

THE IMPACT OF DEMOGRAPHY AND PERCEPTION ON MALE CONTRACEPTIVE USE IN INDONESIA

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Abstract

Background: Increasing men's empowerment in family planning and reproductive health is needed, One of the ways is understanding of factors encourage husbands to a family planning acceptor. This study aims to determine the relationship between knowledge, education and husband's perceptions of family planning with the participation of husbands as family planning acceptors in Indonesia.

Methods: A cross sectional study design was applied in this study using the 2017 IDHS basic data with 3,751 respondents. Qualitative study on 20 husband with indepth interview also was done to explore their perception about contraception. The study used univariable and bivariable analysis with Chi-square test.

Results: The results showed that husband's knowledge, education and perceptions about family planning had a significant relationship with each p-value = 0,000 smaller than $\alpha = 0.05$. Most of husbands argued that men should not be involved in family planning because it is related to culture and fear of side effects.

Conclusion: The low percentage of husband's participation in family planning shows that husband should be encouraged to participate into family planning program.

Keywords: *Husband, Participation, Family Planning, Acceptor*



INTRODUCTION

Indonesian population based on 2015 census data, amounting to 237.6 million people and if without significant control or remain with population growth of 1.49 percent per year, then that number will continue to grow. From the rapid increase in population, the government realizes the importance of a quality population as the main capital in accelerating development which will ultimately realize the welfare of the community. The government carries out various Human Resources development programs, one of which is the implementation of the Family Planning program. Macro, Family Planning functions to control births, while in the micro perspective it aims to help families and individuals in realizing reproductive rights, service delivery, arrangements, and support to form a family with an ideal marriage age, regulating the number, distance and age the ideal of giving birth to children, and the regulation of pregnancy and the fostering of family welfare resilience (4,5).

The Family Planning program continues to rotate dynamically. In its journey, the family planning program has significantly changed since 1994. This adjustment is in line with recommendations from the 1994 International Conference on Population and Development (ICPD) in Cairo and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), currently Indonesia has begun to implement development oriented to justice and gender equality in the Family Planning and Reproductive Health (KR) program. Men's participation in family planning is a manifestation of gender equality. Gender inequality in family planning and reproductive health is very influential on the success of family planning programs. Most people and providers and policy makers still consider that the use of contraception is a woman's business (3).

When compared with female acceptors the number of male acceptors is still relatively small. According to the results of

the Indonesia Demographic and Health Survey (SDKI) in 2012 the number of pill acceptors was 13.6 percent, IUD 3.9 percent, injections 31.9 percent, implants 3.3 percent and women's medical operations (MOW) by 3.2 percent, while in men namely 1.8 percent condom contraceptive acceptors, and vasectomy only 0.2 percent.

Men's participation in family planning programs based on the 2012 IDHS results only rose 0.2 percent per year. Seen from the increasing number of male participation in 1991, 0.8 percent (IDHS 1991). In 2003 it was 1.3 percent (2002-2003 IDHS), while in 2007 it was 1.5 percent (2007 IDHS). Based on the 2010-2014 RPJMN, in increasing the participation of male family planning, it is expected that in 2010 there will be 3.6 percent in 2011 by 4 percent, in 2012 by 4.3 percent, in 2016 by 4.6 percent, and in 2017 by 5 percent. However, if you look at the results of the 2012 IDHS, only 2 percent of male birth control are composed of condoms (1.8 percent) and vasectomy (0.2 percent), which means that the RPJMN target is not achieved.

Based on the background above, the objective of this study is to identify the relationship between demography and perception of husbandon participation in accepting family planning in Indonesia.

METHOD

This study used a cross sectional research design with a quantitative approach to secondary baseline data from the Indonesia Demographic and Health Survey (IDHS) in 2017. The data selection process in this study was carried out in three stages, first selecting male data by excluding female respondents by 8,225 respondents. The second phase, removing male respondents with living with partner status of 46 respondents. Finally, issuing the type of contraception used by women amounted to 5,085 respondents, resulting in a research sample of 4,175 respondents. 424 out of 4,175 were missing data, so the final number analyzed was 3,751 married male

respondents. The study used univariable and bivariable analysis with Chi-square tests, with a significance level of $\alpha = 0.05$.

