Path Analysis on Factors Affecting the Willingness to Accept Vasectomy among Men in Sanden Community Health Center, Bantul, Yogyakarta, Indonesia

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ABSTRACT

Background: Family Planning Program or Program Keluarga Berencana (KB) is a program initiated by the government to improve the quality of life in Indonesia. One of contraception methods for men is MOP (Operation Method Man) or a vasectomy. Most of society norms regard that family planning is the area of women and men do not need to be involved is also one reason for the lack of participation of men in family planning. This study aimed to investigate of *path analysis* affecting the willingness of husband as vasectomy acceptors.

Subjects and Method: This was observational analytic study with case control design. This was conducted in Puskesmas Sanden Bantul, Indonesia. A total sample of 90 respondents was selected by Fixed Disease Sampling. Data analysis used Path Analysis.

Results: There is no direct correlation between attitude and willingness of husband as an acceptor of vasectomy (b= 3.21; 95% CI= 1.74 to 4.69; p<0.001), an indirect correlation between subjective norms and husband's willingness as vasectomy acceptors (b= 2.08; 95% CI=0.44 to 3.72; p= 0.013), perceived behavioral (b=1.73; 95% CI= 0.25 to 3.20; p= 0.021), a direct correlation between the perception of behavioral control and a husband's willingness as an acceptor of vasectomy (b= 1.49; 95 % CI=0.36 to 3.62; p=0.010) intention and willingness husband's vasectomy using (the value of coefficient b= 2.13; 95 % CI=1.00 to 3.27; p<0.001).

Conclusion: There is an indirect and direct correlation of husband's willingness as an acceptor of vasectomy by Theory of Planned Behaviour.

Keywords: attitude, subjective norms, perceived behavioral, intention, willingness

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BACKGROUND

Family Planning Program or *Program Keluarga Berencana* (KB) is a program initiated by the government to improve the quality of life in Indonesia. It is enacted in The Law of the Republic of Indonesia No. 52/2009.

The Law of the Republic of Indonesia No. 52/2009 about Demographic Growth and Family Development states that KB is the effort to control child birth, ideal space and age to give birth, control pregnancy, through promotion, protection, and aids in accordance with the reproductive rights to establish quality family. The Law supports KB program as one of the efforts to create healthy and quality family. Pregnancy control in KB program is conducted by sing contraceptives. There are various kinds of contraceptives, among others are Intra Uterine Device (IUD), Surgical procedure for

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women (tubectomy), Surgical procedure for men (vasectomy), implant, injection, pill, and condom.

Based on Indonesia Demographic and Health Survey (SDKI, 2013) which is listed in Data and Information Center Health Ministry of the Republic of Indonesia, in 1991 the number of KB participants is 49.7%, in 1994 increases into 54.7%, in 1997 is 57,4%, 2002 is 60.3%, in 2007 is 61.4%, and in 2012 is 61.9%. However the the number of male KB participants is still low that is 21.374 participants with percentage as much as 0.25% for vasectomy (BKKBN, 2013).

The study aimed to investigate the factors affecting husband willingness as acceptors of vasectomy in the working area of Sanden Puskesmas. Planned Behavior Theory is a behavioral theory which is designed to predict and explain human behavior in individual certain context

Planned Behavior Theory which planned based on the assumption that human is rational being and tends to utilize obtained information systematically. People think about the implication of their action before deciding to do certain behavior. There are three main predictors which affect individual intention to do a certain behavior, namely attitude, norm, and perception toward behavioral control (Ajzen, 2005).

Male sterilization or vasectomy is a minor operative contraceptive method on male which is safe, simple and effective, it take only short time of surgery and does not need any general anesthesia (Hartanto, 2010).

SUBJECT AND METHOD

The study was conducted in the working area of Sanden Community Health Center in months of April up to June 2016. It was an observational analytic by using cross

sectionnal; approach. The sampling technique used in the study was fixed-disease sampling.

