

The Relationship Between Husband's Support and Decision-Making Regarding IUD (Intra Uterine Device) Use

Rodiyah Hannumh

Akademi Kebidanan Madina Husada Panyabungan, Panyabungan, Indonesia

Article Info

ABSTRACT

Keywords:

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Many women experience difficulties in choosing a contraceptive method. This is not only due to the limited available methods, but also due to their lack of knowledge about the requirements and safety of these methods. Various factors must be considered, including health status, potential side effects, consequences of failure or unwanted pregnancy, planned family size, partner approval, and even cultural norms of the environment and parents. The purpose of this study was to determine the relationship between husband's support and the use of IUDs (Intra Uterine Devices) in the Bangunharjo hamlet, Bangunkerto, Turi, Sleman. This study used an analytical survey method with a cross-sectional time approach. The population in this study were all women of childbearing age at Posyandu Nusa Indah 1 and Posyandu Nusa Indah 2, totaling 65 people, and a sample of 31 people was obtained using a purposive sampling technique. The statistical test used was chi-square with the results read using Fischer's exact test, and the result was 0.059. In this study, the calculated p-value was greater than 0.05, so the hypothesis was rejected. Thus, it can be concluded that there is no relationship between husband's support and the decision to use an IUD (Intra Uterine Device) in Huraba I Village, Siabu District, Mandailing Natal Regency. Based on the research results and discussion, the author can provide suggestions to the PUS to increase information about IUDs so that the decision to use an IUD is based on the mother's health condition, not only based on the husband's wishes or because they are influenced by others.

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Corresponding Author:

Rodiyah Hannumh

Akademi Kebidanan Madina Husada Panyabungan, Indonesia

Email :

INTRODUCTION

Indonesia, with a current population of around 215 million, is the fourth largest country in the world after China, India, and the United States. This large population is related to Indonesia's high population growth rate in the past, which was primarily influenced by the birth rate. This has been reduced, but in absolute terms, Indonesia's population will continue to grow (Iswarati et al., 2025:1). 02

Rapid growth that is not balanced with economic growth will have a significant impact and burden on the population, for example in terms of food, education, and healthcare. If economic growth is unable to keep pace with population growth, the poverty level of large

families will increase. Indonesia aims to transform poverty into prosperity by implementing a family planning program (Wahyuni, 2025). In choosing a method, besides considering its effectiveness, side effects, benefits, and inherent limitations, there are also individual factors within the prospective acceptor and external factors that ultimately influence the prospective acceptor's decision-making. There are two types of contraceptive acceptance: initial acceptability and continued acceptability. Initial acceptability depends on how Motivation and persuasion provided by family planning workers. Acceptance is further influenced by many factors such as age, region (rural or urban), education and occupation, religion, motivation, customs, and, no less importantly, the nature of the family planning method. Many women experience difficulties in deciding on a contraceptive method. This is not only due to the limited availability of methods, but also due to their lack of knowledge about the requirements and safety of these methods. Various factors must be considered, including health status, potential side effects, the consequences of failure or unwanted pregnancy, planned family size, partner approval, and even cultural and parental norms. For all of this, counseling is a crucial and integral part of family planning services (Saifuddin, 2023). Women's roles are still limited to decision-making within the family or in domestic matters, while husbands remain the dominant decision-makers, and many believe that their husbands are the ones who should be respected in decision-making because it is common practice in society and has been traditionally held as heads of families. While formal and informal education greatly influences decision making in the family where women who work to help the family economy are expected not to prioritize education. The number of effective KB participants in November 2023 is 362,378 with 7,729 new KB acceptors, of which the number is then divided into IUD KB participants as many as 5,950 (18.68%), MOW 1,141 (3.58%), MOP 357 (1.12%), implant 2,416 (7.58%), injection 17,363 (54.52%), pills 3,083 (9.68%), condoms 1,535 (4.82%) (BKKBN, 2023). The number of new KB acceptors is 641 IUD users, 90 MOW users, 68 MOP users, 446 condoms, 244 implant users, 2256 injection users and 455 pills. The data shows that a total of 9,422 people, consisting of 1,286 (13.65%) IUD acceptors, 1,428 people (15.15%) MOW acceptors, 36 people (0.38%) MOP acceptors, 224 people (2.38) implant acceptors, 5,070 people (53.81%) injection acceptors, 987 people (10.47%) birth control pill acceptors, 379 people (4.02%) condom acceptors and 12 people (0.13%) birth control tissue acceptors (BKKBN, 2023). The expansion and development of the National Family Planning program is gradually carried out through research and development activities. Another support for the success of the National Family Planning program is by increasing the effectiveness and effectiveness of the program's supporting elements by providing complementary contributions according to their respective functions. The success of this program can be achieved with a high political commitment from the government and the tenacity and sincerity of the implementing units, community participation and institutions as well as community members (Arum, 2025: 15). Based on a preliminary study in Huraba I Village, Siabu District, Mandailing Natal Regency, in 2025 the number of fertile age couples (PUS) was 65 pairs. Of the PUS in Huraba I Village, Siabu District, Mandailing Natal Regency, it turned out that only 6 people (9.23%) and the rest used the contraceptive method of implants as many as 2 people (3.07%), injections 32 people (49.23%), condoms 6 people (9.23%), MOW 2 PUS (3.07%), pills 8 (12.30%), MOP none, and the rest did not use any contraceptive method as many as 9 people (13.84%).

