

# The Correlation between Parity and Husband's Support with the Choice of Intra Uterine Device Contraception at Work Area of Sleman Health Center

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**Abstract:** The use of family planning in Indonesia is dominated by the use of injectable and pills. Injection and pill contraception require monthly control for re-injecting as well as obtaining birth control pills. Intrauterine device (IUD) contraception is a very effective long-term contraceptive to avoid unwanted pregnancies. This study aims to determine the correlation between parity and husband's support with the choice of intra uterine device in work area Sleman Health Center. *Quantitative* research with cross sectional approach was applied in the study. The results of the study showed that with a statistically significant test results that there was a correlation between parity and husband's support with the choice of IUD contraception with  $p\text{-value} 0.018 < 0.05$  and  $p\text{-value} 0.000 < 0.05$ . The results of multivariate statistical tests showed that husband's support had the most significant relationship between the two factors. Husband's support had the smallest  $p\text{-value}$  of 0.000. Assessment of *Health Technology Assessment* (HTA), on husband class planning in health care facilities for understanding and information about contraceptives. Hence, the husband could play a role in the selection and use of contraceptives.

## INTRODUCTION

Population growth that has increased every year is due to high fertility. A high growth part of the major problem faced by a country. The higher the population growth, the greater the effort that must be done to maintain people's welfare [1]. The threat of a population explosion in Indonesia is the evidence. In 2013 Indonesia was the 5th country in the world with the largest population of 250 million [1].

Data on the Performance Report of the National Population and Family Planning Agency, the number of population and the rate of growth in Indonesia in 2015 was 255.180 million. This shows an increase in the population in 2010-2015 amounting to 17.54%.

The results of the *SDKI* (2012) showed that the highest dropout rate of family planning uses was pill (40.7%) and injectable contraception (25%). Dropout contraception rate can have an impact on fertility which will encourage the number of

deliveries. Whereas the population growth target to be achieved in 2020 is 1.27% [2].

It is largely determined by the rate of birth, death and population migration. Therefore, the Government continues to improve quality family planning capacity [3].

Contraception is a regulator of pregnancy, prevention of unwanted pregnancies, which can reduce the rate of population growth in a country. Contraception method is divided into two methods, namely Long-term Contraception Method such as Implant and Intra Uterine Device Contraception (IUD) and Short-term Contraception Method such as injections and pills. The use of family planning in Indonesia is dominated by the use of injectable and pills. Injection and pill contraceptives require monthly control to re-inject and to obtain birth control pills [4].

The Intra Uterine Device Contraception (IUD), which is the most effective, safe and

comfortable contraceptive for many women, does not need to be remembered every day. For mothers who are breastfeeding, the IUD will not affect the smoothness and level of mother's milk or baby's growth<sup>6</sup>. IUD is a contraceptive that has superior effectiveness compared to short-term contraceptives, and the failure rate is very low compared to other contraceptives[5].

Many factors can influence the choice of contraception IUD. Factors that influence the choice of contraceptives including factors including age, parity, education, place of service, culture, and religious beliefs.

The data in Sleman health center obtained the data that those who became fertile couples were 9,402 people and active family planning participants were 6,677 people. The number of family planning participants was 27.14% of reproductive age couples who chose the intra uterine device (IUD) Contraception tool, while the method chosen was injectable contraception reaching 42.35% and the remaining 30.51% of fertile couples chose pill contraceptive methods, tubectomy, vasectomy, and condoms.

The working area of Sleman Health Center is divided into 5 villages, namely Tridadi, Triharjo, Caturharjo, Pandowoharjo, and Trimulyo. In this study researchers only studied 3 villages namely Pandowoharjo Village, Caturharjo Village, and Trimulyo Village. The three villages are the villages with the highest number of reproductive age couples, but PUS who choose IUD are fairly low. Caturharjo village with IUD acceptors is 24.14% of 1562 couples of reproductive age. Pandowoharjo village with IUD acceptors is 31.36% of 1164 couples of reproductive age. And Trimulyo Village with IUD acceptors is 25.58% of 942 couples of reproductive age.

Based on the background described above, this study will conduct research on the correlation of parity and husband's support with the choice of intra uterine device contraceptives in the working area of Sleman Health Center Yogyakarta.

