

# Javanese Women's Perception of Husband's Support in Women Reproductive Health

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**Abstract—** The husband's involvement in reproductive health is a complex process of social and behavioral change. The role of men in women's health in Indonesia is felt to be very low for various reasons that have taken root in Indonesian society which tends to be patriarchal, in Javanese particularly. This descriptive study aimed to describe the women's perceptions towards husband's support in making decisions related to women's reproductive health in 105 childbearing married women aged 15-49, in Public Health Center 1, Bantul, Yogyakarta. Women's Perception of Males Involvement in Maternal Healthcare Questionnaire was modified and validated to collect the women perception based on health condition, health services, and financial status. Purposive sampling technique was used in this study. The result shows that majority of the women agree that decision making should be done by both husband and wife (99%). Most women (63.8%) believe that selection of health care facilities should be considered with the completeness of the medical services needed and the comfortable place (84.8%). The recommendation from this study is position equality and status between men and women in decision making. Therefore, women are encouraged to be more courageous in expressing their opinions as a form of their involvement in decision making of their health.

**Keywords—** Women perception, husbands support, reproductive.

## I. INTRODUCTION

The reproductive health status of women of childbearing age is an important part that must be considered, because they are in the reproductive age period. The age limit for women of reproductive age is 15-49 years, both for women who are married, widowed or never married. This age is the reproductive age of women associated with the process of pregnancy, childbirth, and the health of other reproductive organs. Reproductive health in this case is in accordance

with the definition of health, namely physical, mental health and social welfare as a whole in all matters relating to the reproductive process, system and function, not only conditions that are free of disease and disability [6].

The role of men in women's health is still very low, for various reasons that have taken root in Indonesian society which tends to be patriarchal, in Javanese particularly. This is in accordance with several studies which state that one of the factors that influence women participation in reproductive health care is husband's support [1,7]. Patriarchal culture often places women to work in the domestic sector, while men dominate in the public sector, which is generally based on the assumption that women have a weak physical body, while men have a stronger physique [9].

Several studies that have been conducted in Indonesia shown that decision making regarding reproductive health care for women or wives is mostly done by couples or husbands [8,10]. Meanwhile, there are some husbands who are not willing to discuss the reproductive health of their wives because they consider this a taboo to be discussed. This is an obstacle to the development of women's reproductive health, especially in women who are vulnerable to reproductive health problems [1].

The research that has been done is taking data from the husband's perspective or beliefs, while the wife's perception of this role is also important to know. Women's perception issue is still very rare in research so that it becomes an opportunity to find new things that occur in the community regarding women's perceptions of the role of men in their partner's reproductive health care. This issue also occurs in Sustainable Development Goals (SDGs) number 3 which that concerning health and well-being, also in number 5 concerning equality sub point 5.6 on universal access related to sexual and reproductive health. Therefore, researchers are

interested in conducting study on women's perceptions of man's involvement in supporting women to determine their reproductive health decisions, so that they can improve health in general. This perception is based on factors in health conditions, access to health services, and the economic issue.

**II. METHOD**

*A. Sample*

This study uses a descriptive analytic survey type to describe women's perceptions of husband's support in making decisions related to women's reproductive health in the work area of public health care 1 Kasihan, Bantul Regency. Purposive sampling technique was used to select 105 respondents in this study with inclusion criteria of women childbearing age aged 15-49 years, married women, and willing to be respondents. While the exclusion criteria is women who experience mental, hearing, visual and communication disorders.

*B. Instrument*

The research instrument used 2 questionnaires. First questionnaire contains demographic data which includes age, marriage age, religion, education level, type of work, income, health insurance, intended health services. The second questionnaire is about the Women's Perception of Males' Involvement in Maternal Healthcare Questionnaire (WPMIMHQ), with a total of 15 statements. Each statement has values ranging from 1; strongly disagree to 5; strongly agree. The WPMIMHQ questionnaire from Okeke, Oluwuo, & Azil's research has been modified by researchers to be able to be used to identify women's perceptions of husband's support. This questionnaire in a previous study was used to measure women's perceptions of husband's involvement during pregnancy in health services, Nigeria. This instrument has 3 parts, namely women's perceptions of husband's support when it will determine decision-making related to reproductive health care based on factors in health conditions, access to health services, and the economy. Each section has 5 statement items.

This study uses univariate data analysis which is used to calculate frequency distribution. Women's perceptions of husband's support related to reproductive health system in the decision making based on health condition factors, accessibility to health services, and the economic factor, were analyzed using frequency distribution and percentage. The research ethics test was approved by the research ethics committee of the Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, with ethics No. 328 / EP-FKIK-UMY / VII / 2018.

