

Men's Participation in Population Growth Control Policies

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Abstract. This research aims to analyze men's participation in population growth control policies. This qualitative descriptive research is located in Sidoarjo, East Java. Data obtained from interviews, observation and documentation. The selection of informants was done by purposive sampling technique. Data analysis technique using Miles & Huberman interactive model. The results of this research show that policy of population growth control implemented through *Program Keluarga Berencana (KB)*. Men's participation can be seen by coverage, equal partnership, transparency, sharing power, sharing responsibility, empowerment, and cooperation. In 2017, out of 306,117 of KB participants consisted of 1.40% of men and 98.60% of women. The number of men participants in 2015 amounting to 4,339, in 2016 amounting 3,881 and in 2017 amounting 4,284. Most men have lack information of reproduction health and argue that men only provide support for wives. This make men's participation in population growth control policies.

Keywords: Men's Participation, Population Policy, Population Growth Control.

1 Introduction

Indonesia is a country with a high population. Data from the Department of Economic and Social Affairs in 2018 shows that the total population in Indonesia reached 266,927,721 [1]. The main problem of population faced by Indonesia is large number of population with high population growth rate, unequal distribution of population, large number of young age population, increasing the quality of population [2].

The high birth rate increasing the population growth in Indonesia. If the population growth is not controlled, Indonesia will face a population explosion. One of the government's efforts to overcome the problems is through *Program Keluarga Berencana (KB)* [3]. *Program KB* is government effort to plan a family, namely planning a pregnancy, birth distance, and how to apply about family functions [4]. *Program KB* began around 1957 and was formalized as a government program that launched at national family day on June 29, 1970 [5].

The implementation of population policy through *Program KB* is projected to reduce the population growth rate in Indonesia. The projected of population growth rate can be seen in the figure 1. It can be seen from figure 1 that implementing *Program KB* can reduce population growth in Indonesia. In 1970 the population growth rate was 2.32% decrease to 0.11% in 2050. The decline in population growth through *Program KB* could run smoothly if supported by active participation of community. The target of *Program KB* is married couple both husband (men) and wife (women).

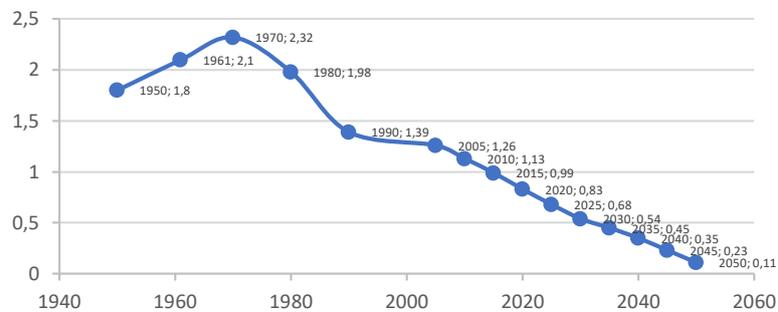


Fig. 1. Indonesian population growth rate in 1950 - 2015 (%) [6]

Community participation in *Program KB* is quite good, especially in terms of the use of contraception and drugs. However, contraception use is still dominated by women (wives). Based on the data, in 1997, male participation in contraception use was still 1.1%; more than 70% of urban and rural men argue that women should use contraception. Whereas, most men think that participating in family planning is enough to only provide support to their wives; information and family planning counseling in men by providers is generally very low; and only a small percentage of men have heard of the term reproduction health [7].

The implementation of *Program KB* for men that has been implemented a long time ago. Even though it has been implemented in a long time but it is still an obstacle in increasing men's participation because of lack knowledge of men on the existing reproduction methods. Other obstacles are men do not know the purpose, function, effect of using the existing method. Besides that, the cause of men's reluctance in *Program KB* because men thought that *Program KB* for men were like castration. People with low education also think that many children will give so much fortune [8].

