

HUSBAND INVOLVEMENT IN DISCONTINUING IMPLANT CONTRACEPTIVE USE AMONG MARRIED WOMEN IN INDONESIA

Diya Susanti¹, Ni'mal Baroya^{1*}, Andrei Ramani¹

¹Faculty of Public Health, Universitas Jember, Jember, Indonesia

Correspondence: Ni'mal Baroya

Email: nbaroya@unej.ac.id

ABSTRACT

Introduction: Efforts to control population growth in Indonesia by increasing the use of contraceptives continue to be improved so that the TFR of 2.1 in 2024 can be achieved. However, in practice, there is still discontinuation of the use of contraceptive methods. One of them is the implant method. This research aims to analyze husband involvement of implant discontinuation in Indonesia. **Method:** This study used a cross-sectional study design. Data of this study were based on the results of IDHS 2017, with 1153 samples. This research was analyzed using Chi-square test Logistic Regression test with significance level $\alpha=0.05$. **Result:** Characteristics of respondents, husband's employment, decision to use, consent to use, preferences of husbands for the number of children, determination of income for FP device and categories of husband involvement are not related significantly while the husband's education level and discussions about FP were significant with implant discontinuation. Variables that become risk factors for implant discontinuation are respondents who do not work, wealth index (very poor, poor, middle and rich), education level of respondents who do not attend school and academy level; husband not involved in the decision to use the FP device, does not give consent to the use the FP device; preference of husbands for the number of children is the same/more than the respondent; and husband not involved in determining the income for the FP device. **Conclusion:** To reduce the drop-out rate for implants, it is necessary to increase the husband's education and involvement in discussing family planning

Keywords: Husband's involvement, discontinuation, implant contraception

INTRODUCTION

Population growth in balance is one of the prerequisites for improving the quality of human life which can be realized by controlling the population, improving the quality of the population and directing population mobility. A balanced population growth will have an impact on the carrying capacity and environmental support that is maintained through the achievement of the national average total fertility rate (TFR) up to a replacement rate of 2.1 (Indonesian Ministry of National Development Planning, 2019). The Indonesian Demographic Health Survey (IDHS) in 2017 reported that Indonesia's TFR is still quite high at 2.4 children per woman, which means that a woman in Indonesia gives birth to an average of 2.4 children during her lifetime (Indonesian Ministry of Health, 2017). This makes the target to reduce TFR still not achieved (Indonesian Ministry of National Development Planning, 2019).

One of the efforts to control the rate of population growth is to increase the use of contraception. In 2020, Indonesia launched the *Bangka Kencana* program (Development of Family Population and Family Planning) as an effort to brand its previous programs, namely the population, family planning and family development programs. This branding effort aims to bring the program closer to millennials. This program focuses on controlling population growth in order to achieve a TFR of 2.1 in 2024 (The Indonesian National Population and Family Planning Board, 2020). One method of contraception that can be used to achieve this target is the long-term contraceptive method (LTCM). LTCM includes IUD (Intra Uterine Device), implants, tubectomy (Female Operation Method) and vasectomy (Male Operation Method). Contraceptive implants are hormonal contraceptives that are inserted just under the skin on the inside of the upper arm through a single incision in the form of a fan (Setiyaningrum, 2016).

Cite this as Susanti, D., Baroya, N., & Ramani, A. (2022). Husband Involvement in Discontinuing Implant Contraceptive Use Among Married Women in Indonesia. *The Indonesian Journal of Public Health*, 17(3), 513-524. <https://doi.org/10.20473/ijph.v17i3.2022.513-524>

©2022 IJPH. Open access under CC BY NC-SA. License doi: 10.20473/ijph.v17i3.2022.513-524 Received 29 December 2020, received in revised form 1 October 2022, Accepted 4 October 2022, Published online: December 2022. Publisher by Universitas Airlangga

