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The differenced of characteristics of contraceptive method of condom and vasectomy: A cross-sectional study among married of male in Indonesia

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Highlights

The participation of men in becoming active family planning in Indonesia is decreased, especially the participation of men in the Long Term Contraceptive Method, including vasectomy and condom. Characteristics of ethnic and access of information are correlated with contraceptive choices among married male for using condom and vasectomy in Indonesia. However, there were no significance differenced age, education, occupation, salary income per month, length of used contraceptive, number of children, and religion between vasectomy and condom used method.



Abstract

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Background and aims: Indonesian government is regulating a family planning program to restricted fertility among reproductive aged. However, participated of married male for using contraceptive is very lowest in Indonesia. Methods: A cross-sectional study was conducted among 168 of married male (84 of condom method and 84 of vasectomy method) from April to August 2019 in Jember regency of East Java, Indonesia using purposive sampling method. A self-administered questionnaire was used to measure sociodemographic and contraceptive method of participants. Chi square test was performed to analyze the differences of characteristic of contraceptive method of condom and vasectomy among married male (P < 0.05). **Results:** There were a significant differenced ethnic (χ^2) 7.664, P-value = 0.006) and access of information ($\chi^2 = 8.111$, P-value = 0.044) between condom and vasectomy method among married male. Conclusion: Characteristics of ethnic and access information are related with contraceptive method choosing for using condom and vasectomy among married male in Indonesia. Therefore, accessibility of contraceptive method through health education should be implemented for married male in Indonesia setting regarding their social and cultural context.

Keywords: Condom, Vasectomy, Contraceptive, Men's health, Access information



LTCM, Long-Term Contraception Method; SPSS, Statistical Package for Social Sciences.

Competing interests:

The authors declare that there is no conflict of interest.

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Introduction

Population is a problem that is still faced by Indonesia. Indonesia entered the country that ranked fourth in the world in 2018. Indonesia experienced an increase in population from 2017 amounting to 261 million to 265 million in 2018 [1]. The high birth rate in Indonesia annually raises problems with the total quality of human resources. The Indonesian government needs to work hard again in suppressing the rate of population growth to improve the welfare of society, the growth rate of births, deaths and population movements [2]. The method of Family Planning Program is needed to Increase the rate of population growth which is expected to reduce the rate of population growth and increase the degree of life.

The contraceptive method is used to sprat pregnancy with the use of contraceptives. The contraceptive method according to the National Health Planning Boards in Indonesia consists of the Long-Term Contraception Method (LTCM) and Non-LTCM. The LTCM method consists of an IUD, Implant, and Surgery (Vasectomy and Condoms) while Non-LTCM for example birth control pills/oral contraceptives, use of tools in the reproductive tract such as condoms, calendar calculation methods, interrupted intercourse [3]. The LTCM method is a contraceptive that can last three years to last a lifetime. The government has facilitated the choice of contraception by conducting counseling about the understanding and function of each contraceptive. The existence of a reaction to several alternative solutions is the meaning of the decision to use a contraceptive method or tool by analyzing the possibilities and consequences of each contraceptive method or device [4].

Male contraceptive methods in family planning programs in Indonesia include simple contraceptive methods, such as condoms and steady male contraception/vasectomy [5]. The participation of men in becoming active family planning decreased, especially the participation of men in the LTCM of Vasectomy, while non-LTCM, such as condoms also decreased, it was caused by one of the problems such as the existence of people who were reluctant to join the family planning program due to various reasons. Male participation in the use of family planning is still low, it is known that in Indonesia there are 241,642 men using vasectomy contraception and 1,110,341 condoms [6]. While male participation in using family planning in Jember, East Java of Indonesia is seen to be declining, data obtained in 2017 there were 599 vasectomy acceptors and 3,472 condom acceptors, while in 2018 there were 89 vasectomy acceptors and 1,565 condom acceptors [7]. Therefore, the aimed of this study want to identify the differenced of characteristic of contraceptive method of condom and vasectomy among married male in in Jember, East Java of Indonesia

