

The Relationship of Knowledge and Husband's Support With The Use of Injective Contraceptions

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Abstract. The family planning (KB) program is a government effort to prevent risky pregnancies due to the 4Ts (too young, too old, too close, and too frequent). One of the birth control methods most widely used by women of childbearing age (WUS) is injectable birth control. The research aims to determine the relationship between a husband's knowledge and support and the use of injectable contraceptives in women of childbearing age. Method: quantitative research using a cross-sectional design with a cluster random sampling technique. Data were collected using a questionnaire, and analysis was carried out using the Chi-Square statistical test. Results: There is a relationship between knowledge (p -value 0.046) and husband's support (0.001) with the use of injectable contraceptives in women of childbearing age (WUS) in the Tanjung Pinang Health Center Working Area, Jambi. Conclusion: There is a relationship between a husband's knowledge and support and the use of injectable contraceptives in WUS, so it is hoped that health workers will routinely provide outreach regarding the use and benefits of injectable contraceptives to couples of childbearing age (PUS).

Keywords: Knowledge, Husband's Support, Injective Contraceptions

INTRODUCTION

Population growth in Indonesia is currently one of the biggest problems facing the world because it is related to population problems. One effort to overcome the problem of population growth is through the family planning (KB) program. Family planning programs can be carried out using contraceptives, which can be long-term contraceptive methods (MKJP) or short-term methods (non-MKJP). According to the Indonesian Ministry of Health (2022), active family planning participants are 57.4%, which is the highest in South Kalimantan Province, namely 67.9%, followed by Jambi Province. The type of contraception is dominated by non-MKJP (59.9% injectable contraceptives). From BKKN data (2022), MKJP users are still low compared to non-MKJP users.

Based on data from the Jambi Provincial Health Service, it is known that the achievement of active family planning participants (2019) was 75.90%, with the highest proportion of active family planning in East Tanjung Jabung Regency (103.32%), Bungo (88.43%), Sungai Banyak (87.67%), Tebo (84.62%), Merangin (82.48%), Kerinci (81.02%), West Tanjung Jabung (77.68%), Batanghari (74.14%), Muaro Jambi (64.53%), Sarolangun (61.72%), and Jambi City (61.59%). 8. It was found that the highest use of contraceptive methods was the type of contraception (non-MKJP), namely injections (57.86%), pills (25.46%), and condoms (3.67%),

while the contraceptive device (MKJP) that was least used was MOP (0.12%), MOW (1.28%), IUD/IUD (3.73%), and implants (7.88%).

There are several factors that influence the use of injectable birth control. These factors include age, education, employment, income, and parity. Injectable contraception is considered effective, practical to use, relatively cheap, and safe. The 3-month injectable contraceptive also does not affect the breastfeeding process, does not depend on sexual factors, and can be used by all women of reproductive age (Septiyanigrum et al., 2018). Apart from providing benefits for preventing pregnancy, the use of injectable birth control has also been found to have an impact. These impacts include headaches, sore breasts, bleeding, irregular menstruation, and weight gain. Weight gain in 3-month injectable birth control occurs because this contraceptive contains the hormones progesterone and estrogen (Septiyani et al., 2019).

Based on data on the use of active family planning in the working area of the Pinang Health Center, Jambi City in 2019, there were 5,317 active family planning participants with the highest number of injectable contraceptives: 3,320 participants, 1,189 participants pills, 245 participants condoms, 334 participants IUD/AKDR, 237 participants implants, MOW 141 participants, and MOP 1 participant. Thus, it is known that most active family planning participants use injectable family planning, so it is necessary to explore the variables that cause family planning acceptors to use injectable family planning.

RESEARCH METHODS

This research is quantitative, using a cross-sectional design. The research was conducted in the Tanjung Pinang Community Health Center Working Area, Jambi City, in January 2023. The population was 4,065 active family planning acceptors in the Tanjung Pinang Community Health Center Working Area, Jambi City. The sample was obtained using the Cluster Random Sampling Technique, totaling 98 respondents. The research instrument used was a questionnaire developed through interviews. Then data processing and analysis were carried out using the chi-square test with a confidence level of 95% ($\alpha = 0.05$).

RESEARCH RESULT

Based on the research results, univariate and bivariate analyses were carried out on the research variables. Univariate analysis was carried out to see the frequency distribution of respondents, as shown in Table 1 below.

Table 1. Frequency Distribution of Respondents

Variable	Frequency	%
Age (years)		
20-35	58	59,2
>35	40	40,8
Education		
High	86	87,8
Low	12	12,2
Injectable Contraception		
Yes	64	65,3
No	34	34,7
Knowledge		
Good	58	59,2
Less	40	40,8
Husband's Support		
Support	55	56,1
Unsupport	43	43,9

The research results in Table 1 above show that of the 98 respondents, the majority were in the 20-35 year age group (59.2%). It is also known that the majority of respondents had higher education, namely 86 people (87.8%). Furthermore, it is also known that 58 respondents (59.2%) had good knowledge. Then the husband's support variable shows that the majority support it, namely 55 people (56.1%).

The results of the bivariate analysis regarding the relationship between husband's knowledge and support and the use of injectable contraceptives, which were analyzed using the chi square test, can be seen in the following table and table 3.

