

Participation of Men of Childbearing Age in The Family Planning Program Vasectomy Method in Sukabumi City

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ABSTRACT

Family planning programs are a strategic effort by the government to control population growth and improve the quality of family life. However, male participation in vasectomy methods remains low, including in the city of Sukabumi. This low level of involvement is due to misconceptions, socio-cultural perceptions, and limited access to information. This study aims to determine how men of reproductive age participate in the family planning program using the vasectomy method and the factors that influence it. The research method used is descriptive with a qualitative approach through interviews, observations, and documentation of eight informants selected using purposive sampling techniques. This study uses Lawrence Green's theory to analyze the factors that influence participation. The results indicate that men's participation in the vasectomy family planning program remains low. The influencing factors include: (1) predisposing factors such as low knowledge, negative attitudes, and misconceptions about vasectomy; (2) enabling factors such as limited access to information and services; and (3) reinforcing factors such as lack of support from family, community leaders, and field workers. Based on the findings, male participation in the vasectomy family planning program in Sukabumi City is still suboptimal. Improvements in education, strengthening the role of field educators, and active involvement of community leaders and families are needed to change perceptions and increase men's acceptance of the vasectomy family planning method.

Keywords: Family Planning, Male Participation, Sukabumi City, Vasectomy

1. INTRODUCTION

The key to achieving quality family planning is understanding and awareness of the importance of reproductive health, supported by adequate access to family planning services. This program cannot achieve optimal results without the active involvement of both spouses, who are the primary targets in achieving family welfare. These efforts align with the global Sustainable Development Goals (SDGs), particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages, and Goal 5, which seeks to achieve gender equality and empower all women and girls. Access to quality reproductive health services, including active male participation in family planning programs, is a vital component in achieving comprehensive sustainable development. Sukabumi City Regional Regulation No. 9 of 2017 Article 10 paragraph (1) states that husbands and wives have the same position, rights, and obligations in implementing family, which emphasizes that the responsibility for reproductive health lies with women and men as life partners and citizens.

Sukabumi City's population has increased significantly, reaching 360,644 people in 2023, a growth rate of 1.48%, and a population density of 7,465 people/km² (BPS Sukabumi City, 2024). Of the 51,029 Fertile Age Couples, 35,713 couples (70%) are active KB users. However, the level of male participation in contraceptive use in Sukabumi City remains low.

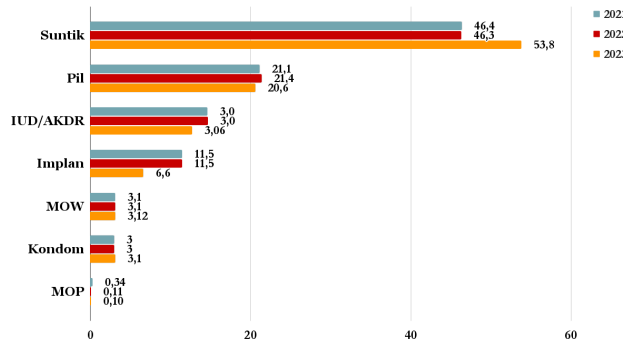


Figure 1. Trends in Contraceptive Use in Sukabumi City in 2021-2023

Source: DP2KBP3A Sukabumi City in 2021-2023 (Processed by researchers, 2024)

The main issue is the consistently low participation of men in family planning programs, as evidenced by data from the DP2KBP3A of Sukabumi City (2021-2023). The trend in contraceptive use by men shows a concerning decline in male surgical methods (MOP/vasectomy) by 0.23% (2021–2022) and 0.01% (2022-2023), while condom use increased only marginally 0.1% during the 2022-2023 period. This pattern reflects the very limited involvement of men in family planning programs, with male participation reaching only 3.2% in 2023. As a result, this creates an unbalanced burden, with 96.8% of contraceptive responsibility continuing to fall disproportionately on women, highlighting the urgent need for strategies to increase male involvement in family planning programs.

