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Description Of The Characteristics, Knowledge And Support Of Husbands In Acceptors Of Long-Acting Reversible Contraception Methods (LARC)

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Abstract

Contraceptive services play an important role in preventing pregnancy and reducing maternal mortality. One of the effective strategies in family planning programs is the use of Long-Acting Reversible Contraception (LARC), such as intrauterine devices (IUDs), implants, and sterilization, which offer high effectiveness and long-term protection. This study aimed to describe the characteristics, knowledge, and husband support among family planning acceptors using long-acting reversible contraception in the working area of Public Health Center III, South Denpasar District Health Office. This study employed a quantitative descriptive design with a cross-sectional approach. The researchers analyzed the characteristics, knowledge, and husband support among LARC acceptors in the study area. The results showed that most respondents were aged 25–35 years (76%), had completed senior high school or vocational high school education (70%), and worked as private employees (50%). More than half of the respondents had a high income (52%). The majority demonstrated good knowledge of LARC (64%). The most common types of husband support were informational and instrumental support (98%). In conclusion, most respondents were of productive age, had relatively high educational backgrounds, worked as private employees, and had high income levels. Although respondents generally had good knowledge and husband support, further improvement is still needed to optimize the implementation of LARC programs.

Kata kunci: LARC; Knowledge; Husband Support

1. Introduction

Contraceptive services constitute a fundamental component of reproductive health programs and play a critical role in reducing maternal morbidity and mortality worldwide [1]. The availability and accessibility of quality contraceptive services enable individuals and couples to plan and space pregnancies safely, thereby improving maternal and child health outcomes. These services encompass a wide range of activities, including health education, counseling, screening for medical eligibility, provision of contraceptive methods, insertion and removal procedures, as well as the management of side effects and complications that may arise from contraceptive use [2]. Comprehensive contraceptive services are not only focused on clinical aspects but also emphasize informed decision-making, ensuring that users receive accurate and complete information regarding available contraceptive options.

Various contraceptive methods are currently available to meet the diverse needs of individuals, ranging from short-term to long-term methods. These include barrier methods such as condoms, hormonal methods such as oral contraceptive pills and injectable contraception, and long-term methods such as implants and intrauterine devices (IUDs), as well as permanent methods like tubectomy and vasectomy [3]. Each method has its own advantages, limitations, effectiveness levels, and suitability depending on the user's health condition, reproductive goals, and personal preferences. The diversity of contraceptive methods allows individuals to choose options that best align with their reproductive intentions and lifestyle, thus enhancing the effectiveness of family planning programs.

Effective contraceptive services have been proven to significantly reduce unintended pregnancies, which remain a major public health concern globally [4]. Unintended pregnancies often lead to adverse health outcomes, including unsafe abortions, maternal complications, and increased risk of maternal mortality. Moreover, pregnancies occurring at high-risk ages—particularly among women under 20 years and over 35 years—are associated with higher rates of complications such as preeclampsia, hemorrhage, and neonatal morbidity [5]. Data

indicate that approximately one-third of maternal deaths occur among women in these high-risk age groups, highlighting the urgent need for effective reproductive health interventions [5]. Therefore, strengthening contraceptive services and ensuring their optimal utilization is essential in preventing high-risk pregnancies and reducing maternal mortality rates.

In Indonesia, the government has implemented family planning programs as a strategic effort to control population growth and improve public health. According to the Ministry of Health, effective implementation of family planning programs has the potential to prevent a significant proportion of maternal deaths through appropriate and consistent use of contraceptive methods [6]. These programs aim not only to reduce fertility rates but also to enhance the quality of life of families by promoting healthy birth spacing and preventing unintended pregnancies. Despite these efforts, challenges remain in ensuring equitable access and utilization of contraceptive services across different regions and population groups.

Among the various contraceptive options, Long-Acting Reversible Contraception (LARC) has been recognized as one of the most effective strategies in family planning programs [7]. LARC methods include intrauterine devices (IUDs), contraceptive implants, and permanent methods such as tubectomy and vasectomy [8]. These methods are characterized by their long duration of action, high effectiveness, and minimal requirement for user compliance compared to short-term methods. Unlike daily or periodic contraceptive methods, LARC provides continuous protection against pregnancy for an extended period without requiring frequent user intervention.

