

Male Perspectives Regarding Participation in the Use of the Male Sterilization/Vasectomy in Siliragung District, Banyuwangi Regency, East Java, Indonesia: A Qualitative Study

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Abstract: *Male sterilization or vasectomy is one method of contraception that is specific to men by simple surgery. There are various controversies regarding the vasectomy method in Indonesia from a cultural perspective in Indonesia with the majority of the population being Muslim. Coverage of vasectomy use has remained stagnant at 0%. The purpose of this study is to explore the perspectives of men regarding the participation of male couples of childbearing age related to the use of vasectomy contraceptive methods in the District of Siliragung, Banyuwangi Regency in 2019. This study uses a qualitative research with a phenomenological approach. Sampling in this study using total sampling with the number of informants were nine male couples of childbearing age as acceptors and not acceptors of the male operative method. The instruments used were in-depth interview guidelines and focus group discussion guidelines. The analysis used is thematic analysis. The results showed a different perspective from each participant regarding men's participation in the use of vasectomy methods. The findings regarding the influence of social culture, especially changes in the role of men in the use of contraception which is still difficult to be accepted by the acceptor's residence. Another condition that influences male involvement is fear of social sanctions when using the vasectomy method. A gender role transition which shows the concern and responsibility of the husband for the reproductive role related to the problems of health experienced by his wife. Attitudes perspective shows the attitude of accepting and willing to use the male operative method, accept but not to use, not accept and not to use the male operative method. Efforts that can be made to increase the participation of men of childbearing age in the use of vasectomy contraceptive methods is to optimize the implementation of health promotion, involving religious leaders and community leaders as role models related to vasectomy contraceptive methods on an ongoing basis.*

Keywords: male sterilization, male perspective, attitude, participation, qualitative study

1. Introduction

The problem of population in Indonesia includes a large population with a relatively high population growth rate, uneven population distribution, relatively young age structure, and low population quality. Data from the Badan Pusat Statistik or Central Statistics Agency (2019) found that the highest population growth rates in Indonesia from 2010 to 2016 were in the Riau Islands and Riau (3.06 and 2.93), then West Papua and East Kalimantan (2.61 and 2.58). (1)

The population growth rate in East Java Province especially Banyuwangi Regency in 2017 was 0.41 with a population of 1,604,897 inhabitants. (2) The population of Banyuwangi Regency is included in five districts in East Java Province with the largest population. Siliragung Subdistrict is included in the Banyuwangi Regency area with a high enough participation in contraceptive use. (2) Family planning acceptors are the majority of women, because almost all family planning program services are aimed at women as their main target. Women are targeted in providing information, education and communication in the improvement and use of contraceptive methods. Conversely, attention to men to participate in the use of contraceptive methods is still very low. (3)

The cultural traditions of Siliragung Subdistrict, are inseparable from the cultural customs of the Javanese tribe as indigenous people. The habits that have been done so far are that a man or husband has an important role in the family. The husband is the head of the family and the wife can become the head of the family if the husband has died so that some decisions related to the sustainability of a family always involve the husband as the main decision holder.

According to the Indonesian Health Demographic Survey (IHDS) in 2017, it was found that the participation of male birth control in the form of vasectomy / sterilization (0.2%), condoms (3.1%), periodic abstinence 1.2% and copulation was 2.9%. (4) The achievement could be said to be very low when compared with the achievement of membership in other countries such as Bangladesh reached 8%, Pakistan 10.9%, Nepal 24%, and Malaysia 16.8%. (2) The participation of men of childbearing age into new family planning acceptors remains low in Indonesia in 2013 was 0.25%. The fertility rate of the total population in Indonesia is the fourth largest among ASEAN countries, which is 2.6. This figure is much higher than the average Total Fertility Rate (TFR) in ASEAN of 2.4. (3)

The results of both qualitative and quantitative studies on men's participation in contraceptive use, especially men's operative methods, are still very limited. In-depth

Volume 9 Issue 2, February 2020

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information has yet to be obtained about various factors that affect the active role of men of childbearing age as acceptors of male operative methods, especially in Banyuwangi Regency. The population of the population in East Java Province especially Banyuwangi Regency is an area with a majority Muslim population. Patriarchal religious and cultural values are thought to be one of the factors related to the role of men in the field of reproductive health and family planning programs. (4)

The purpose of this study is to explore the perspective of men of childbearing age in the role and use of vasectomy contraception in Siliragung District, Banyuwangi Regency. This study explored in depth internal and external factors of men in the role and contraceptive use of male operative methods, including: socio-cultural perspective, motivation, gender perspective, and attitude perspective.

