



## The Correlation of Perception with Men's Participation in Family Planning at Sinoa Bantaeng Public Health Center

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**Abstract:** Male participation in family planning is still low. Based on the 2015 health demographic survey, the number of male family planning acceptors was only 6.5% and only 2.3% in Bantaeng. The low participation of husbands in the practice of using male contraception is basically inseparable from the assumptions or perceptions that tend to still handover family planning responsibilities to women. The purpose of this study was to determine the relationship between men's perceptions and participation in family planning in the working area of Sinoa Health Center, Bantaeng. This type of research is a descriptive study using a cross sectional family planning participants with a sampling technique that was purposive sampling. Data analysis used univariate and bivariate analysis by chi square. The results of the chi-square test showed that perception ( $p$  value 0.14)  $< \alpha$  (0.05) was related to participation in family planning. This study shows that there is a relationship between men's perceptions and participation in family planning in the working area of the Sinoa Bantaeng Health Center. The challenges with the participation of men in family planning such as family planning are prohibited by religion, family planning is the responsibility of wives and men more valuable than women. So that midwives can provide counseling to Fertile Age Couples (FAC) for family planning programs by inviting men or husbands in male contraception and as additional information for male contraception services.

**Keywords:** Perception, Participation, Family planning.

### 1. INTRODUCTION

A quality family is a family that is prosperous, healthy, advanced, independent, has an ideal number of children, forward-looking, responsible, harmonious, and devoted to God who is almighty. The family planning program is improving quality in all forms and equality gender justice through empowering women and increasing men's participation (BKKBN, 2013). According to the World Health Organization (WHO) contraceptive use has increased in many parts of the world, especially in Asia and Latin America and the lowest in sub-Saharan Africa. Globally the use of modern contraception has increased significantly from 54% in 1994 to 57.4% in 2004. Regionally, the proportion of fertile age couples reporting modern contraceptive methods has increased for at least the past 6 years, in Africa 23.6% to 27.6%, in Asia from 60.9% to 61.6%, while Latin America and the Caribbean rose from 66.7% to 67.0% (WHO, 2014).

One of the prominent problems in the family planning program is the low participation of men / husbands in the implementation of family planning programs. Based on data from the Ministry of Health of the Republic of Indonesia in 2012, the percentage of

family planning participants based on sex was female participants reaching 93.66% and male family planning participants only ranged 6.34%. A quick glance at the percentage of most family planning use in Indonesia can immediately be seen that there is a very large dominance in the use of female contraception compared to men. (Indonesian Ministry of Health Data and Information Center, 2014). In South Sulawesi itself based on data taken from the PROV health profile. South Sulawesi In 2015 the percentage of contraceptive methods based on the type of injection 51.44%, pills 29.99%, implants 8.01%, IUD 3.72%, MOW 1.02%, condoms 5.75%, MOP 0.11% and other methods as much as 0.01%. Based on a preliminary study at the Sinoa Community Health Center, there were 1996 active male and female birth control participants as of December 2016. The majority of active birth control participants were women with injecting contraceptives, 936 people (46.9%), 812 pills (40.7%), intrauterine devices (IUD) 82 people

(4.1%), under-skin contraception (implants) 56 people (2.9%) and female surgery methods (MOW) 19 people (0.95%). Participants of active male family planning are Condoms (Co) 84 people (4.2%), and Male Operating Methods (MOP) 7 people (0.37%) (Puskesmas Sinoa, 2017). The results of interviews of 3 female family planning acceptors at the Sinoa Community Health Center, said that their husband's absence from contraception was due to limited information that led to the emergence of negative perceptions or assumptions that still tended to surrender family planning responsibilities to the wife and the assumption that vasectomy was haram by religion.

Based on the description of the background above, the author feels it is important to conduct a study with the title "The Relationship Between Men's Perceptions of Participation in Family planning in the Sinoa Community Health Center Work Area Bantaeng".

## **2. REACH AND METHODS**

### **Types of research**

This type of research is quantitative descriptive (to explain the characteristics of each study variable) using the Cross Sectional Study approach to see the relationship between the independent variables and the dependent variable, regarding the relationship between men's perceptions of participation in family planning in the working area of the Sinoa Health Center in Bantaeng District.

