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The Relationship Between Knowledge and Attitudes Toward Husbands' Participation in Family Planning Among Couples of Reproductive Age in the Kandangan Community Health Center Service Area

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Abstract

Family planning is a shared reproductive responsibility that involves not only women but also husbands as partners in decision-making and contraceptive use. This study examined the relationship between husbands' knowledge and attitudes and their participation in family planning among couples of reproductive age in the working area of Kandangan Public Health Center. A quantitative cross-sectional design was used involving 150 husbands selected through total sampling. Data were collected using structured questionnaires assessing knowledge, attitudes, and participation in family planning and were analyzed using univariate analysis and the Chi-Square test. The findings showed that 118 respondents (78.67%) had high knowledge, 87 respondents (58%) had positive attitudes, and 111 respondents (74%) participated in family planning. The Chi-Square analysis demonstrated a significant relationship between knowledge and husbands' participation in family planning ($\chi^2 = 4.522$; $p = 0.033$), as well as between attitudes and husbands' participation ($\chi^2 = 4.117$; $p = 0.042$). These findings indicate that husbands with favorable knowledge and attitudes are significantly associated with participation in family planning. The results highlight the importance of strengthening husband-oriented reproductive health education and counseling while encouraging couple communication and shared responsibility. Family planning services should involve husbands more actively to support informed reproductive decision-making and sustained participation.

Keywords: *Attitude, Couples of Reproductive Age, Family Planning, Husbands' Participation, Knowledge.*

INTRODUCTION

Family planning is an important component of reproductive health that enables individuals and couples to prevent unintended pregnancies, achieve desired pregnancies, and determine appropriate birth intervals according to their reproductive goals. Family planning also represents a population-level strategy because the regulation of fertility contributes to population control while supporting maternal, child, and family welfare. The development of contraceptive methods has provided couples with increasingly diverse alternatives, ranging from hormonal and non-hormonal methods to long-acting and permanent contraception, allowing reproductive decisions to be adjusted to individual needs and health conditions (Afifah Nurullah, 2021). In Indonesia, family planning is formally integrated into national population development and family development policies, positioning reproductive planning as a shared component of family welfare rather than solely an individual medical decision (Pemerintah Republik Indonesia, 2014). A quality family planning program requires adequate human resources, accessible services, and appropriate contraceptive utilization because the effectiveness of reproductive health programs depends not only on the availability of contraceptive methods but also on the capacity of couples to make informed decisions (Sugiharti et al., 2018). Within this context, husbands have an important position because family planning decisions frequently involve negotiation between partners, while unequal responsibility for contraception may limit the achievement of comprehensive and gender-responsive reproductive health.

Despite improvements in contraceptive utilization, family planning in Indonesia continues to demonstrate a substantial gender imbalance, with women remaining considerably more visible as contraceptive users than men. Male participation is influenced by education, place of residence, exposure to family planning information, economic status, health insurance, and support from wives,

indicating that husbands' involvement is shaped by interacting individual, social, and structural conditions rather than by contraceptive availability alone (Sari et al., 2023). This condition is closely related to persistent social perceptions that position contraception as primarily a woman's responsibility, while men's involvement in reproductive planning remains comparatively limited. Previous research has shown that knowledge and attitudes regarding reproductive health are associated with husbands' participation in family planning, suggesting that what husbands know and how they evaluate reproductive responsibilities may influence their willingness to become involved (Alyensi & Vitriani, 2019). Such involvement extends beyond becoming a male contraceptive acceptor because husbands may participate through communication with their wives, accompanying them to health services, discussing contraceptive options, supporting continued contraceptive use, or selecting male methods when appropriate. The low visibility of these forms of participation can reinforce the perception that family planning is fundamentally a female domain, making the improvement of male involvement dependent not only on service provision but also on changes in knowledge and attitudes.

Previous studies have identified knowledge and attitudes as important factors in understanding male participation, although the relationship between these factors and actual participation is not always straightforward. Knowledge about contraception can provide the cognitive basis for reproductive decision-making, but adequate knowledge does not automatically produce favorable attitudes or active participation when social norms, misconceptions, or concerns regarding male contraceptive methods remain influential. Research has demonstrated that knowledge, attitudes, and the quality of family planning services are related to men's participation in family planning, indicating that behavioral involvement may emerge from the interaction between individual understanding and the health-service environment (Barus et al., 2018). A Theory of Planned Behaviour perspective further indicates that men's participation is connected with attitudes, subjective norms, and perceived behavioral control, highlighting the importance of social expectations and perceived capacity when explaining reproductive behavior (Annisari et al., 2023). Spousal support and the role of health workers have also been identified as relevant factors in male participation, demonstrating that husbands' decisions are embedded within interpersonal relationships and healthcare interactions rather than formed independently (Goretti et al., 2023). Evidence concerning couples' knowledge of contraceptive methods similarly indicates that educational attainment and knowledge contribute to contraceptive decision-making, although this evidence does not fully explain how husbands' knowledge is translated into active participation in family planning (Purnami et al., 2023). The existing findings consequently suggest that knowledge and attitudes warrant examination as distinct but potentially interconnected dimensions of husbands' participation.

