

The Relationship between Husband's Support and the Use of Contraceptive Implants in Fertile Age Couples at the Posi-Posi Community Health Center

Nimsi^{1*}, Anik Purwati²

¹⁻²ITSK RS dr. Soepraoen Malang, Indonesia

nimsichi@gmail.com¹, anikasyda@itsk-soepraoen.ac.id²

*Corresponding Author: nimsichi@gmail.com

Abstract. An essential component of family planning and reproductive health is the use of contraceptives. By controlling the number and spacing of births, spouses may improve the welfare of their families by selecting the appropriate method of contraception. The purpose of this study is to ascertain if implant contraceptive use in the Posi-Posi Community Health Center Working Area of Morotai Regency in 2025 is correlated with spouse support. This study employs a cross-sectional, quantitative research design with a sample of 20 respondents who accept implant contraception. A questionnaire measuring device with a p-value $< \alpha$ value = 0.05 was employed for data analysis utilizing the Chi Square statistical test. According to the study's findings, 13 respondents utilized implants, and 20 respondents received assistance from their husbands (p.value = 0.000). The usage of implant contraceptives was shown to be significantly correlated with the husband's support. It is required of midwives to educate family planning acceptors so they may make informed decisions about the contraceptives that best fit their requirements.

Keywords: Contraceptive Implants; Family Planning; Husband's Support; PUS; Spouse Support.

1. INTRODUCTION

One of the world's emerging nations, Indonesia is dealing with a number of issues, including population increase. The government has been and continues to carry out development in all areas to address population challenges in an effort to improve the welfare of the country. A family planning program is one initiative the government must undertake to manage population challenges. Indonesia's population was 238,518,000 according to the 2015 census, and it is predicted to rise by 271,066,000 in 2020 (Sugiana et al., 2021). According to WHO data, pregnancy problems and associated treatment contributed to a global maternal death rate of 211 per 100,000 live births in 2017 (WHO, 2019).

Through raising the marriage age, birth control, building family resilience, and enhancing the welfare of small, contented, and successful families, the Family Planning Program seeks to raise community knowledge and engagement. One way to lower maternal mortality is through family planning, especially when it comes to the four T diseases: being too young to have children (less than 20), having too many children, and being between productive and old age. Maternal mortality, including births and tight spacing (over 35 years). Additionally, the family planning program seeks to achieve both physical and mental well-being by enhancing family quality, which in turn fosters a sense of stability, tranquility, and optimism for a brighter future (Sugiana et al., 2021).

Law No. 10 of 1992 (concerning population development and the development of prosperous families) defines KB (family planning) as an endeavor to raise public awareness and participation through birth control, the Age of Marriage Maturation (PUP), building family resilience, and enhancing the welfare of small, happy, and prosperous families. The Indonesian Central Bureau of Statistics reports that the number of KB users in Indonesia has surged recently. The proportion of KB users rose from 55.04% in 2021 to 55.36% in 2022, 55.49% in 2023, and 56.26% in 2024. This information is derived from a nationwide socioeconomic study that examines Indonesians' use of contraceptives.

The implant is a hormonal contraceptive method placed under the skin of the arm. It provides protection for 3 to 5 years and is highly effective. Its effectiveness is 99.95 %, meaning that out of 10,000 implant recipients, only 5 will become pregnant (BKKBN, 2020).

The WHO reports that the use of contraceptives has grown in many regions of the world, especially in Asia and Latin America, with sub-Saharan Africa having the lowest rates. From 54% in 1990 to 57.4% in 2014, the usage of modern contraceptives has marginally grown globally. It climbed from 23.6% to 27.6% in Africa, from 60.9% to 61.6% in Asia, and somewhat from 66.7% to 67.0% in Latin America and the Caribbean. (WHO, 2020).

