

Conference Paper

The Role of Couple Discussion on Modern Contraceptive Used for Spacing Pregnancy (Analyzed of Indonesian Demographic and Health Survey/IDHS 2012)

Iksanaton Fadila Oktabriani¹ and Pandu Riono²

¹Postgraduate Student Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

²Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

Abstract

The desired to have more child is higher among mothers who have one child, so they need contraceptive use for spacing the next pregnancy to avoid the risk of close pregnancy. Couple discussion about family planning is believed to be able to contribute the use of contraceptive, but the role of discussion with husband to encourage contraceptive for spacing pregnancy was unclear. This study analyzed 8.359 from 45.607 of reproductive women aged 15 to 49 years old, data collected in Indonesian Demographic and Health Survey (IDHS) 2012, who had married or living together and had one child that still lived because to do spacing pregnancy, at least mothers already had one child. There were 50.2% of mothers who had used modern contraceptive for spacing pregnancy. Mothers who discussed family planning with her husband was 1.61 higher to use modern contraceptive for spacing pregnancy than those who didn't discuss, controlled by the level of mothers education, husband's occupation, economic status, and family planning information source (Adjusted odds ratio = 1.61, 95% CI: 1.35 – 1.92). The couple discussion had a role to influence the use of modern contraceptive for spacing pregnancy. Thus, it's not the only woman who had to involve in family planning and *Behavior Change Communication* targets to motivate couple to discuss, but also the husband.

Keywords: couple discussion, modern contraceptive, spacing pregnancy

Corresponding Author:

Iksanaton Fadila Oktabriani
 oktabriani.dila@gmail.com

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1. Introduction

Maternal mortality ratio (MMR) in Indonesia was 359 per 100.000 live births in 2012 and higher than MMR in 2007 and 2002/2003 [1]. Closing pregnancy is one of the factors that could affect maternal death. It could increase the risk of severe bleeding while delivery [2-3]. The study showed that mother who delivered their children less than six months from their previous delivery had more risk to death. Close pregnancy also had an impact on children's health status. In a developing country, the risk of premature delivery and low birth weight was two times higher if the conception occurred in less than six months

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after first delivered [4]. The WHO estimated that children would have a higher risk to die as the effect of maternal death due to delivery complication in their mother because they had close pregnancy [5-6]

Safe motherhood built a family planning concept as a strategy to decrease the maternal mortality through decreasing the risk of obstetrics. Mothers could manage their pregnancy through family planning so that they could prolong the length between first pregnancy to the next so they could increase their health status before having their next pregnancy. It had a positive impact for health status and survival life of their children because through managing their pregnancy, the competition to get a nutritional intake from mothers could be avoided between the sisters or brothers [6-7]. The characteristic of contraceptive that needed for spacing pregnancy was it should have high effectiveness [8-9]. The contraceptives recommended for spacing pregnancy were IUD, implant, injection, and pill [2].

Although family planning strategy was addressed to women, men as a husband also had a role in achieving the success of family planning program, so working together between husband and their wife about family planning was needed [10]. Through communication, mothers had more chances to understand the attitude of their husbands about family planning, the number of desired children, the right time to be pregnant, and the distance length between the first and the next pregnancy [11-12]. It was supported by some studies that found that mothers who discussed family planning with their husbands had odds 3.2 times higher to use a contraceptive. Another study in Kenya also found that women who discussed family planning had odds 3.4 times higher to use contraceptive [12-13].

In Indonesia, in 2012, 84.7% mothers who had one child, had desired to have more than one child, showing that the proportion to have more children was higher among mothers who had one child than mothers who had more than one child. So that, the need for contraceptive used for spacing pregnancy should be higher on them [1]. This study was conducted to see the role of couple discussion on modern contraceptive used for spacing pregnancy among mothers who had one child.

2. Methods

The categories of modern contraceptive used in this study were injection, implant/IUD, and the pill. Un-reversible (permanent) contraceptive was not included in this study. Mothers were categorized as a modern contraceptive user for spacing pregnancy if they said they were using it and had the desire to have more than one child. The design of the study was cross-sectional. This study analyzed 8.359 from 45.607 reproductive women aged 15 – 49 years old, who had married or living together and had one live child. This data was collected by the Indonesian Demographic and Health Survey 2012. In-fecund or sterilized mothers were excluded from this study. The analysis that had been done were descriptive, bivariate, and multivariable analysis. In multivariable analysis, there were confounders such as mother educational status, husband occupation, socioeconomic, and information source about family planning. Confounders were substantially chosen.

3. Results

There were 60.1% from 8.359 mothers who had one child who used a contraceptive. The injection was the highest among contraceptive user. There were 4.648 mothers who had one child who said that they used modern contraceptive (see table 1). On the variable about the reason of contraceptive used, there were only contraceptive users involved in the analysis. There were 90.3% of them who used modern contraceptive for spacing pregnancy and 9.7% to limit pregnancy. The proportion of modern contraceptive used for spacing pregnancy among all of the sub-sample of a mother who had one child was 50.2% was shown in table 2.

