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A Literature Review of Factors Affecting Male Participation in Family Planning Methods in Indonesia

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ABSTRACT

Introduction: The use of contraceptives among men in Indonesia is still very low. This is because individual characteristics influence the mindset in responding to and accepting the concept of contraception, the low level of knowledge and attitudes of men regarding reproductive health in the use of contraception. There are many factors that influence men to take part in the Family Planning (*Keluarga Berencana/* KB) program, namely factors from the client's side or the man himself (knowledge, men's attitudes and desired needs), environmental factors, namely family support, especially wife support, social and cultural, limited information. and access to male family planning services, and limitations in types of male contraception. The puprose of this literature review is to analyze various influencing factors on the use of Family Planning methods among men in Indonesia. **Method:** The design of this is a literature review. The article used is a cross-sectional research article with husband/male respondents. The inclusion criteria for selected articles were men who used family planning programs as well as research with primary and regional data in Indonesia. **Results:** The results showed that knowledge, age at marriage, and children's values have a significant relationship with men's participation in family planning programs. Knowledge about family planning has a 2.037 times chance of participating, married age ≥ 25 years has a 0.535 times chance of participating, children with sufficient grades (≤ 2) have a 1.821 times chance of participating. **Conclusion:** The conclusion of this study is that knowledge is the dominant factor in the influence of the use of Family Planning (KB) methods.

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INTRODUCTION

Indonesia is one of the countries with the largest population in the world. In 2022, the population in Indonesia will reach approximately 275.77 million people. Compared to last year, this number increased 1.13% to 272.68 million people (Central Statistics Agency, 2022). The population increase is increasing every year, so it becomes a big problem for

Indonesia. Starting from population, life expectancy, birth rate, and population density. Thus, the government is trying to reduce the rate of population growth by implementing the Family Planning program which was created to balance needs and population. With the implemention of the Family Planning program, the population in Indonesia will be controlled (DP2KBP3A, 2023)

The legal basis for Family Planning policy in Republic of Indonesia Law Number (No). 36 of 2009 concerning Health, article 78, namely that the family planning service program regulates pregnancies for couple of childbearing age in order to build a healthy and intelligent for the next generation. The National Family Planning Program is regulated in Law Number (No). 52 of 2009 concerning Population Development and Family Development, namely that family planning policies are implemented to assist prospective or married couples in making decisions and realizing reproductive right responsibly. The government is responsible for ensuring the provision of safe and quality Family Planning services in accordances with professional and ethical standards that are sustainable, and can reach and be affordable to the community (Ministry of Health, 2021).

In 2022, based on data from the Central Statistics Agency, 55.36% of couples of childbearing ages in Indonesia will use the Family Planning program (Central Statistics Agency, 2022). However, according to the eStability report based on the Good Mention Institute in 2022, as many as 40% of pregnancies in Indonesia are unplanned. One of the triggers for this problem is the very low role of men in the Family Planning program. Due to the lack of public knowledge regarding male family planning, there is an opinion that men do not need to take part in family planning programs (DPR-RI, 2023).

The role of men in participating in the Family Planning program is very important because men are partners in sexual and reproductive matters, so that both men and women are responsible for achieving sexual life. Men are involved in fertility so that husbands and wives can decide which contraceptives to use and support each other towards a better reproductive life (Utami, 2018).

The 2017 Indonesian Demographic and Health Survey shows that 4% of women including married women, and 3% of men including married men including married men who know all modern contraceptive methods. Regarding the use of Family Planning methods, 11% of married men use Family Planning methods, with 4% using modern Family Planning methods and 7% using traditional Family Planning methods. Married men who use condoms are 4% higher than thise who choose Male Surgical Method, which is less than 1%. There are also 6% of married men using interuppted copulation (BKKBN, Ministry of Health, & Central Statistics Agency, 2017).

Compared to other developing countries, Indonesia is a country that still has very low levels of contraceptives use. Judging from Indonesia's Health Profile in 2021 based on method of congraceptive use, the number of Fertile Age Couples is 22,061,905 (57.4%). Modern Family Planning participants include the use of condoms (1.8%), injections (59.9%), pills (15.8%), IUD (8%), Male Surgical Method (0.2%), Female Surgical Method (4.2%), implants (10%), Lactatonal Amerrhea Method (0.0%), and traditional Family Planning participants (0.4%) (Ministry of Health, 2022). The percentage results on the BKKBN Family Planning System (New Siga) show that men's participation in the Family Planning program using condoms is 2.2% and vasectomies are 0.25%. the percentage of male Family Planning participation in 2022 is 2.48%, this shows that it has only reached 46.53% compared to the target set at 5.33% (BKKBN, 2023).

