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## Relationship of Husband Support and Communication Ability of Family Planning Field Officers with New Family Planning Achievements in the District of Poleang Timur

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### Abstract

In family planning services, contraceptive users have the right to obtain complete information about various contraceptive methods, their advantages and disadvantages, the right to receive comprehensive care, the right of women's autonomy to care for their health and determine their reproduction, and the right to decide whether to have children or not to have children, and to determine the number of children desired, and the period of birth of the child. The purpose of this study was to determine the relationship between husband's support and communication skills of family planning field officers (FPFO) with the achievement of new Family Planning (FP) in Poleang Timur District. This type of research is a survey using a cross sectional study design. The number of samples as many as 95 respondents with the sampling technique is proportional random sampling. Collecting data by using a questionnaire. Data analysis using Chi Square test. The results showed that there was a relationship between husband's support and new family planning achievement,  $p$  value = 0.038 < 0.05 and there was a relationship between FPFO communication skills,  $p$  value = 0.007 < 0.05, with new family planning achievement. Conclusion; there is a relationship between husband's support and communication skills of FPFO with the achievement of new family planning in Poleang Timur District, Regency Bombana. Suggestion; the need for husband's support and improvement of FPFO communication skills in optimizing new family planning program services.

**Key Words:** New FP Achievements; Husband's Support; FPFO Communication Ability.

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## **1. Introduction**

The national family planning program is a basic social development program that is very important for national development and the progress of the nation [1]. Family planning is an effort to increase awareness and community participation through maturing the age of marriage, birth control, family development, increasing family welfare to create a happy and prosperous small family [2]. Growth in the number of residents who are not controlled will impede the progress and prosperity of a society, nation and state. Conditions were not balanced between the quantity of the population with a power capacity of nature also would jeopardize the survival of living human beings. According to the *World Health Organization*, contraceptive use has increased in many parts of the world, especially in Asia and Latin America and lowest in Sub-Saharan Africa. Globally, users of modern contraceptives have increased insignificantly from 54% in 1990 to 57.4% in 2016. Regionally, the proportion of couples of childbearing age 15-49 years reporting the use of modern contraceptive methods has increased at least in the last 6 years. In Africa from 23.6% to 27.6%, in Asia it has increased from 60.9% to 61.6%, while Latin America and the Caribbean rose slightly from 66.7% to 67.0%. An estimated 225 million women in developing countries wish to delay or discontinue fertility but do not use any contraceptive method for the following reasons: limited choice of contraceptive method and experience side effects. The unmet need for contraception is still too high. Injustice is driven by population growth [3]. Residents as objects and subjects need to be recognized, identified, sorted, and analyzed so that development interventions will be more targeted. One of the important data related to population is the rate of contraceptive use commonly called the Contraceptive Prevalence Rate (CPR). CPR is the percentage of women of reproductive age who use (or whose partner uses) a contraceptive method at any given time. New FP participants can be measured from CPR data obtained from the number of Active FP Participants compared to the number of Spouses of Childbearing Age (SCA)) which is one of the key indicators in measuring the performance of the Population, Family Planning and Family Development (PFPFD) Program. In the PFPFD Program recording and reporting system, CPR data can be obtained in Routine Statistical Reports [4]. The Bombana district government has an Information System for Population Control and Family Planning named INTIP-KONSEP which is one of the innovations of the Bombana Regency Population and Family Planning Service in utilizing the development of the industrial revolution 4.0 in terms of information and technology. Used by the community in obtaining contraceptive services easily. In addition, it also provides benefits for family planning officers in the field in obtaining updated information. This application has a positive impact on the community, especially in increasing participation in the family planning program, so that it can indirectly increase the achievements of new family planning participants and active family planning participants in Bombana Regency [5] The Bombana Regency Government supports the implementation of the National Development that has been set by the Central Government in the field of Family Planning with the Vision "To become a reliable and trusted institution in realizing a balanced growing population and quality family with the mission of "realizing population-oriented development and creating happy and prosperous small families." Based on EFA data for the last three years in Bombana Regency, in 2017 the number of EFA in Bombana Regency was 27,513 with New Participants (NP) of 2,198 and NP of 3,063 or 139.35%. In 2018 the number of EFA was 29,820 with PB of 3,113 and PB of 3,499 or 112.40%. In 2019 the number of EFA was 23,757 with NP of 4,880 and NP of 4,946 or 101.35%. The percentage achievement of the Family Planning Acceptor Ratio in 2019 was 66.81% compared

