

## ARTICLE INFORMATION

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## Factors associated with the use of long-term contraceptive methods among women of reproductive age

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### Abstract

**Background:** High population growth and unintended pregnancies remain significant public health challenges in developing countries. Long-Term Contraceptive Method (LTCM) are proven to be highly effective and cost-efficient in reducing maternal mortality, yet their utilization among women of reproductive age (WRA) remains low. Understanding the determinants of LTCM uptake is crucial for improving family planning programs.

**Purpose:** To determine the factors associated with the use of long-term contraceptive methods among women of reproductive age.

**Method:** A quantitative analytical study using a cross-sectional approach was conducted on 99 respondents selected using consecutive sampling techniques. Data were collected using a questionnaire and analyzed using the Chi-square test.

**Results:** The results showed significant associations between knowledge ( $p=0.011$ ), attitude ( $p=0.003$ ), husband's support ( $p=0.001$ ), and LARC utilization.

**Conclusion:** Knowledge, attitude, and husband's support were significantly associated with LARC utilization among women of reproductive age.

**Keywords:** Attitude; Husband's Support; Knowledge; Long-Term Contraceptive Methods (LTCM).

## INTRODUCTION

The Family Planning (FP) program is an effort to control birth rates and improve reproductive health. One effective contraceptive method supporting this program is the Long-Term Contraceptive Method (LTCM), which includes the intrauterine device (IUD), implants, the Female Surgical Method (MSM), and the Male Surgical Method (MSM). Compared to short-term contraceptive methods, LTCM is more effective in preventing pregnancy and provides longer-term protection (World Health Organization, 2021).

However, the use of LTCM in Indonesia remains low compared to short-term contraceptive methods. Data from the 2023 Indonesian Health Profile shows that injectables and pills still dominate the choices of active family planning participants, while the use of LTCM is relatively low. Similar conditions were also

found in Banten Province, Tangerang City, and the Cipondoh Community Health Center (Puskesmas) area, indicating that the utilization of LTCM is still suboptimal (Ministry of Health of the Republic of Indonesia, 2024).

The low use of LTCM can be influenced by various factors. Good knowledge about the benefits, effectiveness, and safety of LTCM can increase acceptance of this method. Furthermore, a positive attitude toward long-term contraception can encourage someone to use long-term contraceptive methods. Husband's support also plays a crucial role in contraceptive decision-making, particularly in societies that still prioritize family decisions in choosing contraceptive methods (Sari, Ikhtiyaruddin, & Alamsyah, 2023). Educational factors also play an

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important role in shaping reproductive behavior (Herawati, 2024). Women with higher levels of education tend to have better awareness of the importance of contraception, reproductive disease screening, and family planning (Sari, Maryam, & Thaher, 2025). This must be supported by public policies that are able to provide integrated and easily accessible reproductive services to all levels of society. In addition, the role of health workers is very vital in conveying accurate and friendly information to women's needs (Mahmudah, Sofia, & Dwivayani, 2022). Services that are participatory, empathetic, and respect individual choices can increase public trust in reproductive health services. Thus, health workers not only function as service implementers, but also as agents of change in improving the quality of life of women (Andriati, Azhari, & Yuspin, 2023).

Population growth in Indonesia is unavoidable, determined by birth and death rates. Indonesia's persistently high population growth rate is a significant issue, requiring serious attention and management from all parties, both citizens and the government. According to the 2017 population census, Indonesia's population reached 261,890,872 (Central Statistics Agency, 2017). Indonesia still ranks fourth in terms of population in the world after the United States, India, and China. The Ministry of Health estimates Indonesia's population in 2015 at 255,461,686, consisting of 128,366,718 men and 127,094,968 women. The increasing population

growth rate has led to a population explosion. Indonesia's population has continued to increase over the past five years. In 2011, the population reached 241.99 million and continued to increase to 255.46 million in 2015 (Ministry of Health of the Republic of Indonesia, 2020).

