EFFECTIVENESS "*COUPLES CARES MODEL* " TO INCREASE HUSBAND PARTICIPATION IN FAMILY PLANNING PROGRAM FOR THE POOR FAMILY IN KELURAHAN PUCANGAN KARTASURA SUKOHARJO, CENTRAL JAVA INDONESIA

Winarsih Nur Ambarwati, Abi Muhlisin
Email : ambarwati76@gmail.com

SCHOOL OF NURSING, HEALTH SCIENCE FACULTY
MUHAMMADIYAH UNIVERSITY SURAKARTA CENTRAL JAVA INDONESIA

Abstract--The number of Indonesians living in poverty is expected to rise to 32.7 million next year, or 14 percent of 231 million population, an analyst at the Indonesian Institute of Science (LIPI.). The failed implementation of government's poverty eradication program is also to blame for the increase in the number of poor people. The Indonesian population in 2008 was estimated more than 228 million people, and it will be estimated to 247.5 million people by 2015. The big increasing number of people has very broad implications for development projects. This can have an impact on various things such as jobs must be provided, additional budget for education, health, food, housing, basic needs and poverty in Indonesia. The poverty rate in Indonesia is already approaching the upper limit of the target year 2009, which is 14 percent. Family Planning Program (FPP) is one form of government programs for poverty alleviation. The implementation of family planning programs by the government is not get optimal results, it is shown from among the national family planning target is not reached. In Indonesia participation man in Family planning is verry low. Traditionally, familiy planning programe has viewed women as the primary clients. Low participant man in Family planning because of poor of knowledge male contraceptive, few of choice contraceptive methods, culture, religion, economic and politic.

Objective : objective of this research was to determine the effectiveness of the "Couples Care Model" for increased knowledge, attitudes, motivation and participation of husbands in family planning program for poor family people in Kartasura .

Methods : Quasi-experimental research design using pre and post test design with control group. Location research in Kelurahan Pucangan, Kartasura Region, Surakarta, Central of Java Indonesia. Population is the husband in the reproductice age who was recorded as poor family at the health center Kartasura. The sample methods is total sampling. Collected data used primary data, instrumen used kuesioner for knowledge, attitude, motivation and participation, data involving 50 responden. The analysis methods are used chi square test and Mc Nemar test.

Result : The results showed that difference before and after intervention the model of Couples Cares about attitude, motivation and participation in the intervention group was given. Intervention group better than control group in attitude, motivation and participation in Family planning program. Most of the male in two group intervention and control, for Male Contraceptive method used by responden were a calendar, condoms and coitus interrupted.

Conclusion : "Couples Care Models" effective to improving attitudes, motivation and participation husband in Family planning program especialy to be acceptor male contraseptive.

Index Terms-- attitude ,Couples Care Model, Family Planning Program, motivation, male contraseptive, husband participation.

INTRODUCTION

The amount of Indonesian population was more than 228 millions people, and was indicated to increase to be 247,5 millions people in 2015[1,2]. The population's great increase implicitly affects the developments that the government should conduct such programs as fields of work's provision, the budget increase on education, health, food need, housing, basic needs and poverty. The poverty rate in Indonesia nowadays has been approximately the top targeted level in 14 % in 2009. The family planning program is one of the government agenda to depress poverty. Yet, the program does not work maximally. This is because the national family planning program target is not achieved. Common society still regard that the family planning program is only wives who run that program, not husbands. The husband participation in the family planning program and reproduction care so far is low. The target of RPJM in 2004-2009 shows that the husband participation in this program in 2009 was 4.5%. There are four factors of men for not committing the family planning program. First, the limited access of information about family planning program for men. Second, the limit of method options of the family planning program for men; third, the limited access of family planning program for men service, and finally the low support of politic and social-culture factor.

METHOD

This research aims at identifying the effectiveness model "couples cares" to increase husband participation in family planning program for the poor family in Kartasura. The design of this research is *experimental quasi* using *pre and post-test with control group design*. The population is all husbands identified as the poor residents and productive ages in Pucangan, Kartasura. The technique used is *total sampling* with 50 respondents.

