# MALE FAMILY PLANNING PROGRAM AS AN EFFORT TO SUPPRESS POPULATION GROWTH IN INDONESIA

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## **ABSTRACT**

High population growth in Indonesia since April 2018 has reach up to 266.794.980 inhabitant, with a birth rate of 1.49 percent per year. The economic growth at the first quarter of 2018 is 5.06 percent, less than its targeted growth which expected to reach 5.4 percent. This condition is become the main background of the issuance of the government policies regarding the participation of family planning programs, especially for male residents to reduce the rate of population growth in Indonesia. This study aims to describe the implementation of government policy on family planning program in Indonesia that are often regarded as the woman's responsibility that shows less significant improvement due to the decline of population growth to reach 1 percent per year. The study is conducted using qualitative method through descriptive analysis approach. The data is sourced from primary data from the community chosen by triangulation approach and data collection through observation, literature study, milling support, and documentation. The results of the study show that the participation of family planning program among males is still low. The major causes of the phenomena include limited information received by the community about the importance of male family planning program, lack number of human resources or related parties getting involve with the community to provide insight and knowledge about the programs.

**Keywords:** Government Policy, Male Family Planning Program, Population Growth, Human Resources, Welfare.

## **INTRODUCTION**

Population growth in Indonesia recorded up to April 2018 has reach as many as 266 .794.980 (CBS, Bangkapos.com, accessed on May 11th, 2018). This shows an increase in the number of population explosion which requires special attention to suppress more growth rates. The data of development showed that the population will affect the rate of economic growth, especially if the birth rate is faster than the growth rate of the economy itself. This surely is one of the factors that will hamper national development, due to the limitations of government ability in terms of providing health, education, tourist facilities, and more importantly the availability of employment. To overcome this, the government create a policy namely the constitution of the Law Number 52 of 2009, which regulates the population development and family development. The government also regulates the Family Planning Program to be part of the National Development from the article 25 part (1). The law regulates the husband or the men and or the wife has the same place, rights and the same obligations in implementing family planning. This means that men/husbands also have gender equality in implementing family planning programs.

So far, the level participation of family planning is still dominated by women or wives, while the participation from men is still very low at less than 6% (BPMPKB Cirebon Regency, 2018) so that the level of participation of family planning for the men still need to continue to get serious attention and improve their achievements. This has led the authors to make a research analysis related to the family planning program where the program aims to increase the level of family welfare and lower the number of population growth.

The taking of male objects in the family planning program was due to the data obtained in the field that male has lower percentage of participation in this program, while the participation of the wives/women was still not optimal due to the reasons for the contraception that was not suitable, so this was one of the trigger factors.

Some wives/females are still hesitant to use contraceptives for reasons of incompatibility and the impact to their body. Therefore, the authors try to explore further opportunities for the husband/male to contribute to the use of contraceptives. The type of contraception on men are far less than the tool of contraception on women, but contraception for men is much safer and more comfortable because it is not in the form of inserting hormones into the body but in the form of condoms (elastic rubber), pull out/withdrawal, ultrasonography (inhibiting sperm speed) and vasectomy (binding sperm ducts from the testicles to the genitals) and also developed of method for men, which is in the form of pills and injections which aims to inhibit the speed of sperm chasing the egg.

The participation and role of men are still constrained because there is an abundance of information and socialization of the government, and the number of family planning acceptors are still not sufficient to the reach all levels of society. This paper will outline the methods which can arouse men's participation in family planning programs, such as providing clarity of information, communication, community understanding, and the availability of contraceptive facilities for family planning programs. As on a century such significant growth in the population was not predicted in the last century, but is a consequence of a large wave of immigration in recent years. (Francisco J.Tapiador, august 2019, springer).

#### LITERATURE REVIEW

# **Population Growth and Family Planning Program**

Population growth is determined by three aspects, namely births, deaths, and migration. Coale & Hoover (2015; Malthus, Huxley, & Osborne, 2004) explained that based on the classical economic theory of population growth, any rise in incomes (particularly among the poorer classes) tend to increase birth rates and to decrease death rates in the family. If there is no restrictions on population growth, human will experience lack of resources, which will cause poverty in many countries (Zaeni, 2006). In order to come out of poverty, the population growth in the world must be limited. This can be done in two ways: preventive checks (birth) and positive checks (mortality). One of the method in preventive checks is through the use of contraception to reduce the number of birth (Mantra, 2004; Zaeni, 2006) which is also a way that is implemented in family planning program.

