

The Relationship Between Husband's Support and the Use of Intrauterine Contraceptive Devices (IUD)

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Abstract

The low utilization of Intrauterine Devices (IUD) remains a problem in family planning programs. Based on a preliminary study at Independent Midwife Practice Iis Hilda Zicria, family planning acceptors in 2025, only 4% used IUDs, and approximately 60% of husbands did not support their use. This study aimed to determine the relationship between husband's support and IUD use. This study employed a quantitative method with a correlational analytic design and a cross-sectional approach. The sample consisted of all husbands of family planning acceptors using total sampling technique. Data were collected using questionnaires and analyzed using the Chi-Square test. The results showed that most respondents had moderate husband's support (37 respondents; 41.1%), followed by good support (32 respondents; 35.6%) and poor support (21 respondents; 23.3%). The majority of wives did not use IUDs (71 respondents; 78.9%). Statistical analysis showed a significant relationship between husband's support and IUD use (p value = 0.020; $p < 0.05$), where IUD use was more common among respondents with moderate and good support compared to those with poor support. It can be concluded that husband's support plays an important role in IUD use. Therefore, health workers are advised to improve education and actively involve husbands in family planning programs to increase IUD utilization.

Keywords

Family Planning; Husband's Support; Intrauterine Contraceptive Devices (IUD).



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INTRODUCTION

Family planning is an effort to assist married couples in determining the number of children, birth spacing, and the appropriate timing for having children. The success of the family planning program is greatly influenced by the active participation of couples of reproductive age in selecting and using appropriate contraceptive methods. The proper selection of contraceptive methods can help prevent unintended pregnancies and reduce health risks for both mothers and children. Various contraceptive methods have been provided by the government and healthcare professionals, including both short-term and long-term methods. Short-term contraceptive methods, such as pills and injections, remain

the primary choice for most couples of reproductive age. Meanwhile, long-term contraceptive methods, which have higher effectiveness, have not been optimally utilized by the community. This condition indicates a discrepancy between the availability of contraceptive methods and the selection patterns among couples of reproductive age.

One of the recommended long-term contraceptive methods is the Intrauterine Device (IUD), which is a contraceptive device with a high level of effectiveness, a long duration of use, and can be removed at any time if the couple wishes to conceive again. Nevertheless, the utilization of IUDs in Indonesia remains relatively low compared to other contraceptive methods. The low use of IUDs indicates the existence of problems in the acceptance and decision-making process regarding the use of this contraceptive method. At the international level, data from the World Health Organization (WHO) show that approximately 19.4% of women of reproductive age worldwide who use modern contraception choose IUDs. Through Sustainable Development Goal (SDG) indicator 3.7, WHO targets an increase in the coverage of family planning needs fulfilled by modern contraceptive methods, including IUDs. Meanwhile, in Indonesia, based on the 2023 Indonesia Demographic and Health Survey (IDHS), the use of IUDs is still relatively low, accounting for around 5.1% of all modern family planning acceptors, while the national target for modern contraceptive use among couples of reproductive age is set at 63.4%.

Based on data from the Bali Provincial Statistics Agency in 2024, there were a total of 448,960 family planning acceptors for all contraceptive methods, while the number of IUD users was 112,048 acceptors, and the majority chose injectable contraceptive methods. At the city level, based on data from Denpasar in 2024, there were a total of 58,191 family planning acceptors for all contraceptive methods, while the number of IUD users was 13,324 acceptors, and the majority chose injectable contraceptive methods. This condition shows a gap between the medically proven benefits of IUDs and the reality of their use in society. Various factors influence the decision of couples of reproductive age in choosing contraceptive methods. These factors include knowledge, attitudes, access to healthcare services, culture, and support from family members, especially husbands. In the Indonesian family structure, husbands often have a dominant role in decision-making, including decisions related to the wife's reproductive health. Decisions regarding contraceptive use are often determined not only by the wife but are also influenced by the husband's approval and support.

Husband's support is a form of husband involvement in providing encouragement, approval, assistance, and attention toward the contraceptive choices used by the wife. This support may include emotional support, informational support, instrumental support, and appraisal support. Good husband support can increase the wife's sense of security and confidence in using certain contraceptive methods. Conversely, lack of husband support can become a barrier for wives in choosing and using effective contraceptive methods. Several previous studies have shown that husband support has a significant relationship with the use of long-term contraceptive methods, including IUDs. Studies conducted in various regions of Indonesia indicate that mothers who receive support from their husbands are

more likely to use IUDs compared to mothers who do not receive such support.