## RESEARCH METODE

This research is a quantitative analytical study with a cross-sectional approach conducted in the working area of the Cipondoh Community Health Center. The study population was women of childbearing age (WUS), with a sample of 99 respondents selected using consecutive sampling techniques according to inclusion and exclusion criteria. Data were collected using a questionnaire that had undergone validity and reliability tests. The independent variables in this study included knowledge, attitudes, and husband's support, while the dependent variable was the use of Long-Term Contraceptive Methods (LCTM). Data were analyzed univariately to describe the distribution of respondent characteristics and research variables, and bivariate using the Chi-Square test with a significance level of  $\alpha = 0.05$  to determine the relationship between variables. This study has obtained ethical approval from the Health Research Ethics Commission of the Banten Ministry of Health Polytechnic.

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## RESEARCH RESULTS

Table Characteristics of Respondents (N=99)

| Variable                                         | Results | P-value |
|--------------------------------------------------|---------|---------|
| <b>Age (Mean±SD) (Years) (Range)</b>             |         |         |
| 20-35                                            | 64/64.6 |         |
| >35                                              | 35/35.4 |         |
| <b>Education (n/%)</b>                           |         |         |
| Elementary School                                | 4/4.0   |         |
| Junior High School                               | 10/10.1 |         |
| Senior High School                               | 66/66.7 |         |
| Bachelor's Degree                                | 19/19.2 |         |
| <b>Parity (n/%)</b>                              |         |         |
| Primiparous (Has Given Birth Once)               | 31/31.3 |         |
| Multiparous (Has Given Birth 2-4 Times)          | 64/64.6 |         |
| Grandemultiparous (Has Given Birth ≥5 Times)     | 4/4.0   |         |
| <b>Employment (n/%)</b>                          |         |         |
| Yes                                              | 18/18.2 |         |
| No                                               | 81/81.8 |         |
| <b>Knowledge (n/%)</b>                           |         | 0.011   |
| Good                                             | 20/20.0 |         |
| Poor                                             | 79/79.8 |         |
| <b>Attitude (n/%)</b>                            |         | 0.003   |
| Good                                             | 57/57.6 |         |
| Poor                                             | 42/42.4 |         |
| <b>Husband's Support (n/%)</b>                   |         | 0.001   |
| Yes                                              | 51/51.5 |         |
| No                                               | 48/48.5 |         |
| <b>Contraceptive Use LTCM and Non LTCM (n/%)</b> |         |         |
| IUD (Intrauterine Device)                        | 26/26.3 |         |
| BTL (Bilateral Tubal Ligation)                   | 10/10.1 |         |
| Implants                                         | 14/14.1 |         |
| Injections                                       | 24/24.2 |         |
| Pills                                            | 9/9.1   |         |
| Calendar                                         | 11/11.1 |         |
| Condoms                                          | 5/5.1   |         |

Based on Table 1, most of the respondents were in the 20–35 years age group, namely 64 people (64.6%), while respondents aged >35 years numbered 35 people (35.4%). Based on education level, the majority of respondents had a high

school/senior high school education, namely 66 people (66.7%), followed by college (19 people (19.2%)), junior high school (10.1%), and elementary school (4 people (4.0%)). Based on parity, most respondents were multipara (64 people (64.6%))

