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The Correlation Between Husband's Support and Self-Efficacy of Women in Choosing Long-Acting Reversible Contraceptives (LARC)

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ABSTRACT Husband support is a strengthening factor in choosing long-term contraceptive methods. The problem is the husband's strong influence in determining the wife's contraception. A wife becomes more confident in herself through the positive support of her husband. This study aims to find out the correlation between the husband's support with the self-efficacy of women of childbearing age in choosing LARC. The research design used is a correlational descriptive with a cross-sectional approach. The population of LARC acceptor PUS was 42 people, sampling using proportional random sampling with 38 respondents who met the inclusion criteria. The research instrument uses husband support query sheets and self-efficacy questionnaires that have been tested for validity and reliability. The Spearman correlation test shows a correlation coefficient of 0.564 which is strongly correlated. As well as the significance level of $0.000 < 0.05$, which means there is a correlation between the husband's support and PUS self-efficacy in choosing LARC. The promotional action to increase the confidence of the use of LARC is to increase the provision of information on LARC contraception. The availability of support in facing difficulties and overcoming problems is very important in increasing the wife's confidence in choosing LARC

INDEX TERMS Husband Support, Self Efficacy, LARC

I. INTRODUCTION

The Family Planning program is an effort to control fertility by regulating childbirth, distance, and ideal birth age, directing pregnancy to match reproductive rights in realizing a quality family. According [26] in the implementation of a family planning program, methods or tools used to prevent pregnancy are called contraception. Contraceptive methods are divided into 2 groups based on the duration of use: LARC (Long-Acting Reversible Contraception) and SARC (Short Acting Reversible Contraception) [30]. Long-term contraceptive methods have higher effectiveness than short-term contraceptive methods. The use of long-acting contraceptive methods has many benefits. Several programs to increase the use of long-acting contraceptive methods in Indonesia have been implemented. For example, the government has enacted policies encouraging Indonesian citizens to use effective and efficient long-acting contraceptive methods [37]. The Ministry of Health of the Republic of Indonesia categorizes contraceptive users into two

age groups: those under 20 years old or over 35 years old, who are targeted for pregnancy postponement, and those between 20 and 35 years old, who are targeted for spacing pregnancies [31]. However, most acceptors prefer SARC over LARC [7].

The woman has the right to choose the contraceptive method as a wife. The wife's participation in deciding which contraception to use will make the wife know what she wants. Wives who discussed the selection of contraceptive methods together with their husbands proved to be more satisfied with the contraceptive methods used [22]. The wife will refuse to use contraception if there is no cooperation with her husband. In addition, [25] showed that only 19.8% decision-making carried out by wives.

The decision-making requires the husband's consent in using and choosing contraception. In line [18], 75% of the decision-making by husbands tend to choose short-term contraceptive methods, while only 25% choose long-term

contraceptives. So, that it leads to positive support from the husband which is very necessary because it can provide motivation and comfort for the wife. The participation of wives and husbands will be formed in decision-making related to choosing a contraceptive method [35].

The selection of LARC is influenced by several factors including age, parity, knowledge, attitude, husband's support, and the role of health workers. Husband support is one of the reinforcing factors that has several aspects, that is emotional support, instrumental, rewarding, social, and informational [11]. Emotional support is a type of support that can provide mental assistance in the form of motivation, attention, and recognition so that it can make wives feel comfortable and calm. As a form of decision support, the agreement can determine the long-term contraceptive method to be chosen [12]. Husband support provided in any form will affect the mother's emotional condition and can enhance her self confidence in fulfilling her responsibilities [6]. Bandura's theory [11] states that cognitive processes including decision-making, having beliefs, or appreciating one's abilities are considerations in understanding a person. Self-efficacy to motivate the wife is the biggest factor in deciding to use contraception. One of the factors that can affect motivation is Self-efficacy. Following by Bandura in [1], there are four important sources for developing self- efficacy, including mastery experience, vicarious experience, verbal persuasion, and physiological and emotional state. Emotional conditions refer to that can affect individual decision-making are called physiological and emotional states.

Acceptors have been able to assess confidence when they understand their expectations in using contraception. In this case, the support from a partner or husband is one of the things that can affect the self-efficacy of couples of childbearing ages. Emotional factors such as anxiety and fear in choosing long-term contraception can be overcome with positive support [9]. The most significant factor influencing parenting self-efficacy is social support that comes from the closest family or partner, as they have a strong connection with the individual [17].