According to the Indonesian Demographic and Health Survey (IDHS) in 2017, the trend in the use of contraceptive methods is dominated by injections (32%), pills (14%), IUDs (4%), and implants (3%). Meanwhile, the number of unmet needs or couples of childbearing age who should have contraceptives but have not been served or have not participated in family planning for various reasons is quite high, namely 10.6% of the total couples of childbearing age. In practice, the use of contraceptive methods cannot always be ensured for their continued use. According to the 2017 IDHS data, there were 22,305 (34%) women who stopped using contraceptive methods/methods in Indonesia, who started using family planning methods/methods in the five years prior to the survey and then stopped using the devices/methods within 12 months after starting to use them. (Indonesian Ministry of Health, 2017). Among the discontinuation of the use of family planning tools/methods in the 2017 IDHS report, there was 8.24% discontinuation of the use of LTCM, namely implants at 4.88% and IUDs at 3.36% from 22,305 discontinuation of use. Discontinuation of the use of the implant contraceptive method by 1,090 users was with the reasons for stopping side effects/health problems (40.1%), wanting to get pregnant (21.3%), wanting a more effective way (8.1%) and several other reasons including: depth related to husband's disapproval (0.6%) and rarely meeting with husband/distant husband (2.2%) (Indonesian Ministry of Health, 2017). In Indonesia, patriarchal culture and ideology are still very thick in coloring all aspects of social, cultural and economic life, such as in the aspect of decision-making related to family planning (Prasetyo, 2015).

Azuike et al. (2017:175) stated that the predictors of discontinuation of contraception were women's age, women's place of residence (urban/rural), education, number of children <5 years old, length of marriage, women's occupation, men's occupation and wealth index. One of the main reasons associated with discontinuing

the use of contraceptive methods is the partner's decision to use and the wife's perception that their partner supports the use of the contraceptive method she has chosen (Alem Gebremariam, 2015). Gicheru (2016) stated that the husband's involvement in the form of husband and wife discussions regarding family planning had a significant effect on implant termination. Nageso and Gebretsadik (2018) also showed that women who did not choose their own method were 1.83 times more likely to have their implants discontinued compared to those who chose their own method, it is possible that those who chose the method themselves had sufficient information about the method and the side effects that it caused and had considered it by themselves. alone. Zerihun et al. (2015) revealed various other reasons that led to discontinuation of implant use namely concerns about side effects, health problems and pressure from partners and peers. Spouse disapproval can also be an indication of discontinuing implant use (Mutahir and Nyango, 2010). The purpose of this study was to analyze the relationship between husband's involvement and discontinuation of the use of family planning implants/implants in Indonesia based on the respondent's characteristics, husband's characteristics, husband's involvement factor and husband's involvement category.

METHOD

This research is an observational study with a cross-sectional design. We used secondary data from the IDHS 2017. Further analysis by the researcher was conducted from March 2020 to October 2020. The survey interviewed 49,627 respondents. This figure was selected from 1,970 census blocks, where, for each province, the selection of census blocks in urban and rural areas was carried out using multistage stratified sampling.

The data selection process was carried out in three stages, first selecting female respondents aged 15-49 years who were married, amounting to 34,086 respondents.

Second, selecting women who have used/currently use contraception by 23,222 respondents. Finally, selecting women who have used/currently use implant contraception by excluding women who have never used implant contraception were 21,637 respondents, resulting in a research sample of 1585 respondents. As many as 432 of 1585 women are incomplete data (missing) and there are answers that do not know, so that the final number analyzed is 1153 respondents.

The dependent variable of this research was discontinuation of the use of contraceptive implants. The independent variables were the characteristics of the respondents (age, place of residence, employment status, education, index wealth and number of children), husband's characteristics (husband's education and occupation) and husband's involvement factors (decision on the use of family planning devices, approval of the use of family planning devices, discussions with husbands regarding family planning devices, husband's preference for number of children and determination of income for using family planning devices) and category of husband's involvement.

The data were analyzed using Chi-square test, and Logistics Regression test with significance level of $\alpha=0.05$. This study uses secondary data and has obtained permission to access data from The Demographic and Health Surveys (DHS) Program dated October 15, 2019 with the letter name AuthLetter_134378 sent to the author's email address.

