

Relationship of Husband Support, Culture, and Sexual Comfort with Mother's Interest in Using IUD at Tanah Alas District Public Health Southeast Aceh

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ABSTRACT

High population growth causes a population explosion resulting in higher unemployment, crime, and worsening of other social conditions, quality of life, poverty levels, and increased life expectancy. Globally, the world's population reached 7.6 billion people in 2019 with a growth of more than 80 million people per year. Factors causing the high rate of population growth include improving economic growth, mobilization, migration, technology, development, knowledge, use of contraceptives, and others (WHO, 2019). Indonesia still ranks fourth with the most population in the world after China, India, and America. The distribution of Indonesia's population in 2021 has reached 270 203 917 people, consisting of 136 661 899 males and 133 542 018 females. Aceh province numbered 5 274 871 inhabitants. The trend of population growth is due to rapid economic growth and the region has become a destination for growth centers (growth poles) which further increases the immigrant population (Central Bureau of Statistics, 2020).

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INTRODUCTION

There are several methods used in contraception. There is no single method of contraception that is completely effective. However, some methods can be more effective than others. The effectiveness of the contraceptive method used depends on the user's compliance with the instructions. The difference in the success of the method also depends on the typical use (which is sometimes inconsistent) and perfect use (following all instructions correctly and precisely). The difference in effectiveness between typical use and perfect use varies greatly between one contraceptive method and another (Proverawati, 2017).

The definition of family planning according to Law no. 10 of 1992 concerning Population Development and Development of Prosperous Families is an effort to increase awareness and community participation through maturing the age of marriage (PUP), birth control, fostering family resilience, increasing the welfare of small, happy and prosperous families (Handayani, 2021).

In general, the goal for the next 5 years to be achieved to realize the vision and mission of the KB program (Family Planning) in advance is to rebuild and preserve a solid foundation for implementing strong National Family Planning programs in the future, so that the vision to realize a quality family in 2015 is achieved. Arum, 2017).

The general objectives of the national family planning program are to fulfill the public's orders for quality family planning and reproductive health services, reduce the rate/rate of maternal, infant, and child mortality and overcome health problems with reproductive health problems to build quality small families. Meanwhile, the aim of the Adolescent Reproductive Health (KRR) program is to increase the understanding, knowledge, and positive behavior of adolescents about reproductive health and rights, to improve their reproductive health, to prepare for life in support of efforts to improve the quality of future generations (BKKBN, 2015).

RESEARCH METHOD

Before data analysis, the collected data was processed with the following steps:

- a) *Editing*
*Editing*This study was conducted to assess the suitability of the results of the planned research and the completeness of the filling, errors in filling out, and the clarity of filling out the questionnaire that had been carried out.
- b) *Coding*
The results of the research that have been filled in by the researcher are coded, converting the answers into numbers so that they can be processed by computer.
- c) *Entry data*
A process of entering data into a computer for further data analysis using a computer program.
- d) *Cleaning data*
The data that has been entered into the computer program is cleaned so that all the data that has been obtained is free from errors before data analysis is carried out.

After processing the data, then the data is analyzed as follows:

- a) *Univariate Analysis*
Univariate aims to explain each research variable. In general, this analysis only produces a table of the frequency and percentage distribution of each variable, namely knowledge, husband's support, culture, and sexual comfort and interest in using the IUD.
- b) *Bivariate Analysis*
Bivariate used on two variables that are thought to be related or correlated between independent variables, namely knowledge, husband's support, culture, and sexual comfort with the dependent variable, namely interest in using the IUD, then the data were analyzed statistically using the chi-square test with $\alpha = 0.05$. If the p -value < 0.05 , then the independent variable is related to the dependent variable. On the other hand, if the p value > 0.05 , then the independent variable is not related to the dependent variable.

RESULTS AND DISCUSSIONS

Respondents in this study were family planning acceptors who visited the Tanoh Alos Health Center, Southeast Aceh Regency as many as 86 people. The description of the distribution of respondents' characteristics including age, education, occupation, religion, and parity can be seen in table 1.