## METHODS

The research design used in this study applied an *analytic survey* with a *cross sectional* approach. The population of this study were all reproductive age couples in the Sleman health center

as many as 3668 contraceptive acceptors. The number of samples in this study were 97 family planning acceptors. The sampling technique uses cluster sampling in each village of Sleman Health Center working area. This research was conducted for 3 months (May-July 2018). The study was conducted in Pandowoharjo Village, Caturharjo, and Trimulyo. The inclusion criteria of this study were mothers who became family planning acceptors, mothers who had husbands and exclusion criteria that was incomplete contraceptive data and refused to be used as respondents.

The data collection instrument in this study used primary data (questionnaire). The independent variables (independent variable) were parity and husband's support. The dependent variable was the choice of intra uterine device contraceptives. Univariate analysis was carried out with descriptive statistics to describe the characteristics of each research variable. Bivariate analysis using Chi-Square test as well as multivariate analysis using logistic regression.

## RESULTS

### Characteristics of Respondents

Table 1. Variable Frequency and Characteristic Distribution

Variable	f	%
<b>Age</b>		
23-26 years	11	11.3
27-30 years	17	17.5
31-34 years	21	21.6
35-38 years	20	20.6
39-42 years	14	14.4
43-46 Years	10	10.3
47-50 years	4	4.1
<b>Total</b>	97	100
<b>Mother's Education</b>		
basic education	25	25.8
Middle education	61	62.9
higher education	11	11.3
<b>Total</b>	97	100
<b>Mother's work</b>		
Housewife	73	75.3
Self-employed/private	19	19.6
Government employees	5	5.2
<b>Total</b>	97	100
<b>Husband's income</b>		
<1,200,000	56	57.7

1,200,000-2,400,000	23	23.7
> 2,400,000	18	18.6
<b>Total</b>	97	100
<b>Husband's Education</b>		
basic education	19	19.6
Middle education	69	71.1
higher education	9	9.3
<b>Total</b>	97	100
<b>Husband's work</b>		
Laborer	44	45.4
Self-employed / private	43	44.3
Government employees	10	10.3
<b>Total</b>	97	100
<b>Parity</b>		
Primipara	25	25.8
Multipara	72	74.2
<b>Total</b>	97	100
<b>Husband Support</b>		
Low	24	24.7
Medium	29	29.9
High	44	45.4
<b>Total</b>	97	100

Table. 1 Univariate analysis shows that most of the characteristics of respondents aged 31-34 years were 21 respondents (21.6%). The educational characteristics of respondents showed that the majority of respondents were middle educations (Junior high school, Senior high school,), as many as 61 respondents (62.9%). Most respondents with multiparous parity were 72 respondents (74.2%). Characteristics of most respondents who chose intra uterine device contraceptives as many as 60 respondents (61.9%). Job characteristics of respondents obtained results that most respondents worked as housewives as many as 73 respondents (75.3%). The characteristics of respondents about the income earned by the husband every month showed that most respondents had income of <1,200,000, namely 56 respondents (57.7%). Educational characteristics of respondents' husbands showed that most of the husbands were respondents with middle education (Junior high school, senior high school) as many as 69 husbands (71.1%). The characteristics of the work of the husband of the respondent found that most of the husbands of the respondents worked as laborers as many as 43 husbands (45.4%).

Table 2. The Correlation of Parity with the Choice of Intra Uterine Device Contraception in the Work Area Sleman Health Center.

Choice of IUD							<i>P-value</i>	C
Parity					Total			
	Don't choose		Choose		f	%		
	f	%	f	%				
Primipara	15	15.5	10	10.3	25	25.8	0.018	0.256
Multipara	22	22.7	50	51,5	72	74.2		
Total	37	38.1	60	61.9	85	100		

Based on table.2 bivariate analysis shows that respondents with primiparous parity who chose the IUD were as many as 10 respondents (10.3%). While respondents with primiparous parity who did not choose the IUD were 15 respondents (15.5%). Respondents with multiparous parity who did not choose the IUD were 22 respondents (22.1%), while the respondents with multiparous parity who chose the IUD were 50 respondents (51.5%). The result

of *Chi-Square* test is that *p-value* showed 0.018 results, so it could be concluded that 0.018 *p-values* < 0.05 and there was a parity correlation with the choice of intra uterine device contraceptives in the work area Sleman Health Center in 2018. Contingency coefficient results show that C = 0.256, which means that the strength of the relationship of the contingency coefficient was low (0.20-0.399).

Table 3. The Correlation of Husband's Support with the Choice of Intra Uterine Device Contraception in the work area Sleman Health Center.

