



## **A Correlation Between Self-Efficacy and the use Of Long-Acting Contraceptive Methods Among Couples Of Reproductive Age in the Working Area of Lubuk Pinang Community Health Center in 2025**

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**Abstract.** The use of Long-Acting Contraceptive Methods (LACMs) is an important strategy in family planning programs due to their high effectiveness and low failure rates. However, the utilization of LACMs in the community remains relatively low, partly influenced by psychological factors such as self-efficacy. This study aims to determine the correlation between self-efficacy and the use of Long-Acting Contraceptive Methods among Couples of Reproductive Age in the working area of the Lubuk Pinang Health Center in 2025. This study employed a quantitative design with a cross-sectional approach. The population consisted of all Couples of Reproductive Age in the working area of the Lubuk Pinang Health Center, with a sample of 96 respondents selected using purposive sampling techniques. Data were collected using a self-efficacy questionnaire and contraceptive use data, then analyzed using univariate and bivariate methods with the Chi-Square test. The results showed that the majority of respondents had low self-efficacy, totaling 55 individuals (57.3%), and most used non-LACM methods, totaling 63 individuals (65.6%). Bivariate analysis indicated a significant correlation between self-efficacy and the use of LACMs ( $p$ -value = 0.000). Respondents with high self-efficacy were more likely to use LACMs compared to those with low self-efficacy. In conclusion, there is a significant relationship between self-efficacy and the use of Long-Acting Contraceptive Methods among Couples of Reproductive Age in the working area of the Lubuk Pinang Health Center in 2025. It is expected that healthcare providers can enhance the self-efficacy of Couples of Reproductive Age through education and counseling to increase the use of LACMs.

**Keywords:** *Self-efficacy, Long-Acting Contraceptive Methods, Couples of Reproductive Age.*

### **INTRODUCTION**

Data from Lubuk Pinang Public Health Center in 2024 show that only 18.7% of active family planning participants were enrolled out of the total number of couples of reproductive age (CRA) in the working area of the Lubuk Pinang Public Health Center. The distribution by long-term contraceptive methods used was as follows: IUD (0.2%), male sterilization/MOP (0%), female sterilization/MOW (0%), and implants (1.8%) (Mukomuko Regency Health Office, 2024).

The government, through the National Population and Family Planning Agency (BKKBN), encourages the community to use long-term contraceptive methods (LTCM/MKJP). This recommendation is emphasized because as contraceptive needs increase, there is a greater demand for highly effective methods. From an economic perspective, long-term contraceptive methods, such as Intrauterine Devices (IUDs), are more cost-effective, as they can be used for up to ten years (Bahriah et al., 2023).

Long-term contraceptive methods (MKJP) offer a major advantage in their high effectiveness in preventing pregnancy for several years and their freedom from daily use.

However, their limitations include the need for medical procedures during insertion and the possibility of side effects that vary depending on the type of MKJP used, such as changes in the menstrual cycle and other potential side effects (Larasati, 2021).

The use of non-MKJP contraceptive methods requires couples of reproductive age to regularly monitor or revisit health facilities every one to three months, as pills and injections require routine and continuous supervision to ensure continued use. This condition also contributes to an increased risk of family planning discontinuation, which is prone to occur after one year of use (Ekoriano & Novita, 2018). The high failure rate of non-MKJP contraceptive methods in delaying pregnancy can increase the incidence of unintended pregnancies or abortion (BKKBN, 2021). Therefore, prioritizing the use of MKJP is essential for couples of reproductive age, as these methods provide more effective long-term protection with a single application lasting three to ten years and have a low failure rate.

According to L. Green's theory, the use of MKJP among couples of reproductive age is influenced by several factors, including predisposing factors, enabling factors, and reinforcing factors. Predisposing factors that may influence MKJP use based on previous studies include age, parity, knowledge, occupation, education, and self-efficacy. Enabling factors affecting MKJP use include access to health services and the availability of contraceptive devices. Reinforcing factors influencing MKJP use include spousal support and support from health professionals (Widiastuti & Arini, 2021).

