**JURNAL NERS DAN KEBIDANAN INDONESIA
INDONESIAN JOURNAL OF NURSING
AND MIDWIFERY**

Attitude and pregnancy planning of the women reproductiove of age not associated

SriAyuCandraA.Misali [1*], Wahyuningsih Wahyuningsih [1], Taufik Rahman [1]

[1] Department of Nursing, Faculty of Healt Sciences, Alma Ata University
Jalan Brawijaya No.99 Tamantirto Kasihan Bantul Yogyakarta
Corresponding author : ayumisali11@gmail.com

ABSTRAK

Latar belakang: Perencanaan kehamilan merupakan suatu strategi yang penting untuk meningkatkan kualitas anak yang akan dilahirkan dan juga sebagai upaya penurunan angka kematian ibu dan bayi. Namun, perencanaan kehamilan yang seharusnya dapat dilakukan oleh wanita usia subur pada kenyataannya masih memiliki masalah. Banyak wanita usia subur yang memiliki usia yang menyebabkan resikonya sebuah kehamilan. Usia terlalu tua atau terlalu muda merupakan usia beresiko untuk seorang wanita untuk hamil karena berhubungan dengan organ reproduksi. Selain itu, dengan tidak adanya perencanaan kehamilan maka beresiko menyebabkan terjadinya kehamilan yyang tidak ddiinginkan. Kehamilan tidak diinginkan ini akan menyebabkan dampak diantaranya meningkatnya angka kesakitan ibu dan danak bahkan kematian. Sikap merupakan salah satu determinan yang di duga berpengaruh terhadap perencanaan kehamilan wanita usia subur.
Tujuan : Untuk mengetahui hubungan antara sikap dan perilaku merencanakan kehamilan pada wanita usia subur
Metode : Penelitian ini merupakan penelitian Kuantitatif Korelational dengan menggunakan rancangan pendekatan cross sectional. Teknik pengambilan sampel dalam penelitian ini menggunakan non probability sampling dengan rancangan sampel yang digunakan pada penelitian ini yaitu purposive sampling. Jumlah sampel yang diambil sebanyak 71 responden dengan kriteria Inklusi wanita subur umur <20 - >35 tahun, berada pada kecamatan Bantul, memiliki pasangan hidup yang sah, memiliki dan bisa mengoperasikan gawai. Pada penelitian ini uji validitas dilakukan dengan SPSS Pearson Correlation dengan tingkat signifikasi 10% dan analisa yang digunakan untuk mengetahui hubungan antara variabel adalah Kendall's tau.
Hasil : Tidak ada hubungan sikap terhadap perencanaan kehamilan pada wanita usia subur dengan nilai P value 0,052 lebih besar dari 0,05 (P Value ≤ 0,05).
Kesimpulan: Karakteristik responden paling banyak dikecamatan Bantul yaitu umur 36 - 40 tahun, pendidikan terakhir SMA, pendapatan 0 - Rp 500.000,00 dan jumlah anak adalah 2. Sikap responden dikecamatan Bantul paling banyak yang bersikap positif sedangkan untuk perencanaan kehamilan pada responden paling banyak adalah ambivalen dan juga responden yang tidak merencanakan kehamilan lebih banyak dari pada yang merencanakan kehamilan

KATA KUNCI: *perencanaan kehamilan; sikap;perilku*

ABSTRACT

Background*: The pregnancy planning is an important strategy to improve the children quality to be born and efforts to decrease maternal and infant mortality. However, in reality, pregnancy planning that women of childbearing age should carry out still has problems. Many women of childbearing age have an age that puts a pregnancy at risk. Age is too old or too young is the age at risk for a woman to get pregnant because it is related to the reproductive organs. In addition, without planning a pregnancy, there is a risk of causing an unwanted pregnancy. This unwanted pregnancy will cause impacts, including increased maternal and child morbidity and even death. Attitude is one of the determinants that are thought to affect pregnancy planning for women of childbearing age*

Objectives*: This study aimed to determine the correlation between attitudes and behavior of pregnancy planning among women of childbearing age in Bantul District.*

