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## Factor of Husband Support to Wife Follow Family Planning At Health Primary Wagete Deiyai Regency Papuan Province

Yosina J. R. Romulus Takimay<sup>a\*</sup>, A.L. Rantetampang<sup>b</sup>, B. Sandjaja<sup>c</sup>

<sup>a</sup>Postgraduate Master Study Program, Faculty of Public Health, Cenderawasih University, Papua

<sup>b</sup>Chief Postgraduate Study Program, Faculty of Public Health, Cenderawasih University, Papua

<sup>c</sup>Faculty of Public Health, Cenderawasih University, Papua

### Abstract

Family planning is action to help family to planning pregnancy, so family support in increase health and family welfare. But of acquired data at health primary Wagete job region, total family planning range stills to contemn, it relates with husband participation. This research aimed to know the regard factor husband support to wife follow family planning at health primary Wagete Deiyai Regency. Type is correlation with design *cross sectional study*. Research is done on month of September until with October 2016 at health primary Wagete. Population is overall husband by total sample as much 85 husbands. Data approach used questioner and analyzed by chi square. Results revealed that There is correlation gotten three variables that effect to participation man in wife participation follows to program family planning, education to (*p value* 0,000; RP = 33,786; CI95%= 1,364 – 10,507), science (*p value* 0,001; RP = 1,899; CI95% = 1,228 – 2,936) and attitude (*p value* 0,000; RP = 1,823; CI95%= 1,317 – 2,523). There is no correlation age (*p value* 1,000; RP = 1,061; CI95%= 0,711 – 1,582), work (*p value* 0,720; RP = 1,125; CI95%= 0,803 – 1,577), income (*p value* 0,400; RP = 0,838; CI95%= 0,620 – 1,132), religion (*p value* 1,000; RP= 1,146; CI95%= 0,637 – 2,053), total child (*p value* 0,475; RP= 0,882; CI95%= 0,647 1,201), health care (*p value* 0,144; RP = 1,306; CI95%= 0,976 – 1,749) and access health care (*p value* 0,023; RP = 1,413; CI95%= 1,013 – 1,971).

**Keywords:** Husband Support; Planning Family; Wife.

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\* Corresponding author.

## **1. Introduction**

Hormonal contraception is in third position worldwide. Indonesia Health Profile 2013 reported the number of couples of reproductive age as much as 45,972,185 pairs, the new family planning participants as much as 8,500,247 (18.49%) and FP is active as much as 35,276,105 (76.73%). mostly woman of fertile age (WUS) today use contraceptive method as much as 59.7%, which broke WUS contraception as much as 24.8% and 15.5% never use contraception. From these data as much as 59.3% of women of child bearing age use modern contraceptive method and only 0.4% of them use traditional means of contraception [1]. Number of spouses of fertile age (EFA) in the province of Papua in 2015 as many as 476 705 people with the number of new family planning participants 42 200 (8.8%), KB is active as much as 76 683 (16.08%), dropping as much as 53 867 KB (11.3%) and never KB much as 327 973 (68.8%) (Papua Provincial Health Office, 2015). Data Deiyai District 2015 of 2473 Eligible Couples (PUS) KB On many as 267 (10.76%) and never KB total (89.23%). This indicates that the participation of family planning [2,3,4,5]. The success of family planning programs not only entirely the responsibility of women, but men also have a big contribution to this program, so should men also active as acceptors itself. Low participation of husband / wife in family planning and reproductive health are caused by many factors that are seen from various aspects, namely from the client side the man himself (knowledge, attitudes and practices as well as the requirement that he wanted), environmental factors, namely social, cultural, community and family / wife, limited availability of information and accessibility to family planning services men, limitations male contraceptive. While the perception in the community is still unfavorable [6]. Reference [7] analyzes factors that affect the husband's participation in the use of contraceptives in Bantul Yogyakarta, says that the factors of age, education factor, income factor and knowledge factor of the husband's participation in the use of contraceptives. Meanwhile, the parity factor or the number of children do not affect the husband's participation in the use of contraceptives. The variable most dominant influence on her husband's participation in the use of contraception is the age factor. Availability of infrastructure or health facilities greatly affect participation in family planning [4]. According to Suherni research results [8] states that the ease and availability of service facilities turned out to have positive impact on the use of contraceptives something. Men access to information about family planning is low because of the limited information about the role of men in family planning and access to means of contraception service men. Low Limitations also in terms of the services which the facility / service centers, which can accommodate the needs of family planning and reproductive health of men / husbands is still limited, while the kind of reproductive health services for men / husbands are not yet available on all of the services and contraceptives for husband just limited to condoms and vasectomy [9,10] . Factors amplifier to use their support from religious leaders, community leaders and health workers. In terms of social and cultural situation of male contraception, many societies are not interested and less community leaders advocated for a situation that does not yet support. Not easy society accepts that men actively participate in the program for various reasons. Cultural barriers are still dominant against male contraceptives, particularly safe contraception [11,12]. Based on the description of the problem in the background, the authors are interested in doing research with the heading "Factors Affecting husband Participation in Family Planning Program Participation in PHC Wagate Deiyai District".

