



HUSBAND'S SUPPORT WITH ADHERENCE TO THE INJECTION SCHEDULE FOR MOTHERS

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Research Report

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ABSTRACT

Introduction: Contraception is a method or tool used to prevent pregnancy. Injectable contraception is a type of hormonal contraceptive method. Contraceptive failure is the main source of unwanted pregnancies, failures can be caused by a lack of support from the closest people. The study aimed to determine the relationship between husband's support and adherence to repeat contraceptive injections by mothers. **Methods:** This research is analytic research with a cross-sectional design. The study population was 219 couples of childbearing age who were injectable contraceptive acceptors. The sample technique is purposive sampling, with a total sample of 40 couples of childbearing age. For data collection techniques researchers use a questionnaire. The analytical test used is the Chi Square Test. **Results:** Results showed that 28 respondents received high support from their husbands (70%), and 33 respondents adhered to repeat injection contraceptive visits (82.5%). Results of bivariate analysis with Chi Square obtained p value = 0.000. **Conclusions:** There is a relationship between husband's support and compliance with injection contraceptive repeat visits. Health education is needed for the husband and family to support regular repeat visits to minimize the occurrence of contraceptive failure.

ARTICLE INFO

Received August 02, 2023

Accepted September 28, 2023

Online Oktober 31, 2023

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Keywords:

Adherence, Husband's Support, Injectable Contraceptives

INTRODUCTION

Based on Law No. 52 of 2009, Family Planning is an effort to regulate the birth of children, the ideal spacing and age of childbirth, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights to create quality families. Contraceptive use aims to fulfill everyone's reproductive rights, help plan when and how many children you want, and prevent unwanted pregnancies. Proper use of contraception can reduce the risk of death for mothers and babies (Kemenkes RI, 2021). Contraception is defined as an intervention that reduces the chance of pregnancy after sexual intercourse. According to a report from 2013, an estimated 99% of women who have ever had sexual intercourse

used at least 1 contraceptive method in their lifetime (Teal and Edelman, 2021).

Injection contraception is a contraceptive that has high effectiveness if the injection is done regularly and on schedule. Incorrect injection time can reduce the effectiveness of these contraception. The failure of the injectable contraceptive method was caused by delays in the acceptor's re-injection. There are several factors that affect acceptors' compliance with family planning (KB) injections, including education, occupation, level of knowledge, number of children, health facilities and husband's support. The husband's role in contraception for his wife is to support the couple using contraception by making appropriate repeat visits. Compliance is the level of accuracy of an individual's behavior with



medical or health advice and describes the use of drugs according to the instructions on the prescription and includes their use at the right time (Mardani, 2021).

High rates of contraceptive discontinuation impose a cost on the woman, her family, and her country's health system. Discontinuation can lead to unintended pregnancies, causing social, economic, and emotional distress, and also contribute to maternal morbidity and mortality (Karim *et al.*, 2019).

Indonesia is a developing country that has a fairly high population growth rate. Indonesia ranks fourth in the world according to the 2018 World Population Data Sheet, with a population of 265 million. Indonesia ranks first among ASEAN countries with a Total Fertility Rate (TFR) of 2.4 (Kaneda *et al.*, 2018).

Increasing population is one of the global problems that have arisen throughout the world, in addition to issues of global warming, economic downturn, food problems and declining population health. A large population without being accompanied by adequate quality, in fact becomes a burden for development and makes it difficult for the government to increase economic growth and national development. Therefore the Government of Indonesia encourages Couples of Reproductive Age (PUS) to take part in the Family Planning Program (KB) (Eniyati *et al.*, 2020).

The East Java National Population and Family Planning Agency (BKKBN) shows that the use of injectable birth control ranks first, reaching 443.11.0, followed by birth control pills and implants (Kominfo, 2015). As much as 18% of pregnant women of at-risk ages who have unwanted pregnancies. Women who experience contraception failure are 8.5 times more likely to have unwanted pregnancies. Problems affecting the performance achievement in percentage reduction in the discontinuation rate of contraceptive use (dropout rate) in 2019 are as follows. Lack of coaching for acceptor group participants, high participation of non-MKJP contraception and quite high drop-out rate (Kemenkes RI, 2021). There is still a low level of counseling that provides information about side effects/problems of contraception used

(Badan Kependudukan dan Keluarga Berencana Nasional Republik Indonesia, 2020).

Husband plays an important role as the head of the family who has the right to support or not support what his wife does. role of the husband in the family is very dominant and holds the power in making decisions whether the wife will use contraception or not. Husband's support is needed because it can provide motivation and comfort in choosing to use contraception. In addition, the husband also plays a role in the regularity of a wife's return visits in contraception use, the husband's support is needed in this regard. Husband becomes an individual who plays a role as support for the wife in choosing to use the chosen contraceptive method so that the husband's support is very much needed because it can provide motivation and comfort in choosing to use the contraceptive method or even stopping. When using contraception, the husband's support is very much needed, it known that in Indonesia the husband's decision to allow his wife an important guideline for his wife to use contraception (Sudirman and Herdiana, 2020).

