



Husband's Role In Contraception Selection: Scoping Review

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ABSTRACT

Contraceptives (KB) have various types of methods with advantages and disadvantages in their use. Husband's support is needed because it can provide motivation and comfort in choosing contraception. The results of the BKKBN mini survey show that men's participation in family planning has decreased, namely 11.1% in 2018, down to 8.9% in 2017 husband's participation in selecting and using contraceptives was still low at 1.3%. Purpose: to map available evidence related to the husband's role in choosing contraception. Scoping this review follows the framework of Arksey and O'Malley, which consists of identifying review questions; looking for relevant evidence; selecting relevant studies; map data; and discuss, conclude and report results. PRISMA flowchart is used to display evidence search flow. The results of the review show that there are 10 articles obtained from the search process. This review raises 4 themes, namely the role of the husband in choosing contraception; factors influencing husband's involvement in contraception selection; cause of the lack of participation of husbands and the health system. The husband's role in contraception selection is still not carried out optimally, as a result of the division of roles between husband and wife due to gender bias, therefore innovative efforts are needed to involve husbands in contraception selection.

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INTRODUCTION

According to WHO (World Health organization) Family Planning (KB) is the action of married couples to avoid unwanted pregnancies, get a very desirable birth, regulate the interval between pregnancies in relation to the age of the husband and wife and determine the number of children in the family (Sukmawati, et al. 2020). Family Planning as a conscious effort of couples and individuals to plan and achieve the desired number of children and to regulate the spacing and timing of their birth (Imtishal, 2019).

According to the World Health Organization (WHO, 2014) 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 such as birth control pills, birth control injections, implants/norplant/implants, IUDs/spirals, vasectomy and tubectomy have increased insignificantly from 54% to 57.4%. In Africa from 23.6% to 27.6%, in Asia it has increased from 60.9% to 61.6%, while the Americas and the Caribbean rose

slightly from 66.7% to 67.0%. Regionally, in sub-Saharan Africa, the proportion of women aged 15-49 reporting the use of modern contraceptive methods has increased slightly between 2008 and 2014 from 23.6% to 27.6%. According to worldwide estimates, 600,000 women die each year from pregnancy-related causes and 75,000 die from unsafe abortions, About 200,000 of these maternal deaths are due to failure or lack of contraceptive services (Wilson et al., 2017).

High quality birth control services if they meet several elements of service, such as the availability of contraceptive options, information provided to clients, the ability of birth control providers, support from husbands, etc. Considerations about the use of contraceptives are also based on the support of her husband. The continuous use of contraceptives for service quality makes service quality an important concern (Saputra et al., 2020).

Efforts to increase the husband's participation in birth control programs will increase the husband's support in choosing contraceptive methods, and the husband will go with his wife to a family planning service counselor or health

worker to choose the right contraceptive method. Husband support is often considerate and provides peace of mind and confidence in making decisions about contraceptive choices. Support from the husband can be in the form of practical or behavioral support provided through verbal and nonverbal information or advice, social closeness is obtained from the presence and role of the husband towards other contraceptive beneficiaries (wives) (Ardian et al., 2019).

METHODS

This review uses a scoping review approach to identify the steps of compiling a research project. The scoping review research design was chosen because the reference sources that researchers use vary from journal articles and official websites. Scoping review is a method used to identify in-depth and comprehensive literature obtained through various sources with various research methods and related to the research topic (Aisah et al., 2021). Stages in compiling a scoping review referring to Arksey & O'Malley (2005) that have been modified by Levac, Colquhoun and O'Brien include: identifying research questions clearly and objectively; identifying relevant articles; selection of related literature from articles and data extraction; organizing, summarizing, and analyzing; reporting data results, as follows:

1. Identify the review question or review focus

The author applies the PEOS framework in compiling review boxing questions. The use of PEOS will help in identifying key concepts in the focus of the review, developing appropriate search terms to describe the problem, determining inclusion and exclusion criteria. The focus of article search is qualitative research, so PEOS is considered appropriate to use.

