**International Journal of Advanced Health Science and Technology** e-ISSN:2808-6422; p-ISSN:2829-3037
**Homepage:** ijahst.org Vol. 5 No. 5, pp. 235-240, October 2025

**RESEARCH ARTICLE** OPEN ACCESS

Manuscript received July 10, 2025; revised September 28, 2025; accepted September 30, 2025; date of publication October 30, 2025

**Digital Object Identifier** (DOI):https://doi.org/10.35882/ijahst.v5i5.484



**How to cite**: Aqila Fahru Sidqia, Tinuk Esti Handayani, Sunarto, and Astuti Setiyani, " The Role of Husband Support in Addressing Unmet Family Planning Needs among Couples of Reproductive Age", International Journal of Advanced Health Science and Technology, Vol. 5 No. 5, pp. 235-240, October 2025.

# The Role of Husband Support in Addressing Unmet Family Planning Needs among Couples of Reproductive Age

**Aqila Fahru Sidqia, Tinuk Esti Handayani, Sunarto and Astuti Setiyani**

Department of Midwifery, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia

**Corresponding author**: Aqila Fahru Sidqia (e-mail: tanhazima@gmail.com)

**ABSTRACT** Unmet need is a condition where women of reproductive age (WUS) are sexually active but do not use contraception. In 2024, Terung Village recorded an unmet need rate of 11.31%. This condition poses a risk to population control efforts. One contributing factor is the level of husband support. This study aims to analyze the relationship between husband support and unmet need for family planning in 163 women of reproductive age in Terung Village. The research used an observational, cross-sectional design with 163 respondents selected through simple random sampling. Husband support served as the independent variable, while unmet need was the dependent variable. Data were collected using questionnaires and open interviews, and analyzed using the Chi-Square test.Results showed that 30.1% of WUS experienced unmet need, primarily among women over 35 years old, with elementary education, as housewives, having more than one child, and middle-income status. WUS without husband support had a higher unmet need rate (45.2%) compared to those with full support (10%). The Chi-Square analysis indicated a significant relationship between husband support and unmet need ($p = 0.000$; $\alpha = 0.05$). The novelty of this study lies in the considerable disparity in unmet need based on the presence or absence of husband support. Findings emphasize the importance of involving men in family planning decisions, suggesting the need for community-based education to enhance husband participation in contraceptive use.

**INDEX TERMS** husband support; unmet needs; family planning; PUS

## I. INTRODUCTION

Currently, Indonesia ranks fourth in the world with a high population of 230 million people, with a population growth rate of 1.35% or 3.2 people per year. If there is no control, the population is expected to increase to 293.7 million people by 2025. Uncontrolled population growth can contribute to unwanted pregnancies, a drastic increase in birth rates, and uncontrolled population acceleration [1].

According to the BKKBN in 2024, unmet need refers to the family planning needs that have not been met, particularly for women of reproductive age (WUS) aged 15-49 who are not using contraceptive methods for reasons of wanting to delay having children (IAT) or not wanting any more children (TIAL), yet do not use any form of contraception. According to the Main Work Performance Indicators (IKU) from the BKKBN in 2023, the percentage of unmet need in Indonesia has not met the national target, which stands at 11.5% compared to the national target of 8% [2]. According to the Central Statistics Agency (BPS) in 2024, the coverage of WUS with unmet need in East Java was recorded at 5.12% in 2023. This number slightly decreased to 5.05% in 2024. According to the Central Statistics Agency of Magetan Regency in 2024, in the city of Magetan, in 2023, out of 96,037 WUS, 27,785 WUS were experiencing unmet need, which accounts for 28.93%. This figure is significantly higher than the provincial and national averages [3]. In the Terung village area, it is known that approximately 11.31% of the reproductive age population (PUS) experiences unmet need from the total population of PUS. It can be concluded that the unmet need figures are still relatively high, especially in Magetan Regency, Panekan District, particularly in Terung Village, which indicates that the implementation of family planning programs has not been fully effective [3].

