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Analysis of Factors Associated with the Selection of Long-Acting Reversible Contraceptive Methods in South Jakarta

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Abstract

Background: The persistently high population growth rate has encouraged the increased use of Long-Acting Reversible Contraceptive Methods (LARCs) as an effective strategy for birth control. However, the choice of LARCs is influenced by various individual and social factors.
Objective: This study aimed to analyze the factors associated with the selection of Long-Acting Reversible Contraceptive Methods (LARCs) among women in South Jakarta.
Methods: This study employed a quantitative approach using an observational analytic case-control design involving 106 respondents, consisting of 53 LARC users and 53 non-LARC users, who were selected through purposive sampling. Data were collected using a structured questionnaire and analyzed with the chi-square test.
Results: Parity and husband's support were significantly associated with the selection of LARCs ($p < 0.05$), whereas knowledge, educational level, age, support from healthcare providers, and cultural factors showed no significant association. Parity was identified as the dominant factor influencing the selection of LARCs.
Conclusion: Reproductive experience and partner support play important roles in women's decisions to use LARCs. Therefore, a family-centered approach should be strengthened in contraceptive services to promote the utilization of long-acting contraceptive methods.

Keywords: healthcare providers, husband's support, long-acting reversible contraceptive methods (LARCs).

Introduction

Indonesia, the fourth most populous country in the world, continues to face challenges in controlling population growth. The Intercensal Population Survey (SUPAS) projected that Indonesia's population would reach 284.4 million by mid-2025[1]. The persistently high birth rate has reinforced the importance of the Family Planning (FP) Program as a key strategy for fertility control[2]. Long-Acting Reversible Contraceptive Methods (LARCs) are recommended because of their high effectiveness in preventing pregnancy over an extended period[3]. In the Special Capital Region of Jakarta, 34.4% of active family planning participants used LARCs in 2023[4]. However, this coverage remains relatively low in several areas, including Kebayoran Baru District, where LARC utilization reached only 38.10% during the January–September 2025 period[5]. Data from Kebayoran Baru Regional General Hospital showed that the number of LARC users increased from 55 in 2023 to 87 in 2024; nevertheless, this figure remains small compared with the total number of couples of reproductive age within the hospital's service area[6].

The selection of a contraceptive method is influenced not only by the availability of health services but also by individual and social factors[7]. Previous studies have demonstrated that knowledge and educational attainment are significantly associated with the selection of long-acting contraceptive methods[8]. Husband's support has been identified as an important determinant of women's decisions to use LARCs[9], while age and parity have also shown significant correlations with contraceptive method selection[10]. In addition, support from healthcare providers plays an important role in increasing women's confidence and readiness to choose LARCs[9]. From a theoretical perspective, health behavior theories explain that individuals' decisions to utilize health services are influenced by the interaction of predisposing, enabling, and reinforcing factors.

Although numerous studies have examined factors associated with LARC utilization, research specifically investigating the determinants of LARC selection at the regional hospital level, particularly within the service area of Kebayoran Baru Regional General Hospital in South Jakarta, remains limited. Most previous studies have been conducted in community health centers or primary care clinics. Therefore, context-specific research is needed to identify the dominant factors influencing the selection of

LARCs among couples of reproductive age receiving services at a regional hospital.

Based on this background, this study sought to answer the following research questions: What factors are associated with the selection of Long-Acting Reversible Contraceptive Methods (LARCs), and which factor is the strongest determinant among couples of reproductive age in the service area of Kebayoran Baru Regional General Hospital, South Jakarta, in 2025. Accordingly, this study aimed to analyze the distribution of LARC use, examine the associations of knowledge, educational level, age, parity, husband's support, healthcare provider support, and cultural factors with LARC selection, and identify the most influential determinant. The findings are expected to provide empirical evidence to strengthen counseling strategies and interventions aimed at increasing LARC utilization at the regional hospital level.