RESULT

Socio-demographic characteristics

Most of the respondents were <35 years old (51.6%), working status (55.2%) and the number of children they had was 2 (59.4%). The education level of most respondents was primary school (34.9%), with very poor economic status (27.8%). Most of the respondents live in rural areas (66%). Less than half of them stopped using implant contraceptives, namely 515

respondents (44.7%). The characteristics of the husbands of respondents are the majority work (99.3%) and the highest education level of husbands is high school (54.6%), in fact there are still 1.4% of respondents' husbands who have never attended school.

Table 1. Socio-demographic characteristics

Socio-demographic characteristics	n	%
Age		
< 35	595	51,6
≥ 35	558	48,4
Total	1153	100
Parity		
≤ 2	685	59,4
>2	468	40,6
Total	1153	100
Education		
No Education	13	1,1
Primary School	402	34,9
Junior High School	398	25,8
Senior High School	313	27,1
Academy	38	3,3
University	89	7,7
Total	1153	100
Occupation		
No	517	44,8
Yes	636	55,2
Total	1153	100
Wealth Index		
Lowest	320	27,8
Low	267	23,2
Middle	254	22,0
High	199	17,3
Highest	113	9,8
Total	1153	100
Residence		
Urban	392	34,0
Rural	761	66,0
Total	1153	100

Source: IDHS 2017

Husband involvement in family planning

The description of the husband's involvement in the use of contraception is that most husbands (65.3%), in making decisions on the use of family planning

devices, give approval for the use of family planning devices (98.6%), most (60.4%) wives have/often discuss with their husbands regarding family planning, the husband's preference for the number of

children is 70.8% the same as his wife's and 56.8% of husbands are involved in determining income for family planning devices. In detail, the results are presented in Table 1.

Table 1. Husband involvement in discontinuing implant contraceptive use

Husband involvement	n	%
Involvement in the decision to use contraception		
No	400	34.7
Yes	753	65.3
Consent in contraceptive use		
No	16	1.4
Yes	1.137	98.6
Discussion with husband regarding family planning		
Never	457	39.6
Ever/Often	696	60.4
Husband's preference on number of children		
Same	816	70.8
More	268	23.2
Fewer	69	6.0
Involvement in the determination of income for family planning services		
No	498	43.2
Yes	655	56.8
N	1.153	100.0

Source: IDHS 2017

Relationship of Respondents' Characteristics with Discontinuation of Implant Contraceptives

The following is the result of the analysis of the relationship between the characteristics of the respondents consisting of age, number of children, education level, employment status, wealth index and place of residence with discontinuation of implant

contraceptive use in Indonesia. The results of the bivariate analysis showed that the respondents' characteristics consisting of age, number of children, education level, employment status, wealth index and place of residence were not significantly related to discontinuation of implant contraceptive use because they had a p -value > 0.05 . The results are presented in Table 2.

Table 2. Relationship of Respondents' Characteristics with Discontinuation of Implant Contraceptives

Socio-demographic characteristics	Discontinuing Implant Contraceptive Use				<i>p</i> -value	OR (95% CI)
	Continue		Discontinue			
	n	%	n	%		
Age						
< 35	329	55.3	266	44.7	0.978	1.0 (0.79-1.26)
≥ 35	309	55.4	249	44.6		1
Parity						
≤ 2	382	55.8	303	44.2	0.721	1.0 (0.82-1.32)

Socio-demographic characteristics	Discontinuing Implant Contraceptive Use				<i>p-value</i>	OR (95% CI)
	Continue		Discontinue			
	n	%	n	%		
>2	256	54.7	212	45.3		1
Education						
No Education	4	30.8	9	69.2	0.057	2.1 (0.60-7.33)
Primary School	233	58.0	169	42.0		0.7 (0.43-1.08)
Junior High School	161	54.0	137	46.0		0.8 (0.50-1.28)
Senior High School	182	58.1	131	41.9		0.7 (0.42-1.08)
Academy	15	39.5	23	60.5		1.4 (0.88-3.10)
University	43	48.3	46	51.7		1
Occupation						
No	287	55.5	230	44.5	0.912	1.0 (0.80-1.28)
Yes	351	55.2	285	44.8		1
Wealth Index						
Lowest	180	56.3	140	43.7	0.919	1.1 (0.69-1.63)
Low	146	54.7	121	45.3		1.1 (0.72-1.75)
Middle	135	53.1	119	46.9		1.2 (0.76-1.87)
High	112	56.3	87	43.7		1.2 (0.66-1.68)
Highest	65	5.6	48	4.2		1
Residence						
Urban	222	56.6	170	43.6	0.524	1.0 (0.85-1.10)
Rural	416	54.7	345	45.3		1