## 2. Materials and Methods

### 3. Results

1. Knowledge, Attitude, Health Care Facilities, Health Care Affordability, Religious Leaders Support and Indigenous Participation Husband.

Table 2 shows that most respondents have less knowledge as many as 54 people (63.5%), a positive attitude as many as 46 people (54.1%), inadequate health care facilities as many as 54 people (63.5%) and affordability of health services as much as 46 people (54.1%) answered difficult. Respondents' statements about the support of religious and traditional leaders largely support as many as 60 people (70.6%). Participation in the participation husband and wife following the family planning programs largely do not support as many as 56 people (65.9%).

#### Bavarian Analysis

- a. The influence of age on the participation husband and wife following the family planning program.

Table 3 shows that of the 13 respondents were aged <20 years and> 35 years, there are 9 people (69.2%) who did not support the participation of the wife to follow the family planning program and 4 (30.8%) were supportive. While 72 respondents aged 20-35 years, there were 47 (65.3%) who did not support the participation of the wife to follow the family planning program and 25 people (34.7%) that support. The result of statistic test chi square test at a significance value of 95 % = 0.05) was obtained p-value 1,000 or  $p > \alpha$  (0.05), with no effect of age of husband's participation in wife participation following the family planning program in Puskesmas Wagete Deiyai district. When viewed from the RP = 1.061; CI95% (0.711 to 1.582) which interpreted that age <20 years and> 35 years the chance of participation husband does not support his wife follow the family planning program 1.061 times greater than the age of 20-35 years.

- b. The influence of education on the husband's participation in wife following the family planning program.

Table 4 shows that of the 70 respondent with their education level is low, there are 53 people (75.7%) do not support the participation of the wife to follow the family planning program and 17 people (24.3%) were supportive. While 80 respondents higher education, there are three people (20%) who do not support the participation of the wife to follow the family planning program and 12 people (80%) who support.

The of result chi square statistical = 0.05)  $\alpha$  test on the value of the significance of 95% ( obtained p-value 0,000 or  $p < \alpha$  (0.05), thus there is the effect of education on the participation of the husband in his wife Participation in following the family planning program in Puskesmas Wagete Deiyai district.

When viewed from the RP = 33.786; CI95% (1.364 to 10.507) interpreted that low educational opportunity husband's participation does not support the wife to follow the family planning program 33.786 times greater than higher education.

- c. The influence of work on participation husband in wife's participation following the family planning program

**Table 2:** Distribution of knowledge, Attitude, Health Care Facilities, Health Care Affordability, Religious Leaders Support and Indigenous Participation in PHC Wagete husband Deiyai District 2016

No	Variable	n	%
<b>1</b>	<b>Knowledge</b>		
	Less	54	63,5
	Good	31	36,5
<b>2</b>	<b>Attitude</b>		
	Negative	39	45,9
	Positive	46	54,1
<b>3</b>	<b>Health Care Facilities</b>		
	Enough	31	36,5
	not	54	63,5
<b>4</b>	<b>Health Care Affordability</b>		
	Difficult	46	54,1
	Easy	39	45,9
<b>5</b>	<b>Religious Leaders Support</b>		
	Not support	25	29,4
	Support	60	70,6
<b>6</b>	<b>Husband Support</b>		
	Not Support	56	65,9
	Support	29	34,1
<b>Total</b>		<b>82</b>	<b>100</b>

**Table 3:** Effect of Age to the husband participation In Wife's participation in Family Planning Program Following Wagete district Puskesmas Deiyai

No	Age	Husband Participation				n	%
		No		Support			
		n	%	n	%		
1	< 20Yearsold and > 35	9	69,2	4	30,8	13	100
2	Years old	47	65,3	25	34,7	72	100
20 – 35 years old							
Total		56	65,9	29	34,1	85	100
<i>p-value</i> = 1, 000;RP = 1,061; CI95% (0,711 – 1,582)							

