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Article

Analysis of Factors Associated with the Participation of Couples of Childbearing Age in the Family Planning Program at the Onekore Health Center In 2024

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Abstract:
Background: The Family Planning program plays an important role in reducing the population growth rate and improving maternal and child health. However, the participation of couples of childbearing age in the family planning program in Indonesia, especially in East Nusa Tenggara (NTT) Province, is still relatively low. Puskesmas Onekore is one of the health centers with the lowest coverage of active family planning participants in Ende Regency, which amounted to 21.0% in 2023. **Objectives** This study aims to analyze the factors associated with the participation of couples of childbearing age in the family planning program. **Methods**: This study used an analytic survey design with a cross-sectional study approach, which was carried out in the Onekore Health Center working area. The population in this study were all couples of childbearing age, namely women aged 15-49 years. The sample amounted to 92 mothers of childbearing age couples selected by simple random sampling. **Results**: The results showed that the number of children (p=0.01), attitude towards family planning (p=0.00), and husband's support (p=0.00) were significantly associated with the participation of childbearing age couples in the family planning program. Meanwhile, the availability of contraceptives (p=0.057) and the role of health workers (p=0.069) were not significantly associated. **Conclusions**: Husband's support, attitude towards family planning, and number of children are the main factors that influence the participation of childbearing age couples in the family planning program at Onekore Health Center.

Keywords: family planning, childbearing age couples, husband support, attitude, number of children

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1. Introduction

Indonesia is experiencing an increase in population every year, as of September 2024 Indonesia's population reached 283.49 million, up 0.8% from the previous year[1] . This high growth is driven by the still-high total fertility rate (TFR) of 2.13 per woman[2]. To reduce the rate of population growth and improve the quality of maternal and child health, the government implemented the Family Planning Program.

The family planning program aims to regulate births, spacing and the ideal age of pregnancy through an educational approach and fulfillment of reproductive rights, as stated in Government Regulation No. 87 of 2014. One indicator of the success of family planning is the coverage of active family planning participants. The Indonesian Health Profile in 2023 shows that the national coverage of active family planning participants reached 60.4%, up from 59.9% in the previous year. However, there are still inequalities between regions. South Kalimantan Province has the highest coverage (66.59%), while the lowest coverage is in Papua (10.5%) and East Nusa Tenggara (41.5%)[3].

In NTT Province, the coverage of active family planning participants decreased from 42.7% (2022) to 41.5% (2023), and as many as 41.89% of women of childbearing age have never used contraceptives[4] . Ende District is one of the regions with low family planning coverage. In 2023, only 46.7% of women of reproductive age were recorded as active participants, with the Onekore Health Center recording the lowest coverage, at only 21%.

Although various efforts have been made, such as counseling, counseling, familly planning villages, and cooperation with BKKBN, the results have not been optimal. Factors influencing the low participation of childbearing age couples in the family planning program can be analyzed through Lawrence Green's theory, which divides influences into predisposing factors (number of children, attitudes), enabling factors (availability of contraceptives), and reinforcing factors (support from husbands and health workers)[5].

Previous studies have shown that positive attitudes toward family planning, husband support, and number of children are dominant factors in decision-making about contraceptive use[6-7]. Meanwhile, the role of health workers and the availability of contraceptives also determine the effectiveness of the program[8]. Based on these conditions, this study aims to analyze the factors associated with the participation of couples of childbearing age in the family planning program at the Onekore Health Center, Ende Regency, in 2024.

2. Materials and Methods

2.1 Study Design and Setting

This study is a quantitative study with an analytic survey design using a cross-sectional approach. The research was conducted in the working area of the Onekore Health Center, Central Ende District, Ende Regency, East Nusa Tenggara Province. The research was conducted for three months, from January to March 2025.

2.2 Population and Sampling

The population in this study were all mothers of childbearing age couples aged 15-49 years and domiciled in the Onekore Health Center working area. A sample of 92 people was selected using simple random sampling technique, based on Lemeshow's formula, with the proportion of sample allocation in Onekore and Paupire areas.

2.3 Data Collection

Data were collected using a structured questionnaire that had undergone validity and reliability testing. The questionnaire included data on respondent characteristics, attitudes toward family planning, number of children, availability of contraceptives, husband support, and the role of health workers.

