

# Participation of Men Fertile Age Couple Poor Family in the Family Planning Program City of Makassar the Year 2015

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**Submission date:** 20-Jun-2023 10:13AM (UTC+0100)

**Submission ID:** 209200049

**File name:** n\_the\_Family\_Planning\_Program\_City\_of\_Makassar\_the\_Year\_2015.pdf (598.99K)

**Word count:** 4799

**Character count:** 25262

## Participation of Men Fertile Age Couple Poor Family in the Family Planning Program City of Makassar the Year 2015

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### Abstract

The purpose of this research was to observe the effect of family planning and reproductive health knowledge, motivation, social and cultural values and attitudes towards male participation in reproductive age couples in a poor family planning programs in the city of Makassar. This study uses a quantitative approach with survey method by using path analysis (*path analysis*). The population is all male couples of childbearing age poor families in the city of Makassar amounted to 2060 people who were then withdrawn sample by cluster random sampling in three (3) districts that have been purposively each 150 samples in the District Tallo, 162 samples at Tamalate District and 23 samples in the District Mangala so overall there are 335 samples. The results showed that, based on statistical test showed a significant difference of knowledge of family planning and reproductive health, motivation and social value of culture on attitudes in family planning and found influence significant between knowledge of family planning and reproductive health, motivation, social value of culture and attitude in the family plans to male participation in the couples of childbearing age. Based on the research results and conclusions obtained it is suggested that the need for increased communication, information and education to all couples of childbearing age, especially men to be involved in the program, either directly or indirectly as well as the role of government, private sector, community leaders, religious leaders as well as cross-sector to take more tangible role in in order to increase male participation in family planning program.

**Keywords:** Couple of Eligible, Participation Men

## INTRODUCTION

Based on data from the Central Bureau of Statistics (2012), the growth of the world population currently exceeds 2 % per year so if it continues to happen then the expected population boom. Current world population reached 7 billion and will be doubled in the next 30 years. According to the World Population Data Sheet (2013), Indonesia was the 5th in the world with the highest estimated number of population is 249 million. Among ASEAN countries, Indonesia with the largest area remains the country with the largest population, well above the 9 other member states, with a fertility rate or the Total Fertility Rate (TFR) of 2.6 where Indonesia still above the average TFR of ASEAN, namely 2, 4.

Countries Indonesia with an average population growth is still high where the population census data of 1990 the population of Indonesia 179 million people, in 2000 as many as 206 million people and the last population census in 2010 the population of Indonesia has reached 237 million and if multiplied in year 2030 will reach 436 million. The large population is a positive potential in addition can cause negative impacts as well as environmental damage are widespread, resource scarcity, food insecurity, poverty and social conflict (Ministry of Health of the Republic of Indonesia, 2014)

One population policy in controlling the rate of population growth is a family planning program. Family Planning as a means of population policy is reduced to a means of controlling population growth. Behind the success of family planning so far in achieving the target of fertility decline then there are issues relating to the state control of the reproductive behavior of its citizens, including the use of contraception (Agus Dwiyanto, 1996).

Data from the National Population and Family Planning (BKKBN, 2014) shows that in 2013 there are 8,500,247 couples of childbearing age who are participants in the new birth, and almost half (48.56 %) use a contraceptive injection method. In terms of gender, the proportion of women who used the contraceptive method is much larger, ie 93.66 % as compared to male contraceptive methods by 6.34% (BKKBN, 2014). It shows the participation of men in contraceptive use is still very small, or in other words, still dominant performed by women.

Participation men or husbands in family planning is the responsibility of the participation of family planning, as well as sexual behavior that is healthy and safe for himself, spouse and family. Forms of participation of men / husbands in family planning can be done directly or indirectly. Participation in person is to participate as FP or using one of the methods of birth control, such as condoms, vasectomy and natural family planning involving man/husband through the method of withdrawal and periodic abstinence (BKKBN, 2005).

Male birth control methods is one of the few options the use of contraceptives is done in an effort to reduce the rate of population growth in Indonesia. Male participation in family planning is still very low, it is triggered by many factors such as : religious, patriarchal culture, gender, cost, and social impacts that may occur.

