

Motivation Variables to Use Contraceptive among Male in Yogyakarta

Variabel Motivasi dalam Menggunakan Kontrasepsi pada Pria di Yogyakarta

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Abstract

Family Planning program is one of very important national development programs in order to embody wealthy Indonesian families. Role of such program has a big influence to a person's reproductive health, both reproductive health of woman and man. This study aimed to determine factors related to reproductive men's motivations for contraceptive use in Bumijo Village, Jetis District, Yogyakarta City. This study was conducted in Bumijo Village, Jetis Subdistrict, Yogyakarta. Subjects were 161 men in reproductive age older than 30 years old and had two children or more. This study was quantitative with logistic regression analysis. Results of study showed relation between knowledge and motivation (p value = 0.368), sociocultural and motivation (p value = 0.147), education and motivation (p value = 0.968), information and motivation (p value = 0.296), wife's support and motivation (p value = 0.001). There was no relation between knowledge, education, information source, social and culture with motivation. There was a relation between wife's support and motivation.

Keywords: Education, information source, knowledge, social and culture, wife's support

Abstrak

Program Keluarga Berencana (KB) merupakan salah satu program pembangunan nasional yang sangat penting dalam rangka mewujudkan keluarga Indonesia yang sejahtera. Peran program KB sangat besar pengaruhnya terhadap kesehatan reproduksi seseorang, baik untuk kesehatan reproduksi perempuan maupun kesehatan reproduksi laki-laki. Penelitian ini bertujuan untuk mengetahui faktor-faktor yang berhubungan dengan motivasi laki-laki pasangan usia subur dalam menggunakan kontrasepsi di Desa Bumijo, Kecamatan Jetis, Kota Yogyakarta. Jenis penelitian ini bersifat kuantitatif dengan analisis regresi logistik. Hasil penelitian menunjukkan hubungan pengetahuan dengan motivasi yaitu nilai $p = 0,368$. Hubungan sosial budaya dengan motivasi yaitu nilai $p = 0,147$. Hubungan pendidikan dengan motivasi yaitu nilai $p = 0,968$. Hubungan informasi dengan motivasi yaitu nilai $p = 0,296$. Hubungan dukungan istri dengan motivasi yaitu nilai $p = 0,001$. Tidak terdapat hubungan pengetahuan, pendidikan, sumber informasi, sosial budaya dengan motivasi. Terdapat hubungan dukungan istri dengan motivasi.

Kata kunci: Pendidikan, sumber informasi, pengetahuan, sosial dan budaya, dukungan istri

How to Cite: Sariyati S, Hati FS, Fatimah. Motivation variables to use contraceptive among male in Yogyakarta. *Kesmas: National Public Health Journal*. 2016; 11 (2): 74-78. (doi:10.21109/kesmas. v11i2.1039)

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Received: June 25th 2016

Revised: September 8th 2016

Accepted: September 26th 2016

Introduction

Maternal mortality rate (MMR) in the Special Region of Yogyakarta as many as 104 per 100,000 births is lower than national average that reaches 228 per 100,000 births. According to Yogyakarta Antara News, National Family Planning Coordinating Board representative chief said that MMR in the Special Region of Yogyakarta almost reached Millennium Development Goals (MDGs) with a decrease target up to 102 per 100,000 births in 2015.¹

Family Planning Program is one of very important national development programs in order to embody wealthy Indonesian families. Role of such program has a big influence to a person's reproductive health, both reproductive health of woman and man.²

Participants of active man operation method contraceptives included Bantul District (38.54%), Sleman District (22.99%), Gunung Kidul District (14.57%), Kulon Progo District (16.78%), Yogyakarta City (7%).³

The low men's participation at contraception is because of two major factors, namely supports, both political, socio-cultural and family that remains low as a result of the lack of knowledge, socio-cultural environment and contraceptive use is a woman's business and responsibility; as well as access, both information access and access to services. Information on men's contraception remains very limited as similar to men's opportunity that is very low in accessing information regarding contraception and reproductive health.⁴

One of the important factors for the success of contraception and reproductive health is men's participation in which a man's involvement in reproductive decision will create a stronger relationship with his wife. The form of men's participation for contraceptive use may be performed directly and indirectly. The men's direct participation is by using one of ways or methods of preventing pregnancy.⁵

Any misleading rumor or assumption about male contraception includes that vasectomy is contraceptive prohibited by religion and will never be advantageous for men to use contraceptives. This is also due to lack of information providing motivations to men for contraceptive use, and the lack of contraceptive service facilities will also hinder men's participation for contraceptive use, so it needs expansion of true information about male contraception through mass media, counseling, seminar.⁶

