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Perceptions and participation in the family planning program among couples of reproductive age

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Abstract

Background: The Family Planning (FP) Program is a government initiative aimed at controlling population growth, improving reproductive health, and promoting healthy and quality families. However, participation among couples of reproductive age (CRA) in the working area of Kuta Baharu Public Health Center, Aceh Singkil Regency, remains suboptimal. This condition may be associated with perceptions, knowledge, family support, and other factors related to participation.

Purpose: This study aimed to analyze the association between perceptions and participation levels among couples of reproductive age in the Family Planning Program and to explore factors underlying their participation.

Method: This study employed a mixed-methods approach using a sequential explanatory design. The quantitative phase used a cross-sectional design involving 305 respondents selected through proportionate stratified random sampling. Data were analyzed using univariate analysis, bivariate analysis with the Chi-square test, and multivariate analysis using logistic regression. The qualitative phase involved in-depth interviews with purposively selected informants to provide further explanations for the quantitative findings.

Results: Overall, 64.3% of respondents had favorable perceptions, while 61.6% demonstrated a high level of participation in the Family Planning Program. A significant association was found between perceptions and participation among couples of reproductive age ($p < 0.001$). Perception was the strongest factor associated with participation (OR = 4.218), followed by family support (OR = 3.942) and knowledge (OR = 2.735). Qualitative findings indicated that fear of contraceptive side effects and inadequate partner support were the main barriers to participation.

Conclusion: Favorable perceptions were significantly associated with higher participation and represented the strongest factor associated with participation in the Family Planning Program. Increasing participation requires culturally appropriate education, strengthened family support, and greater involvement of community and religious leaders.

Keywords: Couples of Reproductive Age; Family Planning Program; Participation; Perception.

INTRODUCTION

High fertility remains an important population-related challenge in Indonesia, with direct implications for maternal and child health and family well-being. The Indonesian government has implemented the Family Planning (FP) Program as a national strategy

to control population growth while improving the quality of human resources. The FP Program focuses not only on birth spacing and fertility regulation but also on promoting appropriate age at marriage, strengthening family resilience, and improving family

welfare to support the development of healthy and quality families (Ali, 2020; National Population and Family Planning Board (BKKBN), 2023; 2025).

Globally, the World Health Organization (WHO) has reported continued increases in the use of modern contraceptive methods, particularly in Asia and Latin America. Nevertheless, disparities in access to and utilization of contraception remain major challenges in many low- and middle-income countries. Unmet need for family planning continues to affect millions of women worldwide, with barriers including limited contraceptive choices, concerns about side effects, and difficulties accessing health services (World Health Organization, 2020). These conditions indicate that the success of family planning programs depends not only on the availability of contraceptive services but also on community perceptions, acceptance, and decision-making regarding family planning.

In Indonesia, family planning indicators in 2024 showed that 11.1% of couples of reproductive age (CRA) had an unmet need for family planning. Although the national modern contraceptive prevalence rate (mCPR) had increased to 61.7%, coverage remained uneven across regions. Aceh Province was among the provinces with relatively low mCPR, at 44.45%, compared with the national target of 63.41% (Statistics Indonesia of Aceh Province, 2024). This disparity suggests that substantial regional challenges remain in the implementation and utilization of family planning services.

Aceh Singkil Regency is one of the areas where geographical and sociocultural conditions may pose challenges to the implementation of family planning programs. According to 2024 population data, Aceh Singkil Regency had approximately 138,792 inhabitants (Statistics Indonesia of Aceh Singkil Regency, 2024). Data from the Aceh Singkil District Health Office indicated that modern contraceptive use in Kuta Baharu District remained relatively low and was predominantly represented by injectable contraceptives. The predominance of a single contraceptive method may reflect limited utilization of alternative methods and may also indicate differences in community knowledge, perceptions, and acceptance of available contraceptive options (Aceh Singkil District Health Office, 2022).

The working area of Kuta Baharu Public Health Center comprises nine villages and has approximately 1,287 couples of reproductive age. However, monitoring data from 2025 indicated that only approximately 522 women were registered as active contraceptive users. This relatively low level of participation may have implications for fertility regulation, birth spacing, and the prevention of high-risk pregnancies. The occurrence of early marriage in the area further highlights the need to strengthen family planning services that are responsive to local community needs (Kuta Baharu Public Health Center, 2025).