Based on the Indonesian Health profile data, the Percentage of KB Acceptors according to contraceptive methods in 2021, the number of PUS in Indonesia in 2021 was 38,409,722 people with a total of 22,061,905 KB participants with a percentage of 57.4%. The percentage according to contraceptive methods in 2021 was condoms 402,321 people (1.8%), injections 13,119,689 people (59.9%), pills 3,458,659 people (15.8%), IUD 1,750,257 people (8.0%), MOP 49,208 people (0.2%), MOW 916,575 people (4.2%), implants 2,190,740 people (10.0%), MAL 10,400 people (0.0%) (BKKBN, 2021).

By approving Law Number 52 of 2009, the government established the Family Planning Program, which addresses Population Development and Family Development, in order to regulate the pace of population increase, establish equilibrium, and build successful families. In order to produce successful families, the Family Planning Program aims to estimate the number of children born, space births, pay attention to the age of birthing, and manage pregnancy through promotive, preventative, and supporting activities tailored to reproductive rights. Through the use of contraceptives or infertility treatments, the family planning program seeks to be able to anticipate the expected births by couples of reproductive age (PUS), realize the expected number of children, and space out the births of children (WHO, 2016). Contraception is an effort made to prevent pregnancy (Hill, Siwatudan Robinson, 2020).

There are two target categories of the family planning program, namely direct targets are married and living together PUS aged 15 to 49 years. Meanwhile, indirect targets are organizers and those responsible for the family planning program that seeks to establish wealthy and high-quality families by lowering the birth rate through a methodical policy approach (Ministry of Health of the Republic of Indonesia, 2014).

A married couple whose woman is between the ages of 15 and 49, a married pair whose wife is younger than 15 and has begun menstruation, or a married couple whose wife is older than 50 but is still menstruating are all considered fertile age couples (PUS) (Kadarisman & Kurniawati, 2014). According to BKKBN West Java Province (2020), PUS who are family planning participants are fertile age couples whose spouse is presently using or has used one of the contemporary contraceptive techniques or devices throughout the year of the family data collection.

Contraception is highly advised for pregnant women (PUS) in order to control their fertility. Controlling population growth and lowering the maternal mortality rate (MMR), especially for women with the 4T conditions too young, too frequent, too close, and too old are additional objectives (Ministry of Health of the Republic of Indonesia, 2019).

The PUS's choice of contraceptive method is influenced by a variety of factors, including predisposing factors like health attitudes, social structure, and demographic traits like age, income, education, preferred number of children, and knowledge. Access to health services, spouse and family support, the time and expense of travel, and the use of health insurance are examples of supporting factors. Encouraging factors include support from health workers, quality of family planning services, perceptions of health status, and diagnosis (Selva Adilla, 2020).

In actuality, a lot of women have trouble figuring out which kind of contraception is best for them. This barrier is frequently caused by ignorance. The outcomes of human perceiving, or an individual's understanding of an item through their senses, are referred to as knowledge itself (Notoatmodjo, 2017; Akbar, 2019).

As the leader of the household, the husband is essential and has the authority to approve or disapprove of his wife's behavior. The husband has a highly powerful position in the family and has the authority to determine whether or not his wife will utilize contraception. When it comes to his wife's choice of contraceptive technique, the husband supports her. His support is therefore crucial as it may offer encouragement and consolation when deciding whether to use or stop contraception.

Husband's involvement in family planning includes support for contraceptive use in planning family size to create a happy, small family. Husband's support in contraceptive use can include planning the desired number of children, his support in accompanying his wife or taking her for implantation or check-ups, his support in providing the time and funds or costs incurred for the implantation, and his advice on using a contraceptive method (Ramadhani, 2017).

Given the aforesaid context, the researcher is interested in carrying out a study at the Posi-Posi Community Health Center in Morotai Regency titled "The relationship between husband's support and the use of contraceptive implants in fertile age couples" (PUS).

2. RESEARCH METHODS

Cross-sectional study methodology was employed. The investigation was carried out during October and November of 2025. All women of reproductive age who visited the Posi-Posi Community Health Center and accepted family planning made up the study's population. Every family planning acceptor who attended the Community Health Center and satisfied the inclusion requirements was given a questionnaire to fill out and a permission form to be included in the study sample.