Table 2. Relationship between Knowledge with Use of Injectable Contraception

Knowledge	Injectable Contraception				Total		P – Value	PR (95% CI)
	Yes		No		N	%		
	n	%	n	%				
Good	43	43,9	15	15,3	58	59,2	0,046	1,412 (1,014-
Less	21	21,4	19	19,4	40	40,8		1,986)
Total	64	65,3	34	34,7	98	100		

In the table above, it is known that the p-value is 0.046 ($p < 0.05$) with a PR value of 1.412 (1.014-1.986), meaning that there is a significant relationship between knowledge and the use of injectable contraceptives in women of childbearing age (WUS). The PR calculation results show that respondents with poor knowledge are 1,412 times at risk of not using injectable (non-injectable) contraceptives.

Table 3. Relationship between Husband's Support with Use of Injectable Contraception

Husband's Support	Injectable Contraception				Total		P – Value	PR (95% CI)
	Yes		No		N	%		
	n	%	n	%				
Support	51	52	4	4,1	55	56	0,001	3,067 (1,936-4,859)
Unsupport	13	13,3	30	30,6	43	44		
Total	64	65,3	34	34,7	98	100		

Based on Table 3, it is known that the majority of respondents who used injectable contraceptives, 51 people (52%), received husband support, and 13 people (13.3%) did not get husband support for using injectable contraceptives. The results of the chi-square statistical test obtained a p-value of 0.001 ($p < 0.05$) with a PR value of 3.067 (1.936–4.859), so it can be concluded that there is a significant relationship between a husband's support and the use of injectable contraceptives in women of childbearing age (WUS). The PR calculation results show that respondents who received their husband's support were three times more likely to choose injectable contraception compared to those who did not receive their husband's support.

DISCUSSION

Based on the results of statistical tests, it was found that the p-value was 0.046 ($p < 0.05$), meaning that knowledge was related to the use of injectable contraceptives in the Tanjung Pinang Health Center Working Area, Jambi City. In line with research conducted by Nurbaity and Trisundari (2023), the results of the Chi-Square test showed that the p-value was $0.039 < \alpha (0.05)$, which shows that there is a significant relationship between maternal knowledge and the use of injectable contraceptives. Also supported by Mardiah (2019), the p-value was $0.009 < 0.05$, which means there is a relationship between knowledge and the choice of contraceptives. Likewise, the results of research by Feradisa et al. (2022) show that there is a significant relationship between the level of knowledge of family planning acceptors and their active use of injectable contraception (p-value $0.000 \alpha = 0.05$). Nurmaliza et al. (2020) also explained that there was a relationship between knowledge and activeness in using injectable contraception of 77.5% with a p-value of 0.002.

The results differ from research by Musyayadah et al. (2021). The results of the Chi-square test obtained a p-value of 0.602, so it can be said that there is no relationship between the knowledge of women of childbearing age and the use of injectable contraception. The research results also show that contraceptive acceptors who use injectable contraceptives, apart from having good knowledge about injectable contraceptives, apparently choose to use

injectable contraceptives, which are contraceptives that are easy to find, practical, and cheaper. The thing that supports family planning acceptors using injectable contraceptives is the benefits they get in the form of the effectiveness of injectable contraceptives when used based on the correct injection schedule according to the provisions of health officials.

Based on the results of statistical tests, it was found that the p-value was 0.000 ($p < 0.05$), so it was concluded that the husband's support was related to the use of injectable contraceptives in the Tanjung Pinang Health Center Working Area, Jambi City. The results are the same as research by Nurmaliza et al. (2020), which states that their research obtained a p-value of 0.000, which means there is a relationship between a husband's support and the use of injectable contraceptives. This is because support makes the family able to carry out its functions because members of families should provide mutual support and pay attention to each other's health conditions and needs. Supported by research by Devi et al. (2022), there is a significant relationship between husbands' support for compliance with the use of injectable contraception among mothers in Banyuning Village, with a p-value of 0.000. Likewise, the results of research by Harahap (2022), namely from 50 PUS, stated that there was support from husbands; 74% of them used injectable contraceptives. With a p-value of $0.039 < 0.05$, there is a relationship between the husband's support and the use of injectable contraceptives. However, the results are different from research by Veronica et al. (2019), which obtained n , which means that there is no relationship between a husband's support and the use of family planning in WUS.

Husband's support is the existence, willingness, and care that respects and provides affection as an effort to benefit in the form of mental, physical, and social. Support for couples of childbearing age is low in family planning programs because the husband's support will have a positive impact, including on contraceptive use (Ambarwati, 2019). It is also known that a wife cannot use contraception without her husband's cooperation and mutual trust. Ideally, married couples should choose the best contraceptive method, cooperate with each other in using it, pay the costs of contraception, and pay attention to danger signs of use (Ema et al., 2020). Therefore, it is very important for husbands' support, both emotional, instrumental, appreciation, and informational support, to increase the acceptability of contraceptive injections among women of childbearing age (WUS) as a form of support for the government in population control.

CONCLUSIONS

Based on the research results, it can be concluded that there is a relationship between a husband's knowledge and support and the use of injectable contraceptives among women of childbearing age (WUS) in the Tanjung Pinang Jambi Community Health Center Working Area. It is hoped that health workers in the Tanjung Pinang Jambi health center work area will be able to increase knowledge of injectable contraceptive acceptors through socialization regarding the use of short-term and long-term contraceptives, in addition to providing education to couples of childbearing age (PUS), especially regarding husband support in efforts to use contraceptives. Injectable contraception in women of childbearing age (WUS).

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