Method

This study employed a quantitative approach using an analytic observational case–control design. The study was conducted at Kebayoran Baru Regional General Hospital South Jakarta, from December 2025 to January 2026. Respondents were divided into two groups: the case group, consisting of women of reproductive age who did not use Long-Acting Reversible Contraceptive Methods (LARCs), and the control group, consisting of women of reproductive age who used LARCs. The study population comprised women of reproductive age (15–49 years) who were registered as active participants in the family planning program within the service area of Kebayoran Baru Regional General Hospital in 2025. Samples were selected using a purposive sampling technique with a 1:1 case-to-control ratio based on the number of eligible cases identified during the study period.

The inclusion criteria were women aged 15–49 years, registered as active family planning participants, willing to participate by providing written informed consent, and able to complete the questionnaire. Respondents with cognitive impairment, incomplete medical records, or medical contraindications to LARC use were excluded from the study. Data were collected using a structured closed-ended questionnaire that included demographic characteristics (age, educational level, and parity) and independent variables, namely knowledge, cultural factors, healthcare provider support, and husband's support. LARC utilization status was defined as the dependent variable and

categorized as either LARC users or non-users.

The collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). Univariate analysis was performed to describe the frequency and percentage distributions of each variable. Subsequently, bivariate analysis was conducted using the Chi-square test with a significance level of $\alpha = 0.05$ to examine the associations between the independent variables and the selection of LARCs.

Results

A total of 106 respondents participated in this study. The distribution of respondents' characteristics and the independent variables is presented in Table 1.

Table 1. Characteristics of Respondents and Distribution of Study Variables (n = 106)

Variabel	Kategori	n	%
Knowledge	Poor	48	40
	Good	58	60
Educational Level	Low	11	8
	High	95	92
Age	Low risk	84	76
	High risk	22	24
Parity	Primiparaous	34	36
	Multiparaous	72	64
Cultural Factors	No influence	52	44
	Influential	54	56
Healthcare Provider Support	Supportive	53	50
	Not Supportive	53	50
Husband's Support	Not Supportive	51	41
	Supportive	55	59

As shown in Table 1, the majority of respondents had good knowledge (60%) and a high educational level (92%). Most respondents were classified as being in the low-risk age group (76%) and were multiparous (64%). Husband's support was reported by 59% of respondents, while support from healthcare providers was reported by 50%.

The results of the bivariate analysis examining the associations between the independent variables and the selection of Long-Acting Reversible Contraceptive Methods (LARCs) are presented in Table 2.

Table 2. Association Between Study Factors and the Selection of Long-Acting Reversible Contraceptive Methods (LARCs)

Variable	p-value	OR
Knowledge	0,172	-
Educational Level	0,526	-
Age	0,231	-
Parity	0,000	5,4
Cultural Factors	0,560	-
Healthcare Provider Support	0,019	2,7
Husband's Support	0,080	-

Based on the Chi-square test, parity ($p = 0.000$) and husband's support ($p = 0.019$) were significantly associated with the selection of Long-Acting Reversible Contraceptive Methods (LARCs) ($p < 0.05$). In contrast, knowledge ($p = 0.172$), educational level ($p = 0.526$), age ($p = 0.231$), cultural factors ($p = 0.560$), and healthcare provider support ($p = 0.080$) showed no statistically significant association with LARC selection**.**

Discussion

This study found that parity and husband's support were significantly associated with the selection of Long-Acting Reversible Contraceptive Methods (LARCs). In contrast, knowledge, educational level, age, cultural factors, and healthcare provider support were not significantly associated with LARC selection.

Parity as the Primary Determinant

Parity was significantly associated with the selection of LARCs. Multiparous women were more likely to choose LARCs than primiparous women. This finding suggests that reproductive experience plays an important role in contraceptive decision-making. Women who have had more than one child are more likely to consider long-acting contraceptive methods as an effective strategy for limiting future pregnancies[10,11].

From a theoretical perspective, previous experience influences the development of attitudes and behavioral intentions. In this context, childbirth experience shapes women's perceptions of the need for more reliable and long-term contraceptive methods. These findings align with previous studies that suggest that the number of children is a significant factor in the decision to use long-term contraception. The more children a couple has, the more likely they are to choose long-term contraception to prevent unplanned pregnancies and achieve the goal of a small, high-quality family[7.12].

