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Original Research Article

Cultural beliefs and partner support on postpartum bilateral tubal ligation

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ABSTRACT

Background: Postpartum bilateral tubal ligation (BTL) is a permanent family planning method that requires informed and autonomous decision-making. Cultural beliefs and partner support are recognized as influential factors in reproductive health choices, yet their combined influence among multiparous mothers in local government hospital settings remains underexplored. This study examined the relationship between cultural beliefs, partner support, and decision-making regarding postpartum BTL among multiparous mothers in selected government hospitals in a province in southern Philippines.

Methods: A descriptive–correlational research design was employed involving 110 purposively selected multiparous mothers with at least three live births. Data were collected in Obstetrics and Gynecology wards using validated researcher-developed questionnaires measuring cultural beliefs, partner support, and decision-making. Instruments underwent pilot testing, expert validation, and reliability testing (Cronbach's $\alpha \geq 0.70$). Descriptive statistics summarized variable levels, while Pearson's r and multiple regression analyses determined relationships and predictive influences, with significance set at $p<0.05$.

Results: Findings revealed high levels of cultural influence and partner support, alongside generally good decision-making. Religious and spiritual beliefs emerged as the most dominant cultural factors and were strongly associated with all decision-making dimensions. Partner support significantly correlated with knowledge, autonomy, and service access. Regression analysis identified family expectations and practical support as significant predictors, explaining 13.83% of the variance.

Conclusions: Culturally sensitive and couple-centered counseling is essential to enhance informed postpartum family planning decisions.

Keywords: Cultural beliefs, Decision-making, Multiparous mothers partner support, Postpartum bilateral tubal ligation

INTRODUCTION

Postpartum bilateral tubal ligation (BTL) is a permanent contraceptive procedure performed shortly after childbirth and is recognized as one of the most effective family-planning methods available. With a failure rate of less than 1%, postpartum BTL offers highly reliable, long-term pregnancy prevention for women who have achieved their desired family size.[1] Clinical guidance indicates that when performed within 24–48 hours after delivery, the procedure is technically feasible, safe, and convenient, often eliminating the need for additional hospital admission or anesthesia exposure.[2] Postpartum sterilization is also cost-effective because it requires a single intervention and prevents future expenditures associated with unintended pregnancies and ongoing contraceptive use.[3] Evidence further demonstrates that adequate birth spacing reduces risks such as maternal

anemia, preterm birth, and adverse neonatal outcomes, underscoring the broader health benefits of effective postpartum contraception.[4] Despite these advantages, postpartum BTL remains underutilized in many low- and middle-income countries. Sociocultural norms, misinformation, religious teachings, gender power relations, and limited partner support often shape women's reproductive decisions more strongly than clinical eligibility alone.[5,6] In the Philippines, where Catholic values and pronatalist traditions remain influential, reproductive choices are frequently negotiated within the family and community context rather than decided solely by the woman.[7,8] Religious affiliation of some health institutions can also restrict access to sterilization services, further complicating women's ability to exercise reproductive autonomy.[9]

The Philippine demographic context heightens the relevance of postpartum family planning. Rapid population growth continues to strain economic resources, healthcare systems, and educational infrastructure. Larger family sizes are sometimes perceived as advantageous for labor or long-term economic security, particularly in rural and low-income settings.[10] However, high fertility and short interpregnancy intervals are associated with poorer maternal and child health outcomes and may exacerbate poverty cycles.[4-11] In provinces such as Zamboanga del Norte, where poverty incidence remains high and access to reproductive health services varies, understanding determinants of postpartum sterilization decisions is especially important. Although the Responsible Parenthood and Reproductive Health Act expanded access to contraception nationwide, unmet need for permanent methods persists, suggesting that barriers extend beyond availability of services.

Cultural beliefs play a profound role in shaping reproductive decision-making. Shared norms regarding fertility, womanhood, religious duty, and postpartum practices are transmitted across generations and embedded in daily life. Studies in Southeast Asia document that traditional postpartum beliefs and community expectations influence acceptance of modern contraceptive methods.[5-12] A recent systematic review concluded that sociocultural norms, misinformation, and gendered expectations remain major barriers to contraceptive uptake across diverse low-resource settings.[13] These beliefs operate at multiple levels from individual, familial up to institutional, either facilitating or constraining women's contraceptive choices. In the Filipino context, womanhood is often closely linked with motherhood and continued fertility, which may discourage permanent contraception among multiparous women.[7] Qualitative evidence indicates that some women perceive sterilization as morally questionable or socially stigmatized, particularly when influenced by conservative religious interpretations.[8] Institutional religious affiliations may also affect service provision, limiting the availability of postpartum BTL in certain facilities.[9] Myths regarding surgical risks, weakness after sterilization, or negative spiritual consequences further contribute to fear and hesitation.[6] These findings highlight that decisions about permanent contraception are not merely biomedical but deeply embedded in cultural meaning systems. Partner support represents another critical determinant of postpartum BTL decision-making. In many Filipino households, men are regarded as primary decision-makers in financial and reproductive matters, which may restrict women's autonomy.[7-14] Studies consistently show that husbands' approval and open spousal communication significantly influence women's adoption of modern contraceptives.[15,16] Male involvement in counseling sessions has been associated with increased uptake and continuation of family planning methods.[18] Conversely, fear of partner disapproval can lead women to postpone or decline sterilization despite personal preference.[12]

