

Husband's support on the use of intrauterine device (IUD) and implant contraceptives among Indonesian couples

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ABSTRACT

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The involvement of men in family planning has an important role in making decisions related to the use of contraception.

Objectives: This study aimed to determine the effect of husband's support on the use of IUDs and Implant contraception among Indonesian couples.

This is an analytic survey with a cross-sectional approach. The sample was selected by using the Slovin formula, resulted 398 respondents. Sampling was carried out using accidental sampling. Data collection was carried out using a questionnaire. Validity and reliability tests were carried out using Pearson's product-moment and Cronbach's alpha. Results analysis of the study was carried out by multiple logistic regression.

251 (63.1%) husbands were supporting the use of IUDs and Implant contraception as much as 147 (36.9%) others did not support the use of both contraceptives. The results of multiple logistic regression analysis are OR = 7,713; p = 0,0001. Husband's support influences the use of IUDs and Implant contraception.

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1. Introduction

Nationally, family planning programs in Indonesia are more directed at the use of long-term contraceptive methods (IUDs, Implants, tubectomy, and vasectomies) rather than the short-term ones (injections, pills, and condoms) (BKKBN 2015). Although long-term contraceptives such as the IUD and Implant are effective in preventing pregnancy and are reversible, women are prefer to select injection methods to IUDs (Bintoro et al. 2019). Globally, about 9% of women of childbearing age worldwide use oral contraceptives and up to 18% in developed countries (Bawah et al. 2019)

Peipert et al (2011) stated that IUDs and implants are proven to be safe, effective, estrogen-free so that they can be used earlier in the postpartum period (Center of Disease Control, 2010), no patient compliance, no repeated visits, and no post-installation additional costs. Long-term contraceptive methods also reduce the risk of recurrent pregnancy and abortion (Trussell et al., 2009); are more effective in preventing unwanted pregnancies than pills, patches, or contraceptive rings; and are effective in all ages (Winner et al., 2012). According to Vinogradova, Coupland, & Hippisley-cox (2015), oral contraceptive pills are known to be associated with an increased risk of thromboembolism.

Social demographic factors, communication about family planning, and fertility preferences play an important role in contraceptive use (Apanga & Adam, 2015). Husbands' consent determines the use of contraceptives. Research (Frost & Lindberg, 2013) showed that 30% of women answered that the use of contraception was based on the wishes of their husbands.

Discussion, dialogue between husband and wife, and husband's agreement (partner) help alleviate fear and misinformation and increase the use of modern contraception (Yue, O'Donnell, & Sparks, 2010). This study aims to determine the effect of husband support on the use of IUDs and Implant contraceptives.

2. Methodology

This is an analytical survey research with a cross-sectional approach (Bruce, Pope, and Stanistreet 2008). conducted in August-November 2018. The population in this study was 102,254 respondents in Sleman Regency using contraception IUDs, implants, pills, injections, and condoms. The sample calculation using the Slovin formula yielded 398 respondents. Sampling was carried out using accidental sampling. Data collection was carried out using a questionnaire. The validity and reliability of the questionnaire tests were carried out using Pearson's product-moment and Cronbach's alpha. Analysis of the results of the study was carried out by multiple logistic regressions.

3. Result

3.1. Distribution of Respondent Characteristics, Level of Knowledge, Husband's Support, and Use of Contraception

The frequency distribution of respondents' characteristics, level of knowledge, husband's support and the use of contraception can be seen in Table 1 below:

Table 1. Distribution of Respondent Characteristics, Level of Knowledge, Husband's Support, and Use of Contraception

No.	Variable	N	%
1	Age		
	< 20 Years old	3	0,8
	20-30 Years old	83	20,9
2	>30 Years old	312	78,4
	Educational level		
	Elementary-Secondary School	84	21,1
3	High School	265	66,6
	College	49	12,3
	Level of knowledge		
4	Low	152	38,2
	Moderate	225	56,5
	Good	21	5,3
5	Husbands' supports		
	Not support	147	36,9
6	Support	251	63,1
	IUD implant users	244	61,3
7	Non IUD and implant users	154	38,7

Source: 2018 Primary Data

Table 1 shows that 78.4% of respondents were over 30 years old, 66.6% were high school graduates, 51.6% had sufficient knowledge about contraception and family planning, 63.1% of husbands supported the use of an IUD and implants, and 61.3 % use IUDs and implants.