Efforts to improve the perception through the promotion of birth control men with a variety of media and forms are expected to grow the correct perception on the public, especially men, so they are aware and willingly participated planning participants.

Promotion of sustainable family planning man had to be done, considering the perception and the false notion that family planning.

The low participation of men in family planning trigger high fertility, especially of the poor who so far has the fertility rate tends to be high compared to other families in general. Fertility is still high in poor families will have an effect on the provision of food and nutrition, housing, health, education and employment. One of the efforts is to empower the poor, especially the spouses of fertile age that will be in line with the objectives of the MDGs.

Based on the description that has been stated previously, the purpose of this study was to look at the influence of knowledge, motivation, social and cultural values as well as the attitude towards family planning to see the influence of knowledge, motivation, social and cultural values and attitudes towards male participation in family planning programs in poor to Makassar.

## **RESEARCH METHODS**

This research is a quantitative approach with survey method by using path analysis (path analysis). A quantitative approach is used to measure the effect of knowledge of family planning and reproductive health, family planning motivation, social and cultural values, attitudes family planning against male participation in family planning programs.

The population in this study were all male couples of childbearing age poor families residing in the city of Makassar of 2060 men (BKKBN, August 2015) The amount of samples taken based on Table Kreijhe (Sugiyono 2014, 65) of 335 samples.

Mechanical Data Retrieval using observation, conducting interviews and provide a questionnaire in the form of a questionnaire associated with variables research while secondary data is data collected or obtained from the relevant agencies with the purpose of research, for example office Coordinating Agency for National Family Planning, the Central Bureau of Statistics, Department of Health, health center, district office according to research sites in Makassar.

### ***Validation and reliability***

Variable - measured variable is said to be valid if it has a correlation coefficient ( $r$  count)  $\geq$  ( $r$  table). Testing the validity of the instrument using Cronbach 's Alpha method and with the help of SPSS 23 for windows. For reliability, the limit values are used to assess or to test whether any of the variables are trustworthy, reliable, and accurate formula used Alpha Cronbach coefficient. The greater the value of reliability (getting close to 1), the higher the confidence level of the instrument. Criteria Rules of Thumb about Cronbach 's Alpha coefficient Size according Hair, J. F (2003 : 172) which categorizes the reliability of research instrument, is as follows :

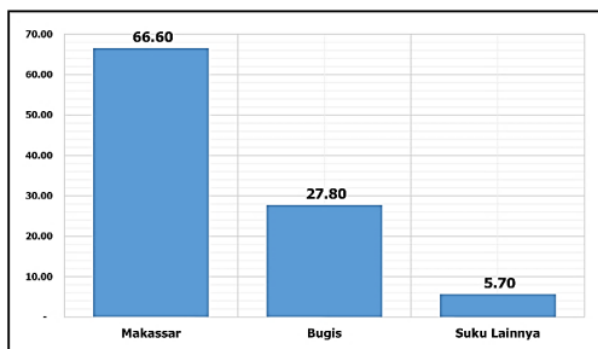
- a.  $0.00 < R < 0.60$  : Poor
- b.  $0.60 < R < 0.70$  : Moderate
- c.  $0.70 < R < 0.80$  : Good
- d.  $0.80 < R < 0.90$  : Very Good
- e.  $0.90 < R < 1.00$  : Excellent

## RESEARCH RESULTS

Respondents in this research is the main focus, where the number of male contraception user population as much as 2060 people. Samples were selected by cluster random sampling carried at Makassar City. The division of the districts Tallo first sample of 150 respondents (7:28 %), both in districts Tamalate of 162 respondents (7.86 %) and third in Manggala districts by 23 respondents (1:12 %). So that the number of sample totaled 335 respondents (16:26 %)

### *Identity of Respondents*

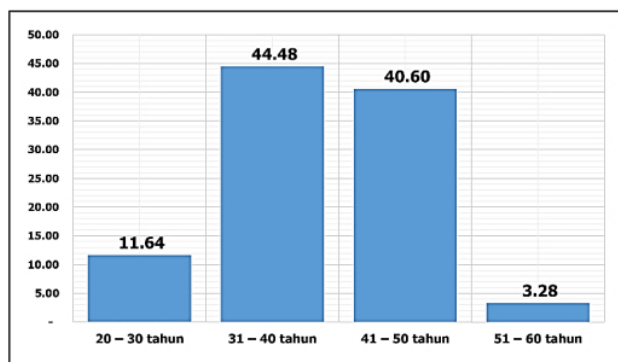
The following are the respondent data on the identity of the respondent:



**Figure 1:** Distribution of respondents by tribe

From the graph above shows that out of 335 respondents, the highest rate of Makassar rate (66.60 %), especially in the districts of Tamalate located south of the city of Makassar.

