



HEALTH CADRES TO EMPOWER COUPLE IN FAMILY PLANNING

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Abstract, Background : Family planning was a government program to balanced population growth and enhance quality families. However, efforts to administer contraceptive services were still dominated by women, because the types of methods available are more aimed at women. On the other hand, in accordance with the diversity of cultures, customs, values and religion in Indonesia, decision making on the choice of contraceptive methods was still dominated by men/husbands, even though the wife's knowledge of contraception was good, if there was no husband's support the wife cannot use contraception. Family planning counseling activities are carried out by Family Planning Field Officers (PLKB) and Health Cadres who come from the community. In addition, the coaching is carried out by health workers from the Sukajadi Health Center. Health cadres in RW 04 and RW13 are more focused on Maternal and Child Health, while Family Planning has not been accommodated properly.

Methods : It was descriptive study to form cadres to care for couples using family planning in RW 04 and RW 13 Pasteur Village so that they can increase the empowerment of couples in family planning.

Results : There were significant achievement in the knowledge of health cadres about empowering couples in family planning.

Conclusion : The aspects of belief, culture, social values make husband as a determinant in decision making of contraceptive used. It was important to optimize the role of health cadres in family planning to empower couples in family planning.

Keyword : Health Cadres, couple, Family planning

Background

Family planning is carried out to help the prospective married couple in making decisions and realizing reproductive rights in a responsible manner regarding the ideal age of marriage, childbirth, number of children, ideal distance for child birth, and reproductive health education for family welfare.^[1]

In Indonesia, family planning efforts to increase community integration and participation, family development, welfare planning with religion, socio-economic and cultural development, and values that live in the community. Until now, the target is still discussing women, because of the types of contraceptive methods available are still more for women, so the participation of men in family planning in Indonesia is still 2%.^[2] . Most people think

that family planning is a woman's responsibility, so that more women choose family planning than husbands. In the past, family planning programs focused more on women and ignored the role of men, and services were also provided in the context of maternal and child health.^[3]

In most developing countries, including Indonesia, decisions on the number of children to be approved and the use of contraception is still used by men/husbands.^[4,5,6] Even when the wife's knowledge about contraception is good, if the husband's support is not available, the wife cannot use contraception.^[2] The indirect role of men/husbands in making these decisions cannot be agreed upon from the aspects of the existing religious, social, cultural and value systems. Therefore, the role of the husband cannot be

underestimated or even ignored.^[4,5,6] Men's involvement in contraception not only helps in accepting contraception but also in effective use and continuation.

Family planning efforts are responsible for both women and men, so deciding contraceptive methods represents the needs of husbands and wives, without waiving acceptable rights.^[3] The involvement of men in family planning is a form of participation in the family planning decisions making process, men's knowledge of family planning and male contraceptive use. Associated with men in family planning is realized through its role in supporting partners with family planning, contraceptive use and regulating the number of children. Men's/husband's participation in family planning is responsible for men/husbands in family planning participation, as well as healthy and safe section behaviour for themselves, spouses and families, including those involved in making methods for making decisions for their partners. The form of men/husband participation in family planning can be done directly and indirectly. The participation of men/husbands uses one contraceptive method such as condoms, vasectomy, interrupted sexual relations or periodic abstinence methods. While indirect participation can be in the form of positive support and attitudes about family planning.^[7] The couple's communication about the purpose of contraception and reproduction shows that the couple has an equal relationship. Studies have shown that couples who discuss the number of children they want or use family planning are more likely to use contraception and achieve their reproductive goals than those who do not.

A positive attitude can be obtained with good knowledge about family planning. Husbands who have good knowledge and positive attitudes about family planning must provide positive assistance in family planning, determine the number of children, behave sexually healthy for themselves, and supportive partners. This positive knowledge and attitude will be obtained if health workers can see the husband's role in making decisions about family planning. Husbands who are involved in family planning decisions can encourage contraceptive use according to their needs and partners, and increase accountability in the survival of family planning. Therefore, researchers are interested in knowing the husband's knowledge and attitudes about family planning.

Methods

It was descriptive study to form cadres to care for couples using family planning in RW 04 and RW 13 Pasteur Village so that they can increase the empowerment of couples in family planning.

The data collection instrument uses a questionnaire that has been tested and analyzed using the Rasch Model. The Cronbach alpha results for the knowledge questionnaire were 0.72 (good).

Data analysis using the Statistical Package for Social Sciences (SPSS). Univariate analysis using cross tables.