Unmet need affects the high maternal mortality rate (MMR) in Indonesia, which accounts for 75% of maternal deaths in Indonesia and worldwide. Women of reproductive age who do not participate in family planning programs are at high risk of becoming pregnant and experiencing complications during pregnancy, childbirth, and postpartum [4]. The issue of unmet need can be caused by several factors such as knowledge, education level, attitudes of the target population towards family planning, side effects of contraception, quality of family planning services, access to healthcare facilities, geographical conditions, economy, social aspects such as family support, the role of spousal support, and other contributing factors [5]. Research suggests that husbands influence contraceptive choices, but few studies examine how active participation such as joint decision-making or emotional support affects unmet needs [6].

e-ISSN:2808-6422; p-ISSN:2829-3037
Vol. 5 No. 5, pp. 235-240, October 2025

The role of the husband as the main supporter in the couple's participation in family planning is an important factor that can contribute to reducing the unmet need rate. In this context, the husband's role can be divided into three main criteria: as a motivator, educator, and facilitator [7]. A brief interview with 5 women of childbearing age with unmet needs in Terung village revealed that 3 did not practice family planning because their husbands did not allow them to, and 2 did not practice family planning due to incompatibility with previous contraceptive use, leading them to decide to stop using family planning.

Based on the description above, several studies have shown that unmet need is influenced by spousal support factors. This needs joint attention so that family planning programs can be effectively implemented [8]. This study aims to determine the relationship between spousal support and unmet need. The novelty of this research lies in exploring the relationship between spousal support and the occurrence of unmet need in areas that have not been previously studied, in order to provide strategic recommendations for improving family planning programs in this region.

## II. METHODS

This study uses a type of observational analytic design with a cross-sectional approach. The research location is in Terung Village, Panekan District, Magetan Regency. The population of this study comprises couples of reproductive age with the inclusion criteria of married couples aged 15-49, having children, living together with a husband who resides permanently, and not currently pregnant, with a total population of 274 couples of reproductive age. The sample size for this study is 163 reproductive age women selected through proportional simple random sampling technique. The research variables are husband support as the independent variable and unmet need as the dependent variable. The data collection instrument employs a questionnaire on husband support regarding the occurrence of unmet needs in couples of reproductive age to measure the level of husband support, and open interviews to identify unmet needs. The questionnaire used in this research has undergone statistical testing. From the reliability test results for the support questionnaire, a Cronbach alpha value of 0.918 was obtained. The limitation of this instrument lies in the potential social bias of the respondents who may provide answers considered 'good' socially, especially regarding the husband's role in family planning. In-depth interviews or indirect questions could help reduce this bias.

This research uses simple random sampling to select 163 reproductive-age couples (PUS) from a population of 274, simple random sampling was chosen because it ensures each individual in the target population has an equal chance of selection, reducing selection bias and enhancing representativeness. This method is particularly useful when aiming to generalize findings across a diverse group without external influences skewing the sample [9]. The selection process was done by drawing numbers from the family planning registration list, with 17 backup samples to address the possibility of participation refusal. Inclusion criteria include couples aged 15-49 who are married and reside in Terung Village, and are not currently pregnant, ensuring relevance to the analysis of unmet need. Meanwhile, exclusion criteria prevent samples with certain health conditions that affect contraceptive decisions or the inability to provide valid information and doesn't stay in Terung Village. To minimize bias, random sampling methods prevent subjective selection, the use of backup samples ensures data completeness, and standardized data collection through questionnaires and interviews enhances result consistency. Control over confounding variables, such as socioeconomic status and access to information, further strengthens the validity of the research [9].

Husband support in family planning extends beyond passive approval it encompasses active participation in reproductive decision-making, emotional encouragement, and financial assistance. Research highlights that male involvement significantly influences contraceptive uptake and continuity, yet it remains an underexplored factor in addressing unmet family planning needs [10]. Effective husband support includes open communication about contraceptive options, shared decision-making, and accompanying spouses to healthcare visits, fostering a collaborative approach to reproductive health. However, sociocultural barriers such as gender norms and religious beliefs often limit male engagement, necessitating targeted interventions to enhance their role [11].