Low participation in family planning cannot be considered independently of community perceptions. Perceptions of family planning may be shaped by limited knowledge, concerns about contraceptive risks and side effects, social and religious values, cultural beliefs regarding the ideal number of children, and experiences with health services. Some community members may perceive family planning as inconsistent with religious or cultural values, while others may avoid contraception because of concerns about adverse effects. Health-service factors, including limited availability of family planning educators, geographical barriers, and suboptimal counseling quality, may also contribute to decisions regarding participation in family planning programs (Hamed, 2018; Kismiasih et al., 2024).

Previous studies in Indonesia have indicated that knowledge, perceptions of contraceptive benefits and risks, husband and family support, and access to and quality of health services are associated with participation in family planning programs (Salsabila et al., 2024; Supri et al., 2024). However, many previous studies have been descriptive or have focused on individual factors in isolation. Analytical studies integrating community perceptions with levels of family planning participation using a mixed-methods approach remain limited, particularly in the working area of Kuta Baharu Public Health Center.

Therefore, a comprehensive investigation is needed to examine the association between perceptions and participation in the Family Planning Program among couples of reproductive age and to explore the contextual factors underlying this participation. A sequential explanatory mixed-

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methods design is appropriate because it enables the quantitative phase to identify patterns and associations and the subsequent qualitative phase to provide an in-depth explanation of the social, cultural, and health-service contexts underlying the quantitative findings (Creswell & Plano Clark, 2018).

RESEARCH METHOD

Study Design

This study employed a sequential explanatory mixed-methods design, consisting of a quantitative phase followed by a qualitative phase. The quantitative phase used a cross-sectional design to examine the association between perceptions and participation in the Family Planning (FP) Program, while the qualitative phase used in-depth interviews to explain and contextualize the quantitative findings.

Study Population and Sample

The quantitative population comprised 1,287 couples of reproductive age (CRA) residing in the working area of Kuta Baharu Public Health Center, Aceh Singkil Regency. A total of 305 respondents were selected using proportionate stratified random sampling based on village distribution. The sample size was determined using the Slovin formula with a 5% margin of error.

Respondents were eligible if they were women aged 15–49 years, had lived in the study area for at least six months, had received information about family planning, were able to communicate effectively, and provided informed consent. Respondents who could not be contacted after two visits, were severely ill, or withdrew from the study were excluded.

For the qualitative phase, informants were selected purposively to represent different experiences of FP participation, including active FP participants, non-participants, FP cadres, family planning field workers (PLKB), and midwives. Interviews continued until sufficient information was obtained to explain the quantitative findings.

Study Setting and Period

The study was conducted in nine villages within the working area of Kuta Baharu Public Health Center: Lentong, Danau Bungara, Butar, Lapahan Buaya, Muara Pea, Samar Dua, Sumber Mukti, Mukti Lincir,

and Ladang Bisik. Data collection was conducted from 2 June to 3 July 2026.

Variables and Instruments

The primary independent variable was perception of the FP Program, assessed across six constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Additional independent variables were knowledge of family planning and family support. The dependent variable was participation in the FP Program. Age, education, and occupation were considered potential confounding variables.

Data were collected using structured questionnaires covering sociodemographic characteristics, perceptions, knowledge, participation, and family support. Perceptions were measured using 17 five-point Likert-scale items. Knowledge was assessed using 10 true/false items, while participation was assessed based on contraceptive use, counseling involvement, decision-making, and willingness to continue FP use. Family support was assessed in terms of emotional, informational, and decision-making support. Qualitative data were collected using a semi-structured in-depth interview guide.

Validity and Reliability

The quantitative instruments were pilot-tested among 30 respondents outside the study sample. Item validity was assessed using corrected item-total correlation, with an *r*-value greater than 0.361 considered acceptable at a 5% significance level. All items met the validity criteria. Internal consistency was assessed using Cronbach's alpha, with coefficients ranging from 0.763 to 0.953, indicating acceptable to excellent reliability.

