Husband's Participation in Family Planning Program through Post Placental IUD in Malang Regency: A Qualitative Study

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Abstract

From the method's selection to its application, the main issue with the application of contraceptives tends to be directed at women, and if there is a risk, the woman becomes the one who has to endure it. On the other side, the low coverage of family planning, particularly in postpartum, is a result of inadequate knowledge, a lack of information and counseling, and an absence of support from the husband. Health education, especially family planning, is more aimed at pregnant women, but in reality the culture of society in Indonesia adheres to a patriarchal culture. The patriarchal culture's emphasis on the husband's role as the decision-maker made it challenging to convince spouses regarding the roles of contraception, particularly Post-Placental IUD. This study aims to investigate how the husband influences pregnant women's preference for Post-Placental IUD contraception in Malang Regency. The research method used is "research that produces descriptive data from people and observed behaviour and in the form of written and oral. This study is considered as a qualitative research with a phenomenological approach. The informants in this study were husbands and pregnant women, health centre midwives, coordinating midwives, and persons in charge of the family planning program at the Health Office of Malang Regency. This research was conducted in July-December 2022. Data collection was performed by interview. The results in this study concluded that the low participation of husband in Post Placental IUD is due to husband's inadequate knowledge as well as lack of information and counselling. Therefore, it is hoped that health workers could provide counselling and home visits to families especially to husbands.

Background

Through the Millennium Development Goals and Sustainable Development Goals agenda, ongoing efforts are underway to reduce MMR with the goal of addressing MMR-related issues, such as family planning, by raising the achievement of indicators such as the level of contraceptive use, the Contraceptive Prevalence Rate (CPR), the Total Fertility Rate (TFR), and the Unmet Need for Family Planning (WHO, 2019). Evidence depicts that there is a relationship between AKI and achievement of mCPR. Countries that reported an increase in mCPR experienced a decrease in MMR (Brown, et al., 2015). The use of the Modern Contraceptive Prevalence Rate (mCPR) in Indonesia is 57.2 of the target of 62.16 (BKKBN, 2020) and women who use KB-Long Term Contraceptive Method (MKJP) services are only 28.7 percent (Pangestika, et al., 2018).

Postpartum family planning represents one of the Ministry of Health's ground-breaking initiatives to hasten the decline in maternal mortality. In order to avoid passing up family planning opportunities, postpartum family planning refers to the use of contraceptive techniques during the postpartum period for a period of 42 days following the delivery. The results of research conducted in Kenya by Ndegewa, concluded that the promotion of family planning plays an important role in educating women, ensuring that they make informed choices about the most suitable family planning method (Ndegewa, SW, 2014). However, the unmet need for family planning among postpartum mothers is considerably high due to the fact that postpartum mothers are not immediately administered contraceptives even though their partners expect it. One of the causes of delays in administering contraceptives is the hecticness of
couples in taking care of newborns. Navodani in his research reported that out of 382 mothers after giving birth, 34.4 percent were reluctant to take postpartum family planning on the grounds that they were still unable to decide on the family planning method (Navodani, 2017). Thus, lack of medical understanding, misunderstanding, and beliefs about the compatibility of family planning and religion have been linked to the decision in committing family planning during postpartum (Aristide et al., 2020).

A wide range of risks such as venous thromboembolism, breastfeeding, disorders associated with pregnancy, psychological factors, and social context, have to be taken into account when considering a postpartum contraceptive method (Buffet et al., 2019). For maximum protection, women who are not breastfeeding should start family planning after the postpartum period (42 days after giving birth) using either short-term or long-term techniques. Timing and commencing sexual activity are two key characteristics that influence the necessity for postpartum family planning. If the woman refrains from breastfeeding, ovulation happens approximately six weeks shortly after giving birth (WHO, 2019). Most sexual activity occurred between a few days and six months following delivery, with 50% of it happening during the first six weeks (Lopez et al., 2015).

In order to facilitate post-placental IUD access, it is preferable to insert an intrauterine device (IUD) within the first 10 minutes after the placental is delivered because it does not necessitate a separate postpartum scheduling. Delaying the subsequent pregnancy and the delivery interval employing a post-placental IUD is crucial for maintaining both the mother's and the baby's health. Many women may gain benefit from long-term reversible techniques, particularly the post-placental IUD, which offers the chance to prevent unintended pregnancies in a timely manner and saves time and money on subsequent visits to medical facilities. However, post-placental IUD prevalence remains comparatively low (Briga and Mustafa, 2015).