Self-efficacy influences an individual's ability to determine actions or make decisions aimed at achieving certain goals or anticipating future outcomes, such as decisions regarding the selection of contraceptive methods. Self-efficacy refers to a specific assessment related to one's competence in performing particular tasks. In general, self-efficacy is an individual's belief or confidence in their ability to perform actions, produce outcomes, organize efforts, achieve goals, and implement behaviors to develop specific skills. In short, self-efficacy refers to one's belief in personal capability. In the context of contraception, self-efficacy reflects confidence in determining or selecting a contraceptive method (Sidabukke, 2021).

Self-efficacy is defined as an individual's belief in their ability to perform required behaviors to successfully complete tasks and achieve desired outcomes. A study by Tarsikah (2020) found a relationship between self-efficacy and the use of contraceptive methods. The role of self-efficacy can influence attitudes toward contraceptive use. Individuals with higher self-efficacy tend to have greater confidence in their abilities, leading to more positive attitudes. Self-efficacy among contraceptive acceptors influences the selection of contraceptive methods.

Suciono (2021) stated that self-efficacy is a belief in one's ability to master situations and achieve favorable outcomes. Research by Odessa Hamidi (2018) found that women with higher levels of self-efficacy tend to be more involved in decision-making regarding contraception. Self-efficacy is also associated with adherence to oral contraceptive use; higher self-efficacy is linked to greater compliance in contraceptive use.

The main impact of low self-efficacy in selecting long-term contraceptive methods (MKJP) is low utilization and high dropout rates, as individuals feel incapable or uncertain about choosing and using these methods. This can lead to inappropriate contraceptive use due to misconceptions about MKJP (Noviani, 2023). A preliminary survey conducted on October 5, 2025, in the working area of the Lubuk Pinang Public Health Center found that out of 10 couples of reproductive age interviewed, seven chose non-MKJP contraceptive methods because they felt uncertain about using MKJP due to concerns about the procedure and potential side effects of insertion.

## LITERATURE REVIEW

Family planning is an effort that can be used as a basis for decision-making regarding how many children are desired and when they should be born. At the national level, this initiative is known as the Family Planning (KB) program. In addition, the family planning program serves as a method to promote progress, stability, and economic, social, and spiritual well-being for every family member. According to the World Health Organization (WHO), family planning refers to actions that help individuals or married couples avoid unwanted births, regulate the spacing between births, control the timing of pregnancies in relation to the age of the couple, and determine the number of children within a family. Family planning, also referred to as parenthood planning, is an effort to regulate the number and spacing of pregnancies through the use of contraceptive methods (Anggraini, 2021). The objective of family planning is to improve maternal and child welfare and to create small, happy, and prosperous families through birth control and population growth regulation in Indonesia. In addition, the family planning program is expected to contribute to the development of a high-quality population, enhance human resources, and improve overall family welfare. The targets of the family planning program include direct targets, namely couples of reproductive age, with the aim of reducing fertility rates through the continuous use of contraception, as well as indirect targets, which consist of family planning implementers and managers. These indirect efforts focus on reducing birth rates through integrated population policy approaches in order to achieve high-quality and prosperous families (Bingan, 2022).

Contraception refers to the regulation of pregnancy through the use of devices or methods aimed at preventing conception. The purposes of contraceptive use include delaying pregnancy, spacing pregnancies, and terminating fertility. There are various types of contraceptives, each with its own benefits and limitations (Susanti & Sari, 2020). Contraception is an effort to prevent pregnancy, either temporarily or permanently, which can be carried out without the use of devices, through mechanical means, by using medical devices or medications, or through surgical procedures. In brief, contraceptive methods within the family may be used by either women or men, depending on the method of application. However, in families that already have children, contraceptive use is generally the responsibility of the mother or wife. Conversely, in families that have not yet had children and are not ready to conceive, contraceptive use is expected to be undertaken by the husband or male partner (Nainggolan & Susilawati, 2022).

Self-efficacy refers to an individual's belief in their ability to successfully perform a particular behavior. Within the Theory of Planned Behavior (TPB), the strongest predictors of behavior are the individual's personal valuation of the behavior and self-efficacy. Although TPB does not explicitly integrate emotional context or psychopathology into its model, it has been widely applied to examine engagement in various mental health-related behaviors (Lee, 2021). Self-efficacy refers to an individual's belief in their capability to carry out the behaviors necessary to achieve specific performance outcomes. Self-efficacy is considered to influence how couples of reproductive age interpret events and make decisions regarding the use of contraceptive methods. Other studies have also indicated a relationship between self-efficacy and participation in the use of long-term contraceptive methods (MKJP) (Tan, 2021).