Data Analysis

Quantitative data were analyzed using IBM SPSS. Descriptive statistics were used to summarize respondent characteristics and the distributions of perception, knowledge, family support, and participation. Associations between categorical variables were examined using the Chi-square test, with Fisher's exact test applied when expected cell frequencies were insufficient. Binary logistic

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regression was performed to identify variables independently associated with FP participation. Results were presented as odds ratios (ORs) with 95% confidence intervals (CIs) and p-values.

Qualitative data were analyzed thematically using the Miles and Huberman approach, involving data reduction, data display, coding, identification of categories and themes, and conclusion drawing. The qualitative findings were used to explain barriers, beliefs, social and cultural considerations, and experiences underlying the quantitative results.

Integration of Quantitative and Qualitative Findings

The quantitative and qualitative findings were integrated during interpretation. Quantitative results were used to guide the selection of qualitative

informants and interview topics, while qualitative findings provided contextual explanations for significant associations and participation barriers. This integration enabled a more comprehensive understanding of perceptions and participation in the FP Program.

Ethical Considerations

Ethical approval was obtained from the Health Research Ethics Committee of STIKES Guna Bangsa Yogyakarta (No. 2116/STIKES-GB/EKs/VI/2026). All participants provided informed consent before data collection. Confidentiality and anonymity were maintained throughout the study, and participants were informed of their right to withdraw at any time without consequences.

RESEARCH RESULTS

Quantitative Findings

Table 1. Characteristic of Respondents (N=305)

Variable	Results
Age (n/%)	
<20 years	32/10.5
20–35 years	211/69.2
>35 years	62/20.3
Educational Level (n/%)	
Elementary school	48/15.7
Junior high school	87/28.5
Senior high school	132/43.3
Higher education	38/12.5
Employment Status (n/%)	
Employed	118/38.7
Not employed	187/61.3
Knowledge Level (n/%)	
Good	143/46.9
Moderate	109/35.7
Poor	53/17.4
Family Support (n/%)	
Supportive	214/70.2
Not supportive	91/29.8

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Variable	Results
Perception (n/%)	
Favorable	196/64.3
Moderate	78/25.6
Unfavorable	31/10.1
Level of Participation (n/%)	
High	188/61.6
Low	117/38.4

Of the 305 respondents, the majority were aged 20–35 years, comprising 211 respondents (69.2%). Regarding educational level, most respondents had completed senior high school, accounting for 132 respondents (43.3%). In terms of employment status, the majority were not employed (187; 61.3%).

Regarding KB-related factors, nearly half of the respondents had a good level of knowledge (143; 46.9%), followed by moderate knowledge (109; 35.7%) and poor knowledge (53; 17.4%). Most respondents reported having supportive family support (214; 70.2%).

For perception of the Family Planning (KB) program, the majority demonstrated a favorable perception (196; 64.3%), while 78 respondents (25.6%) had a moderate perception and 31 (10.1%) had an unfavorable perception. Meanwhile, the majority of respondents had a high level of participation in the KB program (188; 61.6%), whereas 117 respondents (38.4%) had a low level of participation.

Before bivariate analysis, perception and knowledge, which were initially categorized as favorable, moderate, and unfavorable, were recategorized into two groups: good and moderate/poor. The moderate and poor categories were combined to meet the assumptions of the Chi-square test and facilitate interpretation. Family support and participation were already dichotomous and therefore retained their original categories.

Table 2. Association Between Perception and Family Support with Participation Level in the Family Planning Program (N=305)

Variable	Level of Participation		p-value
	High (n=188)	Low (n=117)	
Perception			
Good	151	45	<0.001
Moderate/Poor	37	72	
Family Support			
Supportive	156	58	<0.001
Not supportive	32	59	

Note: Statistical analysis was performed using the Chi-square test.

The analysis showed a statistically significant association between perception of the Family Planning (KB) program and participation level ($p < 0.001$). Among respondents with a favorable perception, 151 had a high level of participation and 45 had a low level of participation. In contrast, among respondents with moderate or unfavorable perceptions, 37 had a high level of participation and 72 had a low level of participation.

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There was also a statistically significant association between family support and participation level ($p < 0.001$). Among respondents who received supportive family support, 156 had a high level of participation and 58 had a low level of participation. Meanwhile, among respondents without supportive family support, 32 had a high level of participation and 59 had a low level of participation.

