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The Influence of Intrinsic and Extrinsic Factors on Husband's Participation Using Contraception in Sitinjo District, Dairi Regency

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ABSTRACT

The role of eife in the family is also expected to be improved by giving motivation to the husband to choose and use effective birth control. Therefore Family Planning (KB) became one of the efforts to suppress the population. One of the efforts that promoted family planning is a contraceptive in men, but the husband's participation in family planning is very low. Husband's low participation in the use of contraceptives Men are caused by many factors, among others, intrinsic factors such as knowledge and attitudes husband husband and extrinsic factors, namely access to family planning services and wife attitude. This type of research is analytic survey with explanatory approach. The population is all spouses of fertile age husband who resides in the village of Sitinjo II District Sitinjo Dairi as many as 382 people. Sampling with simple random technique as much as 79 people. Techniques of collecting data through interviews using a questionnaire. Data were analyzed using univariate, bivariate with chi square, multivariate logistic regression using SPSS 19. Results of this study indicate that factors husband attitude (p-value 0.026), access to family planning services (p-value 0.038), the attitude of the wife (p-value 0.034), influence of the husband's participation using contraception, while knowledge (p-value 0.251) , does not affect the use of contraceptives husband. The most influencing factor is access to family planning services. Advice to health workers in the office of Women's Empowerment, Child and Family Planning (PPAKB), health centers and the field officers in the field, to improve family planning services for men on through Communication. The information and education and increase partnerships with professional organizations, community leaders and religious leaders, so expect these leaders will participate disseminate information to the public and to develop family planning group of men as a communication medium to increase male participation in family planning and reproductive health is expected to make the group as a motivator Familly Planning.

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1. Introduction

Using contraceptives to regulate births and the number of children as if only the wife's responsibility is proven by the low participation of husbands using male contraceptives. Many women experience difficulties in determining the type of contraception on the grounds that the contraceptive method has many side effects on health and physical appearance that can give women a sense of concern, so it is very reasonable if men and women share responsibilities and play a balanced role based on the fact that men are as a sexual partner of women to achieve satisfaction in sexual life, prevent diseases and complications of reproductive health. 1,2

The proportion of male family planning users in Indonesia in the 2013 Basic Health Research (Riskesdas) was 0.8%, of which condoms were 0.7% and vasectomies were 0.1% .3 followed by Riskesdas in 2018 the use of contraceptives in Indonesia experienced a slight increase which is still very different when compared to female participation, namely male sterilization of 0.2%, condoms 1.1% in Dairi Regency in 2018 the prevalence of male participation using contraceptives in 2018 in Sitinjo sub-district only used vasectomy for 3 people (0.49%) and condoms for 69 people (11.48%).

2. Research methods

This type of research is an analytic survey research with an explanatory approach. The design used in this study was cross sectional. This research was conducted in Sitinjo District, Dairi Regency. This research was conducted from September 2019 to November 2019. The population in this study were husbands of fertile aged couples who live in Sitinjo District. The sample in this study were 79 respondents with the sampling technique using simple random sampling, namely random sampling. The data used are secondary. The data obtained were analyzed using statistical analysis with Chi-square test and logistic regression test.

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3. Result and Discussion

The research results obtained by respondents as many as 79 people with the characteristics of respondents based on the results of the study the highest percentage was in the 30-34 years age group as many as 27 people (34.4%), the majority of respondents' education level was in the high school level education group as many as 29 people (36.7%), the number of family members most of the respondents have more than two children as many as 59 people (74.7%), but there are still respondents who have children up to 9 people as many as 1 (one) respondent.

3.1 Univariate

Table 1.
Respondents' Frequency Distribution Based on Husband's Knowledge

No.	Husband's Knowledge	amount	Percentage(%)
1.	Good	35	44.3
2.	Less	44	55.7
	Total	**79**	**100**

Based on the results of research on the distribution of knowledgeMost respondents were in the poor knowledge category as many as 44 people (55.7%) and good as many as 35 people (44.3%).

Table 2.
Respondents Frequency Distribution Based on Husband's Attitude

No.	Attitude of Husband	amount	Percentage (%)
1.	Good	32	40.5
2.	Less	47	59.5
	Total	**79**	**100**

Based on the results of the study showed that the husband's attitude was mostly in the poor category as many as 47 people (59.5%) and in the good category 32 people (40.5%).