Beyond verbal approval, emotional, practical, and financial support from partners during the postpartum period can strengthen women's confidence in choosing permanent methods. Research from comparable contexts demonstrates that supportive partners enhance women's decisional certainty and alignment with long-term fertility goals.[18,19] Shared decision-making and constructive communication reduce anxiety and promote satisfaction with contraceptive choices.[20] In contrast, lack of partner support or coercive dynamics may result in indecision, conflict, or regret.[14] Thus, partner involvement is both an interpersonal and structural factor shaping postpartum BTL decisions.

Postpartum decision-making is further complicated by socioeconomic and health-system influences. Lower education, rural residence, and limited household income are associated with reduced use of permanent contraception.[21] Inadequate counseling during antenatal care may leave women unprepared to make timely decisions immediately after childbirth.[22] Interactive decision aids and structured counseling tools have been shown to increase knowledge and reduce decisional conflict regarding tubal sterilization.[23] Clear operational pathways, including availability of anesthesia and operating room scheduling, are essential to prevent unfulfilled sterilization requests.[2,24] Women denied desired postpartum sterilization face increased risk of subsequent unintended pregnancy, demonstrating the health consequences of system-level barriers.[24] Although prior research has examined elements of cultural influence, partner involvement, and service barriers, these factors are often studied separately. Multi-country analyses identify socioeconomic predictors of long-acting contraceptive use but rarely focus specifically on postpartum BTL among multiparous Filipino women.[21] Randomized trials demonstrate the efficacy of decision aids in improving informed consent, yet do not address deeply rooted cultural or religious belief systems.[23] Studies on denied sterilization highlight institutional barriers but do not disentangle interpersonal determinants

of refusal.[24] Similarly, qualitative research on men's participation in family planning illuminates partner roles broadly without quantitatively linking partner support to the time-sensitive choice of postpartum sterilization.[17]

Consequently, an empirical gap persists: limited quantitative evidence simultaneously examines cultural beliefs and partner support as predictors of postpartum BTL decision-making within a Philippine multiparous population. Addressing this gap is critical because postpartum sterilization decisions occur at the intersection of clinical logistics, religion, household power dynamics, and individual fertility goals. Without context-specific data, health programs may inadequately address barriers rooted in belief systems and relational dynamics.

This study therefore aimed to examine the influence of cultural beliefs and partner support on postpartum BTL decision-making among multiparous mothers in selected public hospitals of Zamboanga del Norte. By empirically analyzing these intertwined sociocultural and interpersonal determinants, the research seeks to inform culturally sensitive, partner-inclusive counseling strategies that respect women's autonomy while reducing unmet need for permanent contraception. Understanding these influences is essential not only for improving reproductive health outcomes but also for promoting equitable, informed, and value-concordant decision-making within families and communities.

METHODS

Study design

This study utilized a descriptive–correlational research design to examine the relationship between cultural beliefs, partner support, and decision-making regarding postpartum bilateral tubal ligation (BTL) among multiparous mothers.

Study setting

The study was conducted in the Obstetrics and Gynecology Wards of selected government hospitals in one of the provinces in southern Philippines. These public hospitals routinely provide postpartum services, including bilateral tubal ligation procedures, and serve as primary referral centers for women from diverse cultural, religious and socioeconomic backgrounds across the province.

Participants and sampling

Purposive sampling was employed to recruit 110 multiparous mothers who met predefined eligibility criteria. Inclusion criteria were: at least three live births; aged 18 years or older; married or living with a partner; in the immediate postpartum period; medically eligible for postpartum BTL; and able to provide informed consent. Exclusion criteria included medical contraindications to postpartum BTL, severe postpartum complications, or absence of a husband/partner.

