

Husband's Participation in Method Selection Contraception in Fertilizing Couples at the Gulbung Village Support Health Center Pangarengan District Sampang District

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ABSTRACT

Family planning (FP) coverage in Pangarengan District declined from 84% to 74%, partly due to cultural beliefs that contraception is solely a woman's responsibility. This study explores the role of husbands in contraceptive selection among couples at the Gulbung Village Sub-Health Center using a qualitative phenomenological approach. Ten husbands of FP acceptors were interviewed using purposive sampling. Thematic analysis revealed that husbands' roles were influenced by their initial knowledge, information sources (midwives, social media, environment), and cultural norms. Their support included financial aid, accompanying wives to FP services, and decision-making discussions. Barriers included limited knowledge, rigid gender roles, and sociocultural pressures. Health workers acted as communicators, facilitators, and counselors, but often did not involve husbands actively in counseling. Husbands' expectations centered on supporting their partners and ensuring family welfare. Overall, the study highlights the need to improve husband involvement in FP through inclusive health education and culturally sensitive counseling approaches.

Keywords: contraceptive method selection, husband, role

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BACKGROUND

According to (Nuralviani et al., 2023), the World Health Organization defines Family Planning (FP) as a method that allows individuals or couples to avoid unwanted pregnancies, determine the number of children, and regulate spacing between births. The Indonesian government's vision of a quality family is a small, prosperous, and independent family that contributes to national development. Indonesia is experiencing rapid population growth, evident from narrowing agricultural land and dense urban areas (Sutikno, 2020). The demographic bonus period (2020–2030) highlights a surge in the productive-age population (Harjanto, 2021). With a population of over 230 million and an annual growth rate of 1.35%, careful population management is required (Habibi et al., 2022) ; (Kemenkes RI, 2020).

Laws No. 23/2006 and No. 52/2009 support the FP program, which aims to reduce population growth, improve maternal-child health, and expand reproductive health access (Susiloningtyas dan Ramadhani, 2023) ; (Sudirman dan Herdiana, 2020). Although Indonesia's FP participation (61%) surpasses the ASEAN average, it is still below Vietnam, Cambodia, and Thailand (WHO, 2020).

In East Java, FP coverage declined, notably in Pangarengan District, Sampang, from 84% to 74% (Hidayati, 2019). The region, particularly Gulbung Village, holds strong Islamic and cultural values, where contraception is often seen as solely a woman's responsibility, limiting male involvement (Fitriana, 2017). Misinterpretation of religious teachings contributes to this perception. Contraceptive use is influenced by knowledge, attitudes, education, number of children, and economic status, as well as supporting facilities, information sources, and family/community support (Safitriani et al., 2022). Male participation is crucial, as supportive husbands are more likely to accompany wives, help in decisions, and ensure consistent FP use (Choiriyah et al., 2020).

Men can participate directly (vasectomy, condoms, natural methods) or indirectly (supporting and financing contraception) (Anitasari dan Sarmin, 2021). However, barriers such as lack of knowledge, embarrassment, financial constraints, or rigid gender roles limit involvement (Iskandar et al., 2022; (Habibi et al., 2022). Cultural and patriarchal values often deprive women of autonomy in contraceptive decisions, reinforcing male dominance (Kriel et al., 2019); (Assefa et al., 2021). Misconceptions about vasectomy and lack of community leader support hinder male involvement (Anitasari dan Sarmin, 2021).

Family support, especially from husbands, plays a vital role in the success of FP. Their presence, motivation, and shared responsibility increase women's confidence in contraception (Utari et al., 2023). Broader community involvement also determines the success or failure of FP programs (Pragita et al., 2021). Health Technology Assessment (HTA) offers a framework to improve male involvement by promoting understanding of contraceptive benefits, ensuring method sustainability, and reducing fertility rates (Meilani dan Nurhidayati, 2019).

Based on a preliminary survey conducted at the Gulbung Village Health Center, Pangarengan District, Sampang Regency, the number of men and women of reproductive age (WUS) was 5,023 people. The number of recipients of KB implants was 125 people, 20 people for MOW, 325 people for injections, and 125 people for tablets.

METHODS

This research design is a This qualitative study employed a phenomenological approach. The participants were 10 husbands of FP acceptors in the working area of the Gulbung Village Sub-Health Center, selected through purposive sampling with data saturation. Data were collected through in-depth interviews using an interview guide, and thematic analysis was applied.

RESULTS

Participants in this research were the husbands of family planning acceptors in the work area of the sub-district health center in Gulbung Village, Pangarengan District, Sampang Regency. The participants obtained using data saturation to fulfill the theme were 10 participants.