The use of contraceptives among men in Indonesia is still very low. This caused by individual characteristics influence the mindset in responding to and accepting the concept of contraception, the knowledge and attitudes of men regarding reproductive

health in the use of contraception. Many factors influence men to take part in the Family Planning progam namely factors from the client's side or the man himself (knowledge, men's attitudes and desire needs), environmental factors namely family support, especially wife support, social and cultural issues, limited information, and access to male Family Planning services, and limitations in types of male contraception (BKKBN, 2020).

LITERATURE REVIEW

The Family Planning is an integrated part of national development which aims to shape the welfare of the Indonesian population so that it achieves a good balance. This government program is designed so that the needs and populations are balanced, so the Family Planning program is expected to achieve Happy and Prosperous Small Family Norms which will lead to balanced growth (Sari, 2017).

The ideal number of children in a family is two. In The National Medium-Term Development Planning there is a target for the Family Planning program which has decreased, namely the population growth rate to 1.14% per year; the total birth rate wa 2.2% female; Couples of Childbearing Age who do not use contraceptive methods but no longer want to have children is 6%. There is also a Family Planning program target in The National Medium-Term Development which has increased, namely male family planning participants around 4.5%; use of contraceptive methods; the average age of women at first marriage is 21 years; family support in fostering children's growth and development; and the number of community agencies implementing national Family Planning program services (Rokayah et al, 2021).

The use of contraceptives is a limitation that can be done by planning the number of the family. Contraception is the use of devices or methods to prevent pregancy. So it is highly recommended that contraception be used by women and men (Ministry of Health, 2022). The use of male contraception can be done because of constrains on the part of women so it is handed over to men which men sometimes don't want to do. A man can use condoms and the Male Surgical Method (Putri, 2021).

The effectiveness of the Male Surgical Method which aims to prevent pregnancy is still relatively high, almost approaching 100%. In the vasectomy procedure, 15-20 women whose partners undergo a vasectomy will experience pregnancy. Keep in mind, vasectomydoes not work directly. Because after a vasectomy, a man's semen still contains sperm. To avois pregnancy, use another form of contraception for around 15-20 ejaculations or around 3 month or even longer. A semen test is carried out to find out that there is no sperm left. In the first two years of every 1,000 vasetomies, only about 11 experiences vasectomy failure (Jalilah & Prapitasari, 2020).

The use of condoms will be effective if they are used properly and consistently before every sexual intercourse. The number of failures in using male condoms is very small, namely out of 100 women only 1-13 pregnancies in the first year of use. Meanwhile, the failure rate for using female condoms is 5-21 pregnancies out of 100 women. In addition, if used correctly, condoms are 80-95% effective in preventing sexually transmitted infections (Ernawati et al, 2022).

