

## **SUPPORT RELATIONSHIP HUSBAND WITH MOTHER'S CONTRACEPTION SELECTION IN SIDOREJO VILLAGE, GODEAN, SLEMAN**

**Enny Fitriahadi, Mita Mailani**

*Faculty of Health, Aisyiyah University of Yogyakarta, Yogyakarta, Indonesia*

\*email korespondensi: [ennyfitriahadi@rocketmail.com](mailto:ennyfitriahadi@rocketmail.com)

### **Abstract**

*Contraception use is the most prominent birth control and is proven to bring impact on fertility rate. Higher maternal fertility rates will have an impact on maternal deaths. Higher population development and unexpected pregnancy become the risk that can happen due to inefficient contraception equipment use. Intra uteri contraception is the most effective, safe, and comfortable contraception equipment for a lot of women. The objective of the study was to investigate the correlation between husband's support and the choice of intra uteri contraception in Sidorejo Godean II Sleman Regency. The study employed analytical survey with cross sectional approach. The dependent variable was husband's support, and independent variable was the choice of intra uteri contraception. Sample taking used cluster sampling technique with 85 husbands as the respondents. Chi square test was used to analyze the data. The result of the study showed that analysis result with chi square test obtained significance value (p-value) 0.000 smaller than 0.05 ( $p < 0.05$ ). Statistical result showed that there was correlation between husband's support and the choice of intra uteri contraception. There was correlation between husband's support and the choice of intra uteri contraception. It is expected that husband's can give support holistically, so their wives can use contraception that is the most suitable with their condition and their comfort.*

*Keywords: husband's support, choice of intra uteri contraception*

### **Introduction**

The main problem faced in Indonesia in the field of population is the population growth is still high. The higher the population growth, the greater the effort made to maintain the welfare of the people. The threat of an explosion in the population of Indonesia is getting real. It is seen by the World Population Data Sheet 2013 Indonesia was the 5th in the world with the largest population, namely 249 million [1].

Data from Statistics Indonesia, the number of people, especially in Indonesia in 2010 was 237 641 326 inhabitants. This shows an increase in the number of population in 2000-2010 amounted to 15.21%. Therefore, the Government continues its efforts to reduce the rate of growth by the Family Planning (KB). The family planning program is an integral part (integral) in the national development program and aims to participate in creating welfare of the population of Indonesia, to achieve a good balance [2].

Contraception is a part of reproductive health services for the setting of pregnancy, and it is the right of every individual as sexual beings [3]. One focus of the cultivation of population and family

planning program in 2013 aimed at the use of LTM (long term contraception method) such as implants and intrauterine devices (IUDs). Although the program long-term use of contraceptives has been included in various government programs, but the numbers still low achievement IUD acceptors. Contraceptive use is still dominated by short-term contraception, especially injectable reached 48.56% and the pill is 26.60%. While the level of use of the method is the IUD Contraception Long Term reached 7.75%, 9.23% Implant [4]. Data from the province of Yogyakarta (DIY) in 2014 amounted to 35 815 new family planning participants (6.7%) with the amount of EFA have an IUD third position contraceptive device used is 17.1%. While this condition is inversely proportional to the amount of EFA that uses injections is 55.2%. This suggests that the very low interest in EFA against IUD use and this number does not meet the national target [5].

The use of contraception is the most important birth control and shown to affect fertility when not using. Fertility is an important factor of maternal mortality, the higher fertility of the mother, the higher the rate of maternal mortality. High fertility

and population growth uncontrolled increase the number of women dying during pregnancy and childbirth. Unwanted pregnancy is a risk that can occur when the use of contraception is not efficient [6]. From what has been described above that the importance of choosing an intrauterine for couples of childbearing age, so the authors are interested in doing research on "Relationships Contraception Election Support Against Husband In Womb In the village of Godean II Sleman Sidorejo 2016".