Table 3.
Respondent Frequency Distribution Based on Access to Family Planning Services

No.	Access to Family Planning Services	amount	Percentage (%)
1.	Good	34	43.0
2.	Less	45	57.0
Total		**79**	**100**

The results showed that most access to services was in the less category as many as 45 people (57.0%) and the rest in the good category by 34 people (43.0%).

Table 4.
Respondents Frequency Distribution Based on Wife's Attitude

No.	Attitude of Wife	amount	Percentage (%)
1.	Good	33	41.8
2.	Less	46	58.2
Total		**79**	**100**

Based on the research, the distribution of respondents based on the attitudes of the wife shows that the majority of respondents have a poor category of 46 people (58.2%) and the rest are in the poor category as many as 33 people (41.8%).

3.2 Bivariate Analysis

Based on the results of the study, it was found that the total respondents who used good knowledge and participation were 4 people (5.1%), 2 people participated with less knowledge (2.5%), did not use male contraception with good knowledge as many as 31 people (39, 2%), and did not use male contraceptives but lacked knowledge of 46 people (58.2%).

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Table 5.
Cross Tabulation between Husband's Knowledge against Husband's Participation Using Male Contraceptives

No.	Knowledge	Participation						p
		Use		Do not use		Total		
		n	%	n	%	N	%	
1.	Good	4	5.1	31	39.2	35	44.3	
2.	Less	2	2.5	42	53.2	44	55.7	**0.251**
Total		**6**	**7.6**	**73**	**92.4**	**79**	**100**	

The results of statistical tests using chi square showed p = 0.251 (p> 0.05) there was no effect between husband's knowledge and participation using male contraception.

Based on Table 5, the study shows that the respondents who used male contraception with a good attitude were 5 people (6.3%), 27 people did not use male contraception with good knowledge (34.2 people), and 1 person had less knowledge of using male contraception. 7.6%) and did not use male contraceptives with poor attitudes as many as 46 people (92.4%).

Table 6.
Cross tabulation between husband's attitudes towards Husband's Participation Using Male Contraceptives

No.	Attitude of Husband	Participation						p
		Use		Do not use		Total		
		n	%	n	%	n	%	
1.	Good	5	6.3	27	34.2	32	40.5	
2.	Less	1	7.6	46	51.9	47	59.5	**0.026**
Total		**6**	**13.9**	**73**	**86.1**	**79**	**100**	

The results of statistical tests using chi square showed p = 0.026 (p <0.05) there was an influence between husband's attitude and participation using male contraception.

The results of cross tabulation show that respondents who use male contraception and get good access to family planning services are 5 people (6.3%) and using male contraceptives less get family planning services as many as 1 person (1.3%). 29 respondents (36.7%) did not use male contraception and 44 respondents (55.7%) did not use male contraception.

Table 7.
Cross tabulation between access to family planning services against Husband's Participation Using Male Contraceptives

No.	Access to Family Planning Services	Participation						p
		Use		Do not use		Total		
		n	%	n	%	n	%	
1.	Good	5	6.3	29	36.7	38	48.1	
2.	Less	1	1.3	44	55.7	41	51.9	**0.038**
Total		**6**	**7.6**	**73**	**92.4**	**79**	**100**	

Based on the results of the chi square test, it shows that p = 0.038 (p <0.05) there is a significant effect between access to family planning services and the participation of respondents using male contraceptives.

The results showed that the group of respondents who used male contraception had a good attitude from their wives as many as 5 people (6.4%), the rest was less than 1 person (1.3%) and respondents who did not use male contraceptives with a good wife attitude as many as 28 people (35.9%) and did not use male contraception with less attitudes from wives as many as 44 people (56.4%).

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Table 8.
Cross tabulation between the attitudes of wives towardsHusband's Participation Using Male Contraceptives

No.	Attitude of Wife	Participation						p
		Use		Do not use		Total		
		n	%	n	%	n	%	
1.	Good	5	6.4	28	35.9	33	42.3	
2.	Less	1	1.3	44	56.4	45	57.7	**0.032**
Total		**6**	**7,7**	**7,2**	**92.3**	**79**	**100**	

Based on the results of the chi square statistical test, it shows that the value of p = 0.034 (p <0.05), there is a significant influence between the attitudes of the wife and the participation of respondents using male contraceptives.