Source: IDHS 2017

Relationship of Husband's Characteristics with Discontinuation of Implant Contraceptive Use

Table 3 provides information the results of the bivariate analysis showed that the husband's characteristics on employment

status were not significantly related to discontinuation of implant contraceptive use because it had a p-value > 0.05 while education level was significantly associated with discontinuation of implant contraceptive use. In detail, the results are presented in Table 3.

Table 3. Relationship of Husband's Characteristics with Discontinuation of Implant Contraceptive Use

Husband Characteristics	Discontinuing Implant Contraceptive Use				<i>p-value</i>	OR (95% CI)
	Continue		Discontinue			
	n	%	n	%		
Education						
No Education	10	62.5	6	37.5	0.038*	0.5 (0.15-1.36)
Primary School	243	59.1	168	41.1		0.5 (0.34-0.83)
Middle School	343	56.1	286	43.9		0.6 (0.41-0.98)
High School	42	43.3	55	56.7		1
Occupation						
No	4	50.0	4	50.0	0.761	0.8 (0.20-3.24)

Husband Characteristics	Discontinuing Implant Contraceptive Use		<i>p-value</i>	OR (95% CI)	
	Continue	Discontinue			
	n	%			n
Yes	634	55.4	511	44.6	1

Note: *Significant at $p\text{-value} \leq \alpha (0.05)$

Source: IDHS 2017

Relationship of Husband's Involvement with Discontinuation of Implant Contraceptive Method

The following are the results of the analysis of the relationship between husband's involvement which consists of decisions to use family planning devices, approval of the use of family planning devices, discussions with husbands regarding family planning, husband's preference for the number of children and determination of income for family planning devices with cessation of use of contraceptive implants in Indonesia as well as analysis of categories of husband involvement who consists of low, moderate and high husband involvement with discontinuation of implant contraceptive use in Indonesia. The results of the bivariate analysis showed that only the discussion factor with the husband regarding family planning was significantly associated with discontinuing the use of implant contraceptives because it had a $p\text{-value} < 0.05$. This means that respondents who have never had discussions with their husbands regarding family planning are 1.3 times more likely to stop using implant contraceptives than respondents who have/often discussed with their husbands regarding family planning. The results are presented in Table 4.

DISCUSSION

The Relationship between Socio-demographic Characteristics and Discontinuation of Implant Contraceptive use

In this study, socio-demographic characteristics were not associated with discontinuation of implant contraceptive use among married women in Indonesia. In

contrast to previous studies which stated that age was significantly associated with discontinuation of implant contraceptive use ; it tends to occur in women with the age category < 20 years compared to those in the age category > 35 years (Permatasari et al., 2013; Indrawati, 2014; Tadesse et al., 2017; Samosir et al, 2019). Young women have a high desire to have children so they stop using implanted contraception. The rate of discontinuation of contraceptive methods generally decreases with increasing age (Rajaram et al., 2017).

Various previous studies have stated that parity contributes to discontinuation of the use of implant contraceptive methods. Implant discontinuation was twice as high in women who had < 4 living children as compared to women who had > 4 children, all of whom had surviving children. (Rizvi and Irfan, 2012 ;Tadesse et al., 2017).

Women's education has been shown to be a determinant of discontinuation of implant contraceptive use in several previous studies. The higher the level of education of the acceptors, the less likely they are to stop using the method (Permatasari et al., 2013). The rate of discontinuation of contraceptive methods among acceptors is lower in women with 12 years of education or more (Rajaram et al., 2017). In this study, education level was not associated with discontinuation of implant contraceptive use because discontinuation of contraceptive methods could be influenced by other factors such as rumors, culture, environment and also the support of health workers. The level of education alone is considered insufficient to move people's mindsets to continue to participate in the use of contraceptive methods.