Another issue emerging from the literature concerns the tendency of family planning research to concentrate on contraceptive use among women, method selection, and women's experiences of contraceptive effects, while husbands' participation as a component of shared reproductive responsibility receives less consistent attention. This imbalance is particularly relevant because contraceptive experiences can influence couple-level decision-making, especially when users experience side effects that affect comfort, reproductive preferences, or continuation of a method. Research on hormonal contraception has reported menstrual disturbances, gastrointestinal symptoms, skin complaints, and changes in sexual desire among women users, demonstrating that contraceptive experiences can become an important consideration in reproductive decision-making (Putri & Nikmah, 2021). Research on contraceptive side effects has also indicated a relationship between contraceptive experiences and unmet family planning needs, emphasizing the importance of informed counseling and appropriate decision-making in contraceptive use (Evitasari et al., 2019). When contraception is predominantly regarded as the woman's responsibility, husbands may have limited knowledge about contraceptive benefits, limitations, and potential effects, which can restrict meaningful couple communication. The literature consequently leaves an empirical gap concerning whether husbands who possess greater knowledge and more favorable attitudes toward family planning are more likely to demonstrate active participation, particularly within specific community healthcare settings. Addressing this gap requires research that places husbands and couples at the center of analysis rather than treating male involvement as a secondary outcome of women's contraceptive utilization.

The Indonesian situation provides a strong empirical context for examining this relationship because national efforts to promote gender-responsive family planning have not completely eliminated the disparity between male and female participation. Government and community-based programs have

attempted to increase men's involvement through health promotion, counseling, information networks, reproductive health services, and improved access to family planning information for husbands and wives (Sari et al., 2023). However, regional evidence suggests that contraceptive utilization remains dominated by women, while male methods continue to account for a substantially smaller proportion of family planning participation. Studies in Temanggung have demonstrated that contraceptive method utilization remains concentrated among female users, while male participation is comparatively limited, indicating that local reproductive health patterns may reflect broader challenges in engaging husbands (Triyatnowati & Puspitasari, 2023). Previous research has also shown that education and employment characteristics are associated with husbands' participation as male family planning acceptors, reinforcing the importance of examining individual characteristics alongside behavioral factors (Nelly Mariyam & Oktaviani, 2021). The Kandangan Community Health Center service area represents a relevant setting for examining these dynamics because community-level family planning participation may be influenced by the availability of information, prevailing perceptions of gender roles, interactions between couples, and access to reproductive health services. A context-specific examination can provide evidence that complements broader Indonesian findings while identifying whether knowledge and attitudes constitute meaningful factors associated with husbands' participation among couples of reproductive age.

This study is positioned within health and psychological sciences by examining husbands' participation in family planning as a behavioral phenomenon associated with cognitive and attitudinal factors within the couple relationship. The study specifically aims to determine the relationship between knowledge and attitudes toward husbands' participation in family planning among couples of reproductive age in the Kandangan Community Health Center service area. The research treats knowledge as an important cognitive component that may shape understanding of contraceptive choices and reproductive responsibilities, while attitudes represent the evaluative dimension that may influence husbands' willingness to become involved in family planning. Examining these variables together provides an opportunity to clarify whether husbands' understanding and perceptions are associated with their actual participation in reproductive decision-making at the community level. Theoretically, the study is expected to strengthen the conceptualization of male participation as part of shared reproductive responsibility rather than as an auxiliary component of women-centered contraceptive programs. Practically, the findings may provide a basis for developing more targeted health education, counseling, and community interventions that actively involve husbands in family planning services. Methodologically, the study contributes empirical evidence from a defined primary healthcare setting that can support subsequent research examining the behavioral, interpersonal, and psychosocial determinants of male participation in family planning.

RESEARCH METHODS

This empirical study employed a quantitative approach with a descriptive-correlational design and a cross-sectional framework to examine the relationship between husbands' knowledge and attitudes and their participation in family planning among couples of reproductive age in the service area of Kandangan Community Health Center, Temanggung Regency. The study population consisted of 150 husbands of couples of reproductive age, and all eligible members of the population were included as respondents using a total sampling technique, consistent with the principle that quantitative health research should clearly define the population and sampling procedure according to the research objectives (Notoatmodjo, 2012). The inclusion criteria were husbands who belonged to couples of reproductive age, resided within the Kandangan Community Health Center service area, were willing to participate, and were able to complete the questionnaire, whereas individuals who were unable to provide complete responses or did not meet the predetermined eligibility requirements were excluded. The independent variables were husbands' knowledge and attitudes toward family planning, while the dependent variable was husbands' participation in family planning, reflecting the conceptual distinction between cognitive understanding, evaluative disposition, and behavioral involvement in reproductive decision-making (Alyensi & Vitriani, 2019). Data collection was conducted in Kandangan District, Temanggung Regency, in August 2026 through a structured questionnaire administered to respondents after they had received an explanation regarding the study and agreed to participate voluntarily. The cross-sectional approach enabled the three variables to be measured within the same period, providing

empirical information about their relationships without manipulating the participants or study conditions.