Table 1. Frequency Distribution of Respondent's Characteristics at the Tanoh Alas Health Center, Southeast Aceh Regency

No.	Characteristics of Respondents	Total (n)	Percentage (%)
1.	Age		
	Reproduction is less risky 20-35 years	67	77.9
	Reproductive risk <20 years >35 years	19	22.1

	Total	86	100.0
2.	Education		
	SD	1	1.2
	middle school	12	14.0
	SENIOR HIGH SCHOOL	65	75.6
	Bachelor	8	9.3
	Total	86	100.0
3.	Work		
	Employee	6	7.0
	Self-employed	9	10.4
	ART	71	82.6
	Total	86	100.0
4.	Religion		
	Islam	62	72.1
	Christian	24	27.9
	Total	86	100.0
5.	parity		
	Primipara (1 person)	5	5.8
	Multipara (2-4 people)	65	75.6
	Grande multipara (≥5 people)	16	18.6
	Total	86	100.0

Based on table 4.1, the results of the study show that the characteristics of respondents according to age, including reproductive age, are less at risk of 20-35 years as many as 67 people (77.9%), the rest at risk of reproductive age <20 years >35 years as many as 19 people (22.1%). The results also show that the characteristics of the respondents according to the formal education background who graduated the most are Senior High School (SMA) as many as 65 people (75.5%) and at least 1 elementary school graduate (1.2%), while junior high school as many as 12 people (14%) and Strata 1 as many as 8 people (9.3%).

Most respondents do not have a job or as housewives as many as 71 people (82.6%), the rest work as entrepreneurs as many as 9 people (10.4%) and 6 employees (7%). Most respondents have Islamic beliefs or religions as many as 62 people (72.1%) and the rest are Christians as many as 24 people (27.9%). Respondents most have children 2-4 people or called multipara as many as 65 people (75.6%) and the rest 5 people (grande multipara) as many as 16 people (18.6%) and have 1 child (primiparous) as many as 5 people (5.8%).

1. Husband's Support for IUD

The husband's support for the use of IUDs in spacing births is described in the frequency distribution table as follows.

Table 2. Frequency Distribution of Husband's Support for IUD Use at the Tanoh Alas Health Center, Southeast Aceh Regency

No.	Husband Support	Total (n)	Percentage (%)
1.	Support	38	44.2
2.	Does not support	48	55.8
	Total	86	100.0

Based on table 4.3, the results showed that the husband's support for the mother in using the IUD to space births more did not support 48 people (55.8%) and at least supports 38 people (44.2%).

2. IUD Use Culture

The culture or habits in the family using the IUD are described in the frequency distribution table as follows.

Table 3. Cultural Frequency Distribution of IUD Use at the Tanoh Alas Health Center, Southeast Aceh Regency

No.	IUD Use Culture	Total (n)	Percentage (%)
1.	Support	42	48.8
2.	Does not support	44	51.2

Total	86	100.0
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Based on table 4.4, the results of the study show that the culture or family habits of using the IUD do not support the most as many as 44 people (51.2%) and at least support 42 people (48.8%).

3. Sexual Comfort in IUD Use

Sexual comfort during intercourse in the use of the IUD is described in the frequency distribution as follows.

Table 4. Frequency Distribution of Sexual Comfort in IUD Use at the Tanoh Alas Health Center, Southeast Aceh Regency

No.	Sexual Comfort	Total (n)	Percentage (%)
1.	Do not disturb	33	38.4
2.	Disturb	53	61.6
	Total	86	100.0

Based on table 4.5, the results of the study show that sexual comfort during intercourse in the use of an IUD is more disturbing to as many as 53 people (61.6%) and at least not disturbing to as many as 33 people (38.4%).

4. Respondents' Low Interest in Using IUD

The low interest of respondents in using the IUD is explained in the frequency distribution as follows.

Table 5. Distribution of Low Frequency of Interest in Using IUDs in Tanoh Alas Health Center, Southeast Aceh District

No.	Low Interest in UseIUD	Total (n)	Percentage (%)
1.	Not	33	38.4
2.	Yes	53	61.6
	Total	86	100.0

Based on table 4.6, the results of the study show that most respondents have low interest in using the IUD as many as 53 people (61.6%) and at least interest is not low as many as 33 people (38.4%).