Gender inequality relates closely to Family Planning, leading to lack of fulfillment of the wife's reproductive rights because most people adhere to a patriarchal culture. The majority of Indonesia's population practices a patriarchal culture that raises the husband to the highest level of decision-making in the household. The husband's lack of involvement in postpartum family planning decision-making contributes to the relatively high rate of Unmet Need for Postpartum Family Planning. Hence, promoting husband's participation in family planning programs remains a challenging task (Andriani and Damanik, 2019). In Indonesia, most husband and wife never discuss family planning. According to Andriani and Damanik (2019), wives constitute the majority of the program's target demographic; husbands are hardly ever present in the healthcare system. The decision to use family planning post childbirth may be determined by a husband's support. The use of contraceptives has been found to be influenced by sociodemographic characteristics, a couple's communication over family planning, and reproductive options.

The contribution of healthcare professionals and other pillars of the community, particularly husbands, is essential to the success of the post-placental IUD. Even though family planning is a partner's necessity, women have recently received increased attention in counseling. Health professionals need to be aware of how family support, particularly from husbands, influences women's decisions to use long-term
contraception. It is crucial that the spouse get involved in order to improve the success of post-placental IUD family planning techniques and lower postpartum women's unmet needs (Machiyama, et al., 2017).

Through family planning counseling and promotion initiatives, midwives at *Puskesmas* and *Posyandu* (Integrated Service Post) in all working regions of the Malang Regency service continue to boost the achievement of post-placental IUD family planning targets. As such, post-placental IUD family planning is promoted through the use of flyers and banners, among other media. However, there have been no satisfactory improvements in postpartum mother's interest to administer post-placental IUD birth control (Malang District Health Office, 2020). The limited family planning promotion model, considerably practical as an information medium, presents an obstacle in conveying the message regarding the importance of selecting postpartum IUD family planning to husbands.

The achievement of the target for post-placental family planning at twenty Community Health Centers was zero, indicating that no one chose the post-placental IUD family planning method as a postpartum contraceptive method. The results of a preliminary survey at *Puskesmas* in the working area of Malang Regency indicated that the majority of postpartum mothers did not take family planning until 42 days after delivery (Malang Regency Health Office, 2020).

Based on these problems, it is necessary to explore the husband's participation in post-placental IUD family planning to increase husband's understanding; therefore, husband can participate in deciding the choice of post-placental IUD family planning as an effective postpartum family planning method for his wife.

**Materials and Methods**

This study is considered as a qualitative research with a phenomenological approach that aims to explore husband's participation in the use of postpartum IUD family planning in Malang Regency in 2023. Informants in this study were pregnant women, husbands, family planning workers, midwives coordinating health centers, family planning program holders at the Health Office of Malang Regency. This research was conducted on March 2023, located in the Malang District Health Office. Data collection was performed by using interview techniques.

This study uses a qualitative descriptive method which produces descriptive data from people and observed behavior and in the form of written and oral" (Moleong, 2014: 4). The use of this method aims to describe the phenomenon regarding the determination related to husband's support, husband's involvement in contraception use, the extent to which the husband's role is involved, and the husband's desire to participate in family planning programs, especially the post-placental IUD use. Informants were selected purposively, consisting of 4 husbands, 2 pregnant women, 1 health center family planning program holder, Malang District Health Office family planning program midwife and independent practicing midwife. Research was conducted on March 2023. Data was collected through a series of interviews regarding the use of post-placental IUD contraception. In-depth interviews were conducted in person (face-to-face) with a duration of between 45–60 minutes. Determination of informants was based
on the ability of informants to answer openly every question that will be submitted based on the inclusive
criteria. Observations were made of the completeness of work tools in carrying out the duties and
functions of the institution. The implemented analysis of this study refers to the interactive model (Miles
and Huberman, cited by Herdiansyah, 2011: 164–180). The four stages of analysis included: (1) data
collection from pre-field, during field research, and post-research; (2) data reduction, consisting of data
processing into creating a script for further interpretation; (3) data displays, such as the presentation of
data in the form of a short narrative for interpretation in accordance with the setting of the problem; (4)
conclusion, in the form of confirmation or withdrawal of the 'thread' of analysis to provide accurate
answers to research questions.