### **Place of Research**

The location of this research was carried out in the working area of the Sinoa.yakni Community Health Center in Sinoa District, Bantaeng Regency, South Sulawesi.

### **Research time**

#### **This research was conducted in March-May 2017**

**Research variable**  
The research variable is basically an attribute or nature or value of people, objects or activities that have certain variations determined by the researcher to be studied and conclusions drawn. In this study there are 2 types of research variables, namely: independent variable (Independent Variable) and the variable variable (Dependent Variable).

### **Independent Variable**

The independent variable is the variable that influences or is the cause of the change or the appearance of the dependent variable. The independent variable used in this study is the male perception of male contraceptive use.

### **Dependent variable**

Dependent variable is a variable that is affected or has an effect, because of the independent variable. The dependent variable in this research is the participation of men in using one method of contraception.

### **Population**

Population is a generalization area that consists of objects or subjects that have certain qualities and characteristics determined by researchers to be studied and then drawn conclusions (Sugiyono, 2013).

The population in this study was the husband of a fertile age couple who used contraception in the Sinoa Health Center working area which was recorded until January 2017 as many as 72 people.

### **Sample**

The sample is part of the number and characteristics possessed by the population (representing) the population (Sugiyono, 2013). The sample in this study were all men from fertile age couples who used contraception in the working area of the 2017 Sinoa Health

### **Center as many as 41 people.**

The data collection technique in this study was Purposive Sampling. The characteristics that are considered as sampling in this study are as follows:

Inclusion criteria are general characteristics of research subjects from an affordable target population sample that will be studied (Siswanto, 2014). Inclusion criteria in this study are:

“Men who are family planning acceptors Men who are couples of childbearing age Willing to be a respondent”

The exclusion criterion is to eliminate / exclude subjects who meet the inclusion criteria from the study for various reasons (Siswanto, 2014). The exclusion criteria in this study are:

“Men who are not family planning acceptors Men who are not couples of childbearing age Not willing to be a respondent”

### **Data Collection and Research Instruments**

The instrument or aids used in this study are questionnaires with multiple choice questions (Multiple Choice). According to Siswanto (2013) is a list of questions that are arranged well, mature, where respondents live to give answers or by giving certain signs. To find out the relationship between men's perceptions with men's participation in family planning, the test used is the form of closed questions (Closed Ended) where the answer is available, so the respondent only has to choose.

This measurement uses a Likert scale with categories if the respondent answers favorable statements (Positive) then: Strongly Agree (SS) is 5, Agree (S) is 4, Doubtful (RR) is 3, Disagree is 2 and Very Not Agree value 1. As for unfavorable statement (Negative) then: Strongly Agree (SS) value 1, Agree (S) value 2, Doubt (RR) value 3, Disagree value 4 and Strongly Disagree value 5. Fill in the questionnaire This is by giving a cross (X) or encircling the answers that are considered correct (Notoatmojo, 2011).

### **Data analysis**

After all the data obtained is accurate, the analysis process is held in two ways, namely: Univariate Analysis

Univariate analysis is used to determine the frequency distribution and proportion of each variable studied, both the independent variable and the dependent variable. The data analysis used is descriptive analysis, with the formula:

Information :

P = Percentage sought

F = Frequency or variable N = Number of samples

### **Bivariate Analysis**

Bivariate analysis is an analysis conducted to see the relationship between two variables, namely between the independent variable and the dependent variable. The analysis used in this study is the chi-square test to get a meaningful relationship.

$$x^2 = \sum ((f_o - f_n)^2) / f_n$$

$x^2$  = Chi-square

$f_o$  = the observed frequency  $f_n$  = expected frequency.

To determine whether there is a meaningful relationship between the dependent variable, then using the P value compared to the error rate of 5% or 0.05. If P value  $\leq$  0.05, then  $H_o$  is rejected, meaning that there is a significant relationship between the independent variable and the dependent variable. If P value  $>$  0.05, then  $H_o$  is accepted, which means there is no relationship significant between independent variables and the dependent variable.