2.4 Variables and Operational Definitions

The dependent variable in this study is the participation of childbearing age couples in the family planning program, measured based on the use of modern contraceptives long-acting contraceptive methods and short-acting contraceptive methods at the time of the interview. Independent variables included attitude, number of children, availability of contraceptives, husband support and the role of health workers. The following is the operational definition used:

Participation in the family planning program	0. Yes: respondent was using modern contraceptives at the time of the study 1. No: the respondent was not using modern contraceptives at the time of the study.
Attitude	0. Positive = score ≥ mean total score 1. Negative = < mean total score
Number of Children	0. Few = number of children ≤ 2 1. Many = number of children >2

Contraceptive Availability	0.	Always available: if the contraceptive needed is always available when the mother gets services at the health center.
	1.	Not available: if the contraceptive needed was not or sometimes available when the mother received services at the health center.
Husband Support	0.	Support: ≥ mean T score (50)
	1.	Not supportive: < mean T score (50)
The role of health workers	0.	Take an active role ≥ mean *T score* (50)
	1.	No active role: < mean *T score* (50

2.5 Data Analysis

Data processing generally begins with coding, editing, entry and cleaning steps. Documents are then analyzed according to the interests of answering each research objective. Data were analyzed univariately, and bivariate. The bivariate test used the chi-square test with a significance level of $p < 0.05$.

2.6 Ethical Considerations

This study has obtained ethical approval from the Health Research Ethics Committee of the Faculty of Public Health, Nusa Cendana University, with letter number 000179/KEPK FKM UNDANA/2025.

3. Results

3.1 Characteristics of Respondents

Respondents in this study were mothers of childbearing age couples who already had at least 1 child as many as 92 people at the Onekore Health Center in 2025. The following are the characteristics of the respondents: Characteristics of Respondents

Table 1 Characteristics of respondents

No.	Characteristics of respondents	n	(%)
1.	Age		
	15-25	17	18.48
	26-35	40	43.48
	36-49	35	38.04
2.	Jobs		
	Housewife	75	78.95
	Teacher	9	9.47
	Student	8	8.42
	Employee	2	2.11
	Nurse	1	1.05
3.	Education		
	Elementary School	8	8,7
	Junior High School	12	13,04
	High School	33	35,87
	Associate Degree	2	2,17
	Advanced Diploma	5	5,43
	Bachelor's Degree	32	34,78

Most respondents were in the age group of 26-35 years (43.48%) and 36-49 years (38.04%), indicating that the majority were in the active reproductive period. Most of them worked as housewives (78.95%), while the rest worked as teachers, students, employees, or nurses. In terms of education, the majority of respondents were high school graduates (35.87%) and undergraduates (34.78%), indicating that most had a medium to high level of education.

Table 2 Univariate Analysis

No.	Research Variables	n	%
1.	Participation in the family planning program		
	Yes	41	44,6
	No	51	55,4
2.	Attitude		
	Positive	39	42,4
	Negative	53	57,6
3.	Number of Children		
	Few (≤ 2 number of children)	50	54,3
	Many (>2 number of children)	42	45,7
4.	Contraceptive Availability		
	Always available	66	71,7
	Not available	26	28,3
5.	Husband Support		
	Support	42	45,7
	No Supportive	50	54,3
6.	The role of health workers		
	Take an active role	69	75
	No active role	23	25

Table 2 shows that more than half of the respondents (55.4%) did not participate in the family planning program. Most respondents had a negative attitude towards the family planning program (57.6%) and did not receive support from their husbands (54.3%). The majority of respondents had two or fewer children (54.3%) and stated that contraceptives were always available (71.7%). In addition, most respondents felt that health workers played an active role in family planning services (75%).

3.2 Factors associated with the participation of couples of childbearing age in the family planning program at Onekore Health Center in 2024

Univariate analysis showed that out of 92 respondents, 51 did not participate in the family planning program, while 41 did. A total of 53 respondents had a negative attitude towards family planning, and 50 respondents did not get support from their husbands. In addition, 50 respondents had two or fewer children, while 42 respondents had more than two children. Most respondents (66 people) stated that contraceptives were always available, and 69 respondents felt that health workers played an active role. To determine the relationship between these variables and participation in the family planning program, bivariate analysis was conducted.