Methods*: This research used correlational quantitative research using cross sectional approach design. The sampling collection technique used non-probability sampling with purposive sampling. The samples was 71 respondents with inclusion criteria, namely women of childbearing aged <20 - > 35 years, located in Bantul district, had a legal spouse, owned and could operate a gadget. The validity test was conducted with SPSS Pearson Correlation with a significance level of 10% and Kendall's tau to determine the relationship between variables.*

Results*: There is no correlation between attitudes towards pregnancy planning of women of childbearing age with P value of 0.052 > 0.05 (P Value ≤ 0.05).*

Conclusion*: The characteristics of the most respondents were women aged 35 - 40 years, the last education was senior high school, the income was 0 - Rp 500.000,00 and the number of children was 2. The attitude of the respondent was mostly positive, while the most respondents who plan the pregnancy were ambivalent and the respondents who are not planning the pregnancy more than women who are planning a pregnancy.*

KEYWORD : *pregnancy planning; attitude; behavior*

INTRODUCTION

Attitude is a feeling, whether a support feeling or an against feeling for something (1). Meanwhile, pregnancy planning is an important strategy to improve the quality of children to be born and also as an effort to reduce maternal and infant mortality (2). WHO (World Health Organization) data in 2015 showed that the maternal mortality rate in the world was 216 for every 100,000 live births. In developing countries, the maternal mortality rate was 20 times higher than in developed countries, which were 239 for every 100,000 live births. While in developed countries there were 12 for every 100 thousand live births in 2015 (3). The Ministry of Health explained that based on the Indonesian Demographic and Health Survey (IDHS) in 2012, the maternal mortality rate in Indonesia was still high at 359 for every 100,000 live births (4). In D.I.Yogyakarta, the number of maternal deaths was 40 cases in 2014. It has decreased compared to 2013 with 46 cases. In 2015, the number of maternal deaths decreased significantly, leaving 29 cases. However, cases increased again to 39 cases in 2016 and decreased slightly to 34 in 2017. In 2018, cases increased again to 36.

The most cases occurred in Bantul Regency, namely 14 cases (5).

Generally, the infant mortality rate was 4.5 million cases or 32 deaths for every 1,000 live births in 2015. In Asian, Southeast Asia had third-highest ranks (41 deaths for every thousand live births) in infant mortality after South Asia in 2015. The Infant Mortality Rate (IMR) of Indonesia and Cambodia was still above the IMR of Southeast Asia, which were 23 for every thousand live births and 25 for every thousand live births respectively. Infant mortality cases in D.I.Yogyakarta tend to fluctuate between 2014 and 2017. There were 405 cases in 2014. Then, it decreased to 329 cases in 2015. In 2016, it decreased again to 278 cases. Last, it increased to 313 cases in 2017. The highest cases were in Bantul Regency, which were 108 cases. The common reason of infant mortality and neonatal in Yogyakarta are sepsis and low birth weight (LBW). In addition, other reasons of infant mortality often found in D.I. Yogyakarta are asphyxia at birth due to long time in the birth canal, transverse position, and narrow pelvic area (5).

There were 213.4 million pregnancies worldwide in the age range of 15-44 years with the pregnancy rate reached 133 for every 1000 women in that age group in 2012. In addition, 40% of them were unwanted pregnancies. In Southeast Asia, there were 18.8 million of the total pregnancies and 44% of them are unwanted pregnancies (6). While in Indonesia, the number of wanted births was 86%, the number of births from unwanted pregnancies was 7% and the number of births from unwanted pregnancies was 7% (7). D.I.Yogyakarta Family Health data noted that unwanted pregnancy cases had increased over the last few years. There were 313 cases in 2017. Then, it increased to 809 cases in 2018 and increased again to 938 cases in 2019. Bantul Regency is the area with the highest unwanted pregnancy cases (296 cases) in DI Yogyakarta in 2019. The highest cases were in the working area of the Bantul 1 Public Health

Center with 40 cases (8). The Bantul Health Office stated that the number of unwanted pregnancies in Bantul Regency in 2020 was still very high, namely 273 cases.