This low male participation stems from deeply rooted perceptions that family planning is exclusively a woman's responsibility. Additionally, limited knowledge about vasectomy has perpetuated misconceptions that the procedure reduces male sexual desire and masculinity. The challenge extends beyond Sukabumi City. According to the West Java Provincial Health Office (2024), male participation in vasectomy programs varies significantly across the province's 27 districts/cities, with cumulative male participation in vasectomy reaching only 0.3% across West Java province.

Family Planning is a national program to control population growth through the active participation of the community, especially couples of childbearing age, in creating small and healthy families. Through the “Dua Anak Lebih Sehat” campaign, the government encourages the involvement of husbands and wives, including men, in using contraceptive methods such as vasectomy. This program not only reflects population control efforts but is also part of a sustainable national development strategy, particularly in improving the quality of family life. This study highlights the reality of men's participation in the family planning program in Sukabumi City and the various factors that influence it.

2. LITERATURE REVIEW

2.1. Public Service Management

Management is a process that includes planning, implementation, and supervision in organizations that are carried out collaboratively to achieve predetermined goals (Pangkey & Rantung, 2023:3). Meanwhile, public services include all forms of services, both goods and services, which are the responsibility of government agencies at the central and regional

levels to meet the basic needs of the community and implement statutory provisions (Taufiqurokhman & Satisspi, 2018:88). Public service management is the process of managing government services to meet community needs fairly and effectively. In the context of public participation, this study analyzes how the responsiveness of the vasectomy family planning program affects the involvement of men of childbearing age in Sukabumi City by identifying factors that influence their participation, including community perceptions, information accessibility, and socio-cultural barriers.

2.2. Male Participation

Suryosubroto (Aswasulasikin, 2017:65) defines participation as a person's mental, emotional, and physical involvement in providing initiatives in various organizational activities, supporting the achievement of goals, and being responsible for this involvement. In practice, people participate by supporting the achievement of goals through three stages: decision-making, program implementation, and program evaluation (Hutagalung, 2022:10). In social constructs, men are often associated with strong, rational, virile, and mighty traits. In contrast, women are associated with gentleness, beauty, emotionality, and motherhood (Suharjuddin, 2020:16). Male participation refers to men's active and voluntary involvement in various aspects of social life, including family, community, and development, which is a physical presence and full involvement in every activity. In the context of family planning, men's participation reflects a form of shared responsibility to use contraceptives, maintain reproductive health, and practice safe sexual behavior.

2.3. Factors Influencing Male Participation

According to Lawrence Green (Notoatmodjo, 2020:76), emphasizing changes in one's behavior related to male participation in the vasectomy family planning program requires a comprehensive approach involving various levels of intervention, ranging from individuals to policies. Three factors influence men's participation in the vasectomy family planning program in Sukabumi City, namely:

- a. Predisposing Factors. Factors that encourage the formation of a person's behavior, such as the individual's knowledge, attitudes, and beliefs.
- b. Enabling Factors. Factors that facilitate the realization of one's behavior include the accessibility of facilities and access to health services that support its implementation.
- c. Reinforcing Factors. Family support, support from community leaders, and a PLKB's role in maintaining healthy behavior are factors that support the sustainability of behavior.

2.4. Family Planning Program

The World Health Organization (Ministry of Health, 2021:9) explains that family planning is an effort to help married couples manage their reproduction, which includes preventing unwanted pregnancies, planning births, spacing pregnancies, timing births according to the age of the couple, and limiting the number of children in the family. Suppose the population growth rate increases significantly and is unstoppable. In that case, this will hinder the success of national development programs (Fahimah & Jahar, 2017:1). Family planning is a systematic effort to improve the quality of family life and support the country's development through planned population management. This program aims to foster a happy and prosperous family and has a strategic role in controlling population growth and helping married couples plan their families wisely. The National Population and Family Planning

Agency (BKKBN, 2017) divides the objectives of the family planning program into two, namely:

- a. Specific Objectives: Improving the welfare of mothers and children through the “Norma Keluarga Kecil Bahagia Sejahtera” program and encouraging birth control to achieve balanced population growth.
- b. General Objective: Increase the coverage and accessibility of contraceptive use among the community.