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(having given birth 2–4 times), followed by primipara (31 people (31.3%), and grandemultipara (having given birth  $\geq 5$  times) as much as 4.0%). Based on employment status, the majority of respondents were unemployed, namely 81 people (81.8%), while those who were employed numbered 18 people (18.2%). In general, respondents in this study were dominated by healthy women of childbearing age who were in their reproductive age, had secondary education, had more than one child, and were unemployed. Most respondents had good knowledge about Long-Term Contraceptive Methods (LCTM), namely 79 people (79.8%), while respondents with less knowledge numbered 20 people (20.2%). Based on attitudes, most respondents had an attitude 57 respondents (57.6%) had a positive attitude towards the use of LCTM, while 42 respondents (42.4%) had a negative attitude. Based on husband's support, 48 respondents (48.5%) received support from their husbands, while 51 respondents (51.5%) did not receive support from their husbands. In general, the majority of respondents had good knowledge and a positive attitude towards LCTM, although most respondents had not received support from their husbands. A total of 50 respondents (50.5%) used LCTM and 49 respondents (49.5%) used non-LCTM. The most commonly used type of MKJP was the IUD (26.3%), while the most commonly used non-MKJP method was the injection (24.2%).

## DISCUSSION

The results of the study showed a significant association between knowledge and the use of Long-Term Contraceptive Methods (LCTM) among women of childbearing age in the Cipondoh Community Health Center area ( $p=0.011$ ). The analysis also showed an Odds Ratio (OR) of 3.971 (95% CI: 1.314–11.997), meaning respondents with good knowledge were almost four times more likely to use LCTM than those with poor knowledge.

These results align with previous research that found that knowledge levels are associated with LCTM use. Good knowledge enables individuals to understand the benefits, effectiveness, how it works, and safety of long-term contraceptive methods, thereby increasing confidence in choosing and using LCTM (Yolanda & Martafari, 2025).

The results also showed a significant association between attitudes and the use of LCTM among women of childbearing age in the Cipondoh

Community Health Center area ( $p=0.003$ ). Respondents with positive attitudes were more likely to use LCTM than those with negative attitudes.

A positive attitude toward long-term contraceptive methods reflects acceptance and confidence in the benefits, effectiveness, and safety of long-term contraceptive methods. Conversely, a negative attitude can lead to doubts about using long-term contraceptive methods, often influenced by concerns about the insertion procedure, side effects, and prevailing myths (Sitanggang, Anggraini, & Huda, 2024).

The results of this study align with previous research that found a positive attitude is associated with increased use of long-term contraceptive methods. Respondents with a positive view of long-term contraceptive methods tend to be more open to information and consider the benefits of long-term contraceptive methods as an effective option for preventing pregnancy. Therefore, efforts to increase the use of long-term contraceptive methods need to be accompanied by education that can foster positive attitudes toward long-term contraceptive methods (Sitanggang et al., 2024).

Regarding the variable of husband's support, the results showed a significant relationship between husband's support and the use of long-term contraceptive methods (LCTM) among women of childbearing age in the Cipondoh Community Health Center work area ( $p=0.001$ ). This means that respondents who received husband's support were almost 16 times more likely to use long-term contraceptive methods than those who did not receive husband's support. These findings indicate that husband's support is a significant factor in the decision to use long-term contraception.

Husband's support is a form of social support that can include emotional, informational, and instrumental support. In contraceptive use, husbands play a role as motivators, providers of information, and joint decision-makers within the family. Husband's support can increase a wife's confidence and comfort in choosing an effective contraceptive method that meets her reproductive needs.

These findings align with other research that suggests that husband's support is associated with the use of long-term contraceptive methods (LCTM). Support provided in the form of approval, attention, information, and involvement in the contraceptive selection process can increase the use of LCTM.

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Therefore, efforts to increase the use of LCTM require involving husbands through family planning education and counseling activities so that decisions about contraceptive use can be made jointly and more optimally (Efandra, Masrul, Aprilia, Aladin, Elmatris, & Silvia, 2025).

## CONCLUSION

This study shows that knowledge, attitudes, and husband's support are associated with the use of Long-Term Contraceptive Methods (LCTM) among women of childbearing age in the Cipondoh Community Health Center area. Respondents with good knowledge, positive attitudes, and good husband's support tend to use LCTM more often than those with less knowledge, negative attitudes, and no husband's support. Husband's support is the factor with the greatest potential to increase LCTM use.

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