While the distribution of respondents by age group can be seen in the graph below:



**Figure 2:** Distribution of respondents by age group.

The graph above shows the largest age group is 31-40 years (44.80 %) followed by the age group 41-50 years (40.60 %), demonstrating the productive middle age for respondents.

As for seeing the distribution of respondents by level of education last owned it can be seen in the image below:

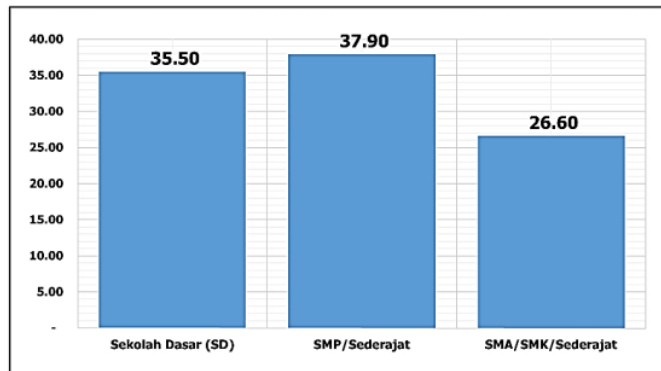


Figure 3: Distribution of respondents by level of education

From Figure 3, it appears that majority respondents' education level is lower secondary education (37.90 %) followed by the level of primary school education (35.50 %) and education level of high school (26.60 %). It shows the average education level of respondents is low given the level of respondents were from poor families.

While the description of the respondents based on the average amount of income in a month can be seen as follows :

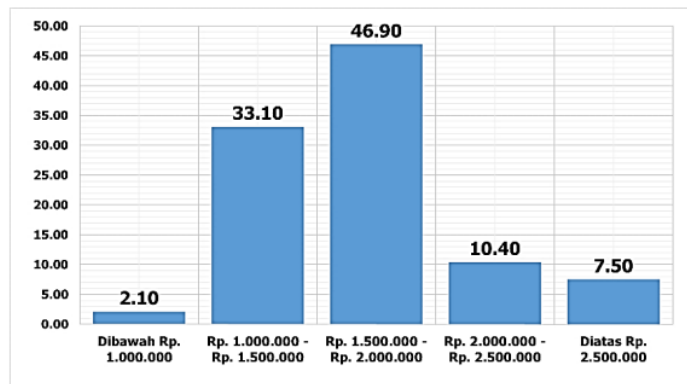
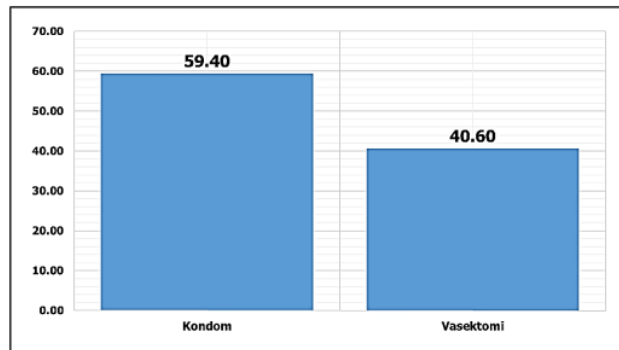


Figure 4: Distribution of respondents based on the amount of income

Figure 4 shows the average number of monthly income of the respondents in the production of 1.5 million - 2 million (46.90 %) followed by 1 million - 1.5 million (33.10 %) and respondents with an income of more than 2.5 million per month whereas only 7.50 % based on the results of research in the field, the average respondent had children 3-4 people. To see the type of contraception used, it can be seen in the image below :