The research instrument consisted of structured questionnaires using the Guttman scale to assess knowledge and husbands' participation and a Likert scale to measure attitudes toward family planning, with the instrument subjected to validity and reliability testing before being used for data collection. An item was considered valid when the calculated correlation coefficient exceeded the applicable r-table value, while reliability was established when Cronbach's Alpha exceeded 0.60, following established principles for evaluating measurement instruments in quantitative research (Soegiyono, 2011). The knowledge and participation measures were designed to capture respondents' factual understanding and behavioral involvement, whereas the attitude scale assessed respondents' evaluations and tendencies toward husbands' participation in family planning. Data analysis comprised univariate and bivariate procedures, with frequency distributions and percentages used to describe respondent characteristics and the distribution of each research variable, while the Chi-Square test was applied to examine the relationships between knowledge, attitudes, and husbands' participation at a significance level of $\alpha = 0.05$ (Mamuaya et al., 2025). The analytical procedure was selected because the study sought to determine the statistical association between categorical variables rather than establish a causal effect, while the interpretation of participation was grounded in the broader behavioral and social dimensions of male involvement in family planning (Annisari et al., 2023). Ethical principles were maintained throughout the research by obtaining voluntary informed participation, protecting respondents' privacy and confidentiality, respecting their dignity and autonomy, ensuring equitable treatment, providing adequate information about the research, and minimizing potential risks while maximizing the anticipated benefits of participation.

RESULTS AND DISCUSSION

Distribution of Husbands' Knowledge, Attitudes, and Participation in Family Planning

The descriptive findings provide an initial picture of the cognitive, attitudinal, and behavioral characteristics of the 150 husbands participating in the study. Knowledge was assessed using 21 questions covering fundamental aspects of family planning, including its objectives, contraceptive methods, benefits, and husbands' involvement in reproductive decision-making. The distribution presented in Table 1 shows that 118 respondents (78.67%) had a high level of knowledge, while 32 respondents (21.33%) had a moderate level of knowledge, and none were categorized as having low knowledge. This pattern indicates that family planning information was relatively well understood among the husbands in the Kandangan Community Health Center service area. Adequate knowledge is important because information concerning contraceptive methods and reproductive planning provides a cognitive basis for individuals to evaluate available choices and participate in health-related decisions. Previous research has similarly identified knowledge as an important component associated with men's participation in family planning, although knowledge alone does not necessarily determine reproductive behavior (Sardi & Werdani, 2025).

Table 1. Distribution of Husbands' Knowledge in the Kandangan Community Health Center Service Area in 2026 (n=150)

Category	Frequency (n)	Percentage (%)
Low	0	0.00
Moderate	32	21.33
High	118	78.67
Total	**150**	**100.00**

As shown in Table 1, the predominance of respondents with high knowledge suggests that the husbands in this population generally possess sufficient cognitive resources to understand the purpose and relevance of family planning. The absence of respondents in the low-knowledge category is particularly notable because it indicates that the main challenge in this setting may not be a fundamental lack of awareness, but rather how existing knowledge is translated into attitudes and participation. Knowledge can facilitate the recognition of family planning as a shared reproductive responsibility and

may reduce misconceptions concerning contraceptive methods, particularly male-oriented methods. Research among couples of reproductive age has demonstrated that educational attainment and knowledge are relevant to understanding contraceptive methods, although the behavioral consequences of such knowledge may vary across populations (Purnami et al., 2023). The relatively high level of knowledge observed in this study may reflect exposure to health information through community health services, interpersonal communication, mass media, or previous experiences with family planning. From a health and psychological sciences perspective, this finding suggests that cognitive preparedness constitutes an important foundation for reproductive decision-making, but its behavioral significance needs to be interpreted alongside respondents' attitudes and actual participation.

The attitudinal distribution indicates a less pronounced predominance than that observed for knowledge, with 87 respondents (58%) categorized as having a positive attitude toward family planning and 63 respondents (42%) categorized as having a negative attitude. As presented in Table 2, the relatively narrow difference between the two categories indicates that favorable attitudes toward family planning have not been established as uniformly as high levels of knowledge. This distinction is analytically important because an individual may understand the objectives and benefits of family planning while maintaining reservations about contraceptive use, male involvement, or the extent to which reproductive responsibility should be shared with a spouse. Attitudes incorporate evaluative tendencies that can influence whether information is accepted, discussed, and transformed into behavioral intention. Within the Theory of Planned Behaviour, attitudes toward a behavior constitute an important psychological component in the formation of behavioral intention, making attitudinal evaluation relevant to understanding male participation in family planning (Annisari et al., 2023). The proportion of respondents with negative attitudes consequently indicates that informational interventions alone may be insufficient if unfavorable perceptions concerning family planning remain present.