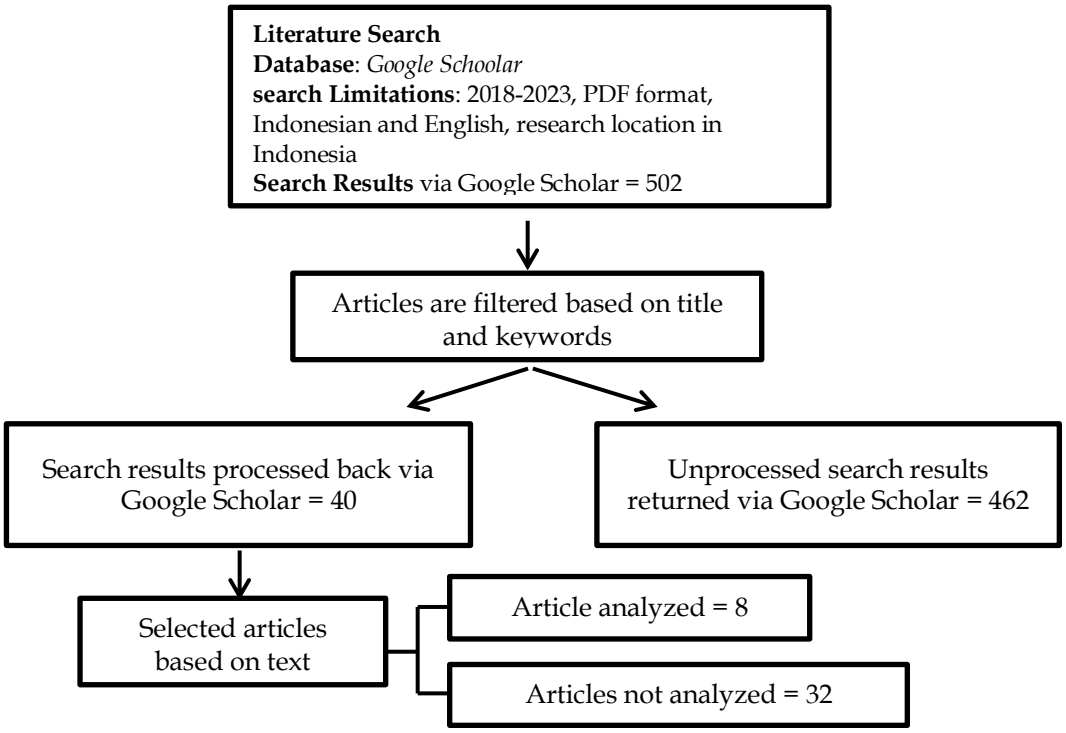
The participation of men or husbands in the use of contraceptives is still very low. Based on socio-cultural factors from a male perspective, the use of contraception is only done by women and assumes that if men use contraceptions it can reduce men's virility. Limited socialization, promotion of male Family Planning and access to services also results in very low oppurtunities for men to obtain information about reproductive health and Family Planning. Husband knowledge and wife support for male Family Planning is still lacking, and the emergence of stigma regarding male Family Planning in society

greatly influences the low participation of men or husbands in the use of Family Planning (Barus, Lumbantoruan and Purba, 2018).

There are many factors why reproductive health in Indonesia is still low, which influences men to use Family Planning, namely low knownledge and awareness of men, social and cultural environmental conditions, limited access to Family Planning services. Apart from many factors, there are also efforts to improve men's use of Family Planning and reproductive health. Based on the 2004 BKKBN grand strategy, there are efforts to increase men's participation in the use of Family Planning and reproductive health by implementing regional control; advocacy; communication, Information and education; service; affordabilty of adminitration; and human resource development (Makripuddin & Karjono, 2021).

METHOD

This type of research uses a literature review method with research data sources from the literature in the form of journal publications. The article used is a cross-sectional research article with husband or male respondents in Indonesia. The inclusion criteria selected were men who used Family Planning programs as wel as research with primary and regional data in Indonesia. The search engines used to search for articles include Google Scholar. In searching for articles, the keywords used were Male Family Planning, Family Planning Program, Factors, Male Contraception, Family Planning, Contrception, and Indonesia. The year limits used in searching articles start from 2018-2023. The selected article are in Indonesian and English in PDF format which are free articles. Based on searches via search engines with these keywords and based on the inclusion criteria after filtering, 17 suitable articles were obtained.



Picture 1. Article Search Chart

There were eight articles analyzed and nine articles not analyzed. Based on the articles analyzed, various factors were found that were related to male contraceptive use.

The next process is grouping data based on the variables discussed. Next, data synthesis was carried out to obtain the determining factors for male contraceptive use in Indonesia.

RESULTS AND DISCUSSION

Research conducted in Lampulo Village, Banda Aceh using the Chi-square method, Bivariate analysis using primary data measurements on husband participation in using Family Planning acceptors, there were 61 respondents (61.0%) who did not use Family Planning acceptors and 39 respondents (39.0%) who use Family Planning acceptors. Based on factors including gender roles, it was found that p-value = 0.002 ($p < 0.05$). this shows that gender roles are related to men's influence in using Family Planning acceptors. Based on analysis of the hubands's knowledge factor in using Family Planning acceptors, it was found that p-value = 0.007 ($p < 0.05$). this value shows that the knowledge factor is related and has an influence on the use of male acceptors in Lampulo Village. In the factor analysis of the number of children, it was found that p-value = 0.009 ($p < 0.05$) so that this value is related and has an influence on the use of Family Planning acceptors in men. Analysis based on economic status factors found that p-value = 0.036 ($p < 0.05$), so this value shows that economic status factors are not related to the use of male acceptors in Lampulo Village. Then factor analysis of the Islamic religious perspective found that p-value = 0.054 ($p < 0.05$). This value not related and has no influence on the use of Family Planning acceptors among men in Lampulo Village (Napisah et al, 2020).

