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Social support in an effort to increase the husband's willingness to accept vasectomy family planning

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Abstract

Background: The Family Planning (KB) Program is an effort designed by the government to assist married couples in planning the number and distance of child births, using various contraceptive methods. It has a legal basis in the form of Law of the Republic of Indonesia Number 52 of 2009 concerning Population Development and Family Development. The family planning program also has a broader purpose, namely controlling population growth to be more balanced with the availability of resources. As of the first semester of 2024, the number of Indonesia's population has reached 282.477.584 people with a density of 143.73 people per square kilometer. Globally, the Family Planning (KB) program has been recognized as one of the important solutions in suppressing uncontrolled population growth and improving the quality of family life.
Purpose: To examine the social support factor on the willingness of the husband as an acceptor of vasectomy family planning.
Method: A descriptive correlational, specially focusing on cross-sectional method. The study took place from March 2025 in Senden, Bantul. The independent variable was social support, meanwhile the dependent variable included Husband's Willingness to Accept Vasectomy. Using random sampling and lame show formula 105 respondents were selected who meet specific inclusion and exclusion criteria. The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using chi square test.
Results: There is a significant relationship between social support and the willingness of husbands to accept vasectomy as a method of family planning p-value 0.003. Odd Ratio showed a value of 9.000 which means that people who receive high social support will be 9 times more likely to be willing to be acceptors of family planning MOP than those who receive low social support.
Conclusion: Social support can come from various sources, including the wife, family members, peers, and health workers, which can strengthen the husband's confidence and motivation to undergo a vasectomy.

Keywords: Family Planning; Husband; Social Support; Vasectomy.

INTRODUCTION

Family Planning (KB) Program is an effort designed by the government to assist married couples in planning the number and distance of child births, using various contraceptive methods. It has a legal basis in the form of Law of the Republic of Indonesia Number 52 of 2009 concerning Population Development and Family Development. The family planning program also has a broader purpose, namely controlling population growth to be more balanced with the availability of resources. As of the

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first semester of 2024, the number of Indonesia's population has reached 282,477,584 people with a density of 143.73 people per square kilometer (Hasrida, Jusmawati, & Ulfa, 2025). The data from the Directorate General of Population and Civil Registration (Ditjen Dukcapil) of the Ministry of Home Affairs (Kemendagri) makes Indonesia in the fourth position with the largest population after India, China, and the United States. Based on this data, it is hoped that through the family planning program, a prosperous family will be realized that is able to make a positive contribution to society and the state (Kartikasari, Nurhaeni, & Adriani, 2019).

Globally, the Family Planning (KB) program has been recognized as one of the important solutions in suppressing uncontrolled population growth and improving the quality of family life. Family participation in family planning programs is crucial to achieve demographic balance and sustainable development. In Indonesia, family planning programs have been a national priority since the 1970s, and despite various challenges, these efforts have succeeded in significantly lowering the birth rate (Ghozali, 2014). However, the active participation of the family, especially the involvement of men as part of shared responsibility, is still a challenge. Male participation in contraceptive use, especially through permanent methods such as vasectomy or MOP (Male Surgical Method), is still very low globally, averaging only 3% of total contraceptive users (Jacobstein, Radloff, Khan, Mimno, Pal, Snell, & Tripathi, 2023).

The Male Surgical Method (MOM), or better known as vasectomy, is one of the methods of permanent contraception performed on men. Vasectomy involves a medical procedure in which the ducts that transport sperm from the testicles (vas deferens) are cut or tied, so that sperm cannot mix with semen during ejaculation. This method is very effective in preventing pregnancy, with a success rate of over 99% (Roudsari, Sharifi, & Goudarzi, 2023). Although vasectomy is considered a permanent method, the procedure is relatively simple, safe, and does not affect male sexual function, such as erection or ejaculation. MOM is an ideal contraceptive option for couples who are sure they don't want to have children again, but men's participation in this method is still relatively low in many countries, including Indonesia. This condition is also emphasized by health promotion programs in Indonesia, including the Family Planning (KB) program, which focuses more on women as the main target. This approach is based on the assumption that women are the primary decision-makers in family reproductive health. However, the role of men as supporters or active actors in family planning, especially the male surgical method (MOM), is often overlooked. As a result, specific health promotion strategies for men are still very limited, both in terms of content, delivery methods, and evaluation of their effectiveness (Yunitasari, Pradanie, & Hardiansyah, 2017).

RESEARCH METHOD

A descriptive correlational, specially focusing on cross-sectional method. The study took place from March 2025 in Senden, Bantul. The independent variable was social support, meanwhile the dependent variable included Husband's Willingness to Accept Vasectomy. Using random sampling and lameshow formula 105 respondents were selected who meet specific inclusion and exclusion criteria.