MATERIALS AND METHODS

This study used a correlation analytic research method with a cross sectional approach, conducted in Danguk Village, Karangjati District, Ngawi Regency. The population is 219 couples of childbearing age who use injectable contraception. Number of samples in this study were 40 respondents, the sampling technique used was purposive sampling, namely non-random sampling where researcher determines sampling by establishing special characteristics that accordance with the research objectives so that they are expected to be able to answer research problems. Samples studied were based on inclusion and exclusion criteria. Inclusion criteria are women aged 20-35 years, have at least one child, have never had an abortion, live at home with husband, use injectable contraception, can communicate well orally and in writing and were willing to be respondents. Primary data was obtained from data collection by distributing questionnaires to 40 respondents who received injections and looked at the respondent's family planning visit

card. Data analysis with univariate analysis with frequency distribution and bivariate analysis using Chi square statistical test.

RESULTS

1. Age

Table 1. Frequency Distribution of Respondents (Mothers) Based on Age

Age	Frequency	Presentation (%)
20-25 year	3	7.50 %
26- 30 year	29	72.50 %
31-35 year	9	20.00 %
Total	40	100 %

Based on table 1, shows that the characteristics wife as a respondent are based age for couples of childbearing age who use the injection contraceptive method namely that most are aged 20-35 years (76.92%)

2. Education

Table 2. Frequency Distribution Respondents (Mothers) Based on education category

Education	Frequency	Presentation (%)
Basic education	6	15%
Middle education	21	52.50 %
Higher education	13	32.50%
Total	40	100 %

Based on table 2, shows that characteristics of wife as a respondent based on their last education are couples of childbearing age who use the injection contraceptive method, namely that most of them have middle education with a total of 21 people (52.50%) and none of them have basic education 0%.

3. Occupation

Table 3. Frequency Distribution of Respondents (Mothers) Based on Occupation

Occupation	Frequency	Presentation (%)
Housewife	23	57.50 %
Private sector employee	10	25.00 %
Self-employed	4	10.00 %
Government employees	3	7.50 %
Total	40	100 %

Based on Table 3, shows that characteristics of wife a respondent based on

their work are for couples of childbearing age who use injection contraceptive method, namely that most of them are housewives of 23 people (57.50%) and a small number respondents as government employees totaling 3 people (7.50%)

4. Income

Table 4. Frequency Distribution of Respondents (Mothers) Based on income

Income	Frequency	Presentation (%)
< 2.000.000	17	42.50 %
>2.000.000	14	35 %
No Income	9	22.50 %
Total	40	100 %

Based on Table 4, shows that characteristics of wives some respondents are based on income for couples childbearing age who use the injection contraception method, namely that most respondents have an income of <2,000,000 as many 17 people (42.50%) and a small number of respondents 9 people (22.50%) do not have income.

5. Husband Support

Table 5. Frequency distribution based on husband's level of support for injection acceptor mothers

Husband's Support Level	Frequency	Presentation (%)
High Support	28	70 %
Moderate Support	7	17.50 %
Low Support	5	12.50 %
Total	40	100 %

Based on Table 5, shows that level of husband's support for repeat visits to Inject Acceptor Mothers is most of the husbands have high support, namely 28 people (70%) and a small proportion have low support, namely 5 people (12.50%).

6. Obedience

Table 6. Frequency distribution based on adherence to repeat visits by injection acceptors.

Obedience	Frequency	Presentation (%)
Obey	33	82.50 %
Not Obey	7	17.5%
Total	40	100 %

Based on Table 6, shows that adherence to repeat visits by injection family planning acceptors was that majority of mothers were obedient during return visits, namely 33

7. Contraceptives in Mothers

Table 7. Relationship between Husband's Support and Compliance with Repeat Visits for Injecting

Husband's Support Level	Return Visit Obedience				Total		P Value
	Obey		Not Obey		n	%	
	n	%	n	%			
High	27	67.5	1	2.5	28	70	0.000
Middle	5	12.5	2	5	7	17.5	
Low	1	2.5	4	10	5	12.5	
Total	33	82,5	7	17,5	40	100	

Based on the results of the Chi square analysis, it was obtained that p value = 0.000, meaning that there is a relationship between husband's support and adherence to repeat injection contraceptive visits in mothers.