Total number of comparison estimation between case group and control group might used 1:1. Total respondents were 90 husbands, consists of 45 respondents who were willing to be vasectomy acceptor and 45 respondents who were not willing to be vasectomy acceptors.

The endogenous variables of the study were husbands' willingness as vasectomy acceptors and intention, whereas the exogenous variables were attitude toward the behavior, subjective norm, perceived behavioral control. The instrument used in the study was questionnaire technique. Data analysis used in the study was path analysis.

RESULT

Most of the respondents were between 41 up to 50 years old, who were working as labors and whose income was less than regional minimum wage. The characteristics are presented in Table 1.

In Table 2 it obtained the result that 47.8% of the study subjects had weak intention, and 52.2% had strong intention. 47.8% had negative attitude and 52.2% had positive attitude, 36.7% had low subjective norm, and 63.3% had high subjective norm, 48.9% had low perceived behavioral control and 51.1% had high perceived behavioral control.

Path Analysis was used to know the influence magnitude of a variable toward other variables, both direct and indirect influence. The influence magnitude of the exogenous variables is called path coefficient. Meanwhile path coefficient itself did not have any units, so that it can be concluded that the bigger the path coefficient is, the bigger also the influence given from the variable.

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Table 1. Study subjects characteristics

Characteristics	Criteria	n	%
Age	21 - 30 years old	17	18.9
	31 - 40 years old	25	27.8
	41 – 50 years old	48	53.3
Occupation	Civil Servant/Armed Force/ Police	13	14.4
	Labor	24	26.7
	Self employed	17	18.9
	Private employee	15	16.7
	Farmer	21	23.3
Income	< Regional Minimum Wage	57	63.3
	≥ Regional Minimum Wage	33	26.7

Table 2. Intention, attitude, perceived behavioral control

Variables	Categories	n	%
Intention	Weak	43	47.8
	Strong	47	52.2
Attitude	Negative	43	47.8
	Positive	47	52.2
Subjective Norm	Low	33	36.7
	High	57	63.3
Perceived Behavioral Control	Low	44	48.9
referred beliavioral Control	High	46	51.1

Table 3. The result of path analysis with STATA 13 program

				95 %CI		
Association of variables		b	Lower Limit	Upper Limit	p	
Direct Effect						
Willingness	\leftarrow	Intention	2.13	1.00	3.27	< 0.001
_	\leftarrow	Perceive Behavioral Control	1.49	0.36	3.62	0.010
Indirect Effect				_	_	
Intention	\leftarrow	Attitude	3.21	1.74	4.69	< 0.001
	\leftarrow	Subjective Norm	2.08	0.44	3.72	0.013
	\leftarrow	Perceived Behavioral Control	1.73	0.25	3.20	0.021

Table 3 shows the result of calculation using SPSS STATA 13 program software. It obtained the magnitude of path coefficient of husbands' attitude on vasectomy toward intention in using vasectomy is 3.21, with lower limit is 1.74 and upper limit is 4.69. The result is significant, shown by p<0.001. Subjective norm on vasectomy toward intention in using vasectomy is 2.08, lower limit is 0.44 and upper limit is 3.72. The result is significant, shown by p=0.013. Perceived control on vasectomy toward the intention in using

vasectomy is 1.73, with lower limit is 0.25 and upper limit is 3.0. The result is significant, shown by p=0.021. Intention in using vasectomy toward husbands' wiliness as the acceptor is 2.13, with lower limit is 1.04 and upper limit is 3.27. The result is significant, shown by p<0.001. Perceived behavioral control on vasectomy toward husbands' willingness as the acceptor is 1.49, with lower limit is 0.36 and upper limit is 2.62. The result is significant, shown by p=0.010.

The effect of husbands' attitude toward husbands' willingness as acceptor of vasectomy through the intention in using vasectomy. Husbands' attitude on vasectomy is proven to be significantly affecting toward husbands' willingness as vasectomy acceptor through the intention in using vasectomy. The result is significant, shown by p<0.001.

