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Husbands' Knowledge as a Determinant of IUD Contraceptive Selection in Pangalengan, 2025

[1]Matheus Aba*, [2]Cici Liska, [3]Maya Soffa
[1] Bachelor of Midwifery Program, STKINDO Wirautama, Indonesia*; email: martenaba2017@gmail.com
[2] Bachelor of Midwifery Program, STKINDO Wirautama, Indonesia; email: ciciliska311989@gmail.com
[3] Bachelor of Midwifery Program, STKINDO Wirautama, Indonesia; email: mayasoffa.ms@gmail.com
*Correspondence

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Abstract
Introduction: *Intrauterine device contraception offers superior efficacy and long-term benefits, yet utilization rates remain low in Indonesia. Husbands' knowledge significantly influences household contraceptive decisions within patriarchal family structures.* ***Objective:*** *This study examined the relationship between husbands' knowledge and intrauterine device contraceptive selection among couples of reproductive age in Pangalengan Subdistrict, Bandung Regency. Method: A descriptive correlational cross-sectional study was conducted with 86 husbands selected through purposive random sampling. Data collection utilized validated questionnaires assessing knowledge and contraceptive selection patterns. Chi-square analysis examined variable relationships.* ***Result and Discussion:*** *The majority of husbands (55.8%) demonstrated poor knowledge regarding intrauterine device contraception. Only 22.1% of couples selected intrauterine device methods. Statistical analysis confirmed significant relationships between husbands' knowledge and intrauterine device selection (p-value = 0.001). Among husbands with good knowledge, 63.6% selected intrauterine device contraception compared to 10.4% among those with poor knowledge, demonstrating clear dose-response patterns.* ***Conclusion:*** *Husbands' knowledge significantly influences intrauterine device contraceptive selection. Targeted educational interventions incorporating male engagement strategies are essential to enhance long-acting reversible contraceptive uptake and improve reproductive health outcomes.*

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Introduction

Population growth remains a critical global challenge that demands comprehensive attention through strategic interventions. The World Health Organization (WHO, 2024) emphasizes that uncontrolled population expansion significantly impacts economic development, environmental sustainability, and healthcare system capacity across nations. Indonesia, as the world's fourth most populous country with approximately 269 million inhabitants, faces substantial demographic pressures that threaten to compromise national development goals and population welfare (Harahap, 2020). Projections indicate that without effective intervention, Indonesia's population could reach 321 million by 2050, necessitating urgent implementation of comprehensive family planning programs (Supri, 2021).

The family planning program represents a fundamental component of Indonesia's national development strategy, specifically designed to achieve optimal demographic balance while enhancing population quality and welfare. Contemporary data reveals concerning trends in contraceptive utilization patterns, with Indonesia's Total Fertility Rate (TFR) stagnating at 2.6% per fertile couple annually over the past five years, exceeding the ASEAN regional average of 2.4% (Harahap, 2020). This demographic stagnation reflects persistent challenges in contraceptive adoption, particularly concerning long-acting reversible contraceptive (LARC) methods such as intrauterine devices (IUDs). National statistics from the Ministry of Health (Indonesia, 2024) demonstrate that among 49,054,398 couples of reproductive age, IUD utilization remains notably low at 2.5%, substantially lower than short-acting methods including injectables (26.0%) and oral contraceptives (8.1%).

West Java province exhibits similar patterns, with IUD adoption reaching only 9.62% compared to injectable contraceptives at 64.40% (Astuti & Ilyas, 2015). Within Bandung Regency specifically, IUD utilization stands at 10.76%, while injectable contraceptives dominate at 65.59%. These statistics highlight a significant disparity between optimal contraceptive recommendations and actual utilization patterns, particularly concerning LARC methods that offer superior efficacy, cost-effectiveness, and long-term benefits for reproductive health management (Hartanto, 2004;Proverawati, Islaely, & Aspuah, 2010).