Statistically, the respondent's employment status was not related to the

discontinuation of implant contraceptive use. This is different from the research results of Nwe Tin et al. (2019) which shows that respondents who work are more likely to discontinue the use of implant contraceptives than respondents who are not working. Meanwhile, women who do not work are women who are financially powerless to access other methods so that they survive with implant contraceptives.

The results of this study indicate that the poorer the economic status of the

respondents, the more they discontinue the use of implant contraceptives. However, statistically, economic status was not associated with discontinuation of implant contraceptive use. Discontinuation of the use of contraceptive implants is more influenced by factors other than the wealth index, namely health problems, uncomfortable use, husbands disagree, problems related to access, husbands who are far away so they rarely have sex and want to get pregnant.

Table 4. Relationship of Husband's Involvement with Discontinuation of Implant Contraceptive Method

Husband Involvement	Discontinuing Implant Contraceptive Use				<i>p-value</i>	OR (95% CI)
	Continue		Discontinue			
	n	%	n	%		
Involvement in the decision to use contraception						
No	217	54.2	183	45.8	0.589	0.9 (0.73-1.20)
Yes	421	55.9	332	44.1		
Consent in contraceptive use						
No	7	43.8	9	56.2	0.348	0.6 (0.23-1.67)
Yes	631	55.5	506	44.5		
Discussion with husband regarding family planning						
Never	270	59.0	187	41.0	0.038*	1.3 (1.01-1.63)
Ever/Often	368	52.9	328	47.1		
Husband's preference on number of children						
Same	445	54.5	371	45.5	0.690	1.1 (0.66-1.80)
More	154	57.5	114	42.5		
Fewer	39	56.5	30	43.5		
Involvement in the determination of income for family planning services						
No	268	53.8	230	46.2	0.366	0.9 (0.71-1.14)
Yes	370	48.6	285	51.4		

Note: *Significant at $p\text{-value} \leq \alpha (0.05)$

Source: IDHS 2017

Most of the respondents live in rural areas (66%). Utilization of health services is often related to geographic access. Geographic access connects the area that is the location of supply and the location of the client who will use health services and can usually be measured by distance, travel time and travel costs. This has an impact on the use and utilization of family planning services. Family planning acceptors who

live in urban areas tend to continue their contraceptive use more than family planning acceptors who live in rural areas (Permatasari et al., 2013).

The results of this study indicate that the distribution of respondents who discontinued the use of implant contraceptives on the characteristics of their residence is dominated by respondents who live in rural areas, which is 29.9%, so it is

possible that they lack access to utilize health services. However, statistically, the characteristics of the respondent's residence were not significantly related to the discontinuation of implant contraceptive use. The family planning program in Indonesia has spread to all areas, both in urban and rural areas so that every family can have good access to family planning services, especially family planning counseling services to support and maintain the use of their contraceptive method. Research that supports the results of this study is by Nwe Tin (2019) Melkamu Asaye, Syoum Nigussie and Mequannt Ambaw (2018) showing that the respondent's place of residence is not related to the cessation of contraceptive use. Research by Permatasari, Wati and Ramani (2013) also showed no significant relationship between residence and cessation of contraceptive use.

Relationship of Husband's Characteristics with Discontinuation of Implant Contraceptive Use

Husband's education was significantly related to discontinuation of implant contraceptive use. However, uneducated husbands were not significantly associated with discontinuing the use of implant contraceptives in their wives. Education level is related to the level of knowledge. In general, someone who has low education tends to have less knowledge. Someone who has an upper secondary education level will have better knowledge and awareness of the use of contraceptive methods. The results of this study are in line with research from Indrawati (2014) that the factors for stopping the contraceptive method were the wife's age and ownership of the number of children by the fertile age couple after controlling for the husband and wife's education, area of residence, household expenditure per capita, wife's menstrual history and knowledge of husband and wife's health.