Table 3. Multivariable Logistic Regression Analysis of Factors Associated with Participation in the Family Planning Program (N=305)

Variable	OR	p-value	95% CI
Favorable perception	4.218	<0.001	2.311–7.701
Good knowledge	2.735	0.002	1.431–5.229
Family support	3.942	0.001	2.018–7.703
Education	1.526	0.087	0.939–2.481

Binary logistic regression was performed to identify variables independently associated with participation in the FP Program. As shown in Table 11, favorable perception had the strongest association with high participation (OR = 4.218; 95% CI: 2.311–7.701; $p < 0.001$). Respondents with favorable perceptions had approximately four times higher odds of high participation than those with moderate/poor perceptions, after adjustment for knowledge, family support, and education.

Family support was also significantly associated with high participation (OR = 3.942; 95% CI: 2.018–7.703; $p = 0.001$), followed by good knowledge (OR = 2.735; 95% CI: 1.431–5.229; $p = 0.002$). Education was not significantly associated with participation after adjustment (OR = 1.526; 95% CI: 0.939–2.481; $p = 0.087$).

Qualitative Findings

The qualitative phase was conducted after completion of the quantitative data analysis to further explore and explain the quantitative findings regarding perceptions and participation in the Family Planning (FP) Program among couples of reproductive age (PUS). Informants were selected using purposive sampling based on their roles, experiences, and involvement in the implementation or utilization of the FP Program.

A total of five informants participated in the qualitative phase: one active FP acceptor, one couple of reproductive age who was not using contraception, one FP cadre, one Family Planning Field Counselor (PLKB), and one midwife from Kuta Baharu Public Health Center. The inclusion of informants with different roles and experiences was intended to obtain diverse perspectives on knowledge, perceptions, family support, service experiences, barriers, and factors associated with participation in the FP Program.

Table 4. Characteristics of Qualitative Informants (N=5)

Informant	Code	Role
Informant 1	I1	Active FP acceptor
Informant 2	I2	Couple of reproductive age not using contraception
Informant 3	I3	FP cadre
Informant 4	I4	Family Planning Field Counselor (PLKB)
Informant 5	I5	Midwife at Kuta Baharu Public Health Center

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Theme 1. Knowledge of the Family Planning Program

Most informants understood the Family Planning (FP) Program as an effort to regulate the number and spacing of births to protect maternal health and promote family well-being. Information about FP was obtained through counseling at the public health center, health cadres, social media, and family experiences.

I1 (Active FP acceptor):

"I use contraception so that my children are not born too close together and my health can be maintained."

I4 (Family Planning Field Counselor):

"Some community members already understand the benefits of family planning, but some are only familiar with injectable contraception."

The interviews indicated that participants generally had adequate knowledge of the FP Program; however, understanding of the range of modern contraceptive methods remained limited and required further improvement.

Theme 2. Perceptions of the Family Planning Program

Most informants expressed positive perceptions of the FP Program because it was considered helpful for family planning and maintaining maternal health. However, concerns about contraceptive side effects remained among some community members.

I2 (Non-user of contraception):

"I am afraid to use contraception because I have heard that it can cause weight gain and irregular menstruation."

I5 (Midwife):

"Most of these concerns actually come from inaccurate information."

These findings suggest that negative perceptions of contraception were partly associated with inaccurate information and experiences reported by other people.

Theme 3. Family Support

Most informants stated that the decision to use contraception was made jointly by husbands and wives. Husband support was perceived as particularly

important for initiating and maintaining contraceptive use.

I1 (Active FP acceptor):

"My husband supports my decision to use contraception because we want to space our children's births."

I3 (FP cadre):

"When the husband does not agree, the wife will usually decide not to participate as well."

These findings highlight the importance of involving husbands in FP counseling and decision-making to support participation in the FP Program.

Theme 4. Myths and Misconceptions about Family Planning

Informants reported that myths and misconceptions about contraception continued to influence contraceptive decision-making among some community members. One commonly reported misconception was the belief that prolonged contraceptive use could cause infertility. Such beliefs may create psychological barriers to contraceptive uptake and continued use.

I2 (Non-user of contraception):

"Some people still say that using contraception for too long can cause infertility."