2. Theoretical Background

According to the National Population and Family Planning Agency (2020), modern family planning programs began to be introduced in Indonesia since 1953. In the early 1960s, Indonesia experienced a baby boom that was marked by an explosion of high birth rates. It is estimated that in Indonesia there will be an explosion of population in 2030 totaling 293 million out of 230 million in 2010. Based on the results of the 2020 population census, the population growth rate is 1.49 percent. Census data for 2012 showed that Indonesia's population had increased by 244.2 million with a population growth rate of 1.49 percent. The Family Planning Program (KB) involves cross-sectoral, especially government and private health sectors, defense and security sectors, agriculture, and other sectors. (5)

Family Planning is an effort to create a quality family through promotion, protection, and assistance in realizing reproductive rights as well as providing services, arrangements and support needed to form a family with an ideal marriage age, regulating the number, distance, and ideal age for childbearing, regulate pregnancy and foster children's endurance and well-being.

Male participation as a sterilization or vasectomy acceptor in Indonesia is still quite low. This is evidenced by data from the Indonesian Health Demographic Survey (IHDS) in a few decades of stagnant vasectomy acceptors coverage below 1%. The role of men in the use of contraceptive methods has been voiced since 1999. The active participation of men is expected to improve family welfare, improve the health of mothers, infants and children, reduce maternal and infant mortality, prevent and overcome reproductive tract infections and diseases sexually transmitted.

3. Material and Experiments

The method used in this study is a qualitative method with a phenomenological approach. The study was conducted in SiliragungSubdistrict from September to November 2018. The sample involved was male couples of childbearing age who became vasectomy acceptors (four pairs of husband and wife) and not acceptors (fivepairs of husband and wife), family planning field officers, family planning auxiliaries, community leaders, religious leaders, and midwife coordinator of the family planning program at the SiliragungCommunity Health Center.

The instruments used were in-depth interview guidelines and focus group discussion guidelines. The analysis used in the form of thematic analysis is the researcher makes several steps of analysis according to the steps of the thematic analysis, including: making coding, rereading the transcript of the results of in-depth interviews to do the recoding, making information categories by grouping the same information from the coding results that have been made and each category was analyzed based on the research theme, and interpreted the information, made a detailed analysis of the participants' feelings, opinions and perceptions contained in the theme.

4. Result

Characteristics of the informants identified included age, last education, occupation, religion, age of marriage, number of children, family planning status and family planning membership. Following are the characteristics of the main informants in table 1.

Table 1: Data Characteristics of Informants in 2018

Informan code	Age (year)	Last education	Vacation	Religion	Age of marriage (year)	Number of child	Family planning status & membership
In- A	50	Elementary	Farmer	Christian	25	3	Acceptor (2012)
In- B	54	Senior High school	Entrepreneur	Islam	32	5	Acceptor (2011)
In- C	55	Elementary	Farmer	Hindhu	24	3	Acceptor (2004)
In- D	49	Senior High school	Entrepreneur	Islam	21	3	Acceptor (2004)
In- E	42	Elementary	Entrepreneur	Islam	29	3	Not acceptor
In- F	57	Elementary	Farmer	Islam	29	3	Not acceptor
In- G	48	Junior High School	Entrepreneur	Islam	29	4	Not acceptor
In- H	41	Junior High School	Entrepreneur	Islam	21	3	Not acceptor
In- I	55	Elementary	Farmer	Islam	23	4	Not acceptor

Source: Primary Data Analysis (2018)

The Siliragung Society generally places women first in terms of using contraceptive methods. Thus, when men are involved in decision makers in the use of contraceptive methods, men in unusual situations. This is consistent with

what was conveyed by the informant, that when men are faced with making decisions for vasectomy it is felt very difficult. That is because men have difficulty accepting the choice to use a contraceptive method. The decision to use

vasectomy contraception for the health of his wife and because of religious teachings. The following excerpts from the relevant informant interview.

