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Knowledge, Perception, Attitude and Social Culture as Determinant of Male Participation in Family Planning

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ABSTRACT

Family Planning Program (KB) aims to improve women status and reducing population growth for the achievement of family welfare by limiting pregnancy by using contraception.. Family planning programs in Indonesia are still dominated by women and in Jember Regency the contraceptive acceptors are almost entirely female. The purpose of this study was to analyze the influence of knowledge, attitudes, perceptions and social culture on the male participation of fertile-age in family planning program. The type of this research is analytic observational with cross sectional research design. Data were collected from 380 male fertile-age using contraception and not using contraception. Sampling technique in this research used multistage random sampling technique. The results of the study used logistic regression test showed that the level of knowledge influenced the male participation of fertile-age in family planning program ($p = 0.000$), perception influenced the male participation of fertile-age in family planning program ($p = 0.000$) attitude influenced the male participation of fertile-age in family planning program ($p = 0.000$), socio-cultural influence the male participation of fertile-age in family planning program ($p = 0.003$).

Keywords: Male, Knowledge, Perception, Attitude, Socio-culture, Family planning

INTRODUCTION

The family planning program in Indonesia is still dominated by women, namely 1.8% condom contraceptive acceptors and vasectomy is only 0.2% and the rest is female contraceptive acceptor⁽¹⁾. This is not in accordance with the strategic plan of BKKBN 2015-2019 target of male family planning acceptor of 4.3%⁽²⁾. In East Java, male participation as male contraceptive acceptor was only 1.66%⁽³⁾. Achievement of active male contraceptive participants in Jember Regency up to December 2016 is vasectomy 0.19%, condom 0.89% and the rest women acceptor of contraception⁽⁴⁾. Target of male contraceptive acceptors that have not been reached in Jember Regency are caused by several factors, namely the low knowledge of men about male contraception, the wrong perception by men that family planning is the men duty, the socio-cultural environment is less supportive to use male contraception.

The use of female contraceptives can not be separated from health problems. Problems of using contraceptives such as weight gain, weight loss, bleeding, hypertension, diabetes, headache, nausea, not menstruation until severe complications. Problems in contraceptive use in women were 5.5% in pill contraceptives, 5.5% in IUD contraceptives, 10.7% in injectable contraceptives and 10.6% in implant contraceptives⁽¹⁾. As many as 10% of women stop taking contraception because of pregnancy when using contraceptives, contraceptive failure that causes pregnancy for all methods is 6.8% there is no contraception that has effectiveness reaching 100%, it is estimated that 8-30 million pregnancies in the world each year occurs because contraceptive failure in women⁽¹⁾.

Contraceptives used by women in the long time can cause various health problems. This is supported by the results of research in dr. Soetomo Regional General Hospital who use hormonal contraceptives has a 2.990 times greater risk of developing breast cancer than not using⁽⁵⁾. There was a significant correlation between contraceptive pill use with the incidence of Non Insulin Dependent Diabetes Mellitus (NIDDM/Type II) in women aged >35 years⁽⁶⁾. In addition, the study was also conducted by Sungkar et al. at dr. Moewardi Regional General Hospital there are a correlation between the use of IUD with the occurrence of vulvovaginalis candidiasis⁽⁷⁾. Other

problems related to contraception are based on the SDKI (2012) report, high *unmet need* numbers in Indonesia that is 11.4% and the *unmet needs* in Jember Regency is 9.33% (45,124)⁽⁴⁾.

The existence of the problem then the male participation of fertile-age as a family planning acceptors have a very important role of a men to replace the position of women in the use of contraception. The importance of male of fertile-age as contraceptive acceptors is based on the fact that male of fertile-age are both reproductive partners and sexual because of the strategic role of men in family planning programs. The low level of male participation in family planning programs due to a lack of male understanding of male contraception, low husband's interest in accessing information on contraceptives and reproductive health, contraceptive services for men is limited and the negative view in society that vasectomy contraception is similar to castration, abused by men for sexual deviance and condom use may affect sexual enjoyment as well as difficult assumptions for erections⁽⁸⁾.