Analysis is conducted using Chi-Square tests to determine the relationship between the two variables The presentation of the analysis results is in textual and tabular form. In this study, the selection of statistical tests is based on the nature of the data and the analysis objectives. The Chi-square test is used because the research focuses on the relationship between two categorical variables, namely spousal support (supporting/not supporting) and the occurrence of unmet needs (present/not present). This method allows researchers to assess whether there is a significant relationship between these two factors [7]. However, to gain a deeper understanding of the strength of the relationship, additional analyses such as Odds Ratio (OR) and Relative Risk (RR) can provide a clearer picture of the extent to which spousal support influences the risk of unmet needs. OR measures the likelihood of unmet need occurrences in partners without support compared to those who receive support, while RR indicates the probability of occurrences in both groups.

## III. RESULTS

### A. CHARACTERISTICS OF WOMEN OF REPRODUCTIVE AGE

The description of the characteristics of fertile women in Terung Village who are the sample for this study can be seen in Table 1 as follows: TABLE 1 illustrates that out of 163 women of childbearing age who were studied, the dominant group had an education level of elementary school graduation (47.2%), was over 35 years old.

### B. DESCRIPTION OF UNMET NEED AND HUSBAND'S SUPPORT

The number of frequency distribution of Unmet Need and husband support in Terung village can be seen in the following table 2: TABLE 2 illustrates that out of 163 women of reproductive age studied, there are 49 women of reproductive age (30.1%) who fall into the unmet need

e-ISSN:2808-6422; p-ISSN:2829-3037
Vol. 5 No. 5, pp. 235-240, October 2025

category, while 114 women of reproductive age (69.9%) do not experience unmet need. Meanwhile, 70 husbands (42.9%) support the use of contraception by their partners, while 93 husbands (57.1%) do not provide support for the use of contraception.

TABLE 1
Characteristics of Women of Reproductive Age

| No | Variable | Classification | Frequency | Percentage |
|---|---|---|---|---|
| 1. | Level of Education | Elementary School | 77 | 47.2 % |
| | | Secondary School | 69 | 42.3 % |
| | | Higher Education | 17 | 10.4 % |
| 2. | Age | < 21 years Old | 1 | 0.6 % |
| | | 21-35 years Old | 60 | 36.8 % |
| | | > 35 years Old | 102 | 62.5 % |
| 3. | Job | Housewife | 104 | 63.8 % |
| | | Civil Servant | 10 | 6.1 % |
| | | Private Worker | 47 | 28.8 % |
| | | Village apparatus | 1 | 0.6 % |
| | | Farmer | 1 | 0.6 % |
| 4. | Parity | Primipara | 52 | 31.9 % |
| | | Multipara | 110 | 67.4 % |
| | | Grande Multipara | 1 | 0.6 % |
| 5. | Income (BPS) | Poor (< 600.000) | 19 | 11.6 % |
| | | Vulnerable to Poverty (600.000-800.000) | 6 | 3.7 % |
| | | Almost Middle (800.000-2.000.000) | 87 | 53.3 % |
| | | Middle (2.000.000-10.000.000) | 51 | 31.3 % |
| | | Rich > 10.000.000 | - | - |

### C. PROPORTION OF HUSBAND'S SUPPORT TOWARDS UNMET NEED

The proportion of husband's support for unmet needs in Terung village in this study can be seen in table 3:The cross table as depicted in TABLE 3 between husband support and unmet need shows that the proportion of women of childbearing age who receive husband support for family planning experiencing unmet need is 7 (10%) WUS, while the prevalence ratio of women of childbearing age who do not receive husband support for family planning experiencing unmet need is 42 (45.2%) WUS.