A well-planned pregnancy has a positive impact for the condition of the fetus, physical and psychological adaptation of the mother. However, an unplanned pregnancy will have a negative impact. Unplanned pregnancy will have an impact on pregnancy and the mother's unpreparedness to get pregnant. It can impact on the decision to unsafe abortion. WHO estimates 20% to 60% of abortions in Indonesia are intentional abortions. A research of 10 urban cities and 6 districts in Indonesia estimates that the number of abortion cases is around two million cases and 50% of them occur in urban areas. There are 70% of abortion cases in urban areas which are usually conducted secretly by health workers, while 84% of abortion cases are conducted by traditional birth attendants in rural areas. It is along with the WHO findings that 15% to 50% of maternal deaths caused by unsafe abortions. In addition, the most maternal deaths are also caused by direct reasons, such as infection, bleeding, eclampsia, prolonged labor, abortion, and abortion complications. Most of these pregnancy complications can be prevented by planning a pregnancy (9)it will be a positive impact on the conditions of the fetus and the physical and psychological adaptation of mother for the better. The purpose of this study to determine the factors that affect couples of childbearing age for pregnancy. Research methodology: this type of research is the analytic with cross sectional approach.The population in this study of pregnant women coming in two ANC Clinics Cipayung Subdistrict Ciracas, East Jakarta and August – October 2015. Research results: there is a significant relationship between the factors education, income Mate husband Age, knowledge of the mother and the exposure with Maternal readiness informas facing pregnancy

(P value < 0.05. Boente et al. (2014) said that there is a need for a paradigm change in health services focused on preparation during the preconception period for couples who are prepared to be parents and couples who are not prepared to be parents. Being a prepared parent is the most basic moral responsibility for every couple. Awareness of moral responsibility will increase their responsibility to prepare and plan pregnancy. So when the mother is pregnant, the partner's physical, mental, social, and economic conditions are prepared (10).

Pregnancy preparation is very important, especially in preparing for health, for example nutrition, exercise and habits that can interfere with pregnancy such as smoking, drinking and stress. In addition, it is necessary to screen for diseases, such as infectious diseases that can be transmitted to the fetus, namely HIV, Toxoplasma, Hepatitis, and Rubella. Moreover, pregnancy can exacerbate diseases, such as lung disease, heart disease, diabetes mellitus and chronic hypertension (10).

Based on the description above, this research examined more deeply relationship between attitudes and behavior planning pregnancy women of childbearing age.

MATERIAL AND METHODS

This research was a quantitative correlational research using a cross sectional approach design. This type was a data collection design that is conducted at once in point time and data collection (observation) was conducted only once for each subject of the variables during the research (11). This research used non-probability sampling as sampling collection technique. This research also used purposive sampling. Purposive sampling is a sampling technique limited to specific target groups. Sampling is limited to people who fulfill the research criteria (12). The population was women of childbearing age in Bantul District with a sample size of 71 respondents. The inclusion criteria are women of childbearing age more than 35 years, living in Bantul sub district (Kampung KB Grujungan), having a legal spouse, owning and able to operate a smartphone. The purpose of age selection is to identify the behavior of planning a pregnancy in women at risk (too old). The exclusion criteria were women who could not read, were not present during the research, could not use the Google form and were not willing to be respondents. The operational definition of attitude is a form of feeling to support or not support planning a pregnancy. The measuring instrument used is a questionnaire with 10 question items, all of which are valid (r count > r table (0.361)). The reliability of the attitude questionnaire was 0.970. The measurement results show whether the attitude is positive (if the score > mean) or harmful (if the r score < mean). The highest score from the attitude assessment was 40. While planning for pregnancy was the intention of a woman of childbearing age to get pregnant or not to get pregnant in terms of timing, contraceptive, desire, intention, partner, health. The questionnaire was used to measure the adoption of the London Measure of Unplanned Pregnancy (LMUP). The statements used are 6 items. Measuring results are divided into unplanned (if the score is 0-3), ambivalent/undecided (if the score is 4-9), and planned (if the score is 10-12). Both variables use an ordinal data scale, so that the correlation test used is Kendal Tau.

