Determinants of Prospective Aceptors Selection of Long-Acting Reversible Contraceptive (LARC) at Puskesmas Korpri, Kubu Raya District Year 2022

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Abstract: The Covid-19 pandemic had an impact on all programs, including the Family Planning program. Under these conditions and when there are short-term upheavals such as natural disasters, contraception users, especially short-term contraceptive method acceptor will be vulnerable to sustainability. The aim of the study was to analyze the Dominant Determinant Factors for Family Planning Prospectives Acceptor Associated with the Selection of Long- Action Reversible Contraceptive (LARC) Method During the Pandemic Period at the Puskesmas Korpri, Kubu Raya Regency, in 2022. This study uses a correlation analytic design with a cross-sectional approach. The sample in this study amounted to 299 people selected using a purposive sampling technique. This research was conducted in November-December 2022 and has gone through the stages of data collection, data processing and data analysis used,that is univariate analysis, bivariate analysis and multivariate analysis. The variables age, parity, knowledge, husband's support have no relationship with the election of LARC, while the variables of family income and support from community leaders have a relationship with the election of LARC. The variables that most dominantly influence acceptors in choosing LARC are family income variables with a p value of 0.033 and odd ratio (OR) of 0.112 (0.015-0.837), while the age variable and the variable support from community leaders are confounding variables. Prospective acceptors and spouses can increase knowledge about LARC which will be used through access to information that is easy to obtain during the pandemic that is made or managed by the health centre, as well as from leaflets and banners about LARC Methods. Midwives, family planning extension workers and family planning cadres as well as community leaders can carry out coordination in each village and can provide Information Communication and Education (IEC) to the community

Keywords: Determinants, Acceptor, Election,LARC, Health Center

INTRODUCTION

Population situation has a big role in the success of development in Indonesia, this is because the population is the implementer and target of development itself (Rahmadhony et al., 2021). Indonesia is one of the countries with the largest population in the world. Data (Worldometer, 2022) shows that Indonesia is ranked 4th after China, India and the United States. The Covid-19 pandemic has had an impact on all programs, including the Family Planning Program (Coordinating Ministry for Human Development and Culture, 2020). At a time like this, the pandemic has had several impacts, including the Family Planning Program. At the beginning of the Covid-19

pandemic, there was the sharpest decline in new Family Planning Program participants. Currently, the percentage of new Family Planning Program Participants in Kubu Raya Regency is 48.08% (Kubu Raya Regency Health Office, 2022). From the research (Lindberg et al., 2020), (Benson et al., 2020), it was found that one in three women (33%) reported that during the pandemic, they were required to postpone or cancel visits to health service providers. There are many concerns among the public about accessing family planning services at midwife and doctor clinics, including fear of conducting to Covid-19. Many service facilities were closed during the pandemic, medical personnel were more focused on handling the pandemic while family planning services were not included in emergencies, medical personnel lacked or did not have complete Personal Protective Equipment (PPE) (for example for private midwives), (Nanda et al., 2020), frequency of services due to health resources being concentrated on handling Covid-19, the government's appeal to Stay At Home and Work From Home and transportation restrictions (public transportation, online motorcycle taxis, etc.) formed acceptors who were required to postpone or cancel visits to health facilities for fear of contracting the virus, (Lindberg et al., 2020) (BKKBN, 2022). Providing quality family planning services is expected to encourage the use of contraception for a long period of time and without interruption. In conditions like this or if there are short-term shocks such as natural disasters, contraceptive users, especially short term contraceptive methods, will be vulnerable to sustainability during the Covid-19 pandemic due to limited access and knowledge, resulting in a decrease in the number of family planning participants and unwanted pregnancies, while the Long-Term Contraceptive Method (LARC) makes it more likely that there will be continued use of family planning services by Fertile Age Couples (PUS).(CENTER OF RESEARCH AND RESEARCH, 2020). Data in Kubu Raya Regency shows that the number of active Family Planning Program participants up to the period of December 2021 was 70,513 acceptors with details of using condoms as many as 844 people (1.2%), pills as many as 15,373 people (22%), injections 50,501 people (72%), IUD (Intra Uterine Device) as many as 1112 people (1.6%), implants as many as 2401 people (3.4%), MOW (Female Operative Method) as many as 105 people (0.14%) and MOP (Male Operative Method) as many as 1 person (0.001%)(Kubu Raya District Health Office, 2022). From the data it appears that the percentage of Short Term Contraceptive Methods acceptors is still higher than Long Term Contraceptive Methods acceptors with the order of injectable contraception, pills, implants, IUD, condoms, MOW and MOP.(Kubu Raya District Health Office, 2022).