Research instruments

Data were collected using a structured, researcher-developed questionnaire consisting of four sections: demographic profile, cultural beliefs, partner support, and postpartum BTL decision-making. All instruments underwent pilot testing, expert content validation, and reliability testing. Internal consistency reliability for each scale met acceptable standards (Cronbach's $\alpha \geq 0.70$). Cultural Beliefs Questionnaire assessed respondents' cultural beliefs regarding postpartum BTL across four domains: religious and spiritual beliefs; family and kinship expectations; perceived social norms; and traditional health belief practices. Responses were measured using a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Composite mean scores were interpreted as follows: 3.26–4.00 (Very High), 2.51–3.25 (High), 1.76–2.50 (Low), and 1.00–1.75 (Very Low). Partner Support Questionnaire measured perceived partner support related to postpartum BTL across three domains: emotional support, practical/instrumental support, and financial support. Items were rated on the same 4-point Likert scale. Mean scores were interpreted using the following continuum: 3.26–4.00 (Very High), 2.51–3.25 (High), 1.76–2.50 (Low), and 1.00–1.75 (Very Low). Postpartum BTL Decision-Making Questionnaire evaluated respondents' decision-making regarding postpartum BTL across five domains: knowledge and awareness; perceived benefits and risks; autonomy in decision-making; influence of interpersonal and cultural factors; and access and availability of services. Items were rated using a 4-point Likert scale (1=Strongly Disagree to 4=Strongly Agree). Interpretation of composite scores was as follows: 3.26–4.00 (Very Good), 2.51–3.25 (Good), 1.76–2.50 (Poor), and 1.00–1.75 (Very Poor).

Data collection procedure

Prior to data collection, ethical clearance was obtained from the Misamis University Research Ethics Committee. Administrative approval was secured from the Dean of the Graduate School and the Chief Nurses of participating hospitals. Coordination with Obstetrics and Gynecology ward staff facilitated identification of eligible participants based on inclusion criteria. Data gathering was started in August 2025 and was completed in February 2026.

Ethical considerations

The study adhered to ethical principles of respect for persons, beneficence and justice. Respondents' confidentiality was protected by removing personal identifiers and assigning unique codes. Hard copies of questionnaires were stored in a locked cabinet, while electronic data were kept in password-protected and encrypted files accessible only to the researcher. A master

list linking codes to participants was stored separately in a sealed envelope. The study posed minimal risk, limited to potential emotional discomfort from sensitive questions. Respondents were informed that they could skip any question or withdraw at any time. Recruitment was conducted fairly and without coercion, with particular sensitivity given to the vulnerability of postpartum mothers.

Data analysis

Data were analyzed using descriptive and inferential statistics. Weighted means were computed to determine the overall levels of cultural beliefs, partner support and decision-making, as well as their respective domains. Pearson's r correlation coefficient was used to examine the strength and direction of the linear relationships between cultural beliefs and decision-making, and between partner support and decision-making. Multiple regression analysis was conducted to determine the predictive influence of cultural beliefs and partner support on postpartum BTL decision-making. Statistical significance was set at $p<0.05$. All analyses were performed using appropriate statistical software to ensure accuracy and reliability of results.

RESULTS

Respondents' level of cultural beliefs on postpartum bilateral tubal ligation

Table 1 presents the respondents' levels of cultural beliefs regarding postpartum bilateral tubal ligation (BTL) across four cultural constructs. The findings indicate that religious and spiritual beliefs exerted a very high influence compared with the other cultural dimensions. In contrast, family and kinship expectations, perceived social norms, and traditional health beliefs and practices were all interpreted as having low levels of influence. Overall, the composite mean reflects a high level of cultural beliefs affecting decisions related to postpartum BTL. The results suggest that religious and spiritual convictions play a dominant role in shaping respondents' decisions to undergo BTL. Faith-based perspectives, including perceived guidance from religious leaders and alignment with religious teachings, strongly informed their acceptance or consideration of permanent contraception. Respondents appeared to weigh their reproductive decisions in light of spiritual values and doctrinal beliefs, which substantially contributed to their level of decisional confidence. Conversely, family and kinship expectations demonstrated limited influence on respondents' choices. The views of extended family members and even partners were generally not decisive factors in determining whether to undergo BTL. Similarly, prevailing social norms and community expectations were seldom reported as shaping their reproductive intentions. Traditional health beliefs and practices were likewise minimally influential, suggesting that customary or culturally inherited views about fertility and contraception did not strongly affect their decision-making. Taken together, the findings imply that while cultural beliefs as a whole remain relevant, it is primarily the religious and spiritual dimension that meaningfully informs multiparous mothers' decisions regarding postpartum bilateral tubal ligation (Table 1).

Table 1: Respondents' level of cultural beliefs on postpartum bilateral tubal ligation.