Participant Characteristics

The following is a table of participant characteristics according to the interview results:

Table 1. Participant Characteristics

No	Code	Age	Last Education	Work	Long married	Parity
1	P1	30 years	S1	Private	2 years	1
2	P2	30 years	SMA	Self-employed	5 years	1
3	P3	30 years	SMA	Private	2 years	1
4	P4	44 years old	SD	Farmer	24 years old	5
5	P5	29 years	SMA	Farmer	2 years	-
6	P6	56 years old	SD	Farmer	30 years	4
7	P7	27 years old	JUNIOR HIGH SCHOOL	Self-employed	3 years	2
8	P8	38 years old	SMA	Private	13 years old	2
9	P9	45 years old	SD	Private	20 years	4
10	P10	35 years old	SMA	Private	3 years	2

Thematic Analysis Results

The data analysis activities in this research refer to the thematic analysis model, where the process of forming themes is carried out after the researcher has compiled the interview results in script form, the researcher reads the script repeatedly to find keywords that suit the research objectives. Then the researcher coded the meaning, determined the subthemes and the final results were found in the form of themes. The form of coding, determining themes and subthemes can be seen in the picture below:

Data analysis at the Gulbung Village Support Community Health Center, Pangarengan District, Sampang Regency, examined the role of husbands in choosing contraceptives for couples of childbearing age. The results of data analysis are organized into six themes, with several subthemes within each theme. The following image provides an explanation of these themes. Each theme and subtheme is explained as follows:

Preknowledge husband about contraception

Theme about *Preknowledge* husbands about contraception described participants' knowledge and understanding about contraception. This theme has two subthemes which are depicted in the following diagram:

Benefits and types of contraception

The sub-theme on the husband's initial knowledge of contraception highlights how his understanding of the benefits and types of family planning influences his decision in choosing a contraceptive method at the Gulbung Village Support Community Health Center, Pangarengan District, Sampang Regency, as shared by Participant 2 :

"..Yes...Prevent pregnancy..."(Participant 2, 30 years old, works as a vegetable seller)

Participant 6 also said the same thing:

"..to avoid having children.." (Participant 6, 52 years old, works as a farmer).

Participant 10 said that he had initial knowledge about various types of contraception:

"..Yes, you know, there are 3 contraceptives, how many different ones are there, like injecting pills and the like, they say they are for delaying pregnancy." (Participant 10, 35 years old, works as a Koran teacher).

Based on the results of interviews with participants, it can be interpreted that the husband's initial knowledge can be a reason and consideration for the husband in choosing a contraceptive method, because husbands can carry out their responsibility to help their wives in choosing a contraceptive method at the Gulbung Village Support Community Health Center, Pangarengan District, Sampang Regency, if you have the required skills.

Government policy

The sub-theme on government policy highlights the husband's role in choosing contraception for couples of childbearing age at the Gulbung Village Health Center, Pangarengan District, Sampang Regency. It focuses on the husband's initial knowledge of contraception and government recommendations for family planning, as shared by Participant 3:

"..That's what I know, if I'm not mistaken... The government's program to overcome population density is like that, so they say two children is enough (laughs)." (Participant 3, 28 years old, works as a Koran teacher).

Based on interviews with participant 3, it can be described that *preknowledge* The husband's (initial knowledge) is about the existence of programs from the government, so the husband supports the programs organized by the government to control the rate of population growth and form quality families. The same thing is also supported by participant 8's statement, as follows:

"..You know, family planning (pause) for the welfare of the family.." (Participant 8, 38 years old, works as a workshop employee)

Based on the results of the interview with participant 8 regarding the husband's initial knowledge, it can be interpreted that the existence of contraception can support the welfare of the family to become a quality family and improve the health of family planning by controlling birth spacing.

Sources of information that husbands consider when choosing contraception

The theme about sources of information that husbands consider in choosing contraception describes the origins of husbands' knowledge of contraceptive information so that it becomes a consideration for husbands in choosing contraception. This theme has four subthemes which are depicted in the diagram below:

Midwife

The sub-theme on midwives in the aspect of sources of information that husbands consider in choosing contraception describes that midwives in their duties have shown concern for the welfare and reproductive health of women. This is similar to the interview results from participant 1:

"..Ghi, oningah dheri sir, ma'am, ma'am, injecting worker.." (Knows from the ladies and gentlemen of injecting workers) (Participant 6, 52 years old, works as a farmer).

Based on the results of participant interviews, it was found that the source of information that husbands considered in choosing contraception was because they heard information from midwives or other health workers, when attending posyandu or other health events.

Previous education

The sub-theme of previous education as a source of information that is taken into consideration by husbands in choosing contraception explains that previous education has a great influence on the continuity of family planning so that it becomes a consideration in choosing the contraceptive method to be used, this was conveyed by participant 6:

"..ghi,, know from the old school, koca'en makle merangrang have children, and know the news of family planning marriage from the old school ..."

(I know from school, they say it will make it less likely to have children. I've heard the news about birth control from school..)(participant 8, 27 years old, works as a vegetable seller).

