

Knowledge, Husband Support and Self-Efficacy in Using Long-Acting Reversible Contraceptives (LARC) In Wetland Areas

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Abstract- The percentage of couples of childbearing age (PUS) using long-acting reversible contraceptives (LARC) family planning in 2021 in Indonesia was 11.93%, down from 12.21% in 2020. In South Kalimantan Province, the figure is below the national achievement of 7.38%, in Banjar Regency it is still low, only 4.70% use long-acting reversible contraceptives (LARC). In West Martapura Health Center, long-acting reversible contraceptives (LARC) coverage rate is also still low where only 3.78%. The purpose of this study was to analyze the knowledge and support of husbands with self-efficacy in using long-acting reversible contraceptives (LARC). The design of this study was cross sectional. The variables in this study were knowledge, husband support and self-efficacy in using long-acting reversible contraceptives (LARC). The study population was a couple of childbearing age at the West Martapura Health Center with 30 respondents selected using simple random sampling. This research instrument used questionnaires. The test used was the Spearman correlation with $\alpha < 0.05$. The results of this study are knowledge with husband self-efficacy is $p = 0.008$, r value = 0.655, husband support with husband self-efficacy is $p = 0.030$, r value = 0.560. The conclusion of this study is that there is a correlation between knowledge with husband self-efficacy with strong correlation strength and there is a correlation between husband support and husband self-efficacy with sufficient correlation strength. The recommendation in this study is the need to increase knowledge and support of husbands through optimizing health promotion, especially about long-acting reversible contraceptives (LARC)

Keywords: knowledge, spousal support, self efficacy, long-acting reversible contraceptives (LARC)

I. INTRODUCTION

Family Planning program is one of the government's policies in an effort to control population growth by reducing the number of births. According to the World Health Organization (WHO), birth control is an action that helps individuals or married couples to obtain certain objectives, avoid unwanted births, regulate the interval between pregnancies, control the time of birth in conjugal relationships and determine the number of children in the family. The family planning program aims to reduce the birth rate, reduce

the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) so that healthy and quality families are realized (BKKBN, 2016). Indonesia's Total Fertility Rate (TFR) for the 2015-2020 period is the sixth highest in Asian countries at 2.1 per fertile woman, the lowest projection is occupied by Singapore at 1.26 per fertile woman (BPS, 2018). The high number of TFR in Indonesia is caused by various factors, one of which is the family planning program that has not run optimally. Various strategies have been carried out to optimize family planning programs. The strategy for implementing family planning programs listed in the 2015-2019 Medium-Term Development Plan is to increase the use of LARC (Ministry of Health, 2019).

Long-acting reversible contraceptives (LARC) is a contraceptive method that has a high level of effectiveness. These methods include implants, Intra Uterine Device (IUD), Female Surgical Method (MOW) or tubectomy and Male Surgical Method or vasectomy. The tendency of couples of childbearing age (PUS) to choose non-LARC methods is still high even with the potential for large contraceptive failure, either due to incorrect use or irregular use and uncomfortable side effects (Yuliarti, Komalasari, Fitriana, & Veronica, 2020).

Husband support can influence contraceptive use in wives. Low use of contraceptive methods is due to husbands refusing to use birth control and limited power of wives in making decisions to use birth control. To choose the contraceptive to use, a wife must certainly communicate with her partner, needing opinions and support from her partner. The lack of husband support provided will affect the wife's confidence to choose the contraceptive she wants to use (Prata et al., 2017).

Men's participation is not only in terms of the use of contraceptives, but also in terms of decision making on birth control by wives or with the knowledge possessed by men about birth control is used to help socialize government programs, especially family planning. Men's involvement in family planning is realized through their roles as family planning participants, supporting (deciding together) contraceptive use, providing family planning services and planning the number of children in the family with their partners (Abu bakar, 2014). The form of husband's participation in the use of contraceptives is to support the wife in choosing contraceptives and give freedom to wives to use the contraception (BKKBN, 2008).