In Denpasar City, family planning services are provided not only at government healthcare facilities but also at Independent Midwifery Practices (IMP). IMPs play an important role in providing reproductive health services that are more personal and closer to the community. IMP Iis Hilda Zicria is one of the IMPs in Denpasar City, specifically located on Jalan Teuku Umar, Denpasar. Based on a preliminary study conducted by the researcher at IMP Iis Hilda Zicria, data showed that in 2025 there were 1,298 family planning acceptors, with only 41 acceptors using IUDs. The results of brief interviews showed that 6 out of 10 husbands, or approximately 60%, did not support the use of IUDs by their wives, either due to concerns about side effects, lack of knowledge regarding IUDs, or the assumption that contraceptive use is entirely the wife's responsibility.

In an effort to increase the use of IUDs, IMP Iis Hilda Zicria has implemented various promotive and preventive measures in accordance with its authority. These efforts include providing Communication, Information, and Education (CIE) counseling regarding long-term contraceptive methods to couples of reproductive age during antenatal visits, postnatal visits, and routine family planning services. In addition, midwives at the IMP also involve husbands in the counseling process to improve mutual understanding regarding the benefits and safety of IUD use. Based on the description above, it can be seen that the lack of husband support is an important factor influencing the low use of IUDs at IMP Iis Hilda Zicria. Based on the results of the preliminary study, it appears that only a small number of Women of Reproductive Age (WRA) choose to use IUDs. Therefore, the researcher is interested in conducting a study regarding the influence of husband support on the use of IUDs at IMP Iis Hilda Zicria.

METHOD

This study is a quantitative study using a correlational analytic design. Correlational analytic research aims to determine the relationship between two variables, namely husband support and the use of Intrauterine Devices (IUDs). This study employed a cross-sectional approach, which is a research approach that measures the independent and dependent variables simultaneously at a single point in time. The cross-sectional approach allows researchers to obtain an overview of the relationship between husband support and the use of IUDs during a particular period. The researcher chose this approach because it is considered efficient in terms of time, cost, and effort, and is appropriate for the research objective, which is to determine the relationship between variables under actual field conditions.

This research design is observational in nature, in which the researcher only conducted observations and data collection without influencing or changing the respondents' behavior. The researcher collected data based on the respondents' actual experiences related to husband support and the use of IUDs. The observational approach allows researchers to obtain data that reflect real conditions so that the research results can describe the actual situation occurring at the Independent Midwifery Practice (IMP) of Iis

Hilda Zicria, located on Denpasar.

This study was conducted at the Independent Midwifery Practice (IMP) of Iis Hilda Zicria, located at Jl. Marlboro XVII A No. 5, Pemecutan Klod, Denpasar. The study was carried out from February 20 to April 10, 2026. IMP Iis Hilda Zicria was selected as the research site because it has a relatively large number of family planning acceptors and is one of the health facilities actively providing contraceptive services.

The independent variable in this study was husband support. The dependent variable in this study was the use of Intrauterine Devices (IUDs). The population in this study consisted of all husbands of family planning acceptors who visited or were registered at the Independent Midwifery Practice (IMP) of Iis Hilda Zicria, with an average of approximately 100 individuals per month. The sampling technique used was total sampling, which involved collecting data from all husbands of family planning acceptors who visited the IMP of Iis Hilda Zicria during the study period and met the inclusion criteria: husbands of family planning acceptors who visited the IMP of Iis Hilda Zicria; husbands who were able to read and write in order to complete the questionnaire properly; husbands who were not in a sick condition at the time of the study; husbands whose marriage was the first marriage for both partners; and husbands who were willing to participate as respondents and provide honest information through interviews or questionnaire completion.

The type of data collected in this study was primary data. The primary data were obtained through questionnaires completed by respondents who met the inclusion criteria. The questionnaires were used to measure husband support and the use of Intrauterine Devices (IUDs). The instrument used in this study was a questionnaire. The questionnaire used in this study was designed to assess husband support toward the use of IUDs. The husband support variable was measured using a questionnaire consisting of several statements that reflected four forms of support, namely emotional support, informational support, instrumental support, and appraisal support. Each statement in the questionnaire was measured using a Likert scale. The data analysis used in this study consisted of: (1) univariate analysis, which was used to describe the characteristics of each research variable individually. The purpose of this analysis was to determine the frequency distribution and percentage of each variable studied, such as husbands' age, husbands' educational level, husbands' occupation, IUD use, and husband support. (2) Bivariate analysis was used to determine the relationship between the independent variable and the dependent variable using a simple statistical test, namely the Chi-Square (χ^2) analysis with the assistance of SPSS software. Decision-making regarding whether a relationship existed or not was based on a significance level of $\alpha = 0.05$. Furthermore, conclusions were drawn as follows: if the p-value was < 0.05 , then H_a was accepted and H_o was rejected, indicating a significant relationship between the independent variable and the dependent variable. Conversely, if the p-value was > 0.05 , then H_a was rejected and H_o was accepted, indicating no significant relationship between the independent variable and the dependent variable.