## METHODS

### Univariate Analysis

Univariate analysis was conducted to describe the frequency distribution of each variable examined, namely self-efficacy and the use of long-term contraceptive methods (MKJP), expressed as percentages (%).

$$P = fn \times 100\%P$$

Where:

**P**=Percentage

**f**= Frequency of the observed variable

**n** = Sample size

Data interpretation according to Notoatmodjo (2011) is as follows:

0%–25% = a small proportion of respondents  
26%–49% = nearly half of the respondents  
50% = half of the respondents  
51%–75% = the majority of respondents  
76%–79% = almost all respondents  
100% = all respondents

### Bivariate Analysis

Bivariate analysis is an analysis conducted on two variables that may be related to each other. In this study, bivariate analysis was performed to determine the relationship between self-efficacy and the use of long-term contraceptive methods (MKJP) among couples of reproductive age using the Chi-square statistical test.

The Chi-square test is a statistical test used to analyze the association between two variables measured on a categorical scale (nominal or ordinal). The use of the Chi-square test is subject to several assumptions, namely:

- Each cell in the contingency table must have an observed frequency greater than zero to ensure valid analysis.
- In a 2x2 contingency table, no cell should have an expected count of less than 5.
- In contingency tables larger than 2x2, cells with expected counts of less than 5 are permitted, provided that they do not exceed 20% of the total number of cells in the table.

For a 2x2 Chi-square test, the results are interpreted based on the *p-value* in the continuity correction column. For contingency tables larger than 2x2, the results are interpreted using the *p-value* from the Pearson Chi-square test. If the assumptions of the Chi-square test are not met, Fisher's Exact Test is used, and the results are interpreted based on the *p-value* from Fisher's Exact Test. Statistical analysis was performed using SPSS version 26, with a significance level of  $p < 0.05$  (95% confidence level) (Nugroho, 2020).

## RESULTS

### Univariate Analysis

#### Overview of Self-Efficacy

**Table 1. Frequency Distribution of Self-Efficacy among Couples of Reproductive Age in the Working Area of Lubuk Pinang Public Health Center in 2025**

Self Efficacy	Frequency	Percentage (%)
Low	55	57,3
High	41	42,7
<b>Total</b>	<b>96</b>	<b>100</b>

### Overview of Long-Term Contraceptive Method (MKJP) Use

**Table 2. Frequency Distribution of Long-Term Contraceptive Method (MKJP) Use among Couples of Reproductive Age in the Working Area of Lubuk Pinang Public Health Center in 2025**

Use of Long-Term Contraceptive Methods (MKJP)	Frequency	Percentage (%)
Non MJKP	63	65,6
MJKP	33	34,4
<b>Total</b>	<b>96</b>	<b>100</b>

### Bivariate Analysis

**Table 3. The Relationship between Self-Efficacy and the Use of Long-Term Contraceptive Methods (MKJP) in the Working Area of Lubuk Pinang Public Health Center in 2025**

Self Efficacy	Use of Long-Term Contraceptive Methods (MKJP)						P-Value
	Non MJKP		MJKP		Total		
	n	%	n	%	n	%	
Low	45	81,8	10	18,2	55	100	0,000
High	18	43,9	23	56,1	41	100	
<b>Total</b>	<b>63</b>	<b>65,6</b>	<b>33</b>	<b>34,4</b>	<b>96</b>	<b>100</b>	

## DISCUSSION

### Overview of Self-Efficacy

Based on the research results presented in the self-efficacy table, it is known that the majority of respondents had a low level of self-efficacy, totaling 55 individuals (57.3%), while respondents with high self-efficacy amounted to 41 individuals (42.7%). These findings indicate that most respondents have not yet developed optimal confidence in their ability to use contraceptive methods. Low self-efficacy may potentially lead to inconsistent contraceptive use, hesitation in dealing with side effects, and a tendency to discontinue contraceptive use prematurely. This condition may also increase the risk of unintended pregnancies and unmet need for family planning.

The results of this study are consistent with the findings of Anindy, Makhfudli, and Armini (2022), who reported that self-efficacy is significantly associated with contraceptive use behavior, particularly long-term contraceptive methods. Couples of reproductive age with high self-efficacy are more likely to choose and use contraceptive methods effectively compared to those with low self-efficacy. The study emphasizes that self-confidence is an important psychological factor in contraceptive decision-making.

