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Review Article

PERCEPTION AND SOCIAL CULTURAL VALUES AS STRATEGIES FOR IMPROVING MEN INCLUDING VASECTOMIC KB PROGRAMS IN TAMALATE DISTRICT, MAKASSAR CITY

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ABSTRACT

The low participation of men in family planning programs is a problem faced by the government. This contributed to the achievement of the ideal contraceptive prevalence according to the BKKBN's target of 65%. This study aims to determine the effect of perception and socio-cultural values as a strategy to increase the participation of vasectomy KB (Male Operation Method) that can be used as a policy plan for the BKKBN. This study was an observational analytic study with a case control study design, which involved men of childbearing age with vasectomy KB acceptors and non-vasectomy men with wives using one of the modern contraceptives. Sampling using simple random sampling method in the population and case control. Data collection was carried out through interviews using a questionnaire. Data were analyzed statistically. The results showed that the perception for the vasectomy group was significantly higher than the non vasectomy group, which was 15.5 compared to 12.2 ($p < 0.05$). This shows a significant relationship between positive perceptions and the use of vasectomy. The socio-cultural value for the vasectomy group was significantly lower than the non vasectomy group, which was 22.0 compared to 24.4 ($p < 0.05$). This shows that there is a significant relationship between the support of socio-cultural values and the use of vasectomy. Suggestions for the government / BKKBN for counseling and education about vasectomy as a safe solution in managing child birth and eliminating fear / anxiety for male KB acceptors on the impact of vasectomy surgery.

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INTRODUCTION

Vasectomy is one method of contraception for men vasectomy is the process of cutting the vas deferens channel so that the sperm channel outside the body does not occur during sexual intercourse so that the fertility process can be prevented. Vasectomy is one part of the Family Planning program run by the Population and Family Planning agency in Indonesia. The national family planning program is one of the programs to improve the quality of the population, the quality of human resources, health and social welfare, which has so far been carried out through birth management, marriage age maturity, increasing family security and family welfare.

In general, vasectomy is described as a method of minor operative contraception in men that is very safe, simple and very effective, with a short operating time and without general anesthesia (Handayani, 2010). PKMI (2003) explained vasectomy in more detail, namely the act of cutting the vas deferens and removing the two stumps accompanied by the blockage of the vas deferens holes in both nests with the aim of blocking the spermatozoa channel when exiting the testis.

South Sulawesi, as of December 2014, the participation rate for family planning was 73.01% of the 1,387,345 suber age couples with details: IUD participant 4.51%, MOW participant 2.06%, MOP participant 0.21%, condom participant 4.13%,

implant participants 13.66%, injection participants 46.89%, and pill participants 29.81%. This data shows that men's participation in family planning programs in South Sulawesi is still relatively low. In Tamalate District, until May 2015, the proportion of vasectomy acceptors reached 1.8%, this method is the lowest proportion method. While the proportion of condom acceptors reaches 5.4%.

The study aims to analyze the effect of perceptions about the side effects of female contraception, perceptions about wife's work, perceptions about compensation, and socio-cultural values with male participation in vasectomy in Tamalate District, Makassar City.

MATERIALS AND METHODS

This type of research is an observational study with case control design (case control study). Also called a case comparison study or retrospective study is an epidemiological study design that examines the relationship between cases and control groups based on their exposure status. In this research, this design is intended to study the dynamics of influence between variables considered as exposure factors (perceptions

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about the effects of female birth control, compensation, wife work, socio-cultural values) on men's participation in vasectomy by comparing between case groups (vasectomy husbands) with control (non vasectomy). So the samples obtained were 52 vasectomy respondents and 52 non vasectomy respondents.

RESULTS AND DISCUSSION

1 Data analysis is carried out using manual methods or with the help of a computer. 5 Data analysis conducted in this research is univariate analysis and bivariate analysis using Chi Square test. Presentation of data is expressed in tabular and narrative form as follows:

Table 1 Age Characteristics of Respondents with Use of Vasectomy

Age of Respondents		Groups		Total
		Vasectomy	Non Vasectomy	
<30 years	N	0	8	8
	%	0,0%	16,0%	10,7%
30-39 years	N	3	19	22
	%	12,0%	38,0%	29,3%
≥40 years	N	22	23	45
	%	88,0%	46,0%	60,0%
Total	N	25	50	75
	%	100,0%	100,0%	100,0%

Table 1 shows the percentage of vasectomy respondents aged ≥ 40 years (88.0%) is significantly higher than in non vasectomy respondents (46.0%), while for those aged <40 years the percentage of non vasectomy is higher than vasectomy ($p < 0.05$). This shows a significant relationship between old age (> 40 years) and the use of vasectomy.

Table 2 Age of Wife Characteristics of Respondents with Use of Vasectomy

Age of Wife Respondents		Groups		Total
		Vasectomy	Non Vasectomy	
<30 years	N	1	10	11
	%	4,0%	20,0%	14,7%
30-39 years	N	9	28	37
	%	36,0%	56,0%	49,3%
≥40 years	N	15	12	27
	%	60,0%	24,0%	36,0%
Total	N	25	25	50
	%	100,0%	100,0%	100,0%

Table 2 showed the percentage of vasectomy respondents with wife age ≥ 40 years (60.0%) significantly higher than in non-vasectomy respondents (24.0%), while for wife age <40 years the percentage of non vasectomy was higher than vasectomy ($p < 0.05$). This shows a significant relationship between the age of the elderly wife (> = 40 years) with the use of vasectomy.