This study found that among a nationally representative sample of Mozambican women of reproductive age (15–49 years old), there was a significant effect from the husband/partner's healthcare decision making power on women's intentions to use contraceptives, especially among rural women, regardless of the number of living children. These findings support the call for targeting males for their greater involvement in reproductive health programs and initiatives being implemented in Mozambique. Male involvement in the family planning decision making process is likely to have an impact on Mozambique reaching its target goal of increasing contraception utilization by women of reproductive age. This is vital for the country as family planning is an effective public health tool that guarantees that women "stay healthier, are more productive, and have more opportunities for education, training, and employment, which in turn, benefits entire families, communities and nations" [7].

This study uses the 1993–94 Bangladesh DHS to evaluate the effect of the woman's perception of her husband's approval of family planning on her current and future use of modern contraception, after controlling for selected socioeconomic and demographic factors. While most husbands support family planning, contraceptive use among those whose husbands do not approve of family planning is much lower. In some areas of Bangladesh, however, husband's disapproval of family planning is still a major deterrent factor for woman's fertility control. As husband's approval does appear to be a major determinant of contraceptive uptake in similar developing countries in the region, more effective male targeting may be necessary for maintaining the success of the family planning programme in future [8].

## Experiment

*Research Design.* This research uses an analytical observation method which tries to explore how and why health phenomenon that

happens with cross sectional time approach. Then analyzing the correlation between the phenomena and the dynamics between the risk of the factor and the effect of the factor [9].

*Research Subject.* Population is the research object or the object under study [10]. The population in this study as many as 585 husbands who live in Sidorejo Village Godean II Sleman Yogyakarta. Sample is partially extracted from the entire object under study and is considered to represent the entire population. In this study sample were used as the research is all a husband whose wife using contraceptives in the village of Godean II Sidorejo Sleman. After calculating the sample for each hamlet, obtained the total sample of 85 acceptors. Sampling is done randomly (random) sampling mix that is the subject so that researchers gave the same rights in every subject [11].

*Research Instrument.* Instrument or data collection tool is a tool or facility used by researchers to collect data in order to work more easily and the results are better in the sense that a more thorough, complete, and systematic so more easily processed. The research instrument may include questionnaires, checklist, observation sheets, and forms relating to the recording of data [11]. The tool used in data collection is related to the support of the husband using the questionnaire. Questionnaire type using closed question (close ended) is a questionnaire whose answer has been determined by the researcher so that respondents only have alternative answers provided.

*Data Analysis.* The analysis of data after all data collection and data processing is done. Analysis of the data in the study using univariate and bivariate analysis. For bivariate analysis was conducted to determine whether there is a relationship between a dependent variable and independent variables [10]. Uji statistics used in this research is to use the basic formula of Chi Square. With  $\alpha$  of 0.05.  $\alpha$ : The level of significance.

## Results and Discussions

The results of the data analysis according to the characteristics of respondents by age showed a majority in the Village Sidorejo contraceptive acceptors are aged 39-43 years or as many as 25 (29.4%) (Tabel 1). It shows that the mature age can affect the decision to use contraception. In that age group, including the development of middle age where the future when it is more stable personality. According to the [12] age that is period of a

person's life, from birth to limit data collection, the level of maturity and strength will be more mature person believed to be from people who are not high maturity. This is part of the experience and maturity of the soul. A person's age can affect the suitability and accessibility of certain contraceptive methods.

The results of the data analysis characteristics of respondents by education level is known by most respondents with high school education level that is 50 respondents (58.8%) (Table 2). A good education level will affect the husband and wife in favor of using contraceptives. In order that the husband can receive and understand information

about the use of tools. Top of Form contraception and can help his wife's decision to contraceptives selected [13] According to the [14] level of education also affect the willingness of individuals and couples to determine the number of children. Various studies have shown that the level of education affect the increased use of contraceptives. Studies in Kenya show that highly educated respondents are significantly higher chance of supporting a wife to use contraception in the uterus and implants compared to less educated respondents, while respondents who are not school has a very small chance to be able to receive the information provided.