Research at the Babulu Community Health Center, Penajam Paser Utara with the results of the Chi-square method test shows that there is a relationship between variables and men's participation in the use of contraceptive. In this study, there were four variables used, namely knowledge, education, patriarchal culture, anda access to health services with (p-value) = 0.000 (<0.05) and the OR value varied quite a bit in men's participation in using contraceptives. Based on the results of multivariate statistical analysis, it shows that there is a relationship between knowledge, education, patriarchal culture, and access to services and men's participation in contraceptive use. Menawhile, there is no significant relationship with the variable access to health services. Patriarchal culture the most dominant variable influencing men's participation in using contraceptives with an OR value of 30.390 (Murti et al, 2023).

Another study at the Pinang Jaya Community Health Center, Bandar Lampung used the Chi-square method. The results of this study showed that respondents with poor knowledge and did not participate in the use of Family Planning were 122 people (79.2%) while respondents whi had good knowledge were 52 people (32.9%) with a p-value = 0.000 indicating that the knowledge factor relate to and have an influence on the husband.'s participation in becoming a Family Planning acceptor. OR value = 7.77 (4.66 – 12.96), then respondents who have knowledge are 7 times lower in the use of Family Planning acceptors. Respondents with negaitve attitudes and not participating as Family Planning acceptors amounted to 115 people (81.0%) while respondents with positive attitudes amounted to 59 people (34.7%) with p-value = 0.000 indicating that attitudes are related and have an influence on husband's participation Family Planning acceptors. OR value= 8.01 (4.74 – 13.54), so respondents who have a negative attitude are 8 times more likely to use Family Planning acceptors. Respondent with low education and not participating as Family Planning acceptors amounted to 99 people (79.8%) while respondents who had higer education amounted to 75 people (39.9%) with a p-value = 0.000 indicating that education is related and has an influence on husband's participation Family Planning acceptor. The OR value = 5.96 (3.52 – 1-.1-), so respondents who have low education are 5 times more likely to use Family Planning acceptors (Murniasih, 2021).

Research in Pali Regency analyzed factors that influence anxiety about male contraception, namely Male Surgical Method. The method used in this research is the Chi-square method which shows that p < 0.001 < α (0.05). This value shows that the number of children is related to factors that influence anxietyabout Male Surgical Method cotraception. Then the results of the analysis related to the type of work were obtained with a p-value of 0.001 < α (0.05). this value shows that the type of work has a relationship and influences the use Male Surgical Method contraception. In the analysis related to the availability of information with a p-valued of 0.222 > α (0.05), it shows that the availability of information and the use of Male Surgical Method contraception does not have a significant relationship (Elyana, 2022).

Research in Karanganyar Villager, Ngawi Regency, East Java analyzed facotrs in the use of male contraception in the form of vasectomy. This research uses the Ci-square test method with the dependent variables being availability of information (p-value = 0.000), attitudes and behavior of wives (p-value = 0.002), Family Planning cadres (p-value = 0.001) and Family Planning field officers (p-value = 0.0003). this value shows that there is a relationship and influence on the use of vasectomies in men with the dependent variable. There also variables that have no relationship and influence, namely education level, income, number of children, knowledge, attitudes and beliefs with a p-value > 0.05 (Amanati, 2021).

Research in Pakualaman district, Yogyakarta use the same method, namely the Chi-square test. The results obtained show that there is a relationship between the male knowledge factor and the value p = 0,04 (OR = 5.4 (95% CI = 1,0 – 28,0), man's attitude with the values p = 0,00 (OR = 5,7 (9,5% CI = 2,1 – 15,2), and wife support and the value p = 0,00 (OR = 33 (95% CI = 9,7 – 112,2) with men's pasticipation in family planning. The dominant factor influencing men's participation in family planning is wife support (Maryana, 2021).