Husband's Support	Choice of IUD				Total		<i>P-value</i>	C
	Don't choose		Choose					
	f	%	f	%	f	%		
Low	19	19.6	5	5.2	24	24.7	0,000	0.529
Medium	15	15.5	14	14.4	29	29,9		
High	3	3.1	41	42.3	44	45.4		
Total	37	38.1	60	61.9	97	100		

Based on table. 3 the bivariate analysis showed that respondents with the support of high husbands who chose the IUD were 41 respondents (42.3%). Whereas respondents with the support of high husbands who did not choose the IUD were as many as 3 respondents (3.1%). Respondents with the support of low husbands who did not agree for the IUD were 19 respondents (19.6%), while respondents with low husband support who chose the IUD were 5 respondents (5.2%). The support of medium husbands who did not vote for the IUD was 15 respondents (15.5%), and the support of the husband who chose the IUD was 14 respondents (14.4%). *Chi-Square* test results, namely *p-value* shows the results of 0,000. Hence, it can be concluded that *p-values* are 0,000 <0,05 and there was a correlation between husband's support and the choice of intra uterine device contraceptives in Sleman Health Center Work Area 2018. Contingency coefficient value shows that C = 0.529, which means the strength of the relationship level of the contingency coefficient is medium (0.40-0.599).

Table.4 Multivariate analysis Factors that have the closest correlation with the choice of intra uterine device Contraception in the Sleman Health Center Work Area.

Variable	p (value)	Expβ
Parity	0.036	3,853
Husband Support	0,000	7.320

Based on table. 4 multivariate analysis showed that the two variables studied, both had a significant relationship with the selection of contraceptives in the womb, because these two variables had a *p value* <0.05. Parity had a *p value* of 0.036 and Exp of 3.853, and the husband's support had a *p value* of 0.000 and Exp β 7.320. From these two variables, the husband's support variable had the smallest *p value* of 0.000, so it could be concluded that husband's support was the variable that had the

most significant relationship with the IUD selection, and has Exp β 7.320 so that mothers who had high husband support had seven times the opportunity greater for choosing IUD contraception compared with mothers who had low husband support.

## DISCUSSION

The results of data analysis showed that respondents with multiparous parity who chose the IUD were 50 respondents (51.5%). The result of *Chi-Square* test was that *p-value* showed 0.018 results, so it can be concluded that 0.018 *p-values* <0.05 and there was a parity relationship with the selection of intra uterine device contraceptives in the Sleman Health Center Work Area in 2018. Contingency coefficient results show that C = 0.256, which means that the strength of the relationship of the contingency coefficient was low (0.20-0.399).

Parity can be interpreted as the number of live births of a woman. The parity classification is divided into 3 that is primipara, multipara, and grademultipara. In the results of this study stated that multipara or a woman who had experienced two or more pregnancies prefers long-term contraception as a method of preventing unwanted pregnancies[6].

In research conducted in the United States explained that long-term contraception is effective in reducing the rate of unwanted pregnancy that is the IUD. This intra uterine device contraceptive should be considered in all women, but young or primipara women who have new children prefer not to use an IUD. This is caused by pain and irregular bleeding. Therefore multiparous women prefer long-term contraception because they already have previous experience[7].

The prevalence and factors that influence long-term contraceptive use depend heavily on the availability of health extension workers in an urban and rural area, in addition to health promotion

related to contraception through media (television and radio) which can continuously increase in contraceptive use[8]. Factors that influence the use of long-term contraception include knowledge, education, parity, and age. Women with knowledge and higher education are more likely to use contraception. Women who have children are more likely to use the IUD as current contraception[9].

The choice of contraception is very strong with regard to parity factors. Mothers who have 2 children or more are encouraged to use long-term contraceptives such as the IUD. One of the reasons is because these contraceptives have high effectiveness in preventing unwanted pregnancies[4]. Unwanted pregnancy is a major public health problem, from an unwanted pregnancy can be done abortion. Abortion is still common in developing countries that can increase maternal morbidity and mortality. Therefore in this study the use of contraception was more in mothers with two children or three children. And the contraceptive method that is often used is the IUD method[10].

The results of the data analysis showed that respondents that were respondents with the support of high husbands who chose the IUD were 41 respondents (42.3%). While respondents with the support of low husbands who did not choose the IUD were 19 respondents (19.6%). *Chi-Square* test results, *p-value* showed the results of 0.000, so it could be concluded that *p-values*  $0.000 < 0.05$  and relationship between husband's support with the choice of intra uterine device contraceptives in the Work Area Sleman Health Center in 2018. Contingency coefficient value showed that  $C = 0.529$ , which means the strength of the contingency coefficient level was medium (0.40-0.599).