Table 2. Distribution of Husbands' Attitudes in the Kandangan Community Health Center Service Area in 2026 (n=150)

Category	Frequency (n)	Percentage (%)
Negative	63	42
Positive	87	58
Total	**150**	**100.00**

The results in Table 2 demonstrate that positive attitudes were more prevalent than negative attitudes, although 42% of respondents remained in the negative-attitude category. This proportion suggests that attitudes may represent a more complex dimension of family planning behavior than factual knowledge because perceptions are shaped not only by information but also by personal experiences, social expectations, interpersonal relationships, and beliefs concerning gender roles. Previous evidence indicates that men's participation in family planning is associated with knowledge, attitudes, and the quality of family planning services, supporting the interpretation that behavioral involvement develops through multiple interacting dimensions rather than through knowledge alone (Barus et al., 2018). In the context of husbands' participation, an unfavorable attitude may involve reluctance to discuss contraception, limited acceptance of male contraceptive methods, or the perception that contraceptive responsibility belongs primarily to women. The relatively balanced distribution between positive and negative attitudes therefore provides an important basis for interpreting the participation findings, particularly because a favorable cognitive understanding does not necessarily correspond to an equally favorable evaluative orientation. The finding also emphasizes the importance of examining attitudes as an independent explanatory factor rather than treating them merely as a consequence of knowledge.

The distribution of husbands' participation shows that 111 respondents (74%) were categorized as participating in family planning, whereas 39 respondents (26%) were categorized as not participating. Table 3 illustrates that participation was considerably more prevalent than non-participation among the respondents, indicating that a substantial proportion of husbands were already involved in family planning within the study setting. Participation should be interpreted as a broader behavioral construct that may include involvement in contraceptive decision-making, communication with spouses, support

for contraceptive use, or direct involvement in male family planning methods. This broader understanding is important because limiting male participation exclusively to the status of being a contraceptive acceptor may underestimate husbands' contribution to couple-level reproductive decision-making. Previous Indonesian research has shown that male participation remains influenced by multiple determinants, including access to information, education, socioeconomic conditions, health insurance, and spousal support (Sari et al., 2023). The relatively high participation observed in the present study therefore indicates a favorable behavioral profile, while the remaining 26% of non-participating husbands demonstrates that meaningful gaps in male involvement persist.

Table 3. Distribution of Husbands' Participation in Family Planning in the Kandangan Community Health Center Service Area in 2026 (n=150)

Category	Frequency (n)	Percentage (%)
Not Participating	39	26
Participating	111	74
Total	**150**	**100.00**

The findings across the three descriptive variables reveal an important pattern: high knowledge was observed in 78.67% of respondents, positive attitudes in 58%, and participation in 74%. The discrepancy between these proportions suggests that the relationship between cognitive understanding, attitudinal orientation, and behavioral involvement should not be assumed to be linear. The relatively higher proportion of high knowledge compared with positive attitudes indicates that some husbands may possess adequate information while retaining reservations or unfavorable perceptions toward family planning. Conversely, the participation rate exceeding the proportion of positive attitudes indicates that behavioral involvement may occur even among husbands who do not express uniformly favorable attitudes, potentially reflecting spousal influence, social expectations, service accessibility, or practical family considerations. Research on male participation in Indonesia has emphasized that husbands' involvement is shaped by a combination of individual and contextual factors, including support from wives and the role of health professionals (Goretti et al., 2023). These descriptive findings establish the empirical basis for the subsequent analysis of whether the observed differences in knowledge and attitudes are statistically associated with husbands' participation in family planning.

Relationship Between Husbands' Knowledge and Participation in Family Planning

The analysis examined whether husbands' level of knowledge was associated with their participation in family planning in the Kandangan Community Health Center service area. Among the 150 respondents, 32 husbands (21.33%) had a moderate level of knowledge, while 118 husbands (78.67%) had a high level of knowledge. The distribution indicates that the respondents generally had adequate understanding of family planning, with no respondents classified as having low knowledge. This favorable knowledge profile provides an important basis for examining whether cognitive understanding is reflected in husbands' actual involvement in family planning. Knowledge concerning contraceptive methods, their benefits, and the objectives of family planning can help husbands recognize reproductive planning as an important component of family health. Knowledge is also considered an important component of health behavior because adequate understanding can influence how individuals perceive and respond to health-related information (Notoatmodjo, 2012).

The participation pattern across the knowledge categories indicates that husbands with high knowledge constituted the largest proportion of participants in family planning. Of the 32 husbands with moderate knowledge, 19 (12.67%) participated in family planning and 13 (8.67%) did not participate, whereas among the 118 husbands with high knowledge, 92 (61.33%) participated and 26 (17.33%) did not participate. These frequencies suggest that participation was more prevalent among husbands with high knowledge than among those with moderate knowledge. When considered within each knowledge category, approximately 77.97% of husbands with high knowledge participated, compared with approximately 59.38% of those with moderate knowledge. Previous research has identified knowledge as one of the factors associated with men's participation in family planning, particularly because adequate knowledge can support understanding and consideration of contraceptive

choices (Alyensi & Vitriani, 2019). The detailed distribution and statistical test are presented in Table 4.