To find out the factors cause the low male participation of fertile-age in family planning program through Green Theory approach (1980) that is predisposing factors includes knowledge, attitude, belief, values, perception related to individual and group motivation, including demography factor such as socio economy, age, gender, and family size, reinforcing factors includes attitudes and behaviors of health workers, health cadres, family support, and enabling factors includes the availability of health care facilities and the ease of achieving them⁽⁹⁾.

Predisposing factors associated with male participation in the use of contraceptives are knowledge, perception, attitude and socio-culture. Men's knowledge of men's contraceptives is still low, the lack of information on contraceptives is also low although some men know information about contraceptives, but known information is limited. Research in Selo Sub-District, Boyolali Regency stated that there are influence of knowledge, attitude toward family planning participation. In addition, socio-cultural barriers also still affect the men participation as contraceptive acceptors that the use of contraception is the obligation and responsibility of women⁽¹⁰⁾.

The results of Pangestu & Harahap studies suggest that most men have a positive perception to male contraceptives⁽¹¹⁾. Ekarini reported that 53.1% of respondents stated having a positive attitude towards the use of male contraceptive methods⁽¹⁰⁾. Budisantoso reported that there was a significant correlation between perceptions of male participation in family planning, where respondents who say condoms can reduce the enjoyment in sexual intercourse by 45%, the implementation of vasectomy endanger life safety by 40% and use contraception condoms are prohibited by religion by 23%⁽¹²⁾.

To find out the main problem of low husband's participation as acceptors, it should be studied more deeply about the factors causing low husband's participation as male contraceptive acceptor. This research has not been done in Jember regency so that researcher is interested to do research related to male contraception.

The purpose of this study was to analyze the influence of knowledge, attitudes, perceptions and social culture on the male participation of fertile-age in family planning program in Jember Regency.

METHODS

This cross sectional research was conducted in Pakusari Sub-district, Jelbuk Sub-district and Jenggawah Sub-district, Jember District in September-October 2017. Data were collected from 380 male fertile-age using contraception and not using contraception. Sampling technique used multistage random sampling technique. The data obtained from primary data from interviews and secondary data from DP3AKB Jember. Data were collected using questionnaires. The collected data was categorical type so it was described in the form of frequency⁽¹³⁾, then tested the hypothesis using Logistic Regression test.

RESULTS

The Effect of Knowledge on Male Participation of Fertile-age in Family Planning Program

Table 1. The influence of knowledge on the male participation of fertile-age in family planning program

Knowledge level	Male participation				Sig	B	Exp (B)
	Not participate		Participate				
	f	%	F	%			
Less	130	38.1	3	7.7	0.000	1.231	3.423
Enough	112	32.9	9	23.1			
Good	99	29	27	69.2			
Total	341	100	39	100			

Table 1 showed that out of 341 respondents who did not participate in family planning programs as many as 130 people (38.1%) had less knowledge and 99 people (29%) were well knowledgeable. 39 respondents who participated in the family planning programs as many as 3 people (7.7%) had less knowledge and 27 people (69.2%) knowledgeable. The result of data analysis by using logistic regression test obtained significance equal

to 0.000 ($p < 0.05$) with coefficient effect of 1.231 and exponent value 3.423. These results showed that there is an influence of knowledge on the male participation of fertile-age in family planning programs. The value of the coefficient of influence amount 1.231 indicates that there is a direct influence between knowledge with the male participation of fertile-age in family planning programs. Less knowledgeable respondents have a probability of 3.423 times more not participate in family planning programs compared with respondents who are knowledgeable enough and good.