Table 3 Factors associated with the participation of couples of childbearing age in the family planning program at Onekore Health Center in 2024

Variable	Participation in the family planning program				Total		*P-value*
	Yes		No				
	n	%	n	%	n	%	
Attitude							
Positive	34	87,2	5	12,8	39	100	0,000
Negative	7	13,2	46	86,8	53	100	
Number of Children							
Many	27	64,3	15	35,7	42	100	0,001
Few	14	28,0	36	72,0	50	100	
Contraceptive Availability							
Always available	34	51,5	32	48,5	66	100	0,057
Not available	7	26,9	19	73,1	26	100	
Husband Support							
Support	36	83,7	7	16,3	50	100	
No Supportive	5	10,2	44	89,7	42	100	0,000
The role of health workers							
Take an active role	35	50,7	34	79,3	69	100	0,069
No active role	6	26,1	17	49,3	23	100	

Based on the results of the analysis, there is a significant relationship between attitudes towards the family planning program and the participation of couples of childbearing age in the program (p = 0.000). Of the 39 respondents who had a positive attitude, 34 people (87.2%) participated in the family planning program, while only 5 people (12.8%) did not participate. In contrast, of the 53 respondents who had a negative attitude, only 7 (13.2%) participated in the family planning program, while 46 (86.8%) did not. The number of children also showed a significant association with participation in the family planning program (p = 0.001). Of the 42 respondents who had more than two children, 27 (64.3%) participated in the family planning program, while 15 (35.7%) did not. Meanwhile, of the 50 respondents who had two children or less, only 14 people (28.0%) followed the family planning program and 36 people (72.0%) did not.

In the variable of contraceptive availability, no statistically significant relationship was found (p = 0.057). However, descriptively, out of 66 respondents who stated that contraceptives were always available, 34 people (51.5%) participated in the family planning program and 32 people (48.5%) did not. On the other hand, of the 26 respondents who stated that contraceptives were not available or only available sometimes, only 7 people (26.9%) participated in the family planning program and 19 people (73.1%) did not participate. Husband support showed a highly significant association with participation in the family planning program (p = 0.000). Of the 50 respondents who received support from their husbands, 36 people (83.7%) participated in the family planning program and only 7 people (16.3%) did not participate. Meanwhile, of the 42 respondents who did not

receive support from their husbands, only 5 (10.2%) participated in the family planning program, while 44 (89.7%) did not.

The role of health workers variable did not show a statistically significant relationship (p = 0.069), but had a favorable trend. Of the 69 respondents who stated that health workers played an active role, 35 people (50.7%) participated in the family planning program and 34 people (49.3%) did not. In contrast, out of 23 respondents who stated that health workers did not play an active role, only 6 people (26.1%) participated in the family planning program, while 17 people (73.9%) did not. Although not statistically significant, the active involvement of health workers still shows a potential influence on family planning program participation.

4. Discussion

4.1 The relationship between attitudes and participation of couples of childbearing age in the family planning program at the onekore health center in 2024

Attitude is the way a person evaluates various aspects of their social environment, which then forms feelings of liking or disliking an issue, idea, individual, social group, or certain object[9]. Attitude is one of the determinants that influence the participation of couples of childbearing age in the family planning program, and plays an important role in the process of changing individual behavior[10]. The results of the Chi Square test in this study indicate a significant relationship between attitudes and participation of couples of childbearing age in the family planning program at the Onekore Health Center, Ende Regency, 2024 with a p value = 0.000 <0.05.

This finding is in line with research conducted by Eja, Suryanto, and Khaerina (2024) at the Jereweh Health Center, West Sumbawa Regency, which also showed a relationship between the attitude of mothers towards contraceptive methods and the selection of contraceptive methods. In the study, mothers with good attitudes tended to choose long-term contraceptive methods, while those with unfavorable attitudes preferred the method [11]. This is in accordance with Lawrence Green's behavioral theory which states that attitude is one of the predisposing factors that influence the occurrence of a behavior. In the context of the family planning program, attitudes can reflect the behavioral tendencies of childbearing age couples in participating [12].

4.2 The relationship between the number of children and the participation of couples of childbearing age in the family planning program at the onekore health center in 2024

The number of children referred to refers to the total number of biological children ever born alive by a mother, either living together or living elsewhere[13]. According to BKKBN, the ideal number of children is 2, as reflected in the slogan "2 children are enough"[2]. In addition to attitudes, the number of children was also shown to have a significant relationship with the participation of couples of childbearing age in the family planning program.The results of statistical analysis using the Chi Square test in this study show that there is a significant relationship between the number of children and the participation of couples of childbearing age in the family planning program, with a p value = 0.001 (p < 0.05).