Bivariate Analysis

To find out the relationship between the independent variables, namely the husband's support, culture, and sexual comfort with the dependent variable, namely the low interest of respondents in using IUDs at the Tanoh Alas Health Center, Southeast Aceh Regency using the chi-square test with the following results.

1. Relationship of Husband's Support with Low Respondents' Interest in Using IUD

The results of the cross-tabulation between knowledge and the respondents' low interest in using the IUD are shown in the following table.

Table 6. Tabulation of Husband's Support with Low Respondents' Interest in Using IUDs at Tanoh Alas Health Center, Southeast Aceh District

No	Husband Support	Low Interest in Using IUD				Total		p
		Tall		Low		n	%	
		n	%	n	%			
1	Support	23	60.5	15	39.5	38	100	0.000
2	Does not support	10	20.8	38	79.2	48	100	

Based on Table 4.8. it is known that 38 respondents stated that their husbands supported respondents using the IUD, 39.5% of respondents had a high interest in using IUD and 39.5% had a low interest. Of the 48 respondents who stated that their husbands did not support respondents using the IUD, 79.2% of respondents had a low interest in using the IUD and 20.8% had a high interest. The results of the chi-square test obtained p value = 0.001 <0.005. This means that there is a significant relationship between the husband's support and the respondents' low interest in using IUDs at the Tanoh Alas Health Center, Southeast Aceh Regency in 2021.

2. Cultural Relationship with Respondents' Low Interest in Using the IUD

The results of the cross-tabulation between the culture in the family and the respondents' low interest in using the IUD are shown in the following table.

Table 7. Cultural Tabulation with Low Respondents' Interest in Using IUDs at Tanoh Alas Health Center, Southeast Aceh District

No	Culture	Low Interest in Using IUD				Total		<i>p</i>
		Tall		Low		n	%	
		n	%	n	%			
1	Support	22	52.4	20	47.6	42	100	0.017
2	Does not support	11	25.0	33	75.0	44	100	

Based on Table 4.9, it is known that 42 respondents stated that the culture in the family supports using the IUD, 52.4% of respondents have high interest and 47.6% have low interest. Of 44 respondents who stated that the culture in the family does not support respondents using IUDs, 75% of respondents have low interest in using IUDs and 25% have high interest. The results of the chi-square test obtained p value = 0.017 < 0.005. This means that there is a significant relationship between culture and the respondents' low interest in using IUDs at the Tanoh Alas Health Center, Southeast Aceh Regency in 2021.

3. The Relationship of Sexual Comfort with Respondents' Low Interest in Using IUDs

The results of the cross-tabulation between sexual comfort and the respondents' low interest in using the IUD are shown in the following table.

Table 8. Tabulation of Sexual Comfort with Respondents' Low Interest in Using IUDs at Tanoh Alas Health Center, Southeast Aceh Regency

No	Sexual Comfort	Low Interest in Using IUD				Total		<i>p</i>
		Not		Yes		n	%	
		n	%	n	%			
1	Do not disturb	24	72.7	9	27.3	33	100	0.000
2	Disturb	9	17.0	44	83.0	53	100	

Based on Table 4.10, it is known that 33 respondents stated that the use of the IUD did not interfere with having sex with a partner, 72.7% of respondents had high interest and 27.3% had a low interest. Of the 53 respondents who stated that the use of the IUD interferes with having sex with a partner, 83% of respondents have low interest in using the IUD and 17% have high interest. The results of the chi-square test obtained p value = 0.000 < 0.005. This means that there is a significant relationship between sexual comfort and the respondents' low interest in using IUDs at the Tanoh Alas Health Center, Southeast Aceh Regency in 2021.

Discussion

Relationship of Husband's Support to Respondents' Low Interest in Using IUD

Based on the results of the study, it was found that there was a relationship between the husband's support and the respondents' low interest in using the IUD (p 0.000 < 0.05). In line with the research, Bernadus, et al (2013) explained that there was a relationship between the consent of the partner and the selection of the IUD at the Mandala Health Center, Pangkep Regency. In this study, respondents with the approval of a supportive partner are more likely to choose an IUD than a non-supportive partner.

A good husband's support will make it easier for his wife to choose contraceptives, many women of childbearing age are afraid to use contraceptives due to several factors including fear of gaining weight, changes in body posture, or even changes in skin integrity. With the support of their husbands, women of childbearing age will find it easy to use contraception (Pinamangun, 2021).