The Effect of Perception on Male Participation of Fertile-age in Family Planning Program

Table 2. The influence of perceptions on the male participation of fertile-age in family planning program

Perceptions	Male participation				Sig	B	Exp (B)
	Not participate		Participate				
	f	%	f	%			
Negative	237	69.5	2	5.1	0.000	3.741	42.159
Positive	104	30.5	37	94.9			
Total	341	100	39	100			

Table 2 showed that from 341 respondents who did not participate in family planning program 237 people (69.5%) had negative perception and 104 people (30.5%) had positive perception. 39 respondents who participated in the family planning program as many as 2 people (5.1%) had a negative perception and 37 people (94.9%) positive perception. The result of data analysis using logistic regression test obtained the significance of 0.000 ($p < 0.05$) with influence coefficient value 3.741 and exponent value equal to 42.159. These results indicate that there is a perception influence on the male participation of fertile-age in family planning program. The effect coefficient value of 3.741 indicates that there are a direct influence between perceptions with the male participation of fertile-age in family planning program. Respondents who had negative perceptions were 42.159 times more likely not to participate in family planning programs compared with respondents who have positive perceptions.

The Effect of Attitude on Male Participation of Fertile-age in Family Planning Program

Table 3 shows the results of 341 respondents who did not participate in family planning programs as many as 207 people (60.07%) had negative attitudes and 134 people (39.3%) had a positive attitudes. 39 respondents who participated in the family planning program as many as 2 people (5.1%) had a negative attitude and 37 people (94.9%) positive attitude. The result of data analysis using logistic regression test obtained the significance of 0.000 ($p < 0.05$) with the effect coefficient value 3.253 and exponent value equal to 25.578.

Table 3. The influence of attitude towards the male participation of fertile-age in family planning program

Attitude	Male participation				Sig	B	Exp (B)
	Not participate		Participate				
	f	%	f	%			
Negative	207	60.7	2	5.1	0.000	3.353	25.578
Positive	134	39.3	37	94.9			
Total	341	100	39	100			

These results showed that there is an influence of attitudes toward the male participation of fertile-age in family planning program. The effect coefficient value of 3.353 indicates that there are a direct influence between attitudes with the male participation of fertile-age in family planning program. Respondents who had negative attitudes were 25.578 times more likely not to participate in family planning program than those with positive attitudes.

The Effect of Socio Cultural on Male Participation of Fertile-age in Family Planning Program

Table 4 shows the results of 341 respondents who did not participate in family planning programs as many as 193 people (56.6%) had social-cultural not support and 148 people (43.4%) had social-cultural support. 39 respondents who participated in the family planning program as many as 12 people (30.8%) had a social-cultural not support and 27 people (69.2%) social-cultural support. The result of data analysis using logistic regression test obtained the significance of 0.003 ($p < 0.05$) with the effect coefficient value 1.076 and exponent value equal to 2.934. These results showed that there is an influence of social-cultural toward the male participation of fertile-age in family planning program. The effect coefficient value of 1.076 indicates that there are a direct influence between social-cultural with the male participation of fertile-age in family planning

program. Respondents who had social-cultural not support were 2.934 times more likely not to participate in family planning program than those with social-cultural support.

Table 4. The influences of socio-cultural on the male participation of fertile-age in family planning program

Socio-cultural	Male participation				Sig	B	Exp (B)
	Not participate		Participate				
	f	%	f	%			
Not support	193	56.6	12	30.8	0.000	1.076	2.934
Support	148	43.4	27	69.2			
Total	341	100	39	100			

DISCUSSION

The result of research that has been done in Jember Regency showed that there is influence of male's knowledge to male participation in family planning program. This research is in line with research conducted by Wahyuni, et.al that there are a significant positive correlation between knowledge with male participation⁽¹⁴⁾. This study is also in line with research conducted by Anapah, et al. that there is an influence of knowledge on male participation in using contraceptives⁽¹⁵⁾. Knowledge is one factor that can support male of fertile-age to participate in family planning programs. The higher the level of one's knowledge, then the higher the participation of a person to participate in an activity.

Respondents who did not participate in this study had the least knowledge while the respondents who participated in the family planning program were mostly have good knowledge. The cause of low male participation in family planning programs in this study is the limited knowledge of respondents about reproductive health and paradigms related to patriarchal culture in which the role of men is greater than women. The higher the level of knowledge about contraceptives then the higher the participation of a person in the family planning program⁽¹⁰⁾. So it can be concluded that respondents who have good knowledge have known about male contraception including its participation to realize the success of family planning program, so have a tendency to participate using man contraception compared with respondents who do not know about male contraception.