I4 (Family Planning Field Counselor):

"The involvement of religious and community leaders is very important. Changes in community perceptions and greater acceptance of the FP Program can occur when religious leaders provide explanations and affirm that family planning is permitted within religious teachings."

These findings indicate that religious and community leaders may play a strategic role in shaping community perceptions and addressing misconceptions about the FP Program.

Theme 5. Family Planning Services

Overall, informants perceived FP services at the public health center as good. Health workers were described as friendly and able to provide clear counseling. Nevertheless, informants emphasized the need to strengthen outreach and counseling activities, particularly in villages located far from the public health center.

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I1 (Active FP acceptor):

"The service is good, and the midwife explained everything clearly."

I3 (FP cadre):

"If counseling were provided more frequently, people would have a better understanding."

These findings suggest that although the quality of FP services was generally perceived positively, access to accurate and continuous information should be expanded, particularly in geographically remote communities.

Theme 6. Factors Associated with Participation in the Family Planning Program

Informants identified several factors associated with participation in the FP Program, including knowledge, perceptions of contraceptive benefits and side effects, husband support, and the quality of health services.

I5 (Midwife):

"The most important things are actually husband support and community understanding."

I4 (Family Planning Field Counselor):

"When people understand the benefits of family planning, they are usually willing to participate."

Overall, the interviews suggest that participation in the FP Program is shaped by interconnected psychological, social, informational, and health-service factors.

Integration of Quantitative and Qualitative Findings

The qualitative findings complemented and helped explain the quantitative results, particularly the finding that favorable perception had the strongest association with high participation in the FP Program. The informants described how positive perceptions were supported by adequate knowledge, previous contraceptive experiences, counseling from health workers, and family support, particularly from husbands. Conversely, negative perceptions were associated with concerns about contraceptive side effects, misinformation, cultural influences, and misconceptions regarding religious perspectives on family planning.

The qualitative findings also supported the quantitative evidence that family support and knowledge were significantly associated with

participation. Husband involvement emerged as an important component of family support, while continuous counseling was considered important for improving knowledge and correcting misconceptions.

Taken together, the quantitative and qualitative findings indicate that increasing participation in the FP Program requires a comprehensive and culturally sensitive educational approach. Such an approach should involve health workers, FP cadres, husbands and family members, as well as community and religious leaders, to ensure that accurate information is widely accessible and to strengthen community acceptance of family planning.

DISCUSSION

Perceptions of Couples of Reproductive Age toward the Family Planning Program

The findings showed that 64.3% of respondents had favorable perceptions of the Family Planning (FP) Program. This finding indicates that most respondents recognized the benefits of family planning for maternal and child health and family well-being.

Favorable perceptions may be supported by greater access to health information, the role of health workers, FP counseling, and individuals' experiences with contraceptive use. According to the Health Belief Model (HBM), health behavior is shaped by perceptions of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy. In the present study, respondents generally recognized that frequent pregnancies and short birth intervals may pose health risks to mothers and children, which may explain the relatively favorable perceptions observed.

These findings are consistent with Pragita et al. (2024), who reported that favorable perceptions were associated with greater awareness of the importance of the FP Program. The qualitative findings further explained this pattern. I2, a non-user of contraception, expressed concern about weight gain and menstrual irregularities, whereas I5, a midwife, indicated that many such concerns originated from inaccurate information. This finding is consistent with Kumar et al. (2024), who reported that direct health education improved perceptions and contraceptive intentions among university students in Pakistan. It also corresponds with Nastiti, Pradanie, and Sari (2021), who applied the HBM among women in rural

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Indonesia and found that perceived barriers were strongly associated with IUD selection. Thus, negative perceptions in the present study appear to be related not only to contraceptive concerns themselves but also to gaps in accurate and method-specific information.

Participation of Couples of Reproductive Age in the Family Planning Program

The findings showed that 61.6% of respondents had a high level of participation in the FP Program. Participation was reflected in contraceptive use, involvement in FP counseling, and joint decision-making with partners.

Nevertheless, 38.4% of respondents had low participation. The qualitative findings suggested that concerns about contraceptive side effects, limited family support, and sociocultural influences may represent barriers to participation. According to Cohen and Uphoff (1980), community participation extends beyond involvement in program implementation and includes participation in decision-making, utilization of program benefits, and evaluation.