Based on the results of the 2017 IDHS, almost all currently married men (99%) worked in the last 12 months prior to the

survey and 92% of men worked for money (Indonesian Ministry of Health, 2017). Discontinuation of implant contraceptive use based on employment status was dominated by respondents with the characteristics of a working husband (44.3%). Statistically, the results of this study indicate that the husband's employment status is not associated with discontinuation of implant contraceptive use. This is because the discontinuation of contraceptive methods is more strongly influenced by other factors such as rumors, culture, environment and also includes the support of health workers.

Relationship of Husband's Involvement with Discontinuation of Implant Contraceptive Use

Husband's involvement in the use of family planning according to Chekole et al. (2019) are discussions about family planning with partners, discussions about setting birth spacing, discussions about limiting births, accompanying family planning services, participating in making choices of types of family planning, allowing the use of family planning methods/tools, reminding family planning schedules and providing financial support. Adelekan, Omoregie and Edoni (2014) added that the form of involvement of men in the household in the aspect of decision-making related to family planning is by providing money to get family planning services, accompanying the wife to the family planning clinic and discussing with the wife about family planning. The involvement of men in providing information about various contraceptive methods is an important element in forming an environment that supports wives/partners in making decisions to use contraception and continuing their use (Indonesian Ministry of Health, 2017).

The results showed that 65.3% of husbands were involved in the decision to use family planning devices. Respondents discontinuing the use of contraceptive implants are dominated by respondents with

husbands who are involved in the decision to use family planning devices (28.8%). In Indonesia, the husband's decision to allow his wife in all aspects of life is an important guideline for the wife, including the use of contraception. If the husband does not give permission or does not support it, only a few wives have the courage to continue to install the contraceptive device in carrying out family planning (Hidayah and Lubis, 2019).

Husband's involvement in the decision to use family planning was not significantly related to discontinuation of implant contraceptive use. This is because of health problems or feeling uncomfortable when using implant contraception so that the husband feels responsible for his wife's health and then the husband decides to support his wife to stop family planning / drop out of family planning. Gicheru (2016) states that husband/spouse has decision-making power and plays an important role in the making and continuation of family planning

In the aspect of approval for the use of family planning, the majority of husbands gave their approval, which was 98.6%. Consent to the use of family planning is the respondent's perception of whether the respondent's husband/partner agrees or disagrees if he uses family planning tools/methods to prevent pregnancy. Globally, some women stop certain birth control methods because they are difficult to use or because their use is not acceptable to their partners and then switch to other, more suitable methods (New Tin, 2019).

Forty-four percent of respondents who stopped using implants stated that their husbands gave their consent for family planning. Statistically, husband's involvement in consenting to use of family planning was not associated with discontinuation of implant contraceptive use. Discontinuation of contraceptive use more often due to complaints / side effects felt by the wife later in life so that she decided not to continue using implanted contraceptives. The 2017 IDHS noted that the reasons for discontinuing the use of the

implant contraceptive method were health problems, uncomfortable use, husbands disagreed, problems related to access, husbands who were far away so they rarely had sex and wanted to get pregnant

Discussion with husbands regarding family planning is the intensity of communication between husband and wife in discussing family planning or contraceptive methods. Most of the respondents (60.4%) stated that they had or often had discussions with their husbands regarding family planning. The influence of husband and wife discussions on discontinuing contraceptive use can occur because husbands tend to play a vital role in making decisions to add children or not (Oktabriani and Riono, 2012). Men also need to have enough material on family planning to increase their involvement in making decisions for their wives regarding contraceptive use when discussing with their husbands (The Indonesian National Population and Family Planning Board, 2013).

Twenty-eight percent of respondents who stopped using implant contraceptives stated that they had/often had discussions with their husbands regarding family planning. Statistically it showed that husband's involvement in family planning-related discussions was significantly associated with discontinuation of implant contraceptive use. This is supported by the results of previous studies that the involvement of men in family planning can be in the form of communication between husband and wife, including interpersonal communication as a form of communication that builds, maintains and sometimes can destroy a relationship. This communication can be in the form of communication in terms of planning the number of children desired by couples of childbearing age (Muniroh, Luthviatin and Istiaji, 2014). Penelitian et al. (2013) The results showed that the discussion about family planning between husband and wife was related to the discontinuation of the long-term IUD contraceptive use. The influence of husband

and wife discussions on the use or discontinuation of contraceptive use can occur in society because husbands tend to play a vital role in decision-making regarding the attitude of wanting to add children or not and to use or not use one method of contraception as well as the decision to stop using the method. contraceptives that have been used (Oktabriani and Riono, 2012).