Methods

This study was used a cross sectional design with a quantitative approach. The population in this study were 168 of married male who using contraceptive method, including 84 of vasectomy and 84 of condom acceptors in Jember regency, East Java of Indonesia. The inclusion criteria for vasectomy or condom acceptors in this study were married male who use vasectomy or condom contraception, aged more than 35 years, and have at least 2 children. Meanwhile, the exclusion criteria for vasectomy or condom in this study were as follows married male who are the inclusion criteria who refuse to fill out the questionnaire, aged less than 35 years, married male who experience reproductive disorders, having mental disorders and damage or memory disorders that will interfere with questionnaire data collection, a married couple who has passed away, married male who move domicile, and experienced communication problems. The sampling was done by using purposive sampling technique. The research was conducted in 16 of districts of Jember regency during April-August 2019.

A self-administered questionnaire was used to measure sociodemographic, including age, ethnic, religion, education background, occupation, salary per month, contraceptive method that used, length of used of contraceptive, and number of children. Data collected survey by visited the participant home. Firstly, the investigator were explained the purpose of study and the inform consent was signed the participant to attend this study. Participants were voluntary to follow this study. This study was approved by Ethical Committee Board of Faculty of Dentistry, Universitas Jember with No. 167/UN25.8/KEPK/DL.2018.

The data were analyzed using Statistical Program for Social Sciences (SPSS) version 23.0 software. The qualitative data were presented for frequency and percentage. Then, to analyze the differenced of characteristic of contraceptive method of condom and vasectomy, Chi square test was performed to analyze the differences of characteristic of contraceptive method of condom and vasectomy among married male (P < 0.05).

Results

The characteristics among 168 of married male who used contraceptive method of condom and vasectomy were presented in Table 1. Among 168 of married male were presented that 68 of vasectomy method and 68 of condom method. There were no significance differenced age, education, occupation, salary income per month, length of used contraceptive, number of children, and religion between vasectomy and condom used method (P > 0.05).

However, there were a significance differenced eth-

nic ($\chi^2 = 7.664$; *P*-value = 0.006) and access of information ($\chi^2 = 8.111$; *P*-value = 0.044) between vasectomy and condom used method among married male. Madura's ethnic married male were prefer to choose vasectomy (41.1% vs. 8.9%) and condom (31.5% vs.

18.5%) to compare Jawa ethnic. Meanwhile, the main access information to choose contraceptive method was family in vasectomy (33.9%) and condom (33.9%).

Table 1. Characteristics of contraceptive method between vasectomy and condom among married male (n= 168)

Sociodemographic of participant	Contraceptive method						
	Vasectomy		Condom		Total		χ^2 and <i>P</i> -value
	n	%	n	%	n	%	_
1. Age (year)							
35-45 year	33	19.6	38	22.6	71	42.3	$\chi^2 = 1.400$
46-55 year	29	17.3	22	13.1	51	30.4	P = 0.497
56-65 year	22	13.1	24	14.1	46	27.4	
2. Ethnic							
Jawa	15	8.9	31	18.5	46	27.4	$\chi^2 = 7.664$
Madura	69	41.1	53	31.5	122	72.6	P = 0.006
3. Education							
Not attending school	7	4.2	8	4.8	15	8.9	
Elementary school	46	27.4	49	29.2	95	56.5	$\chi^2 = 1.009$
Junior hig <mark>h school</mark>	7	4.2	6	3.6	13	7.7	P = 0.908
Senior high school	13	7.7	9	5.4	22	13.1	
Underg <mark>raduate</mark>	11	6.5	12	7.1	23	13.7	
4. Occupation							
Public g <mark>overnment</mark>	11	6.5	12	7.1	23	13.7	2 1 240
Seller	49	29.2	44	26.2	93	55.4	$\chi^2 = 1.349$ $P = 0.717$
Entrepre <mark>neur</mark>	14	8.3	13	7.7	27	16.1	1 = 0.717
Farmer	10	6.0	15	8.9	25	14.9	
5. Salary income per month							2 0.050
Less than MRI	73	43.5	72	42.9	145	86.3	$\chi^2 = 0.050$ $P = 0.822$
More than MRI	11	6.5	12	7.1	23	13.7	1 = 0.822
6. Length of used contraceptive							
Less than 1 year	28	16.7	25	14.9	53	31.5	$\chi^2 = 0.248$
More than 1 year	56	33.3	59	35.1	115	68.5	P = 0.618
7. Access information of contracept	ive						
Family	57	33.9	57	33.9	114	<mark>6</mark> 7.9	
Friend	7	4.2	3	3.0	12	7.1	$\chi^2 = 8.111$
Electronic media	6	3.6	0	0.0	6	3.6	P = 0.044
Health care provider	14	8.3	22	13.1	36	21.4	
8. Number of children							
2	78	46.4	75	44,6	153	91.1	$\chi^2 = 0.659$
More than 2	6	3.6	9	5,4	15	8.9	P = 0.417
9. Religion				,			
Islam	81	48.2	76	45.2	157	93.5	2 2 2 2
Catholic	1	0.6	4	2.4	5	3.0	$\chi^2 = 2.626$ $P = 0.269$
Christian	2	1.2	4	2.4	6	3.6	r=0.209