Table. 1
Framework PEOS

Population design	Exposure	Outcome	Study
Husband	Contraceptive selection	Role	All studies on the role of partners in contraceptive selection

Based on the framework above, the Scoping review question asked is "what is the role of the husband in the choice of contraception?"

2. Identify relevant studies

In identifying relevant articles, authors determine inclusion and inclusion. The inclusion criteria and exclusion criteria are as follows:

-Table. 2
Scoping Review Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion criteria
a. Publication year (2018-2022)	a. Articles published not in scientific journals
b. International and national publications	b. Thesis book, paper, dissertation thesis
c. Qualitative, quantitative research articles	c. Opinion articles.
d. Published in English.	

To find articles the author uses relevant databases from PubMed, EBSCO, Science Direct, wiley and uses the gray literature used namely *Research Rabbit*. Article search keywords are written using Boolean, "OR" and "AND". The keywords used in article search are (Husband Role* OR Partner Role* OR Father Role*) AND (Contraception Decision Making* OR Contraception Choice* OR Contraception Selection*), the author added a filter for the last five years (2018-2022), articles that are *open access*, and the type of article research from the search results is downloaded and saved to references.

After obtaining evidence, critical appraisal is carried out using a form from the *Critical Appraisal Skills Program (CASP)* to assess the quality of evidence. The selected data is in accordance with the criteria determined by the researcher.

3. Selecting Study Results

a. Database

Using a database in *scoping review* in this study is to see better credibility, in addition to maintaining the quality of the *literature* to be taken. The databases used are Pubmed, EBSCO, *Science Direct* and *Wiley Online Library*. An article search through four databases found 2,127 articles (PubMed 135 articles, EBSCO 290 articles, *ScienceDirect* 1,657 articles, and Wiley Online Library 16 articles).

b. Grey literature

Gray literature website specifications are also used to index literature related to research, in addition to finding several sources so that there is no misinformation obtained. The *gray literature* used is *research rabbit*, and got 29 articles.

Initial screening was carried out using Zotero from a total of 2,127 articles obtained, filtering was carried out based on 2,002 titles, and 1,978 irrelevant articles and 125 duplications were found. Then as many as 24 articles were filtered according to inclusion criteria, and 10 relevant articles were obtained to be used for scoping review. Furthermore, the search results are documented in the *PRISMA Flowchart* as follows:

