

# HUSBAND'S KNOWLEDGE AND ATTITUDE ON FAMILY PLANNING TO SUPPORT DECISION-MAKING OF CONTRACEPTION

Ferina<sup>1</sup>, Yulinda<sup>1</sup>, Chris Sriyanti<sup>1</sup>

<sup>1</sup>Department of Midwifery, Poltekkes Kemenkes Bandung. Jalan Sederhana No. 2 Bandung, Indonesia. ZIP code 40161

Email:jewelferina28@gmail.com

#### Abstract.

**Background**: Family planning was a government program to balanced population growth and enhancequalityfamilies. However, efforts to administer contraceptive services were stilldominated by women, because the types of methods available are more aimed at women. On the other hand, in accordance with the diversity of cultures, customs, values and religion in Indonesia, decision making on the choice of contraceptive methods was still dominated by men/husbands, even though the wife's knowledge of contraception was good, if there was no husband's support the wife cannot use contraception. The aim of this study was to know husband's knowledge of family planning and attitudes to support decision making of contraceptive used.

**Methods**: It was descriptive studywith cross sectional approach. The sampling technique usedmultistagerandomsampling. It was involved 130 married couples from Pasteur, Bandung.

**Results :**There were 55.4% of husbands' lack of knowledge about family planning, most (61.5%) husbandswere positive about family planning. There were 56,6% of husbandslackknowledge about family planning withlack of attitude about family planning.

**Conclusion**: The aspects of belief, culture, social values makehusband as a determinant in decisionmaking of contraceptive used. It was important to develop the concept of husband's contraceptive counseling to enhance contraceptive used.

## Introduction

Organizing family planning to assist candidates makes decisions and realizes right to accountability regarding marriage, making, number of children, health care, and health education for the family.[4]

In Indonesia, family planning efforts to increase community integration and participation, family development, welfare planning with religion, socioeconomic and cultural development, and values that live in the community. Until now, the target is still discussing women, because of the types of contraceptive methods available are still more for women, so the participation of women in family planning in Indonesia is still 2% .[1].Most people consider family planning to be a matter of women so that more women choose family planning from their husbands who must have family planning.[8].

In most developing countries, including Indonesia, decisions on the number of children to be approved and the use of contraception is still used by men/husbands.[12,14,10]. Even when the wife's knowledge about contraception is good, if the husband's support is not available, the wife cannot

use contraception. [1] The indirect role of men/husbands in making these decisions cannot

be agreed upon from the aspects of the existing religious, social, cultural and value systems. Therefore, the role of the husband cannot be underestimated or even ignored.[12,14,10].

Family planning efforts are responsible for both women and men, so deciding contraceptive methods represents the needs of husbands and wives, without waiving acceptable rights.[8]. The involvement of men in family planning is a form of participation in the family planning decisions making process, men's knowledge of family planning and male contraceptive use. Associated with men in family planning is realized through its role in supporting partners with family planning, contraceptive use and regulating the number of children. Men's/husband's participation in family planning is responsible for men/husbands in family planning participation, as well as healthy and safe section behaviour for themselves, spouses and families, including those involved in making methods for making decisions for their partners.

The form of men/husband participation in family planning can be done directly and indirectly. The participation of men/husbands uses one contraceptive method such as condoms, vasectomy, interrupted sexual relations or periodic abstinence methods. While indirect participation can be in the form of positive support and attitudes about family planning.[16]

A positive attitude can be obtained with good knowledge about family planning. Husbands who have good knowledge and positive attitudes about family planning must provide positive assistance in family planning, determine the number of children, behave sexually healthy for themselves, and supportive partners. This positive knowledge and attitude will be obtained if health workers can see the husband's role in making decisions about family planning. Husbands who are involved in family planning decisions can encourage contraceptive use according to their needs and partners, and increase accountability in the survival of family planning. Therefore, researchers are interested in knowing the husband's knowledge and attitudes about family planning.

#### Methods

This type of research is an observational descriptive study using a cross-sectional design with variable knowledge and attitude of the husband about family planning.

The target population in this study were all fertile age couples in the city of Bandung. Sampling in this study was conducted using multistage random sampling technique. Pasteur Village was chosen as the research site. Data collection is carried out during July to August. A large sample is minimal by inviting missing data by 130.

The data collection instrument uses a questionnaire that has been tested and analyzed using the Rasch Model. The Cronbach alpha results for the knowledge questionnaire were 0.72 (good), while attitudes and support were 0.78 (good).

Data analysis using the Statistical Package for Social Sciences (SPSS). Univariate analysis using frequency distribution, percentages, and cross tables.

#### **Results and Discussion**

### **Characteristics of Respondents**

The characteristics of respondents were presented to see a description of the characteristics of the husband involved in this study.