RESULT AND DISCUSSION
Respondent Characteristics

The respondents were women of childbearing age (married/has a legal partner) aged <20 - >35 years who lived in KB Grujugan Village by 71 respondents. Respondents were divided by age, last education, income and number of children. Table 1 showed that the most respondents aged 36-40 years old as 41 respondents (57.7%). Notoatmodjo believed that age is very important on pregnancy because it is related to the readiness

Table 1 Respondents Characteristic in Bantul Sub district

Nb.	Characteristic	Frequency	Percentage (%)
1.	Age		
	36 – 40 years old	41	57.7
	41 – 45 years old	20	28.2
	46 – 49 years old	10	14.1
2.	Last Education		
	Not studying	0	0
	Elementary school	15	21.1
	Junior High School	11	15.5
	Senior High School	38	53.5
	College	7	9.9
3.	Income		
	0 - Rp 500.000,00	43	60.6
	>Rp 500.000,00 - Rp 1.000.000,00	14	19.7
	>Rp 1.000.000,00 - Rp 2.500.000,00	12	16.9
	>Rp 2.500.000,00 - Rp 3.500.000,00	1	1.4
	>Rp 3.500.000,00	1	1.4
4.	Number of children		
	0	0	0
	1	19	26.8
	2	43	60.6
	3	7	9.9
	>3	2	2.8
	Total respondent	71	100.0

of the reproductive organs and the maturity of the mother in dealing with pregnancy. Wiknjosastro said that the safe age for pregnancy and childbirth during healthy reproduction is 20-35 years. Pregnant women aged less than 20 years old and more than 35 years old are at risk of getting pregnant because it can cause complications during pregnancy and childbirth (13).

Most of the respondents were high school graduates. Notoadmodjo argued that women who have a good education will be able to pursue ideas to gain knowledge by educational actor (13). The highest income was 0 - Rp 500.000,00 with 43 respondents (60.6%) and the number of children 2 was 43 respondents (60.6%). Salmah believed that a lot of mother's parity will increase her experience and knowledge (13).

Attitude

The attitude measurement results are categorized into positive attitudes and negative attitudes with positive attitude values = count score> mean data and negative attitudes = skor hitung < mean data. The mean of this study was 35.4

Table 2 Frequency distribution based on attitude in Bantul SubDistrict

Attitude	Frequency	Percentage (%)
Positive	40	56.3
Negative	31	43.7
Total	71	100.0

Table 2 showed the number of positive attitudes and negative attitudes. The results are examined from positive attitude = T > mean data and negative attitude = T < mean data. Respondents who have a value more than the mean (35.42) are 40 respondents (positive attitude category) while those who have a value less than the mean (35.42) are 31 respondents (negative attitude category). It was similar with Niki Ayu's research which states that positive attitudes regarding pregnancy planning are more than negative attitudes (54%) (14). Attitude is a feeling, whether a support feeling or against feeling for

something. Attitude is also defined as an aspect or positive and negative assessment of an object (1). Attitude is a condition that exists in an individual that will affect an object, situation, or concept. (15).

Attitudes are divided into two, namely affective attitudes and cognitive attitudes. Based on previous studies, this attitude causes a person to be amused or not to continue using contraceptives (16), (17). Acceptance of knowledge is indicated by a change in a person's attitude (18). The more positive one's attitude, the higher one's desire to behave appropriately (19).

Attitudes are formed by several determinant factors, including social, cultural, economic, environmental, family type, age, religion, education, traditional belief, and location (20).

Pregnancy Planning

Table 3 Frequency distribution based on pregnancy planning in Bantul Subdistrict

Pregnancy Planning	Frequency	Percentage (%)
Unplanned	14	19.7
Ambivalent	46	64.8
Planned	11	15.5
Total	71	100.0

The results of measuring pregnancy planning are divided into Unplanned, Ambivalent, and Planned. From the measurement results, if a woman of childbearing age gets a score of 0-3, she is not planning a pregnancy, whereas if the score is 4-9, she is unsure whether she wants to get pregnant. Meanwhile, if the score is 10-12, then she is planning her pregnancy.