The inclusion criteria included married men who live with their wife, aged 20–50 years (active male reproductive age), have never experienced a vasectomy, have a wife who is still of reproductive age and has not yet reached menopause. Exclusion criteria required husbands who have undergone vasectomy, husbands who are seriously unwell or have mental disorders that affect their response to the questionnaire.

Data obtained from measurement. Multidimensional Scale of Perceived Social Support (MSPSS) is an measuring perceptions of social support from three main sources, family, friends, and other significant people. Consisting of 12 questions with answer options using a Likert scale of 1–5 (1 = strongly disagree, 5 = strongly agree). The social support level category is divided into three categories a score of 37–60 indicates moderate social support, and a score of 61–84 indicates high social support.

The willingness questionnaire measures the extent to which respondents have the intention or

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readiness to accept and undergo vasectomy as a permanent method of contraception. It consists of 10 questions with answer options using a Likert scale of 1–5 (1 = strongly disagree, 5 = strongly agree). The willingness category is divided into three levels, a score of 10–23 is categorized as poor willingness, a score of 24–36 as moderate willingness, and a score of 37–50 as high willingness.

The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using chi square test.

RESEARCH RESULTS

Table Characteristics of Respondents (N=105)

Variable	Results	p-value	OR
Age (n/%)			
Age (Mean±SD)(Range)(Year)	**(33.42±2.821) (21-60)**		
21–30	33/31.42		
31–40	44/41.90		
41–50	16/15.23		
>50 Years	12/11.42		
Income (n/%)			
≥ Rp 2.264.080	60/57.15		
< Rp 2.264.080	45/42.85		
Education (n/%)			
Moderate (SD-SMA)	26/24.76		
High (D3-S3)	79/75.24		
Employment (n/%)			
Employe	98/93.33		
Unemployed	7/6.67		
Social Support (n/%)			
Moderate	48/45.71	0.003	9.000
High	57/54.29		
Willingness (n/%)			
On board	37/35.23		
Well prepared	68/64.77		

Characteristics of respondent with a mean age and standard deviation (33.42±2.821) ranging from 21-60 years. The majority of respondents had an income of ≥ Rp 2.264.080, with 60 people (57.15%), were highly educated, followed by 79 people (75.24%), and were employed, consisting of 98 people (93.33%). Most respondents also had high social support, namely 57 people (54.29%), and had shown readiness to undergo vasectomy, as many as 68 people (64.77%). There is a significant relationship between social support and the willingness of husbands to accept vasectomy as a method of family planning p-value 0.003. Odd Ratio showed a value of 9.000 which means that people who receive high social support will be 9 times more likely to be willing to be acceptors of family planning MOP than those who receive low social support.

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DISCUSSION

The results of this study showed that husbands who received high social support were more likely to become MOP (Male Operation Method) acceptors (42.9%) compared to those who received low social support (23.8%). Statistical analysis revealed a significant relationship between social support and husbands' participation in MOP, with a p-value of 0.032 ($p < 0.05$). The odds ratio (OR) of 9.000 indicates that husbands with high social support are nine times more likely to be willing to become MOP acceptors than those with low social support.

These findings highlight the crucial role of social support in influencing husbands' decisions to participate in family planning, particularly in the use of MOP (Male Operation Method). Social support can come from various sources, including spouses, family members, peers, health workers, and the broader community environment (Ayele, Beyene, Wudineh, Kassa, Goshu, & Mihretie, 2020). When husbands receive strong emotional, informational, and motivational support, they are more likely to perceive family planning as a shared responsibility and to participate actively in it. This aligns with behavioral theories which suggest that individuals are more inclined to adopt health-related behaviors when supported by their social environment (Oktaviani, Mufarikah, Hanifa, & Tahun, 2024).

These results indicate that social support does not act in isolation but is interconnected with other influencing factors such as attitudes, access to health services, service quality, and personal intentions. High quality family planning services, positive attitudes toward contraception, and easy access to information and facilities can strengthen the effect of social support in encouraging husbands to accept MOP. Strengthening social support systems and improving the quality and accessibility of family planning services are essential strategies to increase male participation in family planning programs (Tumwesigye, Kigongo, Nakiganga, Mbyariyehe, Nabesha, Kabunga, & Mighasa, 2023).

Social support plays a fundamental role in shaping individual behavior, especially in the context of health-related decision-making. It involves the provision of assistance, comfort, and appreciation from others within a person's social network, including family, friends, and the community (Yang, Li, Dong, Tan, Huang, Zhang, & Yu, 2020). This support may take various forms emotional, informational, instrumental, or appraisal which collectively contribute to improving an individual's psychological well-being and motivation to engage in positive behaviors (Kabagenyi, Jennings, Reid, Nalwadda, Ntozi, & Atuyambe, 2014).