Most respondents (70.8%) have a preference for the same number of children as their husbands, 23.2% have a preference for more children than their wives and the other (6.0%) husbands have a preference for fewer children. compared to the wife. Based on the results of the 2017 IDHS, the average ideal number of children for women is 2.6 and the average ideal number of children for married men is 2.9 children. Among women and men with the same number of children, men consistently mention a slightly higher ideal number of children than women (Kemenkes RI, 2017).

The husband's involvement in discontinuing the use of implant contraceptives is dominated by respondents with husbands who have the same preference for the number of children as respondents (32.2%) followed by husbands who have a preference for more children than respondents (9.9%) and husbands who have preference for fewer children than respondents (2.6%). Statistically, husband's involvement in preference for number of children was not significantly related to discontinuation of implant contraceptive use. In this study, 32.2% of husbands had the same preference for the number of children as their wives, but it was possible that, over time, they wanted to have children again, thus encouraging their wives to give up contraceptive use

In terms of determining income for family planning, husband's involvement was statistically not significantly associated with discontinuation of implant contraceptive use. The reason for stopping contraceptive implants is more dominant because of health problems or feeling uncomfortable when

using implant contraceptives so that the husband feels responsible for his wife's health and then the husband decides to support his wife to stop family planning / drop out of family planning.

CONCLUSION

Discontinuation of the use of contraceptive implants has nothing to do with the respondent's characteristics, namely age, number of children owned, education, employment status, wealth index and area of residence. Meanwhile, husband's education is significantly related to discontinuing the use of implants by his wife.

Of the various kinds of involvement of husbands in the use of contraception, only discussions between husbands and wives about family planning were significantly related to discontinuing the use of implant contraceptives. To reduce the drop-out rate of implants, it is necessary to strengthen the implementation of programs to increase male participation in family planning.

REFERENCE

- Adelekan, A., Omoregie, P. and Edoni, E. (2014) 'Male Involvement in Family Planning: Challenges and Way Forward', *International Journal of Population Research*, 2014, pp. 1–9. doi: 10.1155/2014/416457.
- Alem Gebremariam, T. B. (2015) 'Factors Associated with Contraceptive Discontinuation in Agarfa District, Bale Zone, South East Ethiopia', *Epidemiology: Open Access*, 05(01), pp. 1–9. doi: 10.4172/2161-1165.1000179.
- Azuike E, Ikeako L, Ezebialu, Umeobika J, Obi K *et al.* (2017) 'Predictors of discontinuation of contraceptive use among Nigerian women: Results of 2013 Nigeria Demographic and Health Surveys', *Journal of Scientific Research and Studies*, 4(7), pp. 171–176.