FINDINGS

The findings of this research are showed with univariat and bivariat analyses. Univariat analysis consists of three analyses: 1) the respondents' characteristics based on age,

education, job, religion and social-economy classifications, 2) the variables investigated are: knowledge, attitude, motivation and the participation of pre and post-given couples care model in control and intervened group. Both data above are categorical data which are displayed in number and percentage.

Respondent characteristic.

Tabel.1 Distribution of Respondent based on age, education, occupation, and religion towards intervetion and control group
Kartasura Mei 2010 (n1 = n2 = 25)

Respondent characteristic	Intervention group		Control group	
	N	%	n	%
Age				
20-30	10	40	7	28
>35	15	60	18	72
Education				
Uneducated	1	4	0	0
Elementary	7	28	10	40
Junior high school	9	36	8	32
Senior high school	7	28	7	28
College	1	4	0	0
Occupation				
Jobless	0	0	0	0
Labour/farmer	15	56	17	68
Private employee	8	32	7	28
Entrepreneur	2	8	1	4
Civil servant	0	0	0	0
Religion				
Islam	24	96	25	100
Christ	1	4	0	0
Social Economy				
Low	23	92	19	76
Medium	2	8	6	24
High	0	0	0	0

The majority age of intervened group is 30 years old. The ages of control group are mostly similar that is upper than 30 years old. The respondents' education backgrounds are mostly junior high school as much as 36% and those of control group are elementary school as much 40%. The majority of the respondents' jobs in both intervened and control group are labors. All of the respondents adheres Islam. The condition of respondents' social-economy of intervened group is mostly low-class society with the percentage 92%, and so are those in the control group as much as 76%.

a. The respondent distribution based on pre and post-given knowledge in intervened and control groups in Kartasura May 2010 (n1 = n2 = 25)

Tabel.2 Distribution of respondent based on knowledge before and after

Kartasura Mei 2010 (n1 = n2 = 25)

	Intervention group		**Control group**		**Total**		**P value**
Before	Frek	%	Frek	%	Frek	%	
Less	3	12	3	12	6	12	0,625
Good	22	88	22	88	44	88	
	25	100	25	100	50	100	
	Intervention group		Control group				
After	Frek	%	Frek	%	Frek	%	
Les	1	4	3	12	5	10	1,00
Good	24	96	22	88	45	90	
	25	100	25	100	50	100	

The result of knowledge parameter in intervened group of pre-given intervention is 12% lack of knowledge and 88% good knowledge. While after being intervened, the lack of knowledge group decreases to be 4% of the all respondents and the good knowledge group increases to be 96% members of the respondents. Yet, the rate of pre and post-knowledge condition in control group is still same, they are 12% and 88% of lack of knowledge and good knowledge groups respectively. Results of statistical test found no differences on knowledge before and after the intervention post given Couple cares model in the intervention and control group (p> 0.05).

b. The respondent distribution based on attitude pre and post-awareness condition in intervened and control groups

Tabel.3 distribution of respondent based on attitude before and after intervention to both intervention and control group
Kartasura Mei 2010 (n1 = n2 = 25)

	Intervention group		**Control group**		**Total**		**P value**
Before	Frek	%	Frek	%	Frek	%	
Less	1	4	0	0	1	02	0,02
Good	24	96	25	25	49	98	
	25	100	25	25	50	100	
	Intervention group		**Control group**				
After	Frek	%	Frek	%	Frek	%	
Less	0	0	0	0	0	0	0,317
Good	25	100	25	25	50	100	
	25	100	25	25	50	100	

The parameter result of attitude in intervened group of pre-intervention is 4% of respondents with poor awareness and 96% of respondents with high awareness. While being treated, the poor awareness group decreases as many as 0% of respondents and the

high awareness group increases perfectly to be 100% of respondents. The result of awareness parameter in control group is 2% of respondents with poor awareness, but high awareness group is 98% and in the post-intervention is 0% and 100% of both groups respectively. Results of statistical test found differences on attitude before and after the intervention post given Couple cares model in the intervention group ($p< 0.05$) and control group not ($p> 0.05$).

c. The respondent distribution based on pre and post-motivation condition in intervened and control groups

Tabel.4 Distribution of respondent based on respodent motivation before and after intervention to both intervention and control group
Kartasura Mei 2010 (n1 = n2 = 25)