Table 4. Relationship of Knowledge Level to Husbands' Participation in Family Planning in the Kandangan Community Health Center Service Area in 2026 (n=150)

Knowledge	Participation				Total		X^2	*P*
	Not Participating		Participating					
	n	(%)	n	(%)	n	(%)		
Moderate	13	8.67%	19	12.67%	32	21.33%		
High	26	17.33%	92	61.33%	118	78.67%	4,522[a]	0,033
Total	39	26%	111	74%	150	100%		

Table 4 shows that the Pearson Chi-Square test produced a χ^2 value of 4.522 with a p-value of 0.033, which is below the significance level of 0.05. This finding demonstrates a statistically significant relationship between husbands' knowledge and their participation in family planning in the Kandangan Community Health Center service area. The absence of an expected cell count below five also indicates that the assumption required for the Pearson Chi-Square analysis was satisfied. The statistical finding suggests that differences in knowledge categories corresponded to differences in the distribution of participation among the respondents. Research on male participation in family planning in Indonesia has similarly placed knowledge among the factors that can contribute to men's involvement in contraceptive decision-making and family planning programs (Sari et al., 2023). The present result therefore provides empirical support for considering husbands' knowledge as an important factor in understanding participation in family planning within the study population.

The relationship can be explained through the cognitive role of knowledge in health-related decision-making. Husbands who possess adequate information about family planning may have greater capacity to understand the purpose of contraception, compare available methods, recognize potential benefits and limitations, and discuss reproductive choices with their spouses. Knowledge may also reduce uncertainty and misconceptions that can become barriers to participation, particularly when family planning is perceived primarily as a woman's responsibility. A study of couples of reproductive age found that education and knowledge were relevant to understanding long-term contraceptive methods, indicating that cognitive resources can support more informed reproductive decision-making (Purnami et al., 2023). In the present study, the substantially larger number of highly knowledgeable husbands who participated is consistent with this theoretical interpretation. Nevertheless, the existence of 26 highly knowledgeable husbands who did not participate demonstrates that knowledge is not sufficient by itself to guarantee behavioral involvement. Participation is likely to emerge from the interaction between knowledge and other psychological, interpersonal, and contextual factors.

The finding is also consistent with the broader literature concerning male participation in family planning programs in Indonesia. Male participation is not determined solely by whether husbands have received information, because reproductive decisions are embedded within family relationships, community expectations, and health-service experiences. Research on male participation has shown that factors such as attitudes, spousal support, and the role of health workers can contribute to husbands' involvement as family planning acceptors (Goretti et al., 2023). The Theory of Planned Behaviour perspective also suggests that knowledge may contribute to behavioral decision-making but does not replace the roles of attitudes, subjective norms, and perceived behavioral control in shaping intention and behavior (Annisari et al., 2023). This perspective helps explain why some respondents with high knowledge remained non-participating even though they were cognitively familiar with family planning. Their decision may have been influenced by perceptions of contraceptive methods, family expectations, the degree of support from their spouse, or confidence in carrying out the intended behavior. The significant association observed in this study should therefore be understood as evidence that knowledge is relevant to participation while recognizing that the pathway from knowledge to behavior is multidimensional.

The results further indicate that improving knowledge remains a meaningful component of family planning promotion among husbands, but educational interventions should not be implemented as a stand-alone strategy. Information should be presented in a manner that enables husbands to understand the practical implications of contraceptive choices and encourages active discussion between couples. Previous research on male participation has emphasized that men's involvement in family planning is influenced by a combination of individual, interpersonal, and service-related factors, rather than by a single determinant (Rahnayanti et al., 2020). The relatively high participation among highly knowledgeable respondents in this study provides support for maintaining husband-oriented education and counseling within community health services. At the same time, the 26% overall non-participation rate indicates that additional barriers remain even within a population characterized by relatively favorable knowledge levels. Family planning services may therefore benefit from strengthening communication strategies that involve husbands directly rather than treating them only as secondary supporters of their wives' contraceptive decisions. Such an approach is consistent with the broader understanding that male participation encompasses involvement in reproductive decision-making as well as direct use of contraceptive methods (Muatiah, 2012).

The significant association should be interpreted cautiously because the study used a cross-sectional design. The data demonstrate that knowledge and participation were statistically related at the time of measurement, but they cannot establish a temporal or causal relationship between the two variables. It is possible that higher knowledge contributed to participation, but it is also possible that husbands who had already participated in family planning obtained additional information through counseling, health services, or personal experience. Quantitative research requires a clear distinction between statistical association and causal inference when the research design does not manipulate variables or establish temporal precedence (Yam & Taufik, 2021). Accordingly, the p-value of 0.033 supports the conclusion that there was a significant relationship between knowledge and participation, but it should not be interpreted as evidence that increasing knowledge alone will necessarily cause husbands to participate. The finding has practical implications for community health centers because husband-focused education can be strengthened while simultaneously addressing attitudes, couple communication, service accessibility, and other factors that may influence behavioral implementation. Future research using longitudinal or analytical designs could further examine how changes in knowledge contribute to changes in husbands' participation over time.

