THE 8TH INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH 2024

The Influence of Participatory Learning And Action Method Toward Knowledge And Husband Support In Using Long Acting And Permanent Contraceptive Methods

Fakhriyah[1], Meitria Syahadatina Noor[2], Andini Octaviana Putri[1], Diva Dhiya Ulhaq[1], Thedolita Salsabila[1]

[1]*Public Health Study Program, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Indonesia*

[2]*Master of Public Health Study Program, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Indonesia*

**Presenting author: +6285248274180; E-mail: fakhriyah@ulm.ac.id*

ABSTRACT:

Background: The 2021 Health Statistics Data shows the use of Long Acting and Permanent Contraceptive Methods (LAPMs) in Indonesia was 11.93%, down from 12.21% in 2020. In South Kalimantan, the rate was 7.38%, and in Banjar Regency, only 4.70% of 84,847 couples of childbearing age (PUS) used LAPMS. At the Martapura Barat Health Center, only 3.78% of 3,200 PUS used LAPMS. This study analyzes the differences in knowledge and husband support before and after education using the Participatory Learning and Action (PLA) method in the use of long-term contraception. Methods: This study used a quasi-experimental design with a pretest-posttest with control group. The independent variable is education with the PLA method, and the dependent variables are knowledge and husband support. The treatment group received education with the PLA method in 2 sessions over 2 weeks, while the control group only received standard education. The subjects were 30 PUS selected by simple random sampling, and the research instrument was a questionnaire. Data analysis used the Wilcoxon and Mann-Whitney tests with a significance of $\alpha = 0.05$. Results and Discussions: The Wilcoxon test results showed $p = 0.282$ in the control group and $p = 0.043$ in the treatment group for husbands' knowledge. The Mann-Whitney test after the intervention showed $p = 0.0001$. For husband support, the Wilcoxon test showed $p = 0.019$ in the control group and $p = 0.027$ in the treatment group. The Mann-Whitney test showed $p = 0.051$ after the intervention. Conclusions: There are significant differences in husbands' knowledge before and after education with the PLA method and differences between the intervention and control groups. Husband support also showed differences before and after education with PLA, but there were no significant differences between the intervention and control groups.

Keywords: *knowledge, husband support, education, participatory active learning, long-term contraception method*

1. Introduction

The Family Planning (KB) Program is one of the government's policies in an effort to control population growth by reducing the number of births. According to the World Health Organization (WHO), KB is an action that helps individuals or married couples to achieve certain objectives, avoid unwanted births, regulate the interval between pregnancies, control the time of birth in a husband and wife relationship and determine the number of children in the family. The KB program aims to reduce the birth rate, reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) so that a healthy and quality family is realized (BKKBN, 2016).Indonesia's Total Fertility Rate (TFR) for the 2015-2020 period was the sixth highest in Asia, at 2.1 per fertile woman, the lowest projection was held by Singapore, at 1.26 per fertile woman. The high TFR in Indonesia is caused by various factors, one of which is the family planning program that has not been running optimally. Various strategies have been carried out to optimize the family planning program. The strategy for implementing the family planning program listed in the 2015-2019 Medium-Term Development Plan (RPJMN) is to increase the use of LAPMS (Kemenkes RI, 2020).

Long Acting and Permanent Contraceptive Methods (LAPMs) are contraceptive methods that have a high level of effectiveness. These methods include implants, Intra Uterine Devices (IUDs), Female Operation Methods (MOW) or tubectomy and Male Operation Methods (MOP) or vasectomy. The tendency of fertile couples (PUS) to choose non-LMTs is still high even though the potential for contraceptive failure is high, either due to incorrect use or irregular use and uncomfortable side effects (Yuliarti and Yani Veronica, 2020).

Husband's support can affect the use of contraception in wives. The low use of contraceptive methods is due to husbands refusing to use contraception and the limited power of wives in making decisions to use contraception. To choose the contraception to be used, a wife must of course communicate with her partner, needing opinions and support from her partner. The lack of support from the husband given will affect the wife's confidence in choosing the contraception she wants to use (Prata et al., 2017).