Based on data from the 2021 Health Statistics Profile, it is known that the percentage of Couples of Childbearing Age using LARC family planning in Indonesia is 11.93%, down compared to 2020, which is 12.21% with each percentage as follows: IUD at 8.36%, implants at 9.04%, MOW at 3.94%, and MOP at 0.33%. For data on the percentage of couples of childbearing age (PUS) using LARC family planning in South Kalimantan Province, the figure is below the national achievement of 7.38%. The percentage of Couples of Childbearing Age using LARC KB in South Kalimantan Province for 2021 is as follows: implants at 5.50%, IUDs at 3.12%, MOW at 2.03%, and MOP at 0.11% (BPS South Kalimantan, 2022).

The achievement rate in Banjar Regency is still low, namely from 84,847 EFAs, only 4.70% use LARC with the following details: IUD 924 (1.09%), Implant 2551 (3.01%), MOW 21 (0.02%), MOP 495 (0.58%). In West Martapura Health Center, LARC coverage rate is also still low where of 3200 EFAs (3.78%) who use IUDs only 8 people (0.25%), implants 98 people (3.06%), MOW 15 people (0.47%), MOP none (0%) (BPS Banjar Regency, 2021).

Based on a study previously conducted in 2022 by researchers on the Determinants of LARC use at the West Martapura Health Center, it was found that the factor associated with the use of LARC at the West Martapura Health Center was husband support ($p = 0.001$) (Wasilah et al, 2022).

Previous research by Sari (2018) the PLA method is able to increase understanding in husbands, because of the process of learning together and appearing to increase knowledge and influence husbands or prospective fathers in providing support and influencing their beliefs and abilities in the breastfeeding process. Previous research by Nurwati, Fajarwati, Abdul (2014) related to malaria PLA intervention was able to grow and increase public understanding of malaria because the method used was very participatory in the implementation process so that the community actively followed it.

The desire to be an acceptor of family planning is driven by self-efficacy in one's ability to drive motivation. A husband who has knowledge of LARC will be able to provide support to his wife. Husband support can increase the mother's confidence so as to strengthen the wife's decision to use LARC.

Women of Childbearing Age acceptors of LARC really need support from partners and families, in this case researchers provide education to husbands in increasing knowledge, husband support and Self Efficacy is expected for their wives to want to use LARC using the Participatory Learning And Action (PLA) method. The purpose of this study was to analyze the correlation of knowledge with husband's self-efficacy in using LARC and husband's support with husband's self-efficacy in using LARC.

II. RESEARCH METHODS

This research is a type of descriptive research that aims to identify Participatory Learning And Action (PLA) methods, knowledge, husband support and Self Efficiency. The population in this study was all EFA in the West Martapura Health Center, Banjar Regency. The sampling method in this study is simple random sampling. Based on the calculation results, a total of 30 samples were obtained for research. The sample in this study was EFA with inclusion criteria using contraceptives, aged > 20 years or already having children, wives living in the same house with husbands, wives can communicate orally and in writing well. The criteria for the husband to be able to communicate orally and in writing well. Already having children, the family is not in the process of divorce or problems in the household. The instrument to be used in this study is a questionnaire. The variables in this study are the Free Variable is the knowledge and support of the husband, the variable is tied to self-efficacy in using LARC. The test used is the Spearman rho correlation test with $\alpha < 0.05$.

III. RESULTS AND DISCUSSION

Based on research that has been conducted on 30 husband respondents, the following results were obtained:

RESEARCH RESULTS

1. Univariate Analysis

Table 1. Frequency Distribution of Age, Knowledge, Husband Support and Self Efficacy of Respondents

Variable	Frequency	Percentage (%)
1. Age		
Risky	20	88,7
No risk	10	33,3
2. Knowledge		
a. Before Treatment		
Good	5	16,7
Less	25	83,3
b. After Treatment		
Good	10	33,3
Less	20	66,7
3. Husband Support		
a. Before Treatment		
Good	20	66,7
Less	10	33,3
b. After Treatment		
Good	24	80
Less	6	20
4. Self Efficacy		
a. Before Treatment		
Good	4	13,3
Less	26	86,7

Variable	Frequency	Percentage (%)
b. After Treatment		
Good	9	30
Less	21	70

Source: Research Primary Data 2023

Based on table 1. It can be seen that most of the respondents of this study were in the at-risk age category (88.7%). The knowledge of respondents with good categories after being given treatment in the form of material provision increased from 16.7% to 33.3%. Husband support also increased in the good category from 33.3% to 66.7%. While self-efficacy in the good category also increased after being given material from 13.3% to 30%.