Results and Analysis

Description of the Condition of the Research Object

The area of Malang Regency comprises 3,238.27 km$^2$, located at 112 17' 10.90" – 122 57'00" E, 7
44'55.11" – 8 26' 35.45" South Latitude and nested at an altitude of 250-500m above sea level
(valley/lowland area) and highland areas at an altitude of between 500–3600 meters. The western part
of Malang Regency is bordered by Blitar Regency and Kediri Regency, the northern borders are Jombang,
Mojokerto and Pasuruan Regencies, the eastern borders are Probolinggo and Lumajang Regencies, the
south is the Indonesian ocean, and the middle part is Malang City and Batu City (Profile of Malang

Administratively, the number of sub-districts consists of 33 sub-districts which are divided into 378
villages, 3125 Rukun Warga (RW), and 14,352 Rukun Tetangga (RT). The number of Puskesmas in
Malang Regency is 39 Puskesmas, 390 Ponkesdes/ Poskesdes, 2,838 Posyandu, 227 Poskestren (Pos
Kes. Pesantren), and 330 UKK (Occupational Health Efforts). In Malang Regency there are two local
public hospitals owned by the Malang Regency Government.

Post-placental IUD

Intrauterine Contraception Device is defined as a contraceptive device made of smooth and flexible
plastic consisting of polyethylene plastic material, some are wrapped in copper and some are not in the
form of a spiral or other shape that is inserted in the uterus by clamping the two canals that produce the
ovaries to prevent fertilization. The IUD works by preventing sperm from entering the fallopian tube, which
affects fertility before the ovum reaches the uterus and enables it to prevent egg implantation in the
uterus. Although the IUD's method is still unknown, it's possible that this contraceptive induces alterations
such as the appearance of inflammatory cells that kill spermatozoa, which raises the creation of
prostaglandins that prevent implantation.

Family planning constitutes an endeavor to avoid getting pregnant through the administration of
contraceptives and medications immediately following delivery for up to 42 days or six weeks (Hasto,
In order to continue using contraception throughout the second and following years after giving birth, a woman must decide whether she wants to defer or restrict future pregnancies (Hasto, 2021).

Globally, family planning is recognised as a major life-saving intervention for mothers and their children. Within 24 months following delivery, the intervention group utilised contraceptive methods at a rate that was roughly 2.5 times greater than the control group’s rate. In the course of the intervention, there were considerably fewer future pregnancies for a period of up to 24 months following the delivery of a live baby, and there were more infants exclusively breastfed for the first six months of life. The provision of family planning services is made more equitable and is not negatively impacted by integration. The method of lowering unmet need includes post-placental family planning as a key component (Khurshid Nadia, et al., 2020).

Consideration of a patient’s requirement for contraception throughout the postpartum period is crucial. More than 21 nations, or 2/3 of them, reported unmet family planning needs within two years of delivery. The average first day of ovulation occurs 45 days following delivery, and pregnancy can still happen in mothers who don’t breastfeed. Prior to postpartum visits, family planning counseling must be conducted; this is crucial because the majority of postpartum women refuse to return for follow-up appointments when experiencing no complaints (Runiari, et al., 2016)

Post-placental IUD refers to a contraceptive, inserted immediately after delivery, administered within 10 minutes after the placental is delivered until 48 hours after delivery, relatively painless. The blood that comes out as a result of IUD insertion is disguised as postpartum blood with the post-placental IUD method. The informed consent process for post-placental IUD must be explained until the patient understands the procedure, alternatives, benefits and risks. Ideally, this explanation should be conducted during prenatal visits.

**Husband participation**

The word participation comes from the English word which means taking part (John M. Echols and Hasan Shadily, 2000: 419). Furthermore, participation refers to the involvement of a person or group of people in the development process either in the form of statements or in the form of activities by providing input of thoughts, energy, time, expertise, capital and/or materials, and taking part in utilizing and enjoying the results of development. The notion of participation was put forward by Fasli Djalal and Dedi Supriadi, postulating that participation required the involvement of groups or communities in conveying suggestions and opinions, goods, skills, materials and services (Sumaryadi, 2010).

