

THE EFFECT OF HEALTH EDUCATION ABOUT CONTRACEPTION ON HUSBAND'S INTEREST IN VASECTOMY

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ABSTRACT

Men who do not have sufficient knowledge about family planning will not be motivated to participate in using contraception. This research is a Pre-Experimental Design research with a pretest-posttest approach. The intervention used was in the form of providing health education about contraception to men in the male group (husbands) who met the inclusion criteria in Karangsari Village, Tuban District, Tuban Regency. The study population was 50 men (husbands) who met the inclusion criteria in Karangsari Village, Tuban District, Tuban Regency in June 2021. Sampling in this study is a non-probability sample with purposive sampling technique. The desired criteria in this study are men (husbands) who meet the inclusion criteria in Karangsari Village, Tuban District, Tuban Regency as many as 50 people in June 2021. Data analysis used in this study is to use the McNemar Test with the help of SPSS with a significant limit of p -value < 0.05 . The results of the study after the post-test, almost all respondents still chose not to be interested in doing a vasectomy, namely 43 (86%), there were only 4 respondents who were interested after health education was not interested and were given health education. The analysis using the McNemar Test statistical test obtained a p -value = 0.125, because the p -value > 0.05 which indicates only a few are interested, there is no significant increase in interest in using a vasectomy before and after giving education about contraception.

Keywords : Vasectomy, health education, contraception



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INTRODUCTION

Indonesia is the fifth country in the world with an estimated population of 249 million. Indonesia with the largest area remains the country with the most population, far above the nine other ASEAN member countries. In line with the increasing population of Indonesia and the high maternal mortality rate and the

need for reproductive health, family planning programs are used as a way to suppress population growth and improve maternally and child health.¹

The use of contraceptives is one of the factors that can reduce the birth rate. The higher the prevalence of contraceptive use, the lower the fertility rate. Contraceptive devices are used by

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married couples of childbearing age and wives aged 15 to 49 years to delay pregnancy, thin pregnancy, and stopping pregnancy.² The regulation of pregnancy in the family planning program is carried out using contraception.¹

According to the 2015 Susenas results, the prevalence of contraceptive users or the Contraceptive Prevalence Rate (CPR) in Indonesia in 2015 was 76.29%. This figure is lower than East Java's CFR, which is 79.64%. The percentage of modern contraceptive use in East Java in 2015 was 61.26%, which is higher than the CFR of modern methods in Indonesia, which is 58.99%. The existing male family planning participants only reached around 1.27%. Meanwhile, the Total Fertility Rate (TFR) in Indonesia in 2015 was 2.29%, while the TFR in East Java province was 2.26%, which is lower than Indonesia's TFR.²

Men who do not have sufficient knowledge about family planning will not be motivated to participate in using contraception.¹ According to BP3AKB Tuban Regency services for new family planning participants in Tuban Regency were 2.49% (22,988 people). Hormonal family planning participants were 1.94% (17,875 people), while non-hormonal family planning participants were 0.55%

(5,113 people) of which 0.59% (30 people) were Vasectomy participants.

Based on the 2016 Human Development Report, public knowledge about the Long-Term Contraceptive Method is still lacking, namely the low level of knowledge about long-term contraceptive methods, one of which is the Vasectomy steady contraception. The Indonesian Health Demographic Survey (IDHS 2016) shows that men who know about Vasectomy are still 19% compared to their knowledge of other contraceptives such as pills, injections, IUDs, implants, and condoms, which is much higher, reaching an average of above 80%.

Based on data from the Tuban District Health Office Profile in 2016, active acceptors of all methods of family planning were 211,731 participants from 270,429 couples of childbearing age, who participated in IUD family planning were 19.01%, Tubectomy 3.6%, Vasectomy 2.1%, condoms 1.9%, injection 47.2%, pill 22.3%.

Meanwhile, according to an initial survey conducted in Karang Sari Village, Tuban District, Tuban Regency, of 10 men who are married and have children, 8 of them do not know about Vasectomy steady contraception, and 2 people know about Vasectomy steady contraception.