Motivation	**Intervention group**		**Control group**		**Total**		**P value**
Before	Frek	%	Frek	%	Frek	%	
Low	3	12	8	32	11	2	0,02
medium	19	76	16	64	35	70	
High	3	12	1	4	4	8	
	25	100	25	100	50		
Motivasi	**Intervention group**		**Control group**				
After	Frek	%	Frek	%	Frek	%	
Low	0	0	8	32	8	16	1,00
medium	12	48	16	64	28	56	
high	13	52	1	4	14	28	
	25	100	25	100	50	100	

The result of motivation assessment in intervened group of pre-treatment is 12% of respondents with low motivation, 76% of fair motivated respondents, and 12% of high motivated respondents. After being treated, the low motivated respondents became 0%, fair motivated respondents are 48%, and high motivated respondents increases dramatically to be 52%. The result of motivation assessment in control group is 22% of low motivated group, 70% of fair motivated group and 8% in high motivated group. The post assessment of low motivated group is 16%, 56% of fair motivated group and 28% of motivated group. Results of statistical test found differences on motivation before and after the intervention post given Couple cares model in the intervention group ($p< 0.05$) and control group not ($p> 0.05$).

d. The difference of participation before and after intervention

Tabel.5 Distribution of respondent based on men participation on family planning before and after intervention to both intervention andcontrol group

Kartasura Mei 2010 (n1 = n2 = 25)

	Intervention group		**Control group**		**Total**	
Before	Frek	%	Frek	%	Frek	%
Acceptor	12	48	6	24	18	36
No	13	52	19	76	32	64
	25	100	25	100	50	100
	Intervention group		**Control group**		**Total**	
After	Frek	%	Frek	%	Frek	%
Acceptor	15	60	6	24	21	42
No	10	40	19	76	29	58
	25	100	25	100	50	100
Family planning method	**Intervention group**		**Control group**		**Total**	
Before	Frek	%	Frek	%	Frek	%
condom	5	42	2	33	7	39
Interrupted coitus	2	16	2	33	4	22
calendar	5	42	2	34	7	39
	12	100	6	100	18	100
Family panning method	**Intervention group**		**Control group**		**Total**	
After	Frek	%	Frek	%	Frek	%
Condom	7	47	2	33	9	43
Interrupted coitus	2	13	2	33	4	19
Calendar	6	40	2	34	8	38
	15	100	6	100	21	100

Tabel 6. the difference of participation before and after "couple care" model is given toward intervention group and control group at Pucangan Mei 2010 (n1 = n2 = 25)

Group	Measurement	Praticipation		Total	P Value
		Yes	No		
		N	N	N	
Intervention	Before	7	2	9	0,289
	Before	6	10	16	
	Total	13	12	25	
Control	Before	6	0	6	1,00
	Before	0	19	19	
	Total	6	19	25	

Results of statistical test found no differences in Family planning program participation before and after the intervention of Couple cares model in the intervention group ($p > 0.05$). Similarly, in the control group. This condition can be influenced by the time of measurement of participation that is not too long (2 weeks) after the intervention couple cares model is given. Someone who receive information can influence attitudes, and

behavior, but to be able to arrive at behavioral changes require a longer time. It should be recognized along with that during this political commitment in family planning programs and reproductive health are still fixed on the partner / wife, while the man / husband still has not been touched. MOP (Metode Operasi Pria) or KONTAP (Kontrasepsi Mantap) for man is still a matter of discussion and debate is still unclear. A temporary agreement known by the community is that the Indonesian Ulema Council (MUI : Majelis Ulama Indonesia) agree to the MOP as man method of family planning program in emergency condition.

DISCUSSION

Knowledge of respondents in both intervention and control groups is almost the same that is mostly already have a good knowledge. This finding is similar to findings from observations of various surveys in several provinces, where the level of knowledge of men towards family planning in general are still low, the various factors which affect, among others: education, employment, media exposure, environmental conditions, experience of using contraceptives and others[4,5]. After given health education, it did not experience significant differences in the knowledge statistically. This is because the initial condition of society before being given health education is good. This good knowledge can be influenced by many things including the average respondent was already aged over 30 years (instead of a new partner) and 50% of respondents have become family planning acceptors who mostly have more than one year, ease of obtaining information about family planning from health centers through wives, active health cadres. Pucangan Village always holds regular meetings every month for health cadres, Kartosuro health center officers often used these moments to convey health information including information about contraceptives and family planning services.