Furthermore, research by Milania (2025) indicates that knowledge about contraception, perceived benefits, and social support play a role in increasing contraceptive self-efficacy, while perceived barriers such as fear of side effects and lack of partner support contribute to low self-efficacy. These findings are relevant to the results of this study, as the high proportion of respondents with low self-efficacy may reflect limited access to information and insufficient support received by respondents.

Self-efficacy refers to an individual's belief in their ability to perform the actions required to achieve specific outcomes. In the context of contraceptive use, self-efficacy plays a crucial role because it influences an individual's ability to choose appropriate contraceptive methods, use contraception correctly and consistently, and overcome barriers such as side effects, limited access to health services, and partner influence. Individuals with high self-efficacy tend to have

better self-regulation of reproductive behavior and are more capable of maintaining continuous contraceptive use.

Efforts to improve self-efficacy can be carried out through continuous reproductive health education, individual and couple counseling, and the provision of clear information regarding the benefits, methods of use, and potential side effects of contraception. Research by Smith and Foster (2023) shows that educational interventions and needs-based counseling can enhance self-efficacy and the continuity of contraceptive use. With improved self-efficacy, individuals become more confident in decision-making, more consistent in contraceptive use, and better prepared to face challenges during the period of use. Overall, the high proportion of respondents with low self-efficacy in this study indicates the need for special attention from health workers and family planning program managers. Strengthening self-efficacy through education, counseling, and social support is expected to improve the quality of contraceptive use and reduce the risk of unintended pregnancies.

### **Overview of Long-Term Contraceptive Method (MKJP) Use**

Long-term contraceptive methods (MKJP) are contraceptive methods that provide long-lasting pregnancy protection, such as intrauterine devices (IUDs), implants, and permanent methods. In contrast, non-MKJP methods include pills, injections, condoms, and traditional methods that require routine use and high adherence. MKJP is known for its high effectiveness, low failure rates, and independence from daily user compliance. However, despite these advantages, the utilization of MKJP in the community remains lower than that of non-MKJP methods.

Based on the research results presented in the contraceptive use table, it was found that the majority of respondents used non-MKJP methods, totaling 63 individuals (65.6%), while only 33 respondents (34.4%) used MKJP. These findings indicate that most respondents still prefer short-term contraceptive methods. This condition reflects the dominant preference for non-MKJP methods, even though these methods have relatively higher failure rates if not used consistently and correctly.

The dominance of non-MKJP use may be influenced by perceptions of ease and flexibility. Non-MKJP methods are often considered more practical because they are easily accessible, do not require invasive medical procedures, and can be discontinued at any time without special procedures. However, these methods rely heavily on user compliance, increasing the risk of contraceptive failure. Research by Smith and Foster (2023) indicates that non-MKJP methods have higher discontinuation and failure rates compared to MKJP, particularly among users with low consistency.

Conversely, the low utilization of MKJP in this study may be attributed to concerns about side effects, insertion procedures, and prevailing myths within the community. Anindy et al. (2022) reported that negative perceptions and lack of understanding regarding the benefits of MKJP are major factors contributing to the low utilization of long-term contraception. Many individuals still perceive MKJP as painful, harmful to health, or disruptive to fertility, despite scientific evidence demonstrating that these methods are safe and effective.

In addition, MKJP use is influenced by access to health services. MKJP requires trained healthcare providers and adequate health facilities for insertion and removal. Research by Hall et al. (2024) shows that limited access to healthcare services and trained personnel contributes to the low uptake of MKJP. This may explain why respondents in this study were more likely to choose non-MKJP methods, which are more widely available and easier to access.

Differences in characteristics between MKJP and non-MKJP indicate that contraceptive choice is influenced not only by medical effectiveness but also by perceptions, convenience, and accessibility. The dominance of non-MKJP use in this study highlights the need to strengthen reproductive health education that emphasizes the advantages of MKJP, particularly

in terms of long-term effectiveness and safety. With improved understanding and access to services, it is expected that MKJP utilization will increase, thereby supporting the success of the family planning program and reducing the risk of unintended pregnancies.