The necessity for planning from the bottom up (bottom-up) by involving the community in the process of planning and fostering community growth represents an instance of how participation can also mean that the group is aware of its own problems, weighs its options, makes decisions, and resolves the problem (HAR Tilaar, 2009). Participation additionally represents an indication of an intention to develop democracy through a decentralised process.
Under the context of this present study, husband acts as an agent or party involving in a marriage who pledges to marry his wife. The rights and obligations of a husband and wife are established in Article 30 of the Marriage Law Number 1 of 1974, which reads as follows: "A man typically marries a woman in a wedding ceremony before his position as a husband and his partner as a wife is formalised. The household, serving as the fundamental tenet of the family system, contains a duty that husband and wife have to uphold. In accordance with Indonesian positive law, a husband and wife have the following rights and obligations in a marriage: Husband and wife have mutually agreed-upon rights and duties as a result of their marriage.

In accordance with Rogers' decision theory, a person's effort to change or adopt a new behavior occurs at various stages in their life; thus, a pregnant woman is at her best in the second trimester when determining the post-placental IUD for family planning (Rogers, 2003). For the purpose of preventing unintended births and enhancing family planning policies and provision of programs, it is critical to comprehend the role performed by the male partner in the adoption and implementation of family planning. Appropriate methods could be applied for determining the challenges male partners encounter. Identification of the male partner's facilitation and promotion of adherence and use is additionally crucial.

**Interview Results of Husband's Participation in Post Placental IUD Family Planning**

The administration of post-placental IUD contraception is inextricably linked to the activity of medical professionals and other pillars of the community, particularly husbands. Even if family planning is a necessary for partners, counseling should not only target women. Health professionals must comprehend how family support, particularly from husbands, influences women's decision to use long-term contraception. The husband's engagement is crucial for improving the success of post-placental IUD family planning methods and decreasing postpartum mother's unmet needs (Machiyama, et al., 2017). According to the following informant, the husband apparently lacks understanding and there is not much information concerning post-placental IUD Family Planning:

**Husband 1:** "For birth control, it's only the IUD and implant birth control and pills, and I don't understand the other ones" Family planning information that husband gets is "from parents, internet"

**Husband 2:** "I only understand a few birth control pills, yes, that was because of my parents; parents used it and the explanation maybe only a little, so I compared only what I knew from the past, didn't I? KB injections and KB pills, that's all I heard yesterday for KB IUD Post-Placental, yes, I know I just heard this because yes, my wife was diagnosed with a pregnancy disorder, so for that it is recommended that those who take it after this don't take it, take KB in the long term." KB information “from parents, friends and environment as the answer above"

**Husband 3:** "I don't understand that yet, Doc, I just don't know what's wrong with delaying getting pregnant, I don't know at all". I just obtain information of Family Planning from "word of mouth, Doc, and stories as such"
Husband 4: "What I understand is that birth control is to reduce the risk of pregnancy, I think it's a lack of understanding about family planning." I got family planning information "starting from the from social media, from advertisements on TV, also counseling from interaction with the midwife, also from friends, and when we visit the midwife, Doc"

The husband's role in family planning is associated with older age and higher socioeconomic class, affecting the majority of husbands that need to be encouraged in playing a more active role in discussions regarding family planning (Ling and Tong, 2017). In making the decision to choose a post-placental IUD, there are factors that influence both internally and externally. According to the following informants:

Husband 1: "So we don't know what to do with family planning, but if we think sometimes having three children is enough, two is enough, if you have, I'm afraid if we concede again, we automatically have to have family planning. What family planning is needed, we don't know. But sometimes if you don't know KB, automatically they sometimes concede too.

Husband 2: "Regarding family planning, yes, that's all. I had family planning for the first one to plan a pregnancy, the second one is also for health. Economic factors are economic factors. If we don't have family planning, our children have a lot of needs. My personal factor is also a regulator of needs.

Husband 3: “from economy factor, then the factor of family planning”

Husband 4: “Not enough understand sir, Knowledge, questions to friends like that, encouragement from family number one in-laws, ladies and gentlemen, then family, so maybe that's the factor of health workers, right?”

According to the family, what kind of role does the husband play in motivating him to choose IUD after childbirth?

"The husband must be involved if the husband is not involved then the husband does not know anything about this Post Placental IUD KB, if after giving birth [the midwife] immediately installs the Post Placental IUD KB, [the midwife] is afraid that it will cause miscommunication between husband and wife."

