

The husband's participation become acceptor in family planning at primary health care Lubuk Buaya's working area in 2023

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Abstract

The role of the population is as both subject and object of development. In 2022, Indonesia's Human Developmental Index (HDI) was 130th out of 199 countries. The high population and Indonesia's low HDI ranking in the world make the family planning program has been continued to deal with it. The high use of contraceptives among women show the assumption that women are responsible for their reproduction, even though reproduction is a fundamental thing that must be understood and the responsibility of husband and wife. The aim of this research was to obtain in-depth information regarding the factors behind the husband's participation in becoming a family planning acceptor at Primary Health Care Lubuk Buaya's working area in 2023. The design of this research was qualitative research with a phenomenological approach. This research was conducted in the Lubuk Buaya Community Health Center work area from November 2022 to December 2023. The sampling technique in this research was carried out using purposive and snowball sampling techniques. The main informant in this research was the husband. The technique of data collection used such as indepth interviews, onservation and documentation studies. The technique of data analysis were data reduction, categorization, synthesis and developed working hypotheses. The results of this research showed that there were several categories related to the focus of the research, such as perceptions regarding the use of family planning, attitudes towards using family planning, socialization of male family planning, husband's knowledge about male family planning, and comfort in using male family planning.

Keywords: Acceptor; Husband's Participation; Family Plannig Program; Perceptions; Attitudes; Socialization

1. Introduction

According to the World Population Data Sheet, the world's population was 7.8 million in 2021¹, and increased to 7.96 million in 2022². Indonesia is a country in Southeast Asia with a large population. In 2022, Indonesia's population was estimated to be 275,1 million people. By 2022, that number had increased to 275,5 million people².

The Human Development Index (HDI) for 2021 noted that Indonesia's IPM was 72.29%, then increased to 72.91% in 2022. The Human Development Index is an important indicator for measuring success in efforts to build the quality of human life. The IPM criterion consists of four divisions, namely IPM >80 (very high category), IPM 70-79 (high category), and IPM 55-69 (medium category), as well as IPM <55 (low category). The higher the IPM of a country/region, the better the achievement of human development³.

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In 2021, IPM Indonesia was ranked 107th out of 189 countries in the world⁴. This ranking has changed in 2022, where, according to the report of the Head of the National Family Planning Coordination Agency (BKKBN), Indonesia is ranked 130th of 199 countries. With the high population and still low IPM rankings of Indonesia in the world, it continues to manage efforts such as the Family Planning Program⁵.

The results of some studies show that there have been many found side effects associated with the use of Contraception in particular hormonal Contraception in women and also factors related to the participation of husbands in contraceptive use, but there has not been a significant change in the husband's participation in using contraception as acceptors, this is characterized by still less use of condoms and also vasectomy. Based on the description of the phenomenon, the researchers are interested to conduct research qualitatively about the husband participation becomes family planning acceptors, so by conducting this research, it is expected to find other factors that impede the male participation into family planning acceptors.

2. Material and methods

This research is qualitative research with a phenomenological approach. The research was carried out from November 2022 to December 2023, the data collection was stopped when the data collected was saturated, in the work area of Lubuk Buaya Primary Health Care. The informants in this study are the husbands in the work area of Lubuk Buaya Primary Health Care. The technique of collecting informants in this research will be started using purposive sampling and continued with snowball Sampling.

3. Results and discussion

Table 1 Characteristic of in-depth interview informants

No.	Informan Cose	Gender	Work	Age (year)	Education
1.	IF1	Female	Housewife	56	Senior High School
2.	IF2	Male	Self-employed	42	Senior High School
3.	IF3	Female	Housewife	37	Junior High School
4.	IF4	Male	Self-employed	46	Senior High School
5.	IF5	Female	Housewife	48	Junior High School
6.	IF6	Male	Freelancing	50	Junior High School
7.	IF7	Female	Housewife	50	Senior High School
8.	IF8	Male	Freelancing	34	Senior High School
9.	IF9	Female	Housewife	32	Senior High School
10.	IF10	Female	Housewife	53	Senior High School
11.	IF11	Male	Self-employed	36	Senior High School
12.	IF12	Female	Housewife	35	Senior High School
13.	IF13	Male	Self-employed	46	Junior High School
14.	IF14	Male	Freelancing	32	Senior High School
15.	IF15	Male	Self-employed	43	Vocational High School
16.	IF16	Female	Teaceher	37	Bachelor
17.	IF17	Female	Housewife	28	Bachelor
18.	IF18	Female	Housewife	45	Senior High School
19.	IF19	Female	Midwive	27	Diploma
20.	IF20	Female	Midwive	51	Bachelor

3.1. Perceptions about the use of contraception in husbands

Regarding the perception of the use of contraception on husbands, various statements have been obtained about this, among them family planning is a female affair, condoms are not contraception but security in relationships, there is a ban on limiting the number of children in Islamic teachings, talk about contraceptives is a sensitive and taboo thing, condom is used for negative acts, should not be sterile on men, there are no bad views in the case of use of a condom, the condom has no function as contraception, and family planning is Jewish program.