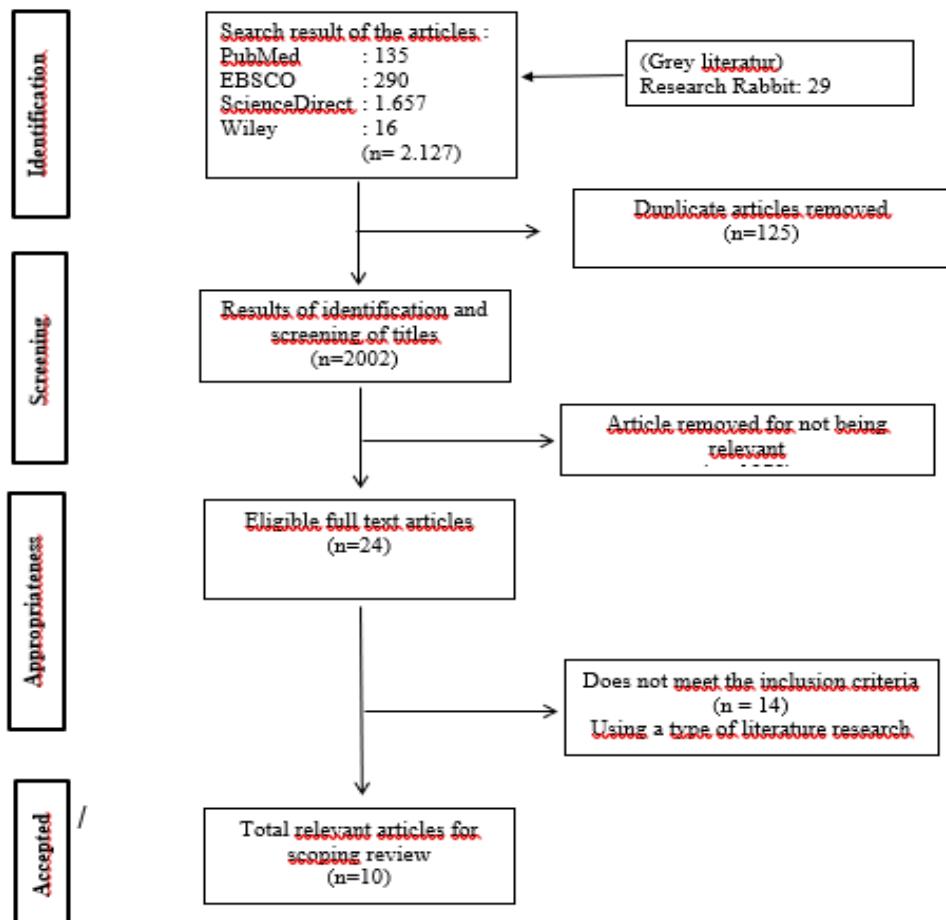


Chart 1 : PRISMA Flowchat

4. Charting data

Article data is combined by applying charting data adopted from the Joanna Briggs Institute in the form of

article author data, article title, year, country, data collection method, type of research, participants / samples, and research results. (Aromataris E, 2021)

No	Author, Year	Heading	Country	Purpose	Types of research	Method (population, sample, research instrument)	Result
1	Yolandie Kriel, et al., 2019	Male partner influence on family planning and contraceptive use: perspectives from community members and healthcare providers in KwaZulu-Natal, South Africa	South Africa	To explain the dual nature of male involvement in family use and contraception.	Qualitative	Population and sample: 103 from the male and female communities. Instrument: interview.	attitudes and perceptions of men about contraceptive use, both positively and negatively. men influence the use of family planning/contraception (FP/C) as a barrier or facilitator. These two opposing views provide insight into the complex role that male partners play in SRH in general in South African environments
2	Judith Msovela, et al., 2020	Male partner approval on the use of modern contraceptive methods: factors determining usage among couples in Kibaha district,	Tanzania	to establish the extent to which males in the Pwani region use the FP method with their partners and determinants.	Cross sectional	Population and sample: 365 married men aged 18 to 60. Instrument: structured interview. using Chi-square and	that knowledge of FP methods among men and the number of children they have, plays an important role in the use of FP methods with partners. It also called

		Tanzania				Fisher's exact test as appropriate.	for more efforts to provide awareness to men about FP.
3	Radiet alemu, et al., 2022	B Male involvement in the use of family planning and associated factors in Gondar City, Northwest Ethiopia	Ethiopia	To assess the level of involvement of men in the use of birth control and factors associated with married priwa.	Cross-sectional	community-based conducted from March to April 2018. Married men were randomly selected from four randomly selected kebeles. Instrument: interview	741 out of 744 (99.6%) married men responded to interviews. Men's involvement in birth control overall is 70%.
4	Dana Sarnak, et al., 2021	O. The role of partner influence in contraceptive adoption, discontinuation, and switching in a nationally representative cohort of Ugandan women	Uganda	To understand the predictive effects of partner influence.	Qualitative	Population and sample: 618: reversible contraceptive users 687: women who do not use contraception Instrument: interview	where partners can influence contraceptive use and provide greater context in contraceptive use, switching, and termination.
5	Lemessa Assefa, et al., 2021	Men's involvement in family planning service utilization among married men in Kondala district, western Ethiopia	Ethiopia	To investigate the involvement of men in family planning and contraception.	Cross-sectional	Population and sample: 370 participants from each of four urban and eight rural kebeles Instrument: interview	The results showed that men from urban and rural areas were involved in the utilization of family planning services.
6	Lucy W. Ruderman, et al., 2022	"Men can take part": examining men's role in supporting self-injectable contraception in southern Malawi, a qualitative exploration	Malawi	To develop and test the role of counselling and introduce DMPA-SC.	Qualitative	Population and sample: 37 participants Instrument: interview	Men had a good opinion about DMPA-SC self-injection: they found it useful, explained ways they could actively and emotionally support their partners in its use, and explained their role in normalizing it.
7	Anvita Dixit, et al., 2021	Male-female concordance in reported involvement of women in contraceptive decision-making and its association with modern contraceptive use among couples in rural Maharashtra, India	India	To know the male and female partners in contraceptive decision making.	Cross-sectional	Population and sample: 961 couples married young.	Reports of women's involvement in contraceptive decision-making showed 70.3% of couples agreed that women were involved, together or alone, 13.2% of women reported involvement but men reported women were not involved, and 12.2% of women reported not being involved, but men reported that women were involved.
8	Imtishal and Mohammadzha, 2021.	Male partners and medical staff's perception on contributing factors of Family Planning (FP)	Fiji	to explore male partner and medical staff's perceptions of factors influencing FP decisions in Fiji	Qualitative	Population and sample: On 10 men, couples, pregnant women, and 10 medical staff at Ba Mission Hospital (BMH) Instrument: semi-structural questionnaire	men have mixed perceptions of FP and some still have negative perceptions when it comes to FP practices due to barriers such as cultural and religious beliefs, accessibility and past experiences. However, the perception of medical staff is that there is a need for strengthened counseling and more male involvement.
9	Teshale Mulatu, et al., 2021	Male involvement in family planning use and associated	Ethiopia	To assess men's involvement in family planning and	Cross-sectional	Population and sample: 577 randomly selected	The number of men involved in birth control is still small. To increase