The dependent variable uses participation in using contraception with the use and not use categories. The independent variable is demographics using education

RESULT

and knowledge with enough and less categories while the perception variable with negative and positive categories.

Qualitative study with interview method was conducted on 20 husbands / couples in Sulawesi and West Sumatra to explore perceptions related to contraception.

Table 1. Distribution of Respondents Based on Participation Becoming a Family Planning Acceptor (N = 3751)

	Frequency(n)	Percentage (%)
Acceptor		
No	3301	88
Yes	450	12
Knowledge		
Less	136	3,6
Good	3615	96,4
Education		
Low	1879	50
High	1872	49,9
Perception		
Negative	1361	36,3
Positive	2390	63,7

Respondents who did not participate were more dominant than participating respondents at 12.0 percent and most respondents had good knowledge about contraceptive methods with a percentage of 96.4 percent, greater than 3.6 percent of respondents with less knowledge. While education, it appears that respondents with lower education are slightly more above respondents with higher education, with a difference of only 0.2 percent and the table also shows respondents who have a positive perception of family planning (KB) the percentage is higher (63.7 percent) compared to respondents who had negative perceptions (36.3 percent).

Table 2. Cross tabulation of demography and perception on participating in family planning

	Participating				Total	P value
	No		Yes			
	n	%	n	%		
Knowledge						
Less	133	97,8	3	2,2	136	0,000
Good	3168	87,6	1127	12,4	3615	
Education						
Low	1747	93	132	7	1879	0,000
High	1554	83	318	17	1872	
Perception						
Negative	1268	93,2	93	6,8	1361	0,000
Positive	2033	85,1	357	14,9	2390	

The results of the analysis of the relationship between knowledge and participation into family planning acceptors obtained that the lack of knowledge of the husband, the tendency to not participate as family planning acceptors will be higher (97.8 percent compared to 87.6 percent) and vice versa the better the knowledge the higher participation for became a family planning acceptor (12.4 percent compared to 2.2 percent). Statistical test results obtained $p = 0,000$, so it can be concluded that there is a significant relationship between knowledge and participation in family planning acceptors. The results of the analysis of the relationship between education and participation into family planning acceptors showed that respondents with low education had a tendency to not participate in family planning acceptors compared to respondents with high education (93.0 percent > 83.0 percent) and vice versa. The statistical test results obtained $p = 0,000$, it can be concluded that there is a significant relationship between education and participation in becoming a family planning acceptor. The results of the analysis of the relationship between husband's perceptions about family planning and participation into family planning acceptors showed that respondents who had negative perceptions about family planning had a tendency to not participate as family planning acceptors compared to respondents who had positive perceptions (93.2 percent > 85.1 percent) and vice versa that respondents who have positive perceptions about family planning have a tendency to participate in family planning acceptors (14.9 percent > 6.8 percent). The statistical test results obtained p value = 0,000, it can be concluded that there is a significant relationship between the perception of the husband about family planning and participation in becoming a family planning acceptor.

**Perception on contraceptive use
 Contraception as a taboo subject**

Dominant in men in both regions considers that the discussion related to the number of children is a matter that must be discussed but it is different in the case of contraception that most men consider that it is a matter for women. This is illustrated by the following:

“all about the affairs of children, childbirth and pregnancy are the responsibility of my wife. contraception is taboo for me” (Men participant, 40)

Misconceptions and fears about modern contraceptives

The indepth interview revealed that some people had resorted to using traditional and cultural practices because of the fear of

perceived side-effects of modern contraceptives. Commonly held myths, fears and misconceptions were associated with prolonged bleeding, the birth of abnormal children and tumors in the womb. It was believed that those who used modern methods became infertile, as the methods were perceived to destroy ova, delay return to fertility, and cause cancer and bodily pains. Men feared that women using modern contraceptives would undergo unhealthy weight gain or loss. Based on wife's experience, husband is also afraid to use contraception..