Support for the use of Post Placental IUD can come from several parties, according to the family:

"I'm the husband, and mostly my family, or my in-laws, who understand about IUD; and the midwife, my wife's friends, or mothers who are in Polindes who also utilise IUD"

Meanwhile, according to the wife, is it necessary to involve the husband in post-placental IUD family planning:

Pregnant woman 1: "I need [my husband] doc, there should be two people for family planning, right? My doctor and my husband should have explained that too. If I don't have enough knowledge, my husband won't agree to me for family planning."
Pregnant woman 2: “Yes, I have to invite my husband to discuss family planning that will be used after giving birth to the doctor. All this time, my husband was told to wait outside when I was making a visit. So my husband didn’t know when the midwife explained anything about family planning.

Promoting postpartum contraceptive counseling at ANC visits is essential since post-placental IUD is a strategic effort to reduce MMR. The following sources provided the data that followed about when to provide women with contraception.

Husband 1: “after knowing that I was pregnant”, then I was informed about what should be given, what are the preparations for family planning”, “yes, it is very important as long as we control it, we are reminded if we can, because if there were many children, it would not be a lot of fortune, but a lot of problems instead”

Husband 2: “should have been married from the start so you wouldn't be confused. So, for example, from the beginning we got married, so when we want to have children, then after we have children, we used the contraception according to its function, so that later if we plan for a second or third child or our next, we can just continue [this contraception] later, or if we want to detach it, that's it, Doc”

Husband 3: “While pregnant. It was negotiated like that, after giving birth, you were told this, like this, right, so it seemed confused, and how come you weren't told before?”

Husband 4: “Start getting married sir starting after marriage. Because you have to understand for programs about having a family”

Information regarding contraceptive is typically provided by midwives during prenatal checks for pregnant women and husbands, as conveyed by the following midwife in independent practice:

Midwife of PMB: “IEC and husband already have KIE a Doc, so we will have KIE with husband and wife coming in together, so we will prepare a leaflet to explain the family planning that will be used for the patient, the various doctors, yes the side effects of using it”

Meanwhile, according to midwives who hold family planning programs at the Puskesmas, related to special programs related to family planning promotion for husbands regarding IUD Post placental during ANC are:

“There isn't any. There is no specific program mentioned for promotion to husbands, because counseling is attached to the service but for example if we involve the husband it actually seems to depend on the patient whether he comes with his family or companion.

The delivery of KIE to the patient's husband experienced obstacles as stated:

“I think the obstacle for husbands is usually the obstacle of the husband, how come we have explained it but we don't understand it, we don't understand it, even though we have used assistive devices like that,
maybe they are too focused on the environment, doctor, according to my neighbor's experience. so yeah, we're the ones who tell them and we've tried, but how come we'll be back with the patient later?"

How to overcome these obstacles (midwives make efforts):

"Every ANC is once a month, so in the second trimester, once every two weeks, so we always remind the patient. If you are reminded that if it's just once, it's possible for the patient to be mental, that's a doctor."

Constraints from the husband lead to information that cannot be conveyed properly to the husband, causing problems. The experienced problems (by informants) include:

Husband 1: “If you tell me about family planning, I don't think so…”, “You should give it, what are you going to do for family planning?” “In my experience, the focus is on pregnancy and children.

Husband 2: “They don't provide more information because they are more focused on their pregnancy. So and the health of the baby, mother and baby, I don't think I've ever had family planning, so it's almost never, so afterwards, if after that, yes, I'm sorry to be honest, yes, I am a midwife who handles it"

Husband 3: "Still not doing family planning counseling", but, we checked it and consulted to the midwife, most of it definitely gave an understanding of family planning, it's not explained right away"

Husband 4: "Queues because of the large number of patients, when they are rushed, maybe they will be examined there.

Husband's expectations about the Post-placental IUD family planning program:

Husband 1: "The first one is for the wife's health. It also returns to the previous planning for the three family plans, there is no one abortion, I think it's enough for this."

Husband 2: "Join safe family planning, yes, one is to reduce the risk of pregnancy"

Thus, the results of the interview noted that the husband's knowledge and understanding was still lacking regarding Post Placental IUD due to various factors that affect both internally and externally. Supports for the use of Post Placental KB are from various parties, from husbands, family (parents and in-laws), friends and also health workers.

Discussion

According to responses from respondents (husband), it is crucial to provide counselling on Post Placental IUD family planning, with the goal of limiting the number of children and controlling pregnancies. It is essential to know the administration mechanism of Post Placental IUD such as if surgery is required or not, type of contraception, and any potential adverse effects. The proper timelines to offer post-placental IUD counselling are promptly following pregnancy, right after marriage, and right before marriage. The husband's sound judgment, the state of the economy, the parents' involvement, the presence of
commercials on television, recommendations from friends, and reading literature are among the variables that promote the decision of applying a post-placental IUD for family planning.