to 2018 of 80.86%, there was a decrease in the level of achievement from the previous year. Meanwhile, for the achievements of the new FP participants, Regency Bombana reached 101.35%, from the target of 4,880 reaching 4,946 acceptors [5] Data on the achievement of the New Poleang Timur KB in 2018 the NP target of 355 acceptors was realized by 253 acceptors or 71.26%. New Participant Achievement Data in 2019 The target is 433 acceptors, totaling 387 or 89.38%. New Participant Achievement Data in 2020 The target is 400 acceptors, the realization is 299 or 74.75% [5]. The purpose of this study for determine the relationship of husband's support and communication skills FPFO with the achievement of new family planning in the District of East Poleang

**2. Materials and Methods**

This type of research is a survey using a *cross sectional study design*. The number of samples as many as 95 respondents with the sampling technique is *proportional random sampling*. Criteria inclusion pair of childbearing age between the ages of 15-49 years old, married at the time of the interview, stay at home with her husband and not being pregnant. Collecting data by using a questionnaire. The data analysis is bivariate by using test *Chi Square*.

**3. Results**

**Bivariate**

**The Relationship Between Husband's Support With New Family Planning Achievements**

**Table 1:** The relationship between husband support the Achievement of new family planning in the District of East Poleang

Husband Support	New FP Participant				Amount		P- Value	α
	Using Contraceptives		Not Using Contraceptives					
	n	%	n	%	n	%		
Well	61	64.2	6	6.3	67	70.5	<b>p = 0.038</b>	<b>=0.05</b>
Not enough	21	22.1	7	7.4	28	29.5		
Total	82	86.3	13	13.7	95	100		

Source: Primary Data 2021

Table 1. above shows that from 95 respondents there are 61 respondents (64.2%) who have good husband support using contraception and 6 respondents (6.3%) choose not to use contraception. Meanwhile, respondents in the category of husband's lack of support, as many as 21 respondents (22.1%) chose to use contraception and 7 respondents (7.4%) chose not to use contraception. Based on the *Chi Square* statistical test, the significance value is  $p = 0.038$  ( $p < 0.05$ ) thus  $H_0$  is rejected and  $H_a$  is accepted, so it can be concluded that there is a relationship between husband's support and the achievement of new family planning in East Poleang District,

Bombana Regency .

**The Relationship Between FPFO's Communication Skills With New Family Planning Achievements**

**Table 2:** The relationship between FPFO communication skills and the achievement of new family planning in Poleang Timur District

FPFO Communication Ability	New FP Participant				Amount		P- Value	α
	Using Contraceptives		Not Using Contraceptives					
	n	%	n	%	n	%		
Well	81	85.2	11	11.6	92	96.8	<b>p = 0.007</b>	<b>=0.05</b>
Not enough	1	1.1	2	2.1	3	3.2		
Total	82	86.3	13	13.7	95	100		

Source: Primary Data 2021

Table 2. above shows that of the 95 respondents there are 81 respondents (85.2%) who have a good response to the communication skills of FPFO choosing to use contraceptives and 11 respondents (11.6%) choosing not to use contraceptives. Meanwhile, respondents in the category of having a poor response to the communication skills of FPFO, 1 respondent (1.1%) chose to use contraception and 2 (2.1%) chose not to use contraception. Based on the *Chi Square* statistical test, the significance value is  $p = 0.007$  ( $p < 0.05$ ) thus  $H_0$  is rejected and  $H_a$  is accepted, so it can be concluded that there is a relationship between FPFO communication skills and the achievement of new family planning in East Poleang District, Bombana Regency.