The respondents who did not participate in the family planning program in this study had the least knowledge because the lack of information obtained from the respondents came from the lack of counseling or socialization by health workers about male contraceptives, during the counseling of many male of fertile-age who were absent in extension activities, counseling submitted by officers is still incomplete and inaccurate, lack of respondents in utilizing the media to obtain information such as books, magazines, internet so that information about male contraception can not be accepted by male of fertile-age that impact on less knowledge.

Socialization of male contraception in this study is still rare and difficult to find in the community, so male contraceptive methods such as vasectomy and condoms are still many who do not know as well as female contraceptive methods such as pills, syringes, or IUD. Another effort to support the socialization of male contraceptive programs is the promotion and motivation from male who have become male contraceptive acceptor and have joined in a family planning program group. With the formation of men's contraceptive group, the process of socialization of male contraception to the community will be easier and directed. Failure and success in getting men to use contraception is strongly influenced by the attitude of providers and family planning program officers in the field because with a proactive attitude in promoting and responsive when meeting male who need contraceptive services, the contraceptive program for men will run optimally.

Efforts that have been done by the relevant departments in Jember Regency that is increasing men's knowledge is through the promotion of male contraception with various media with hope will increase the knowledge the community, especially male of fertile-age about male contraception, so they are conscious and willing to participate. Promotion about male contraception should be given continuously, given that male knowledge and awareness of male contraceptive use is low. The cognitive access of male of fertile-age on family planning program and reproductive health services and where they can obtain services is still low. The role of advertising and media information can help male of fertile-age about a place of service. Advertising and media information that needs to be upgraded will be a tool to increase male knowledge about male contraception.

The research that has been done in Jember Regency got the result that there is influence of male perception toward the male participation of fertile-age in family planning program. This research is in line with research Medan Maimun Sub-district that is influence perception to men participation in family planning program⁽¹⁶⁾. This research is also in line with research in Tasikmalaya that there are a correlation between perception with male participation in family planning program with value⁽¹⁷⁾. Perception is the ability of the brain to translate the stimulus or the process of translating the stimulus into the human sense⁽¹⁸⁾. Perceptions produced by individuals is highly subjective because they are influenced by the feelings, values and beliefs that individuals have. Individual perceptions can be either positive or negative perceptions that will affect visible or real human actions. Men's perception of male contraceptives varies with positive perceptions and negative perceptions.

Respondents who did not participate in family planning programs in this study mostly had negative perceptions about male contraception and respondents who participated in family planning programs were mostly positive. The low level of male participation in the family planning program in this study is due to negative male perceptions of fertile-age. Respondents have a perception that after vasectomy they will lose masculinity because vasectomy as well as castrated, using condoms can reduce the enjoyment when sexual activity, using contraception is the responsibility of wife and male contraception is forbidden religion. This statement is similar with Budisantoso, where respondents stated that condoms can reduce pleasure in sexual activity, vasectomy endanger life-saving and using condom contraception is forbidden by religion⁽¹²⁾.

Negative perceptions about male contraception in this study are due to poor knowledge of the respondents about male contraception, personal experience, the delivery of information given to male of fertile-age is incorrect. Most respondents said that this negative perception arose because of the improper influence of person-to-person information that male contraception on should not be used for men because of its have great impact.

The research that has been done in Jember Regency got the result that there is influence of man attitude toward man participation of male fertile-age in family planning program. This research is in line with research conducted by Musafah and Noor in Indonesia that there are a significant correlation of attitudes toward men's participation and family planning program⁽¹⁹⁾. This research is also in line with research Lina & Novianti that there are a correlation between male attitudes with male contraceptive participation in the District Karangnunggal Tasikmalaya⁽¹⁷⁾. Attitude is a reaction or a person's response is still closed to a stimulus or object (Notoatmodjo, 2007). Individual attitudes can be either positive or negative attitudes that will affect visible or real human actions. Male attitudes about male contraceptives vary from having a positive attitude as well as a negative attitude.