Table 9.
Results of Multivariate Logistic Regression Analysis between Variable Attitudes of Husbands, Access to Family Planning Services and Attitudes of Wives to Husband's Participation

Independent Variable	B	SE	Wald	Sig.	Exp (B)
Attitude of Husband	1,713	1,150	4,221	0.023	2,180
Attitude of Wife	1,154	1,531	7,569	0.045	4,315
Access KB services	2,737	1,540	10,229	0.012	6,479
Constant	4,775	1,352	12,467	0,000	118,460

Based on the results of multivariate analysis using logistic regression with the enter method, that the three independent variables (husband's attitude towards male contraception, access to family planning services, wife's attitude towards male contraception) that were included in the analysis were significant (p value <0.05) and Exp (B)> 1 so that it can be said to have a significant effect on male participation in the use of male contraceptives. In this study, the variable access to family planning services on male participation using male contraceptives has the greatest effect with the value of Exp (B) = 6.479.

3.3 Discussion

The results showed that knowledge did not significantly influence the use of male contraceptives, although based on the results of the research, the distribution of knowledge Most respondents were in the poor knowledge category as many as 44 people (55.7%) and good as many as 35 people (44.3%), but in the results of the hypothesis test using the Chi Sguare test, it was found that there was no influence between the level of knowledge and the participation of men in KB. This is indicated by the value of p> 0.05 (p = 0.251) which means that knowledge does not affect the husband's participation in using contraceptives, which is different from the results of the study, good knowledge should be followed by awareness to take part in using contraceptives, in fact this is not the case. . The most influential process is when the husband is in the process of considering and thinking that family planning is a woman's business.

Based on the results of the study, 5 respondents (6.3%) used male contraception with a good attitude, 27 (34.2 people) did not use male contraceptives (34.2 people), 1 person used male contraception with poor attitude (7.6%) and did not use contraception with less attitudes as many as 46 people (92.4%). The results of statistical tests using Chi-square showed p = 0.026 (p <0.05) there was an influence between husband's attitude and participation using male contraceptives.Attitude is a predisposing factor that determines a person's behavior.Good attitude when followed by awareness with a high intention to useMale contraception is a form of someone's behavior that is based on a positive assessment of these activities, either with specific goals or simply following their environment.6 This is in accordance with Notoadmojo's theory for several reasons, namely that the attitude will manifest in an action depending on the situation at that time. Attitudes will also be followed or not followed by actions based on how much or at least a person experiences. 7

The results of statistical tests using the Chi-square test showed that there was a significant relationship between health facilities and male family planning acceptors (p = 0.000, p <0, 05), while the OR value = 3.9 means that respondents whose health facilities support the behavior of family planning acceptors men in getting family planning services had a 3.9 times chance compared to respondents whose health facilities did not support the behavior of male family planning acceptors in getting family planning services. The assumption of the researcher is that women are often the object for delivering information or invitations to participate in using contraceptives, so that many husbands are not exposed to information, even to get male contraceptive tools and services.

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The results showed that the group of respondents who used male contraception had a good attitude from their wives as many as 5 people (6.4%), the rest was less than 1 person (1.3%) and respondents who did not use male contraceptives with a good wife attitude as many as 28 people (35.9%) and did not use male contraception with less attitudes from wives as many as 44 people (56.4%).Based on the results of the Chi-square statistical uni, it shows the value of p = 0.034 (p <0.05) there is a significant influence between the attitude of the wife and the participation of respondents using male contraceptives. In line with Masro's research with the results of statistical tests using the Chi-square test, it was stated that there was a significant relationship between the wife's support and the behavior of male family planning acceptors (p = 0.000, p <0.05), while the OR value = 3.09 meant that the respondent was the wife. Supporting male behavior to become family planning acceptors has a 3.09 times chance compared to respondents whose wives are not supportive.33 The factor that most influences the results of this study is access to family planning services, assuming the researchers,

4. Conclusion

Based on the results of the study, it can be concluded that the influence of intrinsic and extrinsic factors on husband participation using contraceptive methods includes husband's attitude (p = 0.026), access to family planning services (p =0.038) and the attitude of the wife (p =0.034, while knowledge(p =0.251) there is no effect on the husband's participation in using male contraceptives.In this study, the variable access to family planning services on male participation using male contraception has the greatest effect with the value of Exp (B) = 6.479.

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