Covid-19 cases have resulted in an increase in population worldwide due to the implementation of social restriction policies to anticipate transmission. Contraception is very much

needed at this time. The public has limited access to contraceptive services and it is predicted that there will be cases of Family Planning Program acceptors dropping out and ultimately unwanted pregnancies which raise concerns about a spike in births/baby boom after the pandemic.(Ermi, 2021).Study(Lestari, Musliah and Yuliastuti, 2021)shows that the stagnation of family planning services is due to the suboptimal counseling as a means of communication of information and education. The level of user knowledge and ease of access to family planning services also affect active family planning membership, new family planning membership, and unmet need for family planning. Thus, the level of family planning services that decreased due to the Covid-19 pandemic caused a downward trend in active family planning membership, especially Short Term Contraceptive Methods, a decrease in new family planning membership, and an increase in unmet need for family planning. Therefore, family planning counseling, whether carried out at service posts or by going around, must still be maintained, but during this period, the decrease in the frequency of counseling by Family Planning Field Officer and cadres, even doctors and midwives who have been trained, also has a significant influence on increasing understanding and participation in the use of long-term contraception. In choosing a contraceptive method, there are many factors that can influence a person in making a decision. Factors that are considered by a person in choosing a contraceptive include individual factors, health factors, and contraceptive method factors such as costs and side effects.(Septalia and Puspitasari, 2017).

Based on this background, the researcher is interested in studying the Determinants of Prospective KB Acceptors in Choosing Long-Term Contraceptive Methods (LARC) During the Pandemic at the Korpri Health Center, Kubu Raya Regency in 2022. The determinants of the factors that will be studied in this study include internal factors (age, parity, knowledge), and external factors (family income, husband's support and support from community leaders). The purpose of this study is to analyze the Dominant Determinant Factors of Prospective Family Planning Program Acceptors Related to the Choice of Long-Term Contraceptive Methods (LARC) During the Pandemic at the Korpri Health Center, Kubu Raya Regency in 2022.

METHOD

This type of research is quantitative research with a correlation analytical research design.,with a Cross Sectional approach. This study was conducted at the Korpri Health Center, Kubu Raya Regency, West Kalimantan in November-December 2022.

The population to be studied is active non-MKJP KB acceptors registered at the Korpri Health Center, Kubu Raya Regency, Pontianak for the period January-June 2022, totaling 848

respondents. The sample in this study was calculated using the Slovin formula and the total sample in this study was 299 respondents. Respondents were taken using a purposive sampling technique by determining the inclusion criteria and exclusion criteria.

This study began with the data collection stage using a questionnaire that had been tested for validity and reliability and then the collected data was processed and analyzed using univariate, bivariate, and multivariate analysis. The data that had been processed and analyzed was presented in the form of tables and narratives.

RESULTS

Korpri Health Center is one of the first-level health facilities in Kubu Raya Regency located in Sungai Raya District. Korpri Health Center is a type of non-inpatient health center. The vision of Korpri Health Center is to improve the quality and performance of health services for pregnant women, mothers in labor, newborns and toddlers in the Korpri Health Center work area, while the mission of Korpri Health Center is to maintain and improve the health status of individuals, families, and communities and their environment. Korpri Health Center is located at coordinates -0.1023179,109.348961. The area of Korpri Health Center is around 122.07 km² with a residential density of 221.16 people, a population consisting of 4962 Heads of Families (KK) with an average of 5.64 people/KK. During the Covid-19 pandemic, the Family Planning Program services in the Korpri Health Center Work Area are still being implemented to control the number of births. One of them is by conducting home visits to Family Planning participants in Sungai Raya Village, Korpri Health Center Work Area by Health Center officers and Family Planning Field Officers while still paying attention to the procedure and health protocols that have been established. The results of this study are:

Univariate Analysis:

This analysis aims to explain or describe the characteristics of each variable studied, both independent variables and dependent variables. In this univariate analysis describes the frequency distribution of each variable studied, including age, parity, family income, knowledge, husband's support and support from Community Leaders towards the selection of Long-Term Contraceptive Methods in the Korpri Health Center Working Area, Kubu Raya Regency, Pontianak, West Kalimantan.