The presence of social support fosters a sense of belonging and reduces feelings of isolation, which can strengthen an individual's confidence in making important life decisions. In the context of family planning, particularly in adopting the Male Operation Method (MOP), social support is a determining factor that influences a husband's willingness to participate. Husbands who receive encouragement, understanding, and approval from their partners and social environment are more likely to perceive family planning as a shared responsibility rather than solely a woman's obligation (Blumenberg, Hellwirg, Ewerling, & Barros, 2020).

Support from wives, health workers, and peers can significantly reduce hesitation and fear related to the procedure, while simultaneously increasing awareness of its benefits. This indicates that social interaction and approval play an essential role in the acceptance of MOP among men. Social support contributes to behavioral change by shaping individual perceptions and attitudes (Ndu, Nouvet, Odezugo, Dorayi, Okekearu, & Wallace, 2022). According to the Health Belief Model, an individual's likelihood to adopt a health behavior is influenced by perceived benefits, barriers, and cues to action. In this regard, social support acts as a "cue to action" that motivates husbands to consider MOP as a safe and responsible choice. Positive reinforcement from family and community members can minimize psychological resistance, correct misconceptions, and build a more supportive atmosphere for male involvement in family planning. Social support strengthens the psychological resilience of individuals when facing stress or anxiety related to health decisions (Nketiah, Ampaw, & Twuamasi, 2022).

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The decision to undergo a vasectomy, for instance, may be accompanied by fear, social stigma, or misinformation. Through emotional and informational support, husbands can better manage these stressors and develop more positive attitudes toward MOP participation. Social support is an effective mechanism for coping with stressful life events, and its role in providing comfort and assistance (Borrel, Gu, Ye, Mills, & Andino, 2025). Strengthening social support mechanisms should be a strategic focus in promoting male participation in family planning. Health professionals, especially community health workers, need to involve both partners in counseling sessions, emphasizing the importance of shared responsibility in reproductive health. Community-based interventions that encourage open discussion and positive attitudes toward MOP can further enhance acceptance rates. Ultimately, the integration of social support into family planning programs can lead to more sustainable behavioral changes and improved reproductive health outcomes (White, Martinez, Turok, Gipson, & Borrero, 2022).

Social support refers to the assistance and encouragement received by husbands from their surrounding social environment such as family members, friends, community leaders, extension workers, and other institutional actors in relation to their decision to undergo a vasectomy (Male Operation Method/MOP). This support reflects the extent to which men feel valued, understood, and motivated by their social circles to participate in family planning programs (Xu, Li, Yang, Zhang, Ma, Xie, & Gong, 2021).

The form and quality of social support can significantly influence a husband's readiness and confidence to make reproductive health decisions, particularly in contexts where vasectomy is still associated with stigma or misconceptions. The support received by husbands can manifest in several forms, including emotional encouragement, informational guidance, and instrumental aid. Emotional support provides empathy and reassurance, helping husbands overcome anxiety or fear associated with MOP (Rust, Pereira, & Bernie, 2025).

Informational support involves the provision of accurate knowledge about vasectomy procedures, benefits, and safety from credible sources such as health workers or peers. Instrumental support includes tangible assistance, such as accompanying the husband to health facilities or providing access to related services. These types of support collectively create a positive environment that facilitates informed decision-making and active participation in family planning. Based on the scoring system used in this study, husbands who obtain high scores are categorized as having high social support, which reflects a favorable social environment that encourages MOP acceptance (Zhu, Nam, Gingrich, Patel, Black, Andino, & Hadi, 2024).

Emotional support plays a vital role in reducing anxiety and uncertainty related to health decisions, particularly in sensitive areas such as reproductive health and family planning. Husbands who receive understanding, empathy, and encouragement from their partners or close social networks are more likely to develop a positive perception toward vasectomy (MOP). This form of support helps men feel that they are not alone in making decisions and that their choices are acknowledged and respected by those around them. Emotional reassurance from spouses and family members can significantly strengthen a husband's confidence, thereby minimizing fear, stigma, or misconceptions about the MOP procedure. Emotional support fosters open communication and mutual trust between couples, which is essential for joint decision-making in family planning (Jahnen, Rechber, Meissner, Schiele, Schulwitz, Gschwend, & Herkommer, 2025).

When husbands feel emotionally secure, they are more willing to discuss reproductive health issues and consider available contraceptive options. This sense of security also promotes mental well-being, reduces resistance to change, and enhances the individual's readiness to adopt healthy behaviors. Emotional support should be viewed as a key element in promoting male participation in family planning programs, as it contributes not only to decision-making but also to the sustainability of contraceptive practices within the family context (Saputri, Safitri, Jaudah, & Herbawani, 2024).

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CONCLUSION

Social support can come from various sources, including the wife, family members, peers, and health workers, which can strengthen the husband's confidence and motivation to undergo a vasectomy. When husbands receive adequate emotional, informational, and instrumental support, they are more likely to view vasectomy as a shared decision rather than an individual responsibility.

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