Principles of participation as stated in the Participatory Approach Implementation Guide by The Department for International Development (DFID) are coverage, equal partnership, transparency, sharing power, sharing responsibility, empowerment and cooperation [9]. Increasing men's participation in family planning programs is an important issue. There are many factors that lead to low of men's participation in *Program KB*, especially in the use of contraception and drugs seen from various aspects that are from the men client's side (knowledge, attitudes and practices), environmental factors (social, cultural, community and family / wife), limited information and accessibility to *Program KB* for men services, limited types of men's contraception, community perceptions of men's contraception [7]. Based on the problem, researchers are interest to analyze men's participation in population growth control policies.

2 Methods

This qualitative descriptive research is located in Sidoarjo, East Java. Data obtained from interviews, observation and documentation. The selection of informants was done by purposive sampling technique. The informants in this research were the Head of KB Section, Field Officer of KB (PLKB), PPKBD, men participants of KB, the wife of men

participants. Data analysis technique using Miles & Huberman [10] interactive model which consists of data collection, data presentation, data reduction and conclusion drawing.

3 Results

Indonesia is one of the countries with a high population growth rate. Indonesia is ranked fourth after Tiongkok Republic, India and United States. The results of population census conducted in 2010 by *Badan Pusat Statistik* (BPS) showed that the population of Indonesia was around 237,6 million people and exceeded 3,4 million from the previous amounting to 234.2 million with an increase in the population growth rate for the period 2000-2010 by 1.49%, which is higher than the 1990-2000 period of 1.45%.

The high level of population growth and the imbalance in the age structure of the population in several provinces are the main problems faced in population and national *Program Keluarga Bencana* (KB). The high of population growth rate is caused by various reasons, which are caused by migration or population movements and high birth rates [4]. The total birth rate or total fertility rate (TFR) is the average number of children born alive by a woman until the end of her reproductive period. Until now, the total birth rate or total fertility rate (TFR) at the national level is quite high.

To overcome these problems, the government issued a population growth control policy in the form of *Program Keluarga Berencana* (KB). Based on Law Number 52 of 2009 concerning the Development of Population and Family Development states that "Family Planning is an effort to regulate the birth of children, the ideal distance and age for childbirth, regulate pregnancy, through promotion, protection and assistance in accordance with reproductive rights to create a quality family". The targets of *Program KB* are husband and wife so that family planning programs are intended for men and women. Participation of the target determine the success of the policy. The Department for International Development (DFID) define that participation is based on seven principles that are coverage, equal partnership, transparency, sharing power, sharing responsibility, empowerment and cooperation.

3.1 Coverage

Department for International Development (DFID) defines coverage as all people or representatives of all groups affected by the results of a development project decision or process [9]. Coverage or involvement of men and women in the *Program KB* can be seen in the table 1.

It can be seen from the table that in 2015-2017 the number of women participants in *Program KB* is more than men participants. The number of men participants in 2015 was 1.39%, in 2016 was 5.67% and in 2017 was 2.74%. Thus the participation of *Program KB* throughout contraception methods is still dominated by women. The number of men participants decreased from 4,399 in 2015 to 3,881 in 2016 then increased to 4,284 in 2017. The development of the number of men participants can be seen in the figure 2.

The contraception methods for men participants are MOP and Condoms. Men participants can choose contraceptive methods according to what they want. The number of men participants based on contraception methods can be seen in the table 2. It can be seen based on the table that men participants choose to use condom contraception methods than

MOP. Men participants who chose the condom contraception method in 2015 was 85.38%, in 2016 was 85.18% and in 2017 was 85.9%.

Table 1. Number of Program KB Participants in 2015-2017

Gender	Year		
	2015	2016	2017
Women	311.517	68.398	152.010
Men	4.399	3.881	4.284
Total	315.916	72.279	156.294

