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

Shangrila Ayu Pelita[1], Rita Yulifah[1], Innas Tiara A[2]

[1]Department of Midwifery, Poltekkes Kemenkes Malang, Malang Indonesia
[2]Department of Midwifery, Bengkulu University, Bengkulu, Indonesia

Corresponding author: Shangrila Ayu Pelita (e-mail: shangrilapelita@gmail.com)

ABSTRACT The low adoption of Long-Acting Reversible Contraceptives (LARC) among women of childbearing age in Indonesia remains a public health concern, partly influenced by the dominant role of husbands in family planning decisions. While LARC methods offer greater effectiveness than short-acting options, sociocultural dynamics often hinder women's autonomy in contraceptive choices. This study aims to examine the correlation between husbands' support and the self-efficacy of women in choosing LARC methods. A descriptive correlational study was conducted using a cross-sectional design in Sukorejo, Gondanglegi District, Malang, in July 2023. A total of 38 women, selected through proportional random sampling from a population of 42 eligible LARC acceptors, participated in the study. Data were collected using validated questionnaires assessing husbands' support and women's self-efficacy. The results were analyzed using Spearman's rank correlation test. The findings revealed that the majority of respondents (52.6%) received moderate support from their husbands and exhibited moderate self-efficacy in choosing LARC. The Spearman correlation analysis yielded a coefficient of 0.564 with a significance value of $p = 0.000$, indicating a statistically significant and strong positive correlation between husbands' support and women's self-efficacy. Women who reported higher levels of emotional, informational, and instrumental support from their spouses were more confident in making decisions regarding long-term contraception. In conclusion, this study underscores the critical role of spousal support in enhancing women's confidence in selecting LARC methods. Efforts to improve LARC uptake should include targeted interventions that involve male partners, promote shared decision-making, and address emotional and informational barriers. Future research should consider including perspectives from both partners and explore broader psychosocial factors influencing contraceptive behavior.

INDEX TERMS Husband support, self-efficacy, long-acting reversible contraception, reproductive health, contraceptive decision-making

I. INTRODUCTION

Family planning remains a cornerstone of public health strategy to manage fertility, promote maternal and child health, and achieve sustainable development goals. One widely promoted contraceptive method is Long-Acting Reversible Contraception (LARC), which includes intrauterine devices (IUDs) and subdermal implants. LARC offers high efficacy, safety, and cost-effectiveness over time [1]–[3]. Despite these benefits, the use of LARC in Indonesia remains significantly lower than short-acting methods such as pills and injections [4], [5]. A primary challenge lies in socio-cultural dynamics, particularly in patriarchal societies where men often dominate reproductive decision-making [6], [7]. Studies report that only a minority of women in Indonesia independently decide on their contraceptive methods [8]. The involvement and support of husbands have been shown to be critical in enhancing women's confidence and autonomy in making health-related decisions, including contraception [9], [10]. Husband support, encompassing emotional, informational, and instrumental dimensions, positively influences women's motivation and confidence components of self-efficacy which play a pivotal role in their contraceptive choices [11]–[13].

State-of-the-art research has increasingly focused on psychosocial factors such as self-efficacy as a predictor of contraceptive behavior [14], [15]. Bandura's self-efficacy theory posits that individual with greater belief in their capacity to execute actions are more likely to adopt and maintain health behaviors [16]. In the context of family planning, self-efficacy has been correlated with informed contraceptive choices, including LARC [17]–[19]. Moreover, studies have shown that supportive spousal involvement can strengthen women's self-efficacy in using LARC [20]–[22]. Although prior research has investigated factors affecting

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LARC usage, including knowledge, socioeconomic status, and health provider communication [23], [24], few studies have examined the direct correlation between husband support and self-efficacy in LARC decision-making, particularly within rural Indonesian contexts. This gap is critical, given that regions such as Sukorejo, Gondanglegi, in East Java, exhibit notably low LARC uptake [25]. Local health data from 2018 indicates that only 69.13% of women of reproductive age (PUS) in Gondanglegi participate in family planning programs, with even fewer opting for LARC [26].

This study aims to analyze the correlation between husband support and the self-efficacy of women of childbearing age in choosing LARC methods in Sukorejo. Addressing this issue is essential for designing gender-inclusive family planning interventions and promoting reproductive autonomy. The contributions of this research are threefold:

1. It provides empirical evidence on the relationship between husband support and self-efficacy in the context of LARC adoption among rural Indonesian women.
2. It highlights the psychological dimension specifically self-efficacy as a mediating factor in contraceptive decision-making.
3. It offers practical insights for healthcare providers and policymakers to develop male-inclusive family planning education programs that reinforce joint decision-making in contraceptive choices.