Factors that support the decision to administer Post Placental IUD family planning include husband's adequate knowledge, economic conditions, role of parents, and existence of advertisements on TV, experience from friends, reading books and asking the opinion of 2–3 friends. Currently, midwives have not provided counselling on family planning during ANC based on 3 respondents, but 1 respondent stated that midwives provide counselling at every ANC examination but not focused on husbands, in which the counselling only focuses on wives. Midwives feel the need to provide Post Placental IUD family planning counselling during pregnancy, to allow the patients to know how to reduce the number of births, to find out the appropriate family planning so that they can space the ages of the children.

The failure of the family planning program itself is due to the lack of knowledge, and ultimately the patient does not take part in the family planning program because the husband does not approve it. Obstacles for midwives in conducting post-placental IUD family planning counselling are because: midwives focus more on MCH, examination time is too fast, there are too many patients, and condition of community is still influenced by customs and culture. Currently, active role of the midwife is still lacking, if the patient does not ask then the midwife will not provide counselling, but the 4th respondent stated that the midwife had changed and the midwife was quite active in providing education regarding Post Placental IUD. Until recently, the respondents' knowledge is inadequate regarding family planning, especially Post Placental IUD, that most of the respondents did not understand it. Information concerning family planning has been currently obtained from parents, the internet, friends, and the environment, from conversations, from counselling and from the midwives themselves. The expected response from the wife's participation in family planning is intended to regulate the number of children, wife's health, planning for the next pregnancy, economic factors, and safe family planning. The media that can be used in promoting family planning is through brochures, even better through YouTube which can be viewed at any time, WhatsApp Groups, social media, in the form of attractive videos and advertisements on TV.

During pregnancy, the midwife never provided family planning counselling, the midwife only did ANC. Midwives also did not involve husbands in family planning counselling and only focused on counselling on wives, while another opinion stated that husbands could only wait outside the examination room. When performing ANC, the midwife only conveyed whether the condition of the pregnancy was normal or not. During ANC the patient always carried the MCH book, but the husband/family did not know the contents of the MCH book nor understood if the MCH book contained recommendations for midwives to carry out family planning counselling. According to respondents, family planning counselling during pregnancy was deemed important because by providing information, it is hoped that patients and their families will understand the types of family planning that can be used and to plan the next pregnancy. Furthermore, counselling is essential to be carried out by midwives because midwives are considered to have sufficient skills and knowledge regarding family planning. Meanwhile, factors that can support the preference of Post Placental IUD include spacing pregnancies and economic factors. Obstacles for midwives in promoting Post Placental IUD include the time limitation, from which with a large number of
patients to be examined, the condition of the large examination room is required to carry out services. Ideally, midwives should involve husbands in post-placental IUD family planning counselling, because after all, the decision rests with the husband and wife. The counselling program is aimed not only at the wife, and this counseling should be given long before the delivery or when the pregnancy of 7 months in order to allow both the husband and wife in determining the appropriate time of IUD administration. However, if the husband is not involved, the husband does not know anything about Post Placental IUD; if Post Placental IUD is administered immediately following the delivery, the midwife is afraid to cause miscommunication between husband and wife. The support that may be needed in this case includes verbal support from the husband and the midwife, so that the husband can be involved in making decisions. As well as other supports, such as from parents, parents-in-law, friends, other mothers in Polindes and even friends who have previously utilised Post Placental IUD, are important.

Pregnant women are given family planning information by midwives only in the third trimester only once. Usually, family planning information will be delivered by the midwife on the 40th day following delivery. During the ANC examination, the midwife did not provide much information regarding family planning, as the information that was more dominantly provided by the midwife was regarding vitamin intake and habit patterns during pregnancy. Furthermore, the midwife stated that injectable birth control and IUD were the most widely used types of family planning. At the time of providing this information, the midwife did not involve the husband much, in which the husband normally only accompanied the wife and was not allowed to enter the room due to the space limitation of the examining room. In the process of providing information, midwives did not use any media such as leaflets or counseling aids even though they were available in the examination room. Furthermore, when providing information, the midwife did not provide details regarding the type of family planning, the insertion and side effects of family planning to patients, only conveying family planning on the 40th day after delivery. Respondents also stated that they had never once checked their pregnancies at the Puskesmas and went to different midwives for 2 times, in which the two midwives did not properly and correctly conduct family planning counselling. The two respondents did not know the type of Post Placental IUD. Hence, the provision of family planning counseling is deemed necessary during pregnancy, with this the mother can discuss the type of contraception that is comfortable and suitable for the mother's condition; so that during the postpartum period, she does not experience confusion.