TABLE 2
Frequency Distribution of Husband Support and Unmet Need in Terung Village, Panekan District

| No. | Variable | | Frequency | Percentage |
|---|---|---|---|---|
| 1 | Unmet Need | Yes | 49 | 30.1 % |
| | | No | 114 | 69.9 % |
| | Total | | 163 | 100% |
| 2 | Husband's Support | Yes | 70 | 42.9 % |
| | | No | 93 | 57.1 % |
| | **Total** | | 163 | 100% |

TABLE 3
Cross table of husband's support relationship towards Unmet Need

| | *Unmet Need* | | Total |
|---|---|---|---|
| | Yes | No | |
| **Husband's Support** | Yes | 7<br>10% | 63<br>90% | 70<br>100% |
| | No | 42<br>45,2% | 51<br>54,8% | 93<br>100% |

### D. ANALYSIS OF THE RELATIONSHIP BETWEEN HUSBAND'S SUPPORT AND UNMET NEEDS

Hypothesis testing to prove the relationship between husband's support for unmet needs using Chi-Square statistics. The results of the Chi-Square statistical test are as shown in the following table 4:

TABLE 4 illustrated that based on the results of the Chi-Square statistical test as shown in table 4, the significance value of the test is p = 0.000, which is smaller than the error level $\alpha < 0.05$. In conclusion, at a 95% confidence level, there is a significant relationship between husband support in the use of contraceptive devices and the occurrence of unmet needs.

TABLE 4
The Relationship Between Husband Support and Unmet Need

| Statistical Test | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-Sided & 1-Sided) |
|---|---|---|---|---|
| Pearson Chi-Square | 23.485a | 1 | 0.000 | - |
| Continuity Correction | 21.843 | 1 | 0.000 | - |
| Likelihood Ratio | 25.746 | 1 | 0.000 | - |
| Fisher's Exact Test | - | - | - | 0.000 |
| Linear-by-Linear association | 23.341 | 1 | 0.000 | - |

## IV. DISCUSSION

Based on research conducted in Terung Village, it was found that a small percentage of women of reproductive age (WUS), specifically 30.1%, experience an unmet need for contraception. Meanwhile, the majority of WUS, which is 69.9%, do not face this issue. These findings provide an initial picture of a small group of WUS whose contraceptive needs are not being met. Most respondents in this study have low educational backgrounds (finished elementary school), do not have permanent jobs (as housewives), have more than one child (multipara), are over 35 years old, and have an income of less than two million rupiah per month. Almost half of the WUS experiencing unmet need stated that fear of side effects from contraceptive methods is their main reason for not using contraception.

The analysis results show that spousal support has a significant impact on the occurrence of unmet need in family planning. Women who receive spousal support have a lower risk of experiencing unmet need compared to those who do not receive support. Based on the Odds Ratio (OR) calculation of 0.135, women without spousal support have a 7.4 times higher likelihood of experiencing unmet need compared to women with spousal support. Meanwhile, the Relative Risk (RR) of 0.222 indicates that the risk of

e-ISSN:2808-6422; p-ISSN:2829-3037
Vol. 5 No. 5, pp. 235-240, October 2025

experiencing unmet need among women without spousal support is 4.5 times higher than for those who are supported.

The confidence interval analysis provides a clearer picture of the estimation range for the relationship between spousal support and the occurrence of unmet need. The calculations show that the Odds Ratio (OR) is within a 95% interval of 0.056 – 0.326, while the Relative Risk (RR) has a confidence interval of 0.106 – 0.465. The meaning of this interval is that although spousal support is statistically significant in reducing the risk of unmet need, there is variation in the estimation of its effects. The OR indicates that women without spousal support have a higher risk of experiencing unmet need, with the likelihood ranging from 5.6% to 32.6% higher compared to those who are supported. Meanwhile, the RR suggests that women who do not receive support have up to 4.65 times higher risk of experiencing unmet need compared to those who receive support, with the lower limit still indicating a fairly strong protective effect.

From an educational perspective, the research results show that women with low education levels tend to face barriers in accessing information and family planning services adequately [12]. About 46.9% of women of reproductive age (WUS) with unmet need are known to have their last level of education at the elementary school level. In terms of employment, women who are unemployed are more likely to experience unmet need compared to those who have jobs, regardless of the type of work they do [13]. The research notes that the majority of WUS experiencing unmet need are housewives, amounting to 63.8%. Meanwhile, from an economic standpoint, the research journal published by BKKBN emphasizes that economic conditions are one of the important factors in supporting the success of family planning programs [3]. The research shows that almost half of WUS experiencing unmet need fall into the middle economic category down to 53.3%.

