



## Determinants of Male Participation in Using Contraception Based on Transcultural Nursing Theory

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### ABSTRACT

Culture becomes an inseparable part of the formation of a person's health behavior. One of them is participation in family planning programs. Currently, the participation of men in family planning programs is still lacking. This study aims to determine the determinants of men participating in family planning programs based on the theory of transcultural nursing. The research method is descriptive quantitative with cross sectional design. The number of respondents as many as 178 people obtained by purposive sampling. The instrument in this study was a questionnaire which was adapted from the Transcultural Nursing theory assessment format and had been tested for validity and reliability before. The results of the research on technological factors have a strong relationship ( $p = 0.000$ ), religious and philosophical factors have a weak relationship ( $p = 0.002$ ), social factors and family attachments have a strong relationship ( $p = 0.001$ ), cultural values, beliefs and lifestyle factors have a weak relationship ( $p = 0.001$ ), political and legal factors have a strong relationship ( $p = 0.000$ ), economic factors have a strong relationship ( $p = 0.000$ ), the education factor has a strong relationship ( $p = 0.000$ ). The most influential factors on men's participation in family planning programs are social factors and family attachments followed by educational factors. The government and family planning field officers are expected to be more active in intensifying the promotion of family planning for both women and men directly and through print, electronic and social media.

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### ABSTRAK

Kebudayaan menjadi bagian yang tidak terpisahkan dari pembentukan perilaku kesehatan seseorang. Salah satunya yaitu keikutsertaan dalam program keluarga berencana. Saat ini, partisipasi pria dalam program keluarga berencana masih kurang. Penelitian ini bertujuan untuk mengetahui faktor determinan pria berpartisipasi dalam program keluarga berencana berdasarkan teori transcultural nursing. Metode penelitian adalah kuantitatif deskriptif dengan desain cross sectional. Jumlah responden sebanyak 178 orang yang didapatkan dengan purposive sampling. Instrumen dalam penelitian ini adalah kuesioner yang diadaptasi dari format pengkajian teori Transkultural Nursing dan telah diuji validitas dan realibilitas sebelumnya. Hasil penelitian faktor teknologi memiliki hubungan yang kuat ( $p=0,000$ ), faktor agama dan filosofi memiliki hubungan yang lemah ( $p= 0,002$ ), faktor sosial dan keterikatan keluarga memiliki hubungan yang kuat ( $p= 0,001$ ), faktor nilai budaya, keyakinan dan gaya hidup memiliki hubungan yang lemah ( $p= 0,001$ ), faktor politik dan legal memiliki hubungan yang kuat ( $p= 0,000$ ), faktor ekonomi memiliki hubungan yang lemah ( $p= 0,000$ ), faktor pendidikan memiliki hubungan yang kuat ( $p= 0,000$ ). Faktor yang paling berpengaruh terhadap

partisipasi pria dalam program keluarga berencana adalah faktor sosial dan keterikatan keluarga diikuti faktor pendidikan. Pemerintah dan petugas lapangan keluarga berencana diharapkan semakin aktif menggenjatkan promosi keluarga berencana baik bagi wanita maupun pria secara langsung maupun melalui media cetak, elektronik dan sosial.

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## INTRODUCTION

Family planning is one strategy to reduce the number of maternal deaths, especially mothers who are too young to give birth (under the age of 20), give birth too often, give birth too close apart, and give birth too old (above 35 years old). The success of the family planning program is not only based on the participation of women, but the participation of men is needed in efforts to control population and reproductive health programs (BKKBN, 2011). The increasing number of world population every year is a problem that requires short-term and long-term planning. According to the 2015 World Population Data sheet, Indonesia is the fourth most populous country in the world after China, India and the United States with an estimated population of 256 million, under the number of men is 126,921,864 people and women are 125,202,594 people (WHO, 2015). Controlling population growth through the participation of men in family planning programs can promote gender equality so as to improve women's health status by reducing maternal and child morbidity and mortality because it provides an opportunity to space births and reduce the number of pregnancies that pose a lot of risks to women's health (Kemenkes, 2015; U, 2015).