Family planning program is an effort to control the amount and child birth distance, using contraception to avoid temporary pregnancy, and using sterilization to avoid permanent pregnancy (Ekarini, 2008; Dwijayanti, 2006). This program is believed to have contributed to a decrease in birth rates and mortality rates (Kusumawati et al., 2015). Law No. 52 of 2009 concerning population development and family development supports the family planning program as an effort to create a healthy and quality family. The result of the survey carried

out by Indonesian Demographic and Health Survey shows that the Contraceptive Prevalence Rate (CPR) increased by only 0.5% from 57.4% (2007) to 57.9% (2012). This is due to the high number of family planning membership dropouts (20-27%) and the low use of long-term methods (25.1%) (Bappenas, 2014; Kusumawati et al., 2015).

The population must experience a radical transformation of beliefs that leads them from a preference for large families to a preference for small families. According to Zaeni (2004), the condition of better life and better way of life is what motivates the regulation of birth rates. This is the experience of Indonesia, where actions by some remarkable individuals, combined with dramatic social changes, shifted a high-fertility nation to replacement-level fertility over the course of four decades. With high-parity births becoming rarer, children reaped benefits in terms of free time, increased shares of family resources, and encouragement to study (Hull, 2007).

## **Male Family Planning Program**

In 1994, more than 120 country leaders joined the International Conference on Population and Development in Cairo. One of the results is to provide reproductive health services for everyone without discrimination. The problems that emerged includes the participation level of family planning program is dominated by female, while the participation from male is still very low (less than 6%) from the total number of active participators of family planning program (Zaeni, 2006; Patriansyah, 2016).

Hardee, Croce-Galis, & Gay (2017) conducted a study which goal is to reach men as a part of family planning program. It is stated in their study that although there are several contraception methods for men used for family planning program, the program itself is still primarily focused on women. Based on the interview and analysis results, it is found that men and boys are not particularly well served by the program.

Men is viewed as partners instead of other clients of family planning services (Hardee, Croce-Galis, & Gay, 2017; Hull, 2007). Therefore, men and boys do not get much information about this concern because they are not reached by the family planning programs facilitators. This is very unfortunate, considering that there are some evidences that shows men's desire for information and services, and their positive response to the family planning program that includes men (Zaeni, 2006; Hardee, Croce-Galis, & Gay, 2017). It is strengthened by the data from the survey in 18 countries conducted by Demographic and Health Survey (DHS) Analytical Studies (2015) which showed that men generally consider family planning as their business as well as women. 70% of the men in the survey disagreed with the statement about contraception that is considered as a women's business and not something to be worried about by men.

According to Hull (2007), Indonesia may have achieved even higher rates of contraceptive prevalence. Instead, the bureaucracy faltered. Leaders in the community and the family planning program itself were remarkably conservative about the idea of promoting male methods. They even questioned the efficacy of condoms and the acceptability of vasectomy, ignoring the fact that the public was quite interested in trying male methods. As a result, Indonesia saw a steady decline in reported condom use for family planning (and for HIV prevention). The use of male contraception in Indonesia, including condoms, vasectomy, and withdrawal, is declined from 3.1% in 1987 to 2.8% in 2003 (Hardee, Croce-Galis, & Gay, 2017).

Interagency Gender Working Group (2009) added that more recent efforts for constructive male engagement in family planning and reproductive health are evolving from encouraging men to be supportive partners of women's reproductive health decisions to also being agents

of change in families and communities, as well as meeting their own reproductive health needs.

## **METHOD**

This study uses qualitative method with descriptive analysis because it described and explained the events or situation of the policy implementation of increasing male participation which was then analyzed and compared based on the ongoing reality with preliminary studies to gather information and theories as the basis for the unification of the research conceptual framework, followed by the problem solving. The data is sourced from purposive sampling surveys, and also added from observation data, literature study, milling support and documentation, with full observation at men or husband in family environment, and the chief of family planning program and family welfare of the local Agency of Community and Women Empowerment and Family Planning (BPMPPKB). The data is also supported from the family planning program officers and motivators, and from the community with male sex.

The validity of the data is still used to check, recheck, and cross-check the data obtained, by using the triangulation method where the testing technique is the same as testing the validity and reliability which aims to obtain a higher degree of confidence in quantitative research.

## **DISCUSSION**

Seeing population growth in Indonesia that still cannot be suppressed, the government rolled out a family planning program to the community as a way to suppress the rate of population growth so that each family gets a happy and welfare life, through the quality of reproductive health.