	factors among currently married men in rural Eastern Ethiopia	related factors among married men in selected rural areas of eastern Ethiopia.	married men. Instrument: Questionnaire	the use of modern family planning between men and women, it is imperative to involve men in birth control programs, such as messaging, sensitization, and birth control services.
10	Pragyan P. Male involvement in family planning in a rural area of India al.,2022	To assess the Cross-participation of sectional married men in family planning in rural Chhattishgarh.	Population and sample: 347 lakh married men aged 18-60 years who were permanent residents for the past 6 months. Instrument: a semi-structured questionnaire was prepared and tested previously at 10% of the sample size among eligible people.	The study found more women involved in the use of family planning and contraception methods than men.

After selecting a study, to find out the quality of the articles that have been selected, a critical appraisal is carried out. Critical Appraisal in this Scoping review uses The Joanna Briggs Institute (JBI) Critical Appraisal Tools. JBI is an internationally based research and development organization, JBI specializes in the promotion and support of evidence-based health services. Critical appraisal is considered as a process to carefully and systematically assess research articles as determinants of reliability, equal validity and applicability in clinical practice. At the critical appraisal stage there are 10 articles that are in accordance with the topic and inclusion criteria set by the author, the design study used includes cross-sectional and f quality. Each research method has a different critical appraisal checklist (Attached).

The quality of the article at the critical appraisal stage of the penulis uses Grade A, B, and C to distinguish the categories of artikel, which are included in the Good (Grade A), Good Enough (Grade B), and Less Good (Grade C) categories, each assessment point is represented by numbers 1-4 with the following qualifications:

- 1 = Not Applicable
- 2 = Not stated
- 3 = Expressed but less jelas
- 4 = Expressed by jelas

Table 4
JBI Critical Appraisal Results

No	Article	Kind	Result
1	A1	Qualitative studies	A
2	A2	Cross-sectional Study	A
3	A3	Cross-sectional Study	B
4	A4	Cross-sectional Study	A
5	A5	Cross-sectional Study	B
6	A6	Qualitative studies	A
7	A7	Cross-sectional Study	B
8	A8	Qualitative studies	A
9	A9	Cross-sectional Study	B
10	A10	Cross-sectional Study	B

5. Mapping/Scoping

Based on the 10 selected artikel, there are several characteristics, namely based on the type of study, the characteristics of the artikel grade, and the country:

1. Study characteristics by article type

Of the 10 articles obtained, there were 7 cross-sectional studies and 3 qualitative articles.