The qualitative findings concerning FP services provided further context. I1 perceived the services at the public health center as good and considered the midwife's explanations clear, whereas I3, an FP cadre, emphasized the need for more frequent counseling to improve community understanding. These findings suggest that although the quality of services was generally perceived positively, the reach and continuity of information remain important challenges, particularly in villages located farther from the public health center. This interpretation is consistent with the systematic review by Memon et al. (2024), which highlighted the importance of expanding community-based counseling to improve access to modern FP services in settings with geographic and informational barriers.

Association between Perceptions and Participation in the Family Planning Program

The quantitative analysis demonstrated a statistically significant association between perceptions and participation in the FP Program ($p < 0.001$). Respondents with favorable perceptions had

a substantially higher proportion of high participation than those with moderate or unfavorable perceptions.

This finding suggests that perceptions are an important component of contraceptive-related health behavior. When individuals perceive family planning as beneficial and manageable, they may be more willing to engage with FP services and use contraception. The finding is consistent with Salsabila et al. (2024), who reported that favorable perceptions and adequate understanding were associated with greater involvement in the FP Program.

The qualitative findings provided further insight into this association. Under Theme 2, negative perceptions were commonly related to myths, concerns about side effects, and experiences reported by other people. This pattern is also consistent with Fridayani and Sutrisminah (2025), who reported an association between contraceptive myths, husband support, and interest in implant contraception. Therefore, misconceptions should be considered an important informational and sociocultural barrier when designing FP promotion strategies.

Association between Knowledge and Participation in the Family Planning Program

Good knowledge was significantly associated with participation in the FP Program. Respondents who had a better understanding of the benefits, purposes, and available contraceptive methods tended to demonstrate higher participation.

Knowledge represents an important cognitive component of health behavior. Notoatmodjo (2018) proposed that adequate knowledge can increase awareness and support voluntary adoption of healthy behaviors. The quantitative findings in the present study were further clarified by the qualitative data.

Theme 1 showed that although some community members understood the general benefits of family planning, their knowledge of the range of modern contraceptive methods remained limited. I4 noted that some community members were familiar primarily with injectable contraception. This finding suggests that knowledge should not be viewed solely in terms of general awareness of family planning but also in terms of method-specific knowledge, including

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effectiveness, indications, potential side effects, and misconceptions.

This interpretation is consistent with Kumar et al. (2024), who emphasized the importance of addressing specific contraceptive knowledge gaps through targeted health education rather than relying solely on general information about family planning. Accordingly, FP counseling should provide balanced information on available methods and address common concerns about side effects and long-term consequences.

Association between Family Support and Participation in the Family Planning Program

Family support, particularly support from husbands, was significantly associated with participation in the FP Program. Respondents who received emotional support and participated in contraceptive decision-making with their partners demonstrated higher participation.

This finding can be interpreted through the Social Cognitive Theory (SCT), which emphasizes the role of the social environment in shaping individual behavior. Family support may provide social reinforcement, increase confidence in contraceptive decision-making, and facilitate continued engagement with FP services.

The finding is consistent with Supri et al. (2024), who reported a significant association between family support and participation in FP among women of reproductive age. The qualitative findings further illustrated this mechanism. I1 reported that her husband supported contraceptive use because both partners wanted to space their children's births. In contrast, I3 observed that women may decide not to participate when their husbands disagree with contraceptive use.

These findings highlight the importance of involving husbands in FP counseling and decision-making. Recent reviews concerning male involvement in FP in Indonesia have similarly emphasized that limited male participation is related not only to the availability of male contraceptive methods but also to social norms that frame family planning primarily as a woman's responsibility (Latif et al., 2025; Yolanda, 2025). In addition, Gandhi et al., (2025) reported that reproductive decision-making among couples may be

shaped by the interaction between religious beliefs and gender relations within households. These findings provide a broader context for understanding why family support emerged as one of the strongest variables associated with FP participation in the present study.