The result of study in Yogyakarta in 2000 has conducted trials / intervention knowledge about family planning and reproductive health through IEC media, workshops and Pocket Books, it turns out this model is very effective for improving knowledge and attitude of men in family planning program[4].

Respondents attitude in both intervention and control groups is almost the same which almost all respondents have a good attitude towards family planning men, even in the control group, the result is 100% good. Based on test results in the intervention group there are differences in attitude where attitude after being given health education is better. These good manners are

among others influenced by the knowledge that has been good in both groups, which have good attitude coupled with strengthening the provision of information and provision of family planning services so that men can raise awareness of attitude change for the better. The basic point in the implementation of the development program of men participation to bring about justice and gender equality is in the form of changes in awareness, attitudes and behavior of men / husbands and wives about reproductive health[5]. The attitude of men who support and accept family planning research on men also found in Cairo[9].

The strong values and patriarchal culture in Indonesian society puts women in Indonesia on discriminatory position included in the reproductive task. Indonesian society in general still perceives that family planning is the business of women because women who are pregnant and giving birth, and which served to make the active measures of prevention of pregnancy are women.

Results of statistical test found no differences in family planning participation before and after the intervention "couple cares" model in the intervention group ($p > 0.05$). Similarly, it happens in the control group. This condition can be influenced by the time of measurement of participation that is not too long (2 weeks) after the intervention model is given "Couple care". Someone who receives information can influence attitudes, and behavior, but to be able to arrive at behavioral changes require a longer time. In general, male participation in family planning in both groups is low, the same condition found in almost all regions in Indonesia.

It should be recognized along with that during this political commitment in family planning programs and reproductive health are still fixed on women / wife, while the man / husband still has not been touched. Many factors cause the low participation of male family planning in Indonesia. These factors include knowledge, attitudes and practices and client needs, environmental factors of social, cultural, community and family / wife, the limitations of information and accessibility of contraceptive services and the limited types of male contraceptives [4]. The lack of chosen contraception media is because most contraceptives are designed to be used by women[10]. To overcome this problem, technology should be to create a male contraceptive for a more varied.[11] The lack of a male family planning services in Africa are also found in the low accessibility of men to get family planning service[12]. Politically, laws and regulations in Indonesia as stated in the Marriage Law precisely article 34 paragraph

2 reads "The wife is required to regulate domestic affairs as well as possible". Women in Indonesia are culturally still required to perform domestic duties, although as career woman. A wife may work but the task is a major domestic, reproductive tasks such as pregnancy, childbirth, breastfeeding and care of children and the duty of preventing pregnancy is considered one of the tasks of women[13].

The results also showed that respondents did not choose family planning methods, MOP. This fact is also almost the same condition throughout Indonesia. MOP method is still considered a method that is frightening, many men assume MOP identical with the gelding so that it can affect the ability of their sexuality. Some beliefs and religions also do not allow the use of MOP as a way to run family planning for men. MOP or KONTAP man is still a matter of discussion and debate is still unclear. A temporary agreement known by the community is that the Indonesian Ulema Council (MUI) agrees to the MOP as man method of family planning program in emergency condition[4].

The results showed that contraceptive methods used in intervention and control groups at the condom, coitus interrupted and calendar. The most widely used method is the condom, condom use is a material reason can be purchased at pharmacies without having to go to health center, because it turns out the majority of respondents stated embarrassed or reluctant or having excuses in order not to come to the Health Centre. In this study there is no method MOP. Understanding of the vasectomy mistakes, afraid of the surgery for free though cause that one method is not much in demand. Meanwhile, in the discussion some of the respondents stated embarrassed and reluctant to vasectomy because of rumors that the men vasectomy has connotations of "negative" they use the term "mrawani" (having sex for the first time) which means the man who abused vasectomy can have many couples without causing a pregnancy. Thus, despite good knowledge and attitudes expressed support, have a high motivation to maintain reproductive health are not necessarily to accept the concept of man in family planning.