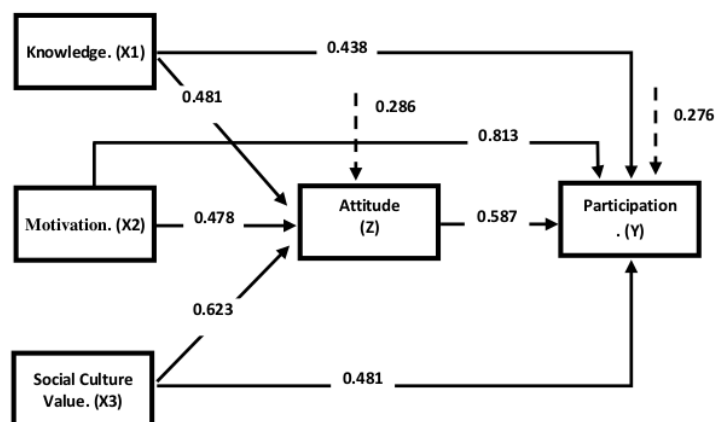


**Figure 5:** Distribution of respondents by type of contraception

From Figure 5 above shows that the type of contraception most widely used is the condom (59.40 %) followed by 40.60 % vasectomy

**Analysis Model Path (Sub - structure and sub - structure 1 2)**

Here is a model path is formed based on data obtained from the sub - structure and sub - structure 1 2.



**Figure 6:** Model of Path (Sub Structure 1 + Sub Structure 2)

**Table 1:** Summary Results of Direct Impact Analysis, Indirect Influence and Effects of Exogenous against Total Variable Variable Endogenous

Variable	Value Effect Coefficient		
	Direct	Indirect	Total
Againts X1 Y	0,438	-	0,438
Againts X2 Y	0,813	-	0,813
Againts X3 Y	0,512	-	0,512
Againts X1 Z	0,481	0,282	0,763
Againts X2 Z	0,476	0,257	0,733
Againts X3 Z	0,623	0,335	0,958
Againts Y Z	0,597	-	0,597
eZ	0,239	-	-
eY	0,375	-	-

## DISCUSSION

### *Effect of Family Planning Knowledge and Attitudes towards Male Reproductive Health in Family Planning program*

Based on previous testing table can be seen the value of t-count of 9,786 with significant value for 0000 is smaller than 0.05. Because of t-count equal to 9,786 bigger than t-table error rate for 1967 at 5% then H0 and H1 accepted. It can be concluded that the knowledge of men of fertile couples from poor families significant influence on attitudes in family planning.

The direct effect of public knowledge (X1) on the attitudes of society (Z) obtained at 0.481. Great contribution in the amount of direct influence:  $0.481 \times 100\% = 48.10\%$ . While the indirect effect of public knowledge (X1) through public attitudes (Z) against public participation (Y). Values obtained indirect influence of  $0.481 \times 0.587 = 0.282$ . Thus the contribution of  $0.282 \times 100\% = 28.20\%$ . The net effect of public knowledge (X1) against public participation (Y) of  $0.481 + 0.282 = 0.764$ . Thus the contribution in the amount of  $0.0764 \times 100\% = 76.40\%$ .

This is in line with research conducted by Erna Listyani (2012), which looked at the relationship husband's knowledge about family planning with the attitude of the husband in family planning in at Klaten Regency that the better knowledge of the husband, the more positive stance in support of family planning programs.

Knowledge plays a major role in providing insight into the formation of attitudes towards health. That stance will be followed by action to make efforts in improving health. The man (husband) who do not have extensive knowledge about family planning will not be motivated to follow the family planning program (Notoatmojo, 2003).



Although this study took samples in poor families where the education level in the Junior High School (SMP) obtained level of knowledge about family planning and reproductive health is good. From the interviews conducted, the resources obtained from the media in addition to the routine extension of KB extension workers that exist in every village. Besides, it does not rule out the possibility they had discussions with his wife, the information from family, neighbors or peers.

Different things expressed by Green (1980) stated that the increase of knowledge does not necessarily lead to behavior change. Knowledge is something necessary but not a factor that is strong enough for a person to behave in accordance with their knowledge. The same thing according to WHO (Notoatmojo, 2003) stated that the positive attitude of a person does not automatically manifest in a real action. This is due to several reasons, namely the attitude will be manifested in the situation depends on the time. The attitude also be followed or not followed by actions based on the experience that many say the least. Attitude is also influenced by the values that hold true of everyone in society.