Social and culture influence someone in using male contraception like myths existing among people, such as the use of condom contraception may cause infections and vasectomy may cause manliness diminished, so the husbands' fear appears as it may impact the marriage.⁷

Knowledge plays a major role in providing the insight toward the establishment of people's attitude to health. Men who do not have adequate knowledge of contracep-

tion will never be motivated to take a role as well as in using contraceptive tools.⁸

Men who get many information about contraception had a tendency to use contraceptives. Information about contraception strongly affects on reproductive behavior and attitude, including men's participation as contraceptive use. Such information can be obtained through television, radio and newspaper as important to form someone's reproductive attitude and behavior.⁵

Support is one of intrinsic factors influencing motivations. By wives' support, men are expected to be able to decide whether or not participating for contraceptive use, which can be completed by deliberation. Suggestion giving within deliberation would arise if knowledge of contraception is understood by every husband and wife. The knowledge is hopefully able to result the feeling of need to follow contraception, so the good wife's support would come as well as the high motivation of husband to be embodied in the form of participation at contraceptive use.

This study aimed to determine factors related to motivations of men of childbearing age for contraceptive use in Bumijo Village, Jetis District, Yogyakarta City.

Method

Subject of this study was reproductive men, with quantitative type of study and cross-sectional design. This study was conducted in Bumijo Village, Jetis Subdistrict, Yogyakarta in 2015. Population was all > 30-year-old reproductive men and had child more than two children as amounted to 269 respondents. Sample size calculation by Slovin formula resulted on 161 subjects. Samples were subjects who met inclusion and exclusion criteria. Inclusion criteria included men at the reproductive age, older than 30 years old, and had two children or more. Samples were taken by using quota sampling technique which was done directly on respondents and if the quota was fulfilled then data collection would be stopped. Variables observed were knowledge, social and culture, source of information and the wife's support as independent variables and men's participation as dependent variable. Bivariate data analysis used chi-square test and multivariate used logistic regression. Data was obtained by home visit and direct interview with questionnaire.

Results

Based on Table 1, most respondents had poor knowledge in men's contraception (60,2%), majority was supported by socioculture level in contraceptive use (73,3%), respondents' education level were mostly low (83,2%), most of them ever had information about men's contraception, and their wife mostly did not give any support for contraceptive use (72%), also men's motivation for contraceptive use was 55,9%.

Table 2 showed that wife's support was the most sig-

nificant variable in relation to men's contraceptive use (p value = 0,001). The more support that wives gave, the more motivation their husbands had for contraceptive use (64,4%), and if wives did not give any support then husbands' motivation would be low (63,8%).

Table 3 showed that wife's support affected husband's motivation for contraceptive use. It was shown in the result of logistic regression of wife's support (p value = 0,001). The strength of association could be seen from the value of Exp (B) which was wife's support towards husband's contraceptive use (OR = 3,249) means that husbands who received support from their wives to use contraceptives might affect their motivation three times more than husbands with low support, thus had low motivation. Negative value of constant did not have any meaning both in socio-culture variable and the total constant.

Discussion

The increasing husbands' knowledge of contraception would encourage the husbands to actively participate to use contraceptive tools, so status of the use of contraceptive tools among husbands also increased. A person could take a choice to use contraceptives after passing through some process.⁹

Table 1. Frequency Distribution of Knowledge, Socioculture, Education, Source of Information, Wife's Support, and Motivation

Variable	Category	%
Knowledge	Good	59.8
	Poor	60.2
Socioculture	Supported	73.3
	Did not support	26.7
Education	Low	83.2
	High	16.8
Source of information	Ever	60.2
	Never	39.8
Wife's support	Supported	28.0
	Did not support	72.0
Motivation	High	44.1
	Low	55.9

Husbands' good knowledge of contraception did not automatically make their participation also good. Husbands' participation at contraceptive use still took many considerations of other stuff like gender inequality, etc.¹⁰ Based on results of this study, respondents who had good knowledge not exactly had good motivation because of the respondents' socio-cultural factor that still considered taboo if men used contraceptives, especially vasectomy and considered contraception was the wife's business.

Education was one of determinant factors influencing to acceptance perceptions of any ideas. In general, husband's position as the family head placed him at the central position in term of decision taking. The higher education of husband was proven placing the child's quality as the family's important choice.¹¹

In this study, respondents who had good education not exactly had a good knowledge because in decision taking of men to use contraceptives, some wives did not support their husbands due to fear that contraception would drop their husbands' manliness.