Constructs	WM	STDEV	I
Religious and spiritual beliefs	4.00	0.000	VH
Family and kinship expectations	1.97	0.6099	L
Perceived social norms	2.32	0.6334	L
Traditional health beliefs and practices	2.33	0.6772	L
Overall weighted mean	2.66	0.912	H

Legend: 3.25-4.00 – Very High (VH), 1.76 – 2.50 – Low (L), 2.51-3.25 0 High (H), 1.00 – 1.75 – Very Low (VL).

Table 2: Respondents' level of partner support.

Constructs	WM	STDEV	I
Emotional support	2.81	0.0678	H
Practical/instrumental support	2.71	0.8501	H
Informational support	2.64	0.8146	H
Financial support	2.66	0.8219	H
Overall weighted mean	2.71	0.0759	H

Legend:3.25-4.00-Very High (VH), 1.76-2.50-Low(L), 2.51-3.25 High (H), 1.00-1.75-Very Low (VL).

Respondents' level of partner support

Table 2 presents the respondents' level of partner support across four dimensions: emotional support, practical or instrumental support, informational support, and financial support. The findings indicate that respondents generally experienced a high level of partner support, as reflected in the overall interpretation. All four constructs were rated within the high range, suggesting consistent and meaningful involvement of partners in matters related to reproductive health and decision-making. Among the dimensions, emotional support emerged as the highest-

rated construct. This suggests that partners are perceived as emotionally present, understanding, and reassuring, particularly when respondents are confronted with important health-related decisions. Emotional encouragement, empathy, and open communication appear to play a central role in strengthening respondents' confidence as they consider postpartum BTL. Such support likely contributes to reduced anxiety and greater decisional clarity. Practical or instrumental support was likewise interpreted as high. This indicates that partners actively assist in tangible ways, such as accompanying respondents to health facilities, helping manage household responsibilities, or providing support during medical procedures. This hands-on involvement reflects shared responsibility and may enhance women's access to and utilization of reproductive health services. Informational support also received a high interpretation. Respondents reported that their partners engage in discussions, share knowledge, and participate in conversations about family planning options. Although slightly lower relative to emotional and practical support, the results still suggest that partners are willing to be informed and to contribute meaningfully to decision-making processes. Financial support was similarly rated high, indicating that partners generally help shoulder health-related expenses associated with consultations, procedures, and related needs. The willingness to allocate financial resources demonstrates commitment and practical backing, particularly for decisions involving long-term or permanent contraceptive methods. In totality, the findings reveal that respondents perceive their partners as supportive across emotional, practical, informational, and financial dimensions. The consistently high ratings across constructs underscore the significant role of partner involvement in shaping women's reproductive health decisions, particularly in the context of postpartum BTL. (Table 2).

Table 3: Respondents' level of decision-making on postpartum bilateral tubal ligation.

Constructs	WM	STDEV	I
Knowledge and awareness	3.13	0.6247	G
Perceived benefits and risk	3.04	0.6658	G
Autonomy in decision making	2.89	0.5944	G
Influence of interpersonal and cultural factors	2.49	0.7179	G
Access and availability of services	3.09	0.5773	G
Overall weighted mean	2.93	0.261	G

Legend:3.25-4.00 -Very Good (VG), 1.76 - 2.50 – Poor (P), 2.51-3.25 0 Good (G), 1.00 – 1.75- Very Poor (VP).

Table 4: Significant relationship between respondents' cultural beliefs and their decision-making regarding postpartum bilateral tubal ligation.

Constructs	Knowledge and awareness	Perceived benefits and risk	Autonomy and decision making	Influence of interpersonal and cultural factors	Access and availability of services
Religious and spiritual beliefs	R=0.823	R=0.730	R=0.681	R=0.300	R=0.526
	P=0.00	P=0.00	P=0.00	P=0.00	P=0.00
	Reject HO	Reject HO	Reject HO	Reject HO	Reject HO
	R=0.163	R=0.279	R= 0.142	R=0.644	R=0.194
	P=0.09	P=0.00	P= 0.142	P=0.00	P=0.04
	Accept HO	Reject HO	Accept HO	Reject HO	Reject HO
Perceived social norms	R=0.052	R=0.193	R=0.070	R=0.504	R=0.086
	P=0.593	P=0.04	P=470	P=0.00	P=0.376
	Accept HO	Reject HO	Accept HO	Reject HO	Accept HO
Traditional health beliefs and practices	R=0.076	R=0.098	R=0.032	R=0.451	R=0.028
	P=0.430	P=0.312	P=0.744	P=0.00	P=0.772
	Accept HO	Accept HO	Accept HO	Reject HO	Accept HO