Based on the results of the study, the largest percentage of husbands from fertile women who

depend on adults who can support their wives and support fertility use contraception so that it can be produced healthily. Supporting a husband is very important in providing contraceptive support to support family health and well-being. [9]

**Table 1. Characteristics of Respondents** 

Husband'sCharacteristics	n	%						
Age (yearsold)								
20-29	12	9,2						
30-39	46	35,4						
40-49	48	36,9						
>50	24	18,5						
Education								
Basic	9	6.9						
Intermediate	96	73.8						
Height	25	19.2						
Employment								
Employee	128	98,5						
Unemployee	2	1,5						
Income								
More than minimum wage	41	31,5						
Under minimum wage	89	68,5						
Information exposure								
Yes	97	74,6						
No	33	25,4						

Tabel 1 shows an overview of categories of age, education, employment, income, and exposure to information about respondents' contraception

Table 2. Knowledge and Attitude of Husbands about Family Planning

Husband'sKnowledge	n	%
Good (≥75)	58	44,6
Less (<75)	72	55,4
Husband'sattituted (Cut off)		
Positive	77	59,2
Negative	53	40,8

Table 2 shows a description of the husband's level of knowledge and attitude about family planning. Most of the husband's knowledge is less about family planning. Most husbands' attitudes are positive about family planning.

Table 3. Cross tables of husband's knowledge and attitudes about family planning

		•	•	_		
	Husband'sknowledg	Husband's attitude			tude	Tota
	е	Positive		Negative		I
		N	%	N	%	•
•	Good	3	53,	2	56,	58
		1	4	7	6	
	Less	4	63,	2	39,	72
		6	9	6	1	
	Total	7	59,	5	40,	130
		7	2	3	8	

Table3shows that 56,6% of husbands lack knowledge about family planning with lack of attitude about family planning.

Involvement men in the family planning will increase discussion between partners about contraception. Husband support is a predictor that allows women to try to use contraception. In this context, male participation refers to activities seeking to increase understanding of health services, including providing information for men as part of active couples. [3]

The results of the study in Maharashtra India involved 1081 couples who were obtained immediately after her husband was involved in contraceptive counselling. There were 29.2% of wives use modern contraception, and after 18 months it increases to 51.7%. It was said, based on the results of the study showed that husbands make decisions about family planning for couples, but it still little education and service for husbands to realize good ways to get involved. Of course, women as a family planning service centre, but the involvement of husbands in making decisions to support family planning still needs more attention.

Most of the husband's knowledge about contraception is still lacking. Most people have little health knowledge. They have not the right knowledge about symptoms, transmission and reproductive tract infections (RTI) and sexually transmitted diseases (STDs). Most men have health reproductive problems [9]

Research in Vietnam uses interpersonal communication strategies in counseling sessions to provide men with relevant information that can help them be more motivated to use contraception and more aware of making joint decisions, finding almost twice the number of couples who are counseled than women who are counseled alone. [15]

In China, the involvement of husbands in the counseling process contributes to the decline in pregnancy and abortion rates in couples who initially did not use an IUD. In Vietnam and several other Asian countries, the dominance of husbands in decision-making processes tends to dominate reproductive health issues, including the use of contraceptives. Men take a dominant role and often make decisions about specific contraceptive methods used by their partners. [5]

Table 2 shows that most husbands' attitudes are positive about family planning. This is in line with the results of a study by Donahoe (1996) showing that men want to have a small family size and want no more than two children in Bangladesh. Men have a positive attitude towards modern contraception and at least modern contraceptive knowledge is universal in Bangladesh. The majority of men and women can accept family planning. However, men feel embarrassed to buy condoms, they also face storage problems because they want to keep a hidden place storing condoms where

other members or children cannot find it. Men also complain that the smell of condoms is uncomfortable and can break. In addition, men report that condoms can reduce sexual pleasure. The intention of male fertility is closely related to the acceptance of a partner contraceptive method. [9[ In Bangladesh, the behavior of partner contraception depends largely on men's agreement on family planning. Oyediran et al (2002) found that age, education, number of children living, obtaining information from health workers were the main determinants of men using contraception. [8]

Men's responsibility does not only end up being fathering a child. They also have an important role in making family planning decisions. This is for family prosperity and finally the development of the country. The role of husbands becomes more important in countries such as Indonesia, India, and parts of other Asian countries, where most men are the heads of families and the main decision makers. Here, most married women take positions behind men in family planning decisions and submit all decisions to their husbands. Poor knowledge of reproductive health problems among men can create barriers for women to seek health care and related problems.

A positive attitude can be possessed with good knowledge about family planning. Husbands who have good knowledge and positive attitudes about family planning are expected to provide positive support in family planning, determining the number of children, healthy sexual behavior for themselves, their partners and their families. This positive knowledge, attitude and support will be obtained if health workers can see the magnitude of the husband's role in making decisions about family planning. Husbands who are involved in making decisions using contraception can encourage contraceptive use according to the needs and desires of themselves and their partners, thereby increasing the responsibility for continuing family planning efforts.

### Conclusion

Husbandswerelack of knowledge about family planning, but they have a positive attitude about family planning.

This study propose description of husbands knowledge and attitude about family planning. Further research is needed to propose analytics study

# **Competing Interest**

The authors of this paper have no competing interest to report.

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