Random sampling with inclusion and exclusion criteria was the method utilized for sampling. Women of reproductive age who participated in family planning, were willing to participate in study, and visited the Posi-Posi Community Health Center in Morotai Regency for implant family planning met the inclusion criteria. Non-implant family planning participants who did not visit the Posi-Posi Community Health Center in Morotai Regency were excluded. Both bivariate and univariate analysis were employed. The significance criterion of $\alpha = 0.05$ was employed in the chi-square test.

3. Results and Discussion

Univariate Analysis

The study's frequency distribution of respondent attributes includes parity, age, education, and employment.

Table 1. Frequency Distribution of Respondent Characteristics.

Category	Frequency	Presentation
20-30	14	70
31-35	6	30
Total	20	100
Elementary School	4	20.0
JUNIOR HIGH SCHOOL	5	25.0
SENIOR HIGH SCHOOL	8	40.0
PT	3	15.0
Total	20	100
Doesn't work	12	60
Work	8	40
Total	20	100
≤2	16	80
>2	4	20
Total	20	100

Age

According to the frequency distribution of age features in the above table, 6 respondents (30%) were between the ages of 31 and 35, and 14 respondents (70%) were between the ages of 20 and 30. These figures showed that the respondents' average age was between 20 and 30. The choice of contraceptive technique can be influenced by an individual's age. Age above 20 years is the phase where pregnancy and pregnancy prevention are possible, so the majority of individuals tend to choose to use contraception.

According to a 2020 study by Wahyuni et al., 72.5% of women using long-term contraception (MKJP) were aged 20-35. Spacing or managing fertility in women aged 20-30 is recommended to space their pregnancies at a maximum of 3-4 years. Women over 30 are advised to terminate their fertility if they have already had two children.

Education

Four respondents (20%) had only completed elementary school, five respondents (25%) had completed junior high school, eight respondents (40%) had completed high school, and three respondents (15%) had completed college, according to the frequency distribution of educational characteristics in the table. These statistics showed that the respondents' average educational attainment was high school. The primary tool and endeavor for the effective use of family planning is education. In order to improve people's health and quality of life, education is crucial for gaining access to knowledge on items that might promote health. Women with greater levels of education typically prefer fewer children than women with lower levels of education.

Contraceptive choice is impacted by a person's educational attainment, which is linked to the idea of making decisions that will be utilized suitably, successfully, and in line with their purpose. According to a 2017 study by Sari and Sulityorini, 67 respondents (77.9%) had higher

education levels (high school and undergraduate). This is in line with Law No. 23 of 2003 concerning the National Education System's regulations on education levels, which stipulate that a good level of education must be completed in nine years.

Work

The frequency distribution of occupational characteristics in the table shows that the majority of respondents were unemployed housewives (12 respondents (60%), and 8 respondents (40%) were employed. The housewives in this study were mothers who did not have any side activities to supplement their income. It is known that work itself is an economic activity to earn additional income or primary income, carried out both outside and inside the home. Contraceptive choice is influenced by socioeconomic status, which is related to the availability of equipment and the cost of accommodation to health services.

Anggrainy, Amalia, and Effendi's 2022 study found a strong correlation between profession and the usage of contraceptives, particularly IUDs. According to the findings of the univariate test, 33 out of the 69 respondents (47.8%) were housewives or jobless. According to research by Irsyami, Soenarnatalina, and Dewi in 2022, 5,093 respondents (57.63%) were employed acceptors. The analysis results obtained a significance value of 0.018 ($p < 0.05$), indicating that occupation influences contraceptive choice.

Parity

According to the frequency distribution of parity features in the above table, four respondents (20%) have more than two children, while the majority of respondents (16 respondents, or 80%) have less than two. The well-being of a family is influenced by the number of live children. This has a direct bearing on how the family views the number and caliber of children. Generally speaking, high-wealth families place more value on the caliber of their offspring than their number. Consequently, families with low well-being tend to have low levels of education and engage in early marriage, ultimately resulting in many children. Parity, or the number of children, influences contraceptive choice, including by considering the phase, number of children, and birth spacing. Women who want to space out their births use non-contact contraceptives, while women who do not want to have more children can choose non-contact contraceptives.