The Law No. 52 of 2009 regulates the population development and family development, one of which regulates about making the family planning program as a part of the national development program, which in any of its contents, namely Article 25 states that men/husbands and wives have the same responsibility in terms of family planning. Based on this, it can be known that to suppress the population growth rate, not only the role of wives/females that is needed to make a welfare small family, but the active role of husbands/males is also required. In Indonesia, it still requires more effort from the government to socialize and implement it through increasing the participation of male family planning program so that there is equal role in suppressing child birth in order to improve the economic welfare of the family. In a previous study namely the implementation of policies to increase the participation of male family planning programs in the Agency for Women's Community Empowerment and Family Planning, it is stated that the policy of increasing male family planning participation still needs attention, especially in resolving the institutional structure in BPMPPKB. Low quality and quantity of have an impact on decreasing the quality of communication skills for family planning extension workers.

Policy implementation will be effective if it is delivered through information that is easily digested by the community because this communication is a process of delivering policy information from policy makers (Policy maker) to the policy implementers. Family planning programs in Indonesia are still dominated by women to the implementing policy. This study is to analyze the influence of knowledge, attitudes, perceptions and social culture on the male participation of fertile-age in family planning program (Puspita, 2018).

Family planning program needs participation from the family and then shows the profound effects of industrial immigration to the area on fertility and morality

patterns, nuptiality behaviors, and household structure. In addition the accumulated changes left a socio cultural division in the province between a modernized urban and industrial and traditional rural region (Alonso, 2000).

The information regarding contraception for family planning program has been delivered to the community, but it is still not clear enough and has not been delivered in detail. This shows that the community has heard of the program but still not sure about the male family planning programs. It is because the uneven distribution of the information of male family planning program throughout the community. This becomes the homework for related agencies, especially the Agency of Community Empowerment and Community Welfare and Family Planning (BPMPPKB).

Family Planning for men is a policy that requires a method of communication both in the internal of the Agency of Community Empowerment and Community Welfare and Family Planning (BPMPPKB) and the community, so that the program can be delivered rightly according to its purposes and target. Therefore, there should be a formula for communicating at each level, such as village, district, and sub-district in Cirebon Regency, so that the participation of male in family planning program can be increased more by adding new male participants. There is a guidance for the service implementation for male family planning programs, but it still merges with the technical guidance of the implementations, not specific about the tools and others. This is very difficult for the practice in field.

The male family planning program has been communicated by the officers at the village and agency, but it still not comprehensive and sustainable. Thus, the delivery of information process of the male family planning program is still not yet optimal because it is not sustainable, and the result is not yet effective. The technical guidance was still fused with the family planning program in general is lead the task do not really understand the material.

After going through the process of providing information and communication, the next goal is the understanding of the community about the importance of the contribution and participation of male family planning participation for population growth. The understanding of the program must be understood by the implementing officers.

There have been those who have provided an understanding of male family planning programs, namely men or husbands who have used contraceptives, starting from here finally there has been a little bright spot about this program, never also be socialization on this program in Sub-village Committees conducted by field officers of the department family planning (BPMPPKB).

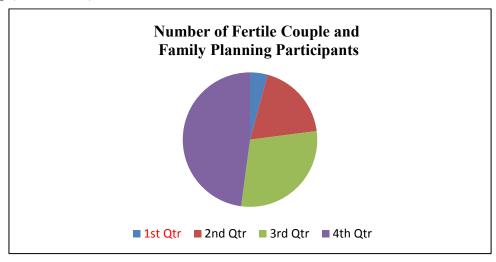


Figure 1. Number of Fertile Couple and Family Planning Participants

Fertile Couple = 46.628, Female Family Planning Participants = 28.395 Male Family Planning Participants = 4.875, Birth Rate = 4.114

Source: The Agency of Community Empowerment and Community Welfare and Family Planning (BPMPPKB) 2018

From the table above we can see that the number of fertile couples and births is very high but the participation of female family planning is also not optimal. Especially, the participation of male family planning is still very small. It means that the Indonesian government should focus more on promoting male family planning programs to balance the number of female family planning program that have not yet successful.

The understanding of the community to receive information and communication is already running, but it is still ineffective because the community still do not fully understand what information that is conveyed by the family planning program officers. They still do not fully understand either the message content, the objectives and the impact, or benefits for both the family and the state. On the other hand, the officers have done as much as possible to deliver the information, but there are still many people in field who do not understand the purpose and benefits of the male family planning program.