The limited adoption of IUD contraception represents a critical public health concern, given its documented advantages including high efficacy rates, extended duration of protection, minimal maintenance requirements, and absence of systemic hormonal effects that could interfere with breastfeeding or cause metabolic complications (Saifuddin, Affandi, Baharuddin, & Soekir, 2006; Pinem, n.d.). Research indicates that contraceptive selection constitutes a complex behavioral decision influenced by multiple interconnected factors. Lawrence Green's behavioral theory framework identifies three primary determinant categories: predisposing factors encompassing knowledge, attitudes, and perceptions; enabling factors including healthcare service accessibility; and reinforcing factors such as healthcare provider support and spousal encouragement (Notoatmodjo, 2007). Among these determinants, knowledge emerges as a fundamental prerequisite for informed contraceptive decision-making. Previous studies have established robust correlations between knowledge levels and contraceptive choices, demonstrating that inadequate understanding of contraceptive methods significantly restricts utilization patterns (Hasibuan & Pane, 2022; Della Octavi, Lestari, & Munir, 2022). Specifically concerning IUD adoption, research by (Delima, Andriani, & Permana, 2022) revealed that 58.0% of respondents possessed insufficient knowledge regarding

IUD characteristics, benefits, and appropriate utilization contexts, directly correlating with reduced adoption rates.

Furthermore, the role of male partners in contraceptive decision-making represents an increasingly recognized yet frequently overlooked dimension of family planning programs. Traditional family planning initiatives predominantly target women, inadvertently marginalizing male participation despite their significant influence on household reproductive health decisions (Pinem, n.d.). Research indicates that husbands' knowledge and attitudes substantially impact their wives' contraceptive choices, with limited male engagement contributing to suboptimal utilization of effective contraceptive methods (Anggraeni, Mamlukah, & Budiman, 2021). In many Indonesian communities, patriarchal decision-making structures position husbands as primary household decision-makers, making their knowledge and support essential for successful contraceptive adoption. Despite growing recognition of male involvement's importance, substantial research gaps persist regarding husbands' knowledge concerning IUD contraception and its relationship with contraceptive selection patterns. Preliminary investigations conducted in Pangalengan Subdistrict, Bandung Regency, revealed concerning knowledge deficits among married men. Initial interviews with ten husbands whose wives utilized injectable contraceptives indicated that eight participants lacked basic understanding of IUD advantages compared to injectable methods. Furthermore, only four husbands attended family planning education sessions, and four explicitly stated refusal to consider IUD adoption despite lacking factual knowledge regarding its characteristics, benefits, or limitations.

These preliminary findings suggest that husbands' inadequate knowledge may represent a significant barrier to IUD adoption, potentially perpetuating reliance on less effective short-acting contraceptive methods. Given that Pangalengan Subdistrict demonstrates IUD utilization rates of only 11.4% among couples of reproductive age despite active family planning programs (UPTD Population Control and Family Development, 2024), investigating the relationship between husbands' knowledge and IUD selection becomes critically important for developing targeted interventions to enhance contraceptive uptake. This study addresses the identified research gap by systematically examining the relationship between husbands' knowledge regarding intrauterine contraceptive devices and actual contraceptive selection patterns among couples of reproductive age in Pangalengan Subdistrict, Bandung Regency. The research objectives are: (1) to assess the level of husbands' knowledge concerning IUD contraception; (2) to determine the prevalence of IUD utilization among couples of reproductive age; and (3) to analyze the statistical relationship between husbands' knowledge levels and IUD contraceptive selection. Findings from this investigation will provide empirical evidence to inform evidence-based family planning interventions that strategically incorporate male engagement, potentially enhancing contraceptive efficacy and contributing to improved maternal health outcomes and sustainable demographic development in Indonesia.

