



Factors Affecting the Usage of Male Contraception at Waris District Sub Province of Keerom

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Abstract

Background: Indonesia of is included in with amount of resident reside in rating to four many in world after China, India and United States, so role of used contraception not women and needed woman role of man as husband in usage of acceptor so that to be can improve the quality of and health prosperity of family. But man participated use contraception still lower, including in Keerom year sub-province area 2014 equal to 11,2% Objective: to analyze of factors related to usage of male contraception at District Waris Sub Province Keerom. Method Research: Correlation with study sectional cross design. Population is entire/all fertile age couple in district Waris Sub-Province Keerom with amount of sample counted 83 people. Data approach used questioner and analysed used chi square. Result of research: There is knowledge not relation with usage male contraception (p-value 0,501; RP = 0,894; CI95% (0,718 - 1,114). There is education relation to usage of male contraception (p-value 0,302; RP = 11,223; CI95% (0,865 - 1,730). There is relation old age to usage of male contraception (p-value 1,000; RP = 0,971; CI95% (0,725 - 1,300). There is not relation but have a meaning of between work to usage of male contraception in (p-value 1,000; RP= 1,004; CI95% (0,743 - 1,356). There is not relation of is amount of child to usage of male contraception (p-value 0,852; RP = 0,947; CI95% (0,747 - 1,201).

Keywords: Male Contraception; family program; knowledge and health pros perity.

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1. Introduction

Contraception is one of family planning programs that aims to improve the welfare of each family. Generally widely used wives than husbands. But with the many side effects women receive as a family planning hormonal and non hormonal acceptor such as hypertension, obesity, irregular bleeding to breast cancer caused by hormonal contraceptive use and continuous hemorrhage caused by IUD burden, trigger men to participate in family planning [1]. Based on data from BKKBN [2-4], the number of severe complications due to contraceptive use in women across Indonesia is high, such as the use of IUD in Central Java with complication rate of 165 acceptors (60%) as well as implant in Nanggroe Aceh Darussalam around 115 acceptors (88.46%) complications. In North Sumatera, there are 12 acceptors (42.86%), female operative female 3 acceptor (10%), implant 13 acceptors (46.43%) and 18 acceptors (64.29%), while medical surgery No man has complications. The high rates of complications resulting from contraceptive use for women can be a reason for men to take over the responsibility of being a family planning acceptor (BKKBN, 2009). Indonesia Health Profile in 2015 reported number of fertile couples as many as 45,972,185 couples, namely new KB participants as much as 8,500,247 (18.49%) and active KB participants as much as 35,276,105 (76.73%). most EFI couples currently use contraceptives as much as 59.7%, ECPs with 24.8% contraception and 15.5% have never used contraception. From the data, 59.3% of couples of childbearing age use modern contraception and only 0.4% use traditional way of contraception [5,6]. The number of fertile couples in Papua Province in 2016 is 476,705 people with new family planning 42,200 (8,8%), active KB as many as 76,683 (16,08%), breaking KB as much 53,867 (11,3%) and never KB as much as 327,973 (68.8%) [7]. Until now the level of men's participation in family planning programs is still low. Indonesia Health Demographic Survey (SDKI) showed that male participation in participating in family planning program is only 0.2% per year. Viewed from the figure of achievement of male participation increase in 1991 by 0,8% The lack of participation of husbands in the practice of contraceptive use basically cannot be separated from the assumption that still tends to submit the responsibility of KB completely to the wives or women. Keerom Regency is one of the districts in Papua Province consisting of 7 (seven) districts: Arso Kota District, East Arso, Skanto, Waris, Senggi, Ubrub, Web and has 61 villages. And it is located at the eastern end of the northern part of Papua Province, which borders directly with the State of Papua New Guinea, thus having a very important role in national defense. Waris District is one of the districts directly adjacent to the Neighboring State of Papua New Guinea which still adheres to very strong cultural values. Family decision making is still largely dominated by husbands, including in regulating the number of children. Data of BKKBN Provinsi Papua, male participation rate as active participant of KB in 2012 amount 53 (10,6%), year 2013 counted 53 (10,6%) and year 2014 97 (11,2%). Data from the Keerom County Women's Empowerment and Family Planning Agency, the number of fertile couples in 2014 was 12,330 and the achievement of active KB participants was 5292 and for male contraceptive methods 856 acceptors (25.18%) with acceptor using condom 852 acceptor (24.75%) and male operative medication 15 people (0.43%). From 7 districts in Keerom Regency, there are 4 districts where there are no MOP acceptors namely Waris, Senggi, Web and Towe districts. Special District waris 2014 number of fertile couples 1.341 and male acceptor who use condoms 105 people while MOP 0%. Based on the above description of the problem, the researchers are interested in conducting research with the title "Factors related to the use of male contraception in District Waris Keerom Regency".