Men's participation in family planning is a multifaceted endeavor that goes well beyond the simple act of using contraceptive methods. It plays a crucial role in the broader context of family planning, encompassing various dimensions that include decision-making processes, knowledge sharing, and collaborative planning. One of the most significant aspects of men's involvement is their active engagement in discussions about family planning with their partners, which often leads to more informed and mutually agreed-upon decisions regarding reproductive health. This active participation is not only beneficial for the couples themselves but also serves a broader societal purpose. Men who are knowledgeable about family planning can effectively help disseminate information regarding government initiatives and programs aimed at promoting family planning. By sharing their understanding and advocating for these programs, men can contribute to raising awareness in their communities, thus supporting public health goals that aim to improve family well-being and reproductive health.

Moreover, men’s roles in family planning manifest in several important ways. They often take on the responsibility of being family planning participants themselves, demonstrating their commitment to reproductive health. This can include using contraceptives, accompanying their partners to health facilities, and engaging with healthcare providers to gather more information about available family planning options. Their involvement in these areas not only supports their partners but also fosters a sense of shared responsibility. In addition, men's participation is crucial when it comes to joint decision-making regarding contraceptive methods. This collaborative approach helps ensure that both partners feel heard and respected in the family planning process, leading to choices that reflect their shared values and goals. Furthermore, men may serve as family planning service providers in certain contexts, assisting in the delivery of family planning education and resources within their communities. This role amplifies their impact and reinforces the importance of their contribution to family planning initiatives.

Lastly, strategic planning regarding the desired number of children is another vital area where men can significantly influence family planning dynamics. By working closely with their partners to establish family size goals, men contribute to creating a supportive environment for reproductive choices. This cooperative planning process enhances the overall effectiveness of family planning efforts and ensures that decisions are made in a thoughtful, deliberate manner, rooted in mutual agreement and understanding (Abu Bakar S, 2014).

In summary, men's involvement in family planning is essential, as it encompasses various roles that contribute to informed decision-making and effective communication between partners. By engaging in these activities, men not only empower themselves and their partners but also play a crucial role in promoting healthier families and communities. This comprehensive approach to family planning underscores the importance of encouraging men to take an active role in discussions and decisions related to reproductive health, ultimately leading to more balanced and informed family planning practices. (Abu Bakar S, 2014).

Based on the 2021 Health Statistics Profile data, it is known that the percentage PUS using LAPMS in Indonesia is 11.93%, down compared to 2020, which was 12.21% with the following percentages: IUD 8.36%, implant 9.04%, MOW 3.94%, and MOP 0.33%. For data on the percentage of PUS using LAPMS in South Kalimantan Province, the figure is below the National achievement, which is 7.38%. The percentage of Couple at Childbearing

(PUS) using LAPMS in South Kalimantan Province for 2021 is as follows: implant 5.50%, IUD 3.12%, MOW 2.03%, and MOP 0.11%. (BPS Kalimantan Selatan, 2022).

The achievement rate in Banjar Regency is still low, namely from 84,847 PUS only 4.70% use LAPMs with the following details: IUD 924 (1.09%), Implant 2551 (3.01%), Tubectomy21 (0.02%), Vasectomy 495 (0.58%). In the Martapura Barat Health Center, the LAPMS coverage rate is also still low, where from 3200 PUS (3.78%) only 8 people (0.25%) use IUD, Implant 98 people (3.06%), Tubectomy 15 people (0.47%), Vasectomy none (0%) (BPS Kabupaten Banjar, 2023).

The success of LAPMS is actually the result of cooperation between husband and wife, so the involvement of the husband has a very important role. The use of contraceptives is still low due to several things, one of which is a factor from within the fertile couple. A husband who has knowledge about LAPMS will be able to provide support to his wife. The husband's support can increase the mother's self-confidence, thereby strengthening the wife's decision to use LAPMS.

Women of Reproductive Age (WUS) who accept LAPMS really need support from their partners and families, in this case the researcher provides education to husbands in increasing their knowledge and support about LAPMS using the Participatory Learning And Action (PLA) method. The purpose of this study was to analyze the differences in knowledge and support from husbands before and after education was carried out in using the Participatory Learning And Action (PLA) method.

2. Literature Review

The results of Budiarti et al. study in 2017 concluded that there was a significant relationship between husband/partner support and the use of long-term contraceptive methods (LMPs) in family planning acceptors in the work area of the Kalirejo Health Center, Negeri Katon District, Pesawaran Regency in 2017. The researcher argued that husbands/partners should have more knowledge about contraception, especially LMPs, because with this greater knowledge they will be able to provide attention and permission to their partners in using contraception. Therefore, husband or partner support is very important for family planning acceptors in using LMP contraception in order to maintain the behavior of family planning acceptors to be able to continue using LMPs.