TABLE 1: Contraceptive Used and Method.

| Contraceptive Used | % |
|---------------------------------|------|
| Used | 60.1 |
| Method that used | |
| Suntik | 64.0 |
| Pil | 20.3 |
| IUD | 4.1 |
| Implan/norplan | 4.0 |
| Senggama terputus | 3.2 |
| Kondom | 2.5 |
| Abstinen periodik | 1.6 |
| Metode Amenorrhea Laktasi (MAL) | 0.0 |
| Tradisional lain | 0.3 |

TABLE 2: Modern Contraceptive Used and Reason to Use.

| Modern contraceptive use | % | n |
|--------------------------|------|-------|
| Contraceptive non modern | 4.5 | 380 |
| Contraceptive modern | 55.6 | 4.648 |
| Reason to use | | |
| Spacing pregnancy | 90.3 | 4.195 |
| Limiting pregnancy | 9.7 | 453 |

The use of modern contraceptive for spacing pregnancy was decreased with aged. It's higher among mothers who attained high education, higher among mothers who had socioeconomic in quintile 1-2, higher among mothers who lived in the village, but it decreased with the number of ideal children. In term of the age of the children, modern contraceptive used for spacing pregnancy was higher among mothers who had < 5 years old child. Based on the history of children mortality, modern contraceptive used for spacing pregnancy was higher among mothers who had no history of child mortality (see table 3). In term of kind of contraceptive method ever heard, the proportion of modern contraceptive used for spacing pregnancy was 48.9% in mothers who ever heard of modern contraceptive, 50.5% in them who never heard modern contraceptive or only

heard about traditional contraceptive method, and 26.8% in them who had never heard all kind of contraceptive methods (see table 3).

TABLE 3: Use of Modern Contraceptives for Spacing Pregnancy Based Social Demographics of Mother, Child, and Family Planning Methods Ever Heard.

| Variable | % | n |
|--|------|-------|
| Mothers age | | |
| < 20 y.o | 72.9 | 289 |
| 20 – 35 y.o | 57.1 | 3.768 |
| > 35 y.o | 10.2 | 138 |
| Mothers education | | |
| ≤ Elementary school | 47.9 | 1.278 |
| ≥ Junior high school | 51.3 | 2.917 |
| Mothers occupational status | | |
| Not worked | 55.3 | 2.241 |
| Worked | 45.4 | 1.954 |
| Socio-economic status | | |
| Kuintil 3 – 5 | 47.3 | 2.478 |
| Kuintil 1 – 2 | 55.0 | 1.716 |
| Region | | |
| Village | 53.8 | 2.339 |
| City | 46.3 | 1.856 |
| The numbers of ideal children | | |
| ≤ 2 children | 53.4 | 3.045 |
| > 2 children | 44.4 | 1.025 |
| Not answered | 36.0 | 125 |
| Ever heard family planning | | |
| Ever heard a modern method | 48.9 | 386 |
| Hadn't ever heard any method/only heard the traditional method | 50.5 | 3.796 |
| Heard all of the methods | 26.8 | 13 |
| Children age | | |
| ≤ 5 y.o | 61.3 | 3.407 |
| 6 – 10 y.o | 38.7 | 615 |
| > 10 y.o | 14.2 | 172 |
| History of children mortality | | |
| Yes | 37.6 | 211 |
| No | 51.1 | 3.984 |

The use of modern contraceptive for spacing pregnancy was not different between mothers whose husband had to attain elementary school, or less and husband had attained junior high school or more. Also, the use of modern contraceptive for spacing pregnancy was higher among mothers whose husband had work that had not (table 4). Mothers who visited health facility and had explained about family planning from a health

worker had a higher proportion of modern contraceptive used for spacing pregnancy than they who never visited health facility and had not explained about family planning from health worker (table 4). The use of modern contraceptive for spacing pregnancy was also higher among mothers who had explained about family planning from health worker who visited them and higher among mothers who got information about family planning from electronics media (table 4).