Respondents' level of decision-making on postpartum bilateral tubal ligation

Table 3 presents the respondents' level of decision-making regarding postpartum BTL across five dimensions: knowledge and awareness, perceived benefits and risks, autonomy in decision-making, influence of interpersonal and cultural factors, and access and availability of services. The overall findings indicate a good level of decision-making, suggesting that respondents generally demonstrate adequate capacity to make informed and considered choices regarding

postpartum BTL. Knowledge and awareness were rated at a good level, implying that respondents possess sufficient understanding of BTL as a permanent method of family planning. This suggests familiarity with the nature of the procedure, its purpose, and its long-term implications. Adequate awareness likely reflects exposure to counseling, health education, and information provided by healthcare professionals, which supports informed reproductive choices. Perceived benefits and risks also received a good interpretation. This indicates that respondents are generally capable of weighing the advantages and possible disadvantages associated with the procedure. The ability to evaluate both positive outcomes and potential concerns reflects thoughtful consideration rather than impulsive decision-making, reinforcing the quality of their overall decisional process. Autonomy in decision-making was likewise interpreted as good. Respondents generally perceive themselves as having meaningful participation and personal agency in deciding whether to undergo BTL. While reproductive decisions may involve discussions with partners or family members, the findings suggest that women maintain a substantial degree of control and personal input in the final decision.

Among the five constructs, the influence of interpersonal and cultural factors registered the lowest mean, though it remained within the good range. This suggests that while family opinions, partner perspectives, and broader cultural norms are present in the decision-making environment, they are comparatively less dominant than knowledge, perceived benefits and risks, and access-related factors. Interpersonal and cultural influences appear to shape, but not override, respondents' personal judgments. Lastly, access and availability of services were rated good, indicating that respondents generally perceive family planning services as reachable and obtainable. The ability to access healthcare facilities, counseling, and the procedure itself contributes significantly to informed and timely decision-making. Overall, the findings demonstrate that respondents exhibit a balanced and informed approach to deciding on postpartum BTL, characterized by adequate knowledge, perceived autonomy, and practical access to services. (Table 3)

Table 5: Significant relationship between respondents' partner support and their decision- making regarding postpartum bilateral tubal ligation.

Constructs	Knowledge and awareness	Perceived benefits and risk	Autonomy and decision making	Influence of interpersonal and cultural factors	Access and availability of services
Emotional support	R=0.421	R=0.539	R=0.511	R=0.370	R=0.310
	P=0.00	P=0.00	P=0.00	P=0.00	P=0.00
	Reject HO	Reject HO	Reject HO	Reject HO	Reject HO
	R=0.481	R=0.473	R=0.308	R=0.382	R=0.277
	P=0.00	P=0.00	P=0.00	P=0.00	P=0.00
	Reject HO	Reject HO	Reject HO	Reject HO	Reject HO
Informational support	R=0.481	R=0.504	R=0.361	R=0.342	R=0.300
	P=0.00	P=0.00	P=0.00	P=0.00	P=0.00
	Reject HO	Reject HO	Reject HO	Reject HO	Reject HO
Financial support	R=0.367	R=0.427	R=0.301	R=0.407	R=0.236
	P=0.00	P=0.00	P=0.00	P=0.00	P=0.00
	Reject HO	Reject HO	Reject HO	Reject HO	Reject HO

Significant relationship between respondents' cultural beliefs and their decision-making regarding postpartum bilateral tubal ligation

Table 4 presents the relationship between respondents' cultural beliefs and their decision-making regarding postpartum BTL across five dimensions: knowledge and awareness, perceived benefits and risks, autonomy in decision-making, influence of interpersonal and cultural factors, and access and availability of services. The results partially reject the null hypothesis, indicating that selected cultural belief constructs are significantly associated with specific aspects of decision-making. Religious and spiritual beliefs demonstrated significant relationships with all five dimensions of decision-making. The associations were particularly strong with knowledge and awareness, perceived benefits and risks, and autonomy in decision-making. Significant relationships were also observed with influence of interpersonal and cultural factors and with access and availability of services. These findings indicate that religious and spiritual convictions substantially shape how respondents understand the procedure, evaluate its advantages and disadvantages, exercise personal agency, and navigate service utilization.

Family and kinship expectations showed significant relationships with perceived benefits and risks, influence of interpersonal and cultural factors, and access and availability of services. However, no significant relationships were found with knowledge and awareness or autonomy in decision-making. This pattern suggests that while family expectations may influence how respondents weigh the advantages and disadvantages of BTL and their engagement with services, they do not significantly affect their level of understanding or personal sense of decision-making control. Perceived social norms were significantly related to perceived benefits and risks and to the influence of interpersonal and cultural factors. No significant relationships were found with knowledge and awareness, autonomy in decision-making, or access and availability of services. These findings imply that broader community expectations may shape how respondents interpret potential outcomes and interpersonal influences, but they do not substantially affect individual knowledge, autonomy, or service access.