According to a 2022 study by Irsyami, Soenarnatalia, and Dewi, 2,986 respondents (33.8%) had two live children, and the test findings showed a significant value of 0.000 ($p < 0.05$), indicating that the number of children effects the choice of contraceptive technique.

Bivariate Analysis

In the operating region of the Posi-Posi Community Health Center in Morotai Regency, the choice of long-term contraceptive methods, namely implants, is explained by the bivariate analysis in this study.

Table 2. Bivariate Analysis of the Relationship between Husband's Support and the Use of Contraceptive Implants

Husband's Support	Usage		Implant		Amount		P value
	Yes	No	F	%	F	%	
Support	13	100	0	0.0	13	100	0.000
Does not support	1	14.3	6	85.7	7	100	

The chi-square test revealed a p-value of 0.000 ($<\alpha = 0.05$), indicating a strong correlation between the usage of implant contraception in the Posi-Posi Community Health Center Area in 2025 and spouse support. Therefore, it is statistically established that there is a connection between the usage of implant contraceptive and the support of one's husband.

This study supports the findings of Nur Azizah Amirudin's research (2020), which examined the relationship between a husband's support and the choice of implant contraceptive methods in the Pampang Community Health Center work area. Of the seven respondents (100%), four had husbands who did not support and had recently chosen implant contraception, and three had husbands who did not support but had long-term implants (42.9%). Of the 44 respondents (100%) there were 4 respondents (15.9%) with husbands who supported new use of implants and there were 27 respondents (87.1%) with husbands who supported and had long used implants. There is a correlation between the choice of implant contraceptive methods among KB acceptors in the Pampang Community Health Center work area and the husband's support, according to the results of statistical tests using chi square, which yielded $\rho = 0.025$ and the significance limit of the α value = 0.05.

This study is consistent with Eva Nurseptiana's (2022) findings regarding the variable of husband's support: 25 respondents (44.2%) who did not use implant contraception and 2 respondents (3.5%) who did, whereas 49 respondents (33.9%) who did not use implant contraception and 10 respondents (12.9%) who did. There is a correlation between husband support and the use of AKBK among women of reproductive age in the Lipat Kajang Community Health Center Working Area in 2022, according to statistical tests using the chi-square test, with a p-value of 0.032 <0.05 .

The findings of this study are consistent with a 2020 study by Safitri, which discovered a substantial correlation (p-value of 0.000) between the usage of Long-Term Contraceptive

Methods (MKJP) and spouse support. A 2020 study by Maawaddah found that "Husband's support has a very positive impact on the family, especially with the partner." A husband's support will help you feel more confident while choosing a method of birth control. Additionally, because they have their husbands' support, encouragement, and permission, women can utilize contraception worry-free.

According to a 2017 study by Budiarti, Nuryani, and Hidayat, couples need to be sufficiently, if not more, knowledgeable about contraception, particularly long-term methods, in order to support their wives in selecting and using contraception by giving them permission, encouragement, and even attention. Accordingly, family planning acceptors' conduct is greatly influenced by their husbands' support, particularly when it comes to choosing and using long-term contraceptive methods to continue using them.

The study's findings are consistent with the theory of health behavior, which holds that social support especially from a partner plays a reinforcing role in forming health-related habits. A wife's views and actions while selecting an efficient form of contraception that satisfies the family's reproductive needs might be influenced by her husband's support.

According to the researcher's hypothesis, the family benefits much from the husband's assistance, particularly with the partner. The woman will feel confidence in her decision because of her husband's backing, particularly when it comes to selecting an implant. Because implants are safe, long-lasting, have few adverse effects, and restore fertility fast after removal, the majority of men advise their spouses to have them. Despite their husbands' encouragement, some ladies choose not to utilize implants because they are afraid of the insertion procedure.