2.5. The Vasectomy Method

Vasectomy is the act of stopping sperm production by cutting or binding the vas deferens without a scalpel, which results in azoospermia (Kemenkes, 2021:65). This safe and effective method is ideal for couples who have completed their families and want a permanent contraceptive solution (Setyorini et al., 2024:102). Vasectomy is a safe, practical, and responsible contraceptive option that helps couples plan for the well-being of their families by stopping the flow of sperm without affecting male ability and virility. The World Health Organization (WHO, 2022:241) reports that vasectomy has an extremely high success rate, with less than 1% of couples experiencing pregnancy in the first year post-procedure. The failure rate is minimal, affecting fewer than 2 out of 1,000 couples, meaning approximately 998-999 couples out of 1,000 will achieve complete contraceptive protection. To have a vasectomy, there is a need for readiness and support for men as the primary target of the program.

3. METHODS

This research uses a descriptive qualitative approach. According to Sugiyono (2022:9), qualitative research is a scientific approach to studying natural conditions by promoting researchers as key instruments, using triangulation in collecting data, with inductive analysis that focuses. The qualitative descriptive method was chosen to obtain in-depth data and information about the participation of men of childbearing age in the vasectomy family planning program and the factors that influence it using Lawrence Green's theory (Notoatmodjo, 2020:76).

This study uses purposive sampling technique to determine informants with certain criteria, namely having involvement in the vasectomy method family planning program. This study uses three data collection techniques: observation, interviews, and documentation. Data analysis used the Miles et al. (2014) model, which includes four stages: (1) data collection, (2) data reduction, (3) data presentation, and (4) conclusion drawing.

4. RESULTS AND DISCUSSIONS

4.1. Predisposing Factors

According to Lawrence Green (Notoatmodjo, 2020:76), factors that become the basis or initial reason for a person to behave in a certain way form a person's willingness or motivation to act. These factors include knowledge, attitudes, and beliefs.

4.1.1. Knowledge

This low level of knowledge is also influenced by deeply rooted social and cultural factors. The general public still considers family planning to be the sole responsibility of women, so men feel that they do not need to learn about contraceptive methods available to

men. Similar findings were reported by Widodo et al. (2023) regarding social and cultural factors, where society still believes that family planning programs are only intended for women and not men, so men or husbands do not need to undergo vasectomy. As a result, vasectomy is rarely discussed within families or in everyday conversations.

However, there is a small percentage of men who have a better understanding because they obtain information from personal experience, family economic considerations, village officials, coworkers, or digital media. This shows that informal information channels such as discussions among friends and the internet can be effective ways to increase understanding, provided that the information shared is accurate and supported by broader and more targeted government communication, information, and education (KIE) programs. This condition aligns with the findings of Widodo et al. (2023), who noted that the use of print media, electronic media, and new media in disseminating information about the vasectomy family planning program is an excellent step.



Figure 2. Family Planning Service Poster
(Source: DP2KBP3A Sukabumi City, 2024)



Figure 3. Vasectomy Brochure and Guide Book
(Source: DP2KBP3A Sukabumi City, 2025)

Based on Figure 2, it can be seen that the government, through the P2KBP3A Office, has prepared a poster regarding family planning services to make it easier for the public to obtain information about the contraception to be used. The poster can be accessed through the Instagram social media account of the DP2KBP3A (@dp2kbp3a_kotsi). Meanwhile, Figure 3 shows one form of printed media produced by the P2KBP3A Office. The brochures and guidebooks were distributed during family planning program socialization activities and counseling sessions with prospective family planning acceptors who will undergo vasectomy as their chosen method of contraception.