Integration of Quantitative and Qualitative Findings

The integration of quantitative and qualitative findings provides a more comprehensive understanding of participation in the FP Program. The quantitative analysis identified favorable perception as the variable with the strongest association with high participation, followed by family support and knowledge. The qualitative findings helped explain how these factors were experienced within the community.

The quantitative findings demonstrated a significant association between perceptions and participation, while the qualitative interviews indicated that perceptions were shaped by knowledge, previous contraceptive experiences, health counseling, family support, concerns about side effects, cultural influences, and misconceptions regarding contraception. In particular, fear of side effects and inaccurate information emerged as important explanations for unfavorable perceptions.

These findings are consistent with the HBM, which proposes that health-related decisions are influenced by perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. In the context of family planning, individuals who recognize the benefits of birth spacing while perceiving fewer barriers to contraceptive use may be more inclined to participate in FP services.

The qualitative findings also highlighted the importance of family support, particularly husband involvement, in contraceptive decision-making. This finding is compatible with SCT, which conceptualizes health behavior as the result of reciprocal interactions among personal factors, behavior, and the social environment. Supportive family environments may provide social reinforcement and facilitate contraceptive decision-making and continued engagement with FP services.

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The role of myths and religious and community leaders identified in Theme 4 further extends the interpretation of the quantitative findings. The qualitative evidence suggests that contraceptive perceptions are embedded within a broader social and cultural context. Wijaya (2026) reported that integrating medical education with religious clarification could reduce misconceptions and improve community acceptance of long-term contraceptive methods. Similarly, Nuraeni et al. (2025) found that active involvement of religious leaders in clarifying religious perspectives on specific contraceptive methods was associated with greater community acceptance. Suwardi et al., (2024) also emphasized that Islamic teachings generally permit family planning for birth spacing.

Taken together, the mixed-methods findings indicate that participation in the FP Program is associated with the interaction of individual, interpersonal, informational, and sociocultural factors. Favorable perceptions, adequate knowledge, and supportive family environments were particularly important in explaining the quantitative pattern of participation. Therefore, FP promotion in the Kuta Baharu Public Health Center area should adopt a comprehensive and culturally sensitive approach involving health workers, FP cadres, husbands and family members, and relevant community and religious leaders. Such an approach may help ensure that community members receive accurate information, address misconceptions, and make informed contraceptive decisions.

Implications for Midwifery Science and Practice

The findings have important implications for midwifery science and practice, particularly in reproductive health and family planning. From a theoretical perspective, the findings support the relevance of the Health Belief Model and Social Cognitive Theory for understanding contraceptive-related behavior among couples of reproductive age in rural communities with distinctive sociocultural characteristics. These findings may contribute to the development of evidence-based approaches in community midwifery.

From a practical perspective, the findings emphasize the role of midwives as educators and FP counselors. Counseling should extend beyond

providing technical information about contraceptive methods and should also address perceptions of benefits and barriers, concerns about side effects, and common misconceptions. Involving husbands in counseling may facilitate joint reproductive decision-making and strengthen family support.

Midwives can also collaborate with FP cadres, community leaders, and religious leaders to expand access to accurate and culturally appropriate reproductive health information. A more participatory and family-centered counseling approach may support informed decision-making, improve confidence in contraceptive choices, and facilitate continued engagement with FP services.

Overall, the findings suggest that strengthening the quality and reach of FP counseling, addressing misinformation, and increasing family and community involvement should be considered important components of evidence-based community midwifery practice in the Kuta Baharu Public Health Center area.

CONCLUSION

Most couples of reproductive age (PUS) in the working area of Kuta Baharu Public Health Center had favorable perceptions of the Family Planning (FP) Program (64.3%), particularly regarding the benefits of family planning for maternal and child health and family well-being.

The level of participation in the FP Program was relatively high, with 61.6% of respondents classified as having high participation. Participation was reflected in contraceptive use, involvement in FP counseling activities, and joint decision-making with partners regarding contraceptive use.

Perception, knowledge, and family support were significantly associated with participation in the FP Program ($p < 0.05$). In the multivariable analysis, favorable perception demonstrated the strongest association with high participation (OR = 4.218; 95% CI: 2.311–7.701; $p < 0.001$), followed by family support (OR = 3.942; 95% CI: 2.018–7.703; $p = 0.001$) and good knowledge (OR = 2.735; 95% CI: 1.431–5.229; $p = 0.002$). Education was not significantly associated with participation after adjustment (OR = 1.526; 95% CI: 0.939–2.481; $p = 0.087$).