Husband's support and understanding of the side effects of contraception also play a role in choosing LAPMS (Farich, 2015). The use of contraception is also determined by the couple's understanding of the potential side effects of using contraceptives. Siswanto and Farich's (2015) research found that non-LAPMS contraceptives were chosen by KB acceptors because they assumed that the device did not have significant side effects, either in the short or long term.Husband's support for the mother's compliance in using contraception can be realized through several things, such as providing consideration in choosing the contraceptive method used, taking the wife to health services to get contraceptive services, taking part in the contraceptive service consent form, and taking the wife to a health service officer if she has side effects from the contraception given.(Devi et al., 2022).These results are in line with research by Dasa et.al 2019. The odds ratio of the analysis indicated a significant association between husband-wife discussion and utilization of long-acting family planning services. Women who discussed about family planning methods with their partners utilized long acting family planning methods nearly twice as many as those who did not [OR = 1.92 (95% CI: 1.50, 2.45) P < 0.00001].

The observations during the study indicate that husbands and families play a dominant role in decision-making, particularly in choosing contraceptive methods. Despite a wife's individual choice, the final decision remains in the husband's hands. The husband's significant role helps him realize that reproductive health issues concern both partners. Another role of the husband is to facilitate and provide all the necessary support for the wife's reproductive health check-ups. Based on the study's results, the researcher concluded that husband support for IUD contraception significantly influences the mother's decision. Providing support in the form of motivation, attention, advice, and acceptance has a considerable impact on the mother's choice of contraceptive method.

Higher support from husbands strongly influences the decision-making process, as husband support is closely related to the use of contraception. (Gusmaita et al, 2024)

Previous research by Sari (2018) found that the PLA method was able to improve understanding in husbands, because there was a process of learning together and appearing to improve knowledge and influence husbands or prospective fathers in providing support and influencing their wives' beliefs and abilities in the breastfeeding process.

Previous research by Nurwati, Fajarwati, Abdul (2014) related to the PLA malaria intervention being able to grow and increase community understanding of malaria because the method used was very participatory in the implementation process so that the community actively participated in it.

3. Research Method

This study is a type of *Quasy experiment* research that aims to analyze the influence of the Participatory Learning And Action (PLA) method in increasing knowledge, husband's support. This study attempts to reveal the causal relationship by involving a control group in addition to the experimental group.The population in this study was all PUS in Teluk Selong Ulu Village, West Martapura, Banjar Regency.The sampling method in this study was purposive sampling. Based on the calculation of respondents, 30 samples were obtained for the study. The sample in this study was PUS with inclusion criteria using contraception, aged > 20 years or already having children, the wife lives with her husband, the wife can communicate verbally and in writing well. The criteria for the husband can communicate verbally and in writing well. already having children, the family is not in the process of divorce or problems in their household. The instrument that used in this study was a questionnaire.The independent variables in this study are PLA (Participatory Learning And Action) method, while the dependent variables are knowledge and husband's support. Data analysis using the Mann Withney test, Wilcoxon test with α 0.05.

4. Results and Discussion

Table 1. Respondent Characteristics

Variables	Category	n	Percentage (%)
Age	At risk	20	66.7
	No Risk	10	33.3
Education	High	6	20
	Low	24	80
Work	Self-employed	12	73.3
	Private	8	26.7
Types of wife's contraception	LAPMS	1	3.3
	Non LAPMS	29	96.7
Total		**30**	**100**

Source: Primary Data 2023

Based on table 1, it is found that the age of the respondents is mostly at risk, as many as 20 people (66.7%), the education of the respondents is in the low category as many as 24 people (80%), the occupation of the respondents

is mostly self-employed as many as 12 people (73.3%), the type of contraception currently used by PUS is mostly non-LAPMS (injections and birth control pills) as many as 29 people (96.7%).