Method

This study employed a descriptive correlational design with a cross-sectional approach to examine the relationship between husbands' knowledge and intrauterine device (IUD) contraceptive selection among couples of reproductive age, enabling simultaneous measurement of independent and dependent variables at one point in time (Sutriyawan, 2021). The research was conducted at the Technical Implementation Unit

for Population Control and Family Development (UPTD Pengendalian Penduduk dan Pembangunan Keluarga) in Pangalengan Subdistrict, Bandung Regency, West Java, Indonesia, with data collected in July 2025 after ethical clearance and administrative approval. The study population comprised 591 husbands of women of reproductive age who were registered as active contraceptive users between January and May 2025; sample size was calculated using the Slovin formula with a 10% margin of error, resulting in 86 respondents (Sopiyudin, 2017). Participants were recruited using purposive random sampling based on inclusion criteria (husbands of women of reproductive age using active contraception and willingness to participate via informed consent) and exclusion criteria (wives not using contraception, uncooperative respondents, or husbands working outside the region with limited availability).

Data were collected using a structured questionnaire consisting of two sections: husbands' knowledge about IUD contraception measured by 40 multiple-choice items adapted from (Ratna, 2022), across four domains, scored dichotomously and categorized as good (≥75%), adequate (>56–<75%), or poor (≤56%) according to (Arikunto, 2010) and contraceptive selection classified as IUD versus non-IUD methods based on (Pinem, n.d.). Instrument testing was conducted with 30 respondents in Cimaung Subdistrict; content validity was assessed through expert review, construct validity used Pearson product-moment correlation ($r>0.361$), yielding 36 valid items, while four items were removed, and reliability testing showed high internal consistency (Cronbach's alpha=0.942) (Sugiyono, 2016). After informed consent, respondents completed self-administered questionnaires under supervision, followed by data checking, coding, and entry for analysis. Statistical analysis using SPSS 26.0 included univariate frequency distributions and percentages interpreted with (Riyanto & Hatmawan, 2020), and bivariate analysis using a chi-square test at $\alpha=0.05$ with decision rules and hypothesis framing aligned to (Arikunto, 2010). Ethical principles were upheld through institutional approval, voluntary participation, confidentiality safeguards, and secure data handling throughout the research process.

Result and Discussion

1. Result

Husbands' Knowledge Regarding Intrauterine Device (IUD) Contraception

The assessment of husbands' knowledge concerning IUD contraception revealed concerning knowledge deficits among study participants. Table 1 presents the frequency distribution of husbands' knowledge levels regarding IUD contraceptive methods.

Table 1
Distribution of Husbands' Knowledge Regarding IUD Contraception in Pangalengan Subdistrict, Bandung Regency (n=86)

Knowledge Level	Frequency (f)	Percentage (%)
Good	11	12.8
Adequate	27	31.4
Poor	48	55.8
Total	**86**	**100.0**

Source: Primary Data, 2025

Table 1 demonstrates that among 86 respondents, the majority (55.8%, n=48) exhibited poor knowledge regarding IUD contraception, less than half (31.4%, n=27) possessed adequate knowledge, and only a small proportion (12.8%, n=11) demonstrated good knowledge concerning IUD characteristics, benefits, mechanisms of action, and

appropriate utilization contexts. These findings indicate substantial knowledge gaps among husbands regarding long-acting reversible contraceptive methods, potentially contributing to suboptimal contraceptive selection patterns within the study population.

IUD Contraceptive Selection Patterns Among Couples of Reproductive Age

Analysis of contraceptive selection patterns revealed persistently low IUD utilization rates among couples of reproductive age in the study setting. Table 2 presents the frequency distribution of contraceptive method selection.

Table 2
Distribution of IUD Contraceptive Selection in Pangalengan Subdistrict, Bandung Regency (n=86)

Contraceptive Selection	Frequency (f)	Percentage (%)
IUD	19	22.1
Non-IUD	67	77.9
Total	**86**	**100.0**

Source: Primary Data, 2025

Table 2 indicates that the majority of respondents (77.9%, n=67) utilized non-IUD contraceptive methods, including injectables, oral contraceptives, implants, condoms, or sterilization procedures, while only a small proportion (22.1%, n=19) selected IUD contraception. These findings demonstrate persistent reliance on short-acting contraceptive methods despite the documented advantages of long-acting reversible contraceptives in terms of efficacy, cost-effectiveness, and convenience.