The effect of subjective norm toward husbands' willingness as acceptor of vasectomy through the intention in using vasectomy. Subjective norm on vasectomy is proven to be significantly affecting toward husbands' willingness as vasectomy acceptor through the intention in using vasectomy. The result is significant, shown by p=0.013.

The effect of perceived behavioral control toward husbands' willingness as acceptor of vasectomy both directly and indirectly through the intention in using vasectomy. Perceived behavioral control on vasectomy is proven to be significantly affecting toward husbands' willingness as vasectomy acceptor both directly and indirectly through the intention in using vasectomy. The result is significant, shown by p=0.021.

The effect of intention in using vasectomy toward husbands' willingness as acceptor of vasectomy. Intention in using vasectomy is proven to be significantly affecting toward husbands' willingness as vasectomy acceptor. The result is significant, shown by p<0.001.

The conclusion of the study were both direct and indirect association of factors affecting husbands as vasectomy acceptors. There was a direct association between attitude with husbands' willingness as vasectomy acceptors (b=3.21; p<0.001), an indirect association between subjective norm with husbands' willingness as vasectomy acceptor (b=2.08; p=0.013), an indi-

rect association between perceived behavioral control with husbands' willingness as vasectomy acceptor (b=1.73; p=0.021), a direct association between perceived behavioral control with husbands' willingness as vasectomy acceptor (b=1.49; p=0.010), a direct association between intention in using vasectomy with husbands' willingness in using vasectomy (b=2.13; p<0.001),

The implication in the study was the result of the analysis showed that *Theory of Plannned Behavior* used in the study was in accordance with hypothesis made by the researcher. The result of the study is expected to be able to improve knowledge for the society and related institutions about vasectomy contraception so that society's understanding on vasectomy is improved, and husbands' willingness as acceptor is also improved.

Suggestion for the next researcher is to study the vasectomy topic but with different variables, theory as well as methodology.

REFERENCE

Addah AO (2014). To Determine The Knowledge and Attitudes on Modern Contraceptive Use Amongst Antenatal Attendees At The Niger Delta University Teaching Hospital, Okolobiri, South-South, Nigeria. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS). 13 (4): 01-07.

Agarwal K (2011). Family Planning and Reproductive Health, Paper Council on Foreign Relations: 1-14.

Arum DSN, Sujiyati (2009). Panduan Lengkap Pelayanan KB Terkini. Yogyakarta: Nuha Medika.

Badrujaman A (2008). Sosiologi Untuk Mahasiswa Keperawatan. Jakarta: Trans Info Media.

BKKBN (2011). Kajian Implementasi Kebijakan Penggunaan Kontrasepsi IUD.

- Pusat Penelitian dan Pengembangan KB-KS, Badan Kependudukan dan Keluarga Berencana Nasional.
- ____(2007). Badan Pusat Statistik Kementerian Kesehatan, Survei Demografi dan Kesehatan Indonesia.
- ——(2011). Sterilisasi Kurang Mendongkrak Penurunan Fertilitas. Pusat Penelitian dan Pengembangan KB-KS, Badan Kependudukan dan Keluarga Berencana Nasional.
- Budisantoso (2009). Partisipasi Pria dalam Keluarga Berencana di Kecamatan Jetis Kabupaten Bantul. Jurnal Promosi Kesehatan Indonesia: 4 (2).
- Bunce A (2007). Factors Affecting Vasectomy Acceptability in Tanzania. International Family Planning Perspectives: 33 (1).
- Christina, Sonachi, Chinomso (2014), Knowledge and Attitude of Men Abour Vasectomy as a Method of Family Planning among married man woking in Babcock University, Ogun State, Nigeria. International Journal of Nursing and Midwifery 7(3): 30-35
- Conner M (2002). Health Behaviors. Journal University of Leeds UK.
- Creswell JW (2008). Educational Research: Planning, Conducting, And Evaluating Qualitative And Qualitative Research (3rd ed.). (New Jersey: Pearson Merill. Prentice Hall).
- Fitri M, Wantouw B, Tendean L (2013). Pengaruh Vasektomi terhadap Fungsi Seksualitas Pria. Jurnal e-Biomedik (eBM): 1 (1).
- Ghozali I (2011). Model Persamaan Struktural dan Aplikasi dengan Program Amos 21. Semarang: Badan Penerbit Universitas Diponegoro.
- Hanum M (2009). Sosiologi dan Antropologi Kesehatan. Yogyakarta: Nuha Medika.