All because of their lack of knowledge about steady contraception. Knowledge is influenced by several factors, namely age, education, parity, occupation, socio-cultural, socio-economic, interests, information, experience, and others. If they lack solid knowledge about contraception, then they will not understand and choose contraceptives, and family planning is not programmed, so the birth rate is quite high and the population is increasing.

With the lack of public knowledge, we can increase complete and honest information and IEC regarding steady contraception for men (Vasectomy). Especially about the advantages, disadvantages, side effects, and complications, so that acceptors become more inquiring and ask for clear and clear information. Complete information about all contraceptives. Especially steady contraception for men (Vasectomy). So that it can increase public knowledge about steady contraception for Fool's men. In addition, there is also a need for adequate family planning services and the provision of contraceptives as well as professional medical personnel, so that they can provide adequate treatment for the occurrence of side effects and complications.²

This study was to analyze the effect of Health Education about Contraception to husband's interest for vasectomy in Karangsari Village, Tuban District, Tuban Regency.

MATERIALS AND METHODS

This research is a Pre-Experimental Design research with a pretest-posttest approach.³ The intervention used was in the form of providing health education about contraception to men in the male group (husbands) who met the inclusion criteria in Karangsari Village, Tuban District, Tuban Regency.

The study population was 50 men (husbands) who met the inclusion criteria in Karangsari Village, Tuban District, Tuban Regency in June 2021. Inclusion criteria were general characteristics of the object of a study from one target population to be studied.⁴

The inclusion criteria in this study were: 1) Male (husband) who was registered as a resident and resided in Karangsari Village, Tuban District, Tuban Regency, 2) Male (husband) who had 2 or more children, 3) Male (husband) who could read and writing, and 4) Men (husbands) who are willing to be researched and sign the informed consent.

Sampling in this study is a non-probability sample with purposive sampling technique, which is a sampling technique where the researcher determines the sample to be taken because there are certain considerations. The desired criteria in this study are men (husbands) who meet the inclusion criteria in Karangsari Village, Tuban District, Tuban Regency as many as 50 people in June 2021.

Respondents who meet the research inclusion criteria. Provide a consent form to become a respondent and then distribute the questionnaire. The research instrument was a questionnaire given before and after the online health education of research respondents.

The data scale of this research variable is nominal for providing health education and nominal for determining the husband's interest in vasectomy with interest and not so that the data analysis used in this study is to use the McNemar Test with the help of SPSS with a significant limit of p-value <0.05.

1. Respondent's Age

Table 1. Distribution of Respondents by Age of Respondents in Karangsari Village, Tuban District, Tuban Regency in June 2021

No	Age	<i>f</i>	Percentage
1.	30-35	13	26%
2.	36-40	25	50%
3.	41-50	12	24%
4.	>50	0	0%
Total		50	100%

Source: Primary Data 2021

From the table above, it can be seen that from 50 respondents, half of them are 34-40 years old, as many as 25 people or 50%.

2. Respondent's occupation

Table 2. Distribution of Respondents Based on Respondents' Occupations in Karangsari Village, Tuban District, Tuban Regency in June 2021

No	Occupation	<i>f</i>	Percentage
1.	Private	15	30%
2.	Fisherman	35	70%
3.	Doesn't Work	0	0
4.	Civil servant	0	0
Total		50	100%

Source: Primary Data 2021

From the table above, it can be seen that of the 50 respondents, most of them work as fishermen as many as 35 people or 70%.

3. Respondent's Education

RESULT

Table 3 Distribution of Respondents Based on Respondents' Occupations in Karang Sari Village, Tuban District, Tuban Regency in June 2021.

No	Education	f	Percentage
1.	Elementary School	15	30%
2.	Junior High School	33	66%
3.	Senior High School	2	4%
Total		50%	100%

Source: Primary Data 2021

Dari tabel diatas dapat dilihat bahwa dari 50 responden sebagian besar berpendidikan menengah sebanyak 33 orang atau sebesar 66%.

Table 4. Analysis of Men's Interests (Husbands) for Vasectomy Before and Education on Contraception in Karang Sari Village, Tuban District, Tuban Regency in June 2021.