Based on the frequency distribution results, we found that the majority of women of childbearing age had an ambivalent pregnancy plan. Women who do not have a firm plan will be at risk of having an unwanted pregnancy. The impact of this unwanted pregnancy will increase the morbidity and mortality of the mother and her baby. The determinants of pregnancy planning include attitudes, self-efficacy, and motivation. Tabel 3 showed that the number of mothers who unplanned a pregnancy was more than those who planned pregnancy. It was similar with Niki Ayu's research that respondents understand that the best age for pregnancy is 20-35 years old (14). Women who get pregnant at a young age resulting them weak in old age. Their uterus condition was lowest than women who were pregnant at an older age. However, too old women should not get pregnant. Pregnant at the age over 35 years old was also unhealthy because the uterus begins to weaken. This condition might injure both mother and child in the womb (21). In line with Natalia Haris Krisprimada, some respondents did not want to have child again because their age was more than 35 years old. They feared future pregnancies at risk (22). This is consistent with the results which showed that more respondents do not want to plan a pregnancy than others.

The relationship between attitude and pregnancy palnning

Based on the table above, both positive and negative, women's attitudes have ambivalent

Table 4 The Cross tabulation between attitudes and pregnancy planning on women of childbearing age in Bantul Subdistrict

Attitude	Pregnancy Planning								p-value
	Unplanned		Ambivalent		Planned		Total		
	f	%	f	%	f	%	f	%	
Positive	8	20	27	67,5	5	12,5	40	100	0,052
Negative	6	19,4	19	61,3	6	19,3	31	100	
Total	14	19.7	46	64.8	11	15,5	71	100	

pregnancy planning. The meaning of ambivalent is that this woman is uncertain about her wishes whether her pregnancy will be planned or unplanned. Ambivalent based on the results of the analysis of respondents' answers because the majority of these women do not know whether they want to have a baby or not, do not know whether they have the intention of getting pregnant or not, do not discuss with their partner/husband, do not know whether to use contraception or not. Meanwhile, based on the correlation test results, it was found that there was no relationship between attitudes and pregnancy planning for women of childbearing age.

The absence of a relationship in this study may be caused by other factors that shape behavior. It is necessary to identify the knowledge gained by women of childbearing age, whether the knowledge gained related to pregnancy planning is appropriate or not (23)(24)(25). We will receive any information received by someone with two responses, namely maladaptive or adaptive responses. The maladaptive response will raise a person's fear of planning a pregnancy. Adaptive responses are also likely to cause someone to have self-efficacy but are not good. Women of childbearing age will feel that they are unable to plan a pregnancy, finally, they are hesitant to plan a pregnancy and don't even do it (18).

The positive attitudes and ambivalent categories are more than the negative attitudes and ambivalent categories. However, the ambivalent remains the most among other categories for planning a pregnancy. It was related to Nuryani who stated that the women role is still restricted to every decision-making in the family or domestic affairs. Meanwhile, the husband is still considered the dominant decision maker and should be respected in every decision making (22). Some of the contributing factors include women do not always feel they have reproductive control

and they cannot explain (state) their desire to get pregnant obviously. In addition, pregnancy planning might not be successful, so decisions about accepting pregnancy are often determined after pregnancy (26).

The existence of social support, especially from the husband, is a factor that influences the behavior of planning a pregnancy. Support will increase the motivation of women of childbearing age to have good pregnancy planning behavior. Support can be a factor between attitude and behavior (27)

The positive attitude and planned category was less than the negative attitude and planned category. It meant that women who have a positive attitude understand the risks that will be obtained. It was similar with Niki Ayu that respondents understand that a well pregnancy is aged between 20-35 years old (14). However, the difference both of them was not large so an enhancement of health services is required. It might be educating to notice the risks of planning pregnancy on women of childbearing age who are less than 20 years old and more than 35 years old.