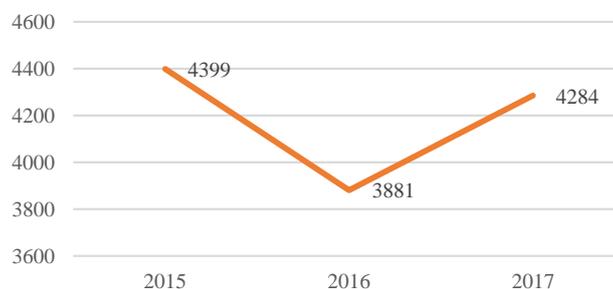


Fig. 2. The Number of Men Participants in 2015-2017

The results of the research are appropriate with Law Number 52 of 2009 concerning the Development of Population and Family Development. It is regulated in Article 21 paragraph 2 letter d, family planning policies made by the government should increase men's participation in implementation of family planning. There is also conformity with government regulations number 87 of 2014 concerning Development of Population and Family Development, Family Planning, and Family Information Systems. This is regulated in Chapter 3 of Family Planning Policy Article 18 letter d which reads increasing men's participation in family planning practices.

3.2 Equal Partnership

Equal Partnership according to the Department for International Development (DFID) is essentially everyone has the skills, ability and initiative as well as the right to use the initiative in every process in order to establish a dialogue without taking the level and structure of each parties [9]. The equal partnership is indicated that the field officer invited men participants to attract new participants. The DPMDP3AKB has established dialogue with participants so that the *program KB* for men can run effectively and increasing men's participation.

3.3 Transparency

All parties must be able to develop communication, communicate openly to lead dialogue [9]. Communication between participants is transparent so that the husband and wife

trust each other. The actors have good coordination in implementing *Program KB* for men. It shows from the socialization that held every year, intensive communication with social media that facilitate the parties to share information regarding the *Program KB* for men.

Table 2. The number of men participants is based on the contraception methods

Gender	Year		
	2015	2016	2017
MOP	643	575	604
Condom	3.756	3.306	3.680
Total	4.399	3.881	4.284

3.4 Sharing Power

Various parties involved must be able to balance the distribution of authority and power to avoid domination [9]. The sharing power of husbands and wives are discussing before the husband deciding to join *Program KB* for men. The parties involved must be able to balance the distribution of sharing power to avoid domination.

3.5 Sharing Responsibility

Various parties have clear responsibilities in each process because of the existence of sharing power and their involvement in the decision-making process and subsequent steps [9]. Sharing Responsibility has been agreed between husband and wife and they receive all the consequences.

3.6 Empowerment

The involvement of various parties is inseparable from all the strengths and weaknesses of each party, so that through active involvement in each activity process, a process of mutual learning and mutual empowerment occur with each other [9]. Empowerment has been carried out optimally, the role of participants who have carried out MOP operations is very influential in providing information to prospective participants. The DPMDP3AKB has provided empowerment so that all implementing agents are very mastering and capable in running the *Program KB* for men. The results of this research show that there has been conformity with Law Number 52 of 2009 concerning the Development of Population and Family Development. This is regulated in Article 12 paragraph 1 letter c, which states that the Government is responsible for providing empowerment, guidance, supervision and facilitation. There is conformity with government regulations Number 87 of 2014 concerning Development of Population and Family Development, Family Planning, and Family Information Systems. This is regulated in Article 20 paragraph 4 which states the participation of the community in the form of family planning counseling and family planning participation. The results of this research indicate that there has been conformity with Government Regulation Number 87 of 2014 concerning the Development of Population and Family Development, Family Planning, and Family Information Systems. This is regulated in Article 20 paragraph 1 which states that the Government and the Regional Government carry out a comprehensive and integrated family planning policy effort. Paragraph 2 which states that the

implementation of a comprehensive and integrated Family Planning policy effort as referred to in paragraph 1 is carried out through coordination between ministries and non-ministerial government institutions. Paragraph 3 which states that in carrying out family planning policy efforts as referred to in paragraph 1, the Government and Regional Government can involve the participation of the community.

4 Conclusion

The conclusions of the research are the coverage of *Program KB* from 2015 to 2017 is dominated by women participants. Equal partnership is indicated that the field officer invited men participants to attract new participants. In terms of communication between husband and wife is transparent so that the husband and wife believes and supports each other. Equality of authority in decision making is equal between husband and wife so that it does not cause misunderstanding. The actor of the implementation has provided guidance/empowerment to prospective participants regarding the *Program KB* for men. Cooperation between husband and wife is very good, wife always gives moral support to her husband to join the Program KB for men.

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