The number of active family planning acceptors in Indonesia is 74.80% of the 48,536,690 couples of childbearing age. Male family planning acceptors were 3.87% while female family planning acceptors were 96.12%. The male family planning coverage rate is still very low compared to other countries, namely Iran 13%, Bangladesh 13.9%, Malaysia around 16.8%, and America 35%. In 2015, male family planning participation in Indonesia was only 3.23% for condom users, 0.83% for interrupted intercourse, 0.64% for vasectomy, 0.2% hormonal methods and 0.1% sex control (BKKBN, 2011). The national development program (propenas) in 2000-2004 has targeted the participation of men using contraception by 8.0 percent in 2004, but from year to year this target has never been achieved. This happens because until now, the implementation of pregnancy regulation has been focused more on women so that the participation of men in using contraception tends to be low nationally (Nurlina, 2011). Whereas in the MDG's it has been described on the point of gender equality, namely men and women have the same reproductive rights as participants in family planning programs. This is also stated in the principles of the family planning program, namely empowering women and increasing men's participation in using contraception (Nation, U, 2015). In response to this condition, the BKKBN in its medium-term plan re-agreed on the participation of men in the family planning program to 6.5 percent in 2015.

A preliminary study by researchers at the Office of Population Control, Women's Empowerment and Child Protection in Palopo City found that male contraceptive users in EFA were very low. Mungkajang sub-district as one of the

sub-districts that has the highest level of male family planning users compared to other sub-districts is 0.75%. Palopo City is geographically a lowland area located on the coast, an area inhabited by various ethnic groups such as the Bugis, Toraja, Makassar, Javanese (BPS, 2013).

Transcultural nursing is a cultural theory that describes humans as inseparable from their cultural background and social structure, world view, history and environmental context with 7 dimensions that become assessments or factors that cause a behavior to occur (Boyle, 2008). The seven dimensions are cultural values, beliefs and lifestyle factors, social and family factors, education factors, economic factors, technological factors, religious and philosophical factors, and political and legal factors (Alligood, 2014).

An understanding of one's cultural background will lead to knowing beliefs, values and behavior when interacting with each other. There are pros and cons of contraceptive use among men based on cultural values. Likewise, family support and social environment play a role in the mental formation of men to participate or not in family planning programs. Adequate social support is one of the keys to increasing one's self-confidence to behave as expected (Novianti, S., & Gustaman, 2014). Weak socioeconomic factors plus the wife's poor health condition or the presence of complications in each pregnancy can be the husband's reason for using contraception. Access to technology in the form of print and electronic media can influence EFA men to use contraception (Nurlina, 2011). Religious beliefs and philosophies about contraception that are lawful and do not cause harm to its users affect the belief that women in female sex couples use it (Muhyiddin, 2014). Furthermore, it is related to political factors and government policies regarding contraception, especially long-term contraception as stated in the 2015-2019 BKKBN strategic plan regarding increasing EFA participation in the use of long-term contraceptive methods, especially for men, namely vasectomy (BKKBN, 2016).

## METHOD

### *Research design*

This research is quantitative using a cross sectional design which was carried out with the aim of analyzing the influence between the independent variable and the dependent variable together at a certain time on the Determinants of Male Participation Using Contraception Based on Transcultural Nursing Theory. This research was carried out in March-June 2019 in Palopo City, South Sulawesi.

### *Sampling procedures*

The sample in this study was 178 male couples of childbearing age who were selected by purposive sampling with inclusion criteria aged 30-49 years, living with their wife, having more than 2 children and meeting the criteria for participating in family planning, while the exclusion criteria were non-permanent residents.

#### *Measuring Instrument*

The instrument in this study was a questionnaire containing closed questions in the form of multiple choice which if correct was given a value of 1 and incorrect was given a value of 0. The questionnaire was adapted from the Leininger Model Transcultural Nursing Sunrise assessment format which had been tested for validity and reliability by de Melo (2013)

#### *Data analysis*

Data analysis using SPSS version 21 software using the Chi-Square test to analyze the relationship between the independent variable and the dependent variable

## **RESULTS AND DISCUSSION**

The characteristics respondent in table 1 show that from the age characteristics that the average age of respondents is between 35-39 years as many as 68 people (38.2%), the age of the wife of the respondent is on average between 35-39 years as many as 68 people (38, 2%), the ethnicity of the majority respondents is Toraja as many as 78 people (43.8%). The average respondent with higher education (high school graduation/equivalent) is 89 people (50.0%), the majority of the respondents' occupations are farmers as many as 56 people (31.5%) with a monthly income equal to the minimum wage of 77 people (43, 3%). The number of biological children owned by the respondent amounted to more than 2 people as many as 123 people (69.1%) with the dominant religion being Islam as many as 83 people (46.6%). Respondents' family planning participation was dominated by condom contraception as many as 128 people (71.9%).