Participant 2 also said the same thing:

"..You know when you're a teenager, school time. The teachers are teaching, explaining as they teach Biology.." (Participant 2, age 30, works as a vegetable seller)

Interview results show that a person's education level influences the length of time they participate in a family planning program. This is because people with a higher level of education tend to be more willing to accept and contribute to the program.

Social media

The sub-theme of social media as a source of information that is considered by husbands in choosing contraception describes that social media can help husbands determine family planning choices by getting information from social media, this was conveyed by participant 1:

"..Hey, I also searched on the internet..." (participant 1, 30 years old, works as an IT teacher).

Participant 3 also said the same thing:

"..yes, from the media, there's also that on television, yes...social media..." (Participant 3, 28 years old, works as a Koran teacher)

Findings from interviews with participants 1 and 3 indicate that sources of information about contraception often shift to easily accessible social media platforms. Participants may more easily access knowledge that is not available from others around them because of advanced IPTEK (science and technology). Additionally, there are other sources of information available that can be considered when choosing a contraceptive method, such as social media, television, and internet news.

Environment

The environmental sub-theme as a source of information that is considered by husbands in choosing contraception explains that environmental situations can also influence husbands to choose contraception according to recommendations from the surrounding environment or those closest to them, this was conveyed by participant 3:

"..That's what my parents recommended. Keep telling me, yes, I agree. We've had discussions, we've taken a decision on family planning in 3 months." (Participant 3, 28 years old, works as a Koran teacher).

Based on the interview above, it can be interpreted that the surrounding environment can influence the acceptor/husband of the family planning acceptor to use family planning as recommended, in the sense of not following the recommendations and advice from the midwife because they already have a choice that has been recommended by someone close to them such as their mother-in-law.

Forms of husband's support in choosing a contraceptive method

The husband's support in choosing contraceptives for couples of childbearing age at the Gulbung Village Health Center, Pangarengan District, Sampang Regency, is a key form of collaboration. Three main aspects should be considered when discussing the husband's role in contraceptive choice, as shown in Figure 5, which highlights the husband's assistance and related subthemes :

Financial/Economic Support

The form of financial support greatly influences the success of contraceptive use, because without financial support, family planning acceptors will stop using family planning. Even though the average person comes from the lower middle class, financial support is still prioritized to support his wife's family planning. This was expressed by participant 2:

"...Just in terms of costs, when I go to the midwife, my wife and my younger brother..." (Participant 2, 30 years old, works as a vegetable seller).

This is also supported by the results of participant 7's interview:

".. yeah, the support in terms of money is mbak, I'm sure I'll pay and take to the midwife .." (Yes, the support is in terms of costs (financial), of course I am the one who pays for it and delivers it to the midwife)(Participant 7, 27 years old, works as a vegetable seller)

Based on the results of the two participants (2 & 7), both of them said they supported their wives' family planning by covering the costs. Even though he was busy with work, one of the two of them was willing to take his wife to the midwife. Both of them hope for the best for their partners in family planning.

Motivator

The subtheme husband as a motivator describes the husband's form of support for choosing a contraceptive method for couples of childbearing age. As stated by participant 3:

"Delivering to the midwife and I have economic problems. "Now I'm still using birth control for 3 months, God willing, tomorrow is the return date, I'll deliver it."

Apart from paying for his wife's family planning, the husband also supports his partner in the form of a motivator, namely by taking his wife to the midwife and remembering her wife's return date for repeat family planning control. This is done arbitrarily just to support the wife in using family planning. A form of love that is realized in the form of action, so that it becomes a harmonious family. This is the same as participant 6, who looked for free time during his busy work schedule to take his wife to family planning. The following are the results of the interview with participant 6:

"and again if the midwife still eater kuleh. If I'm not working hard, I'm looking for free time. I'm still checking my eater ma'am, people are sorry ma'am (laughs) and still discuss with me" (When I go to the midwife for a check-up, I definitely take them. When I'm not working, I take them... basically looking for free time. Every time I check, I take them with me ma'am, people love you ma'am (laughs) and there are still discussions with me) (Participant 6, 45 years old, works as a farmer)

Findings from interviews with participants 3 and 6 indicate that they strive to ensure that their families can enjoy harmonious and beneficial coexistence, driven by a deep understanding of the value of contraception for the common good.

Discussion/Information

The discussion/information subtheme describes the husband's form of support for choosing a contraceptive method for couples of childbearing age. This was conveyed by participant 8 as follows:

"if it's a discussion problem, yes, there will still be a discussion, it's just up to the wife, she wants to use which KB" (Participant 8, age 38, and works as a workshop employee)

Participant 9 and participant 10 also conveyed similar things as follows:

"...But if there is anything wrong still discuss with me ..."

(But every time something happens, my wife still discusses it with me). (Participant 9, 45 years old, and works as a fisherman).

