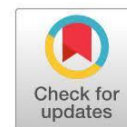


The role of husbands' social support and women's knowledge on the selection of long-term contraceptive methods



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ABSTRACT

The number of active acceptors of long-term contraceptive methods (LTCM) in Indonesia nowadays is considerably low. The low level of women's knowledge regarding the benefits and side effects of LTCM as well as the growing negative myths around the application of LTCM will cause a low intention in using LTCM. The husband support in using LTCM holds a crucial role for wives in taking their decision to use LTCM. This study aimed to discover the correlation between husbands' social support and women's knowledge on the selection of LTCM in rural areas of Yogyakarta. This study used a cross-sectional design that involved 60 active acceptors of reproductive age women in Karang Sari Hamlet, Ngemplak, Sleman. The sampling technique was simple random sampling and bivariate analysis in this study used Chi-Square test. The findings of the study showed 53,3% women decided to choose LTCM and 46,7% women used non LTCM method. The results of chi-square test were 0.466 of p-value between knowledge variable and LTCM selection, and 0.028 of p-value with 3.21 of odds ratio score (95%CI=1.09-9.44) between husband's social support variable and LTCM selection. This study concluded that the husband's social support affects wives in choosing the long-term contraceptive methods while the mother's knowledge is not related to LTCM selection. Mothers who receive positive support from their husbands will have 3.21 times the chance of using LTCM methods.

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INTRODUCTION

According to the 2019's World Population Data Sheet, Indonesia was the fifth country in the world with the largest estimated population that reached 268.4 million people, with 2.6 of total fertility rate (TFR) or 3 children for each fertile couple.¹ Nationally, the total fertility number experienced national stagnation for 10 years from 2002 to 2012 at 2.6 and decreased to 2.4 according to the result of 2017 Indonesian Demographic and Health Survey (IDHS).^{2,3} This number is still unable to fulfil the target that was determined in Indonesia's National Medium Term Development Plan (RPJMN) and the Strategic Plan



of National Family Planning Coordinating Agency (BKKBN) with the target set at 2.28 per 2019.⁴

One of the government's efforts in improving the quality of human resources and suppressing the fertility rate is through the socialization of Family Planning (FP) plan.⁵ Long-term contraceptive methods (LTCM) have a high efficiency compared to the non-long term contraception methods on the prevention of pregnancy, so they can produce significant contributions toward the accomplishment of national FP program.⁵ Long-term contraceptive methods consist of female surgical sterilization, male surgical sterilization, and intrauterine device (IUD), and under-the-skin contraceptive device or Implant.⁶

According to the data of Health Department of Sleman Regency in 2017, the number of FP active acceptor was 132,538. The non-LTCM users were amounted to 5,982 acceptors (69.72%), while the LTCM acceptors were merely amounted to 2,598 acceptors (30.2%).⁷ These data showed that the user interest on LTCM method among reproductive age women is still low, this matter is affected by many factors in which one of them is the information about the side effects of the method of FP that can be used by reproductive age women. The phenomenon acquired from the 2017 IDHS's result shows that 44% of women exposed by the information and only 34% of reproductive age women that received the information about the action to prevent the side effects of FP.³

The decision of a mother in deciding to use contraceptive devices is affected by several factors, including knowledge, parity, age, husband's social support, economic statues, and attitude. Mother's low knowledge causes the candidates of FP acceptor to be scared in using long-term contraceptive devices because of the misconception of FP acceptors and less understand about the use of LTCM.⁸ There are negative myths associated with the side effects of using contraception, especially long-term contraceptive methods. For instance, intrauterine device (IUD) might cause infertility, cervical cancer, and other uterine diseases; causing married women to have a loss-and-profit perception and eventually decided to use traditional Family Planning.⁹

Husbands are the main support of mothers in undergoing the process of life, the given support can provide information that establishes the trust and awareness of a mother that she is being taken care off and respected, therefore, this condition can reduce the stress and anxiety of a mother. The social support of husbands toward their wives in using contraception can be embodied in the forms of instrumental support, informational support, emotional support, and assessment support.¹⁰ The results of previous studies showed that husbands who do not support their wives in using a contraceptive device will affect the wives to not using effective contraception of LTCM, such as IUD.¹¹ Husband's social support is also indirectly related to the effort of improving the participation of reproductive age women in using contraception because husbands contribute in taking decisions within a family.¹² A husband who does not support his wife when she is planning to use a contraceptive device will affect the wife to not using contraception.¹³ The phenomenon of this low knowledge of FP acceptors and the importance of husband's social support as well as limited results of studies that identify the correlation between knowledge and husband's social support toward the selection of contraception type on reproductive age women, especially in rural areas were the background of this study. The aim of the study is to identify the association between reproductive age women's knowledge and husband's social support in influencing women in choosing the LTCM contraceptive methods.