Relationship Between Husbands' Attitudes and Participation in Family Planning

The analysis of husbands' attitudes was conducted to determine whether their evaluative orientation toward family planning was associated with their actual participation. Based on the descriptive findings, 87 respondents (58%) had a positive attitude, while 63 respondents (42%) had a negative attitude toward family planning. This distribution indicates that a favorable attitude was more prevalent than an unfavorable attitude among husbands in the Kandangan Community Health Center service area. Attitude is an important behavioral component because individuals do not necessarily act solely on the basis of what they know, but also on how they evaluate the usefulness, acceptability, and consequences of a particular health behavior. In family planning, husbands' attitudes may reflect their acceptance of contraception, perceptions of shared reproductive responsibility, willingness to discuss contraceptive decisions, and views regarding male involvement. Previous research has shown that attitudes are among the factors associated with men's participation in family planning, indicating that favorable perceptions may facilitate greater involvement in reproductive decision-making (Barus et al., 2018).

The cross-tabulation further shows differences in participation between the attitude categories. As presented in Table 5, 52 respondents (34.67%) in the positive-attitude category participated in family planning, while 11 respondents (7.33%) did not participate, whereas 59 respondents (39.33%) in the negative-attitude category participated and 28 respondents (18.67%) did not participate. Based on these frequencies, participation occurred in both attitude categories, indicating that husbands with negative attitudes were not necessarily excluded from family planning participation. Conversely, husbands with positive attitudes were not uniformly participating, demonstrating that favorable attitudes alone do not completely determine behavioral involvement. This pattern indicates that the relationship between attitude and participation should be interpreted as an association between an evaluative orientation and

behavior rather than as a simple one-directional pathway. The statistical results examining this relationship are presented in Table 5.

Table 5. Relationship of Attitude Level to Husbands' Participation in Family Planning in the Kandangan Community Health Center Service Area in 2026 (n=150)

Knowledge	Participation				Total		X^2	*P*
	Not Participating		Participating					
	n	(%)	n	(%)	n	(%)		
Positive	11	7,33%	52	34,67%	63	42%		
Negative	28	18,67%	59	39,33%	87	58%	4,117[a]	0,042
Total	39	36%	111	74%	150	100%		

Table 5 indicates that the Pearson Chi-Square test resulted in a χ^2 value of 4.117 with a p-value of 0.042, which is lower than the significance level of 0.05. This finding indicates a statistically significant relationship between husbands' attitudes and their participation in family planning in the Kandangan Community Health Center service area. The statistical result means that the distribution of participation differed significantly according to the attitude category observed in the dataset. The finding is consistent with the behavioral perspective that attitudes toward family planning can contribute to the formation of intentions and subsequent reproductive health behavior. Research using the Theory of Planned Behaviour to examine male participation in family planning emphasizes that behavioral attitudes constitute an important psychological component in understanding men's willingness to become involved in family planning programs (Annisari et al., 2023). The present result therefore supports the interpretation that husbands' attitudes represent an important dimension in explaining variation in family planning participation.

Although the statistical test demonstrates a significant association, the frequency pattern in Table 5 requires careful interpretation because the participation proportion is not completely determined by the direction of attitude. Among respondents classified as positive, 52 of 63 participated, equivalent to approximately 82.54%, while among respondents classified as negative, 59 of 87 participated, equivalent to approximately 67.82%. The difference indicates a higher participation proportion among husbands with positive attitudes, although participation was also relatively substantial among husbands categorized as having negative attitudes. This finding suggests that participation can be influenced by factors beyond personal evaluation, including spousal influence, family circumstances, social expectations, and interaction with health professionals. Previous research has highlighted the importance of spousal support and the role of health workers in encouraging men to participate as family planning acceptors (Goretti et al., 2023). Attitudes may consequently operate alongside interpersonal and service-related factors, meaning that improving attitudes should be accompanied by interventions that create supportive conditions for husbands to translate favorable perceptions into actual participation.

The finding can also be understood from the perspective of men's reproductive roles within the family. A positive attitude toward family planning may encourage husbands to perceive contraception and reproductive planning as a shared responsibility rather than an issue that primarily concerns women. Conversely, negative perceptions may be associated with hesitation toward contraceptive methods, concerns about side effects, misconceptions regarding male contraceptive procedures, or reluctance to assume an active role in reproductive decision-making. Studies of contraceptive use have demonstrated that perceptions regarding contraceptive methods and their potential effects can influence contraceptive-related decisions and the extent to which individuals accept particular methods (Putri & Nikmah, 2021). Information concerning contraceptive benefits and potential adverse effects therefore needs to be communicated accurately so that husbands can develop attitudes based on appropriate information rather than assumptions. The literature on male participation also indicates that social and cultural expectations concerning masculinity and reproductive responsibility can influence men's willingness to participate in family planning programs (Muatiah, 2012). In this context, attitude improvement requires not only factual education but also communication that addresses perceptions of male responsibility and normalizes husbands' active involvement in reproductive health decisions.