### **Research Ethics**

It is internationally agreed that the basic principles of applying health research ethics are: (KNEPK, 2007) The principle of respecting human dignity and respect (Respect for person)

The ethical principle of doing good and not harming (beneficence and non maleficence) The ethical principle of justice (Justice) Age

**Table 1.** Frequency Distribution Is Considered By Age In the Sinoa  
HealthCenter Work Area Kab. Bantaeng 2017

Age	Percentage	Frequency
< 20 dan >35	10	24,4 %
20-35 Tahun	31	75,6 %
Total	41	100 %

Source: 2017 Primary Data

Based on table 1 shows that of the 41 respondents who were sampled, respondents in the age category between 21-35 years were the most categories with 31 people (75.6%), while respondents in the age category <20 years and> 35 years had as many 10 (24.4%) respondents.

a. Education

**Table 2.** Distribution of Respondents Frequency Based on Education  
In the Sinoa HealthCenter Work Area Kab. Bantaeng 2017

Age	Percentage	Frequency
High	32	78 %
Low	9	22 %
Total	41	100 %

Source: 2017 Primary Data

Based on the data in table 2 above, it shows that of the 41 respondents sampled, respondents in the education category (SMP / equivalent and high school / equivalent / college) were 32 people (78%). And respondents in the category of low education (elementary / equivalent) as many as 9 people (22%).

b. Work

**Table 3.** Frequency Distribution of Respondents by Occupation  
In the Sinoa HealthCenter Work Area Kab. Bantaeng 2017

Age	Percentage	Frequency
Civil Servant	4	9,8 %
Farmer	21	51,2 %
entrepreneur	16	39,0 %
Total	41	100 %

Source: 2017 Primary Data

Based on the data in table 3 above, it shows that of the 41 respondents sampled, most respondents worked as farmers, as many as 21 people (51.2%), who worked as entrepreneurs as many as 16 people (39.0%), and who worked as 4 civil servants (9.8%). Univariate analysis is intended to look at the distribution, frequency and single percentage related to the research objectives. The object analysis in this research is the relationship between men's perception and participation in family planning can be seen in the following

table:a. Participation

**Table 4.** Frequency Distribution of Men's Participation in the Family Planning in the Sinoa Health Center Work Area Kab. Bantaeng 2017

Men's participation	Frequency	Percentage
Natural contraception	13	31,7 %
Modern contraception	28	68,3 %
Total	41	100 %

Source: 2017 Primary Data

Based on table 4 shows that of the 41 respondents who were sampled. Respondents included in the category of natural contraception participants consisted of Coitus Interruptus and abstinence (31.7%) respondents. Meanwhile, 28(68.3%) respondents were categorized as modern contraceptive participants consisting of condoms and vasectomies.

c. Perception

**Table 5.** Frequency Distribution of Male Perceptions About the Family Planning in the Sinoa Community Health Center Work Area Kab. Bantaeng 2017

Men's Perception	Frequency	Percentage
Negative perception	7	17,1 %
Positive perception	34	82,9 %
Total	41	100 %

Source: 2017 Primary Data

Based on table 5 shows that from 41 respondents who were sampled. Respondents included in the category had negative perceptions of 7 (17%) respondents, while respondents who were included in the category had positive perceptions of 34 (83%) respondents. Bivariate Analysis

Bivariate analysis was performed to determine the relationship between the independent variable and the dependent variable. The statistical test used is chi-square with a significance level of 5% ( $\alpha = 0.05$ ). The relationship between the independent variable and the dependent variable is as follows:

**Table 6.** Relationship between male perception and participation in Family planning in the work area of the Puskesmas Sinoa Kab. Bantaeng in 2017

Men's Perception	Participation In Family planning				Total	Value $\alpha$ = 0,05
	Natural Contraception		Moderncontraception			
	n					
Negative	5	2,2		,9	17,1 %	Value p = 0,013
Positive	8	9,5	6	3,4	82,9 %	
Total	13	1,7	8	8,3	100 %	