Relationship Between Husbands' Knowledge and IUD Contraceptive Selection

Chi-square analysis was conducted to examine the statistical relationship between husbands' knowledge levels and IUD contraceptive selection patterns. Table 3 presents the cross-tabulation results and statistical significance testing.

Table 3
Relationship Between Husbands' Knowledge and IUD Contraceptive Selection in Pangalengan Subdistrict, Bandung Regency (n=86)

Husbands' Knowledge	IUD Selection		Total		p-value
	IUD		Non-IUD		
	f	%	f	%	
Good	7	63.6	4	36.4	
Adequate	7	25.9	20	74.1	0.001
Poor	5	10.4	43	89.6	
Total	**19**	**22.1**	**67**	**77.9**	

Source: Primary Data, 2025

Table 3 demonstrates clear gradient patterns in contraceptive selection across knowledge categories. Among husbands with good knowledge, the majority (63.6%, n=7) selected IUD contraception, while only 36.4% (n=4) chose non-IUD methods. Conversely, among husbands with adequate knowledge, only 25.9% (n=7) selected IUD contraception, with 74.1% (n=20) opting for non-IUD methods. Most strikingly, among husbands with poor knowledge, merely 10.4% (n=5) selected IUD contraception, while the vast majority (89.6%, n=43) utilized non-IUD contraceptive methods.

Chi-square statistical testing yielded a p-value of 0.001, substantially lower than the predetermined significance threshold of α=0.05. These results provide robust statistical evidence to reject the null hypothesis and accept the alternative hypothesis, confirming a statistically significant relationship between husbands' knowledge levels and IUD contraceptive selection patterns in Pangalengan Subdistrict, Bandung Regency.

2. Discussion

Husbands' Knowledge Regarding IUD Contraception

The finding that the majority of husbands (55.8%) demonstrated poor knowledge regarding IUD contraception represents a significant public health concern requiring urgent intervention. This knowledge deficit encompasses multiple domains including IUD mechanisms of action, comparative advantages over alternative contraceptive methods, potential side effects, contraindications, and appropriate utilization contexts. According to (Notoatmodjo, 2007) knowledge theory, knowledge constitutes the cognitive foundation for informed decision-making and behavioral change. Knowledge acquisition occurs through sensory perception and information processing, predominantly via visual and auditory channels. The observed knowledge deficits among husbands in this study likely reflect inadequate exposure to comprehensive family planning education specifically targeting male populations.

These findings align with previous research documenting substantial knowledge gaps concerning long-acting reversible contraceptive methods. (Delima et al., 2022) similarly reported that 58.0% of respondents possessed insufficient knowledge regarding IUD characteristics in a comparable Indonesian setting. Furthermore, (Della Octavi et al., 2022) documented that 75% of respondents demonstrated poor knowledge concerning contraceptive methods among postpartum women. The consistency of these findings across multiple studies and geographical contexts suggests systemic deficiencies in family planning education delivery, particularly concerning male engagement in reproductive health decision-making.

Several interconnected factors may contribute to the observed knowledge deficits among husbands. First, traditional family planning programs predominantly target women as primary recipients of contraceptive education, inadvertently marginalizing male participation despite their significant influence on household reproductive decisions (Pinem, n.d.). This gender-biased approach fails to recognize the patriarchal decision-making structures prevalent in many Indonesian communities, where husbands frequently serve as primary household decision-makers. Second, inadequate information dissemination through accessible channels limits husbands' opportunities to acquire comprehensive knowledge regarding contraceptive options. Preliminary interviews revealed that only 40% of husbands attended family planning education sessions, suggesting either lack of invitation, scheduling conflicts with occupational responsibilities, or perceived irrelevance of such sessions to male roles.