As a result, husbands' participation in family planning programs must be consistently expanded through partner education and counseling. Health professionals are essential in giving husband and wife accurate information and promoting communication so that decisions about contraception may be made appropriately and cooperatively.

4. CONCLUSION AND SUGGESTION

Conclusion

Several conclusions can be made based on the analysis and discussion of the data. For example, the characteristics of the respondents in the Posi-Posi Community Health Center work area indicate that the majority of PUS mothers are between the ages of 20 and 30, with 14 respondents (70%) and 6 respondents (30%) being between the ages of 31 and 35. In terms of educational attainment, the majority of respondents eight, or 40% have completed secondary education (high school), three, or 15%, have completed higher education (university), five, or

25%, have completed junior high school, and four, or 20%, have completed elementary school. According to employment status, up to 12 respondents (60%) are jobless, while up to 8 respondents (40%) are employed. According to the number of children (parity), 16 respondents (80%) have less than two children, while 4 respondents (20%) have more than two children.

Respondent factors including age, education, career, and parity have an impact on the choice of long-term contraceptive methods. The majority of respondents who are spacing out their pregnancies and are between the ages of 20 and 30 choose effective contraception that is used for an efficient amount of time. Education level and parity significantly influence family welfare, which contributes to contraceptive choice, thus providing greater access to information about long-term contraceptive methods. Respondents' status as housewives with additional income also influences their contraceptive choice through their social environment.

The chi-square test yielded a p-value of 0.000 ($<\alpha = 0.05$), indicating a strong correlation between the usage of implant contraception in the Posi-Posi Community Health Center Area in 2025 and spouse support. Therefore, it is statistically established that there is a correlation between the usage of implant contraceptive and the support of one's partner. It is required of midwives to counsel family planning acceptors so they may make informed contraception choices based on their requirements.

When choosing a contraceptive technique, husbands' support is very important. This assistance can come in the form of instrumental support, like taking spouses to medical facilities, informational support, like helping them locate information on contraceptive implants, or emotional support, like giving them attention and encouragement. This form of support can increase wives' confidence and comfort in using long-term contraception, such as implants.

Suggestion

The importance of the husband's role and support in choosing the appropriate contraceptive method for couples of childbearing age needs to be emphasized to clients and their families. Community health centers are encouraged to increase the involvement of husbands in the selection of contraceptive methods and to utilize the findings of this study as a basis for developing programs that assist couples of reproductive age in choosing suitable contraceptives. For the midwifery study program, the results of this study can contribute to enhancing students' scientific knowledge, particularly in understanding the relationship between husband support and contraceptive choice, as well as serving as a reference for future research. Furthermore, future researchers are expected to develop similar studies with more comprehensive approaches by using the results of this research as reference material.