.... the man's ego is high, his ego is very high ... so he doesn't want to think long meaning he doesn't want to have broad insight. Just from the start I was thinking in terms of my own health, things related to other people who are directly related to me means my family (Inf.U, MOP)

(... if according to the knowledge I have gained while studying at pesantren there is no prohibition on using family planning. Because like this ... using family planning does not kill the seeds but the purpose of family planning is only delaying pregnancy. What is forbidden by religion is to kill fetus ...) (Inf-B, Acceptor)

These cultural values ultimately make men or men principled that it is not natural if men use the method of contraception. There was an answer from the informant that men who use family planning will have a certain impact when using contraceptive methods. The impact of contraceptive use on men is on decreasing work productivity, and fear if given social sanctions, especially the stigma of a husband being afraid of his wife.

The acceptor informants were all positive about participating in the use of the vasectomy contraceptive method. The informant's positive attitude was demonstrated by participating directly in the use of the vasectomy contraceptive method. Willingness of the informant to use the vasectomy method because of the informant's concern for his wife. There are several reasons stated by informants regarding the reasons for being a vasectomy acceptor, including: poor wife's experience in using previous contraceptive methods (history of high blood pressure, obesity, no menstruation, discomfort during intercourse, and short uterine size). In addition there are experiences such as: a pathological labor process that makes the informants ultimately take a stand by replacing the wife's role in the use of contraceptive methods. In the process, there is no coercion from the wife or outsiders all of the husband's own will.

Because my wife wants to be sterile, because of the condition ... her condition is due to high blood pressure. Yes, so it is better for me to use sterile ... because of my wife health ... (Inf-A Acceptor)

.... My wife used to use birth control pills and then never menstruated and her weight continued to increase I thought at that time O God how would my wife's body be if the stool (menstrual blood) that should have been released every month could not come out later but it didn't matter. For my wife ... I felt sorry for my wife for a long time ... (Inf-R Acceptor)

..... I also could not bear to miss if I witnessed my wife in pain during childbirth Since my child was born I was traumatized ... traumatized to women ... especially my wife ... from that trauma emerged to a woman,or until I felt pregnant, I could not bear ... I did not want ... already not to hurt anymore (Inf -Y Acceptor)

The decision of male couples of childbearing age in Siliragung Sub-District not use vasectomy methods is a form of threat assessment process and response assessment process. Both of the form, that results in the intention to carry out adaptive responses (motivational protection) by participating in the use of male or maladaptive methods of vasectomy, putting someone at risk by positioning the wife as an acceptor of the contraceptive method and refusing herself to participate in the use of male contraceptive methods.

... yes I've heard ... if according to the vasectomy effect, doctor said it is to increase male virility stamina ... but in my opinion personally it is a fear, which is feared to occur impotent ... (Inf-S NonAcceptor)

The informant's positive attitude also arises when he believes that the information conveyed by health workers is true. Informants are more confident and positive when they feel the benefits of the vasectomy method, are more eager to work and increase their passion in relationships are also conveyed by vasectomy acceptor informants.

..... yes at that time the officer said there was no effect on health or work stamina, only at that time the officer said that later the effect usually could not be fat. And it turns out it's true that the proof I work is also normal, there isn't any problem. I can still work hard like everyone else ... (Inf-S Acceptor)

When the acceptor decides to use the contraceptive method of the male operative method, there is no coercion from any party. Becoming a vasectomy acceptor is a form of caring for his wife. From a gender perspective, the husband realizes his obligation to play a role in easing the burden on his wife. The use of contraception is a burden or joint responsibility between husband and wife.