Third, persistent cultural beliefs and misconceptions regarding contraception may impede knowledge acquisition. Traditional gender norms positioning family planning as exclusively female domain discourage male engagement in reproductive health matters (Anggraeni et al., 2021). Fourth, limited health literacy and educational attainment among certain population segments may constrain comprehension of technical contraceptive information, necessitating simplified educational materials and culturally appropriate communication strategies (Budiman, 2013).

The implications of inadequate husband knowledge extend beyond individual contraceptive decisions to broader reproductive health outcomes. Research demonstrates that male partner knowledge and support significantly influence women's contraceptive adoption, continuation, and satisfaction (Ramadhan, 2020). Inadequate husband knowledge may manifest as resistance to wife's contraceptive utilization, preference for less effective methods due to misconceptions, or failure to provide emotional and financial support necessary for accessing contraceptive services. Consequently, addressing husband knowledge deficits represents a critical leverage point for enhancing overall contraceptive uptake and improving maternal health outcomes within the study population.

IUD Contraceptive Selection Patterns

The finding that only 22.1% of couples selected IUD contraception while 77.9% utilized non-IUD methods confirms persistently low adoption rates for long-acting reversible contraceptive methods despite their documented advantages. This utilization pattern substantially falls below national family planning program targets recommending 80% utilization of long-acting methods among women over 35 years (Kemenkes RI, 2020). The observed IUD utilization rate in Pangalengan Subdistrict (22.1%) slightly exceeds the regency-level rate of 10.76% but remains substantially below optimal targets, indicating significant opportunity for improvement through targeted interventions.

According to contraceptive theory, IUD methods offer multiple advantages over short-acting alternatives, including superior efficacy rates exceeding 99%, extended duration of protection (5-10 years depending on device type), elimination of user-dependent adherence requirements, rapid return to fertility upon removal, absence of systemic hormonal effects, compatibility with breastfeeding, and long-term cost-effectiveness despite higher initial expenses (Hartanto, 2004; Proverawati, Islaely, & Aspuah, 2010; Saifuddin, Affandi, Baharuddin, & Soekir, 2006). These theoretical advantages should logically position IUD methods as preferred contraceptive choices for couples seeking reliable long-term fertility regulation.

However, the substantial gap between theoretical advantages and actual utilization patterns suggests multiple barriers impeding IUD adoption. First, knowledge deficits regarding IUD characteristics, benefits, and safety profiles limit informed decision-making, as evidenced by the strong association between knowledge levels and contraceptive selection documented in this study. Second, misconceptions and myths surrounding IUD contraception persist within communities, including unfounded concerns regarding pain during insertion, interference with sexual activity, migration of devices within the body, and fertility impairment (Anggraeni et al., 2021). Third, procedural requirements for IUD insertion by trained healthcare providers create access barriers compared to over-the-counter availability of oral contraceptives or convenient injectable administration at community health centers.

Fourth, anticipated side effects including menstrual pattern changes, dysmenorrhea, and spotting deter adoption despite these effects typically resolving within 3-6 months post-insertion (Pinem, n.d.). Fifth, healthcare provider biases and counseling practices may influence contraceptive selection, with some providers preferentially recommending familiar methods rather than comprehensively presenting all available options (Budiarti, Nuryani, & Hidayat, 2017). Sixth, socioeconomic factors including initial insertion costs, transportation expenses to facilities offering IUD services, and opportunity costs

associated with healthcare visits may particularly burden economically disadvantaged populations despite long-term cost advantages.

Comparative analysis with previous research reveals consistent patterns of suboptimal IUD utilization across diverse Indonesian settings. (Hasanah & Indriani, 2017) documented 27.1% IUD utilization among couples of reproductive age in Sleman, while (Noriani & Teja, 2017) reported only 16.2% IUD adoption among postpartum women in Medan. These findings collectively indicate systemic challenges transcending individual facility or regional characteristics, suggesting need for comprehensive programmatic reforms to enhance long-acting reversible contraceptive uptake nationwide.

