

## Original Research Article

# The Effect of Social Support on Nutritional Status and Using Decision Making Contraception

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**Abstract: Background:** An uncontrolled increase in population can increase the number of maternal deaths, the use of contraception is an activity to regulate pregnancy spacing and prevent complications in mothers during pregnancy, childbirth and postpartum. Several factors that can influence the decision-making for the choice of contraception are social support which consists of the support of husband, family, friends and health workers. While contraception has side effects, one of which is changes in body weight that can affect the nutritional status of women who accept contraception. **Purpose:** Determine the effect of social support on the nutritional status of women who accept contraception and the effect of social support on the decision making of contraceptive selection. **Methods:** the research design is cross sectional with the sampling technique using simple random sampling. The sample size is 225 respondents, data collection using questionnaires and observations using multiple logistic regression analysis. **Findings:** The results of the analysis of social support with contraception decision making showed that the family support variable had a p value of 0.04 and that of friends' support had a p value of 0.01. While the results of the analysis of social support with the nutritional status of contraceptive acceptors showed that the family support variable had a p value of 0.04. **Conclusion:** Social support from family support has a significant effect on the nutritional status of women who are contraceptive acceptors. Meanwhile, social support in the form of support from family and friends has a significant effect on decision making when choosing contraception.

**Keywords:** Sosial Support, Nutritional Status, Decision making.

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## INTRODUCTION

Indonesia is ranked fourth in the world with a population of 27.2 million people with a productive age of 70.72%, which can allow the population to increase (BPS, 2021). To suppress the rate of population growth, there is contraception which is an activity to prevent and regulate temporary or permanent distance (Matahari *et al.*, 2018). The prevalence of couples of childbearing age participating in active contraception in Indonesia in 2021 is 57.4%, of which couples of childbearing age who use contraception in East Java are 63.8% (Kemenkes RI., 2022). While couples of childbearing age in Jember Regency who use contraception in 2020 are 82.15% (Dinas Kesehatan Provinsi Jawa Timur., 2020).

Compliance and participation in decision-making on the use of contraceptive methods can be influenced by perceptions, facts and interpretations of

contraceptive acceptors (Sofiah & Indriani, 2018). Several factors that can affect participation in the use of contraception, one of which is the support of husbands, family, friends and health workers (Bornstein *et al.*, 2021). In addition, family support for acceptors is able to influence women's participation in using contraception, where this support can be in the form of attitudes, behavior, the ability to provide input and provide a sense of security (Karberg *et al.*, 2019).

The choice of contraception is closely related to the understanding of contraceptive acceptors regarding the benefits, risks and contraceptives that best suit the needs of the acceptor (Cwiak, 2020). One of the side effects of using hormonal contraception is changes in body weight (Fatma & Meilana, 2021). Weight gain on contraceptive use is caused by the hormones estrogen and progesterone (Izhar, 2020). Changes in the weight of each woman in addition to being related to

the use of contraception, are also influenced by family support which can improve women's behavior and health status (Nguyen *et al.*, 2018).

The use of contraception is one strategy to reduce maternal mortality by adjusting the distance or number of pregnancies, preventing the possibility of experiencing complications during pregnancy, childbirth and the postpartum period that can result in death (Kemenkes RI., 2022). In addition, the use of contraception can provide opportunities for women to improve their welfare and nutritional fulfillment (Ambarwati *et al.*, 2019). Based on the description above, the purpose of this study was to determine the effect of social support on the nutritional status of mothers who use contraception and the effect of social support on the decision to choose contraceptives.

## METHODS

The study was conducted in Jember and carried out in July-September 2022. The study used a cross sectional design, the sampling technique used simple random sampling with the research sample being women of childbearing age, contraceptive acceptors in the Jember Regency area as many as 225 respondents.

Questionnaires were used to collect data related to husband's support and decision making in the choice of contraception, while the observation sheet was to calculate BMI. Research tools and materials used are weight scales and microtoise. Before carrying out the research, the validity and reliability of the instruments in this study were tested in order to obtain the ethical feasibility of the research. The analysis test in this research is univariate analysis of respondent characteristic data which is presented in the form of percentage and multiple logistic regression analysis using SPSS application software.