The effectiveness of LARC methods is significantly higher than that of short-term contraceptive methods due to their lower failure rates. For instance, while short-term methods such as pills and condoms are highly dependent on user adherence, LARC methods eliminate the risk of user error, making them more reliable in preventing unintended pregnancies [9]. In addition to their effectiveness, LARC methods also offer cost-efficiency in the long term, as they require fewer follow-up visits and reduce the need for frequent resupply. Furthermore, the use of LARC contributes to improved maternal and child health outcomes by ensuring optimal birth spacing and reducing the risk of complications associated with closely spaced pregnancies.

Despite these advantages, the utilization of LARC methods remains relatively low, particularly in developing countries [10]. This discrepancy between the effectiveness of LARC and its utilization indicates the presence of various barriers that hinder its adoption. These barriers may include limited knowledge, misconceptions, fear of side effects, cultural beliefs, lack of access to trained healthcare providers, and inadequate support from partners or family members. Addressing these barriers is crucial to increasing the uptake of LARC and maximizing its benefits within family planning programs.

A similar trend is observed in Indonesia, particularly in Denpasar City, where the majority of contraceptive users prefer short-term methods over long-term methods [11]. Data from the Denpasar Statistics Office in 2024 show that among 44,262 women of reproductive age, injectable contraception is the most commonly used method, accounting for 48.5% of users, followed by oral contraceptive pills (7.3%), condoms (4.7%), and the lactational amenorrhea method (1%) [12]. In contrast, the use of long-acting reversible contraception is relatively lower, with IUDs used by 28.8% of users, implants by 3.3%, female sterilization (tubectomy) by 7.8%, and male sterilization (vasectomy) by only 0.2% [13].

This pattern suggests that although LARC methods are more effective, many contraceptive acceptors still prefer short-term methods [14]. The preference for short-term methods may be influenced by perceptions of convenience, familiarity, and ease of use, as well as concerns about the invasiveness of LARC procedures. Additionally, misinformation and lack of adequate counseling may contribute to negative perceptions of long-acting reversible contraception. This gap between knowledge and practice highlights the need for more comprehensive education and counseling efforts to promote the benefits of LARC.

The low utilization of LARC is influenced by a complex interplay of individual, social, and cultural factors [15]. Individual factors include knowledge, attitudes, beliefs, and previous experiences with contraceptive methods. Social factors encompass family influence, peer support, and community norms, while cultural factors may include gender roles and societal expectations regarding reproductive decision-making. Among these factors, knowledge and partner support have been identified as key determinants of contraceptive choice.

A preliminary survey conducted in February 2025 in the working area of Public Health Center III, South Denpasar Health Office, revealed several barriers to LARC utilization [16]. Some contraceptive acceptors perceived LARC as a method intended solely for limiting or ending childbearing, rather than spacing pregnancies. Others expressed fear of the insertion procedure, concerns about side effects, and anxiety regarding potential health risks. Additionally, lack of support from husbands emerged as a significant factor influencing the decision not to use

LARC. These findings indicate that both cognitive and emotional factors play a role in shaping contraceptive choices.

Knowledge is a critical factor in influencing health behavior, including the selection and use of contraceptive methods [17]. Individuals with a higher level of knowledge about contraceptive options are more likely to make informed decisions and choose methods that align with their reproductive goals. Adequate knowledge not only increases awareness of the benefits and effectiveness of LARC but also reduces misconceptions and fears associated with its use. Therefore, improving knowledge through education and counseling is essential in promoting the adoption of LARC.

In addition to knowledge, partner support—particularly from husbands—plays a crucial role in contraceptive decision-making [18]. In many cultural contexts, including Indonesia, reproductive health decisions are often influenced by patriarchal norms, where husbands hold a dominant role in determining family planning choices. This dynamic can either facilitate or hinder the use of contraceptive methods, depending on the level of support provided by the husband.

Husband support can take various forms, including emotional, informational, and instrumental support. Emotional support involves encouragement and understanding, informational support includes sharing knowledge and advice, and instrumental support refers to tangible assistance such as accompanying the wife to health facilities or providing financial resources [19]. Studies have shown that women who receive strong support from their husbands are more likely to adopt and continue using long-acting reversible contraception. Conversely, lack of support can lead to discontinuation or non-use of more effective contraceptive methods.