Table 1 Frequency Distribution of Age Characteristics of Respondents in Sidorejo Village Puskesmas

No	Age	Frequency (n = 85)	%
1.	24-28 Year	5	5.9%
2.	29-33 Year	8	9.4%
3.	34-38 Year	14	16.5%
4.	39-43 Year	25	29.4%
5.	44-48 Year	14	16.5%
6.	49-53 Year	17	20.0%
7.	54-58 Year	2	2.4%
Total		85	100%

Source: Primary Data 2016

Tabel 2 Frequency Distribution of Respondents Education at Sidorejo Village Puskesmas Sleman Godean II 2016

No	Husband Education	Frequency (n = 85)	%
1.	SD	5	5.9%
2.	Junior	18	21.2%
3.	SMA	50	58.8%
4.	College	12	14.1%
Total		85	100%

Source: Primary Data 2016

Table 3 Work Frequency Distribution of Respondents in Sidorejo Village Puskesmas Sleman Godean II 2016

No	Husband Work	Frequency (n = 85)	%
1	Labor	28	32.9%
2	Self Employed / Private	36	42.4%
3	PNS	9	10.6%
4	Military / Police	3	3.5%
5	Farmers	9	10.6%
Total		85	100%

Source: Primary Data 2016

Table 4 Frequency Distribution of Income of Respondents in Sidorejo Village Puskesmas Sleman Godean II 2016

No	Income	Frequency (n = 85)	%
1	<1,200,000	43	50.6%
2	1200000-2400000	29	34.1%
3	> 2,400,000	13	15.3%
Total		85	100%

Source: Minimum Wage Sleman 2016

The results of the data analysis of respondents by level of job characteristics known to most respondents are employee as self-employed or private as many as 36 respondents (42.4%) (Table 3). Respondents who live in the village Sidorejo partially work as a seller or self-employed. A job can affect respondents in providing support for contraceptive choice. The support to the wife that the man who have full time job is not full. For example, the support to husband and wife must be appeared by taking time to escort the spouse to do contraceptive counseling from health professionals. If respondents have a time-consuming job so take the time to deliver the wife can not be fulfilled.

The results of the data analysis characteristics of respondents by income level is known to most respondents respondents with incomes <1,200,000 as many as 43 respondents (50.6%) (Table 4). Sleman minimum wage is equal to 1.200.000. Respondents with incomes below get the minimum wage as well as some intrauterine choices. The progress can not be separated from the family planning program of economic levels of society because it related to the ability to use contraceptives. Therefore, the issue that the government program installation and use of contraception can be done for free in the health service. Contraceptive Acceptors Support Against Husband In Sidorejo Rahim in the village of Godean II Sleman.

The majority of respondents husband's support was high as many as 35 respondents (41.2%). Respondents who have a high husband support and the respondent with the support or the freedom of the high in helping wife choose the way or method using of contraception. Support in contraceptive use is divided into 4 supports, informational support, instrumental support, emotional support, and support award. Husband relationship has a full responsibility in a family and the husband has an important role where the husband is highly

demanded not only a breadwinner but the husband as a motivator in a variety of policies to decide the planning family planning too. It is not independent of the communication or discussion between both parties (husband and wife). Therefore, in the absence of such discussions could be an obstacle to the continuation of the use of contraceptives.

Selection Contraceptives In Rahim in the village of Godean II Sleman Sidorejo, The results showed that the number of respondents who did not choose intrauterine are 38 respondents (44.7%), while respondents who choose intrauterine are 47 respondents (55.3%) (Table 5). The choice of contraception is the decision to use contraception [15]. Contraception is used to prevent pregnancy. Selection of intrauterine contraceptive family planning acceptors in the village Sidorejo shows that it is divided into two categories. First category is the respondents who chose intrauterine and the respondent who did not choose intrauterine. According [6] the factors that affect the use of contraception, namely is husband's consent. Husband's consent is an important factor in approval or disapproval to take family planning decisions. Husband in the selection of contraceptive methods has an important role to support the reproductive health needs of the wife. In this case the husband give more support to the wife in choosing effective contraception.

The chi-square test p-value taken from Pearson Chi-Square is 0.000. Since the p-value  $0.000 > 0.05$ , it can be concluded that there is a relationship of husband support the selection of an intrauterine Village Sidorejo Year 2016 contingency coefficient value is obtained that  $C = 0.455$ . It can be concluded that the relationship contingency coefficient is moderate (0.40 to 0.599) (Table 6).