BPS data (2018) in Malang, 75.84% of couples of childbearing age (PUS) that use family planning. The region with the lowest presentation is Gondanglegi, which is 69.13% of PUS are active as family planning acceptors [5]. Based on the preliminary studies conducted, Sukorejo has the lowest number of LARC acceptors in Gondanglegi, which is 73 acceptors. Misperceptions about LARCs and fear of switching to LARC contraception because of the failure rate have resulted in the continued low usage of LARC methods [10]. This study aims to find out the correlation between the husband's support with the self-efficacy of women of childbearing age in choosing LARC.

II. METHODS

This research was a descriptive correlational study with a cross-sectional approach. The implementation of this research was carried out in Sukorejo, Gondanglegi, Malang in July 2023. The population in this study was all women of childbearing age

couples who are active as LARC acceptors and by the inclusion criteria as many as 42 people. Inclusion criteria: 1) women in PUS aged 20 – 45 years and using LARC, 2) women in PUS whose husbands live in the same household, and 3) women in PUS whose husbands are receiving information about contraceptives methods. The sampling technique uses proportional random sampling totaling 38 respondents. Sukorejo has 3 neighborhood units (RW), so the sample size for each RW is determined proportionally based on the number of LARC users. The selection of research participants will be done randomly by drawing names within each RW using a spinning method to ensure that the required sample size is met. If a selected participant does not wish to participate, a re-draw will be conducted to select a new sample.

The independent variable in this study is husband support, which is the result of maternal research related to emotional support obtained from husbands. The dependent variable is the self-efficacy of PUS in choosing LARC, which is the result of the wife's assessment of self-ability in choosing LARC family planning. The independent variable in this study is husband support, which is the result of maternal research related to emotional support obtained from husbands. The dependent variable is the self-efficacy of PUS in choosing LARC, which is the result of the wife's assessment of self-ability in choosing LARC family planning.

The research instrument used a husband support questionnaire and self-efficacy questionnaire which had been tested for validity on 10 family planning acceptors in Sukosari. The test technique used is a correlation technique through the Product Moment correlation coefficient, where the minimum requirement to be considered a valid instrument item is 0.632. Analysis of the data used Spearman rank with a significance of 0.05. In the application of Spearman's rank correlation, the decision rule is based on the comparison between the p value and the significance level (α). Specifically, if the p value is less than or equal to α (0.05), the null hypothesis (H_0) is rejected. Conversely, if the p value exceeds α (0.05), the null hypothesis (H_0) is not rejected.

III. RESULT

TABLE 1 shows that the age of most respondents is 52.6% aged 20-35 years. Education from respondents shows that almost half of the respondents have a high school education which is 39.5%. The respondents' work showed that the largest presentation was housewives at 60.5%. Parity showed the largest percentage of respondents having more than 2 children at 76.3%. Revenue per month has a presentation of 97.4% on income less than Rp 3,000,000. Long marriage shows that most of the respondents are married for more than 10 years with a presentation of 60.5%. The length of time the wife used birth control showed a presentation using birth control for 0-2 years as much as 47.4%.

TABLE 2 indicated that the largest spousal support was in the medium support category with a presentation of 52.6%. The distribution of spousal support categories shows that 36.8% of respondents reported receiving good support, whereas 10.5% reported low support

TABLE 1
The Result Of Proximate Test

Characteristics of Respondents	Frequency(n)	Percentage (%)
Age		
1. 20-35 years	20	52,6
2. > 35 years_old	18	47,4
Sum	38	100
Recent Education		
1. Elementary	7	18,4
2. Junior High School	14	36,8
3. High School	15	39,5
4. Others	2	5,3
Sum	38	100
Work		
1. Housewives	23	60,5
2. Private	1	2,6
3. Self employed	3	7,9
4. Labor	9	23,7
5. Others	2	5,3
Sum	38	100
Parity		
1. 1	9	23,7
2. ≥ 2	29	76,3
Sum	38	100
Monthly Income		
1. < 3,000,000	37	97,4
2. > 3,000,000	1	2,6
Sum	38	100
Long Married		
1. ≤ 10 years	15	39,5
2. > 11 years old	23	60,5
Sum	38	100
KB		
1. IUD	10	26,3
2. Implant	24	63,2
3. MOW	4	10,5
Sum	38	100
Wife's length of birth control		
1. 0-2 years	18	47,4
2. 3-5 years	16	42,1
3. > 5 years	4	10,5
Sum	38	100

Table 2
Distribution Frequency of Husband's Support in the LARCElection.