Table 2 Respondents' Knowledge Before and After Intervention

Category	Before		After	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Good	5	16.7	10	33.3
Bad	25	83.3	20	66.7
Total	**30**	**100**	**30**	**100**

Source: Primary Data 2023

Table 2 shows that the respondents' knowledge before the intervention was mostly in the poor category, namely 25 people (83.3%) and the respondents' knowledge after the intervention was mostly in the poor category, namely 20 people (66.7%). However, there was an increase in respondents' knowledge before and after the intervention in the good category from 5 people (16.7%) to 10 people (33.3%).

Table 3 Husband's Support Before and After Intervention

Category	Before		After	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Good	20	66.7	24	80
Bad	10	33.3	6	20
Total	**30**	**100**	**30**	**100**

Source: Primary Data 2023

Table 3 shows that the most support from husbands before the intervention was in the good category, namely 20 people (66.7%) and the most support from husbands after the intervention was in the good *c*ategory, namely 24 people (80%). There was an increase in husbands' support before and after the intervention in the good category from 20 people (66.7%) to 24 people (80%).

Table 4 The Influence of the Participatory Learning and Action (PLA) Method in Increasing Husbands' Knowledge about LAPMS

Group		Median (Min-Max)	Wilcoxon Sign Rank Test (p value)
Treatment	Pre	6.33	0.043
	Post	4.25	
Control	Pre	8.68	0.282
	Post	6.13	
Mann-Whitney (pre) = 0.008			
Mann-Whitney (post)= 0.0001			

Table 4 shows a comparison of husbands' knowledge before and after the intervention in both the control and treatment groups. Based on the results of the Wilcoxon test, the p value in the control group showed a result of p = 0.282, this means that there is no difference between before and after the intervention in the control group. Meanwhile, the treatment group showed a result of p = 0.043 (p <0.05), this means that there is a difference before and after the intervention in the treatment group. The results of the Mann-Whitney test after the intervention showed a value of p = 0.0001 (p <0.05) meaning that there is a significant difference in husbands' knowledge between the control and treatment groups.

This result is in line with the research results of Kapadia et al 2022, it was found that the Participatory Learning Approach (PLA) model applied was able to increase the knowledge of mothers and prospective mothers in Bentunai Village, Selakau District in preventing stunting. Through the implementation of participatory stages, mothers have been given a combination of providing material in the form of lectures,. Because there is a process

of learning together and appearing to increase knowledge and influence husbands in providing support and influencing their wives' beliefs and abilities in using contraception.discussing with fellow respondents and demonstrating again so that the level of involvement and absorption of knowledge can be maximized. Participatory Learning and Action (PLA) method or learning from acting participatively; learning and acting together, participatory action-reflection is expected to be able to increase understanding in husbands,

Table 5 The Influence of the Participatory Learning and Action (PLA) Method in Increasing Husbands' Support for LAPMS

Group		**Median (Min-Max)**	**Wilcoxon Sign Rank Test (p value)**
Treatment	Pre	6.00	0.027
	Post	7.86	
Control	Pre	7.42	0.019
	Post	8.00	
Mann-Whitney (pre) = 0.008			
Mann-Whitney (post)= 0.051			

Table 5 shows a comparison of husband support before and after the intervention in both the control and treatment groups. Based on the results of the Wilcoxon test, the p value in the control group showed a result of p = 0.019, this means that there is a difference between before and after the intervention in the control group. Meanwhile, the treatment group showed a result of p = 0.027 (p <0.05), this means that there is a difference before and after the intervention in the treatment group. The results of the Mann-Whitney test after the intervention showed a value of p = 0.051 (p <0.05) meaning that there is no significant difference in husband support between the control and treatment groups.

This result is not in line with Sari's research (2018), where the Wilcoxon test results obtained p <0.05 and the Mann Whitney test showed a significance value with a p value = 0.000, with the average difference in increasing husband support and breastfeeding self-efficacy values in the treatment group higher than in the control group. These results indicate that there is a difference between the treatment and control groups in increasing husband support and breastfeeding self-efficacy. There is no significant difference between the provision of the Participatory Learning Approach technique and the traditional method in increasing husband support for the use of LAPM, this is evidenced by a p value of 0.051 (≥ 0.005). Thus, both methods can generally increase husband support.