The importance of husband involvement in family planning programs cannot be overstated. Engaging men in reproductive health education and promoting shared decision-making between partners can significantly enhance the effectiveness of family planning interventions. Programs that target both women and men are more likely to succeed in increasing the uptake of LARC and improving reproductive health outcomes.

Given the existing challenges and the importance of knowledge and husband support in influencing contraceptive use, it is essential to conduct further research to better understand these factors in specific contexts. In the working area of Public Health Center III, South Denpasar, the low utilization of LARC indicates the need for a more in-depth analysis of the characteristics, knowledge levels, and husband support among contraceptive acceptors [20]. Understanding these factors will provide valuable insights for designing targeted interventions to improve the adoption of long-acting reversible contraception.

Therefore, this study aims to describe the characteristics, knowledge level, and husband support among family planning acceptors using long-acting reversible contraception (LARC) in the working area of Public Health Center III, South Denpasar Health Office [21]. The findings of this study are expected to contribute to the development of more effective family planning strategies and policies, particularly in increasing the utilization of LARC and improving reproductive health outcomes in the community.

2. Method

The research method used in this study was a quantitative descriptive design with a cross-sectional approach, a research design that assesses independent and dependent variables simultaneously over a specific period of time without follow-up. This approach was chosen because it provides a systematic overview of respondent characteristics, knowledge levels, and husband support for the use of long-acting reversible contraceptives (LARC) in the work area of Public Health Center III, South Denpasar District Health Office. The study was conducted from March to April 2025, aligning with the respondents' healthcare visit times.

The population in this study was all 101 LARC acceptors registered in the work area of Public Health Center III, South Denpasar. The sample size was determined using the Slovin formula to obtain a representative sample size with a certain margin of error, resulting in 50 respondents. The sampling technique used was simple random sampling, which provides an equal opportunity for each member of the population to be selected, thereby minimizing research bias.

The inclusion criteria for this study were respondents who were willing to participate by signing an informed consent form and who were LARC participants with a husband. Exclusion criteria included respondents who were ill, uncooperative during data collection, or without a partner (husband), as the variable of husband support was one of the main focuses of this study.

Data collection was conducted using a structured questionnaire developed based on research variable indicators, including respondent characteristics, knowledge level, and husband support. Knowledge level was measured using

a dichotomous Guttman scale (true/false), making it easier to objectively identify respondents' level of understanding. Husband support was measured using a Likert scale with several levels of assessment to gauge respondents' perceptions of emotional, informational, instrumental, and evaluative support [1].

The research instrument was tested for validity and reliability before use. Validity testing was conducted using Pearson Product Moment to ensure each question item accurately measured the intended variable, while reliability testing was conducted using Cronbach's Alpha to ensure the instrument's internal consistency. The test results indicated that the instrument had good validity and reliability.

Data were collected directly during respondents' visits to health services at public health center. They were then analyzed using univariate analysis using SPSS software to generate frequency and percentage distributions, providing a systematic and easily understood descriptive overview of the variables studied.

3. Result and Discussion

Research Subject Characteristics

The analysis of research results in this study focuses on the characteristics of respondents and their level of knowledge regarding the use of Long-Acting Reversible Contraception (LARC). Understanding respondent characteristics is essential because these variables serve as predisposing factors that influence individual behavior in selecting contraceptive methods. According to health behavior theory, demographic and socioeconomic factors such as age, education, occupation, and income level can significantly shape health-related decisions, including contraceptive choices [22]. These factors determine an individual's access to information, ability to process knowledge, and readiness to adopt health innovations such as LARC.

In the context of family planning programs, identifying the profile of contraceptive acceptors provides valuable insights into the target population and helps health providers design more effective intervention strategies [23]. For instance, individuals in different age groups may have varying reproductive goals, while educational background influences the ability to understand contraceptive information. Similarly, occupation and socioeconomic status are closely related to access to health services and financial capacity to utilize certain contraceptive methods [24]. Therefore, analyzing respondent characteristics is an important step in evaluating the implementation of LARC programs in the study area.