Note: MRI, Minimum regional income in Jember regency per month is 1,916,984. IDR, Indonesian Rupiah. χ^2 = Significance determined using Chi square test.

Discussion

In this study, we found that ethnic and access of information were factors that correlated married male to choose their contraceptive method of vasectomy and condom in Indonesia. However, age, education, occupation, salary income per month, length of used contraceptive, number of children, and religion were not differenced between vasectomy and condom. This findings were similar with previous study that cultural background is significant correlated for choosing contraceptive method [8] and access and sources of information is influenced acceptors of contraceptive [9]. This study was reflected that social and cultural context and available of information is key point of married male to choose their contraceptive method.

Our study showed that vasectomy and condom acceptors were aged 35-45 years. These results are in accordance with government programs that encourage acceptors to use vasectomy contraceptives over the age of 35 years [10]. However, there were no significant relationship between the age of the respondent and the use of the type of family planning. The results of this study are different from the results of previous studies by Pramono and Ulfa [11] states that there is a relationship between age and contraceptive selection. This can be influenced by the characteristics and number of respondents from each study. Age must be considered by every family because age influences the use of contraception as an intrinsic factor, there are organ structure, physiological function, biochemical composition including hormonal system. Differences in physiological function, biochemical composition, and hormonal system over an age period cause differences in the contraception needed. Because with increasing one's age there will be changes in physical and psychological aspects [1]. Fienalia [12] also mentioned that respondents with age \geq 30 years had a 2.5 times greater chance to use LTCM compared to respondents with age < 30 years. Therefore, age is one of the factors influencing the participation of a husband to be an acceptor because due to increasing one's age there will be changes in physical and psychological aspects.

Distribution of vasectomy contraceptive users according to the ethnic majority of Madura respondents was 72.6% and the lowest ethnic Javanese were 27.4%. Most of the vasectomy acceptors and condoms are Madura ethnic and a significant relationship between ethnic respondents and the use of family planning types. The results of this study are in line with the research of Sri and Faizah [8] that there is a significant relationship to culture in choosing contraception. Wardana ([13] revealed that the cultural factor is a separate challenge for the development of family planning programs because it is difficult to eradicate in the community. This is according to the researchers' assumptions because the culture of the environment in

which we live and grew up has a major influence on the formation of our attitudes.

Our finding reflected that there is no significant relationship between the educations of respondents with the use of family planning. This is not in accordance with Anita et al (2014) research that the relationship between education level and contraception selection shows that there is a relationship between education level and the choice of contraception. As stated by Kusumaningrum [14] that education is obtained from the learning process through formal and informal education. This can be influenced by the characteristics and number of respondents from each study. People who will have higher education will give a more rational response than those who are less educated or those who are not educated, so in the face of new ideas they will use more ratios than emotion. People who are not educated or have low education will certainly respond more to something new idea with emotion. Because what he just considered can shake people or change what they have done in the past. The level of education not only affects the willingness to use family planning, but also the choice of a method. There is no denying that a person's education is influential in responding to something that comes from outside. Therefore, men with a low education level still think that women must use contraception, because women can get pregnant. Whereas men with a high level of education, taking into consideration several things with their wives, are likely to want to use contraception.