## RESULTS AND DISCUSSION

The results of the characteristics of research in table 1 show that the majority of respondents are between the ages of 21-35 years (68.4%), with the most recent education of respondents being high school education, which is 74 (32.9). In addition, the contraceptive method used by most respondents is not a long term contraceptive method by 130 (57.8%), most of the decision makers to use contraception are carried out alone, namely 115 respondents (51.1%) and the nutritional status of the most respondents is in the obese category, namely 88 respondents (39.1%).

**Table 1: Descriptive Statistics of Respondents**

		Frequency	Percent	
<b>Age</b>	>20 Years	12	5,3	
	21-35 Years	154	68,4	
	>36 Years	59	26,2	
<b>Education Final</b>	No School	8	3,5	
	Primary School	53	23,6	
	Junior High School	68	30,2	
	Senior High School	74	32,9	
	College	22	9,8	
<b>Contraceptive Methode</b>	long term contraceptive method	95	42,2	
	Not long term contraceptive method	130	57,8	
<b>Decision Maker</b>	Own decision	115	51,1	
	Not a decision	110	48,9	
<b>Nutritional status</b>	Skinny	6	2,6	
	Normal	76	33,8	
	Overweight	88	39,1	
	Obesity I	31	13,8	
	Obesity II	23	10,2	
	Obesity III	1	0,5	
<b>Sosial Suppot</b>	Husband	Favorabel	118	52,4
		Unfavorabel	107	47,6
	Family	Favorabel	115	51,1
		Unfavorabel	110	48,9
	Friends	Favorabel	130	57,8
		Unfavorabel	95	42,4
	Health Worker	Favorabel	90	40
		Unfavorabel	135	60

Source: Field Data, 2022

**Tabel 2: Analysis of Social Support and Contraceptive Choice Decision Making**

Sosial Support	B	Sig	Exp(B)	95%CI
Husband	-0,11	0,69	0,89	0,51-1,55
Family	0,56	0,04	1,75	1,00-3,08
Friends	-0,68	0,01	0,50	0,28-0,88
Health Worker	0,02	0,15	1,49	0,85-2,59

Source: Field Data, 2022

**Table 3: Analysis of Social Support and Nutritional Status of Contraceptive Acceptors**

Sosial Support	B	Sig	Exp(B)	95%CI
Husband	-0,22	0,45	0,80	0,45-1,42
Family	0,61	0,04	1,84	1,02-3,33
Friends	0,29	0,31	1,34	0,75-2,42
Health Worker	-0,31	0,30	0,73	0,41-1,32

Source: Field Data, 2022

The results of this study also obtained data on social support consisting of husband support which is favorable 118 (52.4%), family support which is favorable 115 (51.1%), friend support which is favorable as much as 130 (57.8%) and 135 (60%).

The results of the multiple logistic regression analysis obtained data in Table 2 and Table 3. Table 2 shows that the social support variables that have a p value <0.05 are family support and friend support. The results of this study indicate that family support and friend support have a significant effect on decision making in the selection of contraception by female contraceptive acceptors. The family support variable shows the result of the exp B value of 1.75 (p value 0.04; 95% CI 1.00-3.08), which means that the tendency of contraceptive acceptors with family support in choosing a contraceptive method is 1.75 greater. Influence women's decision making in choosing contraception compared to women who do not receive family support. This is consistent with other studies which state that family involvement in providing information or counseling about family planning has proven to be a preference and influence women's desire to use contraception (Yonas Tadesse *et al.*, 2019). Approach actions through providing information that are tailored to women's needs can actually help women to choose more contraceptive methods and according to their needs, which in turn can increase satisfaction with the choices they make (Bitzer *et al.*, 2021).

The provision of educational interventions that focus on optimizing delays and regulating pregnancy intervals has shown a significant increase in contraceptive use and selection (Lassi *et al.*, 2020). Obtaining effective contraceptive counseling as needed in decision making is a process that must be appreciated to increase satisfaction, acceptance, and higher adherence to the method used so that there is a balance between the risks and benefits of needs with health conditions (Bitzer *et al.*, 2021). In addition, the level of understanding and knowledge of contraceptives and their effects can influence the selection and use of

contraceptive methods in women (Maitanmi *et al.*, 2021).