***Effect of Motivation on Attitude Men in Family Planning program.***

Based on previous testing table can be seen the value of 11 985 t-test with significant value for 0000 is smaller than 0.05. Because the count of 11 985 t is greater than t-table 1967 at the error rate of 5% then H0 and H1 accepted. It can be concluded that the motivation of people significantly influence people's attitudes in the reception KB men. The direct effect of community motivation (X2) on the attitudes of society (Z) obtained at 0.478. Great contribution in the amount of direct influence:  $0.478 \times 100\% = 47.80\%$ . Indirect influence community motivation (X2) through public attitudes (Z) against public participation (Y). Values obtained indirect influence of  $0.478 \times 0.537 = 0.257$ . Thus the contribution in the amount of  $0.257 \times 100\% = 25.70\%$ . The net effect masyarakat motivation (X2) against public participation (Y) of  $0.476 + 0.257 = 0.733$ . Thus the contribution in the amount of  $0.733 \times 100\% = 73.30\%$

Research conducted by Framurz (2003) regarding motivation and involvement of men in Pakistan found that men who live in cities and have a good knowledge of a positive attitude in family planning including contraception.

The results of the field study indicate the motivation the man who became a major influence on his attitude acceptors in family planning. In this study the influence of motivation is greater than the influence of knowledge on the attitudes of men in family planning the EFA. To questions related to motivation KB both men are part of the motivation in itself (intrinsic) and motivation from external (extrinsic).

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***Influence of Social and Cultural Values of the attitude of men in family planning programs.***

Based on previous testing table seen the value of 17 765 t-test with significant value for 0000 is smaller than 0.05. Because the count of 17 765 t is greater than t-table amounted to 1.967 at the error rate of 5% then H0 and H1 accepted. It can be concluded that the socio-cultural values significant effect on people's attitudes. The direct effect of social and cultural values (X3) on public attitudes (Z) obtained at 0.623. Great contribution in the amount of direct influence:  $0.623 \times 100\% = 62.30\%$ .

Indirect influence of social and cultural values (X3) through public attitudes (Z) against public participation (Y). Values obtained indirect influence of  $0.623 \times 0.537 = 0.335$ . Thus the contribution in the amount of  $0.335 \times 100\% = 33.50\%$  so that the total effect of social and cultural values (X3) against public participation (Y) of  $0.623 + 0.335 = 0.958$ . Thus the contribution in the amount of  $0.958 \times 100\% = 95.80\%$ .

According to the research conducted by the BKKBN (1998) about the social, economic and cultural explaining that cultural values such as views on many children a lot of luck, preferences child's gender and religious views espoused not show pengaruh are significant to the attitudes of men in family planning. In this study the socio-cultural values greatest effect on the attitudes of men in the family planning. Most respondents agreed with their male family planning program in order to limit the number of children they have. This attitude is evidenced by their participation in family planning. Although it was found that they are planning participants and agree with their family planning programs but of questions asked via questionnaire so many found that they participate in family planning because their wives do not fit into any one of contraceptives for women. According Hadrawi, presents that in Bugis culture there is still a gender bias and patriarchal culture in the pattern of relations between men and women in relation to sex. Men placed in the superior position, while the women placed in the inferior position.

#### ***The influence of family planning and Reproductive Health Knowledge on Men 's participation in family planning programs.***

The direct effect of public knowledge (X1) against public participation (Y) obtained at 0,438. Great contribution in the amount of direct influence :  $0,438 \times 100 \% = 43.80 \%$ . Meanwhile, based on the test table obtained seen the value of t - count of 6546 with significant value for 0011 is smaller than 0.05. Because of t - count equal to 6,546 bigger than t - table amounted to 1.967 at the error rate of 5% then H0 and H1 accepted. It can be concluded that the knowledge society a significant effect on people's participation.