Table 5 Univariate analysis Support Husband On Contraceptives In Rahim and Selection Contraceptives In Rahim in the village of Godean II Sleman Sidorejo

No	Variable	Σ	%
1.	Support Husband		
	a. Low	29	34.1
	b. Moderate	21	24.7
	c. High	35	41.2
2.	Selection of Contraception In Womb		
	a. Not choose	38	44.7
	b. Choose	47	55.3

Source: Data Primer, 2016

Table 6 Relationship Support Against Election Husband Contraceptives In Rahim in the village of Godean II Sleman Sidorejo

Support husband	Selection AKDR				Total		<i>P-value</i>	C
	No choose		Choose		F	%		
	F	%	F	%				
Low	22	25,9%	7	8,2%	29	34,1%	0,000	0,455
Average	10	11,8%	11	12,9%	21	24,7%		
High	6	7,1%	29	34,1%	35	41,2%		
Total	38	44,7%	47	55,3%	85	100%		

Source: Data Primer, 2016

The results are consistent with research was conducted that there is a relationship between husband support and knowledge with the election of intrauterine devices show that influencing the husband's support that the wife will use contraception. The results are consistent with the theory of [16] the participation of men is indirectly one way to support his wife in family planning. If the wife agreed to be using birth control, husband's role is to provide support and give freedom to his wife to use contraception or manner / method of family planning.

Husband as the father in the family has a formal role as head of the family. The structure of a role in this, namely: the ability to communicate, the ability to share, the ability of a support system among members, self-care ability, and ability to solve problems [17].

The association between the husband/partner making the healthcare decision for the woman and her intention to use contraceptives was observed among rural women, but not among urban women. This may be due to the fact that family planning services are more likely to be available in urban than in rural areas, and women in urban areas are more likely to be aware of these services and their benefits. Moreover, urban women are more likely to be educated, employed and empowered, allowing them to make independent choices about their health without overly -relying on their partners. While data from Mozambique are limited on these observations, studies from other countries have found a consistent relationship between a woman's education, employment status, socioeconomic status, and place of residence (urban vs. rural) and their utilization of modern contraception [7]

## Conclusion

Based on the results of research and discussion undertaken characteristics of respondents aged 39-43 years old and most of as many as 25

respondents (29.4%), educational characteristics mostly high school educated respondents ie 50 respondents (58.8%), the majority of respondents work characteristics great work as self-employed / private as much as 36 respondents (42.4%), and the characteristics of the respondents largely income income <1,200,000 as many as 43 respondents (50.6%). Support husband against intrauterine election in the village of Godean II 2016 Sidorejo most are high that totaled 35 people (41.2%). Respondents who choose intrauterine in the village of Godean II Sleman Sidorejo in 2016 as many as 47 respondents (55.3%) and respondents who did not choose intrauterine in the village of Godean II Sidorejo in 2016 that as many as 38 respondents (44.7%).

The relationship between husband support the selection of an intrauterine based test with contingency coefficient showed that  $C = 0,455$  so that it can be concluded that the relationship contingency coefficient is moderate (0.40 to 0.599) and occupies the third level of the five levels of analysis results using Chi-Square. There is a relationship of husband support the selection of an intrauterine in the village of Godean II Sidorejo 2016 with statistically significant test results (Ha accepted, Ho is rejected),  $p$ -value  $0.000 < 0.05$ .

## Suggestion

### *For husband*

With the results of this study are expected her husband to increase knowledge about contraception by providing comprehensive support and balanced so that the wife in the use of contraceptives in accordance with the conditions and forget.

### *For Midwives*

As a contribution applicable to health professionals, especially midwives in order to further optimize the delivery of information about family planning, especially about intrauterine since the final trimester of pregnancy examination.

*For researchers*

The results of this study can be followed up by studying other factors so that it can continue this research with variables or other factors which may affect the selection of an intrauterine with further research with a larger respondent.

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