Table 1. Frequency Distribution of Research Variables

No	Variables		Frequency	Percentage
1	Age	Reproductive	263	87.96%
		Non-Reproductive	36	12.04%
2	Parity	At risk	23	7.7%
		No Risk	276	92.3%
3	Knowledge	Not enough	46	15.39%
		Enough	225	75.25%
		Good	28	9.4%
4	Family Income	Low	56	18.73%
		Tall	276	92.3%
5	Husband Support	Support	97	32.44%
		Does not support	202	67.56%
6	Support from Community Leaders	Support	228	76.25%
		Does not support	71	23.75%
7	Election	Choose	38	12.71%
		No Vote	261	87.29%
8	MKJP	IUD	18	6.0%
		Implant	16	5.35%
		MOW	3	1.0%
		MOP	1	0.33%

Based on the table above, it is known that 9 out of 10 prospective acceptors are of reproductive age, 9 out of 10 prospective acceptors have non-risk parity, 8 out of 10 prospective acceptors have sufficient knowledge about Long-Term Contraceptive Methods, 9 out of 10 prospective acceptors have family income above the Kubu Raya Regency Minimum Wage, 7 out of 10 prospective acceptors do not get support from their husbands to use LARC, 8 out of 10 prospective acceptors get support from community leaders including midwives and Family Planning Field Officers to use LARC, 8 out of 10 prospective acceptors do not choose MKJP as the contraceptive method to be used, and if there are prospective acceptors who want to use LARC, IUD is the Long-Term Contraceptive Method that is widely chosen by prospective acceptors.

Bivariate Analysis:

Bivariate analysis aims to see whether there is a significant influence between the independent variables, namely age, parity, family income, knowledge, husband's support, and support from community leaders on the dependent variable, namely the selection of Long-Term Contraceptive Methods, which is carried out using the chi square statistical test with a confidence level of 95% and a level of significance of p value <0.05, meaning that if the p value <0.05 then Ho is rejected and Ha is accepted, meaning that there is a statistically significant influence between the independent variable and the dependent variable. Conversely, if the p value> 0.05 then Ho is accepted and Ha is rejected, meaning that there is no statistically significant influence between the independent variable and the dependent variable.

Table 2. Relationship between Age and Selection of Long-Term Contraceptive Methods in PUS at the Korpri Health Center

| Age | MKJP Election | | | | total | | P value | OR (95%CI) |
| | Choose | | No choice | | | | | |
	n	%	N	%	n	%		
Reproductive	35	13.3	228	86.7	263	100	0.062	5,730
Non-Reproductive	3	8.4	33	91.6	36	100		(0.762-
Total	38	12.7	261	87.3	299	100		43.106)

The results of the study showed that 228 reproductive-age acceptors (86.7%) did not choose to use LARC contraception, while 33 non-reproductive-age acceptors (91.6%) did not choose to use LARC Statistical tests showed a p value = 0.062, meaning there was no significant relationship between age and the choice of Long-Term Contraceptive Methods at the Korpri Health Center, Kubu Raya Regency, West Kalimantan.

Table 3. The Relationship Between Parity and the Selection of Long-Term Contraceptive Methods in PUS at the Korpri Health Center

| Parity | LARC Election | | | | total | | P value | OR (95%CI) |
| | Choose | | No choice | | | | | |
	n	%	N	%	n	%		
At risk	3	13.04	20	86.96	23	100	1,00	0.968
No Risk	35	12.68	241	87.32	276	100	0	(0.273 – 3.428)
Total	38	12.7	261	87.3	299	100		

The results of the study showed that acceptors who were included in the risk category did not choose to use LARC contraception as many as 20 people (86.96%), while almost all acceptors in the non-risk category did not choose to use LARC contraception as many as 241 people (87.32%). Statistical tests showed a p value = 1,000, meaning there was no significant relationship between parity and the choice of long-term contraception methods at the Korpri Health Center, Kubu Raya Regency, West Kalimantan.