Based on a statistical test can be concluded that the groups that receive “Couple Care” model changes for the better motivation. This means that intervention models Couples can increase motivation for family planning had on the poor in Pucangan village. High motivation can be influenced by the knowledge and attitudes that have been either in the initial conditions. The existence of counseling and education, care and support of health workers / health center,

health and community leaders Cadres is to increase the interest for so much more motivated men to participate in family planning. Economic conditions are minimal with less income to make the couple feel heavy to bear the economic burden of the family, so family planning to be one alternative to address the economic burden of the family. Viewed from the standpoint of social and cultural circumstances, according to TOMA (Tokoh masyarakat) , the involvement of husbands / men in family planning is to give opportunity to the wife for the rest[4.7]. Research conducted in Malawi found the respondents said that the important things that encourage couples to choose modern contraception both men and women is the desire to limit the number of children, many costs to be born by the parent to support his child[14].

“Couples Care” Model method is in line with the approach of BKKBN that men who want to do Kontap through vasectomy or a medical man operation (MOP) first received information from family planning field workers. Furthermore, to motivate and direct staff to place of MOP service[3.8].

CONCLUSION

'Couples Care Models" is effective in improving attitudes, motivation and participation of poor people in Pucangan village, Kartasura, Sukoharjo. Suggestions of “Couples Care Model” can be used as one method to increase the participation of husbands in family planning.

SUGGESTION

Couples Care Model can be used as one method to increase the participation of husbands in family planning. It should be made real efforts to increase male participation in family planning based on identified problems such as the creation of male contraceptives should be more varied, increased knowledge and awareness of married couples about family planning and reproductive health by involving religious leaders, community, officers health and goverment.

REFERENCES

1. Indonesia Country Health Profile (2003) WHO/SEARO, Available http://intranet/cntryhealth/indonesia/index.htm
2. Indonesia Reproductive Health Profile, 2003. Ministry of Health, Republic of Indonesia. Supported by WHO. Jakarta, 2003. Unpublished
3. Fathurohman, A. Dwiyanto (2008) Menggagas Kebijakan Kependudukan Baru, (Online). Availablehttp://fatur.staff.ugm.ac.id/file/BUKU%20%20Reorientasi%20Kebijakan%20Kependudukan.pdf
4. BKKBN (2003) Peningkatan partisipasi pria dalam keluarga berenana da kesehatan reproduksi di Indonesia, *Cukilan Data Program Keluarga Berencana Nasional*, Nomor : 252 - Tahun XXX – 2003
5. S.K, Guha, N.R., Jagannathan, Chaudhury, Sharma, K., (2001) A proton NMR study of the effect of a new intravasal injectable male contraceptive RISUG on seminal plasma metabolites, *Reproduction* 122(3): 431-6.
6. P.,W., Ladewig, M., L., London , S. B., Olds, (2000), *Maternal-Newborn nursing care : the nurse, the family, and the community*, 5th edition, Addison Wesley Longman, Inc.
7. B, A, Saifuddin, B., Affandy, M., Baharudin, S., Soekir, (2006) *Panduan Praktis Pelayanan Kontrasepsi*, Yayasan Bina Pustaka Sarwono, Jakarta.
8. A. B, Saifudin, (2000), Buku Acuan Nasional Pelayanan Kesehatan Maternal dan Neonatal, Yayasan Bidan Pustaka Sarwono Prawirohardjo, Jakarta
9. J, Levy, (2008) Reaching The Goals of Cairo:Male-Involvement in Family planning, No 28, Spring, UNC Global
10. K., Ringheim, (1995) Evidence for acceptability of an injectable hormonal for men, *Family Planning Perspectives*, Vol 27, No 3, pp 123-128
11. A., Anderson, (2001) Men Reproduction and Fatherhood, In IUUSP Contribution to Gender Research International Union for Scientivic of Population, Paris, pp 67-88.
12. L, Tourne (1996) Male Involvement in family planning a review of selected program initiatives in afrika, *The SARA Project is Funded by The U.S Agency for International Development*.
13. K., E., Hardee, Eggleston, T., Hull, (1998) Family Palnning and Womens Lives: A Synthesis of Findings, *Womens Studies Project Family Health International*, May, 1998
14. E,K., Chipeta, W., Chimwaza, L., Kalilani-Phiri, (2010) Contraceptive Knowledge, beliefs and Attitudes in Rural Malawi: Misinformation misbeliefs and misperseptions, *Malawi Medical Journal*: 22(2)38-41, June 2010