**Table 4**

No	education	Husband Participation				n	%
		NO Support		Support			
		n	%	n	%		
1	Low	53	75,7	17	24,3	70	100
2	High	3	20	12	80	15	100
Total		56	65,9	29	34,1	85	100
<i>p-value</i> = 0,000; RP = 3,786; CI95% (1,364 – 10,507)							

**Table 5:** Effect Against Public Participation In Wife husband participation Following Family Planning Program in Health Center District Wagete Deiyai

No	Occupation	Husband participation				n	%
		Not Support		Support			
		n	%	n	%		
1	Not Working	13	72,2	5	27,8	18	100
2	Working	43	64,2	24	35,8	67	100
Total		56	65,9	29	34,1	85	100
<i>p-value</i> = 0,720; RP = 1,125; CI95% (0,803 – 1,577)							

Table 5 shows that of the 18 respondent that does not work, there were 53 people (75.7%) do not support the participation of the wife to follow the family planning program and 5 (27.8%) were supportive. Meanwhile, from 67 respondents who are working, there are 43 people (54.2%) who did not support the participation of the wife to follow the family planning program and 24 people (35.8%) that support. The result of chi square =  $\alpha$  statistical test on the value of the significance of 95% ( 0.05) was obtained p-value 0,720 or  $p > \alpha$  (0.05), with no effect of husband's participation in the work of the wife participation following the family planning program in Puskesmas Wagete Deiyai district. When viewed from the RP = 1.125; CI95% (0.803 to 1.577) which is interpreted that a husband who does not work do not support participation in the program Family Planning 1,125 times greater than working husbands.

- d. Effect of income against participation husband in wife's participation following the family planning program.

**Table 6:** The effect of income to husband's participation In Wife following Family Planning Program in Wagete district Puskesmas Deiyai

N	Income	Husband Participation				n	%
		Not Support		Support			
		n	%	n	%		
1	Less	36	62,1	22	37,9	58	100
2	Enough	20	74,1	7	25,9	27	100
Total		56	65,9	29	34,1	85	100
<i>p-value</i> = 0,400; RP = 0,838; CI95% (0,620 – 1,132)							

Table 6 shows that of the 58 people with less income, there are 36 people (62.1%) do not support the participation of the wife to follow the family planning program and 22 people (37.9%) were supportive.

While 27 respondents with sufficient income, there are 20 people (74.1%) who did not support the participation of the wife to follow the family planning program and 7 people (25.9%) support.

The result of chi square test statistical test on the value of the significance of 95% ( = 0.05) was obtained p-value 0,400 or  $p > \alpha$  (0.05), therefore there is no effect over husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district. When viewed from the RP = 0.838; CI95% (0.620 to 1.132) which is interpreted that the income is not significant.

- e. The influence of religion on the husband participation in his wife's participation following the family planning program

**Table 7:** Influence of Religion In The husband’s participation Following Family Planning Program in Health Center District Wagete Deiyai.

No	Religion	Husband Participation				n	%
		Not Support		Support			
		n	%	n	%		
1	Forbit	3	75	1	25	4	100
2	Not Fobit	53	65,4	28	34,6	81	100
Total		56	65,9	29	34,1	85	100
<i>p-value</i> = 1,000;RP = 1,146; CI95% (0,637 – 2,053)							

Table 7 shows that 4 respondents to the perception of religion does not forbid, there are 3 people (75%) do not support the participation of the wife to follow the family planning program and 1 (25%) support. While the 81 respondents to the perception of religion forbids, there are 53 people (65.4%) who did not support the participation of the wife to follow the family planning program and 28 people (34.6%) support. .The result of chi square statistical test on the value of the significance of 95% ( $\alpha = 0.05$ ) was obtained *p-value* 1,000 or  $p > \alpha$  (0.05), with no influence of religion on husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district. When viewed from the  $RP = 1,146$ ; CI95% (0.637 to 2.053) which interpreted that respondents who have an understanding of religion forbids his wife follow the family planning program 1,146 times higher than the understanding of religion does not forbid.