4.1.2. Attitudes

Men's attitudes toward vasectomy are greatly influenced by their level of understanding of family planning. Men with a positive attitude generally understand that family planning is a shared responsibility and are willing to actively participate, especially when their wife's health condition prevents the use of other contraceptives. According to the findings of Widodo et al. (2023), a husband's awareness to undergo vasectomy can arise due to several factors, such as concern for their partner's health condition and the consideration that the number of children they have is already sufficient. Inadequate family economic conditions

also increase husbands' awareness of the need for vasectomy. However, there are still groups of men who are hesitant due to a lack of information and the need for in-depth discussions with their families. Therefore, fostering a positive attitude toward vasectomy requires a more personal and emotional approach through continuous socialization supported by real-life experiences and persuasive approaches from fellow men to transform negative attitudes into positive ones.

4.1.3. Beliefs

Some people still consider vasectomy to be against religious teachings or “haram” because it is considered to damage the perfection of God's creation and cut off sustenance. A similar view was expressed by Guspiano (2019), who explained that most people view vasectomy as an act that is contrary to religious teachings. They view that vasectomy damages the perfection of the body that God has created, so changing or removing body parts is considered a form of ingratitude for God's blessings. However, some view it as a form of family responsibility to maintain the economic welfare and health of the wife. The government seeks to build trust through collaborative strategies involving religious leaders, community leaders, and male family planning motivators, as well as providing education that is effective in changing negative perceptions and correcting false myths such as the notion that vasectomy is castration or harmful to conjugal relations. Building trust in vasectomy requires an approach that addresses not only counseling but also the spiritual and emotional aspects of men of childbearing age's household life.

4.2. Enabling Factors

According to Lawrence Green (Notoatmodjo, 2020:76), factors that enable or facilitate a person's action relate to the availability of resources or services, including accessibility of facilities and services.

4.2.1. Accessibility of Facilities

The availability of vasectomy services in Sukabumi City is adequate, supported by official policy through Sukabumi Mayor Regulation Number 84 of 2020 concerning the Establishment of a Special Organizational Unit for the Al-Mulk Regional General Hospital under the Health Office. However, the delivery of services still faces challenges in the form of irregular schedules dependent on coordination with partner hospitals and limitations in specialized medical staff, particularly the absence of vasectomy specialists residing in the city. The local government has demonstrated its commitment by regularly conducting training for doctors and midwives to enhance healthcare service capacity, while positive experiences from participants who have undergone the procedure create a sense of safety and increase public trust. Overall, despite technical and operational challenges related to the sustainability and flexibility of the service, vasectomy services in Sukabumi City are easily accessible, and transportation support along with positive testimonials from participants encourage increased male participation in the program.

4.2.2. Access to Services

Access to vasectomy services in Sukabumi City has been systematically organized starting from KIE (Communication, Information and Education) education, data collection of prospective acceptors, administrative processes, operation implementation to post-operative monitoring involving various parties such as PLKB, P2KBP3A Office, hospitals, and family

planning motivators. Guspianto (2019) explains that the availability of service facilities has a positive effect on contraceptive use because ease of access can increase the proportion of contraceptive use. The financial incentives provided by the government are outlined in BKKBN Regulation No. 14 of 2023 on Technical Guidelines for the Use of Family Planning Operational Assistance Funds for the 2024 Fiscal Year, which stipulates that non-working substitutes are provided to MOP family planning participants at a maximum of Rp. 450,000 per family planning participant. This approach is considered effective in reducing the technical and psychological barriers that may be faced by men, thereby strengthening positive perceptions of vasectomy as a practical, safe, and comfortable contraceptive method.

4.3. Reinforcing Factors

According to Lawrence Green (Notoatmodjo, 2020:76), factors that arise after someone takes action and provides positive or negative reinforcement can encourage or inhibit the continuation of the behavior, such as family support, support from community leaders, and the role of PLKB.