Table 1.
Frequency Distribution Based on Respondent Characteristics in the Working Area of the Public Health Center III South Denpasar District Health Office

Characteristics	f	%
Age		
< 25 tahun	5	10
25-35 tahun	38	76
> 35 tahun	7	14
Total	50	100
Education		
Primary	10	20
Secondary	35	70
Higher	5	10
Total	50	100
Work		
Laborer	15	30
Private Employee	25	50
Entrepreneur	10	20
Total	50	100
Socioeconomic Factors		
Low	15	30
Medium	9	18
High	26	52
Total	50	100

Based on Table 1, the majority of respondents were in the 25–35 age group (76%), had a high school/vocational school education (70%), worked as private employees (50%), and had a high socioeconomic status (52%).

The dominance of respondents in the 25–35 age group indicates that most participants are in the productive reproductive phase, which is characterized by active fertility and a higher likelihood of planning pregnancies [25]. Women in this age group generally have clearer reproductive intentions, such as spacing or limiting births, making them more likely to consider contraceptive use. This finding is consistent with previous studies indicating that women aged 25–35 years are more proactive in seeking reproductive health services and are more receptive to family planning programs [26].

From an educational perspective, the majority of respondents had completed secondary education (70%). Education plays a crucial role in shaping knowledge, attitudes, and practices related to health behavior. Individuals with higher educational attainment tend to have better access to information and a greater ability to understand health messages, including those related to contraceptive methods. This condition supports the assumption that education is a significant determinant in the acceptance and utilization of LARC. However, despite relatively adequate educational levels, the utilization of long-acting reversible contraception remains suboptimal, indicating that education alone is not sufficient without effective counseling and support systems.

In terms of occupation, half of the respondents worked as private employees (50%), followed by laborers (30%) and entrepreneurs (20%). Employment status is closely linked to economic stability and access to healthcare services. Individuals with stable employment are more likely to have financial resources and health insurance, enabling them to access a wider range of contraceptive options, including LARC. Furthermore, working women may prefer contraceptive methods that are practical and require minimal maintenance, which theoretically aligns with the advantages of LARC methods.

Socioeconomic status also plays an important role in influencing health behavior. The results show that 52% of respondents belonged to the high socioeconomic group. Higher income levels are generally associated with better access to healthcare services, increased health awareness, and greater autonomy in decision-making. However, the persistence of low LARC utilization despite favorable socioeconomic conditions suggests the presence of other influencing factors, such as cultural beliefs, misconceptions, and lack of partner support.

Overall, the findings from Table 1 indicate that the respondents possess characteristics that theoretically support the adoption of LARC, including being in the productive age group, having adequate education, and relatively good socioeconomic status. Nevertheless, these favorable characteristics do not automatically translate into optimal utilization of long-acting reversible contraception. This gap highlights the need to examine other influencing factors, particularly knowledge and social support, which are discussed in the following section.

Research Results on Respondents

Table 2.
Frequency Distribution of Respondents' Knowledge About of Long-Acting Reversible Contraception (LARC)

Knowledge	Frequency	Percentage (%)
Good	32	64
Fair	15	30
Poor	3	6
Total	50	100

Based on Table 2, the majority of respondents had good knowledge (64%), followed by fair knowledge (30%), and only a small proportion had poor knowledge (6%).

The findings indicate that most respondents have a relatively good understanding of LARC methods. This suggests that health education and counseling programs conducted at primary healthcare facilities, such as Public Health Centers, have been moderately effective in disseminating information about contraceptive options. Health workers play a vital role in providing accurate and comprehensive information, which contributes to increased awareness and knowledge among contraceptive acceptors.

However, despite the high proportion of respondents with good knowledge, the overall utilization of LARC remains relatively low, as indicated in the introduction section. This discrepancy suggests that knowledge alone is not sufficient to influence behavior change. According to behavioral theories, knowledge must be accompanied by positive attitudes, perceived benefits, and enabling factors to result in actual behavior adoption. In other words, individuals may be aware of LARC but still choose not to use it due to fear, misconceptions, or lack of support.

The presence of 30% of respondents with only fair knowledge and 6% with poor knowledge indicates that gaps in understanding still exist. These gaps may relate to specific aspects of LARC, such as side effects, insertion procedures, duration of effectiveness, and reversibility. Previous studies have shown that incomplete or inaccurate

information can lead to negative perceptions and reluctance to use long-acting reversible contraception. Therefore, improving the quality and depth of counseling is essential to ensure that individuals fully understand the benefits and safety of LARC.