- f. The influence of the number of children to partisipasi husband in wife's participation following the family planning program

**Table 8:** Effect of child Number to the Participation husband In Wife's participation in Family Planning Program Following Wagete district Puskesmas Deiyai

No	Number Of Child	Husband Participation				n	%
		Not Support		Support			
		n	%	n	%		
1	≥ 2 Child	41	63,1	24	36,9	65	100
2	< 2 Child	15	75	5	25	20	100
Total		56	65,9	29	34,1	85	100
<i>p-value</i> = 0,475;RP = 0,841; CI95% (0,614 – 1,151)							

Table 8 shows that of the 65 people at > 2 children, there were 41 (63.1%) do not support the participation of the wife to follow the family planning program and 24 people (36.9%) were supportive. Meanwhile, of the 20 respondents to the number of <2 children, there are 15 people (75%) who do not support the participation of the wife to follow the family planning program and 5 (25%) who support. The result of chi square statistical test on the value of the significance of 95% ( $\alpha = 0.05$ ) was obtained  $p$ -value 0.475 or  $p > \alpha$  (0.05), with no effect of number of children on the husband's participation in his wife follow the family planning program in Puskesmas Wagete Deiyai district. When viewed from the  $RP = 0.882$ ;  $CI_{95\%}$  (0.647 to 1.201) does not include the value of 1 is interpreted that the number of children is not meaningful.

- g. Influence of knowledge of the husband in his wife's participation following the family planning program

**Table 9:** The influence of Knowledge in husband's participation in Family Planning Program Following Wagete district Puskesmas Deiyai

No	Knowledge	Husband Participation				n	%
		Not Support		Support			
		n	%	n	%		
1	Less	43	79,6	11	20,4	54	100
2	Good	13	41,9	18	58,1	31	100
Total		56	65,9	29	34,1	85	100

$p$ -value = 0,001;  $RP = 1,899$ ;  $CI_{95\%}$  (1,228 – 2,936)

Table 9 shows that of the 54 people with less knowledge, there are 43 people (79.6%) do not support the participation of the wife to follow the family planning program and 11 people (20.4%) were supportive. While 31 respondents with good knowledge, there were 13 people (41.9%) who did not support the participation of the wife to follow the family planning program and 18 people (58.1%) support. The result of chi square statistical test on the value of the significance of 95% ( $\alpha = 0.05$ ) was obtained  $p$ -value 0.001 or  $p < \alpha$  (0.05), thus there is the influence of knowledge on participation in husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district. When viewed from the  $RP = 1,899$ ;  $CI_{95\%}$  (1.228 to 2.936) which is interpreted that the husband has that has lower knowledge does not support wife to follow the family planning program 1,899 times greater than a high knowledgeable husband.

#### 4. Discussion

##### 4.1 Effect of work on partisipasi husband in wife's participation following the family planning program



The results were obtained: There are no influence on the work of her husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district (p-value0,720). This is due to a husband who does not support their wives in family planning program is not working (72.2%) was higher than the work (67.2%).

The results of this study are consistent with Tourisia Research (2013) and Mercy (2015), that affect the work of husband support the family planning program wife participation follow. Respondents who have a steady job, a continuous and a lot of time, in the possible more will have the opportunity to gather information related to family planning.

Work in the area Puskesmas was husband Wagete who worked mostly in the informal sector such as farm and trade. The husband who works as a farmer also peddling wares on the market results, so often interact with people around him, including by health workers, so more information about KB than a husband who does not work. It is evident from the results showed that the prevalence ratio uji that a husband who does not work is not likely to participation husband supporting their wives in family planning program 1,125 times greater than working husbands.

This is consistent with the theory put forward by [12], that the work environment can make a person gain experience and knowledge, either directly or indirectly [12]. One's job will describe the activities and the level of economic well-being obtained. The husband who works has the level of knowledge is better than a husband who does not work, because the husbands are working will have more opportunities to interact with other people, so it has a lot of opportunities as well to get information about the situation [13].

#### ***4.2 Effect of income to husband's participation in wife's participation following the family planning program***

The result showed that there was no effect on the income of the husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district (p-value0,400), where respondents do not support on less as many as 36 people (62.1%) lower than with enough income as many as 20 people (74.1%). The results of this study are not consistent with research conducted by Maharyani (2010), reveals that revenues significantly between income related to the participation of the husband's family planning acceptors in the Regional District of the Village Karangduwur Petanahan Kebumen, Central Java. The results showed that out of 85 respondents sebanyak 58 people (68.2%) have low incomes. This is because most husbands worked non-formal sector and most are farmers with no fixed income.

Revenue is the economic balance predispose a person to make ends meet. In this case the respondents said that although low socioeconomic else but can still take advantage of the use of contraceptive use-by self and family health. This means that the socio-economic layers with varying degrees or domicile of any economic group [14].