2. Materials and Methods

Research by using quantitative method hence in this research included in correlation research category. As for the correlation research [8, 9] is a research conducted by researchers to determine the level of relationship between two or more variables, without making changes, additions, or manipulation of data that already exists. This research use cross sectional study design, that is data collecting done simultaneously in one time [10]. This research was conducted by taking the research location of District of Waris of Keerom Regency. The time of the research conducted in July 2017. Populasi in this study is all couples of childbearing age in District Waris Keerom District with the number of samples of 83 people. Data were obtained using questionnaire and analyzed using chi square.

3. Research Result

3.1. Univariate Analysis

Table 1: Frequency Distribution of Respondent Characteristics in Waris District, Keerom Regency 2017

No	Variables	n	%
1	Knowledge		
	Less	52	62,7
	Good	31	37,3
2	Education		
	Low	65	78,3
	High	18	21,7
3	Age		
	< 20 year , > 35 year	17	20,5
	20-35 year	66	79,5
4	Occupation		
	Not working	14	16,9
	Working	69	83,1
5	Number of children		
	> 2 children	33	39,8
	≤ 2 children	50	60,2
6	Contraception use		
	Not	65	78,3
	Yes	18	21,7
	Number	83	100

Table 1 shows that respondents' knowledge about family planning is less than 52 people (62.7%). The age of most respondents at the age of 20-35 years as many as 66 people (79.5%), low education of 65 people (78.3%). Most of the respondents worked as many as 69 people (83.1%), had > 2 children as many as 33 people (39.8%).

Most of the respondents did not have family planning as many as 65 people (78.3%).

3.2. Bivariate Analysis

a. Knowledge of Male Contraceptive Use

Table 2 shows that of 52 people with insufficient knowledge, there were 39 people (75%) who did not use contraception and 13 (25%) used contraception. Of 31 well-informed people who did not use contraception amounted to 26 people (83.9%) and used contraception as many as 5 people (16.1%).

Table 2: Knowledge Relation to Male Contraceptive Use in Waris District, Keerom Regency 2017

No	Knowledge	Contraception use				n	%
		Not		Yes			
		n	%	n	%		
1	Less	39	75	13	25	52	100
2	good	26	83,9	5	16,1	31	100
Total		65	78,3	18	21,7	83	100
<i>p-value = 0,501; RP = 0,894; CI95% (0,718 – 1,114)</i>							

The α result of chi square statistic test at significance value 95% (0,05) obtained p -value 0,501 or $p > \alpha$ (0,05), $RP = 0,894$; $CI95\%$ (0.718 - 1,114) with no knowledge of the use of male contraceptives in the District.

b. Educational Relationship to Use of Male Contraception

Table 3 shows that of 65 people with low education, there were 53 people (81.5%) who did not use contraception and 12 people (18.5%) used contraception. Of the 18 people with higher education who did not use contraception amounted to 12 people (66.7%) and using contraception as much as 6 people (33.3%).

Table 3: Relationship of Education to the Use of Male Contraception in Waris District, Keerom Regency 2017

No	Education	Contraception use				n	%
		Not		Yes			
		n	%	n	%		
1	Low	53	81,5	12	18,5	65	100
2	High	12	66,7	6	33,3	18	100
Total		65	78,3	18	21,7	83	100
<i>p-value = 0,302; RP = 1,223; CI95% (0,865 – 1,730)</i>							

The α result of chi square statistic test at significance value of 95% (0,05) was obtained p -value 0,302 or $p > \alpha$

(0,05), with no correlation relationship to male contraception usage in Waris District of Keerom District. When viewed from the value of $RP = 1.223$; $CI95\%$ (0.865 - 1.730) with a lower score not covering the value of 1, so that education is not significant for the use of male contraception.

c. Relation to Use of Male Contraception

Table 4 shows that out of 17 people <20 and 35 years old, there were 13 (76.5%) non-contraceptives and 4 (23.5%) using contraceptives. Of 66 people aged 20-35 years using contraception amounted to 52 people (78.8%) and using contraception as many as 14 people (21.2%).

Table 4: Relationship Against the Use of Male Contraceptives in Waris District, Keerom Regency 2017

No	Age	Contraception use				n	%
		Not		Yes			
		n	%	n	%		
1	< 20 year and > 35 year	13	76,5	4	23,5	17	100
2	20 – 35 year	52	78,8	14	21,2	66	100
Total		65	78,3	18	21,7	83	100
<i>p-value = 1,000; RP = 0,971; CI95% (0,725 – 1,300)</i>							

The result of the statistical test square on the significance value of $95\% = 0,05$) obtained $p\text{-value}1,000$ or $p\alpha(> \alpha (0,05)$ and the value of RP did not include 1, with no relationship of age to the use of male contraception in Waris District Keerom.

d. Relationship to the Use of Male Contraceptives

Table 5 shows that out of 14 people not working, there were 11 people (78.6%) who did not use contraception and 3 people (21.4%) used contraception. Of the 69 people employed, there were 54 people (78.3%) who used contraception and used 15 people (21.7%).