METHOD

The study is quantitative study used a type of cross-sectional design. The total population of study was 120 active FP acceptors as women in reproductive age who live in the rural areas of Karangasari Hamlet, Ngemplak, Sleman, Yogyakarta. The sampling technique in this study used simple random sampling by involving 60 respondents. The choice of respondents used a lottery system using a sampling frame reference that had been compiled by the researcher. Researchers select respondents who have odd serial numbers. This study was conducted from January to May 2017. The inclusion criteria in this study were reproductive age women who are sexually active and still using FP, women who still have sexually-active husband. The exclusion criterion in this study was reproductive age women who are yet to have children.

The variables in this study consisted of independent variables, namely knowledge and husband's social support, and LTCM selection as the dependent variable. The categories of LTCM utilization include respondents who use IUDs, implants, MOW and MOP. while the use of non-LTCM contraceptives is the injection, pill, and condom type. The data collecting in this study used questionnaires that have been tested on their validity and reliability. The result of the validity test on the instruments of knowledge and husbands social support showed that all statement items were greater than the r-table value, namely > 0.361 , therefore, the instruments were determined as valid. The result of the reliability test showed > 0.80 Cronbach's alpha value on the instruments of knowledge and social support, which indicated that such instruments were reliable. The knowledge instrument consisted of 20 question items that used Guttman's scale. The social support instrument consisted of 20 statement items that applied Likert's Scale. The cut off point of the knowledge obtained through the respondent's answer score with a median value of 72.26 because the data is not normally distributed. While the variable category of husband's social support in choosing a contraceptive was obtained using the cut off mean value of 68.48 because the data were normally distributed.

The data regarding the use of contraception types were obtained through interviews with respondents. The bivariate test applied in this study was Chi-Square test with 95% of significance level and original version of SPSS ver.21 ((IBM SPSS Statistics for Windows) was the software used for this study. Descriptive statistics were calculated to determine demographic characteristics, such as the age of mothers, education level, and the occupation of mothers. This research has passed the ethical test through the ethics commission of the Faculty of Health Sciences, Respati Yogyakarta University.

RESULTS

Univariate analysis was performed in this study to identify the sociodemographic characteristics of respondents that encompass the age, occupation, and education level of mothers as well as identifying the variables of knowledge, husband's social support, and LTCM selection by reproductive age women. Table 1 below shows the distribution of frequency of respondents' characteristics and the key variables in this study.

Table 1. Distribution of Frequency of Sociodemographic Characteristics, Knowledge, Social Support and LTCM Selection

Characteristics	Frequency	Percentage (%)
Ages of Mothers		
Healthy Reproduction (21-35 y.o)	34	56.7%
Risky Reproduction (< 21, and >35 y.o)	26	43.3%
Occupations of Mothers		
Working Mothers	24	40%
Housewives	36	60%
Educations of Mothers		
Low	32	53.3%
High	28	46.7%
Knowledge of Mothers		
Good	35	58.3%
Proper	25	41.7%
Husband's Social Supports		
Supporting	34	56.7%
Less Supporting	26	43.3%
LTCM Selections		
Using LTCM Method	28	46.7%
Using Non-LTCM Method	32	53.3%
Total	60	100%

According to Table 1, the majority of reproductive age women are in the category of the healthy reproductive age that amount to 34 respondents (56.7%), most of the mothers as housewives that amount to 36 respondents (60%), and most of the education level of mothers are in the low education category that amount to 32 respondents (53.3%), 56.7% husbands are supporting the contraceptive use, and 53.3% of mothers choose to use non-LTCM contraceptive methods.

Table 2. The Correlation Between the Knowledge of Reproductive Age Women on LTCM and LTCM Selection

Categories		Selecting Non LTCM	Selecting LTCM	Total	Sig	Odds Ratio 95%CI
Poor Knowledge	Frequency	14	11	25	0.466	1.202 (0.429-3.370)
	Percentage (%)	56 %	44%	100%		
Proper Knowledge	Frequency	18	17	35		
	Percentage (%)	51.4%	48.6%	100%		

According to Table 2, the number of respondents with proper knowledge and choosing the non-LTCM contraceptive methods has almost similar percentage with the number of respondents who choose to use LTCM methods, namely 51.4% and 48.6% respectively). The results of a bivariate analysis by using Chi-Square test generated $0.466 > 0.05$ of P-value, which indicated that there was no correlation between knowledge and LTCM selection on reproductive age women in rural areas of Yogyakarta.

Table 3. The Correlation of Husband's Social Support on LTCM Selection

Categories		Selecting Non-LTCM	Selecting LTCM	Total	Sig	Odds Ratio 95%CI
Less Supporting	Frequency	18	8	36	0.028	3.214 (1.095-9.437)
	Percentage (%)	69.2%	30.8%			
Positive Supporting	Frequency	14	20			
	Percentage (%)	41.2%	58.8%			

According Table 3, it is known that the majority of respondents who receive positive supports from husbands that chose to use LTCM contraceptive methods are amounted to 20 respondents (58.8%). The majority of mothers who get less husband's social support that chose to non-LTCM contraceptive methods are amounted to 18 respondents (69.2%). The result of Chi-Square test between the variables of husband's social support and LTCM selection showed $0.028 < 0.05$ of P-value, it means that there was a significant correlation between husband's social support and LTCM selection on women of childbearing age in rural areas of Yogyakarta. Mothers who receive positive supports from their husbands have the chance to use LTCM contraceptive methods for 3.21 times than mothers who receive less husband's social support