TABLE 4: Use of Contraception Modern for Spacing Pregnancy Based on Characteristics of Husband, Family Planning Services, and Family Planning Information.

| Variable | % | n |
|--|------|-------|
| Education | | |
| < Elementary school | 50.5 | 1.453 |
| ≥ Junior high school | 50.0 | 2.743 |
| Occupational status | | |
| Not worked | 29.2 | 40 |
| Worked | 50.5 | 4.155 |
| Visited health facility and got information about family planning | | |
| Not visited | 47.0 | 1.726 |
| Yes but not got family planning information | 49.1 | 1.665 |
| Yes and got family planning information | 62.2 | 804 |
| Family planning worker visit | | |
| Not | 49.9 | 3.898 |
| Yes | 54.1 | 297 |
| Family planning information from a health worker | | |
| No | 45.9 | 2.740 |
| Yes | 60.7 | 1.455 |
| Information source of family planning | | |
| Non-electronics | 48.4 | 3.056 |
| Electronics | 55.8 | 1.139 |

The simple association between couple discussion and modern contraceptive used for spacing pregnancy showed that mothers who discussed about family planning with their husband had higher proportion of modern contraceptive used for spacing pregnancy (59.7%) than they who had not discussed it (table 5) with crude odds ratio equal to 1.60, showing that mothers who had discussed family planning with their husband had odds 1.60 times to used modern contraceptive for spacing pregnancy than they who had not (table 6). Whereas, after adjusted by confounders, mothers who had discussed family planning with their husband had odds 1.61 (odds ratio adjusted) times to used modern contraceptive for spacing pregnancy than they who had not (table 6).

TABLE 5: Use of Contraception Modern for Spacing Pregnancy Based on Discussion With Husband.

| Discussion | % | n |
|------------|------|-------|
| No | 48.1 | 3.296 |
| Yes | 59.7 | 899 |

TABLE 6: Simple Association and Multivariable Analysis between Couple Discussion about Family Planning with Use of Modern Contraceptive for Spacing Pregnancy.

| Discussion | Crude | | Adjusted* | |
|------------|------------|------------|------------|------------|
| | Rasio odds | 95% CI | Rasio odds | 95% CI |
| No | 1 | | 1 | |
| Yes | 1.60 | 1.34 –1.91 | 1.61 | 1.35 -1.92 |

* Controlled by mothers education, socioeconomic, husband occupational status, and source of information (confounders was chosen by substance)

4. Discussion

It was mentioned in the Indonesian Demographic and Health Survey 2012 Report that contraceptive prevalence rate (CPR) among woman who had married or living together was 61.9%. The injection was the highest method that used among them. The report was not different to this study that found that there were 60.1% mothers who had one child who used a contraceptive. In Indonesia, traditional contraceptive was not commonly used by women who married or living together. The proportion of modern contraceptive (injection, pill, IUD, implant) used from all of the married women were 52.7% [1]. Whereas, in this study, it's found that modern contraceptive used among mothers who had one child was 55.6%.

Family planning discussion between wives and their husband was one of the factors that could create idea reception about family planning among reproductive couples and could encourage the use of modern contraceptive among reproductive women [12-14]. In Indonesian, the discussion of family planning between wives and husbands was still quite low. Nevertheless, this study found that mothers who had discussed family planning with their husband had odds 1.60 times to use modern contraceptive for spacing pregnancy than they who had not. After adjusted by confounders, the odds slightly increased to 1.61, showing that mothers who had discussed family planning with their husband had odds 1.61 times to use modern contraceptive for spacing pregnancy than they who had not controlled by mothers education status, husband occupational status, socioeconomic, and source media of family planning information.

Bernard said that the influence of discussion between wives and husbands about contraceptive used occurred because, in society, husband tended to hold an important role to decide about having children or not and using contraceptive or not [15]. Berhane et al. (2001) explained that through discussion, husband and wife could share their vision toward agreement, family planning method that they wanted, the number of children they desired, and spacing pregnancy between first and next child. A couple who had discussed family planning tended to use contraceptive because there was understanding of fertility decision making [16-17].

All this time, family planning was identical to limiting than spacing, even though family planning was not only about "two children enough" but also how to ensure that children could grow healthily and the mothers could avoid the risk of pregnancy and delivery through managing the distance length between two pregnancies. From this study, it

was known that in Indonesia, there was a contraceptive need for spacing pregnancy among mothers who had one child and discussion about family planning with husband could encourage the use of modern contraceptive for spacing pregnancy. Therefore, the importance of couple discussion about family planning had to be promoted. If there were no discussion about family planning between the couple, women would have a misperception about husband agreement about their need for managing pregnancy and delivery [18].

One of the important strategies to increase family planning program was promoting the benefits of contraceptive use for couple or society. The strategy could be done through Behavior Change Communication (BCC). The aim of it was too motivated mothers to discuss or communicate about family planning with their husband, visited a health facility, and initiated contraceptive use [19]. Giving motivation through BCC was needed because a husband who participated on family planning means they aware and support the decision making of contraceptive use for their spouse, so if there was communication with husband, wife had a chance to know the attitude of their husband toward family planning [12].

5. Conclusion

This study found that discussion about family planning could encourage contraceptive use for spacing pregnancy. Thus, intervention from related parties was needed to encourage the husband to be active to support their wives to use contraception through good communication between husband and wife about family planning.

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Competing Interest

Authors declare that there is no competing interest.

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