Table 2 on the distribution of respondents based on the Transcultural Nursing factor, namely the technological factor, it was found that the technological factor was of sufficient value as many as 88 people (48.4%) to influence the male respondents of first age couples to participate in family planning programs. Religious and philosophical factors have a positive value as many as 124 people (69.7%) in influencing male respondents of first age couples to participate in family planning programs. Social factors and family attachments have a positive value as many as 156 people (87.6%) in influencing respondents of first age couples to participate in family planning programs. Factors of cultural values, beliefs and lifestyles have positive values as many as 136 people (76.4%) in influencing male respondents of first age couples to participate in family planning programs. Political and legal factors were of good value as many as 96 people (54.0%) in influencing male respondents of first age couples to participate in family planning programs. Economic factors are worth less as much as 148 people (83.1%) in influencing male respondents of first age couples to participate in family planning programs. The factor of high value education (high school graduation/equivalent) as many as 89 people (50.0%) in influencing male respondents of first age couples to participate in family planning programs.

Table 3 shows that the results of statistical tests using Sperman's Rho obtained p value = 0.000 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a relationship between technological factors and the participation of men of childbearing age in family planning programs. The value of the correlation coefficient  $r = 0.637$ , which means that there is a strong relationship between technological factors and family planning participation, namely the better the technology factor, the higher the participation rate of men of childbearing age in family planning programs. The relationship distribution data shows that most respondents have sufficient scores, meaning that the technology factor contributes enough to the respondent's participation in the family planning program. Sufficient value on the technology factor was obtained based on the results of the questionnaire which showed that as many as 40 respondents received information on male contraception from printed media sources, 35 respondents received information from electronic media and the rest from health workers.

Table 4 shows the results of statistical tests using Sperman's Rho obtained p value = 0.002 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a relationship between religious and philosophical factors with the participation of men of childbearing age in family planning programs. The value of the correlation coefficient  $r = 0.176$  which means that there is a weak relationship between religious and philosophical factors with family planning participation, namely the more positive the religious and philosophical factors, the lower the participation rate of men of childbearing age in family planning programs. In this study, the positive value was high because a large number of respondents agreed with 88 respondents and strongly agreed with 29 respondents with the statement that the more children, the more sustenance from God.

Table 5 shows the results of statistical tests using Sperman's Rho obtained p value = 0.001 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a relationship between social factors and family attachment with the participation of male couples of childbearing age in family planning programs. The value of the correlation coefficient  $r = 0.876$  which means that there is a strong relationship between social factors and family attachment with family planning participation, namely the more positive social factors and family attachments, the higher the level of participation of men of childbearing age in family planning programs. The results showed that as many as 33 respondents answered strongly agree and 45 respondents answered agree on the question "My family supports and motivates me to use condoms and stop intercourse"

Table 6 shows the results of statistical tests using Sperman's Rho obtained p value = 0.001 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a relationship between cultural values and lifestyle factors with the participation of men of fertile age couples in family planning programs. The value of the correlation coefficient  $r = 0.256$ , which means that there is a weak relationship between cultural values and lifestyle factors with family planning participation, namely the more positive the cultural value and lifestyle factors, the lower the level of participation of men of childbearing age in family planning programs. This is evidenced by the dominance of agreeable answers to the question "KB is only a wife's business".

Table 7 shows the results of statistical tests using Sperman's Rho obtained p value = 0.000 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a

relationship between political and legal factors with the participation of men of childbearing age in family planning programs. The value of the correlation coefficient  $r = 0.645$  which means that there is a strong relationship between political and legal factors and family planning participation, namely the better the political and legal factors, the higher the level of participation of men of childbearing age in family planning programs. Based on this research, 154 respondents answered yes to the questions "knowing the government's involvement in the family planning program" and "the government's recommendation about 2 children is better".

Table 8 shows the results of statistical tests using Sperman's Rho obtained  $p$  value = 0.000 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a relationship between economic factors and the participation of men of childbearing age in family planning programs. The value of the correlation coefficient  $r = 0.108$  which means that there is a weak relationship between economic factors and family planning participation, namely the less economic factors, the higher the participation rate of men of childbearing age in family planning programs. Based on the results of the questionnaire, the dominance of respondents answered no to the question of the adequacy of fulfilling the necessities of life with adequate income supported by a side business.

Table 9 shows the results of statistical tests using Sperman's Rho obtained  $p$  value = 0.000 with  $\alpha = 0.05$  then alternative hypothesis is accepted which means there is a relationship between educational factors and the participation of men of childbearing age in family planning programs. The value of the correlation coefficient  $r = 0.766$ , which means that there is a strong relationship between education and family planning participation, namely the stronger the education factor, the higher the participation rate of men of childbearing age in the family planning program. Based on this research, the respondent's education level is dominated by high school graduates/equivalent which is a higher education level.