There are 4 steps implementation phase in this study. Firstly, researchers came to the meeting agenda of women community in Bantul district, such as in family welfare development activities, called PKK, and health care services agenda in community. Then the researcher asked permission from the PKK chairman or the activities of the mothers in the village to do research data collection. After the activities of the mothers' activities are completed, the researcher introduces herself and asks permission to explain the purpose and course of the study, including the benefits obtained by the respondents. The researchers ask the participants who are included in the research criteria to remain seated and sign the

consent form. Participants who signed the consent form will be received questionnaires and asked to fill out the questionnaires independently for 20 minutes. For respondents who cannot read and write, researchers ask the research assistant to assist. After the respondent completes the questionnaires, the researchers is taking the questionnaires and checking the completeness of the questionnaires. A questionnaire that is not completely filled is returned to the respondent.

**III. RESULT**

*A. Demographic Data*

A total of 105 respondents were selected from public health care Kasihan 1, Bantul, Yogyakarta. Detailed information about the respondents' demographic characteristics will be shown in Table 1.

TABLE 1. Characteristic respondent

Demographic Characteristic	N (%)
<b>1. Age (years)</b>	
15 - 19	3 (2.9%)
20 - 29	39 (37.1%)
30 - 49	63 (60%)
<b>2. Married Age (years)</b>	
0 - 5	43 (41%)
6 - 10	32 (30.4%)
11 - 20	22 (20%)
≥ 21	8 (13.6%)
<b>3. Religion</b>	
Moslem	102 (97.1%)
Christian	2 (1.9%)
Catholic	1 (1%)
<b>4. Occupation</b>	
Civil servant	1 (1%)
Private work	32 (30.5%)
Jobless	72 (68.5%)
<b>5. Education Level</b>	
No education	0 (0%)
Elementary school	4 (3.8%)
Junior High School	26 (24.8%)
Senior High School	58 (55.1%)
Diploma degree	5 (4.8%)
Bachelor degree	9 (8.6%)
Master degree	3 (2.9%)
<b>6. Income (million)</b>	
No income	28 (26.7%)
<1	38 (36.2%)
1 - 2	31 (29.5%)
2,1 - 5	8 (7.6%)
> 5	0 (0%)
<b>7. Health Insurance</b>	
No health insurance	25 (23.9%)
Public insurance	78 (74.2%)
Private insurance	2 (1.9%)
<b>8. Health Care Service</b>	
Clinical doctor	21 (20%)
Public Hospital	1 (1%)
Private Hospital	4 (3.8%)
Primary Health Center	67 (63.8%)
Herb medicine	1 (1%)
Others (midwife clinic)	11 (10.5%)

Based on Table 1, the majority of respondents is women aged between 30-49 years as many as 63 (60%), while 37.1% of respondents is ranged from 20-29 years, and the rest is women between 15-19 years for around 3 (2.9%). In addition, around 8 respondents have the longest marriage age of more than 21 years. The majority of respondents are Muslim for around 102 respondents. Respondents in this

study have a minimum education level of elementary school and the highest are the Masters level (S2). Most of the respondents are high school graduates with a total of 58 respondents, while respondents with junior high school education are 26 respondents. On the other hand, respondents with a Masters education are around 3 people. The average respondent in this study who does not have a job or works are around 72 respondents. The number of respondents working in the private sector are 32 people, and only 1 respondent is a civil servant.

Furthermore, monthly income of respondents varies. The percentage of respondents with monthly income less than Rp. 1,000,000 is around 26.7%. On the other hand, the majority of respondents who have had health insurance cards from the Indonesian government, namely BPJS card / Kartu Indonesia Sehat (KIS) card are 74.2% of respondents. Public health care facilities is the place that mostly visited by respondents when they or their families sick are health centers (63.8%). A total of 21 respondents select to come to the doctor's clinic practice when they have health problems or complaints. While the number of respondents who visit to herbal medicine was the same as the number of respondents who came to the government hospital is only 1 respondent. In addition, other respondents (10.5%) prefer to come to a private hospital or to a midwife clinic.