From a parity perspective, research shows that the more children a woman has, the tendency to use long-term contraceptive methods tends to decrease [14]. This is due to the assumption that the need to have more children is no longer a priority. Research data shows that the majority of women of childbearing age (WUS) experiencing unmet need fall into the multiparous category, which is 65.3%. In a social and cultural context, women living in environments with less supportive social norms for contraceptive use tend to have higher levels of unmet need [15]. Research results indicate that 42.9% of WUS who do not use contraceptives cite fear of potential side effects from these contraceptive methods as their main reason.

The research results indicate that among couples using contraception who received support from their husbands, only a small percentage, namely 10% (7 people), experienced unmet need, while the majority, 90% (63 people), did not experience that condition. These findings show that although husband support plays an important role, there are still other factors that influence the occurrence of unmet need. Some of these include limited access to family planning services, individual perceptions of contraception, and the quality of information received by women of reproductive age (WRA) [16]. In addition, the decision to use contraception can also be influenced by doubts due to incomplete information, previous negative experiences, perceptions of side effects, the cost of contraception being considered high, and other factors [17].

This research shows that fertile age women (WUS) who do not receive support from their husbands in the use of contraception have a higher proportion of unmet need[18]. It is recorded that 45.2% of this group experiences unmet need, while 54.8% do not. Compared to WUS who receive spousal support where only 10% experience unmet need this figure shows a quite significant difference. These findings indicate that a lack of partner support significantly contributes to the increased risk of unmet need in the use of contraceptives [19].

Support from husbands in the use of contraceptives is a key factor in the successful implementation of the Family Planning (FP) program [16]. Based on research conducted on 163 women of reproductive age (WRA), it was found that only 10% of those who received husband support experienced unmet needs, while the remaining 90% did not experience such conditions. Statistical analysis using the Chi-Square test showed a significant relationship between husband support and the occurrence of unmet needs. These findings reinforce the important role of husbands in decision-making related to contraceptive use [20]. Referring to the theory of planned behavior proposed by Ajzen (1991), an individual's intention to perform an action, including the use of contraceptives, is influenced by three main components: attitude toward the behavior, subjective norms, and perceived control over the behavior [21]. In this context, husband support contributes to strengthening subjective norms and enhancing women's confidence in making family planning choices [7].

The Theory of Planned Behavior by Icek Ajzen explains that a person's decision is influenced by attitudes, social norms, and perceived control over the action. In the context of husband support in family planning, this theory shows that active support from husbands can enhance partner communication and decision-making related to contraception, thereby reducing the unmet need rate. Theory-based strategies include partner education, social campaigns to change cultural norms, and improving access to information for husbands so they are more involved in family planning decisions. A study by Ajzen in [22] shows that perceived control and social norms play a crucial role in couples' fertility decisions also partner support influences intentions and behaviors in family planning.

In many societies, including Indonesia, family planning is often seen as a woman's responsibility, leaving husbands with a passive role. Traditional gender norms position men as household decision-makers, yet their engagement in reproductive health remains limited. Cultural and religious beliefs sometimes promote large families, making contraception seem unnecessary or even discouraged. Social stigma further reinforces this disconnect, as men involved in family planning may be perceived as less masculine. Healthcare systems also contribute to the gap by primarily targeting women, restricting opportunities for men to receive education and counseling. Overcoming these barriers requires gender-transformative approaches, community-based education, and inclusive healthcare practices that encourage husbands to take an active role in supporting family planning decisions. When men and women share

e-ISSN:2808-6422; p-ISSN:2829-3037
Vol. 5 No. 5, pp. 235-240, October 2025

responsibility, family planning becomes a joint effort, strengthening relationships and improving reproductive health outcomes [18].

The conclusion of this study emphasizes that husband's support plays a significant role in increasing contraceptive use and reducing unmet need among women of reproductive age [16]. To enhance the effectiveness of Family Planning (FP) programs, interventions are needed that not only focus on women but also actively involve men as partners in decision-making related to contraception [23]. Strategies that can be implemented include strengthening education and outreach to couples, conducting community-based campaigns that encourage sharing experiences, and raising awareness about the importance of shared responsibility in family planning [24]. In addition, support in the form of regulations and policies that encourage men's participation in FP programs is also an important aspect in creating a mindset change and increasing husbands' involvement more comprehensively [25].