Tabel 10 menjelaskan Analisis multivariat yang digunakan adalah uji regresi logistic untuk menilai faktor apa yang memiliki pengaruh lebih besar sebagai penentu pria berpartisipasi dalam program keluarga berencana. Berdasarkan hasil Analisa didapatkan bahwa yang berpengaruh terhadap keikutsertaan pria dalam program keluarga berencana mulai dari yang terbesar ke terendah adalah faktor faktor sosial dan keterikatan keluarga diikuti dengan faktor pendidikan dengan nilai  $p < \alpha = 0,05$ .

**Tabel 1. Characteristics Of Male Respondents Of Fertile Couples In Palopo City**

| Characteristics | n  | %    |
|-----------------|----|------|
| Age             |    |      |
| 30-34           | 20 | 11,2 |
| 35-39           | 68 | 38,2 |
| 40-44           | 50 | 28,1 |
| 45-49           | 23 | 12,9 |
| 50-54           | 17 | 9,6  |
| Wife's age      |    |      |
| 30-34           | 60 | 33,7 |
| 35-39           | 68 | 38,2 |
| 40-44           | 25 | 14,1 |
| 45-49           | 21 | 11,8 |
| 50-54           | 4  | 2,2  |
| Ethnic          |    |      |
| Bugis           | 59 | 33,1 |
| Toraja          | 78 | 43,8 |

|                               |     |      |
|-------------------------------|-----|------|
| Makassar                      | 25  | 14,1 |
| Jawa                          | 16  | 9,0  |
| Education                     |     |      |
| High school graduate          | 62  | 34,8 |
| Senior high school            | 89  | 50,0 |
| Graduated Diploma             | 12  | 6,7  |
| Graduate                      | 15  | 8,5  |
| Profession                    |     |      |
| Government employees          | 50  | 28,1 |
| Self-employed                 | 28  | 15,7 |
| Trader                        | 27  | 15,1 |
| Fisherman                     | 17  | 9,6  |
| Farmer                        | 56  | 31,5 |
| Income                        |     |      |
| < Average minimum wage        | 73  | 41,0 |
| Average minimum wage          | 77  | 43,3 |
| > Average minimum wage        | 28  | 15,7 |
| Number of biological children |     |      |
| 1-3 person                    | 123 | 69,1 |
| 4-6 person                    | 55  | 30,9 |
| Religion                      |     |      |
| Islam                         | 83  | 46,6 |
| Kristen                       | 81  | 45,5 |
| Hindu                         | 3   | 1,7  |
| Budha                         | 11  | 6,2  |
| Family planning participation |     |      |
| Intercourse Interrupted       | 36  | 20,3 |
| Vasectomy                     | 2   | 1,1  |
| Condom                        | 128 | 71,9 |
| Not using family planning     | 12  | 6,7  |

**Tabel 2. Distribution of respondents based on adaptation factors of Transcultural Nursing in male couples of childbearing age in a family planning program in Palopo City**

| Variable  | Category             | n   | %    |
|---|----------------------|-----|------|
| Technology factor                                 | Not enough           | 8   | 4,5  |
|   | Enough               | 88  | 48,4 |
|   | Good                 | 82  | 46,1 |
| Religious and philosophical factors               | Positive             | 124 | 69,7 |
|   | Negative             | 54  | 30,3 |
| Social factors and family attachments             | Positive             | 156 | 87,6 |
|   | Negative             | 22  | 12,4 |
| Factors of cultural values, beliefs and lifestyle | Positive             | 136 | 76,4 |
|   | Negative             | 42  | 23,6 |
| Political and legal factors                       | Not enough           | 23  | 12,9 |
|   | Enough               | 59  | 33,1 |
|   | Good                 | 96  | 54,0 |
| Economic factors                                  | Not enough           | 148 | 83,1 |
|   | Enough               | 16  | 8,9  |
|   | Good                 | 14  | 8,0  |
| Educational factor                                | High school graduate | 62  | 34,8 |
|   | Senior high school   | 89  | 50,0 |
|   | Graduated Diploma    | 12  | 6,7  |
|   | Graduate             | 15  | 8,5  |

**Tabel 3. Correlation between technological factors with the participation of men of childbearing age in the Family Planning program in Palopo City**

| Participation of men of childbearing age | Technology factor |     |        |      |      |      | <i>p-value</i> |
|--|-------------------|-----|--------|------|------|------|----------------|
|  | Not enough        |     | Enough |      | Good |      |                |
|  | n                 | %   | n      | %    | n    | %    |                |
| Intercourse Interrupted                  | 2                 | 5,6 | 26     | 14,6 | 8    | 4,5  | 0,000          |
| Vasectomy                                | 0                 | 0   | 2      | 1,1  | 0    | 0    |                |
| Condom                                   | 0                 | 0   | 59     | 33,1 | 69   | 38,8 |                |
| Not using family planning                | 4                 | 5,1 | 1      | 2,2  | 1    | 0,5  |                |