**4. Discussion**

**The Relationship Between Husband's Support With New Family Planning Achievements**

The family planning program is one of the government's efforts to control the fertility rate of the population. The program is carried out by introducing modern contraceptive methods to the community and is not easily accepted. The reason is that in addition to the socio-cultural concerns of the local community, it also involves the decision-making by the community to accept contraceptive methods as proposed by Roger (1973), that the decision-making process to accept innovation is a mental process, that is, someone starts from initial knowledge about an innovation, believes it. then make a decision and finally set it [6]. It is better for each family planning acceptor to be accompanied by his husband, this shows that the husband's approval is the most important factor in determining whether the wife will use the contraceptive method or not, because the husband is seen as a protector, breadwinner of the household and decision maker. Some men may not approve of their partner becoming a family planning acceptor because it is not clear how they work, such as suppressing ovulation, making cervical mucus thick so that sperm fertilization is disrupted, inhibiting the transfer of gametes by the tubes and various contraceptives offered. The husband may be worried about his wife's health. These conditions

indicate that the husband has a major influence on the acceptance of contraceptives by the wife. In this case, the husband's opinion about family planning has a strong enough influence in determining the use of contraceptive methods for his wife, specifically the IUD contraceptive method [7]. The husband's role in the family is very dominant and holds the power in making decisions whether the wife will use contraception or not. Because husbands are seen as protectors, breadwinners in the household and decision makers. Some men may not agree with their partner to become an IUD FP acceptor because they do not know clearly how the various contraceptives offered work and the husband will be worried about his wife's health. This condition shows that the husband has a big influence on the use of contraceptive methods for his wife, especially in choosing contraception and becoming a family planning participant. The husband's decision is very decisive towards the adoption of family planning practices. The higher the economic status of a family, the greater the equality of rights between husband and wife to make decisions about family planning practices, including decisions about family planning practices and determining the number of children they want [7]. In this study, it showed that the response given by the respondents was quite good, namely 70.5% of respondents had good husband support, and 29.5% had poor husband support. It can be concluded that there is a relationship between husband's support and the achievement of new family planning,  $p$  value  $<0.05$ , this indicates that the higher the husband's support, the higher the achievement of new family planning. In research [8] explaining the effect of husband's support in participating in the family planning program, the results showed that the chi square test found that the calculated  $X$  value was 5.889 which was greater than the  $X$  table of 3.841 and a significant value of 0.020 ( $P < 5\%$ ), so it can be stated that there is a relationship husband's support with mother's participation in the IUD family planning program at Gedong Tengen Health Center Yogyakarta. The husband's opinion about family planning has a strong enough influence to determine the wife's use of family planning methods. In a study in five cities in Indonesia, husband's consent was the most important factor in determining whether his wife would use contraception or not because husbands were seen as protectors, household breadwinners, and decision makers [6]. Women's feelings and beliefs about their bodies and sexuality cannot be ruled out in making the decision to use contraception. The sexual dynamics and power between men and women can also make contraceptive use awkward for women. Conflicts arise over when to have sex, who should make decisions about the use of contraception, which method to use, how many children and when to have children. A woman if her husband supports contraception, her likelihood of using contraception increases, conversely when a woman is nervous about communicating with her husband about contraception or her husband makes a choice of contraception, her likelihood of using a contraceptive method decreases [6]. Based on the results of the interview, it was found that some husbands felt anxious about the side effects of family planning, this was due to the lack of information their husbands had about reproductive health. Some husbands forbid their wives to use contraceptives because they think that contraceptives reduce the pleasure of sexual intercourse. Some also get good family support because of the close relationship between family members that is still well established, the awareness of families who care about each other between family members so that family functions run as they should. It is hoped that the husband understands this, the husband can think about protecting his wife by allowing his wife to join family planning or the husband himself to take family planning, because by becoming a family planning acceptor can space out pregnancies and regulate the number of children in the family, so that the husband can meet the needs of his family both spiritual needs, clothing, food, shelter and health [6]. The findings in in-depth interviews were found that there were husbands who did not allow their partners to follow/use contraceptives,