Table 3 shows the percentage of vasectomy respondents with Labor (60.0%) significantly higher than non-vasectomy respondents (36.0%), while for Other jobs the percentage of non vasectomy was higher than vasectomy, which was 40.0% compared to 12, 0% ($p < 0.05$). This shows a significant relationship between the types of work with the use of vasectomy.

Table 3 Characteristics of Respondents' Work with the Use of Vasectomy

Job		Groups		Total
		Vasectomy	Non Vasectomy	
Labour	N	15	18	33
	%	60,0%	36,0%	44,0%
Civil Servant	N	3	0	3
	%	12,0%	0,0%	4,0%

Private	N	0	9	9
	%	0,0%	18,0%	12,0%
Entrepreneur	N	4	3	7
	%	16,0%	6,0%	9,3%
Others	N	3	20	23
	%	12,0%	40,0%	30,7%
Total	N	25	50	75
	%	100,0%	100,0%	100,0%

Table 4 Comparison of Social and Cultural Perception Scores

Variable	Groups	n	Mean	SD	P
Community Perception *	Vasectomy	25	15,5	2,0	0,000
	Non Vasectomy	50	12,2	4,2	
Socio Cultural Value **	Vasectomy	25	22,0	4,3	0,004
	Non Vasectomy	50	24,4	2,7	

Two Sample t Test

1. The higher the score means the more positive perception of vasectomy
2. The higher the score means the more socio-cultural values do not support vasectomy

Table 4 shows the mean perception score for the vasectomy group was significantly higher than the non vasectomy group, which was 15.5 compared to 12.2 ($p < 0.05$). This shows a significant relationship between positive perceptions and the use of vasectomy.

The participation to become a vasectomy KB acceptor for the community in both urban and rural areas is still very low, as in the research location in the city of Makassar, Tamalate Subdistrict (Jongayya Puskesmas coverage area), only 25 vasectomy respondents were found, even there were locations (sub-districts) in Makassar City. vasectomy KB acceptor participants.

Based on the research data the reason respondents become vasectomy KB acceptors is because the wife is experiencing health problems, and not vasectomy on the grounds that vasectomy decreases sexually and is afraid of having surgery. Because one of the right solutions in increasing vasectomy acceptors (MOP) is socialization and education to the public about the benefits of vasectomy birth control. In addition, it is important to have family planning cadres among men so that men who are interested in becoming acceptors of both vasectomy and condoms feel free and are not ashamed. It is even more appropriate to establish a special male posyandu that specializes in serving male birth control (condoms and vasectomy).

Based on the results of the study table 9 shows that the vasectomy group was significantly higher than the non vasectomy group, which was 15.5 compared to 12.2 ($p < 0.05$). This shows a significant relationship between positive perceptions and the use of vasectomy. This positive perception can be seen in Table 10 showing that there were 25 or 100% of vasectomy participants stating the participation of vasectomy KB men because of concerns about the health of their wives who experience side effects of female birth control and 41 (54.66%) respondents of non vasectomy contraception participants expressed concern about their wife's health . Although there is 100% of men's perceptions that vasectomy contraception violates male nature (25), while perceptions of non-vasectomy contraception there are 44 (58.66%) say that vasectomy contraception violates male nature.

From these results it can be understood that in order to increase vasectomy KB acceptor participants the need to

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increase community knowledge through counseling about the role of wife and husband in realizing a healthy and prosperous family. This is very appropriate if the Higher Education (lecturers / students) partner with the local government to serve the community.

Public opinion that vasectomy is the same as castrated in the research data shows that 22 vasectomy respondents (29.33%) and non-vasectomy there are 32 (42.66%) respondents said that vasectomy was neutered. In addition, public anxiety is very high related to the method of surgery and post-surgery will decrease the sexual life of vasectomy acceptors. This is in line with research by Ahmad Dzakia Faris and Sofwan Indarjo in Gunung Pati Subdistrict Semarang that there is anxiety about the potential for sex experienced by vasectomy acceptors (Unnes Journal of Public Health 4 (4) (2015)

Based on the research data in table 11 shows that the decision to use contraception is not only required to the wife alone is considered positive for the community that is there are 24 vasectomy respondents (96%) and non vasectomy there are 44 respondents (88%). This means that the public already has the knowledge of the importance of managing pregnancy spacing and the number of children that must be planned.

The assumptions about vasectomy do not conflict with social values that exist in the community in table 11 shows there are 22 respondents (29.33%) vasectomy and 41 non vasectomies (54.66%). This means that most people (84%) approve the participation of men in the success of the family planning program using the method of surgery (vasectomy).

CONCLUSIONS

The conclusion of the study showed that the perception for the vasectomy group was significantly higher than the non vasectomy group, which was 15.5 compared to 12.2 ($p < 0.05$). This shows a significant relationship between positive perceptions and the use of vasectomy. In addition, the socio-cultural value for the vasectomy group was significantly lower than the non vasectomy group, which was 22.0 compared to 24.4 ($p < 0.05$). This shows that there is a significant relationship between the support of socio-cultural values and the use of vasectomy. To increase vasectomy family planning acceptors, it is necessary to have extensive socialization to the public through health counseling given that there are still many people who do not understand vasectomy and some have never even heard of the term vasectomy. It is important to have a male-only posyandu conducting all vasectomy and condom family planning activities so that through the posyandu the family planning acceptors receive clear information and men are more free to consult. It is recommended to the government and BKKBN to form a counseling team that is able to provide motivation in relieving fear during vasectomy operations.

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