

The Causative Factor of Men Low Interest in Becoming Contraception User

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Abstract

High level of fertility and low usage of modern contraception method among men still become a big problem until it is necessary to know what factors which cause men not using contraception. The method in arranging this scoping review used Arksey and O'Malley guidelien. The results obtained from 7 articles show that 71% use cross sectional method and there are 86% research from developing countries. The themes found in this review are educational factor, religion factor, information source factor, culture social factor, and age factor. There are many factors which cause low participation of men in using contraception.

Keywords: men, causative factors, contraception user

1. Introduction

Family planning (henceforth; KB) has benefits for health because prevention of unwanted pregnancy decrease morbidity and mother's death. WHO works in promoting contraception. WHO then assists the countries to adapt, implelement, and strengthen contraception program and policy. Beside that, WHO participates in developing new contraception technology and conducts implementation research to enlarge the access information and service delivery of contraception [1].

Women have higher prevalence than men to use contraception tool, it is only 1 compared to 12. The level of contraception prevalence for women has increased from 55,7% in 2007 to 55,9% in 2012. However, the prevalence level for men sterilization is stable at 0,2% in 2007-2012. The level of condom prevalence increased slowly from 1,3% in 2007 becomes 1,8% in 2012. The level of periodical abstinence decreases from 1,5% in 2007 to 1,2% in 2012, meanwhile the retraction has decreased from 2,1% in 2007 becomes 1,3% in 2012 [2].

High fertility level, acceptance and usage of modern family planning method is still low, nowadays only 11%. The causative factors are bad accessibility of health facility, community patriarchy trait, and lack of men's involvement in family planning. Men's involvement does not only help women in using contraception, but also accept and involved in using effective contraception and sustainable [2].

The determinant factor of men's contraception usage is varied. Some researchers contend that place of living can influence men's contraception availability and its service because most of health service provider tends to be in the city. And the explanation of spouse information about the problem of family planning is through newspaper/magajin [3].

Low usage of contraception and contraception needs that are not fulfilled yet still become a big problem. Men reported that they had accepted the information about contraception from their partners, health care program, video, or mass media campaign [4].

Men really influence the choice of family planning. The application of family planning by the community is extremely limited by the gender role and religion objection towards contraception. Most of them are not reached by the family planning education program because of their work time and lack of knowledge about contraception [5].

Based on research result by [6], the factors which influence the usage of contraception method is searching for information behavior, myth, and issues about contraception. The men's lack of access towards information and service are the barriers of using contraception method. The reasons of less KB usage is also scared of complication, lack of understanding about contraception method.

2. Methodology

This review used review method of classification using the guideline from [7] which has five stages. The stage of this scoping review consists of:

2.1. Identifying Research Questions

In this scoping review, the researcher focuses on what factors which cause men' low interest in becoming KB acceptor?

2.2. Identifying Relevant Studies

2.2.1. Eligibility criteria

The criteria of articles that will be searched and used as scoping review sources are managed in the form of inclusion and exclusion criteria, then arranged to select the article as showed in Table 1.

Table 1. Framework Criteria of Inclusion and Exclusion

Criteria Inclusion	Criteria Exclusion
1. Artielces published in 2009-2020 2. Article published in English 3. Research articles 4. Grey literature 5. Full text.	1. Review/comment article 2. Articles with English title but the content is in another language such as spanish, chinese, and so on.

2.2.2. Database

Database used to arrange this scoping review were 4 databases such as Wiley, EBSCO, Science Direct, and PubMed.

2.2.3. The strategy of searching the data and keywords

There are some steps in searching for the article that will be used in accordance with the research purpose and questions. The first stage conducted is entering the suitable keyword with the theme (((("causative factor") AND "low interest") AND men) AND "family palnning") OR contraception and at the search with more than two word syllabes given quotation mark (".....") to specify the literature search, then determining the period of literature search in this study is limited on journals published in the last 11 years and the selected ones were research articles, free full text, or open access.