4.3.1. Family Support

Family support, especially from wives, plays a vital role in men's decision to undergo vasectomy through open discussion and mutual agreement involving the whole family. Field officers such as PLKB and male family planning motivators always involve wives in the process of socialization and delivery of complete information about vasectomy, and the completion of informed consent by married couples shows commitment and joint legal responsibility. Discussions with wives are based on economic considerations, health, and awareness of the ideal number of children, and some families even involve children in discussions, indicating openness and a democratic decision-making process. This is in line with the findings of Sajida and Yusuf (2024), who showed that spousal support in the form of moral support in family planning programs can motivate and increase the activeness of couples of childbearing age in these activities. Similarly, support from relatives or the surrounding community in the form of motivation and information shared can increase the participation of couples of childbearing age in family planning programs.

3.3.2. Support from Community Leaders

The support of community and religious leaders plays a vital role in the success of the vasectomy program in Sukabumi City, as they serve as a trusted link between the government and the community. The DP2KB3A and PLKB actively advocate to local figures to expand socialization. Community leaders are often used as partners in socialization activities because they are closer to and trusted by the community. According to Widodo et al. (2023), family planning cadres, as well as community and religious leaders, have an emotional closeness that makes people accept the vasectomy contraceptive method. This factor is the reason why they accept the vasectomy contraceptive method. However, the success of this support is highly dependent on their understanding of the medical and religious aspects of vasectomy, as limited knowledge can lead to ineffective information. The support of religious leaders is a challenge because there are still differences of opinion regarding the religious ruling of vasectomy, with some supporting it after receiving a proper explanation. However, others refuse or are hesitant due to the dilemma between religious rules and health considerations, so a personal approach and continuous advocacy are needed to strengthen their support.

3.3.3. The Role of PLKB

Family Planning Field Officers (PLKB) are essential in providing information and emotional and technical support to prospective vasectomy participants through direct counseling, personal approach, and comprehensive assistance. Although the program has the structural support of the government, implementation in the field faces obstacles, as vasectomy is still considered a sensitive and taboo topic by the community. Community perceptions of the role of the PLKB vary based on the intensity of interaction, where vasectomy acceptors feel helped. However, community leaders and men of childbearing age who have not yet had a vasectomy consider that socialization is still not optimal. Therefore, although the role of the PLKB is crucial, it is necessary to strengthen the implementation through a more intensive, massive, and adaptive approach to the socio-cultural conditions of the community to increase male participation in the vasectomy program.

4. CONCLUSION

Research on male participation in the vasectomy family planning program in Sukabumi City shows that male participation rates remain low and are influenced by various interacting factors. The findings of this study provide a comprehensive overview of the barriers and opportunities for increasing male participation in the vasectomy family planning program in the region. Based on the research results analyzed using Lawrence Green's (Notoatmodjo, 2020:76) theory, three main factors influencing men's participation in family planning programs were identified: (1) predisposing, (2) enabling, and (3) reinforcing, with the following findings.

Predisposing factors showed that most men of childbearing age in Sukabumi City had low knowledge about vasectomy due to a lack of socialization and myths, such as the assumption that vasectomy is synonymous with castration. This led to negative attitudes such as excessive concern about health impacts and the perception that family planning is the responsibility of women. However, some men have started to consider vasectomy as a form of family responsibility, especially when the wife has health problems. Belief in vasectomy is still influenced by cultural and religious values, with some communities beginning to accept the procedure as a legitimate family planning endeavor.

Enabling Factors showed that vasectomy accessibility in Sukabumi City is relatively adequate through Al-Mulk Hospital, which provides BPJS-supported services with systematic procedures from education to post-operative assistance. However, accessibility is still limited to geographically uneven locations, limited specialists, inflexible service schedules, uneven information dissemination, and administrative barriers. More active and inclusive socialization is needed to maximize the potential of available access support.

Reinforcing Factors showed that wife support was the primary motivator in the vasectomy decision through open communication and shared decision-making. However, the support of community leaders such as religious leaders, traditional leaders, and RT/RW heads is still low, even though they play an essential role in reducing stigma and providing moral legitimacy. The role of family planning field officers as the spearhead of the program has not been optimal in education and counseling. Increased intensity and creativity of communication, information, and education strategies are needed to reach more men and normalize vasectomy as a safe and responsible family planning option.

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