Education is the basic level of knowledge owned by a person. Therefore, the high education not exactly guarantees a high knowledge, which results motivation of husbands for contraceptive use is also not exactly good just as condition of husbands' education.¹⁰

In average, if the wives used contraceptives without any reason, the husbands would not use contraceptives as considering there had been a paradigm among people that contraception was only for women, beside any limitation of contraceptive types that could be used for men.¹²

Based on previous study titled Determining Male Attitude And Behavior on Decision Making And Spousal Communication in Family Planning: A Study Conducted amongst Literate Males of Punjab, India, showed that education and social factors could not change attitude and behavior of individual both in determining choice and deciding contraceptive use among husbands.¹³

Table 2. Relations between Independent Variables and Men's Participation in Using Male Contraceptives

Variable	Category	Motivation				Total	Exp (B)	95% CI	p Value
		Good		Poor					
		n	%	n	%				
Knowledge	Good	31	48.4	33	51.6	64	1.449	0.735-2.855	0.368
	Poor	40	41.2	57	58.8	97			
Socioculture	Support	48	40.7	70	59.3	118	0.525	0.245-1.125	0.147
	Did not support	23	53.5	20	46.5	43			
Education	High	12	44.4	15	55.6	27	1.504	0.600-3.769	0.968
	Low	59	44	75	56	134			
Source of information	Ever	6	43	86	57	151	0.685	0.163-2.883	0.296
	Never	6	60	4	40	10			
Wife's support	Support	29	64.4	16	35.6	45	3.199	1.496-6.838	0.001
	Did not support	42	36.2	74	63.8	116			

Table 3. Relation between Variables and Motivation

Variable	B	SE	p value	Exp(B)	95% CI
Wife's support	1.178	0.370	0.001	3.249	6.703
Socioculture	-0.554	0.371	0.136	0.575	1.190
Constants	-1.081	0.787	0.170	0.339	

Family support refers to a support which is considered useful. Family support is one of very influential factors to positive behavior. Role of family support itself is divided into formal role that is explicit role, such as the role of husband or wife; and role of information, such as direct helps from family.¹⁴

Wife's support really significantly affected on husbands' motivations for contraceptive use. Thus in taking a choice of contraceptives, there was a deal between husband and wife that played role as reproductive partner. The more wife's support received, the high motivation husband would get for contraceptive use, and otherwise.²

The necessity for men to participate at contraception and reproductive health should be based on that men are reproductive and sexual partners, so it is very reasonable if men and women share responsibilities and roles in balance for equal satisfaction as well as prevent reproductive diseases and health complications.¹⁵

This study was also supported by previous study titled Encouraging Contraceptive Uptake by Motivating Men to Communicate about Family Planning: The Malawi Male Motivator Project that resulted on communication between husband and wife was the most significant factor in the decision-making to use contraceptives. By having good communication between husband and wife, it would result on decision without compulsion in family planning. Most of them decided to use more contraceptives if there was any communication between husband and wife.¹⁶

The low use of male contraceptives was because the use of male contraceptives, especially vasectomy, is not familiar in which sociocultural environment, communities and families still consider that men's participation at contraceptive use is not necessary. Then it is because of the low knowledge and awareness of men and families on contraceptive use and the limited access to male contraceptive services.¹⁷

Behavior is influenced by needs and led to the accomplishment of a purpose, so the needs could be met. A person who has motivation will be more passionate about than a person who has not. Thus motivation may strengthen and lead a person's behavior. This could be a factor influencing men in their participation at contraceptive use. Husbands' motivation to participate at contraceptive use is a process occurred in themselves because of any stimulus or encouragement both coming

from the inside and the outside to participate at contraceptive use.¹⁸

Conclusion

In conclusion, there is no relation between knowledge and motivation of reproductive men for contraceptive use, no relation between social and culture with motivation of reproductive men for contraceptive use, no relation between education and motivation of reproductive men for contraceptive use, then no relation between source of information and motivation of reproductive men for contraceptive use. There is a relation between wife's support and motivation of reproductive men for contraceptive use. Most respondents more choose to use condom contraceptive than vasectomy by a reason that condom is safer and has less side effects.

Recommendation

National Family Planning Coordinating Board is hopefully to provide counseling and development of contraception program for men interpersonally, specifically to group of husbands from reproductive couples whose level of knowledge of contraception remains low even to those who refuse to use contraceptive tools. Health workers may give more motivations to reproductive couples for any health development, especially in the establishment of Family Planning that involves men's participation for contraceptive use. Health workers should give adequate information or counselling to wife about contraception that can be used by husband in order to give a positive feedback in husband's motivation for contraceptive use.

Acknowledgement

A sincere gratitude to Ministry of Research, Technology and Higher Education Directorate General of Strengthening and Development for financing this study, so this study can be completely conducted. Then to Rector of Universitas Alma Ata and Head of Research and Community Service Institute for such motivations to conduct a study as one duty of Three Principles of Higher Education. Also, to enumerators who assisted us complete this study.

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