Relationship Between Husbands' Knowledge and IUD Contraceptive Selection

The statistically significant relationship between husbands' knowledge and IUD contraceptive selection (p=0.001) provides robust empirical evidence confirming knowledge as a critical determinant of contraceptive decision-making within the study population. The observed gradient relationship whereby increasing knowledge levels correlate with higher IUD adoption rates demonstrates clear dose-response patterns consistent with behavioral theory frameworks. Among husbands with good knowledge, 63.6% selected IUD contraception compared to only 10.4% among those with poor knowledge, representing more than sixfold difference in adoption rates across knowledge categories.

These findings align with Lawrence Green's PRECEDE-PROCEED behavioral model, which posits knowledge as a fundamental predisposing factor influencing health-related behaviors (Notoatmodjo, 2007). According to this framework, knowledge creates cognitive foundations enabling individuals to recognize health problems, understand potential solutions, appreciate benefits and risks of alternative actions, and make informed decisions aligned with personal values and circumstances. In contraceptive decision-making contexts, comprehensive knowledge regarding IUD characteristics, mechanisms, advantages, and appropriate utilization enables couples to critically evaluate whether IUD methods align with their reproductive goals, health status, lifestyle preferences, and family planning objectives.

The observed relationship between husband knowledge and contraceptive selection reflects broader gender dynamics and decision-making patterns within Indonesian family structures. Research consistently demonstrates that husbands exert substantial influence over household reproductive decisions, with male partner approval frequently constituting prerequisite for women's contraceptive adoption (Pinem, n.d.). This influence operates through multiple mechanisms including direct decision-making authority, financial control over healthcare expenditures, emotional support or resistance affecting women's confidence in contraceptive choices, and information sharing that shapes women's knowledge and perceptions regarding available methods (Saifuddin et al., 2006).

Consequently, husband knowledge represents not merely individual cognitive attribute but rather critical household resource influencing joint reproductive decision-making processes. Husbands possessing comprehensive IUD knowledge can effectively communicate benefits to wives, address concerns through factual information, provide emotional support during insertion and adjustment periods, and advocate for IUD adoption during healthcare consultations. Conversely, knowledge-deficient husbands may perpetuate misconceptions, express resistance based on unfounded concerns, fail to

recognize long-term advantages of IUD methods, or default to familiar short-acting alternatives requiring less initial commitment.

These findings corroborate previous research establishing knowledge as significant predictor of contraceptive selection patterns. (Hasibuan & Pane, 2022) documented significant associations between knowledge levels and contraceptive choices (p=0.022), while (Natalia, 2024) similarly confirmed relationships between knowledge and long-acting contraceptive method selection (p=0.017). Furthermore, Oktarina (2022) established that both education and knowledge significantly influenced IUD contraceptive decisions (p=0.000), suggesting multiple interconnected pathways through which cognitive factors shape reproductive health behaviors.

The practical implications of these findings extend beyond academic understanding to inform evidence-based intervention development. The strong knowledge-behavior relationship documented in this study suggests that educational interventions targeting husbands represent promising strategies for enhancing IUD adoption rates. Such interventions should employ multiple complementary approaches including: (1) mass media campaigns utilizing radio, television, and social media platforms to disseminate basic IUD information and dispel common misconceptions; (2) community-based educational sessions specifically designed for male audiences, addressing masculine concerns and utilizing peer education models; (3) couple-oriented counseling during antenatal, postnatal, and family planning visits ensuring both partners receive comprehensive contraceptive information; (4) healthcare provider training emphasizing importance of male engagement and equipping providers with communication strategies for effectively conveying IUD information to diverse audiences; and (5) development of culturally appropriate educational materials utilizing visual aids, testimonials from satisfied users, and cost-effectiveness comparisons facilitating informed decision-making.

Furthermore, these interventions must address not only factual knowledge deficits but also underlying attitudes, cultural beliefs, and structural barriers influencing contraceptive decisions. Comprehensive approaches integrating knowledge enhancement with attitude modification, skill building for informed decision-making, and healthcare system improvements facilitating IUD access will likely achieve greater impact than isolated educational efforts. Such multi-level interventions recognize contraceptive selection as complex behavioral outcome influenced by individual, interpersonal, community, organizational, and policy-level factors requiring coordinated action across multiple intervention domains.