Table 5: Relationship of Employment to Male Contraception in Waris District, Keerom Regency 2017

No	Occupation	Contraception use				n	%
		Not		Yes			
		n	%	n	%		
1	Not work	11	78,6	3	21,4	14	100
2	Work	54	78,3	15	21,7	69	100
Total		65	78,3	18	21,7	83	100
<i>p-value = 1,000; RP = 1,004; CI95% (0,743 – 1,356)</i>							

The result of chi square statistic test at significance value of 95% (0,05) was obtained p-value 1,000 or $p > \alpha$ (0,05), with no employment relation to male contraceptive use in Waris District of Keerom District. When viewed from the value of RP = 1.004; CI95% (0.743 - 1.356) with a lower value not covering 1, interpreted as a non-compliant work on male contraceptive use.

e. Connect the child to the Use of Male Contraception

Table 6 shows that out of 33 people have children of more than 2 children, there are 25 people (75.8%) who do not use contraception and 8 people (24.2%) use contraception. From 50 people with about 2 children, there are 40 people (80%) who do not use contraception and use contraception as many as 10 people (20%).

Table 6: The Relation of the Number of Children to the Use of Male Contraceptives in Waris District, Keerom Regency 2017

No	Number of children	Contraception use				n	%
		Not		Yes			
		n	%	n	%		
1	> 2 children	25	75,8	8	24,2	33	100
2	≤ 2 children	40	80	10	20	50	100
Total		65	78,3	18	21,7	83	100
<i>p-value = 0,852; RP = 0,947; CI95% (0,747 – 1,201)</i>							

The result of chi square statistic test at significance value of 95% = 0,05) was obtained p-value 0,852 or $p > \alpha$ (0,05), so no relationship children number to the use of male contraception in District of Waris District, Keerom Regency.

4. Discussion

4.1. Knowledge of the Use of Male Contraception

The results obtained that there is no correlation between the use of male contraception in District of Waris Keerom Regency (p-value 0,501). Respondents who have less knowledge as much as 75% do not use contraception and respondents who are knowledgeable as much as 83.9% do not use contraception. This suggests the same opportunities for not using male contraception.

The results of this study are in line with the research of [11] in Kalideres Subdistrict, Magelang District, that male participation in male contraceptive use is still low and low use of contraception is not related to men's knowledge of family planning. This study is not in line with research conducted Indirilla [12], in Simeulue District that men who have less knowledge more do not follow KB than men who have good knowledge. Knowledge is the result of knowing and this happens after people have sensed certain objects. Knowledge generally comes from experience can also be obtained from information submitted by others, obtained from

books, newspapers, or mass media, electronic [13]

Knowledge of respondents as much 62,7% less to the use of male contraception. Generally respondents know the purpose of contraceptive use to prevent pregnancy and regulate the distance of pregnancy and benefit the family, but less to the types of family planning and more know the type of male contraception is a condom, but do not know the purpose, use, and acquisition of condoms that are shared in the Puskesmas and male contraceptive services in surgery.

This lack of knowledge is due to the affordability of respondents to access to information obtained because it is limited to geographical conditions and conditions. This is in agreement with the research of Listyani [14] in Mrisen Juwiring Klaten village revealed that knowledge is related from various sources. Sources of information obtained can come from health workers, newspapers, or discussions with family planning. The lack of information and communication media leads to the low knowledge of men on the use of male contraceptives. Keerom District Health Office and health service agencies such as Puskesmas have provided family planning services as well as various information provided, including in the provision of free condoms, but constraints and obstacles in promotive efforts, so it cannot reach all communities in Waris district impact on knowledge of the use of male contraception .

4.2. Educational Relationship to Use of Male Contraception

The result of the research shows that there is no correlation between the use of male contraception in Waris District of Keerom District (p-value0,302), where 81.5% of respondents with low education do not use contraception and respondents with higher education who do not use contraception amounted to 66,7% .

The results of this study are in line with [15] research in Karangjati Sragen village, where husbands who have different levels of individual characteristics based on low and high level of education have the same proportion many do not use male contraception. The results of this study are not in line with the Ningsih [16] study in the working area of Pariaman City Public Health Center (Puskesmas) which reveals that education is related to the participation of men in supporting the participation of wives following family planning. The level of education is closely related to a person to act and look for causes and solutions in his life. Highly educated people will usually act more rationally. Therefore an educated person will be more receptive to new ideas. Education in the formal sense is actually a process of delivering educational materials / materials to the target of educators (students) in order to achieve behavioral and goal changes [13].