Results and Discussion

Characteristics of Respondents

Respondents involved in this activity were health cadres in RW 04 and RW 13, Pasteur Village, 8 people each from each RW. The total respondents were 16 people.

Table 1. Description of the Average Knowledge Value of Health Cadres About Empowerment of Couples in Family Planning Between Before and After Counseling

Activity Partner Health Cadre	Average value		Difference
	Before counseling	After counseling	
Partner 1 (RW 13)	78	90	12
Partner 2 (RW 04)	72	84	12

The results of the knowledge assessment after being given education, there was an increase. Partner 1 in RW 13 cadres the average pretest score is 78 and after being given education the posttest results increase by 12 points, namely getting an average score of 90. Likewise with the results of the knowledge assessment on partner 2, namely RW 04 cadres. The average pretest score is 72 and after being given education, there was an increase in knowledge of 12 points, with an average posttest result of 84.

Involvement men in the family planning will increase discussion between partners about contraception. Husband support is a predictor that allows women to try to use contraception. In this context, male participation refers to activities seeking to increase understanding of health services, including providing information for men as part of active couples.^[10]

The results of a qualitative study conducted by Kabangeyi et al explain that there are five main themes for the reason for the limited involvement of men in reproductive health, there were include side effects of female contraceptive methods, dissatisfaction with male contraceptive choices, perceptions of family planning was female responsibility, large family size preferences, and fear of promiscuity.^[8]

Inhibit factors the involvement of men in providing support for their partner's contraceptive

use was a side effect that is felt as a cause of reduced sexual pleasure and an increased risk of female infertility and disease. Men report frustration by some of the side effects that occur in their partners, especially irregular and prolonged bleeding, vaginal dryness, and decreased of libido. Excessive bleeding in particular was seen as having a detrimental effect on marriage because long-term blood loss is reported to cause women's general fatigue and reduce their interest in sexual relations. Bleeding is also associated with limiting the number of opportunities for men to have sex with their partners. This is seen as a trigger and motivation to develop sexual relations outside of marriage.^[8]

Men consider themselves indirectly affected by the side effects of contraception used by their partners, consequently a number of men ask their partners to stop using contraception. Other side effects that make men reluctant to use contraception because there was a decrease in interest in sexual intercourse and excessive bleeding was also associated with vaginal odor.^[8]

Other side effects that motivate men to oppose the use of female contraception are related to concerns about delayed return or loss of permanent fertility, as well as concerns that short-term methods, such as birth control pills or injections, can cause congenital abnormalities of the next born baby.^[8]

Side effects of family planning methods are considered by men to have adverse economic effects on the household. Wife's complaints about dizziness, nausea, and fatigue are thought to affect women's ability to be able to work on the farm, which results in reduced household productivity. Indirect losses from reduced income are further exacerbated by the cost of additional medical care to treat women's health problems. While side effects such as pain, mood swings, and breast pain are rarely mentioned, such symptoms may also contribute to the low support of men involved in making decisions.

The second theme is related to the perception that women are not satisfied with the side effects felt from contraception, the male contraceptive methods available are equally unattractive, namely male condoms and vasectomy. It cause additional motivation for men unlike this method of contraception. The irreversibility of a permanent vasectomy into a vasectomy record is not acceptable other than the feeling of losing masculinity.^[8]

Social norms and health system factors are also identified as barriers to men's participation in reproductive health services. Based on gender norms, the role of giving birth to children and raising children is the duty of women. Matters relating to fertility and birth planning are also considered to be within this matter. Involving men in communication about family planning is seen by some as inappropriate and disturbing. Because social expectations for men are earning a living for the

family, so the use of men's time and busyness is limited to discussing family planning and is considered too burdensome for men.^[8]

The involvement of men in the counseling process contributes to the decline in pregnancy and abortion rates in couples who initially did not use an IUD. In Vietnam and several other Asian countries, the dominance of husbands in decision-making processes tends to dominate reproductive health issues, including the use of contraceptives. Men take a dominant role and often make decisions about specific contraceptive methods used by their partners.^[9]

The majority of men and women can accept family planning. However, men feel embarrassed to buy condoms, they also face storage problems because they want to keep a hidden place storing condoms where other members or children cannot find it. Men also complain that the smell of condoms is uncomfortable and can break. In addition, men report that condoms can reduce sexual pleasure. The intention of male fertility is closely related to the acceptance of a partner contraceptive method.^[9] In Bangladesh, the behavior of partner contraception depends largely on men's agreement on family planning. Oyediran et al (2002) found that age, education, number of children living, obtaining information from health workers were the main determinants of men using contraception.^[3]

Men's responsibility does not only end up being fathering a child. They also have an important role in making family planning decisions. This is for family prosperity and finally the development of the country. The role of husbands becomes more important in countries such as Indonesia, India, and parts of other Asian countries, where most men are the heads of families and the main decision makers. Here, most married women take positions behind men in family planning decisions and submit all decisions to their husbands. Poor knowledge of reproductive health problems among men can create barriers for women to seek health care and related problems.^[10]

Husbands who are involved in making decisions using contraception can encourage contraceptive use according to the needs and desires of themselves and their partners, thereby increasing the responsibility for continuing family planning efforts.