Before involving respondents, the researcher submitted and obtained ethical

approval from the Ethics Committee with approval number DP.04.02/F.XXIV.26/104/2026 on February 18, 2026. In this study, there are four principles that must be upheld when conducting research: respect for human dignity, respect for privacy and confidentiality, respect for justice and inclusiveness, and beneficence.

RESULT AND DISCUSSION

This study was conducted at IMP Iis Hilda Zicria, which is an Independent Midwife Practice located at Marlboro Street XVII A No. 5, Pemecutan Klod, Denpasar. This health facility provides independent midwifery services to the community, particularly in the field of maternal and child health, including the Family Planning (FP) program. The selection of the Independent Midwifery Practice (IMP) of Iis Hilda Zicria as the research location was based on the large number of family planning acceptors and the diversity in contraceptive method choices. Family planning acceptors at this IMP come from various age groups and socioeconomic backgrounds, thus providing a broader overview of the relationship between husband support and the use of IUDs. The subjects of this study were husbands of family planning acceptors at the Independent Midwifery Practice (IMP) of Iis Hilda Zicria who met the inclusion criteria during the period from February 20 to April 10, 2026. A total of 90 respondents were selected as samples, with the details as follows.

Table 1. Frequency Distribution of Repondents's Characteristics

Characteristics	F	%
Age		
20-35 years	22	24
> 35 years	68	76
Total	90	100
Education		
Secondary Education	62	69
Higher Education	28	31
Total	90	100
Occupation		
Entrepreneur	26	29
Civil	12	13
Servant/Military/Police		
Private Employee	52	58
Total	90	100

Based on Table 1, it was found that the majority of respondents (husbands of family planning acceptors) were in the age group of >35 years, totaling 68 individuals (76%). The dominance of respondents aged >35 years indicates that most husbands were in late adulthood, in which couples generally already have a sufficient number of children and are more likely to consider long-term contraceptive methods to prevent pregnancy risks at a more advanced age. Pregnancy at the age of over 35 years is known to carry higher risks, such as pregnancy complications, hypertension, gestational diabetes, and risks to maternal

and fetal health. Therefore, husband support in choosing contraceptive methods, particularly IUDs, becomes important in family planning decision-making.

In terms of educational level, the majority of respondents had secondary education (senior high school), totaling 62 individuals (69%), while respondents with higher education (Diploma/Bachelor's degree) totaled 28 individuals (31%). Educational level may influence respondents' ability to receive information and understand the importance of contraceptive use. Generally, the higher a person's educational level, the better their understanding of reproductive health and the benefits of contraception, enabling them to provide better support to their wives in the use of IUDs. Based on occupation, most respondents worked as private employees, totaling 52 individuals (58%), followed by entrepreneurs with 26 individuals (29%), and civil servants/military/police personnel with 12 individuals (13%). Husbands who work may also experience time limitations in accompanying their wives during family planning services, both in consultation and contraceptive insertion procedures. Work-related busyness may cause husbands to be unable to attend family planning services directly, so the support they provide is more commonly in the form of emotional support, permission, and support in contraceptive decision-making. Nevertheless, husband involvement still plays an important role in increasing wives' confidence and comfort in using IUDs.

Table 2. Overview of Husband Support

Husband Support	F	%
Good	32	36
Moderate	37	41
Poor	21	23
Total	90	100

Based on Table 2, it was found that out of a total of 90 respondents, the majority had a moderate level of husband support, totaling 37 individuals (41%), followed by the good category with 32 individuals (36%), and the poor category with 21 individuals (23%). These results indicate that, in general, the level of husband support toward wives' use of IUDs is still not optimal, as the majority had not yet reached the good category. Although the number of husbands with good support was relatively high, there was still a significant proportion in the moderate and poor categories. This suggests that some husbands had begun to provide support, but it was not yet fully consistent or optimal in various aspects, such as providing information, direct involvement, and emotional support.

The less-than-optimal husband support may be influenced by several factors beyond supportive attitudes themselves. Occupational factors, for example, may limit husbands' time to accompany their wives during consultations and family planning services. In addition, educational level and knowledge regarding contraception may affect husbands' understanding of the benefits and safety of IUD use. Lack of access to accurate information regarding contraception, concerns about side effects, and the perception that family planning

is solely the wife's responsibility may also contribute to the low involvement of husbands in supporting the use of IUDs.