The friends support variable also shows an exp B value of 0.50 (p value 0.01; 95% CI 0.28-0.88), which indicates that decision making in the selection of contraceptives with female contraceptive acceptors who receive peer support has an effect on by 0.50 greater for decision making compared to women who did not receive friends support. The results of this study are in accordance with previous research which stated that social support, one of which was the support of friends regarding the provision of contraceptive information, turned out to be able to influence decision making in using contraception (Bornstein *et al.*, 2021).

The social support variable in this study which consisted of husband's support was p value = 0.69 (p value > 0.05) and health workers had p value = 0.15 (p value > 0.05), so it can be concluded that support husband and the support of health workers do not significantly influence the decision-making for the choice of contraception. This is in accordance with the results of previous studies which stated that the role of men in contraceptive decision making may be a barrier and facilitator of contraceptive use (Bornstein *et al.*, 2021). Strength in decision-making on the use of contraception has a positive effect on the use of contraceptive methods so that action is needed for health workers to involve their husbands in the process of selecting and using contraceptive methods (Reed, 2021). In addition, the increase in acceptor compliance was also influenced by a high level of satisfaction with the use of contraception, which was influenced by its easy, effective, and relatively affordable cost (Sittig *et al.*, 2020).

The results of the study in table 3 show that the results between the variables of social support and nutritional status of contraceptive acceptors that have a p value <0.05 is social support from the family which states that family support has a significant effect on nutritional status. Women are contraceptive acceptors, while the support of husbands, friends and health

workers has a p value > 0.05 (p value = 0.45, p value = 0.31 and p value = 0.30) which indicates that there is no significant effect between the support of husbands, friends and health workers regarding the nutritional status of women who use contraception.

The family support variable showed that the exp B value was 1.84 (p value 0.04; 95% CI 1.02-3.33), whereas women who were contraceptive acceptors with family support had 1.84 greater influence on the nutritional status of women using contraceptives. Compared to women using contraception who did not receive family support. The results of this study are in accordance with previous studies which stated that the use of combined contraceptives (estrogen and progesterone hormones) is closely related to the duration of contraceptive use which can increase body mass index. The content of the hormones estrogen and progesterone can work actively in producing body fat formation which causes an increase in BMI in acceptors (Kamila *et al.*, 2021). In addition, the hormone estrogen causes a decrease in the expenditure of sodium and air resulting in fluid accumulation, while the progesterone hormone facilitates the metabolism of carbohydrates and sugars into fat, increases appetite and causes a decrease in mobilization resulting in an increase in body weight (Izhar, 2020).

Women who use levonorgestrel contraception have been shown to have a fat BMI and are very obese compared to women who do not use levonorgestrel contraception (Natavio *et al.*, 2019). Other studies also state that an increase in body mass index in implant acceptors is associated with longer implant use; this is related to a relatively small decrease in etonogestrel serum concentrations. The current limited understanding and knowledge is how the relationship between body mass index can affect steroid hormone metabolism in women, because genetic differences between individuals and the depth of implant placement can affect several pharmacokinetics of serum etonogestrel levels and steroid hormones (Lazorwitz *et al.*, 2019). Individual nutritional status is different from the use of age, it also depends on nutritional intake and nutritional needs, if nutritional intake is balanced with needs, it produces normal nutritional status, because each individual has nutritional needs that depend on activity, weight and height (Pawiyarni, 2022)

## CONCLUSION

Social support from family support has a significant effect on the nutritional status of contraceptive acceptors. Meanwhile, social support in the form of family support and friends support has a significant effect on decision making in choosing contraceptives. Future researchers are expected to conduct further research on what factors can affect social support and how big its role is that it affects nutritional status and decision making in the use of contraception.

## Limitations

The relatively short research time, observation sheets and simple designed questionnaires for data collection can be limitations that must be considered.

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## DISCLOSURE STATEMENT

Each author declares there is no potential conflict of interest in the writing of this article.

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