Conclusion

The aspects of belief, culture, social values make husband as a determinant in decision making of contraceptive used. It was important to optimize the role of health cadres in family planning to empower couples in family planning.

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References

- [1]. BKKBN. 2016. Laju pertumbuhan penduduk 4 juta per tahun. [Diunduh 20 Maret 2018]. Tersedia dari: URL: <http://www.bkkbn.go.id>
- [2]. Astuti E, Ratifah. 2014. Deskriptif faktor-faktor yang memengaruhi wanita usia subur (WUS) tidak menggunakan alat kontrasepsi. *Bidan Prada: J Ilm Kebid. Des*;5(2):99-108.
- [3]. Khotima FN, Palarto B, Julianti HP. 2011. Hubungan pengetahuan dan sikap istri dengan pemilihan kontrasepsi vasektomi pada pasangan usia subur. Skripsi: Universitas Diponegoro
- [4]. Baghcet S. 2016. Men's involvement in family planning improves contraceptive use, study finds. *BMJ*;353.
- [5]. Nuryati S, Fitriani D. 2014. Pengaruh faktor internal dan faktor eksternal terhadap pemilihan alat kontrasepsi pada akseptor KB baru di kabupaten Bogor. *J Ilm Kes Diagnosis*;5(5):632-8.
- [6]. Shah MA, Shah NM, Chowdhury RI, Menon I. 2004. Unmet need for contraception in Kuwait: issues for health care providers. *Soc Sci Med*;59:1573-80.
- [7]. Terefe A, Larson CP. 1993. Modern Contraception use in Ethiopia: Does involving husbands make a difference? *Am J Public Health*;83:1567-71.
- [8]. Wahyuni NPDS, Suryani N, K Murdani P. 2013. Hubungan pengetahuan dan sikap akseptor KB pria tentang vasektomi serta dukungan keluarga dengan partisipasi pria dalam vasektomi (di Kecamatan Tejakula Kabupaten Buleleng). *J Mag Kedok Kel*;1(1):80-91.
- [9]. Kabagenyi, Allen, Jennings, Larissa, Reid, Alice, Nalwadda, Gorette, Ntozi, James, Atuyambe, Lynn. Barriers to male involvement in contraceptive uptake and reproductive health services: A qualitative study of men and women's perceptions in two rural districts in Uganda. 2014. *Journal Reproductive Health*. 11 :21 :1-9
- [10]. Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. 2012. Contraception and health. *Lancet*;379:1-8.
- [11]. Basu A, Das D, Singh R, Chatterjee S, Bhattacharya S, Dutta M. 2015. Perception and Role of Husbands about Family Planning In a Rural Area of West Bengal. *Journal of Dental and Medical Sciences*, 14;10:37-38.
- [12]. Dahlan MS. 2014. Statistik untuk kedokteran dan kesehatan seri 1 edisi 6. *Epidemiologi Indonesia*.
- [13]. Haile A, Enqueselassie F. 2006. Influence of women's autonomy on couple's contraception use in Jimma town Ethiopia. *Ethiop J Health Dev*;20(3):146-51.
- [14]. Mostufa Kamal M, Shahidul Islam Md., Shafiul Alam M, Enamol Hassan A. B. M. 2013. Determinants of Male Involvement in Family Planning and Reproductive Health in Bangladesh. *American Journal of Human Ecology*. 2;2:83-93.
- [15]. Notoatmojo. 2007. Promosi kesehatan dan ilmu perilaku. Jakarta: Rineka Cipta
- [16]. Sumintono B, Widhiarso W. 2015. Aplikasi Model Rasch untuk penelitian ilmu-ilmu sosial. Edisi revisi. Cimahi: Trim Komunikata Publishing House.
- [17]. Thi Thu Ha B, Jayasuriya R, Owen N. 2005. Increasing male involvement in family planning decision making: trial of a social-cognitive intervention in rural Vietnam. *Health education research*, vol 20 no 5 tahun 2005; 548-556.