Perception is an interpretation of reality, and everyone sees reality from a different perspective. Perception can be seen as a process of choosing, organizing, and interpreting information to produce a meaningful picture⁶. A study by Storck, Gawron, Sanders, Wiaderny, and Turok entitled "I just had to pay the money and be supportive: A qualitative exploration of the male-partner role in contraceptive decision-making in Salt Lake City, Utah family planning clinics" concluded that the use of contraceptives was a female responsibility, because women would be pregnant and bear all the risks, so it was women who should use contraception⁷.

3.2. Attitude to the using contraception on husbands

Some of the attitudes found during the interview are that the husband doesn't want to use contraceptives, it's not a problem to use contraceptive because it does not violate the norms and interfere with others, the husband does not talk about the problem of contraception with other people or male doctors, the man does not want to know about contraception. The reason the informant put forward is because he wants to have a lot of children, fears of hormonal disruption when using vasectomy, the husband is not worried about the side effects felt by the wife as long as it is not ill-healthy, husband is afraid of the inconsistency between lubricants and condoms, husband does not want to limit the number of children because women have menopause, most contraception users are women, and husband is uncomfortable using condoms. While the type of attitude found in informants is shyness when talking about condoms, husbands are ashamed to buy condoms as well, and men who do not want to use contraceptives will have interrupted coitus during sexual intercourse.

Attitude is a person's closed response to a particular stimulus or object involving the opinion and emotional factors involved. The attitude also does not necessarily come into being in action because to realize the action requires other factors namely the presence of facilities or means and objectives⁸.

The results of research conducted by Marwidah, Fajriani and Iskandar on Description of factors affecting KB acceptors in selecting condom contraceptions explained the negative attitude of husbands to the use of condom. The results of the interview explained that only wives can use contraceptives and they say they are not satisfied with having sex when using a condom, this shows the selfish nature of a husband who only thinks of himself, plus the husbands who say that the wives never offer to use contraception, so the husband feels fine if the wife has to use contraception⁹.

3.3. Socialization of men contraception in society



Figure 1 Interviews with informants (husbands)

The results of interviews in the field found that there was no socialization done by the health care provider to the community regarding the type of male contraception, while one of the informants said that her husband had already

obtained socialization about male contraception at his place of work. Other results found were the existence of training cadres to socialize contraception, socialization carried out by the cadres when performing the assignment of the family planning acceptor, the socialization performed was a free family planning service, and Long-acting reversible contraception.

Socialization is something that is very necessary, because with good and optimal socialization then people will know what information they want to convey. Information exposure plays a crucial role in changing the view of gender roles in the determination of participation¹⁰. The limited socialization and promotion of men and the restricted access to services also make the chances of men in accessing information about reproductive health and family planning was very low¹¹.

3.4. The husband's knowledge of the men contraception

From the results of the interviews obtained that some husbands have already known about the contraception of men and some who have not known the existence of the contraception for men. Some Husbands also know about the type of contraception of males such as condoms and vasectomy. Knowledge is the result of knowing, and it occurs after a person engages in an object, where this knowledge is predominantly formed by the senses of vision, and the sense of hearing¹². A person's knowledge can be influenced by several factors, such as education, experience, mass media exposure, economics, and even social relationships¹³.

The husband's knowledge of the type of contraception and also the side effects that the wife felt, did not directly make the husband want to be a family planning acceptor, based on findings in the field, it is known that the husband refuses to use Ccontraception also for reasons of comfort when having to use a condom during sexual intercourse, and also there is a perception that contraception is a wife's business.

3.5. the convenience of using men contraceptives

Several men's comfort problems were found, such as lack of comfort when using condoms, lack of satisfaction, use of condoms that are fairly rigid, and inconsistencies in the lubricants on condoms. There is an assumption that the use of a condom reduces sexual excitement, which is not true, because in fact what happens is that one or both husbands feel that the object is a barrier between the two. So the use of condoms basically won't reduce sex drive as long as both partners can eliminate the feeling that their relationship has been blocked by a pair of condoms¹⁴. This is in line with the findings in the field when interviewing one of the informants found a perception that the convenience of using contraceptives depends on the thinking of the couple.

4. Conclusion

From the results of this study can be concluded there are several categories related to the focus of the research, among them are found diverse perceptions regarding the use of CB in husbands, attitude of rejection and shame in husband when to talk about contraceptives, lack of socialization of CB carried out health care about the contraceptive for husband, knowledge of husband about male contraception and some uncertainty of husband when to use contraception.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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