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The qualitative findings further explained the quantitative results by showing that perceptions of the FP Program were shaped by knowledge, personal experiences, husband support, sociocultural influences, and perspectives of religious leaders. Myths and concerns regarding contraceptive side effects remained important perceived barriers among some participants.

Integration of the quantitative and qualitative findings indicates that participation in the FP Program is embedded within interconnected individual, interpersonal, informational, sociocultural, and health-service contexts. Favorable perceptions, adequate knowledge, supportive family environments, and accessible and supportive FP services emerged as important components of participation among couples of reproductive age in the working area of Kuta Baharu Public Health Center, Aceh Singkil Regency.

RESEARCH IMPLICATIONS

Theoretical Implications

The findings support the relevance of the Health Belief Model and Social Cognitive Theory for understanding contraceptive-related behavior among couples of reproductive age, particularly in rural communities with distinctive sociocultural characteristics. The findings contribute to the development of evidence-based approaches in community midwifery and reproductive health.

Practical Implications

The findings highlight the importance of midwives and other health workers as FP educators and counselors. Counseling should aim not only to provide technical information about contraceptive methods but also to address perceptions, misconceptions, concerns about side effects, and the role of husbands in contraceptive decision-making. Collaboration with FP cadres, community leaders, and religious leaders may further strengthen culturally appropriate reproductive health promotion.

Implications for Midwifery Education

The findings may enrich teaching materials in community midwifery and reproductive health, particularly regarding family-centered FP counseling and the application of mixed-methods approaches to understanding health behavior in community settings.

RECOMMENDATIONS

For Kuta Baharu Public Health Center

The FP communication, information, and education (IEC) strategy should be strengthened to address specific myths, misconceptions, and concerns regarding contraceptive side effects rather than focusing solely on general knowledge transfer. Given that perception demonstrated the strongest association with participation ($OR = 4.218$), counseling should emphasize accurate information about contraceptive benefits, potential side effects, and available methods. FP counseling should also involve husbands more actively, considering the important association between family support and participation ($OR = 3.942$).

For the District Health Office and BKKBN

FP programs in the Kuta Baharu area should be strengthened through community-based approaches that address both informational and sociocultural barriers. Program monitoring should include indicators of changes in contraceptive knowledge, misconceptions, perceived barriers, and community acceptance, in addition to conventional indicators such as service utilization and counseling coverage. Educational materials and training for FP providers should specifically address the psychological and sociocultural barriers identified in this study.

For Health Workers

Health workers should develop IEC materials that explicitly address locally identified contraceptive myths and misconceptions rather than relying exclusively on generic information about FP benefits and side effects. Husbands should be considered an important target group for FP counseling and should be encouraged to participate in reproductive decision-making alongside their wives.

For Community and Religious Leaders

Community and religious leaders should be engaged as partners in FP education and community dialogue. Collaboration with health facilities may include incorporating accurate reproductive health information into appropriate community or religious forums. Such collaboration should complement, rather than replace, professional medical counseling.

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and should aim to address misconceptions and support informed contraceptive decision-making.

For Couples of Reproductive Age

Couples are encouraged to use FP counseling services to discuss contraceptive options, potential side effects, benefits, and concerns jointly. Shared decision-making between husbands and wives may facilitate informed and acceptable contraceptive choices that are consistent with the couple's reproductive goals.

For Future Researchers

Future studies should further investigate why formal educational attainment was not significantly associated with FP participation after adjustment in this study. Further research could examine whether reproductive health literacy, perceived barriers, cultural beliefs, religious perspectives, economic factors, husband involvement, and quality of FP services provide additional explanations for contraceptive participation. Studies involving larger and more diverse populations and, where feasible, longitudinal designs would help assess temporal relationships and improve the generalizability of the findings.

For Midwifery Education Institutions

Family-centered FP counseling should be incorporated into community midwifery education and clinical training. Training should emphasize communication skills, shared decision-making, management of contraceptive concerns, culturally sensitive counseling, and active involvement of husbands and families in reproductive health services.

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