II. METHODS

This study employed a descriptive correlational research design using a cross-sectional approach to investigate the relationship between husband support and self-efficacy in the selection of Long-Acting Reversible Contraception (LARC) among women of reproductive age. This design is suitable for assessing relationships between variables at a single point in time, allowing for efficient collection of data without manipulation of variables [27].

A. RESEARCH SETTING AND TIME

The research was conducted in Sukorejo Village, located in Gondanglegi Subdistrict, Malang Regency, East Java, Indonesia, over a one-month period in July 2023. Sukorejo was intentionally selected as the study location due to its relatively low adoption rate of long-acting reversible contraceptives (LARC), despite the presence of ongoing family planning programs. This condition makes Sukorejo a relevant and strategic setting for assessing the factors that influence women's contraceptive choices and preferences within the community.

B. POPULATION AND SAMPLE

The population comprised all women of reproductive age (20–45 years) who were active users of LARC and met the inclusion criteria. From a total population of 42 LARC acceptors recorded in the village, a sample of 38 respondents was selected using proportional random sampling. The sampling frame was divided across the three neighborhood units (RW) in Sukorejo. The number of samples from each RW was proportionally allocated based on the number of active LARC users in each area. A lottery technique was employed to randomly select participants within each unit, ensuring representativeness. If a respondent declined to participate, a new respondent was drawn to replace them, following ethical and procedural standards [28].

C. INCLUSION AND EXCLUSION CRITERIA

The exclusion criteria for this study included women with known psychiatric or cognitive disorders that could interfere with their ability to participate in the survey and comprehend its content, ensuring the reliability and validity of the collected data. To further enhance the relevance of the study population, specific inclusion criteria were established. Participants had to be women aged between 20 and 45 years who were actively using long-acting reversible contraceptives (LARC). Additionally, they were required to be living in the same household as their husbands to ensure consistency in shared domestic and reproductive decision-making contexts. A further criterion stipulated that the participants' husbands must have received family planning information, as this factor was considered essential in examining the role of spousal support in contraceptive use. These inclusion and exclusion parameters were designed to create a focused and representative sample for exploring the relationship between individual and relational factors and the use of LARC methods.

D. VARIABLES

The independent variable in this study was husband support, which was defined as the perceived assistance provided by the spouse across four dimensions: emotional, instrumental, informational, and appraisal support, particularly in the context of family planning. This support encompassed actions such as offering encouragement, helping with practical needs, sharing relevant information, and providing positive reinforcement regarding contraceptive use. The dependent variable was self-efficacy, referring to the woman's confidence in her ability to independently make decisions about, initiate, and consistently use long-acting reversible contraceptives (LARC) effectively [29].

E. RESEARCH INSTRUMENT

Both instruments were pretested on 10 respondents from a neighboring village (Sukosari) to evaluate validity and reliability. Validity testing used Pearson's Product Moment correlation, with item acceptance set at a minimum r-value of 0.632. Reliability was assessed using Cronbach's alpha, and both questionnaires were found to be internally consistent ($\alpha > 0.7$), aligning with best practices in behavioral survey research [31],[32]. Two structured and standardized questionnaires were used as instruments:

1. Husband Support Questionnaire: Designed to assess various dimensions of support, including emotional, instrumental, informational, and affirmational aspects.
2. Self-Efficacy Questionnaire: Developed based on Bandura's theory, measuring levels of confidence in contraceptive decision-making across different contexts [30].

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F. DATA COLLECTION PROCEDURE

The data collection was carried out via face-to-face interviews by trained enumerators. Respondents were first informed about the purpose and scope of the study, and informed consent was obtained before participation. Confidentiality was ensured throughout the process. Each interview lasted approximately 20–30 minutes. Enumerators followed a standardized protocol to reduce interviewer bias and ensure consistency. Data collection forms were double-checked for completeness and accuracy upon submission.

G. DATA ANALYSIS

Data analysis was performed using IBM SPSS Statistics version 25.0. Descriptive statistics, including frequencies and percentages, were utilized to summarize the sociodemographic characteristics of the participants and the distribution of key study variables. To examine the relationship between husband support and women's self-efficacy in using long-acting reversible contraceptives (LARC), the Spearman rank correlation test was employed. This non-parametric test was chosen due to the ordinal nature of the data and its non-normal distribution. A significance level (α) of 0.05 was applied to determine statistical relevance [33]. The decision rule for hypothesis testing was based on the p-value: if $p \leq 0.05$, the null hypothesis (H_0) was rejected, indicating a statistically significant relationship; conversely, if $p > 0.05$, H_0 was accepted, suggesting no significant correlation. The strength of the correlation was interpreted using standardized thresholds for Spearman's rho (ρ): 0.00–0.19 indicated a very weak relationship, 0.20–0.39 weak, 0.40–0.59 moderate, 0.60–0.79 strong, and 0.80–1.00 very strong [34]. This analytical framework provided a comprehensive approach to evaluating the association between spousal support and contraceptive self-efficacy among the study population.

H. ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the institutional review board of the Health Polytechnic of the Ministry of Health Malang. All participants provided written informed consent. The study adhered to the ethical principles of autonomy, beneficence, non-maleficence, and confidentiality as outlined in the Declaration of Helsinki.

III. RESULT

TABLE 2
Distribution Frequency of Husband's Support in the LARCE lection

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 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

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. Elementeary	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 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

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support categories shows that 36.8% of respondents reported receiving good support, whereas 10.5% reported low support. 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 4 shows that the largest proportion of respondents (36.8%) had moderate self-efficacy accompanied by sufficient husband support. Additionally, 21.1% of respondents with high self-efficacy reported receiving good spousal support. These findings suggest a positive relationship between self-efficacy levels and the degree of support provided by husbands.

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

Husband Support	Self-Efficacy							
	Low		Medium		High		Sum	
	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. INTERPRETATION OF RESULT: THE ROLE OF HUSBAND SUPPORT IN LARC USE

This study identified a significant correlation between the level of husband support and the self-efficacy of women of reproductive age in selecting Long-Acting Reversible Contraceptives (LARC). More than half of the respondents (52.6%) reported receiving moderate support from their husbands, while 36.8% experienced high support. This support included emotional reinforcement, involvement in discussions about contraceptive options, and accompaniment during contraceptive installation. These findings underscore that husband support is not merely supplementary but plays a central role in reproductive health decision-making.

Emotional and instrumental support from husbands directly impacts a woman's confidence in selecting long-term contraception. When women receive verbal affirmation, empathy, and logistical assistance such as reminders for follow-up visits or participation in family planning counselling they are more likely to engage actively in informed contraceptive decisions [35]. The result confirms Bandura's social cognitive theory, which asserts that environmental reinforcement significantly influences self-efficacy development [36].

Moreover, the study revealed that 10.5% of women received minimal support, indicating a persistent gap in male involvement in family planning. Lack of involvement may be due to limited outreach toward men by health services or traditional gender norms that designate contraception as solely a woman's responsibility. In this context, men's active participation through knowledge-sharing and emotional encouragement could act as a psychological buffer that helps mitigate women's anxiety and fosters autonomy in health-related decisions [37]. These results align with prior studies conducted in Indonesia and other low- and middle-income countries that highlight the importance of spousal communication and joint decision-making in contraceptive uptake [38], [39].

B. SELF-EFFICACY IN LARC CHOICE: PSYCHOLOGICAL READINESS AND DECISION-MAKING

The analysis showed that 52.6% of respondents demonstrated moderate self-efficacy in choosing LARC methods, while 34.2% exhibited high self-efficacy and 13.2% showed low self-efficacy. Self-efficacy in this context refers to a woman's belief in her capability to make informed and confident decisions regarding long-term contraception use. Women with high self-efficacy reported feeling emotionally prepared and motivated to use LARC, understanding both its benefits and risks. These women perceived themselves as having control over their reproductive choices, which reflects the internalization of contraceptive knowledge and confidence in managing health decisions. According to Bandura, individuals with high self-efficacy are more likely to engage in and maintain complex behaviors, such as consistent contraceptive use, despite facing emotional or social barriers [36], [40].

In contrast, low self-efficacy was associated with fear, anxiety, and uncertainty regarding LARC. Respondents in this category were more likely to avoid LARC options due to concerns about side effects, procedure discomfort, or inadequate support systems. This aligns with previous findings that emotional distress can negatively impact contraceptive adherence and decision-making capacity [41]. For instance, Rostampour et al. [42] found that women with strong familial support during pregnancy had higher self-efficacy in managing health risks, a finding mirrored in LARC acceptor behavior in this study. These patterns emphasize that beyond access to contraceptive methods, psychological readiness and support systems are equally crucial. Addressing fears and misconceptions about LARC through structured counseling and peer-led education

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sessions can significantly improve women's self-efficacy [43]. Moreover, the association between husband support and self-efficacy, validated through a Spearman correlation coefficient of 0.564 ($p = 0.000$), indicates that women who received higher levels of spousal support also reported higher self-efficacy. This moderate-to-strong correlation reinforces the hypothesis that social reinforcement is instrumental in the development of autonomous health behavior [44].