The significant association between attitude and participation also has implications for family planning counseling at the community health center level. Counseling directed toward husbands should provide opportunities to discuss concerns, clarify misconceptions, and consider contraceptive choices based on the needs and circumstances of the couple. Family planning services that address husbands directly may be more effective in developing favorable perceptions because men can receive information relevant to their own concerns rather than obtaining information indirectly through their spouses. Research concerning male participation in Indonesia indicates that education, social conditions, and access to family planning information can interact with other determinants of participation (Sari et al., 2023). The present finding also reinforces the importance of considering psychological readiness when developing strategies to increase male involvement in family planning. However, because the research employed a cross-sectional design, the significant p-value of 0.042 demonstrates an association rather than a causal effect of attitude on participation. The result should therefore be interpreted as evidence that attitude and participation were significantly related within the observed population, while further longitudinal research would be needed to determine whether changes in husbands' attitudes precede and contribute to changes in their participation.

Integrated Interpretation of Knowledge, Attitudes, and Husbands' Participation in Family Planning

The findings of this study indicate that husbands' participation in family planning should be understood as a multidimensional behavior involving cognitive, attitudinal, interpersonal, and contextual components. The descriptive analysis showed that the majority of respondents had high knowledge, while positive attitudes and participation were also predominant among the study population. The significant relationships between knowledge and participation as well as between attitudes and participation indicate that both cognitive and evaluative dimensions are relevant to husbands' involvement in family planning. Nevertheless, the distribution of respondents demonstrates that neither knowledge nor attitude can independently explain all forms of participation. Some husbands with high knowledge did not participate, while some husbands with negative attitudes were still classified as participating in family planning. This pattern suggests that family planning participation represents a behavioral outcome that develops through the interaction of several determinants rather than through a single psychological factor.

The relationship among the three dimensions can be conceptually interpreted by distinguishing what husbands know, how they evaluate family planning, and how they translate these orientations into behavior. Knowledge provides the informational foundation for recognizing contraceptive alternatives and understanding the purpose of reproductive planning, whereas attitude reflects the degree to which family planning is viewed favorably or unfavorably. Participation represents the behavioral manifestation of reproductive involvement, which may include supporting contraceptive decisions, discussing family planning with a spouse, or directly becoming involved in contraceptive use. The conceptual relationship among these dimensions is summarized in Table 6 to clarify how the findings can be interpreted within a health and psychological framework. The table does not present additional statistical data but synthesizes the theoretical meaning of each dimension and its relevance to husbands' participation. Such an interpretation is consistent with the understanding that knowledge and attitudes constitute important components of health behavior and can influence how individuals respond to health-related choices (Notoatmodjo, 2012).

Table 6. Conceptual Interpretation of Knowledge, Attitudes, and Husbands' Participation in Family Planning

Dimension	Conceptual Meaning	Role in Family Planning Participation	Implication for Health Services
Knowledge	Understanding of family planning, contraceptive methods, benefits, risks, and reproductive health	Provides a cognitive basis for recognizing and evaluating family planning choices	Strengthen accurate, accessible, and husband-oriented information

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Attitude	Evaluation, acceptance, perceptions, and willingness toward family planning	Shapes favorable or unfavorable orientation toward participation	Address misconceptions, concerns, and perceptions regarding male involvement
Participation	Husbands' involvement in reproductive decision-making and family planning practices	Represents the behavioral manifestation of reproductive involvement	Encourage couple communication and active husband involvement
Interpersonal Factors	Influence of spouse, family, and social environment	Can facilitate or inhibit the translation of knowledge and attitudes into behavior	Develop couple-based counseling and supportive communication
Health-Service Factors	Information, counseling, accessibility, and support provided by health workers	Creates opportunities and support for husbands to participate	Increase direct engagement of husbands in family planning services

The conceptual synthesis in Table 6 demonstrates that the pathway from knowledge to participation is not necessarily direct because attitudes and contextual conditions can influence how information is translated into behavior. A husband may understand the benefits of family planning but remain hesitant to participate when he has concerns about contraceptive side effects, doubts about particular methods, or perceptions that contraception is primarily a woman's responsibility. Conversely, a husband with incomplete or unfavorable perceptions may still participate because of communication with his spouse, recommendations from health workers, or family circumstances. Research concerning male participation in family planning has identified spousal support and the role of health workers as relevant factors that can encourage men's involvement (Goretti et al., 2023). This interpretation also corresponds with the Theory of Planned Behaviour, in which behavior is not determined by attitude alone but is influenced by behavioral intention, perceived social expectations, and perceived ability to perform the behavior (Annisari et al., 2023). The present findings consequently suggest that interventions aimed at increasing male participation should address knowledge and attitudes simultaneously while also strengthening the interpersonal and service environment surrounding reproductive decision-making.