The Role of Husband's Support in Contraceptive Decision-Making

Husband's support was also significantly associated with LARC selection. Women who received support from their spouses were more likely to choose LARCs than those who did not receive such support. This finding indicates that contraceptive decision-making is not solely an individual process but is also influenced by family dynamics. These results align with research by Safitri (2020) and Lestari et al. (2021), which showed that husband's support is a key determinant of MKJP use[8,9].

From the perspective of health behavior theory, interpersonal factors play an important role in shaping individual health decisions. Spousal support can enhance women's sense of security, social acceptance, and confidence in choosing long-acting contraceptive methods. Therefore, interventions aimed at increasing LARC utilization should actively involve husbands or partners in contraceptive counseling and educational programs.

Factors Not Associated with LARC Selection

This study found no significant association between knowledge or educational level and the selection of LARCs. Although most respondents had good knowledge and a high educational level, these factors did not directly influence their contraceptive choices. This finding suggests that health literacy alone may not be sufficient to promote behavioral change, as contraceptive decisions are also influenced by emotional factors, risk perception, and social support.

The results of this study also align with the Health Belief Model, which states that health behavior is influenced by individual perceptions of vulnerabilities, benefits, barriers, and cues to action, not just by knowledge alone. Therefore, the decision to use long-term contraceptive methods (MKJP) can be influenced by concerns about side effects, the experiences of others, and perceptions of the convenience of contraceptive use, even if respondents understand its benefits1[3].

In addition, age, cultural background, and support from healthcare providers were not significantly associated with the choice of long-acting reversible contraception (LARC). These findings suggest that, within the study population, demographic characteristics and healthcare service-related factors were not the primary determinants of LARC utilization. The lack of statistically significant associations may be attributed to the relatively homogeneous characteristics of the respondents, the widespread

availability of family planning information, or the influence of other, more dominant factors that may have overshadowed the effects of these variables. According to Notoatmodjo (2014), health behavior results from the interaction of multiple factors; therefore, not all determinants exert the same influence across different study populations.[14].

Overall, this study confirms that the choice of long-acting reversible contraception (LARC) is more strongly influenced by reproductive experience and spousal support than by cognitive factors or demographic characteristics. The findings provide further empirical evidence that a family-centered approach, particularly through the involvement of husbands in family planning counseling, is more effective in increasing the uptake of LARC at the district hospital level. This recommendation is consistent with the World Health Organization (WHO) family planning guidelines, which emphasize the importance of couple-centered counseling to improve the acceptance and sustained use of long-acting reversible contraceptive methods.

Conclusion

This study aimed to analyze the factors associated with the selection of Long-Acting Reversible Contraceptive Methods (LARCs) at Kebayoran Baru Regional General Hospital (RSUD Kebayoran Baru). The findings demonstrated that parity and husband's support were significantly associated with LARC selection, with parity identified as the strongest determinant (OR = 5.417). In contrast, knowledge, educational level, age, healthcare provider support, and cultural factors were not significantly associated with LARC selection. These findings indicate that reproductive experience and partner support play a more important role in determining the choice of LARCs than cognitive or demographic factors.

From a practical perspective, these findings suggest that efforts to increase LARC utilization should emphasize a family-centered approach by actively involving partners in contraceptive counseling and educational programs. Theoretically, the results reinforce the importance of interpersonal factors in reproductive health decision-making. However, this study was limited by the use of a structured questionnaire and the partial implementation of online data collection, which restricted an in-depth exploration of respondents' perspectives. Future studies are recommended to investigate

additional factors using more comprehensive approaches to enhance understanding of the determinants of LARC selection.

Ethical Considerations

This study received ethical approval from the Health Research Ethics Committee, Faculty of Health Sciences, under approval number **No. 142/e-KEPK/FIKES/XII/2025**. Written informed consent was obtained from all participants prior to their enrollment in the study. The confidentiality and anonymity of participants were strictly maintained, and all data were used solely for research purposes.

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