BKKBN (2007) that one of the factors that influence the low participation of men in family planning is the low level of knowledge of men to family planning itself. Another study conducted by Wijanti (2004) conducted by conducting in-depth interviews and direct observation can be seen that ignorance or lack of public knowledge about Operation Method Man (MOP) / vasectomy is a major contributing factor to the cause of the people did not choose MOP as a contraceptive choice.

#### ***Effect of Motivation on Male Participation in Family Planning program.***

According to the table above can be seen testing the t-count value of 17.836 with significant value for 0000 is smaller than 0.05. Because the count of 17 836 t is greater than t - table amounted to 1.967 at the error rate of 5% then H0 and H1 accepted. It can be concluded that the motivation of people have a significant effect on community participation. The direct effect of community motivation (X2) against public participation (Y) obtained at 0,813. Great contribution in the amount of direct influence:  $0,813 \times 100 \% = 81.30 \%$ .

The results showed that motivation has the greatest influence on the participation of family planning among other variables. Lodging Tamalate District Officer then a highly visible role in the planning and family planning cadres to invite him to participate. In Sub Tamalate distri also been formed KB Group Men " Susi prosperous" and earn rewards beberapa kali either the Central or Provincial level.

***Influence of Social and Cultural Values on Participation of Men in Family Planning program.***

Based on previous testing table can be seen the value of t - count of 7,018 with significant value 0.003 less than 0.05. Because of t - count equal to 7,018 bigger than t - table amounted to 1.967 at the error rate of 5% then H0 and H1 accepted. It can be concluded that the socio-cultural values significant effect on community participation. The direct effect of social and cultural values (X3) against public participation (Y) obtained at 0.481. Great contribution in the amount of direct influence :  $0.481 \times 100 \% = 48.10 \%$ .

The results of a qualitative research study by Wiyanti (2004) in Semarang Regency stated that MOP has not been entrenched in society. Social and cultural conditions which are likely patrilineal allow women to be in decision-making sub ordination caused by family planning program dominated by men. Related to the child gender preferences, the majority culture in the world shows a tendency to please the birth of male children than girls. Custom or custom of a society that provides value boys more than girls. It allows the family to have children in large quantities.

Another study conducted by Joseph Anafah, et al (2007) in North Central Timor district stated that the local social culture enough to affect the participation of men in the use of birth control.

In the context of inequality Makassar Bugis society positions and roles of women and men in the family is still a lot going on. On the one hand the role and position of women is highly respected equal with men but on the other hand women were subordinate to men (Ahkam Jayadi, 2002).

***Influence Attitudes towards Male participation in family planning programs***

Based on the examination table above can be seen the value of 7.273 t-test with significant value for 0000 is smaller than 0.05. Because of t - count equal to 7.237 greater than t - table amounted to 1.967 at the error rate of 5% then H0 and H1 accepted. It can be concluded that public attitudes have a significant effect on community participation. Direct influence public attitudes (Z) against public participation (Y) obtained at 0.587. Great contribution in the amount of direct influence:  $0.587 \times 100 \% = 58.70 \%$ .

This is in line with research conducted by Saptono (2008) which gained a significant relationship between attitudes towards male participation in family planning. Male participation in family planning is the responsibility of the participation of men in family planning and sexual behavior are healthy and safe for himself, spouse and family. Basically, male participation in family planning programs can be direct or indirect. By using one of the methods of male contraception is a form of direct participation, while participation indirectly for example a man having a positive

attitude and make better decisions based on the attitudes and perceptions and knowledge possessed. Results Demographic and Health Survey in Indonesia (2007) found that the number of children living positive influence on the attitude of the husband in the family planning means more number of children, the greater the probability of the husband against his participation in family planning.

The results are consistent with the theory developed by Green (1991) who found predisposition attitude is a factor that determines a person's behavior. The use of contraception is a form of behavior that is based on the person's positive assessment on these activities

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### **CONCLUSION**

Based on the analysis of data and the calculation of statistics as described previously, it can be concluded that knowledge of Family Planning and Reproductive Health, Motivation family planning, Social Values Culture and Attitudes towards KB affect significantly the participation of male couples of childbearing age poor families by family planning programs, It is suggested that the increase of Communication, Information and Education through the KB group of men involving governments, private sector, religious leaders, community leaders and all stakeholders in order to increase male participation in family planning program.

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