The absence of a relationship of income to support their husbands in family planning program participation follow disebabkan, because family planning services in government health services are free. So there are other factors that affect them pengetahuan and affordability of health care. Considering the geographical conditions in Puskesmas Wagete and transport are expensive, so most respondents difficult to reach access to health services.

This is in accordance with the opinion of Zulkarnain [14], that affect the socioeconomic level of public health, especially in couples of childbearing age in the determination of appropriate contraceptive choice and safer laneways used. Social economy the better it will contribute to the maintenance of health in which respondents easily get information and family planning services that exist around them. The higher the family income, the more easily these families get the information they want so that the amount of information that can bring insight respondents.

#### ***4.3 Effect on the number of children in the husband participation in wife following the family planning program***

The results were obtained: There are no influence on the number of children in husband's participation in wife following the family planning program in Puskesmas Wagele Deiyai district (p-value 0,475), the respondents did not support the number of > 2 children as many as 41 people (63.1%) more higher than had <2 children of 15 people (75%). The results of this study are not consistent with [15,16], that there was an effect on the number of children to the husband's support wife in following KB.

Several regions in Indonesia such as Java, Sumatra, (which is certainly in rural areas) where people are still familiar with the culture of "many children a lot of luck" and "every child carrying a fortune each" or "child as a dependent parent" is still difficult to accept the concept Family Planning [15,16]. The results showed that out of 85 respondents as many as 65 people (76.5%) had children > 2 children, where respondents did not support more on husbands who have a number > 2 children. Based on observations of the number of children the average - average is 3-4 children, it is associated with respondents' understanding of the benefits of family planning programs to improve the welfare and health of the family with number 2 child.

#### ***4.4 Effect knowledge of the husband in his wife's participation following the family planning program***

The result showed that there was the influence of knowledge on husband's participation in wife following the family planning program in Puskesmas Wagele Deiyai district (p-value 0,001), where respondents did not support the lack of knowledge many as 43 people (79.6%) was higher than knowledge both were 13 (41.9%). The results of this study are consistent conducted by Listyani [17] in the village of Klaten Juwiring Mrisen revealed that knowledge against her husband's decision in favor of his wife following the birth. Most respondents already have a good knowledge about family planning [18].

Low knowledge by respondents with respect to respondents' education is low. Respondents who have less knowledge 71.4% of husbands with low education. In addition to the geographical conditions and advances in information technology that is not well developed in the district Deiyani, so that access to information about family planning are still lacking. Husband's lack of knowledge of the test results that the prevalence rate low knowledgeable husband who does not support the husband and wife to follow the family planning program 1,899 times greater than a high knowledgeable husband.

This is according to research Tourisia [19], that knowledge of contraceptive use is strongly influenced by the information. This causes that the low levels of education will have a good knowledge, if it had been getting

information about family planning. Information obtained not only from health workers, however, on receipt of information about family planning or storytelling obtained through discussions with friends, relatives or neighbors who also have to use contraception before. This enables the acceptor to absorb the information provided. Lack of knowledge by the husband of KB get noticed by the local Health Department, by providing information through health education through mobile clinics or facilities posyandu to involve the participation of the husband.

## **5. Conclusion**

Based on the results and the discussion can be summarized as follows:

1. No effect of age on the participation of the husband in his wife follow the family planning program in Puskesmas Wagete Deiyai district. (P-value 1.000; RP = 1.061; CI95% = 0.711 to 1.582)
2. There is the influence of education on the participation of the husband in his wife follow the family planning program in Puskesmas Wagete Deiya district (p-value 0.000; RP = 33.786; CI95%= 1.364 to 10.507).
3. There was no effect on the husband's participation in the work of the wife follow the family planning program in Puskesmas Wagete Deiyai district (p-value 0.720; RP = 1.125; CI95% = 0.803 to 1.577).
4. There was no effect on the income of the husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district (p-value 0.400; RP = 0.838; CI95% = 0.620 to 1.132).
5. No influence of religion on her husband's participation in wife following the family planning program in Puskesmas Wagete Deiyai district (p-value 1.000; RP = 1,146; CI95% = 0.637 2.053).
6. There is no effect of the number of children on the participation of the husband in his wife follow the family planning program in Puskesmas Wagete Deiyai district (p-value 0.475; RP = 0.882; CI95% = 0.647 to 1.201).
7. There is the influence of knowledge on the participation of the husband in his wife follow the family planning program in Puskesmas Wagete Deiyai district (p-value 0.001; RP = 1,899; CI95% = 1.228 to 2.936).
8. There is the influence attitudes towards participation of husband in wife following the family planning program in Puskesmas Wagete Deiyai p-value0,000 District; RP = 1,823; CI95% = 1.317 to 2.523)
9. There is no impact on the participation of health care facilities in husband and wife following the family planning program in Puskesmas Wagete Deiyai district (p-value 0.144; RP = 1.306; CI95% =

0.976 to 1.749).