### **The Relationship between Self-Efficacy and MKJP Use in the Working Area of Lubuk Pinang Public Health Center in 2025**

The results of the study indicate a significant relationship between self-efficacy and the use of long-term contraceptive methods (MKJP) in the working area of Lubuk Pinang Public Health Center in 2025. Based on the cross-tabulation results, respondents with low self-efficacy predominantly did not use MKJP, totaling 45 individuals (81.8%), while only 10 individuals (18.2%) used MKJP. In contrast, among respondents with high self-efficacy, the majority used MKJP, totaling 23 individuals (56.1%), while 18 individuals (43.9%) did not use MKJP. These findings indicate that higher levels of self-efficacy are associated with a greater likelihood of MKJP use.

Statistical analysis using the Chi-square test showed a  $p$ -value  $< 0.000$ , indicating a significant relationship between self-efficacy and MKJP use. This result demonstrates that the differences in MKJP utilization between respondents with low and high self-efficacy did not occur by chance but were influenced by individuals' confidence in their ability to use long-term contraceptive methods. Therefore, the research hypothesis stating that there is a relationship between self-efficacy and MKJP use is accepted.

Self-efficacy plays an important role in shaping health behavior, including contraceptive selection and use. Individuals with high self-efficacy tend to have strong confidence in their ability to undergo MKJP insertion procedures, manage side effects, and communicate effectively with healthcare providers and partners. Conversely, individuals with low self-efficacy are more prone to fear, doubt, and lack of confidence, leading them to prefer non-MKJP methods that are perceived as easier and less invasive. This finding is consistent with Bandura's theory, which states that self-efficacy influences individual decision-making, effort, and persistence in performing health-related behaviors.

The findings of this study are consistent with research by Anindy et al. (2022), which reported that couples of reproductive age with high self-efficacy are more likely to use long-term contraceptive methods than those with low self-efficacy. The study emphasizes that self-confidence is a key psychological factor in the successful adoption of MKJP. Similar findings were also reported by Smith and Foster (2023), who identified self-efficacy as a primary predictor of sustained long-term contraceptive use, as individuals with strong self-belief are better able to manage side effects and overcome barriers during use.

In addition, research by Hall et al. (2024) shows that self-efficacy is closely related to an individual's ability to access and maintain long-term contraceptive use. Individuals with high self-efficacy are more proactive in seeking healthcare services, engaging in discussions with health professionals, and considering the long-term benefits of MKJP compared to short-term methods. This supports the findings of the present study, where MKJP use was higher among respondents with high self-efficacy.

The low utilization of MKJP among respondents with low self-efficacy in the working area of Lubuk Pinang Public Health Center may be attributed to limited understanding of MKJP benefits, fear of side effects, and low confidence in facing insertion procedures. This condition indicates that efforts to increase MKJP use should not focus solely on the availability of contraceptive devices but must also address psychological aspects, particularly strengthening self-efficacy through comprehensive education and counseling.

Overall, the findings of this study confirm that self-efficacy plays a significant role in MKJP utilization. Efforts to enhance self-efficacy through reproductive health education, individual and couple counseling, and support from healthcare providers at Lubuk Pinang Public Health Center

are expected to increase acceptance and use of MKJP. With improved self-efficacy, individuals will be more confident in choosing effective and safe long-term contraceptive methods, thereby supporting the optimal achievement of family planning program goals.

## CONCLUSION

The majority of couples of reproductive age (CRA) in the working area of Lubuk Pinang Public Health Center had low self-efficacy, totaling 55 individuals (57.3%). The majority of couples of reproductive age (CRA) in the working area of Lubuk Pinang Public Health Center used non-long-term contraceptive methods (non-MKJP), totaling 63 individuals (65.6%). There was a significant relationship between self-efficacy and the use of long-term contraceptive methods (MKJP) in the working area of Lubuk Pinang Public Health Center in 2025 ( $p$ -value = 0.000).

## LIMITATION

Future researchers are expected to further develop this study by incorporating additional variables that may influence the use of long-term contraceptive methods (MKJP), such as spousal support, knowledge, attitudes, access to healthcare services, and sociocultural factors. In addition, studies employing longitudinal or intervention designs are recommended to assess the effectiveness of self-efficacy enhancement programs in influencing changes in MKJP use behavior. Future research is also encouraged to use larger sample sizes and broader geographic coverage to improve the generalizability of the findings.

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