BIBLIOGRAPHY

- Adilla, S. (2020). Factors influencing the choice of injectable contraceptives in KB acceptors.
- Akbar, M. A. (2019). *Textbook of basic concepts in community nursing*. Deepublish.
- Amiruddin, N. A., Suhartatik, & Dewi, I. (2020). Factors associated with the choice of implant contraceptive methods among KB acceptors. *Scientific Journal of Health Diagnosis*, 15(4), 378–382.
- Anggrainy, N., Amalia, R., & Effendi, H. (2022). The relationship between knowledge, parity, and mother's occupation with the use of intrauterine device contraception. *Scientific Journal of Batanghari University, Jambi*, 22(2), 675–680.
- Badan Pusat Statistik Provinsi Sumatera Selatan. (2021). [Data statistik].
- Badan Pusat Statistik. (2015). *Indonesian statistics 2015*. <https://doi.org/0126-2912>
- BKKBN West Java Province. (2020). *Number of PUS and active KB participants*.
- BKKBN. (2020). *Pocket book for field officers of the national family planning program: Counseling materials*.
- BKKBN. (2021). *Indonesian health profile 2021*.
- Budiarti, I., Nuryani, D. D., & Hidayat, R. (2017). Determinants of long-term contraceptive method (LTM) use in KB acceptors. *Health Journal*, 8(2), 220–224.
- Hakim, P. C. (2019). The relationship between age, education, and mother's occupation with implant KB acceptance at Sri Gunung Community Health Center, Musi Banyuasin Regency.
- Hasmiatin. (2016). The relationship between knowledge support, husband support, and culture with the use of implant contraceptives in fertile age couples in the working area of Abeli Health Center, Kendari City (Unpublished thesis). Halu Oleo University.
- Hill, N. J., Siwatu, M., & Robinson, A. (2020). “My religion picked my birth control”: The influence of religion on contraceptive use. *Journal of Religion and Health*, 53(3), 825–833.
- Irsyami, A. W., Soenarnatalina, S., & Dewi, D. M. S. K. (2022). Analysis of sociodemographic factors and family planning services in modeling the selection of contraceptive types in Indonesia. *Bhamada: Journal of Health Science and Technology*, 13(1), 24–37.
- Kadarisman, Y., & Kurniawati, Y. (2014). Analysis of factors influencing non-participation of fertile age couples (PUS) in the family planning program in Pujud District, Rokan Hilir Regency.

- Kusmiwiyati, A. (2018). The influence of the use of family planning decision-making tools (ABPK) on the selection of long-term contraceptive methods (MKJP). *Journal of Maternal and Child Health*, 3(2), 1–11.
- Mahmudah, L. T. N., & Indrawati, F. (2015). Analysis of factors related to the selection of long-term contraceptive methods (MKJP) among female KB acceptors. *Unnes Journal of Public Health*, 2(2), 76–85.
- Matahari, R., Utami, F. P., & Sugiharti, S. (2020). *Textbook of family planning and contraception*. Pustaka Ilmu.
- Mawaddah, M. (2021). Husband's support for the choice of IUD contraception. *Jidan: Journal of Midwifery Science*, 1(2), 127–134.
- Ministry of Health, Republic of Indonesia. (2019). *Indonesia health profile 2018*. https://doi.org/10.5005/jp/books/11257_5
- Nasution, A. A. P. (2019). Parents' perceptions of children who marry at an early age (Unpublished thesis). Muhammadiyah University of Surakarta.
- Notoatmodjo, S. (2018). *Health research methodology*. Rineka Cipta.
- Nurhayati, S., & Mariyam. (2013). Mothers' knowledge and skills in perianal care for infants aged 0–12 months. *Pediatric Nursing Journal*, 1(1), 37–43.
- Oktavianah, S. (2022). Factors associated with the selection of implant contraceptive devices in women of childbearing age.
- Safitri, S. (2021). Maternal knowledge and husband's support in relation to the use of long-term contraceptive methods. *Baiturrahim Jambi Academic Journal*, 10(1), 47–54.
- Safitriani, E., Hasbiah, & Amalia, R. (2021). The relationship between mother's knowledge, attitude, and husband's support with the choice of implant contraceptives. *Scientific Journal of Batanghari University, Jambi*, 22(1), 364–369.
- Sari, A. N., & Sulistyorini, E. (2017). Analysis of factors influencing the choice of long-term contraceptive methods. *Indonesian Midwifery Journal*, 8(2).
- Saskara, I. A. G. D., & Marhaeni, A. A. I. N. (2015). The influence of social, economic, and demographic factors on contraceptive use in Denpasar. *Source*, 82(25), 4159.
- Sugiana, E., Hamid, S. A., & Sari, E. P. (2021). Factors influencing the use of contraceptive implants. *Scientific Journal of Batanghari University, Jambi*, 21(1), 372–377.
- Wahyuni, S., Hindun, S., Mardani, E., & Setiawati, D. (2021). Characteristics of long-term contraceptive method selection in Palembang City. *Mahakam Midwifery Journal*, 6(2), 58–68.
- World Health Organization. (2020). *Maternal mortality*.