"...Yes, what's wrong with my wife, we still discuss it to make a decision together, together... for the common good..." (Participant 10, 35 years old, and works as a Koran teacher)

Based on the results of the interview, it can be concluded that in the form of husband's support for contraception, there is discussion/communication between partners in making a decision, even though basically the decision making is played by the husband as head of the household. However, the choice is still made together to ensure that the needs of both partners in reproductive activities are met.

Inhibitory Aspects in Choosing a Contraceptive Method

The theme of inhibiting factors in choosing a contraceptive method at the Gulbung Village Health Center, Pangarengan District, Sampang Regency, highlights the obstacles faced by family planning acceptors and their husbands. This theme includes three subthemes, as described below :

Knowledge

The knowledge subtheme describes the inhibiting aspects in choosing a contraceptive method for couples of childbearing age. This was conveyed by participant 1 as follows:

"..Yes, if there are obstacles... the first obstacle that is felt is that the wife complains that her menstruation is irregular. Sometimes it's time for menstruation, what do you think? (thinking)...it doesn't go smoothly. That's it" (participant 1, 30 years old, and works as an IT teacher)

Interview excerpts from participant 1 revealed that his wife experienced irregular menstruation due to using 3-month contraceptive injections. If the husband had known that this was a common side effect, it wouldn't have been an obstacle to continuing family planning. The husband's lack of knowledge may hinder the smooth use of contraception. Limited public understanding about contraceptives contributes to high birth rates and hampers efforts to reduce them. In contrast, those with proper information tend to have better knowledge and awareness of contraceptive use and its side effects..

Differences in Gender Roles

The sub-theme of gender role differences in the aspect of obstacles to the husband's role in choosing a contraceptive method for couples of childbearing age describes the use of authority and decisions given to the wife. This was stated by participant 4 who said:

"..gi mun kuleh why cepon wife .."

(Yes, if it's up to my wife) (Participant 4. Age 44 years, and works as a farmer).

A similar thing was also conveyed by participant 7, who said:

"...If you ask for approval to choose family planning, why are you talking?"

(if you ask for approval to choose which contraceptive method... it's up to the wife) (participant 7, 27 years old, works as a vegetable seller).

Participant 2 also said something similar:

"...It's up to the wife what birth control she wants to use..." (Participant 2, 30 years old, works as a vegetable trader)

The interview results highlight that decision-making authority is given to the wife, creating gender role differences that make family planning seen as solely the woman's responsibility. As a result, husbands are often uninvolved in the process. These gender roles and authority dynamics hinder husbands' participation in choosing contraceptive methods at the Gulbung Village Health Center, Pangarengan Sub-district, Sampang Regency..

Environment (Socio-Cultural)

The environmental (sociocultural) sub-theme in the aspect of obstacles to the husband's role in choosing a contraceptive method for couples of childbearing age describes various obstacles caused by the people around them. This was conveyed by participant 3 from the results of the interview as follows:

"...If it's the first time, when you're just getting married, there's no need to say so. Eee..Yes, because the village people say, they are afraid..what...ee it takes a long time to have a child, that can be an obstacle. I'm afraid that when I want to have children, then... it's so slow..." (participant 3, 28 years old, works as a Koran teacher)

Several other obstacles were also conveyed by participant 10 as follows:

"...from the family there are, from the in-laws, including some brothers, why not.. because you are old enough to get married, so try to have children quickly, like that. (pause) Yes, it's forbidden by the family, especially the parents.." (participant 10, age 35, working as a teacher)

The interview results show that the socio-cultural environment, particularly the influence of those closest to the family, plays a significant role in the success of family planning. Myths and negative assumptions passed down through generations, along with a lack of support from the surrounding community, hinder the success of the government's family planning program. Although the husband has decision-making authority as the head of the household, this is often obstructed by pressure from those around him, especially his parents.

The Role of Health Workers

The theme of the role of health workers in selecting contraceptive methods for couples of childbearing age at the Gulbung Village Subdistrict Health Center, Pangarengan District, Sampang Regency, describes the forms of services provided by health workers during the family planning program. The theme of the role of health workers has 3 subthemes which are described below:

Communicator

The communicator sub-theme in the role of health workers describes the role of midwives in carrying out their duties of providing information and education, communicating policies, conveying arguments/thoughts that are beneficial to families, especially in contraception. This was conveyed by participant 8 with the following interview results:

".. yes, (pause) the midwife explained it..." (participant 8, 38 years old, and works as a workshop employee)

Participant 1 also conveyed the same thing with the following interview results:

"..Yes, that's just explained. Then the reaction, as well as the final period of birth control, is also explained, like that. Yes, he said, the point is that it's safe and is recommended by midwives who use 3-month injections..." (Participant 1, 30 years old, and works as an IT teacher).