This research has a number of significant aspects of novelty. First, this study makes an important contribution to enriching the literature on the role of men in supporting family planning programs in Indonesia a topic that is still relatively under-researched compared to similar studies in other countries [26]. The finding that nearly all women who receive support from their husbands do not experience unmet need (90%) provides strong empirical evidence that male involvement is a key component in the successful implementation of family planning programs [27]. In addition, this research innovatively integrates approaches from behavioral science and consumer decision-making theory, such as planned behavior theory and consumer decision theory, which are still rarely applied in the context of family planning studies in Indonesia. Second, this study emphasizes the importance of a partner-based approach in the implementation of family planning programs. The findings indicate that more inclusive policies and Partner-oriented approaches are necessary, especially in efforts to enhance education and access to services for vulnerable groups [20]. Thus, this study can serve as a foundation for the development of programs that actively involve men in contraceptive decision-making, aiming to reduce the unmet need rate and improve overall family well-being [27].

The discussion emphasizes the importance of spousal support; however, there are still factors that can be confusing, such as educational level or socioeconomic status, which can influence unmet needs. These limitations can be addressed in future research with several strategic approaches. Multivariate analysis, such as logistic regression, can be used to isolate the impact of socioeconomic variables in determining the level of unmet need. Additionally, a longitudinal approach can observe how changes in economic status or educational attainment affect contraceptive use decisions over a longer period. Qualitative studies, such as in-depth interviews, can also complement quantitative data by providing deeper insights into the psychosocial and cultural barriers that may not be revealed in surveys [28].

Health practitioners and policymakers must implement targeted interventions. Couple-based counseling can foster open discussions, male-focused education campaigns can challenge misconceptions, and community-driven initiatives can encourage peer engagement. Additionally, healthcare providers must be trained to integrate gender-sensitive approaches that empower men to participate meaningfully in reproductive health decisions. By fostering inclusive, supportive environments, we can reduce unmet contraceptive needs, enhance reproductive health outcomes, and promote shared responsibility in family planning. Strengthening husband involvement is not just beneficial it is essential for achieving sustainable and equitable healthcare solutions [29].

## V. CONCLUSION

Most women of reproductive age who experience unmet need have characteristics such as the last level of education being at the elementary school level, being in the adult age group, having the status of a housewife, having more than one child, and being categorized as having a middle income. This finding also indicates that women who do not receive support from their husbands tend to have a higher risk of experiencing unmet need. Husbands' support in contraceptive use has been shown to play a significant role in fulfilling family planning needs [30]. Lack of husband involvement can increase the vulnerability of wives to unmet contraceptive needs.

## REFERENCES

[1] M. Yazdkhasti, A. Pourreza, A. Pirak, and F. Abdi, "Unintended pregnancy and its adverse social and economic consequences on health system: A narrative review article," *Iran. J. Public Health*, vol. 44, no. 1, pp. 12–21, 2015.

[2] J. K. Wulifan, S. Brenner, A. Jahn, and M. De Allegri, "A scoping review on determinants of unmet need for family planning among women of reproductive age in low and middle income countries," *BMC Womens. Health*, vol. 16, no. 1, 2016, doi: 10.1186/s12905-015-0281-3.

[3] S. Sciascia *et al.*, "Unmet needs in countries participating in the undiagnosed diseases network international: an international survey considering national health care and economic indicators," *Front. Public Heal.*, vol. 11, no. September, pp. 1–13, 2023, doi: 10.3389/fpubh.2023.1248260.

[4] B. E. Ngole and A. A. Joho, "Factors Influencing Modern Family Planning Utilization and Barriers in Women of Reproductive Age in the Iringa Region, Tanzania: A Mixed-Methods Study," *SAGE Open Nurs.*, vol. 11, 2025, doi: 10.1177/23779608251313897.