Facilities that consist of infrastructures are important factor to measure the success of a government program that becomes a shared responsibility to carry it out. If these are not met, then the program would not be effective although it is complete enough, such as there are plenty of hospitals, clinics, doctors, and transportation. In order to provide pleasant services and facilities, the researchers provide a male receptor who has chosen family planning by choosing one of his contraceptives, and given special rewards.

The results of the interview stated that in terms of facilities and infrastructure there were no obstacles and were already good enough, in the future this could be increased again to be able to attract more men to participate in family planning programs.

## **CONCLUSION**

The population growth in Indonesia has been exceeded the threshold caused by less participation less for male family planning program, especially in Cirebon Regency. It can be concluded from this study that the information that is available is still not yet comprehensive; communication between family and officers of family planning program is not optimal and sustainable so that the target or acceptor candidate does not clearly understand the program; community participation of men/husbands is still less than the maximum because of information obtained and the limitations of communication; the means of supporting infrastructure for the program are quite adequate, but have not been optimized properly due to the limited number of acceptors to operate them.

If the male family planning program can successfully suppress low population growth, it can provide welfare for the family, reduce the cost of family needs, and it can also have an impact for health and education level of the family. The suppress of the population also can occur industrial immigration to the area on fertility and morality patterns, nuptiality behaviors and household structure, and the accumulated changes left a socio cultural division in the province between a modernized urban and traditional rural region.

## **REFERENCES**

- [1]. Alonso, A. P. (2000). The demography of the industrialized province of biscay in northern spain: Spatial Differences and Long-Term Changes. *The History of the Family*, *5*(4), 431-448. Bagus Mantra, Ida. (2004). Demografi Umum, Cetakan III. Yogyakarta: Pustaka Pelajar.
- [2]. Bappenas. (2014). *Arah Pembangunan kependudukan dan KB dalam RKP 2014*. Jakarta: BSJ convention center.
- [3]. Coale, A. J., & Hoover, E. M. (2015). Population growth and e\conomic development. Princeton University Press.
- [4]. David Schwart, (nd). Pregnant and out of options, dx.doi.org/10.5772/intechopen.72377
- [5]. Dwijayanti, R. (2006). *Analisis Respon Masyarakat Desa terhadap Program KB dalam Rangka Peningkatan Kualita*s Sumber Daya Manusia di desa Cihideung Udik kabupaten Bogor.
- [6]. Ekarini, S. M. B. (2008). Analisis faktor-faktor yang berpengaruh terhadap partisipasi pria dalam keluarga berencana di Kecamatan Selo Kabupaten Boyolali (Doctoral dissertation, Program Pasca Sarjana Universitas Diponegoro).
- [7]. Hardee, K., Croce-Galis, M., & Gay, J. (2017). Are men well served by family planning programs? *Reproductive health*, 14(1), 14.
- [8]. Hull, T. H. (2007). Formative years of family planning in Indonesia. *The global family planning revolution*, 235.
- [9]. Interagency Gender Working Group-IGWG, (2009). *Engaging men for gender equality and improved reproductive health*. Washington: IGWG..
- [10]. Kusumawati, I., Purwanti, S. K. M., Kusuma Estu, W., & SKM, M. K. (2016). Hubungan Antara Motivasi Bidan Dengan Kepatuhan Pemberian Informed Consent Pada Pelayanan Keluarga Berencana (KB) Di Kecamatan Grogol. (Doctoral dissertation, Universitas Muhammadiyah Surakarta).
- [11]. MacQuarrie KLD, Edmeades J, Steinhaus M, Head KS. (2015). Men and contraception: Trends in attitudes and use. *DHS Analytical Studies No. 49*. Rockville: ICF International.
- [12]. Malthus, T., Huxley J., and Osborn, F. (2004). *Ledakan penduduk Dunia (Terjemahan)*. Yayasan Nuansa Cendekia, Bandung.
- [13]. Patriansyah, W. (2016). Implementasi Kebijakan Program Keluarga Berencana di Kabupaten Tapanuli Selatan Studi Kasus Kesertaan KB Pria di Kecamatan Batangtoru. *Jurnal LPPM UGN* 7(2).
- [14]. Puspita, S. D., Hernawati, S., & Ningtyias, F. W. (2018). Knowledge, Perception, Attitude and Social Culture as Determinant of Male Participation in Family Planning. *Health Notions*, 2(1), 18-24.
- [15]. Russo, A., Lewis, B., Ali, R., Abed, A., Russell, G., & Luchters, S. (2019). Family planning and Afghan refugee women and men living in Melbourne, Australia: new opportunities and transcultural tensions. Culture, health & sexuality, 1-17.