METHODS

Intrauterine Device

An intrauterine device (IUD) is a highly effective, safe, and reversible method of birth control for some women, particularly those who do not have STIs and have previously given birth. An IUD is a small plastic or metal device inserted into the uterus through the cervical canal. Its primary function is to prevent fertilization, contrary to the widely held belief that it induces abortion (Pendit, 2020: 20). An intrauterine device (IUD) is an effective, safe, and convenient contraceptive option for many women. It is the most commonly used reversible contraceptive worldwide (Glasier and Gebbie, 2021: 116).

Sample

A sample is a portion of the population being studied, which is certainly capable of representing the population. The sample used was 31 mothers in Huraba who were obtained based on existing criteria, namely respondents who were still PUS (15-49 years old), had a minimum education of junior high school, and were all Muslim. The sampling technique used was purposive sampling, namely a technique for determining samples with certain considerations based on predetermined criteria.

Decision

According to Handoko in Dahlan (2022), making decisions is part of the thinking process when someone considers, understands, remembers and processes everything, something that is decided to be done after assessing a situation, reality or event that is being faced.

Data collection

Sampling technique is the process of selecting a portion of a population to represent the population. Sampling technique is the method used in sampling to obtain a sample that truly represents the entire research subject (Nursalam, 2021). This research used accidental sampling, namely the questionnaire method. The data collection tool, the questionnaire, was given to the research subjects through the existing Posyandu cadres, who first provided an explanation of the questionnaire that the research subjects had to complete. After the questionnaires were completed, the cadres collected them and then collected them by the researcher.

RESULTS AND DISCUSSION

The research sample was mothers or wives who were at the Siabu Community Health Center Posyandu, as many as 16 people and at Huraba II as many as 15 people, both those who used contraceptives or not using contraceptives, as many as 31. From the research results obtained data as follows.

Table 1. Respondent Characteristics

No	Characteristics	Amount	%
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1	Age (years)		
2	15-21	3	9.67
3	22-28	12	38.71
4	29-35	5	16.13
5	36-42	9	29.04
6	43-49	2	6.45
	Total	31	100
7	Education		
8	JUNIOR HIGH SCHOOL	5	16.13
9	SENIOR HIGH SCHOOL	21	67.74
10	PT	5	16.13
	Total	31	100
11	Work		
12	Housewife	16	51.61
13	Private	2	6.45
14	Self-employed	7	22.59
15	Trader	2	6.45
16	Farmer	3	9.67
17	civil servant	1	3.23
	Total	31	100