Furthermore, knowledge is influenced by various factors, including education level, access to information, and exposure to health promotion activities. Although most respondents in this study had secondary education, differences in information exposure and personal experiences may contribute to variations in knowledge levels. This highlights the importance of continuous education and targeted health promotion strategies, particularly for individuals with limited access to reliable information.

Another important consideration is the role of interpersonal communication in shaping knowledge. Information obtained from peers, family members, and community leaders can significantly influence perceptions of contraceptive methods. In some cases, misinformation spread through informal channels may counteract the information provided by healthcare professionals. Therefore, community-based approaches that involve multiple stakeholders are necessary to ensure consistent and accurate dissemination of information.

In addition, the integration of knowledge with supportive environments is crucial for promoting the use of LARC. Even individuals with good knowledge may hesitate to adopt LARC if they face barriers such as lack of partner support, cultural norms, or limited access to services. This reinforces the importance of a holistic approach in family planning programs that addresses not only knowledge but also social and structural factors.

Overall, the findings from Table 2 demonstrate that while knowledge levels among respondents are generally good, there is still room for improvement, particularly in addressing specific misconceptions and ensuring comprehensive understanding. Strengthening education and counseling efforts, along with involving partners and communities, is essential to translate knowledge into actual utilization of long-acting reversible contraception.

Table 3.
Frequency Distribution of Husband Support for Long-Term Contraceptive Method Use Respondents

Type Of Support	Support		Do Not Support	
	f	%	f	%
Emotional Support	45	90	5	10
Informational Support	49	98	1	2
Instrumental Support	49	98	1	2
Evaluative Support	45	90	5	10

Based on Table 3, husband support for the use of long-acting reversible contraception (LARC), particularly intrauterine devices (IUDs), was predominantly observed in the forms of informational and instrumental support, each reaching 98%. This finding indicates that the majority of husbands actively contribute not only by providing information related to contraceptive methods but also through tangible assistance, such as accompanying their wives to health facilities or facilitating access to services. Such high levels of support reflect a positive shift in male involvement in reproductive health, which is traditionally considered a women-centered domain.

The characteristics of respondents in the working area of the UPTD Puskesmas III South Denpasar Health Office were largely dominated by individuals in the productive age group of 25–35 years (76%), with most having a secondary level of education (70%), working in the private sector (50%), and possessing relatively high socioeconomic status (52%). These demographic characteristics play a crucial role in shaping health behavior, particularly in the context of contraceptive use. Women in the productive reproductive age are generally more concerned with birth spacing and family planning, making them more likely to seek and utilize contraceptive services. This aligns with the concept that reproductive-aged women are the primary target group of family planning programs, as they are in the phase of active fertility and require effective methods to regulate pregnancy.

Educational level is another important determinant influencing the acceptance and utilization of contraceptive methods. The predominance of respondents with secondary education suggests that most participants have sufficient literacy and cognitive ability to understand health-related information, including contraceptive options. According to health behavior theory, education acts as a predisposing factor that influences knowledge, attitudes, and ultimately behavior. Individuals with higher educational attainment are more likely to process health information critically and make informed decisions regarding their reproductive health. This finding is consistent with previous studies which indicate that education significantly affects contraceptive choice and adherence (Notoatmodjo, 2018).

In addition, the socioeconomic status of respondents, with more than half categorized as high income (52%), contributes positively to access to health services. Economic stability enables individuals to afford transportation,

healthcare costs, and other related expenses, thereby reducing barriers to accessing contraceptive services. This is in line with findings from previous research which state that socioeconomic factors are closely associated with the utilization of health services, including family planning programs (Manuaba, 2019). Thus, the combination of productive age, adequate education, and favorable socioeconomic conditions serves as a strong predisposing and enabling factor that supports the adoption of LARC methods.

Regarding knowledge, the study found that 64% of respondents had good knowledge about LARC, 30% had adequate knowledge, and only 6% had poor knowledge. These findings suggest that the level of awareness and understanding of LARC among respondents is relatively high. The effectiveness of health education and counseling provided by healthcare workers at primary health care facilities appears to have contributed significantly to this outcome. Knowledge plays a central role in shaping health behavior, as individuals who are well-informed about the benefits, effectiveness, and safety of contraceptive methods are more likely to develop positive attitudes and adopt appropriate practices.