"..I do not agree that my wife uses modern contraception because of side effects such as weight gain, long bleeding that interferes with sexual activity..and so do i" (men participant, 35)

Forbidden Culture

The society has the belief that the position of the wife is under the husband, makatidakseharusnyakontrasepsidig unakanolehsuamikarenasegalaurusanreprodu ksimerupakantangungjawabistri.

"...in tradition, men do have to be above their wives. This is supported by the grip of religion and culture. Then all decisions in the household should be the husband who decides.." (men participant, 45)

DISCUSSION

Based on the results of the study note that there are still many husbands who do not participate in family planning, of the total 3,751 respondents there are only 450 respondents or 12.0 percent of respondents who participated became family planning acceptors.

The low practice of family planning among men is partly due to family planning policies in Indonesia which are still focused on achieving the target of female FP participants(5). Women remain the main target of family planning program socialization in the hope that the wife will

communicate and negotiate the use of contraceptives to her husband. This shows that the promotion of family planning in men is still not optimal(4,7).

According to the results of a study conducted by the BKKBN research team, many factors cause low male participation in family planning seen from various aspects, namely from the side of the male client himself (knowledge, attitudes, and desired relationship practices), environmental factors (socio-cultural in the community, and families, especially wives, limited information and accessibility to male family planning services, and limited types of male contraception while perceptions in the community are still less favorable).The husband's high knowledge about family planning in this study had a greater percentage than the low knowledgeable one, so that it was expected to be able to boost the participation rate of family planning acceptors there is also a significant relationship between husband's knowledge about family planning with participation in family planning acceptors.

These results are also in line with previous research, that there is a significant relationship between knowledge level and male participation in family planning. Percentage of respondent's knowledge level on male participation in family planning is that for non-family planning men have the smallest proportion with good category in the level of knowledge of male participation in family planning that is only 36.4 percent, while for men having family planning has the largest proportion with good category for the level of knowledge of male participation in family planning is 63.6 percent(1,7,8,12).

Higher education is also expected to boost enrollment rates as family planning acceptors. It can be concluded that there is a significant relationship between education and participation in becoming a family planning acceptor(15).

Several studies use the variable number of school years to represent human capital. The longer a person experiences

education, the ability to process ideas or utilize technology is seen to be higher as well(13,14). There is also suggested that education is one of the factors that can influence knowledge and attitudes about contraceptive methods (12,10). Highly educated people will respond more rationally than those who are poorly educated, more creative and more open to renewal efforts. He is also more adaptable to social changes(9,11).

One's perception of family planning also influences participation into family planning acceptors, in the bivariate results in this study that respondents who positively perceive family planning have a tendency to participate in family planning acceptors compared to respondents who have negative perceptions. The results of this study are also in line with another study, which stated that one of the reasons why male contraception did not develop in the community, was mainly due to the man / husband himself, where the husband's desire or awareness to use contraception was still low(6,15).

Vasra also found a meaningful relationship between respondents who were positive about family planning and participation in family planning programs. From the results of his research it was found that the proportion of respondents with a positive attitude and participation in the Family Planning program was more dominant than negative one(15).

This study found that many participants perceived men to be obstacles for women's utilization of family planning, and largely uninvolved despite the fact that men are often responsible for decisions which affect the household. This was attributed to men's reluctance to support use of modern contraceptive methods for their spouses or themselves based on fears of harmful side effects and spousal infidelity, as well as preferences for large-sized families. Institutional and social norms which define reproductive health as a "woman's issue" and the limited choice of available male

contraceptives were also cited as reasons for men's lack of involvement (10,13).

CONCLUSION

The first suggestion is need for knowledge and awareness about the participation of husbands as family planning acceptors. Secondly Health Service Agencies can improve health services to implement of family planning program for men, especially in health care facilities that are still inadequate. finally counseling about the importance of being a family planning acceptor should be improved.

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