DISCUSSION

According to the analysis result by using the statistics test Chi-Square, it has been acquired that there was no correlation between knowledge and LTCM selection on reproductive age women in Karang Sari Hamlet, Ngemplak, Sleman. This result is consistent with previous study who elaborated the factors that can affect the selection of LTCM contraception, namely economic status, information, and experience as well as the behaviour of mothers.¹⁴ Mothers with high education and inadequate knowledge can still choose to use LTCM if there is a sufficient access to health service facilities.¹⁴

Previous studies have explained that IUD contraception is a type of LTCM contraception that has high effectiveness in preventing pregnancy. However, the interest of women of childbearing age in using contraception is influenced by the incidence of

expulsion or failure of IUD contraception so that women of childbearing age prefer to use injection contraception, which is a type of non-LTCM contraception.¹⁴

The results in this study showed that the proportion of the number of reproductive age women with proper knowledge has almost similar percentage in selecting both LTCM or non-LTCM contraceptive methods. This matter indicated that proper knowledge does not certainly give positive impacts on the selection of long-term contraception. This study is consistent with the previous research of Deviasti et al., (2018) which resulted that positive cultural beliefs will affect the decision of mothers in using contraception. On top of that, self-confidence and positive behaviours of mothers could also shape the positive attitudes in their lives, positive behaviours are not only affected by knowledge but also affected by other factors.^{12,15}

Besides experiences, economic status also affects the selection of LTCM. Women with prosperous socioeconomic status will choose effective contraception, which in accordance with the previous study which stated that the adequacy of costs and family welfare are the factors that influence the selection of contraception on women.¹⁶ Economic status will affect and determine the availability of a facility required to install contraception. The source of information could also affect the selection of contraception. Information can provide the easiness to acquire an information that can help accelerate respondents to obtain new knowledge.^{16,17} In that order, it can be concluded that there are other dominant factors beyond the knowledge regarding LTCM selection, especially in rural areas of Yogyakarta.

The Correlation of Husband's Social Support on LTCM Selection

The result of this study showed that there was a significant relationship between husband's social support and LTCM selection on reproductive age women in rural areas of Yogyakarta. Women who receive positive social supports from their husbands regarding the use of contraception have the chance in choosing to use LTCM 3.21 times than the mothers who receive less social supports from their husbands. The result of this study is consistent with the research result of previous study conducted by Echezona in 2015 which showed that the awareness and support of husbands play very crucial role on the interest of their partners in using modern contraception and have 5x chances in selecting modern contraception compared to women who do not receive supports from their husbands.¹⁸ In the cultural aspect and married life, husbands have a crucial role in making decisions and being dominant in the decision around the reproduction health of women, including the planning of the number of children and the contraceptive use.^{18,19}

Other study has been done a path analysis regarding factors affecting the contraceptive use of IUD on married women, which elaborated that there was indirect relationship between husband's social support and the contraceptive use of IUD.¹² The forms of husband's social support provided to wives regarding the contraceptive use include the instrumental support, the informational support in motivating mothers to use contraception, the emotional support and reward given to wives in using long-term contraception.^{10,12}

A qualitative study conducted by Muniroh et al., (2014) showed a result that husband's prohibition or husband's disapproval in using long-term or effective contraception is reason why the need of using contraception on women is unfulfilled. Husbands are inclined to give their agreement in using non-long term contraceptive methods, such as pills and injections. Husbands are inclined to concern about side effects of long-term contraception, regardless, this condition also affects the perception of women in selecting the types of long-term contraception.²⁰

Husband's social support is highly affecting the decision of wives in selecting or using LTCM, because supportive husbands will make wives to be more confident, improving self-efficacy and perception to use the suitable and safe contraceptive devices over the

agreement between husbands and wives.^{12,20} The involvement of husbands in giving social supports in choosing contraceptive devices is also affected by several factors. This matter is consistent with the study of Balogun et al., (2016) in which the result showed that husband's education, the education level of husbands associated with the benefit of contraception and the side effects. In using contraceptive devices, husband's social support is the main factor that affects respondents in using long-term contraceptive devices because a husband is the partner or leader in a family in making decisions. The resistance of a husband in forbidding a wife to use contraception becomes the inhibiting factor in selecting modern contraception and LTCM on reproductive age women.¹⁹

CONCLUSION

The knowledge of reproductive age women regarding LTCM is not related to the selection of the types of LTCM contraception in rural areas of Yogyakarta. While, husband's social support has a significant correlation on the selection of long-term contraceptive methods of reproductive age women in rural areas of Yogyakarta. The support of husbands as the decision maker within a family will give positive impacts on Women to be able of selecting effective contraceptive methods in managing the birth spacing and restricting the number of births. The support of health workers is required to provide counselling, information, and education for couples in reproductive age to be able of using contraception effectively.

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