However, despite the overall good level of knowledge, the presence of respondents with only adequate or poor knowledge indicates that there are still gaps in understanding. These gaps may be related to incomplete or inconsistent information delivery during counseling sessions. Fitriyani et al. (2021) highlight that insufficient or unclear counseling can result in partial understanding, which may lead to misconceptions or hesitation in using LARC. Similarly, Nugraheni and Suharmiati (2020) emphasize that the success of family planning programs is highly dependent on the quality of health communication. Effective communication should not only provide information but also address concerns, clarify misconceptions, and ensure that clients fully understand the advantages and potential side effects of each contraceptive method.

Compared to previous studies, the proportion of respondents with good knowledge in this study appears to be relatively higher. This may indicate an improvement in the effectiveness of health promotion strategies implemented at the primary healthcare level. The integration of counseling services into routine maternal and child health programs, as well as increased accessibility to information through various media, may have contributed to this positive trend. Nevertheless, continuous efforts are needed to ensure that all individuals receive comprehensive and accurate information.

In addition to knowledge, husband support emerged as a significant reinforcing factor influencing the use of LARC. The study found that informational and instrumental support were the most dominant forms, each at 98%, followed by emotional and appraisal support at 90%. These findings suggest that husbands are not only supportive in terms of encouragement but are also actively involved in facilitating the use of contraceptive methods. This level of involvement is crucial in ensuring the continuity and effectiveness of contraceptive use.

From the perspective of health behavior theory, reinforcing factors such as social support play an essential role in sustaining health-related behaviors. Husband support can enhance a woman's confidence in using contraceptive methods and reduce anxiety related to potential side effects or procedures. Informational support helps improve understanding and correct misconceptions, while instrumental support provides practical assistance that makes it easier for women to access health services. Emotional support, on the other hand, contributes to psychological well-being, which is important in decision-making processes.

The findings of this study are consistent with those of Sari and Yuliana (2021) and Wahyuni et al. (2020), which demonstrate that husband involvement is significantly associated with the successful adoption and continuation of long-acting reversible contraception. Women who receive support from their husbands are more likely to initiate and maintain the use of LARC, while those who lack such support may experience difficulties or discontinue use. This highlights the importance of involving men in family planning programs and promoting shared decision-making between partners.

Interestingly, this study reveals a higher proportion of instrumental support compared to some previous studies that primarily emphasized emotional support. This indicates a shift in the role of husbands, from passive supporters to active participants in reproductive health. Husbands are increasingly taking on practical roles, such as accompanying their wives to health facilities, assisting in decision-making, and providing necessary resources. This change may be attributed to increased awareness and education regarding the importance of male involvement in family planning.

The integration of husband support into family planning programs can enhance the overall effectiveness of interventions aimed at increasing LARC utilization. Health promotion strategies should therefore target not only women but also their partners, emphasizing the shared responsibility in reproductive health. Counseling sessions that involve both partners can facilitate better communication, mutual understanding, and joint decision-making, ultimately leading to improved outcomes.

In conclusion, the findings of this study demonstrate that the use of LARC is influenced by a combination of predisposing, enabling, and reinforcing factors. The majority of respondents possess favorable characteristics, including being in the productive age group, having adequate education, and enjoying relatively high socioeconomic status, which support the adoption of LARC. Additionally, the relatively high level of knowledge and strong husband support further enhance the likelihood of using long-acting reversible contraception. These results underscore the importance of comprehensive health education and active male involvement in promoting the use of effective contraceptive methods among couples of reproductive age.

4. Conclusion

Based on the study results involving 50 respondents, most participants were in the productive age group, had higher education levels, worked as private employees, and had relatively high socioeconomic status, which supported the selection of long-acting reversible contraception. The majority of respondents demonstrated good knowledge regarding long-acting reversible contraception, while only a small proportion had limited knowledge. Husband support, both emotional and practical, played an important role in the successful use of long-acting reversible contraception. Although respondents generally showed good understanding of emotional and appraisal support, understanding of instrumental support remained relatively low, indicating the need for further education to strengthen the husband's active role. Overall, improving husband involvement is essential to optimize the implementation of long-acting reversible contraception.

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