2.3. Article Selection

In the article search, 205 articles were identified from 4 databases such as Wiley, EBSCO, Science Direct, and PubMed, after filtered for the relevance then obtained 76 relevant articles with the title. The filtering was conducted again based on the abstract, full text, research method, and obtained 7 articles to be taken and reviewed independently

based on inclusion and exclusion criteria. This stage used Prism Flowchart as shown in Figure 1.

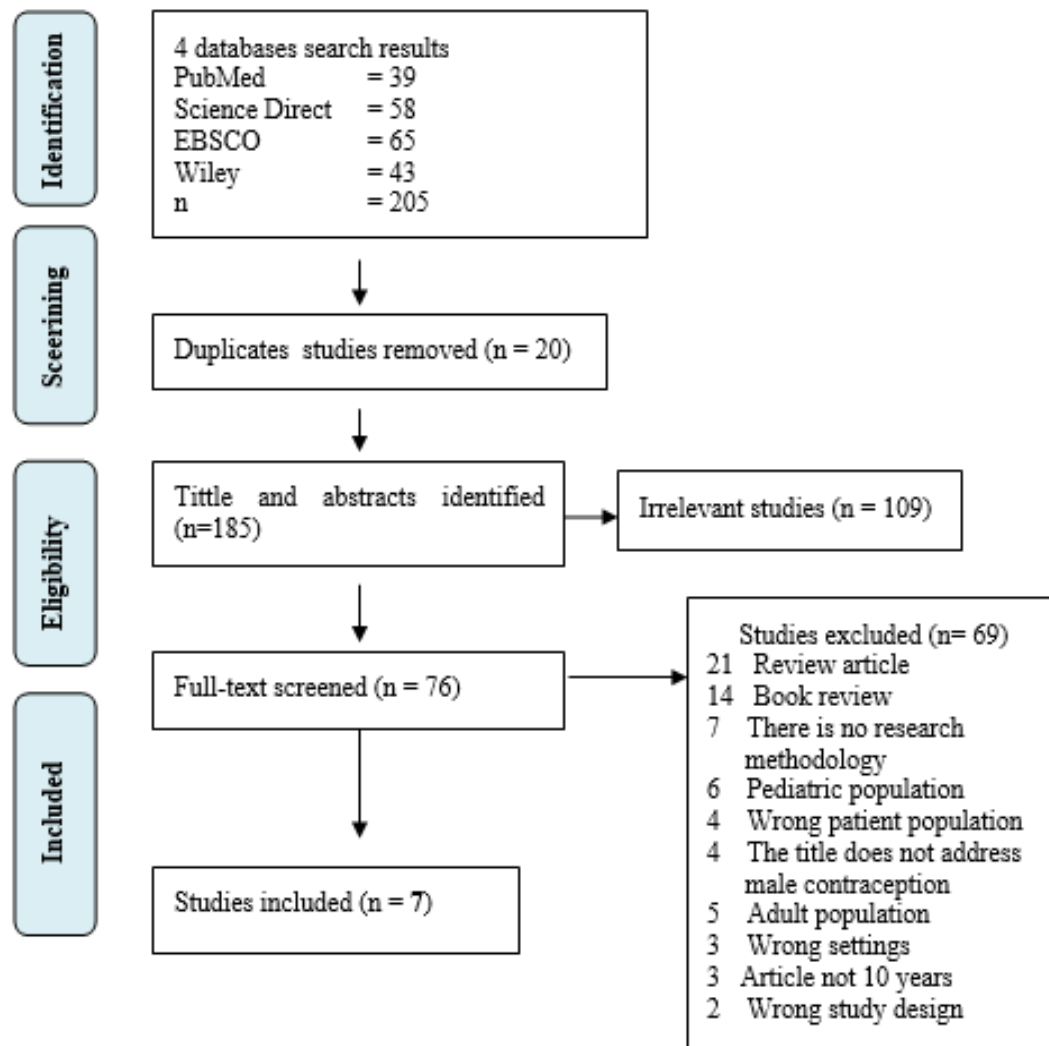


Figure 1. Prism Flowchart

2.4. Charting Data

The researcher sorted, elaborated the selection result in the form of table. Table was grouped to be the author's name, publication year, countries, research design, number of samples and result as explained in Table 2.