Husband's support is crucial in motivating wives to participate in family planning programs. Therefore, the wife's comfort in using contraception must be supported by the family, especially the husband. The husband has an important role in the family as a decision maker regarding family planning for his wife. The absence of support from the husband is often related to a lack of knowledge. This study found that most husbands had low knowledge, namely 25 respondents (69.44%), which was caused by their lack of support and participation in family planning programs, unwillingness to take their wives to health services, and economic limitations that prevented them from meeting financial needs. However, there are some husbands with low knowledge who still participate in family planning programs by taking advantage of free programs provided by the government to regulate the number of children (Sri et al., 2016) (Utami et al, 2022)

Conclusion and Implications

There is a difference in husband's knowledge before and after education with the Participatory Learning and Action (PLA) Method, and there is a difference in knowledge between the intervention group and the control group. There is a difference in husband's support before and after education with the Participatory Learning and Action (PLA) Method, but there is no difference in husband's support between the intervention group and the control group. Puskesmas Martapura Barat can make education with the Participatory Learning and Action (PLA) method as an educational method in increasing the achievement of LAPMs and there needs to be more active participation from husband to be able to increase the achievement of LAPMs.

References

Abu Bakar S (2014) *Kesehatan Reproduksi dan Keluarga Berencana dalam Tanya Jawab, Khatulistiwa: Jurnal Pendidikan dan Sosial Humaniora*. Jakarta: Rajawali Pers. Available at: https://doi.org/10.55606/khatulistiwa.v3i2.1487.

Adelia Tarigan, R. and Author, C. (2024) 'The Relationship between Husband's Support and Sociocultural Factors with Low Utilization of IUD Contraception in the Work Area of Tanjung Buntung Health Center', *International Medical Scientific Journal)*, 6(1), pp. 1–9. Available at: https://journal.ahmareduc.or.id/index.php/medica.

Artini, N.N.A., Martha, E. and Putra, I.G.N.E. (2021) 'Association between empowerment factors and the utilization of long-acting and permanent contraceptive methods among married women in Indonesia', *Public Health and Preventive Medicine Archive*, 9(1), pp. 51–58. Available at: https://doi.org/10.15562/phpma.v9i1.295.

BKKBN (2016) *Buku Panduan Praktis Pelayanan Kontrasepsi, Journal on Education*. Jakarta: Yayasan Bina Pustaka Sarwono Prawihardjo.

BPS Kabupaten Banjar (2023) *Kabupaten Banjar Dalam Angka Tahun 2022*.

BPS Kalimantan Selatan (2022) *Provinsi Kalimantan Selatan Dalam Angka 2021*. Banjarmasin.

Dasa, T.T. *et al.* (2019) 'Factors associated with long-acting family planning service utilization in Ethiopia: a systematic review and meta-analysis', *Contraception and Reproductive Medicine*, 4(1). Available at: https://doi.org/10.1186/s40834-019-0095-z.

Devi, I.G.A.I.P. *et al.* (2022) 'Hubungan Dukungan Suami Dengan Kepatuhan Ibu Dalam Penggunaan Kontrasepsi Suntik Pada Masa Pandemi Covid-19', *Jurnal Gema Keperawatan*, 15(15).

Kemenkes RI (2020) *Data dan Informasi Profil Kesehatan Indonesia*. Jakarta.

Prata, N. *et al.* (2017) *African Journal of Reproductive Health*, *African Journal of Reproductive Health*.

Sari, D.S.A. (2018) *Pengaruh Metode Participatory Learning And Action (PLA) Pada Suami Dalam Meningkatkan Dukungan Peduli ASI Dan Breastfeeding Self Efficacy*. Universitas Airlangga.

Siswanto, R. and Farich, A. (2015) *Faktor Pemilihan Metode Kontrasepsi Jangka Panjang (Mkjp) Pada Pasangan Usia Subur (Pus) Di Wilayah Kerja Puskesmas Segala Mider Kota Bandar Lampung*, *Jurnal Dunia Kesmas*.

Utami, F.P. *et al.* (2022) 'Husband's influence in the use of long-acting reversible contraception (LARC) method in Special Region of Yogyakarta, Indonesia', *Bulletin of the National Research Centre*, 46(1). Available at: https://doi.org/10.1186/s42269-022-00771-7.

Yuliarti, E. and Yani Veronica, S. (2020) 'Sikap dan Dukungan Suami dengan Pemakaian Metode Kontrasepsi Jangka Panjang (MKJP) Aseptor KB Baru', *Wellness And Healthy Magazine* [Preprint], (2). Available at: https://wellness.journalpress.id/wellness.