The respondents who did not participate in the family planning program in this study mostly had negative attitudes toward male contraception and the respondents who participated in the family planning program in this study mostly had a positive attitude toward male contraception The respondent's attitude toward male participation in family planning programs was a feeling supporting or not supporting the object⁽²⁰⁾. It can be assumed that being positive means supporting to participate in family planning programs and being negative means not supporting to participate in family planning programs.

According to Azwar the factors that influence attitudes include personal experiences, influences of others who are considered important, culture, mass media, educational institutions and religious institutions as well as social factors⁽²¹⁾. In this study most of the respondents had negative attitudes due to religious reasons do not allow that vasectomy has not been programmed and considered forbidden, except when pressed (suppose a lot of children and not a contraceptive method suitable for wife), when men use vasectomy contraceptives then he become no longer powerful, using a condom can reduce the pleasure of sexual intercourse and contraceptive performance is the wife's business.

The research that has been done in Jember Regency showed that there is a male socio-cultural influence on the male participation of fertile-age in family planning program. The result of this research is in line with Ningsih and Rahmawati research that there are significant correlation between socio-culture with the male participation of fertile-age in choosing male contraception method in East Pauh village working area of Pariaman Public Health Center⁽²²⁾. Research is also in line with research by Ekarini that there is a socio-cultural influence with male participation in family planning⁽¹⁰⁾. Culture is the whole system of ideas, actions, and the work of human beings in the framework of the life of society that is made human self by learning. Every society has a socio-cultural life different from each other that has the nature is generally accepted for all social life wherever that manifested and channeled through human behavior⁽²³⁾. It can be assumed that the behavior of male contraceptive use can be influenced by the condition of the surrounding social environment. This statement is in line with the theory put forward by Handayani that socio-cultural conditions (customs) and environmental conditions (geographical conditions) affect the choice of contraceptive methods⁽²⁴⁾.

Respondents who did not participate in family planning programs were largely socio-cultural in favor of male contraception and respondents who participated in most socio-cultural family planning programs supporting male contraception. Respondents who participated in family planning programs were based on the facts in the field that respondents wanted to use male contraceptives due to the supportive social and cultural environment of support from religious leaders and community leaders, the presence male of fertile-age who used male contraception and provided good testimony in using male contraception so that many male of fertile-age are attracted to using male contraception. Respondents who did not participate because there was no support from the environment, the stigma in the community that the use of contraception is a woman's business and the wrong information about male contraception.

This socio-cultural environmental factor is very influential on the male participation of fertile-age in family planning program. This is in accordance with the results of research conducted in Bantul Regency that male participation in family planning program are influenced by knowledge, attitude, perception of male participation in family planning program and wife attitude⁽¹²⁾. The low use of male contraceptives from the results of the researchers' analysis is based on the facts on the ground that most respondents have less knowledge, negative perceptions and negative attitudes toward male contraception so they are accustomed to assume that men

following family planning programs are not required. It is of course also related to knowledge and understanding of the importance of men's contraceptive program to improve family welfare. Other facts about vasectomy are similar to emasculated, can make a man impotent, can decrease libido, make men unable to ejaculate, men or husbands can easily cheat, some male are afraid of the procedure of vasectomy and the use of uncomfortable condoms can be disruptive when the husband and wife related. This statement shows that the view of contraception is only for women already entrenched in society. Many women think that the family planning program is an obligation that should be followed by women so it becomes an interest and no problem if join the family planning program.

Any misperceptions that exist in the community may result in a gender bias in the family planning program, where family planning programs are more appropriate or addressed to women. Family planning program in Jember regency community is big cause that join family planning program is woman, while men rarely want to join family planning program. The family planning program is very difficult to change because it has long been socially constructed that family planning is female, so for rarely men who want to follow family planning program.

CONCLUSION

Based on the result of this study, it could be concluded that knowledge, participation, attitude and social culture affect the male participation in family planning program in Jember Regency.

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