3.2. Correlation of age and use of IUDs and implants.

The correlation between age and use of the IUD and implants can be seen in [Table 2](#) below:

Table 2. Bivariate Analysis with Chi Square Test Between Age and Use of IUDs and Implants

Age	The use of IUD and Implants				Total		P
	Not IUD and implant		IUD and implant		N	%	
	N	%	N	%			
<20 years old	1	0,251	2	0,50	3	0,75	0,590
20-30 years old	52	13,06	31	7,78	83	20,85	
>30 years old	191	47,98	121	30,40	312	78,39	
Total	244	61,31	154	38,69	398	100	

Source: 2018 primary data

[Table 2](#) shows that age does not affect/relate to the use of IUDs and implants with p-value = 0.590

3.3. The correlation between educational level and the use of IUDs and implants

The correlation between educational level and the use of IUDs and implants can be seen in [Table 3](#) below:

Table 3. Bivariate Analysis Using the Chi Square Test on the Correlation Between the Level of Education with the Use of IUD, Implants

Educational level	The use of IUD and Implants				Total		P
	Not IUD and Implant		IUD and Implant		N	%	
	N	%	N	%			
Elementary school	54	13,57	30	7,54	84	21,11	0,713
High School	162	40,70	103	25,87	265	66,58	
College	28	7,04	21	5,27	49	12,31	
Total	244	61,30	154	38,69	398	100	

Source: 2018 primary data

[Table 3](#) shows that there is no correlation between the educational level with the use of IUDs and implants with p-value = 0.713

3.4. The correlation between Knowledge with The use of IUD and Implants

The correlation between the level of knowledge with the use of IUDs and Implants can be seen in [table 4](#) below:

Table 4. Bivariate Analysis Using the Chi Square Test on the Correlation Between the Level of Knowledge with the Use of IUD, Implants

Knowledge level	The use of IUD and Implants				Total		P
	Not IUD and Implant		IUD and Implant		N	%	
	N	%	N	%			
Low	98	24,62	54	13,57	152	38,19	0,581
Moderate	134	33,67	91	22,86	225	56,53	
Good	12	3,01	9	2,26	21	5,28	
Total	244	61,30	154	38,69	398	100	

Source: 2018 primary data

[Table 4](#) shows that there is no correlation between the level of knowledge with the use of IUDs and Implants with p-value = 0.581

3.5. The Correlation between Husband's Support With The use of IUD and Implants

The correlation between husband's support with the use of IUD and Implants can be seen in [table 5](#) below:

Table 5. Bivariate Analysis Using the Chi Square Test on The Correlation Between the Husband's Support with The Use of IUD, Implants

Husband's support	The use of IUD and Implants				Total		OR	P
	Not IUD and Implant		IUD and Implant		N	%		
	N	%	N	%				
Not support	130	32,66	17	4,27	147	36,93	9,190	<0,0001
Support	114	36,18	137	34,42	251	63,06		
Total	244	61,31	154	38,69	154	38,69		

Source: 2018 primary data

[Table 5](#) shows that there is a statistically significant correlation between the husband's support and the use of IUDs and implants with p-value = 0.0001

3.6. Multivariate Logistic Regression Test Results For Each Variable

Multivariate logistic regression tests on each variable showed that age, education level, and knowledge level did not affect the use of IUDs and Implants, while husband's support influenced the use of IUDs and Implants ([table 6](#))

Table 6. Multivariate Analysis of Factors Affecting the Use of IUDs and Implants with Multiple Logistic Regression Tests

Independent variable	Exp (b)	CI 95%		P
	OR	Lower limit	Upper limit	
Knowledge	1,236	0,821	1,860	0,310
Education (College)	1,038	0,686	1,568	0,861
Age (> 30 years old)	0,742	0,417	1,321	0,310
Attitude (positive)	2,376	1,456	3,879	0,001
Husband's support (support)	7,713	4,299	13,838	0,0001