there were also wives who continued to follow the family planning program even though their husbands forbade it because there was still an assumption that many children had a lot of sustenance. The husband's involvement in family planning is in the form of support for the use of contraception and planning the number of families to create the realization of a happy and prosperous small family norm. Husband's support in the use of contraception can be in the form of support related to planning the desired number of children, award support such as taking his wife to re-install contraception, support such as husband providing funds or costs incurred to install contraceptives, and support such as advice given by the husband to using a contraceptive method. Research conducted by [9] me state that the participation of men in family planning programs can be direct or indirect. In terms of gender, the female contraceptive method used is much greater than the male contraceptive method. The female method is 93.66%, while the male method is only 6.34%. This shows that the participation of men - men in the use of contraceptives is still very small Research conducted by [10] states that the majority of husbands have good support in participating in the family planning program. These results indicate that most of the husbands have been involved in the mother's participation in using family planning. This study supports the previous research conducted by [11], which showed that the majority of mothers received support in choosing a long-term contraceptive method, which was 88.3 %. The studies were conducted by [8] state that the majority husband had good support in program planning. These results indicate that most great husband had come involved in the participation of mothers using family planning. Another finding from the research results is that acceptors can choose or not choose the desired family planning device, this is due to the acceptor's level of understanding regarding contraceptives, and the desire to delay pregnancy. In understanding the acceptor contraceptives not only prevent pregnancy, but the types of contraceptives and certain also can prevent sexually transmitted infections so that the selection of contraceptive methods tailored to the desires and comfort of each user, for according to their respective contraceptive method has its advantages and disadvantages. Another thing that became a finding in the study was the involvement of husbands in determining the desired contraceptive method and some husbands stated that they were not involved, this was influenced by economic factors in the selection of family planning devices, so that most of the acceptors chose inexpensive contraceptives even though they had received an explanation of the effects side effect. Meanwhile, acceptors' understanding of male contraceptive methods is less attractive to acceptors because they feel that it is not practical to use it, as well as the price is quite expensive, it can reduce the sensation of pleasure compared to without using condoms and the availability of contraceptives for men is very limited. With an understanding of family planning and reproductive health, it is hoped that husband and wife can participate together so that they can get the same benefits in reproductive health. Armed with this information, husband and wife can discuss family planning and reproductive health issues with each other. Another fact found during the study was that husbands also played a role in seeking family planning information to health workers about the best types of family planning to use. There is still a lack of understanding of acceptors about the importance of family planning and the existence of discrimination by family planning service officers against male and female clients. The husband's participation in taking his wife to the midwife / other health workers in the implementation of consultation and selection of appropriate and safe contraceptives. These findings are in line with the results of research [12] which says that husband's support is the dominant factor in meeting family planning needs. Behavior is formed through a certain process, and takes place in human interaction with the environment. Factors that play a role in the formation of behavior can be divided into 2

factors, namely internal factors and external factors. The husband's support factor in the family planning program is one of the external factors that can affect a wife's fertility behavior. Research [13] which states that there is a relationship between family support and independence in post stroke activity of daily living. Research [14] which states that there is a relationship between family support and the level of independence in daily living activities in post-stroke patients at the Neuro Polyclinic of RSUD Dr. H. Abdul Moeloek Bandar Lampung. Research [15] which states that there is a relationship between family support and the level of independence of daily living activities in post-stroke patients at the Neurology Polyclinic of Pancaran Kasih General Hospital, Manado. Research conducted by [16] concluded that low or negative husband support will affect a wife's decision making in choosing contraception. According to the theory of support in using contraceptives, it is divided into 4 supports, namely informational support, instrumental support, emotional support, and reward support. Informational support includes the provision of advice, knowledge, and information and guidance. Instrumental support includes when the husband helps the wife to determine the contraception according to her wishes and before choosing or using contraception, the wife discusses her choice with her husband. Emotional support can be in the form of a husband giving approval to his wife to use contraception and care, attention if side effects occur due to the use of the contraceptive. This is in line with the research conducted by Sugiarti and Siti which said that there was no relationship between husband/wife participation and the choice of contraception [17]. However, this study is not in line with research conducted by Anita who said there was a relationship between husband/wife participation and the choice of contraception, this could be influenced by the characteristics and number of respondents from each study [18].