Source: 2017 Primary Data

Table 4.6 shows that of the 13 respondents who were natural contraceptive participants, 5 (12.2%) respondents had negative perceptions and 8 (19.5%) respondents had positive perceptions about family planning. While respondents who were modern contraceptive participants out of 28 respondents, 2 (4.9%) had negative perceptions while 26 (63.4%) respondents had positive perceptions about family planning. After doing the Chi- Square test p value = 0.013 was obtained

### 3. DISCUSSION

From the results of research conducted by researchers show that men's perceptions of participation in family planning shows that of 41 respondents there were 13 (31.7%) respondents who were natural contraception participants and 28 (68.3%) respondents were modern contraception participants. And of the 41 respondents only 7 (17%) respondents had the remaining negative perceptions as many as 34 (78%) respondents had positive perceptions about family planning.

After a bivariate analysis with Chi Square test obtained p (0.013) <  $\alpha$  (0.05), it was concluded that the null hypothesis was rejected and the alternative hypothesis was accepted. There was a positive and significant relationship between male perceptions and participation in family planning in the Puskesmas work area. Sinoa of Bantaeng Regency in 2017.



In theory, perception can occur when the stimulation activates the senses or in situations where there is an imbalance of knowledge with objects or symbols, making misperceptions. Perception will influence human attitudes and behavior (Hidayat, 2009). According to Green, perception is one of the predisposing factors of a person to act on a particular object. Meanwhile, according to Notoatmodjo (2007) perception is an experience produced through the sense of sight, hearing, smell and so on, everyone has a different perception even though the object is the same.

This study shows that most respondents' perceptions about family planning are positive, as many as 32 respondents (78.1%). This is because respondents are male FAMILY PLANNING acceptors. Experience in using male contraception gives rise to positive perceptions. Male contraception in the form of condoms is considered easy and inexpensive in the family planning program so that it is considered a necessity. This is consistent with the opinion of Notoatmodjo who mentioned that one internal factor influences perception. Needs will provide a stimulus within the respondent's attention span.

Based on the age of the respondents, most were aged 21-35 years. The more age, the level of maturity and strength of a person will be more mature in thinking and working. This shows that age will affect one's perception of information in perceiving an object according to Lukaningsih (2011). In addition, in this study most respondents had a 9-year basic education or a minimum of junior high school so that they could easily receive and access information, for example with the media mass or electronic media and so on. All forms of information sources received by respondents can provide their own assessment stimulations and understanding of family planning. Besides education influences one's perception, work is also another factor. Respondents who have a permanent job, continuous and a lot of time, are more likely to have the opportunity to explore information related to family planning. factors that play a role in perception that is, the perceived object, sense media, nerve and central nervous system, attention and the process of perception.

In this study, respondents who had negative perceptions were 7 people (17%). This is related to respondents who have low scores on several items about the understanding, strengths and side effects of the male operative method (MOP). This is related to the low understanding and perception of respondents about the male operative method (MOP) because the information is still felt to be minimal and the requirements for submission of these contraceptives. Assuming that a positive perception by a man about family planning

results from the man's experience in using previous birth control, the equal distribution of information about family planning also makes men more familiar with contraception. The men with negative perceptions were caused by the fact that he had experienced failure in one form of family planning that he had used such as a leaky condom that occurred in 4 respondents out of 5 respondents who used natural contraception. Another thing that makes male perceptions negative about male contraception is about vasectomy, from 8 respondents who had negative perceptions, 6 of them had low scores on vasectomy items, they considered vasectomy to be prohibited by religion and could reduce virility.

#### **4. CONCLUSION**

From the results of the study found that there is a relationship between men's perceptions and participation in family planning in the work area of the Sinoa Health Center, Kab. Bantaeng in 2017 it was obtained after bivariate analysis with Chi Square test obtained p value (0.013)  $< \alpha$  (0.05).

#### **5. SUGGESTION**

Although most men have positive perceptions but there are still those who have negative perceptions, it is because of the lack of equitable information about male birth control for health workers is expected to be more active in conducting health education and health promotion about contraception for men. So that knowledge about male family planning can be evenly distributed so as to build positive perceptions about family planning, in addition health workers must build cooperation between sectors with policy makers in the village to be closer to community and able to know the needs of the community about family planning.

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