & Handayani, 2022); (Wahyuni, Sari, & Utami, 2024). Despite this, access to health information is increasingly supported by non-formal sources, and the World Health Organization emphasizes that health literacy can be improved through tailored educational approaches (WHO, 2023). Therefore, although most respondents had low educational levels, this reflects the demographic characteristics of the study population. Importantly, educational level was not directly associated with psychological conditions such as anxiety, which are influenced by multiple factors, including personal experience, socioeconomic status, family support, and health conditions.

Employment Status

Based on this study, the majority of respondents were not employed outside the home 62.0%. Employment is closely related to income, which in turn influences contraceptive use. Socioeconomic status affects the type of contraception chosen, as families with stable or higher income are more likely to participate in family planning programs compared to those with limited financial resources (Lestaluhu, 2023). Employment plays an important role in determining an individual's quality of life, as through employment individuals can obtain health-related information that encourages the development of preventive health behaviors. Work demands may also increase motivation to regulate the number and spacing of births by considering the child dependency burden. In addition, family planning acceptors with higher income levels tend to perceive family planning programs as an effort to achieve a small, happy, and prosperous family (Ikrawati, Rohmawati, & Wulandari, 2026).

Knowledge

Based on the findings of this study, the majority of respondents had a high level of knowledge 57.0%. Knowledge serves as a foundation for couples of reproductive age in understanding the importance of birth spacing, the ideal number of children, and reproductive health in achieving family well-being Zulfitriani et al. (2021). In addition, knowledge plays an important role in shaping individual attitudes and behaviors, as a good level of knowledge can encourage individuals to think rationally and make appropriate decisions (Yuniarti, Rusmilawaty, Megawati, & Kirana, 2025). Respondents' knowledge was also associated with access to information obtained through mass media and the internet. Limited access to contraceptive information and inadequate health education may contribute to insufficient knowledge. Effective counseling is essential to provide clear and accurate information regarding contraceptive methods, including their benefits, mechanisms, and possible side effects. Without adequate counseling, women may rely on limited or unreliable sources of information, which can increase anxiety about becoming family planning acceptors. In contrast, higher knowledge levels may reduce anxiety because acceptors better understand the functions, benefits, and effects of contraceptive methods (Yuniarti & Kirana, 2025)

Stress Level

Based on the findings of this study, most respondents in the working area of Puskesmas Sungai Tarab II did not experience anxiety 48.0%, although some respondents reported mild anxiety 29.0% and severe anxiety 23.0%. These findings indicate that anxiety remains a relatively common psychological condition among family planning acceptors despite the availability and utilization of contraceptive services. Anxiety among acceptors may arise due to uncertainty regarding contraceptive side effects, menstrual changes, concerns about reproductive health, and information obtained from the social environment. Previous studies have shown that acceptors may experience mood changes and anxiety, particularly during the early phase of contraceptive use or when experiencing side effects such as menstrual disturbances and weight changes (Norfitri, 2022). Mild anxiety is generally characterized by manageable feelings of worry and tension, whereas severe anxiety reflects a more serious psychological condition that may interfere with comfort and continuation of contraceptive use. This finding is also consistent with Stuart's theory, which states that anxiety commonly occurs in individuals experiencing changes in bodily function and health conditions, particularly among women of reproductive age (Stuart, 2021). Anxiety among contraceptive users in primary healthcare settings is influenced by psychosocial factors and inadequate understanding of contraceptive methods. Therefore, psychological aspects should receive greater attention in contraceptive counseling and services.

Hormonal contraceptive use has theoretically been associated with mood changes because estrogen and progesterone may affect the nervous system involved in emotional regulation (Cing & Annisa, 2022). However, in this study, severe anxiety was only found in 23% of respondents, while nearly half reported no anxiety. These findings suggest that hormonal contraceptive use does not necessarily lead to severe anxiety in all individuals. Emotional responses may vary depending on

psychological condition, adaptive capacity, and support from family and the social environment. Furthermore, hormonal factors were not directly measured in this study; therefore, anxiety cannot be attributed solely to hormonal influences. Overall, anxiety among acceptors should be understood as the result of multiple interacting factors rather than contraceptive use alone.