Apart from that, participant 3 also conveyed a similar experience:

".. yes it was explained.. given a choice as well, what is an injection, what is a pill.." (Participant 3, age 28, works as a teacher).

All participants stated that midwives provided explanations about contraception, including types, side effects, and follow-up dates. This information is crucial for correcting misconceptions and improving knowledge about contraception. The success of government efforts to control population growth depends on the acceptor's (husband's) understanding and acceptance of this information, ensuring continued and safe use of family planning without objections or difficulties.

Counselor

Midwives, as explained in the Counselor sub-theme in the Role of Health Workers, assist family planning practitioners/husbands in making choices or solving problems by knowing the facts, hopes, desires and emotions of their clients. This is in line with what was experienced by participant 6 when obtaining the following interview results:

"...After 40 days of pregnancy, I took my wife to the midwife for kb injections. Don't finish the appointment with my wife (pause) but take her to the midwife I'm outside, because I can't if I go inside (pause) my wife is the one who injects, my mother injects (laughs)."

(After 40 days from giving birth, I was the one who took my wife to the midwife for the family planning injection. Wong had an appointment with my wife (pause) but I took her to the midwife outside, maybe it wasn't permissible for me to go inside (pause) okay...my wife can do it went into the injection room, because my mother was the one who gave the injection (laughs) (participant 6, 52 years old, works as a farmer)

This was also conveyed by participants:

"...Yes, it's explained... you're also given a choice, whether it's an injection or a pill, you know. Yes, he explained to his wife, if I just go with him, I'll just go with him to the midwife.." (Participant 3, 28 years old, works as a Koran teacher)

Based on the results from Participants 6 and 3, it can be concluded that while midwives provided counseling to help family planning acceptors address issues in choosing a contraceptive method, most participants were reluctant to enter the midwife's room and did not accompany their wives during counseling. This reduces the effectiveness of the counseling, as the husband is not directly involved in the decision-making process.

Facilitator

The facilitator sub-theme in the role of health workers describes the role of midwives in providing convenience in providing facilities for family planning acceptors so that it makes it easier for family planning acceptors/husbands to choose contraception. As the results of participant 9's interview:

"...The midwife explained to me all kinds of birth control, but I don't know because I'm outside..." (Participant 9, 45 years old, works as a fisherman).

This was also conveyed by participant 1:

"...yes, the midwife explained it. That's right, after we got home, my wife talked about what it is like to give injections, like this, what the benefits are, that was explained to the midwife. If there is anything, consult with a midwife, give explanations and directions. The explanation is that now is the era of digital media, I have his WA number, my wife also has his WA number, and I chat with the midwife..." (Participant 1, works as an IT teacher).

Meeting management is only one part of facilitation. Midwives must also have strong interpersonal skills to serve as expert facilitators, helping patients feel comfortable discussing personal issues. Participant 1 shared that midwives provided excellent care both during visits and outside the clinic. Even outside appointments, participants stayed in touch with midwives via WhatsApp to monitor the effectiveness of contraceptives.

Needs and Expectations in Selecting Contraceptive Methods

The needs and expectations of family planning acceptors/husbands in using contraceptives are described in the topic of needs and expectations in selecting contraceptive methods for couples of childbearing age at the Gulbung Village Support Community Health Center, Pangarengan District, Sampang Regency. The following is a description of the three sub-themes which are the main points of discussion regarding needs and expectations in choosing a contraceptive method:

Concern for Partners

The subtheme of concern for partners regarding needs and expectations in contraception illustrates that concern for partners is one of the considerations in choosing a contraceptive method. This was conveyed by participant 10 as follows:

"...spacing the child's age, let's not take care of him, what? (thinking)...the language of the term is not pakewoh, not bothersome..." (participant 10, age 35, works as a teacher).

Participant 3 also said the same thing:

"..Yes, if I...want to, that's... Arrange birth spacing, because if the child is still small, if you have another child, it's a hassle to take care of it, poor mother too, that's how it is..." (Participant 3, age 28, works as a teacher)

Based on the results of these interviews, it can be concluded that caring for one's partner is an expectation and need in the use of contraception. A form of indirect support, because the husband does not use family planning directly. However, caring is what makes the wife/partner feel appreciated and loved. Without support from your partner, this contraception will not work perfectly.

Giver Policy

The subtheme of policy providers on the needs and expectations of contraception illustrates that concern for policy providers is one of the reasons for using contraception. This was conveyed by participant 10 as follows:

“..to reduce the popularity (population).” (Participant 10, 35 years old, works as a Koran teacher)

Participant 1 also said the same thing:

“...What's the point, (thinking) yeah, the hope is to minimize offspring. Family planning is a program from the government to reduce the population in Indonesia.” (Participant 1, 30 years old, works as an IT teacher)

Based on interviews with Participants 1 and 10, it can be concluded that their hopes and needs in choosing a contraceptive method are to reduce population density and limit offspring. Aware of Indonesia's rapid population growth, both participants advised their wives to use family planning as a way to support the government's family planning program.