Husband Support	n	%
High	14	36.8
Medium	20	52.6
Low	4	10.5
Sum	38	100

Source: Researcher's Primary Data, 2023

TABLE 3 shows that the largest presentation was medium self-efficacy at 52.6%. The distribution of respondents with respect to self-efficacy levels reveals that 34.2% of participants demonstrated high self-efficacy, whereas 13.2% exhibited low self-efficacy

TABLE 3
Distribution Frequency of Self Efficacy in LARC Selection

Self Efficacy	n	%
High	13	34.2
Medium	20	52.6
Low	5	13.2
Sum	38	100

TABLE 4 shows that the most presentations were respondents who had moderate self-efficacy with sufficient husband support, which was 36.8%. Subsequently, 21.1% of respondents with high self-efficacy also reported receiving good spousal support.

TABLE 4
Cross-Tabulation of Husband Support and Self-Efficacy in LARC Election

Election								
Husband Support	Self Efficacy						Sum	
	Low		Medium		High			
	n	%	n	%	n	%	N	%
Low	4	10.5	0	0	0	0	4	10,5
Medium	1	2.6	14	36.8	5	13.1	20	52,6
High	0	0	6	15.8	8	21.1	14	36,8
Sum	13.1	20	52.6	13	34.2	38	100	

TABLE 5
Results of the Correlation Test Between Husband Support and Self-Efficacy in choosing LARC

Husband Support		Self Efficacy	
Husband Support	Correlation Coefficient	1.000	.564**
	Sig. (2-tailed)	.	.000
	N	38	38
Self Efficacy	Correlation Coefficient	.564**	1.000
	Sig. (2-tailed)	.000	.
	N	38	38

TABLE 5 shows the results of the Spearman correlation statistical test obtained a significance level of 0.000. P value = 0.000 or <0.05 indicates a correlation between husband support and self-efficacy of women of childbearing age, while a correlation coefficient of 0.564 indicates a strong relation. A positive correlation coefficient indicates the relationship between the two variables in the same direction.

IV. DISCUSSION

A. HUSBAND'S SUPPORT IN LARC ELECTION

The results showed that 52.6% of husbands support in the medium category. The husband's support in this case is to give praise even though the wife is experiencing physical changes, discuss birth control selection, and accompany the wife in the birth control installation process. However, there is still support that is not done by the husband to the wife. This can

be due to the absence of counseling provided to the husband of the birth control acceptor regarding the importance of the husband's role in the program. When the husband comes with his wife to get family planning counseling, the information he gets will be very helpful in choosing LARC family planning [10].

Husband support with a high category had a presentation of 36.8% in this result. In this case, giving attention and praise that can make the wife feel comfortable and calm. This attention is in the form of providing support when wives feel anxious about being installed with LARC contraceptives, paying attention when wives feel there are problems with the contraceptives they use, asking which contraceptives the wife will choose, and reminding the schedule of installation or repeat visits. Security, affection, encouragement, and decreased self-confidence are forms of emotional support. This support aims to encourage, engage, and uphold wives by accompanying them to relieve anxiety [40].

The positive impact of someone who gets ideal support is that it can act as adaptation pressure when someone has problems and can provide welfare to the individual [26]. The results of this study showed that 10.5% of the support of husbands in the low category. A husband who does not listen to his wife's complaints, give attention or praise is less supportive. Then, when the wife experienced complaints about the birth control used, the husband did not take her to a health facility. So, it can be concluded that in determining the choice of contraception, it is necessary to agree and cooperate with the couple because this is not only the responsibility of the wife.

B. SELF EFFICACY IN LARC ELECTION.

The results of self-efficacy of women of childbearing age couples in choosing LARC in Sukorejo, Gondanglegi, Malang showed that 52.6% of self-efficacy is medium category. Self-efficacy with medium categories means that couples of childbearing have moderate confidence in choosing a LARC. This proves that wives have an effort to have confidence in choosing LARC. If the acceptor is not afraid of the chosen contraception, then the acceptor will try to guarantee the continued use of the contraceptive so that the goal can be achieved [23]. This is supported by respondents' answer to the components of generality statements and the wife's ability to have confidence in the task at hand.

Self-efficacy in the good category means that self-confidence in the selection of LARC in women couples of childbearing is high. Decision-making regarding the advantages and disadvantages of using LARC based on emotions, mental readiness, and motivation is included in the high self-efficacy category. Therefore, self-efficacy is influenced by how she prepares for certain emotional sensations [24]. In addition, [36] explained that fear and anxiety are caused by low maternal confidence in using contraceptives, strong emotional conditions can reduce the desire to use contraceptives. According to the study results, there are still those who are concerned about when LARC contraception will be used.