2. Bivariate Analysis

The independent variable in this study was knowledge and support of the husband, the variable tied to self-efficacy in using LARC. The results of the analysis using the Spearman rho correlation test with $\alpha < 0.05$ can be seen in the table below:

Table. 2 Results of the correlation analysis of knowledge and husband support for Self Efficacy

Variable	Correlation Coefficient	Sig.
Knowledge with self efficacy	0.655	0.008
Husband Support with self efficacy	0.560	0.030

Source: Research Primary Data 2023

Based on the results of the analysis using the Spearman Rho test in table 2 above, it is known that there is a very significant positive correlation between knowledge and self-efficacy in using LARC of 0.655 with sig.=0.008 ($p < 0.005$). So it can be concluded that knowledge variables affect the self-efficacy of pregnant women in using LARC. Husband support also showed a very significant positive correlation between husband support and self-efficacy in using LARC of 0.560 with sig.=0.030 ($p < 0.005$). So it can be concluded that the variable of husband support affects self-efficacy in using LARC.

DISCUSSION

The results of the analysis using the Spearman Rho test on knowledge variables showed that there was a very significant positive correlation between husband support and self-efficacy in using LARC of 0.655 with sig.=0.008 ($p < 0.005$). These results prove that the hypothesis that states knowledge is positively correlated with self-efficacy in using LARC. So it can be known that the higher the knowledge, the higher the level of self-efficacy in using LARC. Conversely, the lower the knowledge, the lower the self-efficacy in using LARC. Knowledge of birth control and family planning is a prerequisite of consideration of the use of appropriate contraceptive methods in an effective and efficient manner. Good knowledge can influence respondents' motivation to use LARC so that it can also increase respondents' self-efficacy towards using LARC (Koba, Mado, & Kenjam, 2019).

The results of the analysis using the Spearman Rho test on the husband support variable showed that there was a very significant positive correlation between husband support and self-efficacy in using LARC of 0.560 with sig.=0.030 ($p < 0.005$). These results prove that the hypothesis that states husband support is positively correlated with self-efficacy in using LARC. So it can be known that the higher the husband's support, the higher the level of self-efficacy in using LARC. Conversely, the lower the husband's support, the lower the self-efficacy in using LARC.

Human behavior can occur in several ways, one of which is through self-efficacy. Self-efficacy will influence the choice of action to be taken, as well as help determine how much effort will be expended and persistence in correcting behavior. Self-efficacy

can also affect a person's emotional mindset. The role of self-efficacy in a person is related to behavior and will provide results from that behavior in this case the use of long-term contraception (LARC). Someone with high self-efficacy can become more confident with their ability to help lead to positive behavior change (Devi, Astuti, & Sanjiwani, 2022).

Husband support is one of the important factors that can affect self-efficacy in adherence to the use of contraception in mothers. The husband as the head of the family with duties as protector, protector, and breadwinner has a big role in every decision making. Husband support for maternal compliance in using contraception can be realized through several things such as giving consideration in choosing the contraceptive method used, sending the wife to health services to get contraceptive services, taking part in the contraceptive service approval sheet, and bringing the wife to a health care worker if it has side effects on the contraception provided (Devi et al., 2022).

VI. CONCLUSION

The results showed that there was a very significant positive correlation between knowledge and husband support for self-efficacy in using LARC. So it can be known that the higher the knowledge of husband support, the higher the level of self-efficacy in using LARC. Health workers responsible for maternal and child health programs as well as contraception and reproductive health are expected to carry out more intensive socialization related to the use of long-term contraceptive methods, so that WUS, especially those at high risk, have strong enough confidence to choose long-term contraception (LARC) as an effort to minimize complications that may occur if in pregnancy.

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