Traditional health beliefs and practices showed a significant relationship only with the influence of interpersonal and cultural factors. No significant associations were found with knowledge and awareness, perceived benefits and risks, autonomy in decision-making, or access and availability of services. This indicates that traditional beliefs primarily operate within the relational and social context of decision-making rather than directly influencing cognitive understanding, personal autonomy, or structural access to services.

Overall, the results demonstrate that among the cultural constructs examined, religious and spiritual beliefs exhibit the most consistent and comprehensive association with decision-making regarding postpartum BTL. Other cultural dimensions show selective relationships, primarily influencing interpersonal and evaluative aspects of the decision-making process. These findings highlight the differential roles of various cultural beliefs in shaping women's reproductive health decisions. (Table 4)

Significant relationship between respondents' partner support and their decision-making regarding postpartum bilateral tubal ligation

Table 5 presents the relationship between respondents' partner support and their decision-making regarding postpartum BTL. The findings reveal that all constructs of partner support namely: emotional, practical or instrumental, informational and financial are significantly associated with all five dimensions of decision-making: knowledge and awareness, perceived benefits and risks, autonomy in decision-making, influence of interpersonal and cultural factors, and access and availability of services. All correlations were statistically significant, leading to the rejection of the null hypothesis across all constructs. These results indicate that partner support is a key determinant in women's decision-making regarding postpartum BTL.

Emotional support demonstrated significant positive relationships with all dimensions of decision-making. The associations were particularly notable with perceived benefits and risks and autonomy in decision-making, followed by knowledge and awareness. Significant relationships were also observed with influence of interpersonal and cultural factors and access to services. These findings suggest that women who experience emotional reassurance, empathy, and encouragement from their partners are more likely to be informed, confident, and capable of evaluating contraceptive options while maintaining a sense of personal agency.

Practical or instrumental support was likewise significantly related to all decision-making dimensions. This indicates that tangible assistance such as accompanying respondents to health facilities or helping manage responsibilities contributes to improved knowledge, stronger autonomy, and better engagement with services. The consistent associations across constructs suggest that logistical and hands-on support plays an enabling role in translating intentions into informed and feasible reproductive health decisions.

Informational support also showed significant positive relationships with all aspects of decision-making. The findings imply that when partners actively engage in discussions, share information, and participate in understanding family planning options, respondents demonstrate stronger knowledge, more balanced evaluation of benefits and risks, enhanced autonomy, and greater access to services. Information-sharing within the partnership appears to reinforce understanding and confidence in selecting postpartum BTL.

Financial support demonstrated significant associations with all five decision-making dimensions as well. This suggests that economic assistance reduces structural barriers, facilitates access to consultations and procedures, and supports women in making timely and realistic reproductive health choices. The availability of financial resources appears to strengthen both practical access and decisional confidence.

Overall, the findings consistently show that partner support—across emotional, practical, informational, and financial domains—is significantly linked to improved decision-making regarding postpartum BTL. The comprehensive pattern of significant relationships underscores the central role of supportive partner involvement in fostering informed, autonomous, and accessible reproductive health decisions. (Table 5)

DISCUSSION

This study examined the influence of cultural beliefs and partner support on postpartum BTL decision-making

among multiparous mothers in selected public hospitals of Zamboanga del Norte. The findings demonstrate that religious and spiritual beliefs and multidimensional partner support significantly shape women's knowledge, perceived benefits and risks, autonomy, interpersonal influences, and access to services. These results reinforce the premise established in the introduction that postpartum BTL decisions are embedded within sociocultural and relational contexts rather than determined solely by clinical eligibility or service availability.[5,6] Religious and spiritual beliefs emerged as the most consistent cultural predictor across all decision-making domains. This finding aligns with prior evidence that sociocultural norms and religious teachings significantly influence contraceptive acceptance in Southeast Asia and other low-resource settings.[5,12,13] In the Philippine context, where Catholic moral frameworks remain influential, reproductive decisions are frequently interpreted through spiritual and doctrinal lenses.[7,8] Thus, women's evaluation of BTL is not purely biomedical but morally situated.

The strong association between religious beliefs and knowledge, perceived risks and benefits, and autonomy suggests that faith may either reinforce or challenge women's decisional confidence. This is consistent with research showing that religious narratives can shape perceived moral acceptability of sterilization and influence whether women interpret BTL as responsible parenthood or as religious transgression.[8,9] Importantly, the findings indicate that religious beliefs do not merely act as barriers; rather, they function as cognitive frameworks through which women process information and negotiate meaning.