Table 4. Relationship between Knowledge and Selection of Long-Term Contraceptive Methods in PUS at the Korpri Health Center

Knowledge	LARC Election				total		P value	OR (95%CI)
	Choose		No choice		n	%		
	n	%	N	%				
Not enough	5	10.87	41	89.13	46	100	0.684	1,230
Enough	33	13.04	220	86.96	253	100		(0.453 –
total	38	12.71	261	87.29	299	100		3.337)

The results of the study showed that acceptors who had sufficient knowledge about LARC tended not to choose to use LARC contraception as many as 220 people (86.96%), while acceptors who had less knowledge also did not choose to use LARC contraception as many as 41 people (89.13%). Statistical tests showed a p value = 0.684, meaning there was no significant relationship between knowledge and the choice of long-term contraception methods at the Korpri Health Center, Kubu Raya Regency, West Kalimantan.

Table 5. Relationship between Family Income and Selection of Long-Term Contraceptive Methods in PUS at the Korpri Health Center

Family Income	LARC Election				total		P value	OR (95%CI)
	Choose		No choice		n	%		
	n	%	N	%				
Low	3	5.36	53	94.64	56	100	0.006	9,879
Tall	35	14.4	208	85.6	243	100		(1,326 –
Total	38	12.7	261	87.3	299	100		73,611)

The results of the study showed that acceptors who had high family income tended not to choose to use LARC contraception as many as 208 people (85.6%), while acceptors who had low family income also had the same tendency not to use LARC as many as 53 people (94.64%). Statistical tests showed a p value = 0.006, meaning that there was a significant relationship

between family income and the choice of long-term contraception methods at the Korpri Health Center, Kubu Raya Regency, West Kalimantan.

Table 6. The Relationship Between Husband's Support and the Selection of Long-Term Contraceptive Methods in PUS at the Korpri Health Center

Husband Support	LARC Election				total		P value	OR (95%CI)
	Choose		No choice		n	%		
	n	%	N	%				
Does not support	30	14.9	172	85.1	202	100	0.903	0.956 (0.460 – 1.986)
Support	8	8.3	89	91.7	97	100		
Total	38	12.71	261	87.29	299	100		

The results of the study showed that acceptors who had husband's support regarding the contraceptive method used tended not to choose to use LARC contraception as many as 89 people (91.7%), while almost all acceptors who did not have husband's support tended not to use LARC contraception as many as 172 people (85.1%). Statistical tests showed p value = 0.903 meaning there was no significant relationship between knowledge and the choice of long-term contraceptive methods at the Korpri Health Center, Kubu Raya Regency, West Kalimantan.

Table 7. The Relationship Between Community Leaders' Support and the Selection of Long-Term Contraceptive Methods in PUS at the Korpri Health Center

Support from Community Leaders	LARC Election				total		P value	OR (95%CI)
	Choose		No choice		n	%		
	n	%	N	%				
Does not support	12	16.9	59	83.1	71	100	0.042	0.479 (0.233 – 0.986)
Support	26	11.4	202	88.6	228	100		
total	38	12.71	261	87.29	299	100		

The results of the study showed that acceptors who had support from community leaders regarding the contraceptive method used tended not to choose to use LARC contraception as many as 202 people (88.6%), while almost all acceptors who did not have support from community leaders tended not to choose the Long-Term Contraceptive Method as many as 59 people (83.1%). Statistical tests showed a p value = 0.042, meaning there was a significant relationship between knowledge and the choice of Long-Term Contraceptive Methods at the Korpri Health Center, Kubu Raya Regency, West Kalimantan.

Multivariate Analysis:

Multivariate analysis aims to obtain the most dominant independent variables related to the dependent variable using logistic regression test. The first step of multivariate analysis in this

study is to conduct bivariate selection of all independent variables (age, parity, family income, knowledge, husband's support and support from community leaders), if the bivariate test results produce a p value <0.25, then the variable is directly included in the multivariate and vice versa if the p value> 0.25 the variable is not included in the multivariate.(Khairunnisa z, Sofia and Magfirah, 2021).