Study Limitations and Future Research Directions

Several methodological limitations warrant consideration when interpreting study findings. First, the cross-sectional design precludes causal inference, limiting conclusions to associative relationships rather than definitive causal pathways. Longitudinal research tracking knowledge changes and subsequent contraceptive decisions would provide stronger evidence regarding causal mechanisms. Second, reliance on self-reported contraceptive utilization may introduce social desirability bias, with respondents potentially over-reporting socially valued behaviors or under-reporting stigmatized practices. Third, the purposive sampling approach may limit generalizability to broader populations with different demographic characteristics or cultural contexts. Fourth, the single-setting focus on Pangalengan Subdistrict restricts understanding of regional variations in knowledge-behavior relationships across diverse Indonesian contexts.

Future research should address these limitations through several methodological enhancements. Longitudinal cohort studies tracking couples over extended periods could elucidate temporal relationships between knowledge acquisition, attitude changes, and contraceptive transitions. Multi-site comparative studies across diverse geographical, cultural, and socioeconomic contexts would enhance understanding of contextual factors moderating knowledge-behavior relationships. Mixed-methods approaches incorporating qualitative interviews and focus group discussions alongside quantitative surveys could provide deeper insights into decision-making processes, cultural beliefs, and structural barriers influencing contraceptive choices. Intervention studies evaluating educational program effectiveness would generate practice-relevant evidence regarding optimal strategies for enhancing male engagement and IUD adoption. Finally, examination of additional variables including attitudes, self-efficacy, social norms, healthcare provider influences, and accessibility factors would enable development of comprehensive theoretical models explaining contraceptive selection patterns.

Conclusion

This study examined the relationship between husbands' knowledge and intrauterine device (IUD) contraceptive selection among couples of reproductive age in Pangalengan Subdistrict, Bandung Regency. The findings indicate substantial knowledge gaps: most respondents (55.8%) had poor knowledge about IUDs, while 31.4% had adequate knowledge and only 12.8% demonstrated good knowledge. In line with this, IUD utilization was low—only 22.1% of couples used IUDs, whereas 77.9% relied on non-IUD methods. Most importantly, husbands' knowledge was significantly associated with IUD selection (p-value = 0.001 < α = 0.05), showing a clear gradient in which higher knowledge corresponded to higher IUD adoption (63.6% in the good-knowledge group vs. 25.9% adequate and 10.4% poor). These results address the research gap on how male knowledge shapes household contraceptive decisions in this setting and underscore the need for male-centered and couple-based family planning interventions—combining targeted education, counseling, and myth-dispelling with service improvements—to increase IUD uptake and strengthen reproductive health outcomes.

Reference

Anggraeni, N. S., Mamlukah, M., & Budiman, I. (2021). Faktor-Faktor yang Berhubungan dengan Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP) di Desa Bandorasa Kulon Kecamatan Cilimus Kabupaten Kuningan Tahun 2021. *Journal of Health Research Science*, *1*(02), 64–72.

Arikunto, Suharsimi. (2010). Prosedur penelitian suatu pendekatan praktek. *(No Title)*.

Astuti, D., & Ilyas, H. (2015). Faktor-faktor yang berhubungan dengan pemilihan alat kontrasepsi suntik. *Jurnal Ilmiah Keperawatan Sai Betik*, *11*(2), 233–243.

Budiarti, I., Nuryani, D. D., & Hidayat, R. (2017). Determinan Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP) pada Akseptor KB. *Jurnal Kesehatan*, *8*(2), 220–224.

Budiman, R. A. (2013). *Kapita Selekta Kuesioner: Pengetahuan dan Sikap dalam Penelitian Kesehatan*. Jakarta: Salemba Medika.