DISCUSSION

Method this injectable contraceptive is a method that popular and the most popular type of contraception. Matter That's because injectable contraception is a method Effective contraception is a deep method its use is possible nyai effectiveness or level Continuity of use is relatively high as well as figures failures are relatively lower in comparison with simple contraception. Injectable contraception is done every time month 1 month and some every 3 months (Ambarwati, 2020). The injectable contraceptive method is the most widely used contraceptive method, especially the three-month injectable contraceptive method (progestin only). Advantage of the three-month injection contraceptive method is very effective, but acceptors must make a repeat visit every three months to get the optimal benefit from contraception. In addition, there are several side effects that can cause acceptors be reluctant to come back for injections. These side effects include changes in menstrual patterns and weight gain, menstrual disorders that cause acceptors to have no desire or encouragement either from themselves or from outside, for example husbands, to get re-injections from health workers (Noriani dan Rahayu, 2022). Injectable contraceptive is highly efficacious, safe and effective method of contraception requiring less frequent dosing and can be used in lactating female. Women who received information on injectable contraceptive, efficacy and side effects are more likely to continue injectable contraceptive use (Nigam,

people (82.50%) and a small proportion were disobedient during repeat visits, namely 7 people (17.50%).

Mishra and Rathod, 2023). The uptake of contraceptives among couples is affected by various factors, which include socioeconomic status, education, religion and wrong perceptions about family planning determine the utilization of modern contraception among Pakistani women (Sarfranz *et al.*, 2023).

Based on World Contraceptive Use data in 2019, as many as 74 million women in the world aged 15-49 years (8%) use injectable contraception, while in Indonesia 23.2% which is the highest number of types of contraceptive methods used by women aged 15 - 49. Due to the low failure rate of this type of injectable contraceptive, it is categorized as a method of contraception with high effectiveness (Sari *et al.*, 2022).

The results of the research above show that the compliance rate in injectable contraceptive repeat visits is quite high, namely that there are 82.5% who comply with injectable contraceptive revisits and 17.5% who do not comply. It was stated that 70% had high husband support and 12.5% low husband support. This proves that public awareness, especially husbands, understands the importance of using contraception and the importance of compliance in making repeat visits for injectable contraception, for which husband's support is very necessary.

There are several factors that affect the adherence of acceptor mothers to re-inject the contraceptive injection, including the support of the husband. The husband is the wife's life partner who has full responsibility in a family

where the husband is not only required to earn a living but as a motivator in various policies in a family. Husband support is one type of social support, reciprocal interaction between husband and wife which can lead to a relationship of dependence on one another (Pratiwi *et al.*, 2023).

Regular repeat visits for injectable contraception are very important to note for every couple of childbearing age, this because the effectiveness of injectable contraception depends on timely repeat visits, because is late or misses an injection it can increase the risk of pregnancy (Kemenkes RI, 2021). Husband's support has a big contribution for wife to make repeat injection contraceptive visits on schedule. However, what needs to be considered is that the husband's support cannot be given in half measures, such as providing only instrumental support, informative, emotional or just appreciation, it is better if the husband's support is given in full covering all aspects of it (Mardani, 2021).

Husband's support is needed in implementing family planning. Husband's support can affect wife's behavior. If a husband does not allow or support a wife in using contraception, then the wives will tend to follow and only a few wives have the courage to continue using contraception. Based on the research results, most husbands support their wives well or positively, so that in this case there is a good response from husbands for their wives in using contraception. High support of husbands for their wives in this study was due to husband's great concern for his wife who wanted to use contraception, but good husband support for contraception does not guarantee good use of contraception. Addition the important role in supporting decision making, the husband's role in providing information is also very influential for the wife (Sudirman and Herdiana, 2020).

Based on results the study, it was found that there was a significant relationship between husband's support and adherence to repeat injection contraceptive visits. This means that the higher the husband's support for his wife, higher the level of wife's compliance in repeat injection contraceptive visits, and vice versa, the lower the husband's support, the

lower the wife's compliance level in repeat visits.

CONCLUSIONS

Based on results the research and discussion as well the purpose the correlation analytic study above, it was found that the description of husband's support for repeat injection contraceptive visits to mothers indicated that the majority of respondents received high husband support in injecting family planning repeat visits, as many as 28 people (70%). While the description the adherence of mothers to repeat injection contraceptive visits shows that majority of mothers comply with repeat injection contraceptive visits, as many as 33 people (82.50%). There is significant relationship between husband's support and adherence to injection contraception repeat visits for mothers with p value = 0.000. Hoped that the results of this study can add to knowledge of couples childbearing age about the importance adherence to injection contraceptive repeat visits and important husband support during repeat visits. In addition, it hoped that health workers will provide complete education to couples of childbearing age (husband and wife) about repeat injection contraception visits and the impact of non-adherence on repeat visits, general knowledge of injectable contraception includes understanding, side effects, effectiveness of contraception.

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