Some of the obstacles experienced by husbands in providing family planning information to midwives were limited knowledge from midwives, insufficient time for family planning counselling services, limited space for services/consultation rooms and inadequate patient privacy with many assistants of midwives accompanying them. Therefore, it is necessary to involve husbands in providing information regarding family planning because family planning programs do not only focus on wives in order to obtain mutual approval (from both wife and husband). Moreover, if the husband is not involved in family planning counselling, there is fear that the wife will not get the husband's approval so that the family planning program is not implemented, and there is fear of complaints by the husband because of incompatibility in the type of family planning due to lack of knowledge. Further, the success of the family planning program could be achieved by involving the husband in counselling and decision making, and providing
counselling could be initiated from the time of pregnancy, during pregnancy class, or during the second trimester or long before delivery and it is hoped that the midwife will always remind in each ANC. The expected counselling methods include inviting the husband, giving leaflets or the midwife explaining in detail by exhibiting an educational picture or video for mothers and husbands to better understand.

Recently, midwives who hold family planning programs at *Puskesmas* have limited understanding regarding the policy which mentions the promotion of Post-Placental IUD to husbands, under Permenkes Number 4/2021. Furthermore, there is no specific program for the promotion of Post Placental IUD for husbands, only in general about family planning promotion for husbands and wives. Thus far, all midwives, both in *Puskesmas* and BPM, are required to carry out family planning counselling appropriately. Post Placental IUD counselling program for husbands should be initially socialised by the government for optimal outcome. However, Post Placental IUD counselling has been less optimal, meanwhile, the implementation of IUD family planning in rural communities is more difficult because it is constrained by many factors such as culture and beliefs; such as if a pregnant woman has not finished her postpartum period, she is not allowed to use family planning. As such, this becomes obstacles and requires innovation. In addition, there has been no procedure regarding Post Placental IUD promotion from the government as it only refers to the MCH handbook, explaining that it is the midwife's authority to provide family planning counselling during ANC. Therefore, midwife's authority in this case lies on how to explain family planning procedures, types of family planning and its side effects, validity period of family planning and what midwives cannot do in choosing family planning. Based on the interviewed respondents, the impact that occurs if the promotion of Post Placental IUD is ignored by most midwives, is the declining number of family planning coverage, leading to Indonesia's high population growth due to ignorance of the public regarding family planning information. If midwives do not promote family planning during ANC, there are several underlying factors including the large number of patients who visit but the number of midwives is limited, so that midwives prioritize ANC examinations, condition of the mother and the health of pregnancy, without involving husbands in counselling due to limited space for examination. Some basic knowledge that midwives must have in providing family planning services and counselling for Post Placental IUD shall comprise family planning method, its indications and contraindications, as well as how to apply family planning and the proper timeframe for family planning. These basic skills are obtained by midwives through participating in training such as CTU, APBK and KAP. However, not all midwives have participated in KAP because it is a new program in 2022.

**Conclusion**

In conclusion, Post Placental IUD Family Planning program, which is a flagship program from the government as an effective long-term contraceptive method, must be supported by various related parties, especially the husband, because the husband is the decision maker in the family planning preference. Thus, it is deemed necessary to increase the knowledge and understanding of the husband regarding Post Placental IUD. Health education, particularly family planning, is provided during pregnancy by the midwife during pregnancy checks through various media. Additionally, further supports are
required from other parties, such as family (parents, in-laws) and friends through social media (internet), all providing information that can be learned independently.

**Declarations**

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**Author's contributions**

HS, S, AAS and RS designed the study. HS served as principal investigator of the study in Malang Regency. HS analysed and wrote the first draft of the manuscript. S, AAS and RS contributed to the development or revision of study instrument, and reviewed the manuscript by providing the scientific oversight. All authors read, edited and approved the final manuscript.

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**Availability of data and materials**

Once de-identified, the dataset used and/or analysed during the current study will be available from the corresponding author on reasonable request.

**References**