The Relationship between Educational Level and Anxiety among Family Planning Acceptors

This study found that many respondents with a low educational level also did not experience anxiety 46.4%. Statistical analysis using the Chi-square test showed a p-value of 0.544, indicating no significant relationship between educational level and anxiety among family planning acceptors in the working area of Puskesmas Sungai Tarab II. These findings suggest that formal education does not directly influence anxiety levels among acceptors. Higher educational attainment does not necessarily ensure specific understanding of contraception and its effects; therefore, anxiety may still occur. In addition, anxiety is more strongly influenced by psychological and social factors, such as family support, personal experiences, and perceptions of contraceptive side effects. This finding is consistent with previous studies reporting that although education contributes to increased knowledge, it does not automatically reduce anxiety when individuals perceive a situation as risky or uncertain (Putri & Handayani, 2022). The lack of a significant relationship in this study may also be explained by the broad access to health information through mass media and social media, which allows individuals with both low and high educational backgrounds to obtain relatively similar information (WHO, 2023). However, these findings differ from those reported by (Mindarsih, Masruroh, Verawati, & Yuliani, 2025) who stated that individuals with higher educational levels tend to have broader perspectives and are more receptive to innovation and social change, which may influence health-related decision-making .

The Relationship between Employment Status and Anxiety among Family Planning Acceptors

This study found that employed women had a higher proportion of not experiencing anxiety 63.2% compared to unemployed women 38.7%. Statistical analysis using the Chi-square test showed a p-value of 0.047, indicating a significant relationship between employment status and anxiety levels among family planning acceptors in the working area of Puskesmas Sungai Tarab II. These findings suggest that employment status is associated with anxiety levels, as employed women generally have broader social interactions, greater economic independence, higher self-confidence, and more adaptive coping mechanisms. This result is consistent with previous studies stating that working women tend to have wider access to contraceptive information and greater financial capacity in choosing contraceptive methods. They are also more likely to select practical and safe contraceptive methods to support career and family planning goals (Jasa, 2021). In addition, Putri and Handayani (2020) reported that employed women tend to have better psychological well-being and lower anxiety levels compared to unemployed women. Employment may also increase access to health information, enabling women to make more informed decisions regarding contraceptive use (Putri & Handayani, 2022).

The Relationship between Knowledge and Anxiety among Family Planning Acceptors

This study found that women with a high level of knowledge were more likely not to experience anxiety 57.9% compared to those with lower knowledge levels. Respondents with low knowledge were more likely to experience severe anxiety 34.9%. Statistical analysis using the Chi-square test showed a $p = 0.025 < 0.005$, indicating a significant relationship between knowledge and anxiety levels among family planning acceptors. Adequate knowledge regarding contraception, including its benefits, mechanisms, and side effects, may reduce fear and uncertainty. Acceptors with higher knowledge levels tend to be more mentally prepared and more rational in responding to changes associated with contraceptive use. This finding is consistent with Kusmini (2020), who reported that knowledge plays an important role in reducing anxiety because individuals who understand health interventions are generally more psychologically and emotionally prepared (Kartini, Suhrawardi, Kristina, & Isnaniah, 2025). This result is also supported by previous studies showing a significant

positive relationship between knowledge and anxiety levels among acceptors p = 0.009, where better knowledge was associated with lower anxiety levels (Andari, Priasmoro, Indari, & Subur, 2023). Similarly, Dian (2015) found that women with good knowledge were 1.5 times more likely to use contraceptive methods compared to women with limited knowledge (Deviana, Mariyana , & Sari, 2023).

Multivariat Analysis

The multivariate analysis showed that knowledge and employment status were significantly associated with anxiety levels among family planning acceptors. Knowledge was identified as the most dominant factor OR = 3.27, indicating that acceptors with low knowledge were more than three times more likely to experience higher levels of anxiety compared to those with good knowledge. In addition, employment status also had a significant influence on anxiety, where unemployed acceptors had a 2.86 times greater risk of experiencing anxiety than employed acceptors. These findings indicate that adequate understanding of contraception and better socioeconomic conditions play an important role in shaping the psychological readiness of family planning acceptors.

The findings support the theory that limited knowledge may increase uncertainty and negative perceptions regarding contraceptive use, thereby triggering anxiety. Adequate knowledge enables acceptors to better understand the benefits, mechanisms, and side effects of contraception in a more rational manner, which can reduce fear and worry. Furthermore, employment status contributes to psychological well-being because employed women generally have broader social interactions, greater economic independence, higher self-confidence, and more adaptive coping mechanisms in dealing with stress and reproductive health decisions.

Therefore, this study emphasizes the importance of improving reproductive health education and comprehensive family planning counseling to reduce anxiety among family planning acceptors. Health workers, particularly midwives, are expected to provide clear, communicative, and continuous education regarding contraceptive methods, their benefits, and possible side effects. In addition, psychological approaches through therapeutic communication, family involvement, and strengthening social support are also essential to help acceptors feel safer, more comfortable, and more confident in using contraception.