- Hartanto H (2010). Keluarga Berencana dan Kontrasepsi, Pustaka Sinar Harapan, Jakarta.
- Heejung SK, David KS, Shelley ET (2008). Culture and Sociap Support. American Psychologist.
- Hidayati R (2009). Asuhan Keperawatan pada Kehamilan Fisiologis dan Patologis. Jakarta: Salemba Medika.
- Indonesia Demographic and Health Survey (IDHS) (2013). Statistics Indonesia National Population and Family Planning Board Ministry of Health. MEA-SURE DHS: ICF International
- Isnawati D, Suhariadi F (2013). Hubungan antara Dukungan Sosial dengan Penyesuaian Diri Masa Persiapan Pensiun pada Karyawan PT Pupuk Kaltim. Jurnal Psikologi Industri dan Organisasi 2 (1): 1-6.
- Jones RK (2011). Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills. New York: Guttmacher Institute.
- Kavanaugh ML, Anderson RM (2013). Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers. New York: Guttmacher Institute.
- Mahat K, Pacheun O, Taechaboonsermsak P (2010). Intention to Accept Vasectomy among Married Men in Kathmandu, Nepal. Asia Journal of Public Health, 1(1).
- Murti B (2003). Prinsip dan metode riset epidemiologi. Edisi Kedua, Jilid Pertama. Yogyakarta: Gajah Mada University Press.
- ——(2013). Desain dan ukuran sampel untuk penelitian kuantitatif dan kualitatif di bidang kesehatan. Cetakan ketiga. Yogyakarta: Gajah Mada University Press.

- Nugroho T, Utama BI (2014). Masalah Kesehatan Reproduksi Wanita. Yogyakarta: Nuha Medika.
- Pinem S (2009). Kesehatan reproduksi dan kontrasepsi. Jakarta: Trans Info Media.
- Prawirohardjo S (2009). Ilmu Kebidanan. Jakarta: YBP-SP.
- Rayala BZ, Viera AJ (2013). Common Questions About Vasectomy. American Family Physician 88 (11).
- Samandari G, Speizer IS, O'Connell K (2010). The Role of Social Support and Parity on Contraceptive use in Cambodia. International Perspectives on Sexual and Reproductive Health, 26(3).
- Sarafino EP (2006). Health Psychology, Biopsychological Interaction. New York: John Wiley & Sons.
- Sarason GI, Sarason RB (2009). Social support: Mapping the construct. Journal. 26(1).
- Skinner BF (1938). The Behavior of Organisms: An Experimental Analysis.

- Cambridge, Massachusetts: B.F. Skinner Foundation.
- Stright, Barbara R (2004). Keperawatan Ibu Bayi Baru Lahir. Jakarta: EGC.
- Suratun (2008). Pelayanan Keluarga Berencana dan Kontrasepsi. Jakarta: Trans Infomedia.
- Tukiran (2010). Keluarga Berencana dan Kesehatan Reproduksi. Yogyakarta: Nuha Medika.
- Undang-Undang Republik Indonesia Nomor 52 Tahun 2009 Tentang Perkembangan Kependudukan dan Pembangunan Keluarga.
- Winardi (2007). Manajemen Perilaku Organisasi. Cetakan kedua. Jakarta: Kencana Prenada Media Group.
- Winner B (2012). Effectiveness of Long-Acting Reversible Contraception. The New England Journal of Medicine.

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