[5] G. F. Spiers *et al.*, "Factors associated with unmet need for support to maintain independence in later life: A systematic review of quantitative and qualitative evidence," *Age Ageing*, vol. 51, no. 10, pp. 1–11, 2022, doi: 10.1093/ageing/afac228.

[6] H. Nkonde, B. Mukanga, and V. Daka, "Male partner influence on Women's choices and utilisation of family planning services in Mufulira district, Zambia," *Heliyon*, vol. 9, no. 3, p. e14405, 2023, doi: 10.1016/j.heliyon.2023.e14405.

[7] Y. Widyastuti, M. Akhyar, R. Setyowati, and S. Mulyani, "Relationship Between Gender Equality and Husband Support in the Use of Postpartum Family Planning (PPFP)," *SAGE Open Nurs.*, vol. 9, 2023, doi: 10.1177/23779608231186743.

[8] J. Zhang, Y. Zhang, and M. R. Bennett, "Spousal characteristics and unmet care needs: A longitudinal national study of adults aged 50 and over in England," *Soc. Sci. Med.*, vol. 365, no. July 2024, p. 117530, 2025, doi: 10.1016/j.socscimed.2024.117530.

[9] S. Lemeshow and A. Ferketich, "Simple Random Sampling," *Poll. Am. An Encycl. Public Opin. Second Ed. Vol. 1-2*, no. December, pp. 661–664, 2020, doi: 10.4324/9780203128640-6.

e-ISSN:2808-6422; p-ISSN:2829-3037
Vol. 5 No. 5, pp. 235-240, October 2025

[10] A. Kabagenyi, L. Jennings, A. Reid, G. Nalwadda, J. Ntozi, and L. Atuyambe, "Barriers to male involvement in contraceptive uptake and reproductive health services : a qualitative study of men and women ' s perceptions in two rural districts in Uganda Research suggests that male involvement can increase uptake and continuation of f," *Reprod. Health*, vol. 11, no. 21, pp. 1–9, 2014.

[11] D. Zelalem, A. Worku, T. Alemayehu, and Y. Dessie, "Association of Effective Spousal Family Planning Communication with Couples' Modern Contraceptive Use in Harar, Eastern Ethiopia," *Open Access J. Contracept.*, vol. Volume 12, pp. 45–62, 2021, doi: 10.2147/oajc.s285358.

[12] M. Janighorban, Z. Boroumandfar, R. Pourkazemi, and F. Mostafavi, "Barriers to vulnerable adolescent girls' access to sexual and reproductive health," *BMC Public Health*, vol. 22, no. 1, pp. 1–16, 2022, doi: 10.1186/s12889-022-14687-4.

[13] G. Jessiman-Perreault, M. A. M. Gignac, A. Thompson, and P. M. Smith, "Understanding the Unmet Accommodation Needs of People Working with Mental or Cognitive Conditions: The Importance of Gender, Gendered Work, and Employment Factors," *J. Occup. Rehabil.*, vol. 34, no. 1, pp. 251–264, 2024, doi: 10.1007/s10926-023-10132-4.

[14] A. D. Laksono, N. Rohmah, and H. Megatsari, "Barriers for multiparous women to using long-term contraceptive methods in Southeast Asia: case study in Philippines and Indonesia," *BMC Public Health*, vol. 22, no. 1, pp. 1–8, 2022, doi: 10.1186/s12889-022-13844-z.

[15] S. Lundberg, "Educational gender gaps," *South. Econ. J.*, vol. 87, no. 2, pp. 416–439, 2020, doi: 10.1002/soej.12460.

[16] P. Feriani *et al.*, "A Systematic Review of Determinants Influencing Family Planning and Contraceptive Use," *Iran. J. Nurs. Midwifery Res.*, vol. 29, no. 5, pp. 596–607, 2024, doi: 10.4103/ijnmr.ijnmr_321_23.

[17] K. Pazol, L. B. Zapata, C. Dehlendorf, N. M. Malcolm, R. B. Rosmarin, and B. N. Frederiksen, "Impact of Contraceptive Education on Knowledge and Decision Making: An Updated Systematic Review," *Am. J. Prev. Med.*, vol. 55, no. 5, pp. 703–715, 2018, doi: 10.1016/j.amepre.2018.07.012.