Table 8. Bivariate selection results of variables

Independent variables	P Value
Age	0.090
Parity	0.960
Family Income	0.025
Income	0.571
Husband Support	0.903
Support from Community Leaders	0.046

Of the 6 independent variables that underwent bivariate selection, there were 3 variables whose p value was <0.25 and were included in the multivariate modeling, namely age (p value: 0.090), family income (p value: 0.025), and support from community leaders (p value: 0.046) so that the final modeling is as follows:

Table 9. Final Multivariate Modeling after bivariate selection

Variables	P value	OR	95% CI	
			Lower	Upper
Age	0.129	0.207	0.027	1,586
Family Income	0.033	0.112	0.015	0.837
Support from Community Leaders	0.577	1,236	0.587	2,603

After knowing the variables that can be included in the bivariate selection, the next stage is the initial stage of conducting a multivariate analysis starting with a multivariate analysis of the prediction model and a multivariate analysis of risk factors.

Initial Stage of Multivariate Analysis-Prediction Model

Based on the table above, the variables that have p value <0.05 only family income, while age and support from community leaders have p value >0.05, if seen from the OR value, the age variable has an OR of 0.207 with a lower value of 0.027 and an upper value of 1.586 (exceeding

1) while the community leader support variable is a variable that has a larger OR value (1.236 with a lower value of 0.587 and an upper value of 2.603) so it can be concluded that the family income variable is the dominant factor, while the age and support from community leaders are confounding variables.

Initial Stage of Multivariate Analysis-Risk Factor Model

This stage begins with the same steps as the initial stage of multivariate analysis-prediction factors, starting from bivariate selection and obtaining the results of 3 variables that have a p value <0.05 and are included in the multivariate modeling, namely the variables of age, family income and support from community leaders. The next step is to conduct a multivariate analysis of the risk factor model and the following results are obtained:

Table 10. Results of multivariate analysis of risk factor models

Variables	P value	OR	95% CI	
			Lower	Upper
Age	0.418	0.425	0.053	3,375
Family_Income	0.050	0.132	0.018	0.996
Support from Community Leaders	0.055	2,074	0.984	4,369

From the table above, it can be seen that the family income variable has a p value <0.05 with an OR value of 0.132 (lower 0.018 and upper 0.996) which does not exceed 1, and the age and support variables of community leaders have a p value> 0.05. So the next stage is to assess the interaction by removing one by one the variables that have a larger OR value, namely the support variable of community leaders. After these stages are carried out, the final multivariate analysis model is obtained as follows.

Table 11. Final results of multivariate modeling

	P value	OR	Lower	Upper
Age	0.129	0.207	0.207	1,584
Family Income	0.042	0.123	0.016	0.923
Support from Community Leaders	0.077	1,944	0.931	4,059

In the final modeling of this multivariate analysis, the researcher concluded that the family income variable is the dominant variable, the age variable and the community figure support variable are confounding variables.

DISCUSSION

Age is related to organ structure, physiological function, biochemical composition, and hormonal system in a certain age period causing differences in the contraception needed. Women's age determines the choice of contraceptive method to be used, because women's age affects the desire for the number of children they have. The results of this study are not in line with research(Purwasari, 2019)which states that the age of Prospective acceptors is related to the continuity of contraceptive use, the higher the age, the higher the rate of continuity of contraceptive use.According to researchers, reproductive age should use long-term contraceptive methods during the pandemic, this is also related to lack of knowledge about the risks of short-term contraception and age is not a determining factor for acceptors to choose long-term contraceptive methods during the pandemic. This is in line with research(Ulfah, Lestari and Aulia, 2021)Women of reproductive age over 35 years of age actually use long-term contraceptive methods more often because the risk of failure and side effects is lower compared to women under 35 years of age.