**Tabel 4. Correlation between religious and philosophical factors with the participation of men of childbearing age in the Family Planning program in Palopo City**

| Participation of men of childbearing age | Religious and philosophical factors |      |          |      | <i>p-value</i> |
|--|-------------------------------------|------|----------|------|----------------|
|  | Positive                            |      | Negative |      |                |
|  | n                                   | %    | n        | %    |                |
| Intercourse interrupted                  | 20                                  | 11,2 | 16       | 9    | 0,002          |
| Vasectomy                                | 2                                   | 1,1  | 0        | 20,2 |                |
| Condom                                   | 92                                  | 51,7 | 36       | 1,1  |                |
| Not using family planning                | 10                                  | 5,6  | 54       | 30,3 |                |

**Tabel 5. Correlation between social factors and family attachment with the participation of men of childbearing age in the Family Planning program in Palopo City**

| Participation of men of childbearing age | Social factors and family attachments |      |          |     | <i>p-value</i> |
|--|---------------------------------------|------|----------|-----|----------------|
|  | Positive                              |      | Negative |     |                |
|  | n                                     | %    | n        | %   |                |
| Intercourse interrupted                  | 28                                    | 15,7 | 8        | 4,5 | 0,001          |
| Vasectomy                                | 1                                     | 0,5  | 1        | 0,5 |                |
| Condom                                   | 116                                   | 62,2 | 12       | 6,9 |                |
| Not using family planning                | 11                                    | 6,2  | 1        | 0,5 |                |

**Tabel 6. Correlation between cultural values and lifestyle factors with the participation of men of childbearing age in the Family Planning program in Palopo City**

| Participation of men of childbearing age | Factors of cultural values, beliefs and lifestyle |      |          |      | <i>p-value</i> |
|--|---|------|----------|------|----------------|
|  | Positive  |      | Negative |      |                |
|  | n   | %    | n        | %    |                |
| Intercourse interrupted                  | 20  | 11,2 | 16       | 8,8  | 0,001          |
| Vasectomy                                | 2   | 1,1  | 0        | 0    |                |
| Condom                                   | 106   | 59,6 | 22       | 12,4 |                |
| Not using family planning                | 8   | 4,5  | 4        | 2,4  |                |

**Tabel 7. Correlation between political and legal factors with the participation of men of childbearing age in the Family Planning program in Palopo City**

|                           | Political and legal factors |     |        |      |      |      | <i>p-value</i> |
|---------------------------|-----------------------------|-----|--------|------|------|------|----------------|
|                           | Not enough                  |     | Enough |      | Good |      |                |
|                           | n                           | %   | n      | %    | n    | %    |                |
| Intercourse Interrupted   | 2                           | 1,1 | 20     | 11,2 | 14   | 7,8  | 0,000          |
| Vasectomy                 | 0                           | 0   | 2      | 1,1  | 0    | 0    |                |
| Condom                    | 12                          | 6,9 | 35     | 19,7 | 81   | 45,5 |                |
| Not using family planning | 9                           | 5,1 | 2      | 1,1  | 1    | 0,5  |                |

**Tabel 8. Correlation between economic factors with the participation of men of childbearing age in the Family Planning program in Palopo City**

| Participation of men of childbearing age | Economic factors |   |        |   |      |   | <i>p-value</i> |
|--|------------------|---|--------|---|------|---|----------------|
|  | Not enough       |   | Enough |   | Good |   |                |
|  | n                | % | n      | % | n    | % |                |

|                           |     |      |   |     |    |     |       |
|---------------------------|-----|------|---|-----|----|-----|-------|
| Intercourse interrupted   | 30  | 16,9 | 4 | 2,2 | 2  | 1,1 | 0,000 |
| Vasectomy                 | 0   | 0    | 2 | 1,1 | 0  | 0   |       |
| Condom                    | 108 | 60,7 | 9 | 5   | 11 | 6,2 |       |
| Not using family planning | 10  | 5,6  | 1 | 0,5 | 1  | 0,5 |       |

**Table 9. Correlation between educational factors with the participation of men of childbearing age in the Family Planning program in Palopo City**

| Participation of men of childbearing age | Educational factor   |      |                    |      |                   |     |           |     | <i>p-value</i> |
|--|----------------------|------|--------------------|------|-------------------|-----|-----------|-----|----------------|
|  | High school graduate |      | Senior high school |      | Graduated Diploma |     | Graduated |     |                |
|  | n                    | %    | n                  | %    | n                 | %   | n         | %   |                |
| Intercourse interrupted                  | 4                    | 2,2  | 16                 | 9    | 8                 | 4,5 | 8         | 4,5 | 0,000          |
| Vasectomy                                | 0                    | 0    | 0                  | 0    | 0                 | 0   | 2         | 1,1 |                |
| Condom                                   | 51                   | 28,7 | 71                 | 39,9 | 2                 | 1,1 | 4         | 2,2 |                |
| Not using family planning                | 7                    | 4    | 2                  | 1,1  | 2                 | 1,1 | 1         | 0,5 |                |