Family Wellbeing

The sub-theme of family welfare in the needs and hopes for contraception illustrates that concern for one's partner and children is one of the reasons for using contraception. This was conveyed by participant 1 as follows:

“..ee and also to focus more on, what... right, if family planning means 2 children, that's enough to focus on what, ee, focus on children's health, focus on making children intelligent...” (Participant 1, 30 years old, works as an IT teacher)

A similar need was also expressed by participant 2:

“..to keep the distance between the first child and the second child...”

Based on interviews with participants, their needs and expectations for their partners were significant. In addition to personal hopes, participants also expressed expectations for health workers to help reduce maternal and infant mortality rates. They hoped that using contraception would allow them to regulate the birth spacing between their first and second children, helping family planning acceptors achieve their goals.

DISCUSSION

Theoretical Lens

Using family-centered care assessment theory, researchers at the Gulbung Village Health Center, Pangarengan District, Sampang Regency, examined the husband's role in choosing contraceptive methods for couples of childbearing age. This research evaluates key theoretical aspects such as shared decision-making, communication, care coordination, cultural competence, care setting practices, family support, strengths-based care, and health promotion to assess the husband's involvement in contraceptive decision-making. The approach aims to understand the husband's active role in health care decisions between the family and health service providers

The following is an explanation from *theoretical lens of family-centered care assessment* is:

Shared Decision-Making

A communication process between healthcare providers and patients (in this case, married couples) to make contraceptive decisions based on information provided by midwives. The husband considers this information when selecting a contraceptive method that fits the couple's needs.

Communication

The process of exchanging information between husband, wife, and midwife regarding contraception. This communication serves as a basis for selecting a contraceptive method and addressing any concerns or complaints.

Care Coordination

A structured service by midwives that includes education (KIE), explanation of contraceptive types, mechanisms, and side effects. It helps family planning acceptors determine the appropriate method with the support of their husbands.

Cultural Coordination

Services provided when family planning acceptors experience side effects or problems. Midwives involve the husband in resolving issues and making joint decisions.

Cultural Competence

The midwife's ability to communicate effectively with acceptors/husbands to correct misconceptions about contraception influenced by social and cultural environments.

Care Setting Practice

Midwives' duties include education, counseling, follow-up monitoring, and guiding acceptors/husbands in understanding and selecting appropriate contraceptive methods.

Family Support

Support provided by husbands in the form of discussions, accompanying wives for check-ups, covering contraceptive expenses, and reminding them of follow-up visits.

Strengths-Based Care

Collaboration between the family planning acceptor and close family members (e.g., mother-in-law) to support contraceptive use for the sake of family welfare.

Health Promotion

Government initiatives such as the "two children are enough" campaign, aiming to encourage community participation in the FP program to promote family harmony and reduce population growth.

Based on the results of the explanation of this theory, overall there are similar themes to this research, so the researcher uses a theoretical lens *Family-Centered Care Assessment*. This is to discuss the results of research on the role of husbands in choosing contraceptive methods at the Gulbung Village Subdistrict Health Center, Pangarengan District, Sampang Regency on the grounds that the qualitative research results obtained are related to the theoretical model.

Element Discussion

Shared Decision-making

Midwives as communicators

Qualitative research results show that midwives play a role as communicators in delivering information related to contraception, such as usage methods and side effects, so that family planning (FP) acceptors can understand and consider this information when choosing a contraceptive method. This communication helps correct misconceptions and improve the knowledge of both the acceptor and her husband. The midwife's role as a communicator involves delivering messages that encourage a response and understanding, enabling the acceptor to make informed decisions about family planning. Therefore, midwives must be mentally and physically present, and convey information clearly and understandably. They must also assess the acceptor's understanding of the information provided (Christiana et al., 2023). Additionally, collaboration among midwives, community leaders, family planning counselors, PPKBD, cadres, and other related parties has a positive impact on the implementation of communication strategies in the FP program (Latifa & Apriliani, 2024).

Communication

Discussion or information

Discussion between partners can support the continued use of family planning, as such communication allows husbands to consider contraceptive methods and provides emotional support to wives, making them more willing to use contraception and achieve shared goals. Arbaiyah et al. (2021) found that the husband's role in IUD use includes seeking information, accompanying wives to the doctor, and covering costs. Strong spousal support leads to decisions aligned with both partners' preferences, whereas weak support can lead to dissatisfaction. According to Subiyatun, information about contraception can come from various sources health workers, cadres, media, or the internet. Accurate information is essential

for acceptors to understand different methods and side effects, enabling informed choices (Nurbaeti et al., 2024). Furthermore, Narulita et al. (2023) emphasize that the credibility of the information source influences contraceptive choice, with 74.3% of respondents receiving information from healthcare providers.