Research in Tanasitolo Community Health Center working area with results showing that there is a significant relationship between knowledge *(p-value* = 0,0434 < α = 0,05), number of children (*p-value* = 0,0441 < α = 0,05), and social support (*p-value* = 0,0386 < α = 0,05) with men's participation in family planning. While, there are results showing that there is no significant relationship between the amount of income (*p-value* = 0,0665 > α = 0,05), and culture (*p-value* = 0,0887 > α = 0,05) (Anitasari, 2021).

Based on the final results of the multivariate modeling analysis, research in Muaro Jambi district shows that there is significant relationship between variable (knowledge, age at marriage, and child values) and men's participation in the use of family planning programs. On the knowledge variable with a value of OR = 2,037 (95% CI = 1,174 – 3,535) shows that respondents who have good knowledge are 2,037 times more likely to participate in a family planning program. On the age at first marriage variable with a value of OR = 0,535 (95% CI = 0,320 – 0,893) shows that respondent whose first marriage was ≥ 25 years old had chance 0,535 times of participating in a family planning program. On the child value variable with a value of OR = 1,821 (95% CI = 1,013 – 3,272) shows that respondent who have sufficent child scores (≤ 2) have a chance 1,821 times of participating in a family planning program. From the results of the analysis of these three variables, the most dominan factors related to men's participation in the family planning program in Jambi Regency is the knowledge variable (Afrinaldi et al, 2021).

The results of research conducted in Lampulo Village, Banda Aceh, show that many people still do not use family planning (KB) methods. Several factors were found to influence the use of family planning acceptors.

Table 1. Previous Research Journals

Authors (Years)	Location	Study Design	Sample	P (*Population*)	I (*Intervention*)	C (*Comparison*)	O (*Outcome*)
Napisah, et al (2020)	Lampulo Village, Banda Aceh	Quantitative	100	Husband/ Man	None	Family Planning Service Standards	- Gender roles (*p value* = 0,002) - Knowledge (*p value* = 0,007) - The amounts of children (*p value* = 0,009)
Murti, et al (2023)	Gunung Mulia Village	Observational	54	Husband/ Man	None	Family Planning Service Standards	Knowledge, education, patriarchal culture, and access to health services (*p value* = 0,000)
Murniasih (2021)	Pinang Jaya Community Health Center, Bandar Lampung	Analytical Observational	312	Husband/ Man	None	Family Planning Service Standards	- Knowledge (*p value* = 0,000 and OR = 4,380)
Elyana, et al (2022)	Pali Regency	Quantitative	91	Husband/ Man	None	Family Planning Service Standards	- The amounts of children (*p value* < 0,001) - Type of work (*p value* < 0,001)
Amanati, et al (2021)	Karanganyar District, Ngawi, East Java	Quantitative	78	Husband/ Man	None	Family Planning Service Standards	- Availability of Information (*p value* = 0,000) - Wife's attitude and behavior (*p value* = 0,002) - Family Planning cadres (*p value* = 0,001) - Family planning field officer (*p value* = 0,003)
Maryana (2021)	Pakualaman District, Yogyakarta	*Mix Methods* (quantitative and qualitative)	97	Husband/ Man	None	Family Planning Service Standards	- Knowledge (*p value* = 0,004) - Attitude (*p value* = 0,00) - Wife support (*p value* = 0,00)
Anitasari dan Sarmin (2021)	Tanasitolo Community Health Center	*Cross Sectional*	98	Husband/ Man	None	Family Planning Service Standards	- Knowledge (*p value* = 0,0434) - The amount of children (*p value* = 0,0441) - Social support (*p value* = 0,0386)
Afrinaldi, et al (2021)	Muaro Jambi District	Quantitative	381	Husband/ Man	None	Family Planning Service Standards	Knowledge (OR = 2,037)

From the knowledge perspective, many respondents did not use family planning due to the absence of counseling and socialization regarding male contraception. Incomplete or inaccurate counseling also contributed to respondents' limited

understanding of contraception. As a result, husbands often lacked the motivation to participate as family planning (KB) acceptors for their family's welfare.

In addition to limited knowledge, economic status also affected the use of KB methods. Fathers with sufficient or low economic status were less willing to participate in male KB, as many men believed that contraception was not appropriate for husbands. Instead, they considered it the wife's responsibility, since women are the ones who carry and give birth to children, while men's role is seen only as providers.

The number of children was another important factor influencing KB participation. Some husbands chose to use contraception only after having more than two children, while others still preferred to have large families. This attitude was shaped by extended family or societal beliefs, including the assumption that "many children bring many blessings" or that each child brings their own fortune.