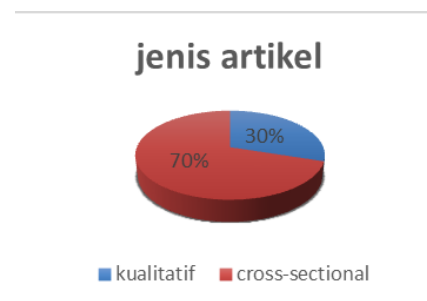


Diagram 1. Study Design

2. Characteristics by article grade

Of the 10 articles obtained, 5 articles with Grade B and 5 articles with Grade A.

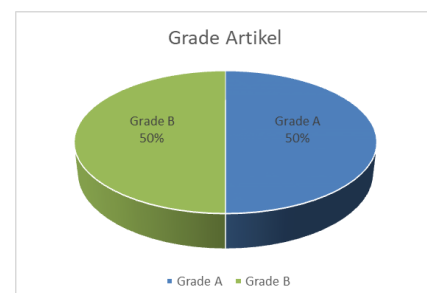


Diagram 2. Article Grade

3. Characteristics by Country

Of the 10 articles obtained, consisting of several developing countries on the world continent, namely articles consisting of the south Asian continent such as India, the African continent such as South Africa, Ethiopia, Tanzania, Uganda, Malawi, and 1 article from the Oceania continent, namely Fiji.

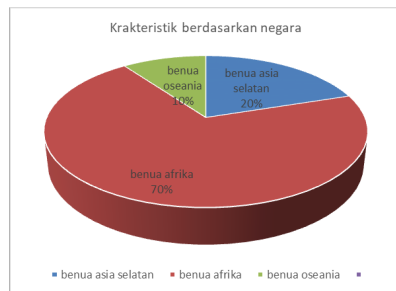


Diagram 3. Characteristics of articles by country

The *results* of the review found several themes that are in accordance with the focus of the *review*, which are as follows:

Table 5
Analysis and Mapping of Research Article Themes

No	Theme	Subthemes	Article No
1	Forms of support/involve ment of the husband in the choice of contraception	Motivation	A1, A6
		Information/comm unication	A1, A2, A7
		Facilitator (fee)	A1, A6
2	Factors affecting the husband's involvement in the choice of contraception	Education	A3, A5, A8
		Economics	A4, A10
		Environment (socio-cultural)	A1, A5, A8, A10
		Distance	A2
3	Causes of lack of participation	Gender roles	A1, A10
		Conjugal/interperso nal relationships	A1, A4, A10
4	Health Systems	Service	A1, A2, A8

RESULTS AND DISCUSSION

The role of the husband in the choice of contraception. Acting is a pattern of behavior expected by society from someone who occupies a certain status, in this case it is also related to relationships based on the role that someone who occupies a certain social status has. The role here is the participation of the husband in the choice of contraception, thus this *review* can also be used as data on the form of

support and involvement of the husband in the choice of contraception.

1. Forms of support/involvement of the husband in the choice of contraception

The role of men's involvement in family planning and contraception may contribute to efforts aimed at increasing FP uptake in the region. Many reproductive health initiatives in the region are targeted at women, to the exclusion of men even though men play an important role in women's contraceptive behavior.

a) Motivation

The role of the husband as a motivator by providing motivation/encouragement to become a participant in family planning by using one type of contraception (Rafidah, 2014). According to the *review*, men's attitudes towards FP are generally negative, disagree with the concept of contraception, and disapproval is higher among those with low educational attainment. In the study by Duze and Mohammed, there were generally negative attitudes toward family size restrictions. Most (62%) are unwilling to use and allow their partners to use FP even for child distancing purposes and 85% of respondents are unwilling or allow their partners to use birth control and contraception for economic reasons (Lucy W. Ruderman, et al., 2022).

b) Information/communication

Providing adequate, accurate, and contextually acceptable information is critical to improving men's attitudes and incongruences toward FP/C use. Despite a 2016 SADHS report that most people of reproductive age in SA have some FP/C information, data from this study show that the current provision of FP/C information is not the same. Most male participants did not have a clear position about the FP/C method, its mechanism of action and associated side effects. This is motivated by misconceptions and myths about side effects and reported concerns that the FP/C method can harm male partners (Kriel et al, 2019).