Source: 2018 Primary Data

Those with higher education were 1.038 more likely to use an IUD and implants than those with lower levels of education (OR = 1.038; CI 0.688-1.568; p = 0.861). Those over the age of 30 years were more likely to use an IUD and implants 0.742 times more than those less than 30 years (OR = 0.742; 95% CI 0.417-1.332; p = 0.310). The use of IUDs and implants by mothers of more-than-3 children is 0.559 times greater than those with 1 or two children (OR = 0.559; CI 0.369-0.849; p = 0.006). Sami support for the use of IUDs and implants can improve the use of contraception by 7,713 (OR = 7,713; 95% CI 4,299-13,838; p = 0.0001).

4. Discussion

The results showed that most of the childbearing age couples aged 30 years and over. In addition, the analysis also shows that age does not affect the use of IUDs and implants by women of childbearing age. This is in line with research which reported that statistically, age does not influence behavior but rather social influence ([Radulovi et al. 2016](#)). In addition, social influences can influence the healthy behavior of individuals, families, friends, and the work environment ([Bintoro et al. 2019](#)).

The educational level of most respondents in this study was high school, in that it did not affect the use of IUDs and implants. Pinontoan (2014) stated that the level of education did not affect the use of an IUD. The high level of education of a person does not necessarily underlie the use of IUD or implant contraception. Users have other reasons underlying their use of contraception. One of the reasons is comfort and compatibility with previous contraception ([Ahmed et al. 2019](#)).

Knowledge of family planning and contraception determines the process of one's acceptance of the use of contraception. Besides, it also determines important steps towards access and use of appropriate and effective contraception. In fact evidence stated that the lack of knowledge about family planning inhibits the use of contraception ([Sundararajan et al. 2019](#)). But the results of this

study did not show the effect of knowledge on the use of an IUD or implant. This is in line with a research conducted in different context which showed that contraceptive knowledge possessed by students does not increase its use (Mbugua and Karonjo 2018). The use of IUDs and Implant contraception is influenced by knowledge, social norms (Dynes, Stephenson, Rubardt, & Bartel, 2012), the role of the counselor (Robby et al, 2019), and service limitations (Babalola, Figueroa, and Krenn 2017).

The results showed that the husband's support influenced the use of IUDs and implants. This finding meet with another study which stated that there is a significant relationship between the husband's opinion regarding implants on the use of contraception (Baschieri et al. 2013). Green (1980) stated that behavior is determined by three factors, namely predisposing factors, supporting factors, and driving factors. Support is included in the driving factors that determine a woman's behavior in the use of implants; the greater the role of the husband in the use of implants, the higher the level of use.

Husbands/partners are important figures in the sexual and reproductive lives of women and contribute to the culture in which women live. The husband is one of the closest people to women of childbearing age where his support influences the choice of contraception. The involvement of men in family planning can deal with misperceptions, myths, gender attitudes, and health problems. More than that, men play an important role in making decisions related to contraceptive use. A study revealed that the husband's opinion influences the determination of contraceptive use by the wife (Sundararajan et al. 2019). It means that men's involvement in family planning programs can improve some contraceptive practices in the future (Tilahun, Coene, Temmerman, & Degomme, 2014)

Social demographic factors, partner communication about family planning, and fertility preferences play an important role in contraceptive use. Apanga & Adam (2015) prove that the high awareness of family planning services is not always directly proportional to the acceptance of the service. This happens when community members do not get good information about the benefits of family planning. Educational campaigns about the benefits of family planning services can reduce misunderstandings and improve access and utilization of these services.

Husband and wife discussion and the role of the husband in encouraging such dialogue can help minimize fear and misinformation thereby increasing the use of modern contraception (Yue, O'Donnell, & Sparks, 2010). Improved couple communication can help women identify their husband/partner's consent (Prata et al., 2015). On the other hand, poor communication tends to trigger uncertainty or indifference, as reported by many women regarding approval or encouragement about the ideal family. It means that men must also be educated about the benefits of family planning services to increase their agreement and support for the use of contraception.

5. Conclusion

Husband's support influences the use of IUDs and Implant contraception. Communication between husband and wife plays an important role in the use of contraception where each husband and wife should have a dialogue about the contraception to be used.

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