[18] A. K. Harzif, M. Maidarti, F. N. Handayaning, and A. F. Andyra, "Factors affecting knowledge regarding unmet need on fertile aged women in Indonesia: evaluation of 2012 and 2017 IDHS," *Reprod. Health*, vol. 19, no. 1, pp. 1–5, 2022, doi: 10.1186/s12978-022-01338-5.

[19] M. Atif, M. Farooq, M. Shafiq, G. Ayub, and M. Ilyas, "The impact of partner's behaviour on pregnancy related outcomes and safe child-birth in Pakistan," *BMC Pregnancy Childbirth*, vol. 23, no. 1, pp. 1–12, 2023, doi: 10.1186/s12884-023-05814-z.

[20] O. Balogun, A. Adeniran, A. Fawole, K. Adesina, A. Aboyeji, and P. Adeniran, "Effect of Male Partner's Support on Spousal Modern Contraception in a Low Resource Setting," *Ethiop. J. Health Sci.*, vol. 26, no. 5, pp. 439–448, 2016, doi: 10.4314/ejhs.v26i5.5.

[21] M. Bosnjak, I. Ajzen, and P. Schmidt, "Editorial The Theory of Planned Behavior : Selected Recent Advances and Applications," no. April 2020, 2020.

[22] C. Matera, L. Dommermuth, S. Bacci, B. Bertaccini, A. Minello, and D. Vignoli, "Perceived Economic Uncertainty and Fertility Intentions in Couples: A Dyadic Extension of the Theory of Planned Behaviour," *J. Fam. Econ. Issues*, vol. 44, no. 4, pp. 790–806, 2023, doi: 10.1007/s10834-022-09872-x.

[23] N. Diamond-Smith, R. Warnock, and M. Sudhinaraset, "Interventions to improve the person-centered quality of family planning services: A narrative review," *Reprod. Health*, vol. 15, no. 1, pp. 1–17, 2018, doi: 10.1186/s12978-018-0592-6.

[24] A. E. Sharma, B. N. Frederiksen, N. M. Malcolm, J. M. Rollison, and M. W. Carter, "Community Education and Engagement in Family Planning: Updated Systematic Review," *Am. J. Prev. Med.*, vol. 55, no. 5, pp. 747–758, 2018, doi: 10.1016/j.amepre.2018.06.022.

[25] C. Van Laar, A. Van Rossum, N. Kosakowska-Berezecka, R. Bongiorno, and K. Block, "MANdatory - why men need (and are needed for) gender equality progress," *Front. Psychol.*, vol. 15, no. March, 2024, doi: 10.3389/fpsyg.2024.1263313.

[26] J. H. Flores, V. de Claro, T. M. Ababon, J. Lewis, L. J. Molleno, and L. Stan, "Promoting Male Involvement in Family Planning: Insights From the No-Scalpel Vasectomy Program of Davao City, Philippines," *Glob. Heal. Sci. Pract.*, vol. 12, no. 5, pp. 1–6, 2024, doi: 10.9745/GHSP-D-24-00229.

[27] Á. Aventin *et al.*, "Involving men and boys in family planning: A systematic review of the effective components and characteristics of complex interventions in low- and middle-income countries," *Campbell Syst. Rev.*, vol. 19, no. 1, 2023, doi: 10.1002/cl2.1296.

[28] P. A. Thomas, H. Liu, and D. Umberson, "Family Relationships and Well-Being," *Innov. Aging*, vol. 1, no. 3, pp. 1–11, 2017, doi: 10.1093/geroni/igx025.

[29] B. Marjadi *et al.*, "Twelve Tips for Inclusive Practice in Healthcare Settings," *Int. J. Environ. Res. Public Health*, vol. 20, no. 5, pp. 1–11, 2023, doi: 10.3390/ijerph20054657.

[30] R. Nur *et al.*, "Factors related to the incidence of unmet need in couples of reproductive age in the working area of Marawola Health Center," *Gac. Sanit.*, vol. 35, pp. S176–S179, 2021, doi: 10.1016/j.gaceta.2021.10.019.