Aspects of self-efficacy that influence decision-making based on emotional factors include feelings, mental status, and inspiration related to the benefits and disadvantages of using LARC called physiological and emotional state aspect. Whether, a woman of childbearing age with low self-efficacy regarding the use of LARC can be interpreted when she experiences fear and anxiety about using LARC [36]. The results of the study showed that 13.2% have self-efficacy with low category, in this case most respondents chose the answer to have fear of installing LARC contraceptives. Respondents with low self-efficacy will decide to stay away and give up if they believe that LARC contraception is not the right choice for them. Otherwise, she will take steps to continue using LARC contraceptives if she is confident that she can overcome her fear and anxiety about using LARC. Women who have higher self-efficacy are generally involved in determining their contraceptive selection [13].

C. THE CORRELATION BETWEEN HUSBAND SUPPORT AND REPRODUCTIVE AGE COUPLE SELF EFFICACY IN LARC ELECTION.

The results of this study show a correlation between husband support and PUS self-efficacy in the LARC election in Sukorejo. Analysis of the Spearman rank correlation statistical test found with P value = 0.000 or <0.05 means there was a relation between husband support and self-efficacy of women of childbearing age couples in choosing LARC in Sukorejo.

Based on this study, it can be concluded that wives who get enough husband support will have medium self-efficacy supported by the results of the study showing 36.8% have medium husband support and self-efficacy. In this case, it is appropriate when the husband gives praise to the wife about various things and every action of the wife so that it can increase the confidence and comfort of the wife when becoming an acceptor of LARC. Acceptors who use contraceptives other than LARC experience physical changes that make acceptors feel anxious and unsure of what contraception to use [9]. However, with the support of her husband, the acceptor is confident in the LARC contraception she chooses, and the acceptor does not feel any difficulties while using LARC. In addition to increasing the stability or ability of the beliefs made, husband support can also help wives overcome difficulties in choosing LARC. According to Sims (2015) stated that the priority for many adults is to feel loved, cared for, and valued by others and be part of a reciprocal social network [16]. The attention given by the husband to the wife is such as in overcoming problems related to the chosen contraception such as feeling anxious and afraid. Another concern that the husband may have when the wife is fearful and anxious is to accompany or remind the wife when the LARC insertion will be carried out and when the wife will do the check up.

So, it can be concluded that husband's support is very necessary, especially in fulfilling reproductive health

because positive support can provide comfort to motivation in choosing LARC contraception. A person's ability to motivate is based on their confidence in their own ability. There is a relation between sociopsychological factors and the use of contraceptives in utero (p value = 0.002) [35]. Aspects of self-efficacy that influence decision-making based on emotional factors include emotions, mental readiness, and motivation for the advantages and disadvantages of using LARC are called physiological and emotional state aspects. According to researchers, when the wives experience fear or anxiety about the LARC they will choose, it can be interpreted that the woman of childbearing age has low self-efficacy against LARC contraception. In these conditions, emotional factors can influence belief in LARC contraception. However, if the individual has high self-efficacy, it will make the individual able to survive and try to keep choosing or using long-term contraceptive methods.

The conducted research aligns with the objectives outlined in the study and has yielded the desired results. However, limitations of this study include the evaluation of spousal support solely from the wife's perspective, without considering the husband's viewpoint. Additionally, the varying psychological conditions of the respondents may also impact the research outcomes

V. CONCLUSION

Among all respondents who are Long-Acting Contraceptive Method (LARC) users in Sukorejo Village, Gondanglegi District, the majority reported receiving medium spousal support, followed by high and low support categories. The most commonly used contraceptive method among mothers with medium spousal support is the implant contraceptive. In Sukorejo Village, Gondanglegi District, the majority of Long-Acting Contraceptive Method (LARC) users fall into the moderate self-efficacy category. Additionally, most mothers with moderate self-efficacy report receiving medium spousal support. The statistical analysis using Spearman's correlation test yielded a correlation coefficient of 0.564 with a significance level of 0.000. The coefficient of 0.564 indicates a strong level of association between spousal support and self-efficacy in the selection of Long-Acting Contraceptive Methods (LARC). The p -value of 0.000, which is less than 0.05, suggests a significant relationship between spousal support and self-efficacy among women of childbearing age in choosing LARC, leading to the rejection of the null hypothesis (H_0). The positive correlation implies that higher levels of spousal support are associated with increased self-efficacy in the selection of LARC among women.

It is intended that the findings of this study will serve as a source of knowledge and a resource for scholars in the future.

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