The lack of couples discussion in the study was found to largely result from a mixture of couples' expectations about who should start it. Some female participants argued that a lack of information and understanding could result in mistaken assumptions about side effects and negative attitudes toward birth control by male partners, as well as misconceptions and myths about the effects of using birth control and contraceptive methods. In the study by Mandara, the main reasons men do not discuss with their partners are due to religious objections and that it is a cultural taboo. In a recent study conducted in Zaria, couples' communication about birth control was also low, and the most common reason given for not engaging in a communication partner was that religion forbade the act and such discussions were not important (Hook C, 2021).

Kriel et al, 2019 also said that good communication between couples positively affects the use of birth control / contraception (FP/C), and can reduce the risk of misunderstanding. Good communication has also resulted in shared decision-making about the use of FP/C, which has been linked to improved compliance. Supportive male partner attitudes and a positive view of FP/C services play an ant-import role in promoting FP/C use. It has also been reported that men exposed to FP/C education programs are four times more likely to support FP/C use.

c) Facilitator/fee

The husband's role as a facilitator in family planning decision making is quite good. The husband's role as a facilitator is to assist the wife in choosing and using contraceptives such as reminding the wife to do control or reminding the wife to take pills, and escorting the wife to a health care facility for control (Lucy W, 2022).

The results of this review show that socioeconomic status is the main determinant of men's modern contraceptive use, and high socioeconomic status supports contraceptive use. Cost greatly affects all actions that will be carried out by Couples of Childbearing Age (PUS), one of which is in the selection or decision making of the use of contraceptive methods, because not all communities, especially married couples who are still productive, have sufficient equality of life. Therefore, the costs obtained can affect the reach of prospective acceptors for the selection of contraceptives (Kriel, 2019).

2. Factors affecting the involvement of the husband

a) Education

Education is the process of changing the attitudes and behavior of a person or group of people in an effort to mature humans through teaching and training efforts, processes, methods, educational actions. The educational factor is decisive in the pattern of decision making and information acceptance than someone with less education. Education is needed to get information, for example things that support health so that it can improve the quality of life. Education can influence a person, including one's behavior on lifestyle, especially in motivating attitudes to participate in development. In general, the higher a person's education, the easier it is to receive information.

According to the results of this review that Education shows a statistically significant positive association with contraceptive use. Education level has been shown to influence the use of FP methods, where respondents who have completed primary education use birth control and contraception methods more than those without education. Similar findings have been re-reported by a Nigerian study showing that men with higher levels of education are more likely to use contraceptive methods than their counterparts with lower schooling. What is known by some studies as the main factors of men's involvement in the use of family planning services include cultural and religious influences, perceptions of family planning as a women's issue and lack of husband education (Assefa, 2021).

b) Economics

Socioeconomic status relates to family income. The Regional Minimum Wage that has been set by the government of each region varies by taking into account all inputs and standards of Decent Living Needs (KHL). A family's income is very influential on the husband's participation and the selection of family planning. If EFAs both work have their own income, men's awareness in the selection of contraceptives is much higher. To increase the use of birth control, it is recommended that the quality be improved. Barriers come from families in program management and decision-makers often weigh the cost of contraception based on the cost of providing a method per year of protection provided by that method to each couple,

with individuals paying more attention to the limitations of their own daily budgets.

Socioeconomic status is the main determinant of men's modern contraceptive use, and high socioeconomic status favors contraceptive use. This is in line with research conducted by Walia et al, 2021 that low socioeconomic status comes out as a barrier to men's involvement in planning (Sarnak, 2021)

c) Environment (socio-cultural)

Socio-culture is everything that is created by man with his thoughts and conscience for or in the life of society or in short man makes something based on his mind and mind that is torn down in social life. A number of cultural factors can influence clients in choosing contraceptive methods, these factors include one understanding in society of knowing various methods, beliefs, religious (religion), and culture, religion is a system that regulates the system of faith (belief) and worship of God Almighty and rules related to human and human association, as well as the environment. Trust is a person's willingness to rely on others in whom we have faith. Trust is a mental state based on situations and social contexts. According to the results of the review shows that other factors that influence contraceptive use among sexually active men include social status and socio-cultural barriers make men lose motivation to engage in family planning programs (parija, 2022).