Delima, M., Andriani, Y., & Permana, D. Y. (2022). Hubungan Pengetahuan dan Dukungan Suami terhadap Minat Ibu dengan Penggunaan AKDR. *Jurnal Kesehatan Tambusai*, *3*(2), 292–303.

Della Octavi, F., Lestari, F., & Munir, R. (2022). Hubungan Tingkat Pengetahuan Ibu dengan Minat terhadap Penggunaan Alat Kontrasepsi Dalam Rahim (AKDR) Pasca Bersalin. *Journal of Midwifery Care*, *2*(02), 133–142.

Harahap. (2020). *Kesehatan Reproduksi*. USU Press.

Hartanto, H. (2004). *Keluarga Berencana dan Kontrasepsi* (Vol. 37). Jakarta: Pustaka Sinar Harapan.

Hasanah, S. N., & Indriani, I. (2017). *Gambaran Pemilihan Kontrasepsi Intra Uterine Device (IUD) pada Pasangan Usia Subur (PUS) di Desa Sidorejo Sleman Yogyakarta*. Universitas 'Aisyiyah Yogyakarta.

Hasibuan, S., & Pane, A. H. (2022). Hubungan antara tingkat pengetahuan ibu dengan pemilihan kontrasepsi di Puskesmas Sipiongot. *Ibnu Sina: Jurnal Kedokteran Dan Kesehatan-Fakultas Kedokteran Universitas Islam Sumatera Utara*, *21*(2), 138–144.

Indonesia, Kementerian Kesehatan Republik. (2024). *Profil Kesehatan Indonesia*. Jakarta: Kemenkes RI.

Natalia, O. (2024). Hubungan Pengetahuan Tentang Kontrasepsi dengan Pemilihan Metode Kontrasepsi Jangka Panjang. *Jurnal Promotif Preventif*, *7*(4), 822–826.

Noriani, N. K., & Teja, A. Y. R. (2017). Gambaran Penggunaan KB IUD pada Ibu Pasca Melahirkan di Ruang Bersalin BRSU Wangaya. *Interdental Jurnal Kedokteran Gigi (IJKG)*, *13*(1).

Notoatmodjo, S. (2007). *Promosi Kesehatan dan Ilmu Perilaku* (Vol. 20). Jakarta: Rineka Cipta.

Pinem, L. H. (n.d.). Pengertian Leopold Manuver. In *Keterampilan Dasar Praktik Kebidanan* (p. 40).

Proverawati, A., Islaely, A. D., & Aspuah, S. (2010). *Panduan Memilih Kontrasepsi*. Yogyakarta: Nuha Medika.

Ratna, E. D. (2022). *Hubungan Pengetahuan, Dukungan Suami dan Dukungan Budaya pada Wanita Usia Subur terhadap Pemilihan Alat Kontrasepsi Dalam Rahim (AKDR) di PMB Dewi Cikancung Kabupaten Bandung*. Institut Kesehatan Rajawali, Bandung.

Riyanto, S., & Hatmawan, A. A. (2020). *Metode Riset Penelitian Kuantitatif: Penelitian di Bidang Manajemen, Teknik, Pendidikan dan Eksperimen*. Deepublish.

Saifuddin, A. B., Affandi, B., Baharuddin, M., & Soekir, S. (2006). *Buku Panduan Praktis Pelayanan Kontrasepsi*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo.

Sopiyudin. (2017). *Statistika untuk Kedokteran dan Kesehatan*. Jakarta: Salemba.

Sugiyono. (2016). Metode penelitian kunatitatif kualitatif dan R&D. *Alfabeta, Bandung*.

Supri, A. M. (2021). *Faktor yang Berhubungan dengan Kejadian Penghentian Alat Kontrasepsi Di Indonesia (Analisis Survei Kinerja dan Akuntabilitas Program KKBPK)*. Universitas Hasanuddin.

Sutriyawan, A. (2021). *Metodologi Penelitian Kedokteran dan Kesehatan: Dilengkapi Tuntunan Membuat Proposal Penelitian*. Bandung: PT Refika Aditama.