The role of the husband in the selection of contraception was to provide support and give freedom to the wife to use contraception or contraceptive methods<sup>14</sup>. The strongest obstacle for women to use contraceptive methods is the belief that decisions in the use of family planning are made by the husband. Women are more dependent on husbands in using family planning methods to be used[11].

In this study women who chose IUD contraception received high husband support. The husband helps the wife to choose the method or method of contraception that will be used. Husband's support given to his wife is when the

husband digs up information about various types of contraception, discusses with his wife in determining the contraception to be used, and caring if side effects occur due to the use of contraceptives. This is in line with research conducted in Uganda which said that almost half (48.1%) of women in this study thought that husbands must decide on the contraceptive they would use<sup>16</sup>. In studies in Kenya and Ethiopia explained that approval of the husband support the use of contraceptives would affect his wife used [12].

In research conducted in Rwanda found that the selection or use of contraceptive was related to the couple's decision. Women only make decisions to give birth but to a decision to choose contraception by the husband. The positive influence of the husband can affect maternal and child health. Nearly half of the women in this study considered that their husbands had to decide which contraception the wife would use because it included social culture[13].

Some obstacles that hinder the family planning program are cultural issues. In Indonesia Cultural factors of "patriarchy" have a relationship with the use of contraception. The patriarchal culture makes the husband the head of the family whose decisions are in the hands of the husband without regard to maternal and child health[14]. This is in line with the research in Pakistan which says that South Asian women are more concerned with the interests of their family or partner than their personal desires. Choice of contraception depends on the husband's decision, they are sacrificing their desire to regulate fertility selected contraception[15].

The results of multivariate analysis showed that husband's support was the variable that had the most significant relationship with IUD selection, and had  $\text{Exp } \beta$  7.320 so that mothers with high husband support had an opportunity of 7,320 times more to choose IUD contraception compared to mothers who had low husband support. The research in Debre-Tabor City of Ethiopia said that women often discussed with their husbands or partners in the use of long-term contraception. The results of the study were husband's high support 3.89 times as long as using long-term contraception compared to women who rarely discussed with husband[16].

This is in line with research in Ethiopia which says that women who are supported by their

husbands by discussing the selection of contraceptives are seven times more likely to use modern contraceptives. From these results it can be concluded that the involvement of husbands has an important role in the use of contraception and maternal and child health[17].

## CONCLUSIONS

Based on the results of the study of the correlation between parity and husband's support with the choice of intra uterine device contraceptives in Sleman Health Center Work Area with significant statistical test results  $p\text{-value}$  0.018 <0.05 and  $p\text{-value}$  0.000 <0.05. Thus, mothers with children > 2 were more likely to use long-term contraception because they want to prevent unwanted pregnancies. Husband support was the variable that had the most significant relationship with IUD selection, and had Exp  $\beta$  7.320 so that mothers who had high husband support had an opportunity of 7,320 times more to choose IUD contraception compared to mothers who had low husband support. Husband's support in making the contraceptive decision used might be used as a strategy to promote the planning of family planning services.

## SUGGESTION

With the results of this study it is expected that the husband can improve communication with his wife in making contraceptive use decisions, as well as increasing knowledge about contraception by providing overall support with regard to the health and comfort of the wife. Assessment of *HealthTechnology Assessment* (HTA) towards planning the "husband class" in the place of health services for understanding and information about contraceptives. So that the husband can play a role in the selection and use of contraceptives. As well as health workers, especially midwives can optimize the delivery of information and knowledge about family planning.