d) Distance

Green's behavioral determinant theory states that distance is available transportation as a factor that allows someone to travel to a place to do something, for example in using birth control, and the affordability of distance to reach the place of service is very supportive of someone to take action such as the use of contraception. The results of this review suggest that when visiting health facilities for birth control and contraception services, it has been shown to influence the use of these methods with their partners. Other studies in Tanzania and Uganda have reported similar results that unavailable abilities or inaccessible health providers are barriers for men in accessing reproductive health services. Affordability to reach the place of service strongly supports someone to take action (Amru, 2019).

3. Causes of lack of participation

a) Gender roles

Gender roles in the family can be seen in the form of decision-making at the family level, such as the selection of Family Planning (KB) programs. The Family Planning Program is a direct effort aimed at reducing the birth rate through the sustainable use of contraceptives. The family planning program has a strategic position in efforts to reduce the rate of population growth through births, maturation of marriage age, and fostering resilience and improving family welfare. In general, institutionalized gender construction in social dynamics and culture in today's society has placed a double burden on wives in the household, including in terms of reproductive health in the form of child planning, family planning and contraception (Malapiang, 2020).

The results of this review suggest that gender power dynamics continue to play an important role in the use of birth control / contraception (FP / C) methods and services, Power imbalances are more widely reported in marriage

settings, where men as heads of families have ownership rights over women's fertility. But the responsibility of raising children belongs to women (Krie, 2019).

b) Conjugal / interpersonal relationships

The factor that causes the lack of participation is husband support where the better the level of knowledge of the husband about contraceptives, the better the support will be provided. In addition, male partners who have negative behaviors towards family planning will further reduce their partner's use of contraception. This is due to the husband's lack of participation related to family planning. The most significant interpersonal relationships in FP/C use are intimate male partner relationships and gender role dynamics. The role of male partners in the use of FP/C is complex, and ranges from macro-level socio-cultural, economic, political and gender factors, to more micro-level everyday factors (parija, 2022).

4. Health System

a) Service

Perfect Family Planning Health Facility hereinafter referred to as Perfect KB Health Facility is a facility that is able to provide family planning services which include counseling, giving birth control pills, birth control injections, condoms, overcoming side effects, complications in accordance with the ability of health facilities, referral efforts, and / or removal of IUDs / Implants, vasectomy services and the provision of tubectomy / MOW family planning services, as well as efforts to increase and meet the needs of contraceptive service support facilities based on needs and laws and regulations. The availability of adequate facilities, sufficient information on service procedures and supported by professionals in their fields will greatly help the success of contraceptive services (Msovela, 2022).

The results of this review found providers may have a positive influence because men may get the opportunity to be counseled and educated on an informed basis. Other studies in Tanzania and Uganda have reported similar results that unavailable healthcare capabilities or inaccessible health providers are barriers for men in accessing reproductive health services (kriel, 2019).

LIMITATION OF THE STUDY

There are some limitations in this study, namely that searches are only limited in English which can cause bias in each article and also only in searches in 2018-2022 so that searches cannot be widespread. Another limitation is that in this scoping review there are several research methods in the article so that there are various results obtained and not too significant, data collection is not carried out directly because it analyzes other research articles, and researchers only focus on answering research objectives and analyzing the role of husbands in contraceptive selection.

CONCLUSIONS AND SUGGESTIONS

From the entire article that has been analyzed that the role/involvement of husbands in the choice of contraception

is still low due to various problems and inhibiting factors in the form of education, economy, socio-culture, gender roles, distance and health care providers. Making in health decisions remains in the hands of the husband. Traditional patriarchal culture still dominates in society, thus limiting women's space for contraception. The forms of support that husbands can do in supporting mothers in choosing contraception are as motivators or motivators by reminding mothers to birth control, or delivering mothers to health services. Also as a facilitator or fulfillment in terms of financial / cost.

For further research, it is expected to analyze and evaluate a more dominant and effective role in the husband's involvement in contraceptive selection.

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Conflict of Interest Statement

There is no conflict of interest regarding to this manuscript.

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