### **Relationship Between Communication Capabilities FPFO With Achievement KB New**

FPFO are Civil Servants and Non Civil Servants who are given full duties, responsibilities, authorities, and rights by authorized officials to carry out counseling, mobilization, service, evaluation, and development activities for Family Planning programs and are the foremost spearheads in the field of family planning. has a very important role as an extension worker, facilitator, motivator in mobilizing the community, especially in rural areas or sub-districts in the management and implementation of family planning programs at the field level. Related to community participation in family planning programs. The role of family planning field officers is very important, especially in influencing, setting an example, and mobilizing the involvement of all members of the community in their environment to support the success of the family planning program. FPFO is the spearhead of family planning program managers in the field. Family planning field officers are also an important component in efforts to improve the economy and community welfare, as well as indicators of progress that has been achieved in a region. Family planning field officers have direct contact with the community in providing various counseling on family planning programs. Communication, Information, and Family Planning Education carried out by the health sector are included in the implementation of health education in general. In implementing the Family Planning program, it should be noted that the area of health responsibility includes aspects of technical medical services and community participation development. In the Family Planning program, health education is carried out by clinic officers, either medical, paramedic, or non-medical who work specifically for family planning. Other health workers such as sanitation workers, smallpox interpreters, BCG officers, and some of them are also potential workers in carrying out health education on family planning [19]. In the results of this study indicate that the responses given by the respondents is good

enough that 96.8 % of respondents in both categories, and 3, 2 % are in the category of less well. This shows that there is a relationship between FPFO Communication Ability and FP Bar Achievement, P value < 0.05, so it can be concluded that the better FPFO communication skills, the achievement of new family planning participants will also increase. Respondents assessed that the communication skills of FPFO were good and had used contraception devices, namely 86.3 % who had used contraceptives, while those who assessed the communication skills of FPFO were good and had not used contraceptives were 13.7 %. This shows that on average, respondents who have used contraception and who assessed that the communication skills of FPFO are good, have understood the counseling conducted by FPFO. Meanwhile, respondents who assessed that FPFO communication skills were good and had not used contraceptives, this was influenced by income levels, availability of contraceptives as well as social and religious factors. Communication is very much needed. To be able to provide understanding and encouragement in order to be able to change the behavior of the communicant, either through language that is easily understood by the communicant or through face-to-face, so that there is a sense of intimacy or kinship between the communicator and the communicant. From this, organizations that have started to take part in handling the program are invited to explore in more detail what is happening and they are increasingly trusted to take part in handling family planning programs in their own environment. The acceptors began to be invited to choose a more reliable method of family planning and the purpose of family planning was further expanded to improve family welfare by involving the acceptors themselves to become human resources, volunteer officers, for their own environment. Began to introduce programs for post FP, posyandu, activities to increase family income, foster children and so on [19] Findings The results of the research on the ability of extension workers to influence acceptors to participate in family planning service activities, 96.8% said it was good and 3.2% said it was not good. This is due to the public's view that they do not understand the benefits of the family planning program, due to the lack of socialization by FPFO. Therefore, it is necessary for FPFO to conduct education using the door to door method in the community. The door-to-door function is similar to the outreach activities carried out at posyandu, except that it is more personal because officers visit the homes of residents with the status of couples of childbearing age. Research conducted by [20] stated that the communication skills of FPFO were able to find positive contributions or interactions between nurses and patients. Another finding was that 78 respondents (82.11%) stated that the delivery of extension information using media was easy for the acceptors to understand and there were 17 respondents (17.89%) who said that the delivery of extension information using media was not easily understood by the acceptors. This condition is caused by the level of ability of FPFO in providing counseling, limited facilities and infrastructure in the implementation of extension activities and the absence of a special place for family planning counseling, so that the implementation of family planning counseling is only carried out in an integrated manner along with Posyandu activities. One strategy that can be done by family planning field officers is to communicate with the aim of sharing knowledge and experience, through communication the attitudes and feelings of a person or group of people can be understood by other parties. Communication of family planning field officers is an exchange of information, sharing ideas and knowledge of health workers to the community. It is a two-way process in which information, thoughts, ideas, feelings or opinions are conveyed or shared through words, actions or gestures to reach a common understanding. Good communication means that the parties are actively involved, namely between health workers and the community [19]. As the spearhead in the field, FPFO directly deals with prospective family planning acceptors regarding various