- Azwar, S. (2012) *Penyusunan Skala Psikologi Edisi 2*. Yogyakarta: Pustaka Pelajar.
- Chekole, M. K. *et al.* (2019) 'Husbands' involvement in family planning use and its associated factors in pastoralist communities of Afar, Ethiopia', *Reproductive Health*. *Reproductive Health*, 16(1), pp. 1–7. doi: 10.1186/s12978-019-0697-6.
- Community and village empowerment office Kulon Progo District (2020) *Memahami Arah Kebijakan Strategi Bangsa Kencana 2020 - 2024*.
- Gicheru, F. N. 2016. Discontinuation Of The Five-Year Implant Amongst Women Of Reproductive Age In Selected Health Facilities Of Nairobi County, Kenya. *Thesis*. Kenya: Faculty Of Public Health Kenyatta University.
- Hidayah, N. and Lubis, N. (2019) 'Hubungan Pengetahuan dan Dukungan Suami Terhadap Pemilihan Kontrasepsi Tubektomi', *Jurnal Endurance*, 4(2), p. 421. doi: 10.22216/jen.v4i2.2989.
- Indonesian Ministry of National Development Planning (2019) 'Rancangan Teknokratik Rencana Pembangunan Jangka Menengah Nasional 2020 - 2024 : Indonesia Berpenghasilan Menengah - Tinggi Yang Sejahtera, Adil, dan Berkesinambungan', *Kementerian PPN/ Bappenas*, p. 313. doi: 10.1017/CBO9781107415324.004
- Indonesian Ministry of Health (2017) *Survey Demografi dan Kesehatan Indonesia, Survei Demografi dan Kesehatan Indonesia 2017*.
- Indrawati, L. (2015) 'Determinan Kejadian Berhenti Pakai (drop out) Kontrasepsi di Indonesia (analisa sekunder data RISKESDAS 2010)', *Buletin Penelitian Sistem Kesehatan*, 17(1), pp. 55–62.
- Melkamu Asaye, M., Syoum Nigussie, T. and Mequannt Ambaw, W. (2018) 'Early Implanon Discontinuation and Associated Factors among Implanon User Women in Debre Tabor Town, Public Health Facilities, Northwest Ethiopia, 2016', *International Journal of Reproductive Medicine*, 2018, pp. 1–10. doi: 10.1155/2018/3597487.
- Muniroh, I. D., Luthviatin, N. and Istiaji, E. (2014) 'Dukungan Sosial Suami Terhadap Istri untuk Menggunakan Alat Kontrasepsi Medis Operasi Wanita (MOW) (Studi Kualitatif pada Pasangan Usia Subur Unmet Need di Kecamatan Puger Kabupaten Jember) Husband ' s Social Support on Their Wive to Use Contraception', *Jurnal Pustaka Kesehatan*, 2(1), pp. 66–71.
- Mutihir, J. T. and Nyango, D. D. (2010) 'Indications for removal of Etonogestrel implant within two years of use in Jos, Nigeria', *East African Medical Journal*, 87(11), pp. 461–464. doi: 10.1136/jfprhc-2012-100554.
- Nageso, A. and Gebretsadik, A. (2018) 'Discontinuation rate of Implanon and its associated factors among women who ever used Implanon in Dale District, Southern Ethiopia', *BMC Women's Health*. *BMC Women's Health*, 18(1), pp. 1–9. doi: 10.1186/s12905-018-0678-x.
- Nwe Tin, Khaing, Maung Maung, Thae & Win, Thiri. (2019) 'Dhs working papers', (May).
- Oktabriani, I. F. and Riono, P. (2012) 'Peran Diskusi Suami Istri Dalam Pemakaian Kontrasepsi Modern Untuk Menjarangkan Kehamilan (Analisis SDKI 2012) Abstrak The Influence of Couple Discussion on Modern Contraceptive Use for Spacing Pregnancy (Analysis of IDHS 2012) Abstract Pendahuluan Pa'.
- Permatasari, N. E., Wati, D. M. and Ramani, A. (2013) 'Determinan penghentian penggunaan IUD di Indonesia', *Jurnal Pustaka Kesehatan*, 1(1), pp. 1–6.

- Prasetyo, E. S. (2015) *Analisis Faktor Yang Berhubungan Dengan Kejadian Drop Out Akseptor Kb Kecamatan Gunungpati Kota Semarang*.
- Setiyaningrum (2016) *Pelayanan Keluarga Berencana*. Jakarta: CV Trans Info Media.
- The Indonesian National Population and Family Planning Board (2020) 'Strategi Pelaksanaan Program Keluarga Berencana Berbasis Hak untuk Percepatan Akses terhadap Pelayanan Keluarga Berencana dan Kesehatan Reproduksi yang Terintegrasi dalam Mencapai Tujuan Pembangunan Indonesia', pp. 1–110.
- Zerihun, H. *et al.* (2015) 'Original article Implanon removal experiences of women in Butajira ', *Ethiopian Journal of Health Development*, 29(3), pp. 176–182.