## REFERENCES

- [1] D. Info, "Pusat Data dan informasiKementrian Kesehatan RI Situasi dan Analisis Keluarga Berencana," 2014. [Online]. Available: <http://www.depkes.go.id>.
- [2] B. B. K. dan K. P. nasional BKKBN, *Pedoman Penggunaan Dana Alokasi Khusus (DAK) Bidang Keluarga Berencana Tahun 2014*. Jakarta: BKKBN.
- [3] I. P. Laporan Kinerja, "Badan Kependudukan dan Keluarga Berencana Nasional," 2015.
- [4] F. Liando, M. Runkat, and I. Manueke, "Faktor - Faktor Yang Berhubungan Dengan Penggunaan Alat Kontrasepsi Dalam Rahim (AKDR) Di Kelurahan Panglombian Kota Tomohon Tahun 2013," 2013.
- [5] J. Tang, R. Maurer, and D. Bartz, "Intrauterine Device Knowledge and Practices: A National Survey of Obstetrics and Gynecology Residents," *South. Med. J.*, vol. 106, pp. 500–505, 2013.
- [6] M. . Baldwin, M. . Rodriguez, and A. . Edelman, "Lack of insurance and parity influence choice between long-acting reversible contraception and sterilization in women postpregnancy," *Contraception*, vol. 86, pp. 42–47, 2012.
- [7] J. Aoun, V. . Dines, D. . Stovall, M. Mete, C. . Nelson, and V. Gomez-Lobo, "Effects of Age, Parity, and Device Type on Complications and Knowledge and attitudes towards use of long acting reversible contraceptives among women of reproductive age in Lubaga division, Kampala district, Uganda," *BMC Res.*, vol. 7, p. 153, 2014.
- [8] M. Alemayehu, T. Belachew, and T. Tilahun, "Factors associated with utilization of long acting and permanent contraceptive methods among married women of reproductive age in Mekelle town, Tigray region, north Ethiopia," *BMC Pregnancy Childbirth*, vol. 12, pp. 12–6, 2012.
- [9] A. Sköld and M. Larsson, "Contraceptive use during the reproductive lifecycle as reported by 46 year old women in Sweden," *Sex. Reprod. Healthc.*, vol. 3, pp. 43–47, 2012.
- [10] W. H. O. (WHO)/RHR, "Family Planning: A Global Handbook for Providers, Baltimore and Geneva: CCP and WHO," 2007.
- [11] R. Anguzu *et al.*, "Knowledge and attitudes towards use of long acting reversible contraceptives among women of reproductive age in Lubaga division, Kampala district, Uganda," *BMC Res.*, vol. 7, p. 153, 2014.
- [12] A. Brunie, E. . Tolley, F. Ngabo, J. Wesson, and M. Chen, "Getting to 70%: Barriers to modern contraceptive use for women in Rwanda.," *Int. J. Gynecol. Obstet.*, vol. 123, pp. 11–15, 2013.
- [13] K. Herawati and W. Purnomo, "Hubungan Budaya Patriarki dan Pemahaman Informasi KB

dengan Kepesertaan.”

- [14] W. Hameed *et al.*, “Women’s Empowerment and Contraceptive Use: The Role of Independent versus Couples’ Decision- Discontinuation of Intrauterine Devices,” *Obstet. Gynecol.*, vol. 123, pp. 585–592, 2014.
- [15] J. . Friedman, “Factors Associated with Contraceptive Satisfaction in Adolescent Women Using the IUD,” *J. Pediatr. Adolesc. Gynecol.*, vol. 28, pp. 38–42, 2015.
- [16] S. Yalew, B. Zeleke, and A. Teferra, “Demand for long acting contraceptive methods and associated factors among family planning service users, Northwest Ethiopia: a health facility based cross sectional study,” *BMC Res.*, vol. 8, p. 29, 2015.
- [17] A. Mohammed, D. Woldeyohannes, A. Feleke, and B. Megabiaw, “Determinants of modern contraceptive utilization among married women of reproductive age group in North Shoa Zone, Amhara Region, Ethiopia,” *Reprod. Health*, 2014.
- [18] S. Agha, “Intentions to use contraceptives in Pakistan: implications for behavior change campaigns,” *BMC Public Health*, vol. 10, 2010.
- [19] K. Kahraman *et al.*, “Factors influencing the contraceptive method choice: a University hospital experience,” *J. Turkish Ger. Gynecol. Assoc.*, 2012.
- [20] T. . Okech, “Contraceptive Use among Women of Reproductive Age in Kenya’s City Slums,” vol. 2, p. 22, 2011.
- [21] E. . Berry-Bibee, N. . Tepper, T. C. Jatlaoui, M. . Whiteman, D. . Jamieson, and K. M. Curtis, “The safety of intrauterine devices in breastfeeding women: a systematic review,” *Contraception*, vol. 94, pp. 725–738, 2016.
- [22] S. Pinontoan, S. . Solang, and S. G. . Tombokan, “Faktor-Faktor Yang Berhubungan Dengan Penggunaan Alat Kontrasepsi Dalam Rahim Di Puskesmas Tatelu Kabupaten Minahasa Utara,” vol. 2, no. 7, 2014.