C. IMPLICATIONS, LIMITATIONS, AND FUTURE RECOMENDATIONS

This study contributes to the growing body of evidence affirming the influence of social dynamics on women's reproductive health decisions. The findings have several practical and policy implications. Firstly, family planning programs must extend their focus beyond women and actively incorporate male partners through couple-based counseling. Engaging men in educational sessions about the effectiveness and safety of LARC could address misconceptions, reduce resistance, and foster shared responsibility [45]. Secondly, health promotion strategies should incorporate self-efficacy enhancement as a behavioral objective. Training midwives and family planning officers to recognize and address psychological barriers such as fear and misinformation could empower women in decision-making. Interventions that include communication skill-building, role modeling, and supportive community groups may further boost women's confidence in managing their reproductive health [46], [47].

Despite its strengths, this study is subject to several limitations. One of the primary limitations is the exclusivity of data collection from the female perspective, without capturing the husband's viewpoint. Consequently, the measure of "husband support" is based solely on the wife's perception, which may introduce bias or subjectivity. Future studies could include dyadic interviews with both spouses to obtain a more balanced perspective. Additionally, psychological variables such as prior trauma, general anxiety, or depression were not controlled for in the study. These factors can significantly affect both self-efficacy and perceptions of support, potentially acting as confounders [48]. The small sample size (n=38) and its confinement to a single rural village may also limit generalizability.

Nevertheless, the study successfully demonstrates the interconnectedness of relational dynamics and individual agency in contraceptive decision-making. Similar conclusions have been drawn by Widhiyanti [49] and Sulaiman [50], who found that a combination of partner support and individual motivation plays a key role in LARC adoption among Indonesian women. Future research should consider employing a longitudinal or mixed-methods design to assess changes in self-efficacy and partner support over time. Moreover, expanding the demographic scope to include urban and multiethnic populations would enrich the understanding of cultural and socioeconomic influences on contraceptive behavior.

In conclusion, this study reaffirms that empowering women in reproductive decision-making is not solely an individual endeavor but requires a supportive social environment particularly spousal encouragement and involvement. Integrating these findings into national and local reproductive health strategies could enhance the uptake of effective contraceptive methods, ultimately improving maternal health outcomes and family welfare.

V. CONCLUSION

This study aimed to examine the correlation between husband support and the self-efficacy of women of childbearing age in choosing Long-Acting Reversible Contraceptives (LARC) in Sukorejo Village, Gondanglegi District. Using a descriptive correlational design with a cross-sectional approach, 38 respondents were selected through proportional random sampling from a population of 42 eligible LARC users. The findings indicated that the majority of participants (52.6%) received moderate support from their spouses, while 36.8% reported high support and 10.5% low support. Regarding self-efficacy, 52.6% of women demonstrated moderate confidence in choosing LARC, 34.2% reported high self-efficacy, and 13.2% had low self-efficacy. Statistical analysis using Spearman's rank correlation test revealed a significant and positive relationship between the two variables, with a correlation coefficient of 0.564 and a p-value of 0.000 ($p < 0.05$), suggesting a strong association. This implies that women who receive greater emotional, instrumental, and informational support from their husbands are more likely to possess higher self-efficacy in selecting long-term contraceptive methods. The results reinforce the critical role of partner involvement in family planning decisions and highlight self-efficacy as a key psychological factor influencing contraceptive behavior. The study further confirms that supportive interpersonal relationships can enhance women's confidence in managing reproductive choices, particularly in settings where sociocultural norms may otherwise limit female autonomy. However, this research is limited by its reliance on the wife's perspective alone and a relatively small, localized sample, which may restrict generalizability. Future studies are encouraged to explore this correlation through dyadic analyses involving both spouses, consider broader psychosocial variables such as anxiety or educational level, and utilize mixed-method approaches to capture the complexity of decision-making processes in family planning. Additionally, reproductive health interventions should integrate male-focused education and counseling to strengthen partner communication and promote shared decision-making in contraceptive use.

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DATA AVAILABILITY

No datasets were generated or analyzed during the current study.

AUTHOR CONTRIBUTION

Shangrila Ayu Pelita contributed to the conceptualization, data collection, and initial drafting of the manuscript. Rita Yulifah was responsible for methodology design, statistical analysis, and critical revision of the manuscript. Innas Tiara A provided academic supervision, literature validation, and final approval of the article for submission. All authors reviewed and approved the final version of the manuscript.

DECLARATIONS

ETHICAL APPROVAL

This study was approved by the Health Research Ethics Committee of the Health Polytechnic of the Ministry of Health Malang. All research procedures adhered to the ethical standards outlined in the Declaration of Helsinki.

CONSENT FOR PUBLICATION PARTICIPANTS

Consent for publication was given by all participants

COMPETING INTERESTS

The authors declare no competing interests.

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