10. There is no impact on the affordability of health care in husband's participation in program planning at the district health center Wagate Deiyai (p-value 0.023; RP = 1.413; CI95% = 1.013 to 1.971).

## References

- [1] Dinkes Provinsi Papua, 2015. Profil Kesehatan Papua. Dinas Kesehatan Provisni Papua
- [2] BKKBN. (2004) Gender dalam Program KB dan KR. <http://gemapria.bkkbn.go.id/artikel02-2I.html>. 2004. Diakses 2 September 2016
- [3] BKKBN, 2011. Buku Panduan Praktis Pelayanan Kontrasepsi. BKKBN, Jakarta.
- [4] BKKBN, 2011. Buku Panduan Praktis Pelayanan Kontrasepsi. BKKBN, Jakarta.
- [5] BKKBN, Deiyai, 2016. Laporan Cakupqan KB Kabupaten Deiyai
- [6] Azwar, Azrul. 2013. Pengantar Administrasi Kesehatan. Pustaka Sinar Harapan Jakarta.
- [7] Ramdani A. H (2014) Analisis Faktor- Faktor Yang Mempengaruhi Partisipasi Suami Dalam Penggunaan Alat Kontrasepsi Di Tegal Rejo, Taman Tirto, Kasihan, Bantul, Yogyakarta. <http://www.umudsurakarta.co.id>. diakses 2 September 2016.
- [8] Suherni, 2006, Studi Gender Peranan Pria dalam Penggunaan Kontrasepsi di propinsi DIY. Kanwil BKKBN DIY UMY. Yogyakarta. (online) available <http://library.usu.ac.id>
- [9] Jiatmiko, B. Prio, Pertumbuhan Penduduk Dunia Lampaui Prediksi, (online), available:[www.internasional.kompas.com](http://www.internasional.kompas.com), diakses 2 September 2016.
- [10] Mulyani, N. Siti & Mega R., 2013, Keluarga Berencana dan Alat Kontraseps, Yogyakarta: Nuha Medika
- [11] Kemenkes RI, 2014. Profil Kesehatan Indonesia. <http://www.kemeneksri.go.id>. Daikses 2 September 2016
- [12] Mubarak W. I, 2011. Promosi Kesehatan Untuk Kebidanan. Salemba Medika, Jakarta
- [13] Romauli, 2011. Buku Ajar Asuhan Kebidanan I. Konsep Dasar Asuhan Kehamilan. Nuha Medika, Yogyakarta.
- [14] Zulkarnain 2013. Karakteristik Ibu Pasangan Usia Subur dan Partisipasi Suami Tentang pemilihan Alat Kontrasepsi di Puskesmas Polonia Medan Tahun 2013. [www.usu.co.id](http://www.usu.co.id). diakses 20 September 2016

- [15] Manuaba I. B. G (2013). Ilmu Kebidanan, Penyakit Kandungan, & Keluarga Berencana untuk Pendidikan Bidan. Jakarta: EGC.
- [16] Ningsih M. P (2015) Faktor-Faktor Yang Mempengaruhi Kurang Partisipasi suami Pasangan Usia Subur (Pus) Dalam Memilih Metode Kontrasepsi Pria Di Desa Pauh Timur Wilayah Kerja Puskesmas Kota Pariaman. <http://www.poltekespadang.co.id>. Diakses 2 September 2016.
- [17] Listyani E (2012). Hubungan Pengetahuan Suami Tentang Keluarga Berencana Dengan Sikap Suami Dalam Ber-Kb Di Desa Mrisen Juwiring Klaten. <http://www.umudsurakarta.co.id>. Diakses 2 September 2016.
- [18] Notoatmodjo, 2011. Kesehatan Masyarakat, Ilmu dan Seni. Rineka Cipta, Jakarta.
- [19] Tourisia D (2013) . Hubungan Pengetahuan Dan Sikap Dengan Partisipasi Suami Dalam Ber Kb. <http://www.unrespati.co.id>. Diakses 2 September 2016