The role of interpersonal relationships is particularly important because family planning decisions are generally made within the context of a couple rather than by husbands in isolation. Communication between spouses can provide a mechanism through which knowledge is exchanged, concerns are discussed, and contraceptive preferences are negotiated. Previous research has demonstrated that men's participation in family planning can be influenced by factors related to the family relationship and the broader social environment, indicating that reproductive behavior cannot be separated from interpersonal dynamics (Rahnayanti et al., 2020). Spousal support may also increase husbands' confidence in participating, particularly when contraceptive decisions require agreement concerning method selection, timing, or continuation. In this context, health workers have an important role in facilitating balanced communication so that husbands and wives can make reproductive decisions based on adequate information and mutual consideration. Male-oriented counseling can also reduce the perception that family planning services are exclusively intended for women and can reinforce the concept of shared reproductive responsibility.

The integrated interpretation also needs to consider potential concerns surrounding contraceptive methods themselves. Husbands may possess adequate general knowledge of family planning but still have reservations when they perceive contraceptive methods as involving undesirable effects or risks. Evidence concerning hormonal contraception has documented the occurrence of various side effects, which may influence perceptions and decisions regarding contraceptive use (Putri & Nikmah, 2021). Concerns about contraceptive effects may also contribute to unmet need when individuals or couples hesitate to use available methods because of perceived disadvantages (Evitasari et al., 2019). At the same time, discussions of contraceptive safety need to distinguish between documented potential risks, individual experiences, and misconceptions so that counseling does not create unnecessary fear. A comprehensive approach to family planning education should consequently

provide balanced information about available methods, benefits, limitations, and potential adverse effects, allowing couples to make informed choices. This approach is particularly relevant for increasing husbands' confidence and reducing attitudinal barriers that may interfere with participation.

From a practical perspective, the findings support the development of family planning strategies that place husbands more explicitly within reproductive health services. Educational activities can be directed not only toward increasing knowledge but also toward changing unfavorable perceptions and strengthening husbands' perceived role in reproductive decision-making. The literature on male participation in Indonesia indicates that men's involvement is affected by multiple factors, including educational background, socioeconomic circumstances, access to information, and family-related characteristics (Sari et al., 2023). Characteristics such as education and employment may shape opportunities to obtain information and interact with health services, while social expectations can influence whether husbands consider active participation appropriate or necessary. Family planning programs should therefore combine informational interventions with couple counseling, accessible services, and communication strategies that specifically address men's concerns. This multidimensional approach is more consistent with the present findings than an intervention that focuses exclusively on disseminating contraceptive information.

The overall findings also have theoretical and methodological implications for understanding male participation in family planning. The significant associations identified in the study reinforce the relevance of knowledge and attitudes as psychological dimensions related to reproductive behavior, while the remaining non-participation among some knowledgeable husbands indicates that these variables should not be regarded as sufficient explanations. From a methodological perspective, the cross-sectional design permits identification of relationships between variables but does not establish whether changes in knowledge or attitudes precede changes in participation. The interpretation should therefore remain focused on association rather than causal effects, particularly because participation itself may provide husbands with additional exposure to family planning information and counseling. Quantitative research emphasizes the importance of distinguishing statistical relationships from causal conclusions when the research design does not provide temporal evidence (Mamuaya et al., 2025). The findings nevertheless provide a useful empirical basis for future research examining additional determinants such as spousal support, subjective norms, perceived behavioral control, self-efficacy, health-worker support, and accessibility of family planning services. Future studies using longitudinal or multivariable designs could further clarify the pathways through which knowledge and attitudes contribute to sustained male participation in family planning.

CONCLUSION

The study shows that husbands in the Kandangan Community Health Center service area generally have a favorable profile in relation to family planning. Most respondents had a high level of knowledge about family planning, with 118 husbands (78.67%) classified in the high-knowledge category. Most husbands also demonstrated a positive attitude toward family planning, comprising 87 respondents (58%). In terms of participation, 111 husbands (74%) were categorized as participating in family planning, indicating that male involvement in family planning was relatively high within the study population. The analysis further demonstrated a significant relationship between husbands' knowledge and their participation in family planning, with $\chi^2 = 4.522$ and $p = 0.033$. A significant relationship was also identified between husbands' attitudes and their participation in family planning, with $\chi^2 = 4.117$ and $p = 0.042$. These findings indicate that both knowledge and attitudes are important factors associated with husbands' participation in family planning in the study setting.

The findings highlight that strengthening male involvement in family planning requires attention not only to the availability of information but also to husbands' perceptions and willingness to participate in reproductive health decisions. The predominance of high knowledge suggests that family planning information has been relatively well received among the respondents, while the proportion with positive attitudes indicates a generally favorable orientation toward family planning. The relatively high participation rate further demonstrates that many husbands have already taken an active role in family planning within their households. However, the presence of husbands who did not participate despite having adequate knowledge or favorable attitudes indicates that participation may also be influenced by interpersonal, social, and service-related factors. Family planning programs should therefore continue to strengthen husband-oriented education while integrating couple

communication, counseling, and approaches that address potential barriers to male participation. Community health centers can use these findings as a basis for developing more inclusive family planning services that position husbands as active partners in reproductive decision-making. Future research may further examine other factors influencing male participation, particularly spousal support, social norms, perceived behavioral control, self-efficacy, and accessibility of family planning services.

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