Family and kinship expectations were significantly related to perceived benefits, interpersonal influences, and access, but not to knowledge or autonomy. This supports literature indicating that Filipino reproductive decisions are negotiated within family systems, yet women may still retain internal decisional agency.[7,14] Community norms and family elders often contribute to shaping perceived acceptability, but improved access to health education may reduce their direct control over final decisions.[12,13]

Traditional health beliefs were primarily associated with interpersonal and cultural influence rather than structural access or autonomy. This pattern suggests that while myths and traditional postpartum practices persist, access to formal healthcare and counseling may mitigate their direct impact on knowledge and service utilization.[6] However, these beliefs continue to shape social discourse around sterilization, reinforcing the importance of culturally responsive health education.

These findings are best understood through Leininger's Culture Care Diversity and Universality Theory, which emphasizes that culturally congruent nursing care enhances health outcomes. Religious and traditional beliefs constitute deeply embedded cultural values that must be acknowledged rather than dismissed. When nurses recognize patients' cultural worldviews, they can provide care that preserves beneficial beliefs while restructuring harmful misconceptions.

Additionally, Pender's Health Promotion Model (HPM) provides a strong theoretical explanation. According to HPM, personal factors including sociocultural values influence perceived benefits, barriers, and self-efficacy, which in turn determine health-promoting behavior. In this study, religious beliefs significantly influenced perceived benefits and risks as well as autonomy, suggesting that cultural values shape both cognitive appraisal and confidence in action. Thus, postpartum BTL decisions reflect interaction between internal belief systems and external counseling inputs.

All four dimensions of partner support, emotional, practical, informational and financial, were significantly associated with all decision-making constructs. These findings strongly corroborate prior evidence that husbands' approval, communication, and involvement significantly influence women's contraceptive adoption in the Philippines and comparable contexts.[15-17]

Emotional support demonstrated particularly strong associations with perceived benefits and autonomy. Women who experienced reassurance and empathy from their partners appeared more confident in evaluating BTL and asserting their decisions. This aligns with studies demonstrating that supportive partner relationships enhance reproductive self-efficacy and satisfaction with contraceptive choices.[18-20] Emotional reassurance reduces anxiety surrounding permanent procedures and promotes decisional certainty.

Practical or instrumental support was also significantly related to knowledge, autonomy and access. Logistical assistance such as accompanying women to facilities or sharing household tasks reduces barriers to service utilization. This finding supports evidence that male involvement in maternal and reproductive health programs increases contraceptive uptake and continuation.[17] Postpartum sterilization is time-sensitive; therefore, practical support can be decisive in ensuring timely fulfillment of requests.

Informational support showed consistent positive associations across all dimensions. Spousal communication enhances understanding of family planning options and reinforces information provided by healthcare professionals.[15,16] Shared decision-making reduces decisional conflict and aligns fertility goals within the couple.[20] The present findings confirm that information exchange within intimate partnerships strengthens informed consent processes.

Financial support was significantly associated with access and all other decision-making domains. Even when

services are subsidized under national policy, indirect costs such as transportation or lost wages can affect feasibility.[9] Socioeconomic studies demonstrate that lower income and rural residence remain predictors of reduced permanent contraceptive use.[21] Thus, economic backing from partners may reduce structural barriers and enhance women's ability to act on their reproductive intentions. These findings align closely with Bandura's Social Cognitive Theory, which posits those environmental influences shape behavior through reciprocal interaction with personal factors. Partner support represents a critical environmental facilitator that enhances outcome expectations and self-efficacy. When women perceive strong relational backing, they are more likely to translate knowledge into action.

Moreover, Orem's Self-Care Deficit Nursing Theory offers additional insight. Orem conceptualizes self-care agency as the individual's ability to engage in behaviors that maintain health. Partner support enhances women's capacity to perform reproductive self-care by strengthening cognitive understanding, emotional readiness, and resource availability. Thus, BTL decision-making may be viewed as a self-care action supported by interpersonal systems.

The combined influence of cultural beliefs and partner support underscores that postpartum BTL decisions occur at the intersection of faith, family dynamics, gender relations, and health-system structures. While clinical guidance emphasizes the safety and cost-effectiveness of postpartum sterilization uptake depends on alignment with personal values and relational support.[1-3]

Religious beliefs appear to shape internal meaning-making processes, while partner support provides relational and structural reinforcement. Cultural beliefs primarily influence cognitive appraisal and moral interpretation, whereas partner support exerts a comprehensive influence across knowledge, autonomy, and access. Together, these factors illustrate that reproductive autonomy is relationally constructed rather than individually isolated.