N	Interest	Pre test		Post test	
		f	%	f	%
1.	Interest	3	6%	7	14%
2.	Not Interest	47	94%	43	86%
Total		50	100%	50	100%

p-value : 0,125

The results showed that most of the respondents at the pretest, almost all of the respondents were not interested in participating in vasectomy, only 47 respondents (94%), then after the post-test, almost all respondents still chose not to have a vasectomy, namely 43 (86%).

Analysis using the McNemar Test statistical test got the result p value = 0.125, because the p value > 0.05 which indicates only a few are interested, there is no significant increase in interest in using vasectomy before and after giving education about contraception.

DISCUSSION

The results showed that most of the respondents at the time of the pretest, almost all of the respondents were not interested in participating in Vasectomy contraception, only 47 respondents (94%),

According to Notoadmojo, knowledge is the result of knowing and this occurs after people have sensed a certain object. Sensing occurs through the five human senses, namely sight, hearing, smell, taste, and touch, most of the knowledge or cognitive is a very important domain in shaping one's actions (overt behavior). Based on how to acquire knowledge, one of them is based on personal experience with the expression experience is the best teacher. It means that experience is a source of truth of knowledge. With good knowledge, it can be used as a provision for husbands to participate in using vasectomy contraceptives, especially husbands who already have 3 or more children.⁴

A person's level of education will affect the level of acceptance and understanding of an object or material which is manifested in the form of knowledge. The higher a person's level of education will affect the level of mastery of the material.⁴

A person's education can influence a person in receiving information and material from an object. The higher a person's education, the easier it is for someone to understand and gain knowledge. Lack of education causes intellectual power to be still limited so it is still influenced by the surrounding circumstances. The level of a person's work will also make it easier for someone to reach various information. In addition to education and occupation, a person's age also affects knowledge, the older a person is, the maturity level of the way of thinking, the easier understanding of knowledge of an object. The results of the study after the post-test, almost all respondents still chose not to be interested in doing a vasectomy, namely 43 (86%), there were only 4 respondents who were interested after health education was not interested and were given health education. The analysis using the McNemar Test statistical test obtained a p-value = 0.125, because the p-value >

0.05 which indicates only a few are interested, there is no significant increase in interest in using a vasectomy before and after giving education about contraception.

Information conveyed to the public or research respondents can be influenced by media factors and the methods used to deliver health education so that it affects the level of knowledge. Health education is one of the media of choice in providing sources of information about pre-conception reproductive health which can be in the form of delivering messages that can be understood and easily understood by some people who want to live healthy.⁵ The knowledge factor also comes from someone who gets a variety of information and more sources of information and is delivered by experts.⁶

Interest is a strong and deep concern accompanied by feelings of pleasure towards an activity so that it directs a person to carry out the activity of their own volition. Interest is the result of experience or learning process, interest is based on experience and what is learned from the environment.⁷

Interest is a source of motivation that encourages people to do what they want if they are free to choose when someone judges that something will be

useful, it will become interest, then it will bring satisfaction. When satisfaction decreases, interest also decreases, so interest is permanent, but interest can also be temporary or can change.⁸

Factors that influence the low participation of men in contraception include limited socialization and promotion of male contraceptives, the perception that women are the target of the Family Planning program, limited access to male contraceptive services, high prices to pay for vasectomy, discomfort in using male contraceptives. limited male contraceptive methods, low knowledge of men on contraception, inadequate quality of male contraceptive services, wives do not support husbands in contraception, stigmatization of male contraception in society, social conditions, community culture, and government commitment is still not optimal in supporting male contraception implementation of the Policy Program Men's participation in the field is still not optimal.⁹

From the results of the study, almost all of the respondents were not interested in the use of vasectomy even though they had been given health education related to contraception, if they were not interested, there was no encouragement to follow the

vasectomy method. , most of them choose their wives who use contraception compared to men (husbands) who use it themselves. Respondents still feel foreign because most of them know that the use of contraception is only beneficial for women (wives). Vasectomy is still a new contraceptive method that people still rarely know about Vasectomy.

CONCLUSION

Health education does not affect husbands' interest in vasectomy, explanations about contraception for men may be important for wives who are not suitable for hormonal family planning or have certain diseases such as heart disease which are not suitable for using hormonal birth control and as husband's concern and empowerment to participate in contraception also needs to be improved.

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