Midwife

Qualitative research shows that midwives play a crucial role in providing information on contraception, helping husbands make informed decisions about contraceptive options for their wives. Husbands often consult midwives to understand the definition, types, usage, side effects, and effectiveness of contraceptives. Indraswari et al. (2021) found that fewer respondents received information from doctors compared to midwives or nurses, although MKJP users were more likely to consult doctors. In Indonesia, midwives are the primary providers of family planning services, especially in private clinics and rural areas. Health stakeholders, including cadres, doctors, and midwives, must ensure accurate family planning information is disseminated. Midwives, in particular, are vital in delivering quality educational communication (KIE), addressing the issue of limited public knowledge (Lette, 2018). When women are well-informed, they are more likely to participate in contraception programs. Lette (2018) also noted that health care providers encourage even those who had never considered contraception. Similar findings in Sudan and Cameroon confirmed that healthcare providers are the main source of family planning information (Ajong et al., 2016; Handady et al., 2015). In Gondar City, Ethiopia, health workers were more effective than media in providing MKJP-related information (Zenebe et al., 2017).

Social media

Based on qualitative research, social media has become a common source of information for family planning acceptors. With today's advanced technology, accessing health information—such as contraception—has become easier. Participants in this study often turned to social media to explore what contraception is, its benefits, types, uses, and side effects before consulting a midwife. Social media thus serves as an initial guide, helping acceptors and their husbands make informed decisions in collaboration with midwives. Lestari et al. (2022) found that reliable information is essential for informed decision-making, particularly in health care, where new challenges continuously emerge with the development of information technology. Both traditional and modern media are now widely used, but social media stands out for its ability to reach large audiences efficiently, making it a powerful tool for health promotion, including family planning (Nurhasibah et al., 2022). While social media supports health campaigns, it also has limitations—such as the spread of misinformation, lack of reach to non-users, and the inadequate skills of some professionals in utilizing digital platforms (Nurhasibah et al., 2022).

Benefits and types of contraception

Based on the results of qualitative research, the benefits and types of contraception are the husband's initial knowledge regarding contraception so that they can be taken into consideration by the husband in choosing contraception. This was obtained when researchers interviewed participants and revealed their initial knowledge about contraception based on the types and benefits of contraception. This is due to low knowledge and lack of participation by husbands in contraception so that the husbands of family planning acceptors do not know much about contraception. This is in accordance with research in Brazil which shows that one third of women are interested in using an intrauterine device (IUD), and the majority of women have an above average level of knowledge. Previous research found that although some respondents used IUDs, most did not. One reason is that many respondents may not be aware of the various advantages of the IUD compared to other contraceptive methods (Arbaiyah et al., 2021).

Lack of knowledge

Qualitative studies have shown that one of the biggest problems with long-term contraceptive use is the general lack of information on the topic. This can happen if the family planning recipient's partner does not participate or if the participant has a poor level of education. They may be dissuaded from using intrauterine devices (IUDs) by family planning acceptors who lack understanding, according to previous studies. The study's finding that the majority of family planning acceptors are uneducated and do not use IUDs makes this clear. (Entoh et al., 2021).

Care coordination

Midwife as counselor

Qualitative research shows that midwives, as counselors, play a crucial role in addressing family planning acceptors' complaints, which can influence husbands in choosing contraceptive methods. However, interviews revealed that many husbands do not accompany their wives during counseling, viewing it as solely the wife's responsibility. As a result, women often face these issues alone.

The counselor's competence greatly affects the success of counseling. Since family planning involves both partners, midwives should counsel couples, not just women. Accurate information and effective communication are essential to support government programs. Midwives must clearly explain methods like injectable contraception and follow-up schedules. Counseling helps women make informed choices, and involving husbands strengthens decision-making (Nurwita, 2021). According to Mildiana and Permatasari (2023), 72% of respondents felt leadership supported midwives who provided informed choice counseling. In Peterongan District, Jombang, support from health center heads and coordinating midwives motivates village midwives to deliver quality services.

Culture competence

Environment (Socio-Cultural)

Qualitative research shows that social and cultural factors act as obstacles for family planning acceptors, as encouragement from others and cultural influences prevent them from making contraceptive choices based on their own preferences. In the Madura coastal area, particularly in Gulbung, Pangarengan District, tradition and culture play a significant role in decision-making. Information spreads quickly in a close-knit community, where family planning users influence others by showcasing its benefits. Research by Wilisandi & Feriani (2020) indicates that cultural factors can impact decisions on contraceptive use, with many individuals relying on family and friends rather than medical professionals for advice. Some cultural beliefs discourage contraception or favor large families. Additionally, the role of healthcare providers and support from religious and community leaders are crucial in shaping attitudes toward contraception, which is often hindered by cultural norms and misconceptions about its importance in managing family size (Assalis, 2015).