Meanwhile, there is no significant relationship between the works of respondents with the use of family planning. This can be influenced by the characteristics and number of respondents from each study. The results of this study according to the researchers' assumptions are in accordance with government policies that eliminate contraception including vasectomy and condoms. Therefore, the acceptor cannot be used anymore due to the type of work carried, resulting in inadequate income that affects and impacts the acceptor's purchasing power on basic needs and others including the ability to buy contraception so that there should be no economic factors from the low level of participation active family planning. While, there is no significant relationship between the incomes of respondents with the use of family planning. The results of this study are in accordance with research by Sugiati and Siti [10] that there is no relationship between the socioeconomic family and the selection of contraception. This is not in accordance with the research of Lontaan, et al [15] which states that there is a relationship between socio-economics and the use of male contraceptive methods. This can be influenced by the characteristics and number of respondents from each study. Kusumaningrum [14] income level is a measure of a person's worthiness in obtaining an award from his work that is used to meet his needs. The level of income will

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affect the choice of type of contraception. This is because in order to get contraceptive services that are needed the acceptor must provide the necessary funds. Someone will definitely choose a contraceptive that suits their ability to get the contraception. In accordance with government policies that eliminate contraception, including vasectomy and condoms. Therefore, the acceptor cannot be used anymore due to the type of work carried, resulting in inadequate income that affects and impacts the acceptor's purchasing power on basic needs and others including the ability to buy contraception so that there should be no economic factors from the low level of participation active family planning.

Our finding identified that the length of use of contraceptive method was not significant between vasectomy and condom. This can be influenced by the characteristics and number of respondents from each study. The results of this study indicate that there are other factors besides the duration of use that can influence contraceptive selection. From this it indicates that the vasectomy and condom family planning program has been known to the public or especially family planning acceptors in Jember Regency. However, there is a significant relationship between respondents' access to information and the use of family planning types for using contraceptive method. This is in accordance with research conducted by Nurhulaifah [9] which states that there is an influence between information on the participation of a husband into a condom family planning acceptor. Other opinions differ by Yati et al [8] that there is no significant relationship between the information media and the interest in using contraception. Based on the results of the study there are still many people who have not gotten information about male birth control. The more people get information about family planning the more likely the husband will participate in the family planning program. This is due to the factor that the respondent's attitude is influenced by personal experience, the influence of others who are considered important for individuals such as: wife, parents and family.

In this study identified that there is no significant relationship between the numbers of respondent children with the use of family planning. The results of this study differ from previous research by Angoi [2] which states that there is a significant relationship between parity (number of children) with contraceptive selection from the two studies it appears that there is not always a relationship between the factor of the number of children with contraceptive selection. This can be influenced by the characteristics and number of respondents from each study. Parity or number of children must be considered by the family because the more children the more dependents of the head of the family in meeting their daily needs. In addition, the thirst for maintaining reproductive health because more often give birth more vulnerable to maternal

health. With an indication of the BKKBN program with consideration to have a vasectomy, which is a married couple does not want another pregnancy because many children consider having a vasectomy, namely a husband and wife do not want another pregnancy due to many children. Meanwhile, which there is no significant relationship between the religion of the respondent and the use of the type of family planning. This result is in accordance with Kusumaningrum [3] which states the support of religious leaders does not have a significant relationship in the selection of contraceptive methods used by acceptor. Although initially challenged, finally the family planning program has been supported by religious leaders so far, it is certainly supported by various ways by the government and the community in socializing the family planning program so that it can be widely accepted by the public with the understanding that family planning is not contrary to religion and is one of the efforts in regulating the number of children as well as for the good of the family itself.

Conclusion

This study is concluded that ethnic and access of information were factors that correlated married male to choose their contraceptive method of vasectomy and condom in Indonesia. However, age, education, occupation, salary income per month, length of used contraceptive, number of children, and religion were not difference between vasectomy and condom. Therefore, accessibility of contraceptive method through health education should be implemented for married male in Indonesia setting regarding their social and cultural context.

Furthermore, further research is expected to increase knowledge and insight on the characteristics of KB vasectomy and condom respondents and add references for other researchers. Suggestions for the local government are expected to increase the extension and provision of infrastructure to support the vasectomy and condom family planning program, especially to provide an understanding of the importance of family planning, not only for women but also for men.

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