The relationship between knowledge and male contraceptive use stems from socio-cultural factors, religious beliefs, and education level. Studies. Show that 12,571 men with low education did not use contraceptives. Education is a key factor in contraceptive use, influencing open-mindedness and social change (Mkwananzi, 2022). Patriarchal culture also effects male participation in contraception within families and society. This culture reinforces gender inequality, whhere women are confined to domestic roles (childcare and household duties), making them the ones expected to use contraceptives, while men are seen only as breadwinners. Beyond patriarchy, respondents also face difficulties accessing healthcare facilities. Key barriers include distance, travel time, and socio-cultural-economic status. Health disparities arise from unequal access and utilization of healthcare services (Permatasari, 2013). Perceived discrimination in healthcare services further complicates access (Adrianto, 2021).

Individual knowledge varies depending on personal perception (Notoatmodjo, 2018). Research at Pinang Jaya Health Center, Bandar Lampung, found that respondents with better knowledge were more likely to use make KB methods. Increased awareness of male KB programs leads to greater understanding of their benefits. Thus, knowledge is crucial in shaping behavior, including men's contraceptive use regular health education-through formal and informal promotions-is needed to broaden men's access to accurate information (Murniasih, 2021).

The number of children and declining welfare (preventing children from attaining higher education) are vulnerabillities observed in this study's vasectomy participants. The number of children contributes to anxiety about KB use. Occupation is another concern, as it affects income. Better health status correlates with higher income, as it allows easier access to services. Financial capability influences. Contraceptive choices (Elyana, 2022).

According to Lawrence Green's theory, information availability is a key ennabling factoor that influences public reach. Increasing men's knowledge through accessible information can boost pasticipation in vasectomy. Information can be disseminated through media (print and digital) for effective health messaging. Additionally, support from KB cadres is crucial. However, this study found limited cadre understanding of vasectomy, resulting in infrequent educcation for fertile couple (PUS). Field KB Officers (PKLB) also play a role-their support can motivate men to choose vasectomy (Amanati, 2021). Thhe final influential factor is the wiife's attitude. Weak spousal support significantly reduces the likehood of vasectomy adoption. A wife's backiing is crucial in her husband's decision-making. Her knowledge and attitude toward male contraception play a major role (Saraswati, 2019).

Research in Pakualaman District, Yogyakarta, found that respondents had good KB knowledge due to their moderate education levels (53.6% had high school education).

Urban settings also contributed to better KB awareness. In-depth. Interviews revealed that men participated in male KB due to personal realization, acceptance of FP, their wife's health issues, or believing two children were enough. Wives' suuport increased male participation 33-fold compared to unsupported husbands. Thus, educating both husbands and wives about male KB is essential, as men are more receptive when their wives expalin it (Maryana, 2021).

A study at the Tanasitolo Health Center confirmed that the level of knowledge significantly influences male participation in family planning (KB), consistent with findings from Pinang Jaya, Bandar Lampung. The number of living children also emerged as a key factor, reflecting similar results from Pali Regency, where unmet KB needs were higher among respondents with ≤2 children. In addition, social support—particularly from wives—was found to play a crucial role in encouraging male participation (Anitasari, 2021).

Research in Muaro Jambi Regency showed that knowledgeable men were 2.037 times more likely to join KB programs after adjusting for education, age at first marriage, and child value perceptions (Afrinaldi et al., 2021).

CONCLUSION

The use of male family planning (KB) methods in Indonesia remains low, influenced by multiple factors such as knowledge, attitudes, number of children, education level, occupation, patriarchal culture, wife's support, availability of information, healthcare access, and the role of KB cadres and field officers. Among these, knowledge is the most significant factor, with men who are knowledgeable having more than twice the likelihood of adopting male contraception (OR = 2.037).

Given the low participation rate, male involvement in family planning needs greater attention as a public health concern. Efforts should focus on strengthening health promotion programs—both formal and non-formal—designed to improve knowledge and reshape perceptions of family planning, particularly among couples of reproductive ages. Enhancing husband's awareness and understanding of family planning can increase acceptance of male contraceptive methods, while simultaneously empowering wives with adequate information ensures that discussions and decisions regarding KB are better supported at the household level. In addition, improving access to services and diversifying available male contraceptive options are crucial strategies to increase men's participation in family planning programs in Indonesia.

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