Differences in gender roles

The success of family planning is significantly impacted by the involvement of husbands, but many husbands of family planning acceptors only contribute by taking their wives for check-ups and meeting family planning costs. This lack of participation is influenced by gender differences, as many husbands still view family planning as solely the wife's responsibility. Cultural and social constructs have shaped these gender roles, leading to the belief that family planning is a woman's issue, which can affect her willingness to participate. Studies, such as Suryaningrum (2020), show that women are often seen as solely responsible for reproduction, exacerbating population growth. To address this, both men and women need to actively engage in family planning. Involvement of men can help prevent reproductive tract infections, improve maternal and child health, and foster shared responsibility in building strong families (Artisa and Dewi, 2021).

Care setting practices

Midwife as facilitator

Qualitative research shows that midwives play a crucial role in facilitating family planning acceptors by providing information and support in choosing contraceptive methods. They assist from the initial family planning visit to follow-up care, offering patients the opportunity to ask questions. However, a gap was found where midwives did not involve husbands in the service process. Beyond formal meetings, midwives' facilitation skills should include listening attentively, maintaining a positive attitude, respecting privacy, and encouraging decision-making, as well as providing emotional and informational support (Christiana et al., 2023). Midwives' work significantly influences family support, with research by Wulandari and Kusumastuti (2020) showing a positive influence of 0.666 and a T-Statistics value above 1.96, highlighting the midwife's role in strengthening family support.

Family support

Husband as facilitator (economic)

Based on qualitative research, the husband's role as a facilitator reflects concrete support in fulfilling the financial needs of family planning (FP) acceptors, ensuring the smooth use of contraception. Research by Adawiyah and Rohmah (2021) in Tasikmalaya showed that 73% of 100 husbands played a sufficient role as facilitators, 21.1% a good role, and only 3% a poor role. According to Article 79 paragraph 1 of the Compilation of Islamic Law and Article 31 of the 1974 Marriage Law, the husband is recognized as the head of the household, responsible for protecting and meeting his wife's material needs (Article 34). Verse 233 of Surah Al-Baqarah reinforces this by emphasizing the father's obligation to provide for and care for his children, aligning with the husband's responsibility in supporting family planning decisions for the welfare of the family

Concern for your partner

Based on qualitative research, husbands of family planning agents express that their concern for their partner is a key factor in contraceptive use. They hope that contraception will promote family harmony by regulating birth spacing, reducing child-rearing burdens, and ensuring the fulfillment of children's needs, including education and health. Previous studies indicate that a husband's approval significantly influences the choice of intrauterine contraception, with higher levels of support correlating with the mother's interest in this method. Husbands offer both emotional and physical support, including enthusiasm, advice, and encouragement (Delima et al., 2022).

Strenght-based care

Husband as a motivator

Qualitative studies highlight that husbands play a key role as motivators by providing emotional and practical support to family planning acceptors. Their role involves being patient and understanding, helping their wives feel supported. Strong motivation from the husband can boost confidence in the wife's contraceptive choice, ensuring it meets her needs. Husbands should encourage their wives to follow through with contraception, such as by reminding them to attend check-ups or take their pills. However, despite the wife's active participation in counseling sessions, the husband's role is passive, as he typically waits in the waiting room, which affects the continuity of family planning use. This indicates that husbands may need to be more engaged in the decision-making process. Research by Adawiyah and Rohmah (2021) found that most husbands (55.8%) played a sufficient role as motivators in choosing contraceptives, while a small portion (10.2%) played a poor role, and 12.5% played a good role.

Health promotion

government policy

Qualitative research reveals that husbands of family planning acceptors see family

planning as a government initiative to control population growth and manage birth spacing. As the family's provider, the husband believes he has the right to approve or reject his wife's contraceptive choice. His involvement in the decision-making process is crucial for ensuring continued contraceptive use and contributing to lower fertility rates. To address population issues, the government introduced programs aimed at slowing population growth and preparing the current generation for future development. The National Population and Family Planning Agency (BKKBN) implements these programs across all administrative levels to improve the population's quality of life and support national development (Khumayah et al., 2020).

CONCLUSION

Research conducted at the Gulbung Village Community Health Center, Pangarengan District, Sampang Regency, examined the role of husbands in choosing contraceptive methods for couples of childbearing age. The research results show that husbands play an active role by accompanying their wives to carry out family planning checks, covering all costs related to contraception, and facilitating discussions between couples when complaints or other problems arise. The obstacles for husbands in choosing contraception include lack of knowledge, differences in gender roles, environmental (sociocultural) influences, and the lack of midwives' role in involving husbands during counseling.. Based on research findings, it is hoped that he will be more active in carrying out his role as husband of a family planning acceptor and head of the household, because the wife's concern and responsibility are really needed by the wife, especially in choosing a contraceptive method in decision making.

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