**Table 10. Determinants of male couples of childbearing age participating in family planning programs**

| Variable                               | B      | P value | OR     | 95% CI      |
|--|--------|---------|--------|-------------|
| Technology                             | 1,768  | 0,092   | 7,688  |             |
| Religious and philosophical            | -2,897 | 0,083   | 2,654  | 0,000-0,000 |
| Social and family attachments          | -1,342 | 0,000   | 10,564 | 0,000-0,000 |
| Cultural values, beliefs and lifestyle | -3,912 | 0,074   | 3,0245 | 0,009-0,077 |
| Political and legal                    | -4,235 | 0,057   | 4,276  | 0,000-0,000 |
| Economic                               | -3,245 | 0,065   | 3,334  | 0,000-0,000 |
| Educational                            | -2,114 | 0,024   | 8,879  | 0,000-0,000 |

Men's participation in family planning programs is still lacking, both direct participation, namely using contraceptives and indirect participation, namely maternal visits when using contraceptives are not accompanied by their husbands, even in making decisions to use contraception sometimes without the husband's consent. The factor that causes the lack of male participation is the gender gap in the implementation of family planning programs in Indonesia. This happens because of the implementation of past family planning programs which tended to target more women/mothers, limited information reaching men or the husband's low interest in accessing information about family planning and reproductive health which resulted in men's limited knowledge of these matters, social factors a culture that considers family planning as a woman's business and there is still an assumption in society that contraception affects the enjoyment of intercourse as well as a negative stigma that contraception for men is identical to castration, the limited number of service providers for men, both family planning and reproductive health, the limited types/methods of male contraceptives make men do not want to be a family planning participant, the husband's dominance in family decision making, including family planning and reproductive health, so that the wife becomes a family planning participant and the husband's reluctance to go to a medical professional to check his reproductive health, in addition to contraception for men the battery is still tugging and it's still forbidden (BKKBN, 2011; Muhyiddin, 2014; Astuty & Widjayati, 2016).

**Technological Factors with the Participation of Men of Childbearing Age in the Family Planning Program**

Health information, especially related to current contraceptive methods, can be obtained from various sources such as print media, electronic media or directly

from health workers. Based on the results of this study, it was found that there was a significant relationship between technological factors and the participation of men of childbearing age in family planning programs, but that the technological factors were still in the sufficient category. This is because only a few of the respondents take advantage of the ease of technology to obtain information about family planning. In accordance with the results of Rochmatillah's research (2018) that there are more than 50 percent of vasketomy and condom male contraceptive acceptors who do not use information media technology to access male contraception. Technology helps to improve a person's behavior towards a healthier direction through technological advances in the health sector and the use of information media technology such as television, cellphones, laptops, newspapers and magazines as a medium for public education related to health, especially family planning programs with the aim of encouraging couples of childbearing age to be able to participate in the Family Planning program (Atikah, 2012)

Men's accessibility to information about family planning is low because there is still limited information about the role of men in family planning, in general, which is mostly reported on women's contraception. Facilities for male contraceptive services are also still low. In couples of childbearing age, there are Maternal and Child Health services which generally serve only mothers and children so that men are reluctant to consult and receive services, as well as the limited number of service facilities that can meet the needs of men and the limited opening time for these service facilities.

Religious and Philosophical Factors with the Participation of Men of Childbearing Age in the Family Planning Program (Septiani, 2011). In addition, the mastery of information

technology among couples of childbearing age is still relatively low because they do not have technological media such as adequate gadgets, and even if there are they do not know how to find official information related to family planning programs specifically for men. Because sometimes some information still causes confusion and doubt for men of childbearing age, for example regarding the side effects of vasectomy for male strength, so that health workers are needed to explain more about the Family Planning program for men. In accordance with the results of research by several experts, health workers, especially family planning field officers, play a very important role in disseminating information about male contraception such as vasectomy, interrupted intercourse and condoms through direct health education or through mobile clinic service cars so that respondents can ask many things that are not yet known, understood regarding male-only family planning programs (Chuwa, 2012; Azmat.et.al, 2012; ROCHMATILLAH, 2018).