From the table above shows that from 31 respondents based on mother's age, data were obtained as many as 3 respondents with an age range of 15-21 years (10%), 12 respondents with an age range of 22 and 28 years (39%), 5 respondents with an age range of 29-35 years (16%), 9 respondents with an age range of 36-42 years (29%) and 2 respondents with an age range of 43-49 years (6%). The results of the study show that most of the respondents' ages are between 22-28 years, namely 12 respondents (39%) of 31 respondents, so some respondents are experiencing adulthood. In adulthood, the elements of will and conscience play a big role Faridah cit Haditono. In this regard, respondents have the will and desire to choose contraception that they have believed in. At the level of education, it shows that from 31 respondents based on mother's education level, data were obtained as many as 5 respondents (16%) with junior high school education, 21 respondents (68%) with high school education and 5 respondents (16%) with college education. The higher a person's level of education, the higher the level of knowledge and the easier it is to accept and develop knowledge and technology (Faridah cit Agustina, 2000). Respondents who have a high level of education will have a better understanding in making decisions based on logic or based on their health conditions. The occupation table shows that from 31 respondents based on their mother's occupation, data obtained were 16 housewives (52%), 2 respondents (6%) with private jobs, 7 respondents (23%) self-employed, 2 respondents (6%) traders, 3 respondents (10%) farmers and 1 respondent (3%) civil servant. Based on the research results, the majority of mothers, 16 respondents (52%), were housewives. Environmental factors in the surrounding community can significantly influence the decision to use an IUD, particularly through frequent communication, which further strengthens the decision to use an IUD.

The decision to use an IUD was determined by comparing it to the average score, with a score of "Yes" if the score was above or equal to the average and a score of "No" if the score was below the average. Overall, husbands' support for the decision to use an IUD was as follows:

Table 2. Husband's support in making the decision to use an IUD

No	Supporthusband	Frequency	Percentage
1	Yes (support score above average)	13	41.9
2	No (support score < average)	18	58.1
	Total	31	100

Husband's support for the decision to use an IUD was generally 18 respondents (58.1%) whose husbands did not support the decision to use an IUD, and the remaining 13 respondents (41.9%) supported the use of an IUD. Decision Making for IUD Use

Overall, according to the research results, some respondents' husbands did not support the decision to use an IUD. The results showed that 18 respondents (58.1%) did not support the decision to use an IUD, while the remaining 13 respondents (41.9%) supported the decision to use an IUD. Men play a crucial role in supporting their families' relationships and reproductive health. Suharti (2008) stated that the husband, as head of the family, has significant influence in every decision-making process within the family. A husband is considered to have broad insight and will benefit from the decisions he makes. Essentially, decisions are solely for the benefit of the family, as they demonstrate a husband's role in protecting and nurturing the family.

Based on the results of the study conducted to determine the form of husband's support in making the decision to use an IUD, namely in the form of material support, psychological support, appreciation support and informative support. From the results of the study, it can be seen that based on the average form of husband's support for making the decision to use an IUD, it has high support, especially in the form of material support with an average value of 4.8710 from 31 respondents. Meanwhile, the lowest husband's support among the four forms of husband's support is support in the form of informative support with an average value of 2.3226. The form of husband's support in the form of physical and appreciation each has an average value of 3.2258 and 3.0323, respectively. According to House and Kahn cit Kuntjara (2002) there are various forms of husband's support for his wife in accompanying his wife to choose the appropriate contraceptive. These forms of support are very prominent in the form of material. Material support can be directly felt by the wife so that the motivating factor is very functional.

The results indicate that most husbands do not support their wives due to various factors, including the still-conflicting information within the community, which assumes that the IUD is a contraceptive device that has too many side effects for wives. This could be due to a lack of knowledge about contraceptives themselves. Another common misconception is that if a wife uses an IUD, their relationship will be disrupted due to the presence of a foreign object. This is as recounted by the husband of one respondent who did not support his wife's use of an IUD. They lack knowledge of the truth, which is that an IUD will not disrupt marital relations as long as the IUD threads are cut evenly or not sharp. Such truths should be disseminated by competent individuals, such as health professionals. These frequent negative rumors reinforce the belief that IUD use will cause significant harm to both the wife and the husband.

CONCLUSION

Based on the results of the research and discussion, the following conclusions can be drawn, namely that 18 respondents (58.1%) did not receive husband support and 13 respondents (48.9%) received support from their husbands. 6 respondents (19.4%) stated

that they used an IUD and 25 respondents (80.6%) stated that they did not use an IUD. There is a relationship between husband support and the decision to use an IUD (Intra Uterine Device) in Bangunharjo Hamlet, Turi, Sleman in 2010 with a result of 0.059.

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