Based on the Kendall's Tau correlation results with P value of 0.052 are higher than 0.05 (P Value ≤ 0.05), then Ha is rejected and H0 is accepted. It can be concluded that there is no relationship between attitudes and pregnancy planning on women of childbearing age. It is possible in the measurement of pregnancy planning to measure many dimensions. Intention, contraceptive use, desired time to get pregnant, desire to have a baby, being discussed with husband, and maintaining health are dimensions that are measured in planning pregnancy. It was similar with Sudjatmiko Setyobudihono who said that attitude has no significant relationship with intention. Intention is a will (desire) which is the benchmark for action (28). Based on the research results, the relationship between attitude and behavior is indirect through subjective norms and intentions (27). Attitudes and beliefs

show a person's potential or known as self-determination. Challenging individuals can react authentically and purely and have the truth about stability and strength within themselves. With this model, they can make decisions or determine attitudes based on autonomy rights. People who are steady and robust in attitude, aware of their limitations and weaknesses, but still rely on honest and pure decisions (29).

CONCLUSION AND RECOMMENDATION

The results and discussion about the relationship between attitudes and pregnancy planning on women of childbearing age in Bantul Subdistrict showed that the characteristics of the most respondents are 35-40 years old with the last education being senior high school. The highest income was 0 - IDR 500,000.00 and women who have 2 children. The attitude of most respondents was a positive attitude rather than a negative attitude. The most pregnancy planning is ambivalent and respondents who unplanned pregnancy. There is no relationship between attitude and pregnancy planning.

Based on the study results, many factors might lead to good pregnancy planning for a woman of childbearing age, which is a limitation in this study because there was no control. However, of the many factors that cause it, the knowledge factor may be the main gate that can improve a woman's ability to plan a pregnancy properly. Appropriate information should be given to women of childbearing age at all levels, from low to high-income levels and low to high education levels.

REFERENCES

1. Rinaldi S. Gambaran Tingkat Pengetahuan Ibu Hamil Tentang Imunisasi Tetanus Toksoid (TT) di Puskesmas Bungus Tahun 2016. Universitas Andalas; 2016.

2. Williams L, Zapata LB, D'Angelo D V, Harrison L, Morrow B. Associations between preconception counseling and maternal behaviors before and during pregnancy. Matern Child Health J. 2012;16(9):1854–61.

3. 1. WHO, UNICEF U and the WB. Trends in Maternal Mortality: 1990 to 2015,Trends in Maternal Mortality: 1990 to 2015. WHO, Geneva. 2015;

4. KemenKes RI. Rencana strategis kementerian kesehatan tahun 2015-2019. Jakarta; 2015.

5. Rania U. HUBUNGAN KADAR HEMOGLOBIN SEBELUM PERSALINAN DENGAN LAMA PERSALINAN KALA II DI RSUD ADNAAN WD KOTA PAYAKUMBUH. Universitas Andalas; 2017.

6. Sedgh G, Singh S, Hussain R. Intended and unintended pregnancies worldwide in 2012 and recent trends. Stud Fam Plann. 2014;45(3):301–14.

7. Saptarini I, Suparmi S. determinan kehamilan tidak diinginkan di Indonesia (analisis data sekunder riskesdas 2013). Indones J Reprod Heal. 2016;7(1):15–24.

8. Kharisma TA. Gambaran Karakteristik Wanita dengan Kehamilan Tidak Diinginkan dalam Perilaku Pemeriksaan Kehamilan di Wilayah Kerja Puskesmas Bantul 1 Tahun 2020. Poltekkes Kemenkes Yogyakarta; 2020.

9. Oktalia J, Herizasyam. Kesiapan Ibu Menghadapi Kehamilan dan Faktor-Faktor Yang Mempengaruhinya. J Ilmu dan Teknol Kesehat. 2016;3(2):147–59.

10. Herizasyam JO. Kesiapan Ibu Menghadapi Kehamilan dan Faktor-Faktor yang Mempengaruhinya. J Ilmu dan Teknol Kesehat. 2016;3(2):147–59.

11. Machfoedz I. Metodologi Penelitian (Kuantitatif & Kualitatif). Yogyakarta: Fitramaya. 2014;

12. Astanti F. Analisis rasio keuangan dalam memprediksi peringkat obligasi pada Perusahaan PT. Pefindo Periode 2008-2012: Studi pada Pojok BEI-UIN Malang.

Universitas Islam Negeri Maulana Malik Ibrahim; 2014.