When viewed from the level of education, where respondents with low education (67.7%) have less knowledge about contraceptives compared with respondents who have less knowledge on respondents who are highly educated (44.4%). This suggests that education is related to knowledge, but has no effect on decisions in following male contraception. The results of this study are in line with research conducted Tourisia [17], that most respondent aged 20-35 years and percentage proportion that does not differ greatly male participation in the use of contraception. This is because the fertile age couple (male) many refuse to use KB and more widely used by the wife.

According to [18] in his book entitled reproductive health and family planning, the phases of women of childbearing age using contraceptives are the phase of delaying pregnancy (age <20 years) and pregnancy (18-35 years). Age can relate to the level of knowledge of a person because it is possible the more mature one's age the more experience obtained (Mubarak, 2011). This opinion is not as accurate in the use of male contraception, although knowledge increases with the maturity of a person, but the desire to use male contraception is not in line with age. This may also be due to limitations of existing contraceptives such as condom use and surgical methods.

4.3. Relationship to the Use of Male Contraception

The result of the research indicated that there was no relation on the use of male contraception in District of Waris Kabupaten Keerom (p-value 1,000) was not significant, where respondents who did not work 78,6% did not use contraception and respondents working 78,3% did not use male contraception. The results of this study are in line with the Research [17,19] that unrelated occupations follow the KB program due to limited menstrual KB, where male contraception tends to use condom contrast, surgery and natural methods. Husbands who use family planning as a whole use condoms, where most working husbands are in the private sector as traders and farmers. But most did not use condoms due to the time spent in the work, whereas unemployed respondents did not have transportation costs in obtaining condoms in Puskesmas. This is in accordance with the opinion of [20], that socioeconomic correlates the degree of public health, especially in couples of childbearing age in the selection of appropriate and safe contraceptives for use. Improved social economy will contribute to health maintenance where respondents are easily informed and family planning services are available around them. The higher the family income the easier the family gets the information they want so that with the amount of information that can bring the insight of the respondent. The low use of male contraceptives in terms of family planning services, that the Health Department in the health service has provided Condoms and methods of operation provided free of charge, so there is no cost incurred. However, the use of family planning, especially condom is still limited, so if the condom runs out to be a problem for the family planning condom. In addition, men's reluctance to follow KB vasectomy, associated with low interest by men. This needs to be given attention to health services in providing health education for men in the use of contraception and free condom services are always available.

4.4. Connect the child to the Use of Male Contraception

The result of the study found that there is no relationship between the children to the use of male contraception in District of Waris Keerom Regency (p-value 0,852), where the respondents who have children more than 2 children, 75,8% do not use contraception and respondent which have number of child less than 2 80% of children do not use contraception. The results of this study in line with research Alfiah [11] revealed that 65% of respondents who have children more than 2 children do not use contraception because they still want more children. The number of children still alive is closely related to the level of welfare. In families with high levels of welfare are generally more concerned with the quality of children than the quantity of children. Meanwhile, in poor families, children are considered to have economic value. In general, poor families have more children than middle and upper economic families. This is because in general poor families have low education level,

married at a young age, so have many children (BKKBN, 2011). The number of child respondents was 39.8% more than 2 children, 75,8% did not use contraception. This suggests that men in the District of Waris have a low interest in the use of male contraceptives. The low use of male contraception requires the participation of health workers in providing information and services of male family planning is enhanced, thus raising men's interest in using male contraception. This is in accordance with the opinion [21], revealing that the low use of male KB is not only based on the interest of men in KB, but in terms of service and type of male contraception is limited which causes low number men in contraception participation.

5. Conclusion

Based on the results and discussion can be summarized as follows:

1. There is no knowledge of the use of male contraception in the District of Waris of Keerom regency (p-value 0,501; RP = 0.894; CI95% (0.718 - 1.114))
2. There is no education relation to the use of male contraception in the District of Waris of Keerom regency (p-value 0,302; RP = 11,223; CI95% (0,865 - 1,730)).
3. No correlation between male contraceptive use in Waris District (p-value 1,000; RP = 0.971; CI95% (0.725 - 1,300)).
4. There is no inter-employment relationship to male contraceptive use in the District of Waris, Keerom regency (p-value 1,000; RP = 1,004; CI95% (0.743 - 1.356)).
5. No linkage of children to male contraceptive use in the District of Waris Keerom regency (p-value 0,852; RP = 0.947; CI95% (0.747 - 1.201)).

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