problems and issues in the community. This success through advocacy, communication, information and education or what is commonly called counseling, FPFO can convince the community or prospective family planning acceptors to participate in population planning family planning and family development programs so that family planning acceptors can increase. Another finding from the results of research on the ability of FPFO in conveying information according to the problems faced and needed by residents, there were 76 respondents (80%) acceptors said that FPFO had been able to convey information and there were 19 respondents (20%) acceptors said that FPFO was unable submit information. The factor causing the inability of FPFO in conveying information is influenced by the absence of teaching aids, because the function of teaching aids can directly show pictures of the use of contraceptives. Thus, the activity of delivering complete information with pictures/tools will make the public more interested in participating in the counseling, including increasing public confidence in the information conveyed. In line with research [21] which states that by using interpersonal communication in counseling and attribution theory, researchers are able to explain the counseling mechanisms of PIK, ADEM, counselor skills and solutions. In terms of good communication that can affect the emotional relationship of the acceptor, it was found that from 95 respondents there were 73 respondents (76.84%) saying it could affect the emotional relationship of the acceptor and there were 22 respondents (23.16%) stating that it could not affect the emotional relationship of the acceptor. This is caused by the language factor in communication. The language barrier is one of the obstacles faced, because the language that is often encountered is a regional language, so it is rather difficult to communicate with actors who use regional languages. In terms of the condition of FPFO's ability to listen or help solve problems/complaints faced by acceptors, there were 70 respondents (73.68%) said that there was FPFO's ability, and there were 25 respondents (26.32%) said that there was an inability of FPFO to listen or help resolve problems/complaints faced by acceptors, this is due to the lack of motivation for prospective acceptors who have not joined the family planning program so that they can participate in the family planning program. In general, FPFO in providing motivation is carried out in a friendly, polite and professional manner. Likewise, the experience of acceptors who have participated in the family planning program, that their participation in the family planning program is closely related to providing motivation, support from their husbands, family, and friends. The provision of motivation is done in the form of counseling, encouragement, and also advice to join the family planning program. The results of the study [22] stated that the implementation of FPFO communication in Cigugur Village, Cigugur District, Pangandaran Regency was quite good because it had implemented three strategies in implementing communication. FPFO as a communicator conducts interpersonal communication face to face with prospective acceptors or in other words by meeting face to face and face to face will bring a more fluid and intimate atmosphere so that the emotions that exist in a person or communicant will be easier to know, this is will make it easier for the information giver to know the intent and purpose of the recipient of the information directly. In addition, by conducting interpersonal communication, feedback will occur more quickly and reduce the occurrence of biases in information so that the purpose or content of the message can be more easily understood by the recipient of the information [23]. Efforts that need to be made so that clients have a choice of contraceptive methods available for men and women are through Information Communication and Education about contraceptive methods carried out by FPFO, which includes types, benefits and side effects, how to use, requirements to become a family planning acceptor, and the procedure. Regarding the Informed Consent, it is necessary to provide an overview of the types of contraception that are suitable for the conditions of the Couples

of Childbearing Age, and before asking for approval from the prospective family planning acceptors. All informants also stated that the technical skills that family planning service providers need to master, apart from skills in providing family planning services, are also able to communicate well. To ensure that acceptors continue to receive contraception and continuing family planning services, what must be done is to notify them when to control the family planning service place or by assigning a schedule to the family planning acceptor card. Information is a part of the service that is very influential for prospective acceptors and acceptor users, knowing whether the selected contraceptive is in accordance with health conditions and in accordance with the acceptor's purpose in using the contraceptive. The limitations of this study are that the respondents are busy at work so that they do not have enough time when the researcher collects data/information, and the distance from one research place to another is quite far and access to research locations is difficult to reach.

## **5. Conclusions and Recommendation**

Conclusion; there is a relationship between husband's support and communication skills of FPFO with the achievement of new family planning in Poleang Timur District, Regency Bombana. Suggestion; the need for husband's support and improvement of FPFO communication skills in optimizing new family planning program services.

## **6. Conflict of Interest**

Author declare no conflict interest.

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