#### Religious and Philosophical Factors with the Participation of Men of Childbearing Age in the Family Planning Program

Beliefs related to religion and philosophy of life can influence a person's health care behavior. Children become a gift from God whose presence should not be hindered or prevented through the use of contraception. Children bring their own sustenance from God so that whatever the amount is not a problem, it is a philosophy of life that is still believed by the community (El Hamri, 2010; Muhyiddin, 2014). Another thing is that it is believed that male contraception is not haram and does not conflict with religious teachings. So that respondents participate in male family planning, namely condoms, interrupted intercourse and vasectomy (Gwarzo, 2011). According to religion, the use of contraception is legal if the goal is to delay or space out pregnancy, and it will turn out to be haram if the goal is to prevent pregnancy permanently, for example in a vasectomy. It is also forbidden to install this contraceptive device for fear of not being able to support the family because there are too many children, worrying about not being able to eat, not being able to survive and so on, because in a position like this, people think that Allah does not guarantee sustenance in their lives, even though it is clear It is clearly explained in the Qur'an and the Sunnah of the Prophet that Allah SWT has arranged for each human sustenance, only for the human to pick up his sustenance by trying earnestly (Muhyiddin, 2014). In this study, the wife's condition is not suitable for using contraception because of side effects such as couples of childbearing age or because the wife's health condition does not allow her to use contraception so that the husband decides to use short-term contraception such as condoms and interrupted intercourse. The husband chose long-term vasectomy contraception because his wife's health condition was deteriorating due to an autoimmune disease so that it was not possible to use contraception.

#### Social Factors and Family Attachment with the Participation of Men of Childbearing Age in the Family Planning Program

Significant other including the wife or the community in the surrounding environment can influence a person's health behavior to become healthier (Lette, 2018). Several studies have shown that family support plays a very important role in determining respondents' decisions to be involved in family planning programs (Samandari et al., 2010). Besides that, the wife plays a role in supporting her husband in choosing the type of contraception that her husband will use (DeRose, L. F., & Ezech, 2010). However, (Dalem, 2013) found that the wife did not provide support or even forbade her husband to use male contraception because of the

convenience factor during sexual intercourse (condoms) and the belief that men's strength was reduced/lost if they had used contraception (vasectomy). have the right to reach the peak of pleasure during sexual intercourse which will not be obtained if the husband has interrupted intercourse (Mulyanti, L., & Lestari, 2016).

In this study, respondents who had used contraception stated that there was support from their families using male contraception due to their wife's weak condition due to illness or because of various complaints/side effects of using family planning that can reduce women's quality of life, raising awareness of men to ease the burden on their wives in order to ensure their welfare. and the health of his wife and children. Another reason men use contraception is because their wife's health conditions are at risk if she experiences another pregnancy, such as eclampsia or blood clotting disorders. This awareness arises because of a strong bond of love and affection despite the old age of marriage or because of an understanding of gender equality in the use of contraception (Jennings, V., & Ziemann, 2010). Actions taken by someone who have subjective meaning or meaning for themselves and are directed to others. This is called social action. The action taken by the acceptor in using contraception is a social action directed to other people (here it means directed to the wife) to achieve mutual prosperity in the family.

Peer support who is involved in a support group or association and is an acceptor of male contraceptives has the effect of inviting male couples of childbearing age to participate in family planning programs, especially if the peers already know each other so that there is an attitude of mutual trust (Fikree, F. F., et.al, 2018). As in this study, men become family planning acceptors based on information or invitations from their peers who have also used contraception.

#### Cultural Values and Lifestyle Factors with the Participation of Men of Childbearing Age in the Family Planning Program

Positive beliefs or culture will direct people to behave in a healthier way. In fact, the progress that has been made so far has not made the patriarchal culture disappear. Men are still positioned as superior to women in various sectors of life (Dalem, 2013). The belief that the use of family planning is purely a woman's business because the ownership of reproductive organs lies with women and men as breadwinners who do not need to know about reproductive problems. In addition, the negative stereotype for men if they participate in family planning programs is that their degree will go down. Women carry a double burden compared to men, namely productive and reproductive roles. This situation raises the complexity of women's problems related to their reproductive functions, both physical, psychological, and social. Husband and wife have the same rights and obligations as well as an equal position in determining contraception for birth control. The meaning is very clear that the implementation of family planning programs must be oriented towards gender justice and equality (Fitria, 2010). In this study, it is clear that husbands are aware of their role in the family and society so they are willing to use contraception. The involvement of men in the family planning program can be considered positive as a form of a man's awareness that family planning is not only for women, but men also have the same obligation to be actively involved in family planning programs.