This result is in line with the research of Pangaribuan et al. (2024), which showed that couples with more than two children tend to use contraception more than couples with fewer children. This finding indicates that the more children a couple has, the higher the tendency to use contraception[14]. Couples with more children are more likely to start using contraceptives compared to couples with fewer children [15]. Another study that supports this finding is research by Nelawati et al., (2023), where couples who have few children are more likely to use contraceptives with low effectiveness or even use natural birth control[16].This also supports the behavioral theory used in this study, where the number of children is included in the predisposing factors that influence contraceptive use behavior

4.3 The relationship between the availability of contraceptives and the participation of couples of childbearing age in the family planning program at Onekore Health Center in 2024

Contraceptives are contraceptive devices or drugs used in family planning program services intended for couples of childbearing age. Contraceptives are contraceptive devices or drugs used in family planning program services intended for couples of childbearing age. The availability of contraceptives that are diverse, easily accessible, and affordable provides an opportunity for acceptors to choose and use contraceptives according to their needs[17]. However, unlike the variable availability of contraceptives, this study did not find a significant relationship between the availability of contraceptives and childbearing age couples participation in the family planning program. The results of the analysis show a p value = 0.057, which means it is not statistically significant.

This finding is consistent with the results of research by Ekasari, Aryastuti, and Romaita (2021) at the Kenali Health Center, West Lampung, which also showed that the availability of contraceptive had no significant effect on the choice of contraceptive methods by women of childbearing age[18]. In addition, other factors such as knowledge, attitude, husband's support, and personal assessment of the need for family planning actually showed a significant relationship and had a greater influence in the decision of women of childbearing age in choosing contraceptives.

The findings in this study contradict the theory, which states that the availability of contraceptives is one of the enabling factors that enable individuals to participate in the family planning program. However, in this study, the availability of contraceptives did not show a significant relationship with the participation of couples of childbearing age in the family planning program. This may be due to the presence of other more dominant factors, such as fear of contraceptive side effects, preference for natural contraceptive methods, and decisions based on mutual agreement with partners.

4.4 The relationship between husband's support and the participation of couples of childbearing age in the family planning program at the onekore health center in 2024

Social support can be in the form of emotional support such as affection and attention, instrumental support in the form of practical or material assistance, informational support in the form of advice and information, and evaluative support such as feedback and assessment. Husband support includes verbal and nonverbal communication, advice, and tangible assistance in the wife's social environment[19]. Meanwhile, husband's support is another factor that is proven to have a significant relationship with the participation of couples of childbearing age in the family planning program.

The results of the Chi Square test of the husband support variable showed a significant relationship between husband support and participation of couples of childbearing age in the family planning program, with a p-value = 0.000 ($p < 0.05$). This finding is reinforced by research conducted by Precelia Fransiska (2022) on the selection of implantable contraceptives, which also found a significant relationship between husband support and the selection of the method[12]. Husband's involvement in the decision-making process, consultation with health workers, and assistance when installing contraceptives are tangible forms of husband's participation that can strengthen the wife's motivation to participate[20]. This support is classified as a reinforcing factor in the behavioral theory model, which plays an important role in influencing individual decisions towards a health action.

4.5 The relationship between the role of health workers and the participation of couples of childbearing age in the family planning program at the onekore health center in 2024

Health workers have an important role in the success of the family planning program, especially in Communication, Education and Information (IEC) related to the family planning program. IEC in the family planning program is needed so that people can understand information about family planning, information must also be conveyed clearly so that the negative stigma about family planning that develops in the community can be straightened out [21]. The results of the analysis show that their role does not have a significant relationship with childbearing age couples participation, with a p value = 0.069 (p> 0.05).

This finding is in line with Rahmasari, Lisca, and Dewi's study, which also showed that the role of service providers was not a major factor in influencing the choice of long-acting contraceptive methods[22]. This study is in line with research conducted by Via and Cusmarih which found that there was no significant relationship between the role of health workers and the selection of intrauterine device (IUD)acceptors[23]. In fact, other factors such as knowledge, education level, personal beliefs, and individual attitudes toward family planning have more influence on the decision to use contraception than the role of health workers. This suggests that while health workers can be agents of change, the effectiveness of their role is highly dependent on the social and psychological context of the individuals targeted by the program

5. Conclusions

Husband's support, attitude towards family planning, and number of children are the main factors that influence the participation of childbearing age couples in the family planning program at Onekore Health Center. It is recommended that the Onekore Health Center improve health promotion by involving husbands through couple sclasses, family-based counseling, and home visits to strengthen support for the family planning program.

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7. Conflicts of Interest

The authors declare no conflict of interest. This study was conducted purely for academic purposes and does not involve any conflict of interest with any partiesThe authors declare no conflict of interest.

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