TABLE 2. Frequency and percentage of women's perceptions of husband's support in terms of women's reproductive health related to decision making based on health condition factors (n = 105)

Items	N (%)
<b>1. Discussion between couples on issues concerning women's reproductive health has an effect on the outcome of women's health</b>	
Strongly disagree	2 (1.9%)
Disagree	4 (3.8%)
Neutral	10 (9.5%)
Agree	52 (49.5%)
Strongly agree	37 (35.3%)
<b>2. Only woman should decide where she would be visit to check women's reproductive health</b>	
Strongly disagree	21 (20%)
Disagree	57 (54.3%)
Neutral	8 (7.6%)
Agree	10 (9.5%)
Strongly agree	9 (8.6%)
<b>3. Only a man should make decisions in serious cases such as operation.</b>	
Strongly disagree	19 (18.1%)
Disagree	62 (59%)
Neutral	7 (6.7%)
Agree	11 (10.5%)
Strongly agree	6 (5.7%)
<b>4. Both the husband and wife should make decisions about women's reproductive health.</b>	
Strongly disagree	1 (1%)
Disagree	0 (0%)
Neutral	0 (0%)
Agree	53 (50.5%)
Strongly agree	51 (48.6%)
<b>5. The wife should be allowed to make decisions on serious issues (operation) if the husband is not around</b>	
Strongly disagree	0 (0%)
Disagree	16 (15.2%)
Neutral	16 (15.2%)
Agree	60 (57.1%)
Strongly agree	13 (12.4%)

Based on Table 2, shows the percentage of some women's perceptions of husband's support in decision

making based on women's health conditions. Most of the respondents (49.5%) agree that discussions between couples regarding women's reproductive health problems have an effect on women's health outcomes and they agree if they were allowed to decide on serious problems (surgery) if the husband is absent (57.1%). Moreover, around 53% of respondents also strongly agree when both, husband and wife must make decisions about women's reproductive health together. On the other hand, more than half of the respondents (54.3%) disagree if only women who have to decide where he will go to check for female reproductive health. Similarly, the respondents also disagree if only men must decide on serious health cases such as surgery, which is as many as 59%.

TABLE 3. Frequency and percentage of women's perceptions of husband's support in terms of women's reproductive health related to decision making based on accessibility factors to health care services (n = 105).

Items	N (%)
<b>1. Men only need to provide transport for their wives; they do not need to accompany them to the clinic.</b>	
Strongly disagree	42 (40%)
Disagree	57 (54.3%)
Neutral	1 (1%)
Agree	3 (2.9%)
Strongly agree	2 (1.9%)
<b>2. The choice of the clinic to be used should be based on the husband's place of work.</b>	
Strongly disagree	12 (11.4%)
Disagree	72 (68.6%)
Neutral	13 (12.4%)
Agree	7 (6.7%)
Strongly agree	1 (1%)
<b>3. The choice of clinic should be based on the type of services offered not on distance.</b>	
Strongly disagree	1 (1%)
Disagree	21 (20%)
Neutral	16 (15.2%)
Agree	51 (48.6%)
Strongly agree	16 (15.2%)
<b>4. The choice of the clinic to be used should be based on the women's convenience.a.</b>	
Strongly disagree	1 (1%)
Disagree	6 (5.7%)
Neutral	9 (8.6%)
Agree	61 (58.1%)
Strongly agree	28 (26.7%)
<b>5. Men should make provision for emergency transport, in case they are not around when the need arises.</b>	
Strongly disagree	0 (0%)
Disagree	4 (3.8%)
Neutral	4 (3.8%)
Agree	67 (63.8%)
Strongly agree	30 (28.6%)

Table 3 above shows about the data on women's perceptions of husband's support in terms of women's reproductive health related to decision making based on accessibility factors to health care workers. Data show that around 99 respondents disagree or strongly disagree if their husbands only have to provide transportation for their wives and their husbands do not need to accompany their wives to the clinic, only 5 respondents agree with the statement. In addition, 84 respondents also disagree or strongly disagree if the selection of clinics to be used must be based on where the husband works. Meanwhile, around 67 respondents consider that the selection of clinics must be based on the type of service offered not because of distance and also based on

women's convenience. However, there are around 22 respondents who disagree with the statement. Almost all respondents (92.4%) agree or strongly agree if the husbands have to make preparations for an emergency transportation, if they are not there when the need comes.

TABLE 4. Frequency and percentage of women's perceptions of husband's support in terms of women's reproductive health related to decision making based on economic factors (n = 105).

Item	N (%)
<b>1. The choice of clinic to be used should be based on what the husband can afford and not on the services the wife requires.</b>	
Strongly disagree	15 (14.3%)
Disagree	55 (52.4%)
Neutral	15 (14.3%)
Agree	18 (17.1%)
Strongly agree	2 (1.9%)
<b>2. It is not good for the wife to totally depend on their husband for money concerning</b>	
Strongly disagree	4 (3.8%)
Disagree	10 (9.5%)
Neutral	17 (16.2%)
Agree	57 (54.3%)
Strongly agree	17(16.2%)
<b>3. It is good for the husband to save money, in case complications needing operation arise.</b>	
Strongly disagree	0 (0%)
Disagree	0 (0%)
Neutral	1 (1%)
Agree	50 (47.6%)
Strongly agree	54 (51.4%)
<b>4. It is good for women to do something that gives her money, so that she can contribute to the kind of care she desires.</b>	
Strongly disagree	0 (0%)
Disagree	2 (1.9%)
Neutral	15 (14.3%)
Agree	67 (63.8%)
Strongly agree	21(20%)
<b>5. There is no need for the wife to do something that gives her money, since the husband provides for everything.</b>	
Strongly disagree	17 (16.2%)
Disagree	53 (50.5%)
Neutral	22 (21%)
Agree	11 (10.5%)
Strongly agree	2 (1.9%)