Every child is a reflection of the hopes and desires of the parents which become guidelines in the mindset, attitude, and behavior of the parents. Thus, every child owned by a married couple will provide consideration about whether they want to have children and if so, how many they want (Indira, 2009). The number of living children a woman has will provide experience and knowledge, so that women can make the right decision about the method of contraception they use.The higher the parity, the greater the risk for the acceptor, and the assumption that many children mean good fortune in several tribes in West Kalimantan still influences the mindset of the people in West Kalimantan, especially Kubu Raya Regency.The government has given advice to the public to use family planning and recommends that it is sufficient to have 2 children, however, because of the strong assumption in society that many children mean many blessings, this has resulted in many people not following the government's advice, even though this paradigm is very wrong because with many children, family life will suffer more.(BKKBN, 2015)

Public awareness and information about contraceptive methods are already high, but at the time of the study, acceptors tended to know about LARC only limited to the type of long-term contraceptive method, but did not know the installation procedure, even though if the acceptor had the correct knowledge about LARC, the information could reduce or even eliminate the acceptor's concerns in choosing the LARC method. During the pandemic, the Health Center was closed for several months and went to the field door to door to residents' homes using Level 3 PPE in order to ask about the sustainability of the contraceptive methods they were using, but residents were reluctant to open the door for fear of contracting the Covid-19 virus from health workers and

community leaders. At the Korpri Health Center during the pandemic, education about LARC was rarely carried out by health workers because the provision of family planning services was limited and patients were afraid to go to the Health Center because they were worried about contracting Covid from health workers. Education at the Korpri Health Center is also still oral so that there is no leaflet or banner media that can be accessed by the public either manually or digitally.This is not in line with Dewista Than's research (2018) in(Pramesty, 2023)said that there is a significant relationship between the level of maternal knowledge and the use of Intrauterine Contraceptive Devices so that health education can increase knowledge about IUDs to the community, especially Women of Childbearing Age (WUS).This is in accordance with Notoatmodjo's (2014) statement in(Musyayadah, Hidayati and Atmadani, 2022), states that information will influence a person's knowledge if he gets good information from various media, both print media and electronic media will be able to increase a person's knowledge and experience is the best teacher. The proverb can be interpreted that experience is a source of knowledge, or experience is a way to obtain the truth of knowledge. Therefore, personal experience can also be used as an effort to obtain knowledge. This is done by repeating the experience gained in solving problems faced in the past.

A person's income status can affect a person in choosing the contraceptive method that will be used. Income level affects the choice of contraceptive method. This is because to obtain the necessary contraceptive services, acceptors must provide the necessary funds. Most respondents at the Korpri Health Center, Kubu Raya Regency, Pontianak have high incomes, and the reason they choose non-MKJP contraceptive methods is because the price is more affordable compared to other contraceptives.Costs can affect the scope of contraceptive use in KB acceptors in choosing long-term contraceptive methods during the pandemic. Family Planning Prospective acceptors who consider the cost of obtaining contraceptive services to be inexpensive will choose Short Term Contraceptive Method contraception compared to Long Action Reversible Contraception which must be covered by Social Security Administrator. Couples of Childbearing Ages has not used long-term contraception even though they have a good family income due to confounding factors such as following religious recommendations that prohibit the use of certain family planning methods, recommendations to limit the number of children by using contraception and some are due to prohibitions from partners, or socio-culture that assumes that many children bring many blessings. The family income variable after being included in the multivariate modeling showed a significant negative relationship that influenced the choice of LARC during the pandemic and of course this is a dominant inhibiting factor for prospective family planning acceptors related to the

choice of LARC during the pandemic. In addition, there is information circulating in the community that the installation of LARC often occurs dislocation and the material of LARC contraceptives from the National Population and Family Planning Agency for example the IUD is made of poor quality materials and causes a high failure rate, so acceptors do not want to take risks and the cost of treatment requires large costs for treatment.

Providing correct and accurate information is very much needed by Family Planning prospective acceptors so that prospective Family Planning prospective acceptors are sure and confident with their choice without looking at the cost of paying for the contraception, especially during the Covid-19 pandemic with an increase in the need for both health and the need for contraception as an effort to delay pregnancy. Incorrect and inaccurate information about the contraceptives used can cause Family Planning prospective acceptors to complain because of the effects and costs that are too expensive about the contraceptives to be used, which has an impact on negative attitudes towards the use of Family Planning Program, especially during the Covid-19 pandemic with people's incomes experiencing a decline, thus there is a positive relationship between attitudes and the use of Family Planning Program. According to researchers, negative assumptions about LARC can also be caused by not participating in counseling activities regarding LARC held around the acceptor's residence. From the researcher's observations, many acceptors did not participate in counseling activities regarding LARC, as the findings in this study showed that the respondents in this study were mostly private employees who were busy with their work so that they were less active in participating in LARC counseling.