The findings have significant implications for nursing practice. Nurses may integrate discussions that respectfully address religious and moral concerns. Clarifying misconceptions while honoring spiritual perspectives aligns with culturally congruent care principles. Given the universal significance of partner support, postpartum family planning programs may actively encourage male participation. Structured couple counseling can enhance shared understanding and reduce decisional conflict.[17-20] Nurses may also routinely assess emotional, practical, and financial support during postpartum consultations. Identifying deficits enables timely referral to social or community resources. Early counseling during antenatal care improves readiness for immediate postpartum decisions.[22,23] Nurses may initiate conversations about permanent methods before delivery.

CONCLUSION

This study confirms that postpartum BTL decision-making among multiparous Filipino women is significantly shaped by religious beliefs and multidimensional partner support. Cultural values frame moral interpretation, while partner involvement enhances knowledge, confidence, and service access. Nursing practice must therefore move beyond purely clinical counseling to embrace culturally sensitive and partner-inclusive approaches. Such strategies are essential for promoting informed, value-concordant, and equitable reproductive health decisions in postpartum care.

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REFERENCES

1. American College of Obstetricians and Gynecologists. Access to postpartum sterilization. Obstet Gynecol. 2021;137(6):e169-76.
2. Thurman AR, Janecek T. One-year follow-up of postpartum sterilization requests. Obstet Gynecol. 2020;135(5):1071-7.
3. Rodriguez MI, Dissanayake M, Swartz JJ, Funkhouser S, Baldwin MK. Cost-effectiveness of immediate postpartum tubal ligation. Contraception. 2020;101(4):223-9.
4. WHO. Birth spacing and maternal outcomes. WHO Reproductive Health Review. 2022. Available at: https://www.who.int/publications/i/item/9789240045989. Accessed on 03 February 2026.
5. Sedgh G, Ashford LS, Hussain R. Reasons for contraceptive nonuse among women having unmet need for contraception in developing countries. Stud Fam Plann. 2014;45(2):151-69.
6. Ameyaw EK. Myths and misconceptions about contraception in LMICs. BMC Public Health 2021;21:1444.
7. Cruz GT. Fertility norms and reproductive decision-making in the Philippines. Philipp Popul Rev 2021;20(1):1–15.
8. Flores AP, Mendoza RS. Religion and permanent contraception attitudes in the Philippines. Asian J Soc Sci. 2022;50(3):345-60.
9. Lagman MA. Institutional barriers to reproductive health services in faith-based hospitals. Health Policy Plan. 2021;36(9):1435-42.

10. Philippine Statistics Authority. Fertility and poverty indicators. 2023. Available at: https://psa.gov.ph/. Accessed on 03 February 2026.
11. Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Family planning and health outcomes. Lancet. 2020;395(10235):1817-25.
12. Budu E, Okyere J, Osei MD, Seidu AA, Ahinkorah BO. Sociocultural determinants of contraceptive uptake in Southeast Asia. Reprod Health. 2021;18:87.
13. Yahya AN, Bintube SAK, Ibrahim AJ, Bello MSA, Ali AMS, Usman AMA, et al. Sociocultural barriers to contraception: a systematic review. BMJ Glob Health. 2022;7(3):e008552.
14. Cabral EI, Perez AE. Gender power dynamics in Filipino households. J Gender Stud. 2020;29(6):655-67.
15. Yahya AN, Bintube SAK, Ibrahim AJ, Bello MSA, Ali AMS, Usman AMA, et al. Spousal communication and contraceptive use. BMC Public Health. 2021;21:100.
16. Shattuck D. Partner involvement and modern contraceptive use. Stud Fam Plann. 2020;51(2):163–81.
17. Tokhi M. Male involvement in maternal health: a systematic review. Reprod Health 2021;18:63.
18. Silverman JG. Intimate partner support and reproductive autonomy. Contraception 2022;110:15–21.
19. Darteh EKM. Partner support and contraceptive uptake. PLoS One 2021;16(7):e0254335.
20. Dehlendorf C. Shared decision-making in contraceptive counseling. Am J Obstet Gynecol 2020;222(4):S878–S885.
21. Kantorová V. Socioeconomic determinants of contraceptive use. BMJ Glob Health 2020;5(3):e002126.
22. High Impact Practices in Family Planning. Postpartum family planning counseling brief. 2021. Available at: https://www.fphighimpactpractices.org/briefs/immediate-postpartum-family-planning/?. Accessed on 03 February 2026.
23. Garbers S. Decision aids for tubal sterilization counseling. Patient Educ Couns 2022;105(5):1234–41.
24. Arora KS. Denied postpartum sterilization and subsequent pregnancy risk. Obstet Gynecol 2020;135(3):573–79.

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