If the family does not know (if I acceptor of vasectomy) ... and don't let anyone know ... because I will definitely be furious ... yes, because of the family's view ...But I do not think like that I am more caring for my wife's feelings (Inf-Y Acceptor)

5. Discussion

Cultural barriers are still dominant for male acceptance of contraceptive use in Indonesia, especially stable contraception. The low participation of men in becoming a vasectomy acceptor is caused by socio-cultural factors which assume that contraception is women's obligation or duty (BKKBN, 2007). The decision of the informant to use male contraceptive operative methods or vasectomy is considered unreasonable by the people in their neighborhood. Decision acceptors using male operative method of contraception is an unusual occurrence. Wives or women who should use contraception. (6)

Another theory supporting the previous results is the Health Belief Model (HBM) theory which focuses on two aspects that represent individuals of health and health behavior, including: threat perception and behavior evaluation. Perception of threats is interpreted as two main beliefs, as:

perceived vulnerability to illness or health problems, and anticipated severity of the consequences of illness arising or experienced. Behavioral evaluation also consists of two different sets of beliefs, namely: concerning the benefits or efficacy of the recommended health behavior, and concerning the costs or obstacles in carrying out the behavior.(7)

The community in the acceptor's residence environment also does not believe that the informant is a vasectomy acceptor, because the physical acceptor is considered quite strong. Siliragung society's habit of participating in the use of contraceptive methods is in accordance with the theory model conveyed by Rogers about protection of motivation theory. Individuals want to do something because they have the motivation to protect themselves. Motivation to protect oneself depends on four factors, such as: perceived severity (from frightening events), perceived vulnerability, perceived responsiveness efficacy (perceived self-efficacy), individual's confidence in one ability to carry out recommended preventative behaviors.(8)

Participation that has been done by male acceptors voluntarily related to the use of contraception (condoms and vasectomy) is to use a gender perspective approach. Gender inequality plays a major role in family decision-making related to contraceptive use.(9) Factors related to contraceptive use in general are age, parity, and education. (10) Study by Jejeebhoy (2002), found that male attitudes men or husband are more positive in using contraception if they have a wife with equal ability.(11)

Men have easier access to health facilities due to higher socioeconomic status compared to women. A study by Rahyani et al (2015) suggests that the population of adolescents and the elderly in Indonesia has less access to health facilities. This condition should increase men's participation in contraceptive use, especially long-term contraception. (12) Conceptual framework of factors affecting client utilization for health and sexual health facilities, including: socialization of the program, regulations, current policies, infrastructure, financing, social culture, client knowledge, feeling comfortable, waiting time, attitudes and behavior of health providers.(13)

Over the past 20 years, governments at national and global levels have actively engaged men in order to regulate the number of births, women's reproductive health, reproductive health and gender equality, and fulfillment of reproductive rights as a whole. (14, 15, 16)

6. Conclusions

Men's perspectives on the use of vasectomy contraception, especially from a socio-cultural perspective, show that men will try to participate when they know they have the ability and courage to deal with various pressures related to stigma for vasectomy acceptor men. In a gender perspective, when a husband decides to use the method of contraception is a form of his caring for his wife as well as believing that the use of contraception does not violate the religious values held. The use of contraceptive methods is men's business when married. Perspective attitude of men who accept and

want to use because of the belief and trust in information received. Men play a limited role as a supporter when women decide to use contraception. Men do not accept and do not use vasectomy for fear of the negative effects of these methods. Socio-cultural factors, religious values, motivation, gender perspectives and men's attitudes related to the use of vasectomy contraception provide a new value of the success of vasectomy contraception programs in Indonesia broadly. Other factors include socioeconomic status, education, geographical conditions and available resources.

One important effort that must be done in order to increase male participation in contraceptive use, especially long-term contraceptive methods (vasectomy), is through the example of community leaders and religious leaders. Policies made related to contraception in men involve the role of community leaders and women.

7. Conflict of Interest

There are no conflicts of interest in this study.

8. Ethical Clearance

Ethical clearance telahdiberikandari Komisi Etik Universitas Jember number: 072/333/REKOM/429.206/IX/2018.

9. Source of Funding

Funding for this study was from the researchers' personal funds.

10. Acknowledgment

A big thank you to Dr. PradnyaparamitaDuarsa, Msi, R. DR. Drh I Made Subrata, M.Erg who has contributed many suggestions in the preparation of the manuscript of this publication.

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