13. Astuti HP. Hubungan Karakteristik Ibu Hamil dengan Tingkat Pengetahuan tentang Tanda Bahaya pada Kehamilan di Puskesmas Sidoharjo Kabupaten Sragen. J Kesehat Kusuma Husada. 2012;

14. Ayu N, Pertiwi K, Indraswari R, Husodo BT, Masyarakat FK, Diponegoro U, et al. Perencanaan Kehamilan Sehat Pada Calon Pengantin Yang Berniat Menikah Usia Dini Di Kabupaten Semarang Tahun 2020. J Kesehat Masy. 2021;9(3):360–7.

15. Sulaeman ES. Pembelajaran Model dan Teori Perilaku Kesehatan. Murti B, Subijanto A, editors. UNS Press; 2016.

16. Tobey E, Jain A, Mozumdar A. The relationship between attitudes towards pregnancy and contraceptive continuation: Results from a longitudinal study of married women in India. PLoS One. 2020;02(15):2.

17. Jones R. Change and consistency in US women's pregnancy attitudes and associations with contraceptive use. Contraception [Internet]. 2017;95(5):485–90. Available from: doi.org/10.1016/j.contraception.2017.01. 009 PMID: 28137557

18. Priyoto. Teori sikap & perilaku dalam kesehatan. Yogyakarta: Nuha; 2014.

19. Huda N, Rini N, Mardoni Y, Putra P. The Analysis of Attitudes Subjective Norms, and Behavioral Control on Muzakki's Intention to Pay Zakah. Int J Bus Soc Scince. 2012;3(22).

20. Sensoy N, Korkut Y, Akturan S, Yilmaz M, Tuz C, Tuncel B. Factors Affecting the Attitudes of Women toward Family Planning. In: Intech. 2018. p. 33–50.

21. Nadesul H. Cara sehat selama hamil. Niaga Swadaya; 2001.

22. Krisprimada NH, Kusumaningrum T, Nastiti AA. Analisis faktor niat pengambilan keputusan dalam menentukan jarak kehamilan pada ibu primipara di Puskesmas Mulyorejo Surabaya. NURSCOPE J Penelit dan Pemikir Ilm Keperawatan. 2019;5(1):23.

23. Lestari S, Sariyati S, Wahyuningsih W. Pengetahuan Akseptor Tentang KB Suntik 3 Bulan Dengan Ketepatan Waktu Kunjungan Ulang di BPRB Bina Sehat Kasihan, Bantul, Yogyakarta. J Ners dan Kebidanan Indones. 2016;3(2):103.

24. Ade S E, Wahyuningsih W, Haryani K. Pendidikan Kesehatan dengan Media Slide Efektif dalam Meningkatkan Pengetahuan tentang Perawatan Vulva Hygiene pada Siswi Kelas VIII SMP 2 Sedayu Bantul. J Ners dan Kebidanan Indones. 2016;4(1):6.

25. Purwanti I, Mahfoedz I, Wahyuningsih W. Pengetahuan tentang nutrisi berhubungan dengan status anemia pada ibu hamil di Puskesmas Sewon II Bantul Yogyakarta tahun 2012. J Gizi dan Diet Indones (Indonesian J Nutr Diet. 2016;2(2):62.

26. Borrero S, Nikolajski C, Steinberg JR, Freedman L, Akers AY, Ibrahim S, et al. It just happens: A qualitative study exploring low-income women's perspectives on pregnancy intention and planning. Contraception. 2015;91(2):150–6.

27. Ariwati VD, Tamtomo D, Sulaeman ES. Path Analysis on the Effectiveness of Exclusive Breastfeeding Advocacy Program on Breastfeeding Practice using Theory of Planned Behavior. J Heal Promot Behav. 2016;1(3):149–59.

28. Setyobudihono S, Yuseran Y, Istiqomah E, Abdillah MAI. Faktor Determinan Niat Ibu Hamil Untuk Mengkonsumsi Tablet Tambah Darah. J Ecopsy. 2019;6(1):14–9.

29. Joeliatin J, Murti B, Suryani N. Theory of Planned Behavior on the Determinants of Participation in the Long-Term Contraceptive MethodAmong Women of Reproductive Age, in Nganjuk, East Java. J Heal Promot Behav. 2016;01(03):171–9.