#### Political and Legal Factors with the Participation of Men of Childbearing Age in the Family Planning Program

Policies or regulations made by the government either in writing or in the form of an appeal can affect a person's health behavior. The government's efforts in the success of the family planning program are through promotions to increase community participation in family planning programs. Several studies have found that assistance from the government in the form of policy socialization and health promotion can increase interest in the use of male contraceptives (Rapp & Erikson, 2020). A study states that there is an influence between information on husband's participation in becoming a condom family planning acceptor. The lack of promotion or socialization about male family planning is due to family planning policies in Indonesia which still focus on achieving the target of female family planning participants. Women are still the main target of socialization of the Family Planning program with the hope that the wife will communicate and negotiate the use of contraceptives (alkon) to her husband (Atikah, 2012).

#### Economic Factors with the Participation of Men of Childbearing Age in the Family Planning Program

Economic conditions are a determining factor in making health-related decisions, one of which is regarding the use of male contraceptives. Unfavorable economic conditions are the reason for using contraception. The lower the economic status of the family, the higher the motivation to participate in the male-only family planning program (Akpamu et al., 2010; Widoyo, R., & Markolinda, 2011). This is done to ensure that the welfare of family members is maintained because the increase in family members means that the necessities of life also increase. Concern about meeting the needs of family members, especially children, is a natural thing in the family. In the current era of globalization, the costs and necessities of life are increasing but sometimes not accompanied by an increase in family income so that the consideration of delaying having children or increasing the number of children is a family choice (Grady, W. R., Klepinger, D. H., Billy, J. O., & Cubbins, 2010) In this study, even though the respondents have sufficient income, they still use contraception with the consideration that it is better to improve the welfare of existing family members compared to adding new family members which will increase family expenses. This is in accordance with the statement of Ratih (2011), namely the level of income is a measure of a person's feasibility in obtaining an award from his work which is used to meet his life needs. The higher a person's income, it can be assumed that his health status will be better, because access to health services will be easier. The level of income will affect the choice of the type of contraception. This is because to get the required contraceptive services, the acceptor must provide the necessary funds. Someone will definitely choose contraception according to their ability to get the contraception. In connection with this study, the economic level will affect the husband's participation in the family planning program because to get the contraceptive services desired, family planning acceptors must prepare funds according to their needs. In this study, the respondents had sufficient income and were dominated by the use of condoms. This is because condoms have a relatively cheaper price but are still effective.

#### Educational Factors with the Participation of Men of Childbearing Age in the Family Planning Program

The level of knowledge will affect a person's mindset. The higher the level of education, the mindset that leads to positive action will be better (Notoatmodjo, 2003). In this study, the education level of the respondents was dominated by higher education as well as the education level of their

partner. Couples who are highly educated have a tendency to have a better mindset in maintaining and improving the health status of their family members. In accordance with research results (ROCHMATILLAH, 2018) that the higher the level of education, the level of participation of men in family planning programs also increases. Research result (Longwe, A., & Smits, 2012) also suggested that a high level of education can affect increased participation in family planning programs. However, there are also research results that find that the lower the level of education, the higher the level of male participation in family planning programs. This difference may be due to the effectiveness of health education which can influence the behavior of couples of childbearing age to use contraception even though their education level is low. The better level of education is an opportunity for the government to be more aggressive in campaigning for family planning programs both directly and through the media, both print, electronic and social media, but it is also a challenge for health workers, especially family planning field officers to be smarter and ready to educate because level of criticality in line with the level of education (Notoatmodjo, 2003)(Setyowati, E., Arsiyah, A., & Balahmar, 2016).

Higher education will make it easier for a person to receive information and knowledge to lead a healthy life and overcome health problems. It is undeniable that a person's education is influential in responding to something that comes from outside. People who have higher education will respond more rationally than those with low education or those who are uneducated, so in dealing with new ideas they will use ratios rather than emotions. People who are not educated or have low education will certainly respond more to a new idea with emotion. Because new things he considered can shake the community or change what they have done in the past. The level of education not only affects the willingness to use family planning, but also the choice of a method. Men with low levels of education still think that women should use contraception, because women can get pregnant. Meanwhile, men with higher education levels, considering several things with their wives, are more likely to want to use contraception.

## CONCLUSIONS AND SUGGESTIONS

There is a significant relationship between the 7 dimensions in the theory of Transcultural Nursing with the participation of men of childbearing age in family planning programs. For family planning field officers to be more aggressive in campaigning about family planning for women and men so that male acceptors get the information they need and for male acceptors to be willing to open themselves up to participate in family planning programs.

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## Conflict of Interest Statement

The author declares that there is no potential conflict of interest in relation to the authorship and publication of this article.

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