Based on Table 4 explains that the data related to women's perceptions of husband's support in terms of women's reproductive health in decision making based on economic factors. The data in the table show that most women (66.7%) disagree or strongly disagree if the selection of clinics to be used must be based on the husband office and not on the services needed by the wife. In addition, 69 respondents also disagree or strongly disagree if women do not need to do something that makes money, because men provide everything. Almost all respondents (99%) think that if the husband saves money just in case is a good thing, this savings will be needed if there are complications such as the need for surgery. Most of participants (83.8%) also assume that women need to do something that earns money, so that they can contribute to select the type of health care service they want.

#### IV. DISCUSSION

Data from research show that a number of women's perceptions of husband's support in decision making based on women's health conditions indicate that most respondents (49.5%) assume that discussions between couples regarding women's reproductive health issues have an effect on

women's health outcomes and agree if they are allowed or involved in making decisions on serious problems such as an operation procedure. Husbands and wives will be better at making decisions when they have done together, not just from one side or another, because joint decision making will have a positive impact on women's health [4,5]. On the other hand, more than half of the respondents (54.3%) disagree if only women have to decide where she will go to have their reproductive health checked and disagree if only men must decide on serious health cases such as surgery, which is as much as 59%. Decision-making must be done by both husband and wife, illustrating that women's reproductive health is not only thought by women or vice versa, but must be considered together as a form of support to the [5]couple. In addition, if decision making is only done by the husband's side, it will have a negative effect on women's health [4].

Women's perceptions of husband's support in terms of women's reproductive health related to decision making based on accessibility to health care workers show that around 99 respondents disagree or strongly disagree if their husbands only had to provide transportation for their wives and husbands did not need to accompany their wives to the clinic. To support his wife, the husband gives not only moral support, but also should go or accompany his wife to the health care services [2]. Approximately 84 respondents disagree or strongly disagree if the selection of clinics must be based on husband workplace. Meanwhile, around 67 respondents considered that the selection of clinics must be based on the type of service offered not because of distance and also based on the comfortable place for women. This is because the women will be more comfortable if the chosen health service place has complete facilities for their health examination.

Almost all respondents (92.4%) agree or assume if husbands have to prepare transportation or vehicle for emergency needs, if husbands are not at their side when the sudden need comes. Although husband's support directly will have more positive impacts on women, the direct support is more important than the amount of support available [3].

The results of this study found that the data related to women's perceptions of husband's support in terms of women's reproductive health in decision making based on economic factors show that as many as 69 respondents disagree or strongly disagree if women do not need to do something that earns money, because men provide everything. As many as 88 respondents also assume that women need to do something that earns money, so that they can contribute to select the type of health care services that they need. Another reason is they believe that women who have their own income will be more independent. On the other hand, respondents consider that if women depend entirely on men in financial matters it is not good for them. Almost all respondents think that if husband saves money just in case is a good thing, this savings will be needed if

there are complications such as an emergency situation like surgery.

## V. CONCLUSION

Women's perceptions of husband's involvement in reproductive health-related decision making based on health conditions in the work area of Kasihan 1 Health Center, Bantul Regency, Yogyakarta province shows the results that women wants decision making to be done jointly between husband and wife. Women's perceptions about the involvement of husbands in decision-making regarding reproductive health based on access to health services in the work area of the Kasihan 1 Health Center, Bantul Regency, Yogyakarta show that most women want the selection of health care facilities by considering the factors needed for medical services and comfortable factors for them, not based on the distance to the nearest health care service location. In addition, women's perceptions regarding the involvement of husbands in making decisions related to reproductive health based on economic factors in the work area of Kasihan 1 Health Center, Bantul Regency, Yogyakarta province show that women also feel the need to have their own income so that they can contribute to decide the type of health care service they want and be more independent.

## VI. RECOMMENDATION

The recommendation from this study is position equality and status between men and women on decision making in health care particularly. Therefore, women are encouraged to be more courageous in expressing their opinions as a form of their involvement in decision making of their health. The participation and support of husband, other families and health workers will further increase support for women in improving their quality of life. The government can make clearer policies regarding the role of husbands in health assistance for women.

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