Husband support is the main support system to provide direct care in every healthy or sick condition. However, the results of the study showed that the support of husbands to Family Planning prospective acceptors at the Korpri Health Center was mostly not supportive. Although the husband did not provide support, there were acceptors who chose to use LARC without their husband's knowledge. This is caused by several factors including individual perceptions and LARC counseling that has not been consistently carried out at the Korpri Health Center.Husband's support is a determining factor in the success of using LARC during the pandemic. Hartanto (2003) in(Gusman, Notoatmodjo and Aprilia, 2021) said that a woman who uses contraception will not be able to use it if there is no cooperation from her husband. In addition to the important role in supporting decision-making, the husband's role in providing information also greatly influences the wife. Roles such as attending consultations with health workers when the wife is going to use a contraceptive method, reminding the wife of the schedule for taking medication or schedule for

check-ups, reminding the wife of things not to do when using contraception and so on will play a very important role for the wife when she is going to or has used contraception. The great role of the husband will greatly help her and the husband will increasingly realize that reproductive health problems are not only the wife's business. Another role of the husband is to facilitate, provide all the needs of the wife when she is going to check her reproductive health problems. This can be seen when the husband takes the time to accompany his wife to install and control the contraceptive, the husband is willing to provide special costs for installing the contraceptive in this case more husbands support using contraception and help their wives determine the appropriate service location or health worker.

A successful family planning program cannot be separated from the information provided by the family planning program holder and implementer. Resources are a factor that also plays an important role in the success of the LARC family planning program.The holder of the family planning program is an extension of the head of the health center. The policies taken by the head of the health center are often conveyed to the holder of the family planning program. Then the policy is communicated to others such as implementers, family planning counselors and fertile couples. It is known that the working area of the Korpri Health Center is very large, so communication to communicate the LARC family planning program can only be done in certain places. The place is easy to reach, strategic and visited by many fertile couples. The Indonesian Ministry of Health (2020) provides recommendations to family planning and reproductive health officers in providing family planning services during the COVID-19 pandemic. The recommendation is that family planning clients who are due to be released, if it is not possible to come, should use condoms by contacting the Family Planning Field Officer/cadre, the traditional method (periodic abstinence or interrupted intercourse) if not available can be used, in addition, Health Officers and Family Planning Field Officer or cadres can coordinate the provision of condoms to clients with the following conditions: family planning clients whose time has expired (IUD/Implant/injection) and cannot come to the health officer.

CONCLUSION

From the overall results, it can be concluded that the variables family income is the dominant variable, age variable and community leader support variable are confounding variables. It is expected that prospective acceptors and couples can take the time to increase their knowledge about long-term contraceptive methods that will be used through digital access that is easily

obtained during the pandemic or joining community groups created or managed by health centers, leaflets and banners about LARC services so that with good knowledge about a contraceptive method will influence decision making using a contraceptive method not the opinion of others. Health workers are also expected to improve their communication skills and skills training related to LARC services. Midwives and Family Planning Field Officer, Family Empowerment and Welfare, and Integrated Service Post cadres in the Korpri Health Center work area must also take a role in providing support for facilities and personnel in providing Family Planning services to Family Planning prospective acceptors. Family planning counselors and family planning cadres as well as community leaders can carry out coordination in each village/sub-district to provide Information and Education Communication with the "SATU TUJU" approach and use media such as Family Planning Decision Making Tool and Medical Eligibility Criteria (MEC Wheel) to prospective acceptors related to LARC contraception and it is also hoped that the community and community leaders will play an active role in the family planning service program from the Health Center so that with good synergy and coordination, active family planning participation will also increase and reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).).

APPRECIATION

CONFLICT OF INTEREST

This research does not involve any conflict of interest.

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