The support given by the husband to the mother tends to be unsupportive, where the mother feels that she is not accompanied by her husband during a consultation with the midwife about the IUD, the husband does not get information about the IUD because of the lack of information obtained by the husband, he does not know that the IUD is a contraceptive that has high effectiveness and Can't convince mom. The emotional

support given by the husband to the mother tends to be non-existent because the respondents said that they did not agree if the wife used the IUD.

The husband's support is very important to motivate and support the mother in the selection of contraceptives to be used. The absence of support from her husband often makes the mother not entitled to make decisions in making decisions. The husband's support that can be given includes choosing suitable contraception, namely contraception that is by his wife's condition, reminding her to control it, and delivering it when there are side effects or complications. The husband's role can increase the mother's interest in using a non-hormonal IUD.

The results of this study are by the theory (WHO) which states that the relationship between a mother and her partner can be a factor in determining the choice of certain contraceptives. Since in many societies couples do not communicate with each other about family planning, it is the woman who often has to obtain and use contraception if she wants to control her fertility. Ineffective communication can cause the mother's interest to feel reluctant to use the IUD for fear that her husband will not allow it.

According to the author's assumption that the husband's support is very important in realizing the mother's intention to use the IUD because the support from her husband in the form of providing information, taking her to health facilities, paying attention to spacing children and giving permission to the mother causes the mother to have a strong intention to use the IUD.

Cultural Relationship to Respondents' Low Interest in Using the IUD

Based on the research results, it is known that there is a relationship between culture and the respondents' low interest in using the IUD ($p\ 0.017 < 0.05$). A relevant study by Misrina (2021) explains the results of research that socio-cultural can cause low IUD users in Teupin Raya Peusangan Village, Siblah Krueng, Bireuen Regency.

Installation of Long-Term Contraceptives (MKJP) such as IUDs by showing their genitals to others. Or straddle during installation. This may be contrary to the norms or religion adopted that revealing the genitals to others is an act of sin. This factor causes the mother's low interest in using the IUD. According to Macrina (2021) based on cross-testing, the majority of respondents who did not use MKJP had a negative socio-culture regarding the use of MKJP, as many as 31 respondents (75%). Socio-culture can cause low IUD users in Teupin Raya Village, Peusangan Siblah Krueng, and Bireuen Regency ($p\ 0.001 < 0.05$).

The results of this study are the opinion expressed by Aritonang (2010) which states that the use of contraceptives is also influenced by sociocultural factors considering the users live in a sociocultural environment. The use of contraceptives is closely related to culture because contraceptives are related to the installation method and the habits of the people, in general, following the culture and customs that have long been formed to maintain their own life or the survival of their tribe. To achieve the success of a development program, especially in this community, it is necessary to understand what is contained and customary in that community.

Mother will be interested in using one contraceptive if the people around her use the same contraceptive. For example, someone's interest in using IUDs will arise if the people around them also use IUDs. Including habits passed down from generation to generation, from mother to child, and so on. In this case, it is necessary to involve religious leaders and community leaders in conducting counseling about the use of contraceptive methods in the community. For example, by inviting clerics or village heads whose wives have used an IUD so that they can become a reference and role model for mothers to increase their interest or even use an IUD. We know that based on the initial survey in Tanah Alas Health Center, Southeast Aceh Regency 431 acceptors used injectable contraceptives compared to IUDs, which 38 acceptors.

According to the author's assumption that the culture that develops in the family can cause low maternal interest in using the IUD. The role of community and religious leaders is needed to provide counseling to families that the use of IUDs should be to improve family welfare, especially maternal and child health in the field of reproductive health types of vitamins: (a). Vitamin A, (b). B vitamins, (c). Vitamin D, and so on.

CONCLUSION

Based on the results of research and discussion, the authors conclude: There is an influence of the husband's support on the mother's low interest in using the IUD with a p-value of $0.000 < 0.05$. And as the dominant factor with $EXP(B) = 6.702$. There is a cultural influence on the mother's low interest in using the IUD with a p-value of $0.017 < 0.05$. There is an effect of sexual comfort on the mother's low interest in using the IUD with a p-value of $0.000 < 0.05$

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