Table 3. Overview of Husband Support Based on Indicators

Husband Support	F	%
Emotional Support		
Good	57	63
Moderate	25	28
Poor	8	9
Total	90	100
Informational Support		
Good	22	24
Moderate	36	40
Poor	32	36
Total	90	100
Instrumental Support		
Good	26	29
Moderate	23	26
Poor	41	46
Total	90	100
Appraisal Support		
Good	57	63
Moderate	24	27
Poor	9	10
Total	90	100

Based on Table 3, it was found that in the aspect of emotional support, the majority of respondents had good support, totaling 57 individuals (63%). This indicates that most husbands had provided attention, empathy, and positive emotional support to their wives regarding the use of IUDs. In the aspect of informational support, most respondents were in the moderate category, totaling 36 individuals (40%), indicating that husbands provided sufficient information or advice related to contraception, although it was not yet optimal.

Regarding instrumental support, the majority of respondents were in the poor category, totaling 41 individuals (46%). This condition indicates that support in the form of practical assistance was still relatively low, such as accompanying wives to healthcare facilities, assisting wives during IUD insertion, or accompanying them during consultations with healthcare providers. The low level of instrumental support may be influenced by husbands' work-related busyness and limited time, resulting in less optimal direct involvement in family planning services.

Table 4. Overview of Intrauterine Device (IUD) Use

Overview of IUD Use	F	%
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Yes	32	36
No	21	23
Total	90	100

Based on Table 4, the level of IUD use was still relatively low compared to non-use. The large proportion in the non-use category indicates that this contraceptive method has not yet become the primary choice for most couples of reproductive age at the research location.

Table 5. Results of the Analysis of the Relationship Between Husband Support and the Use of Intrauterine Devices (IUDs)

Husband Support	IUD Use				Total		<i>p</i> Value
	No		Yes				
	F	%	F	%	F	%	
Good	22	24	10	12	32	36	0,020
Moderate	28	31	9	10	37	41	
Poor	21	23	0	0	21	23	
Total	71	78	19	22	90	100	

Based on Table 5, it was found that among the 21 respondents (23%) with poor husband support, all of them did not use IUDs, and none used IUDs. In the moderate support category, the majority did not use IUDs, totaling 28 respondents (31%), while 9 respondents (10%) used IUDs. Meanwhile, in the good support category, there were 22 respondents (24%) who did not use IUDs and 10 respondents (11%) who used IUDs. The statistical test results showed a p-value of 0.020, indicating that there was a statistically significant relationship between husband support and the use of IUDs. Thus, husband support plays an important role in influencing wives' decisions to use IUDs as a contraceptive method.

The use of IUDs was more commonly found among respondents with moderate and good husband support compared to those with poor support. This finding indicates a tendency that the better the support provided by husbands, the greater the likelihood that wives would use IUDs. However, even in the good support category, the majority of respondents still did not use IUDs. This condition suggests that the decision to use IUDs is influenced not only by husband support but also by other factors. Some respondents may still prefer other contraceptive methods due to fear of the IUD insertion procedure, concerns about side effects such as pain or bleeding, and negative perceptions or myths regarding IUD use. In addition, personal experiences and the experiences of others may also influence respondents' decisions in choosing contraceptive methods.

Other factors that may influence IUD use include mothers' level of knowledge regarding contraception, age, number of children, educational level, health condition, access to healthcare services, and the quality of counseling provided by healthcare professionals.

Factors such as comfort in use, previous habits of using certain contraceptive methods, and practical considerations such as ease of use may also influence acceptors' decisions in choosing family planning methods. Therefore, although husband support is an important factor, the use of IUDs is still influenced by a combination of internal and external factors among family planning acceptors.

CONCLUSION

Husband support was mostly categorized as moderate. Based on the indicators, emotional support and appraisal support were mostly categorized as good, informational support was categorized as moderate, while instrumental support was mostly categorized as poor. The results of the analysis showed that there was a significant relationship between husband support and the use of IUDs. Healthcare providers are expected to enhance education and counseling regarding IUDs not only for wives but also by involving husbands in every family planning service. Husband involvement is important because, based on social support theory, emotional, informational, instrumental, and appraisal support from partners can influence an individual's health behavior. Education can be provided through brief counseling during family planning visits, distribution of simple leaflets, and direct communication with couples during consultations. Husbands are expected to increase their involvement in family planning programs by providing comprehensive support to their wives, including emotional, informational, instrumental, and appraisal support. Such support can be demonstrated through good communication with their wives, showing concern for reproductive health, accompanying wives during consultations whenever possible, and actively seeking accurate information regarding IUDs.

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