CONCLUSION

Most respondents were in the 36–50 years age group, and the majority had three children. The most commonly used contraceptive method was hormonal contraception (three-month injectable) compared to non-hormonal methods. Most respondents had a low educational level, high knowledge, and chose not to work (as homemakers), while the majority did not experience anxiety. Based on the multivariate analysis, it can be concluded that knowledge was the factor with the greatest likelihood of increasing anxiety levels compared to employment status. This indicates that a low level of knowledge among family planning acceptors contributes more dominantly to increased anxiety than employment. These findings suggest that cognitive aspects, particularly inadequate understanding of contraception and its side effects, play an important role in shaping the emotional responses of FP acceptors.

REFERENCES

Andari, S. A., Priasmoro, D. P., Indari, I., & Subur, W. U. (2023). Gambaran tingkat kecemasan wanita usia subur yang mengalami keputihan patologis. *Jurnal Health & Medical Sciences*, 81–89.

Cing, T. M., & Annisa, R. (2022). Dukungan keluarga terhadap tingkat kecemasan pasien pre-operasi: Family support on the pre operation patient's anxiety level. *Jurnal Ilmu Kesehatan*, 403–408.

Deviana, S., Mariyana , W., & Sari, R. I. (2023). Hubungan tingkat pendidikan, pekerjaan dan dukungan keluarga terhadap pemilihan metode kontrasepsi jangka panjang pada wanita usia subur di Klinik BPJS Irma Solikin Mranggen Demak. *Jurnal Inovasi Riset Ilmu Kesehatan*, 210–226.

Ikrawati, W., Rohmawati, W., & Wulandari, B. A. (2026). Hubungan jumlah Anak dan Pekerjaan PUS dalam Menggunakan Alat Kontrasepsi . *Boreo Nurshing Journal*, 449-454.

Jasa, N. (2021). Paritas, pekerjaan, dan pendidikan berhubungan dengan pemilihan alat kontrasepsi MKJP pada akseptor KB. *Jurnal Kebidanan Malahayati*, 744–750.

Kartini, Suhrawardi, Kristina, E., & Isnaniah. (2025). Analisis faktor umur dan paritas yang berhubungan dengan penggunaan kontrasepsi implan di Puskesmas Darul Azhar. *Integrative Perspectives of Social and Science Journal (IPSSJ)*, 283–290.

Lestaluhu, V. (2023). Analisis faktor pemilihan alat kontrasepsi suntik 3 bulan pada pasangan usia subur di Dusun Wanat Kabupaten Maluku Tengah. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat*, 8–12.

Lestari. (2018). Motivasi Pasangan Usia Subur Menggunakan Metode Kontrasepsi Jangka Panjang di Kecamatan Martapura Kabupaten Banjar. *Jurnal Cendekia Medika*, 55–62.

Mindarsih, E., Masruroh, Verawati, B., & Yuliani. (2025). Analisis hubungan pendidikan dan pekerjaan dengan kecemasan ibu sebelum pemasangan IUD dan implant. *Jurnal Sains Kesehatan*, 20–28.

Norfitri, R. (2022). Penurunan Libido dan Kecemasan pada Akseptor Kontrasepsi Suntik. *Jurnal Ilmu Kesehatan Insan Sehat*, 100–104.

Putri, A. R., & Handayani, S. (2022). Karakteristik akseptor KB berdasarkan tingkat pendidikan di pelayanan kesehatan dasar. *Jurnal Kesehatan Masyarakat*, 89-96.

Putri, R. A., & Handayani, S. (2022). Karakteristik akseptor KB berdasarkan tingkat pendidikan di pelayanan kesehatan dasar. *Jurnal Kesehatan Masyarakat*, 89-96.

Sari, , U. D., & Wulandari, R. (2021). Educational level and health literacy among women of reproductive age. *Journal of Public Health Research*, 1-7.

Stuart, W. G. (2021). Principles and Practice of Psychiatric Nursing. *Elsevier*, 240-260.

Wahyuni, T., Sari, D., & Utami, N. (2024). Parity and anxiety level among family planning acceptors. *Journal of Public Health Research*, 112-119.

WHO. (2023). *Family planning: A global handbook for providers.* World Health Organization.

Yuniarti, E., & Kirana, R. (2025). Hubungan Pengetahuan Dan Dukungan Suami Dengan Penggunaan Kontrasepsi IUD Pada Akseptor KB Di Puskesmas Teluk Dalam. *Jurnal Penelitian Multidisiplin Bangsa*, 1621–1634.

Yuniarti, E., Rusmilawaty, Megawati, & Kirana, R. (2025). Hubungan Pengetahuan Dan Dukungan Suami Dengan Penggunaan Kontrasepsi IUD Pada Akseptor KB. *URNAL PENELITIAN MULTIDISIPLIN BANGSA*, 1621-1634.