2.5. Arranging, Summarizing, and Reporting the Results

In this step, the writher arranged, summarized, and reported the results. First, descriptive numerical analysis was provided which covered total articles, publication year, and study type. Second, the strength and weakness of identified literatures through thematic analysis from the study and inserted in the report. The final phase of this step was reviewing the finding implication and its relation to the research.

Table 2. Charting Data

N o .	Author/Year/ Country/Grade	Study Design / Methods/Sample	Results
1	Stella et al., 2015, Nigeria	Cross-sectional with survey data, 2,358 respondents	Higher education is linked to ideation score improvement around 6,7 points ($P < 0.001$ compared to no education).
2	Adugnaw et al., 2015, North Ethiopia	Cross-sectional with interview, 770 participants.	Almost all variables show significant correlation ($p < 0.05$) for change step in expected contraception usage.
3	S.Abutame et al., 2018, Ghana	Cross-sectional with survey data, Men age 15 to 59 years old.	Men age 15 to 59 years old 26,20% used modern contraception.
4	Anne Dougherty et al., 2018, Uganda	Cross-sectional, with survey data, 178 men.	Ninety eight percent with 73% men reported that they obtained information through radio and only 43% from medical staff. The most general method known by men is men's condom (72%).
5	Tekou B. Koffi et al., 2016, Lomé, Togo	Qualitative with Focus Group Discussion (FGD), 72 men age 18-54 years old through 6 groups of focus group.	Men have specific point of view about family planning based on their knowledge and understanding.
6	Mary Stewart et al., 2017, Australia	Cross-sectional with survey data, 2438 men.	Condom (35%), vasectomy (22%) are the most used in general. Fewer older men used condom compared to young men ($P < 0,0001$).
7	Nityanjali Thummalachett y et al., 2017, Uganda	Qualitative with deep interview, 41 men.	Men reported the knowledge about contraception based on spouse experience about the side effect, from knowledge, health service provider, mass media promotion, and spouse knowledge from their friends.

3. Results and Analysis

Based on data mapping, the results were obtained such as method, country, and theme of selected articles.

3.1. Method

Predominantly of 7 articles used cross sectional method as showed in Figure 1. Qualitative method was used in 7 articles as showed in the following Figure 2.

3.2. Country

Predominantly of selected articles, 86% articles came from developed countries as showed in Figure 3.

3.3. Theme

Out of 7 articles, the writer found the theme used as mapping. The themes are educational factor, religion factor, information source factor, social-culture factor, and age factor.

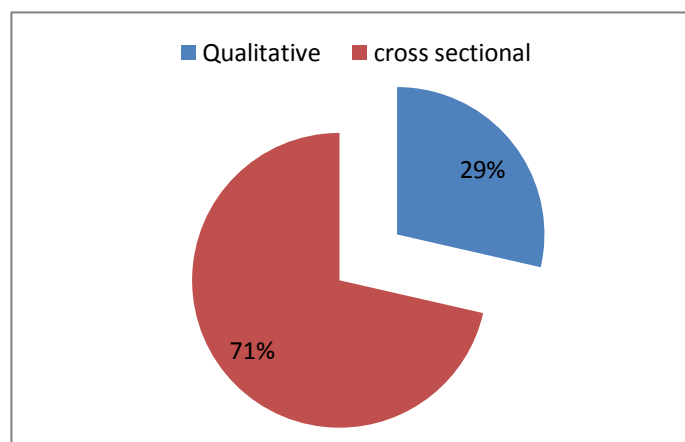


Figure 2. Characteristics of Research Method

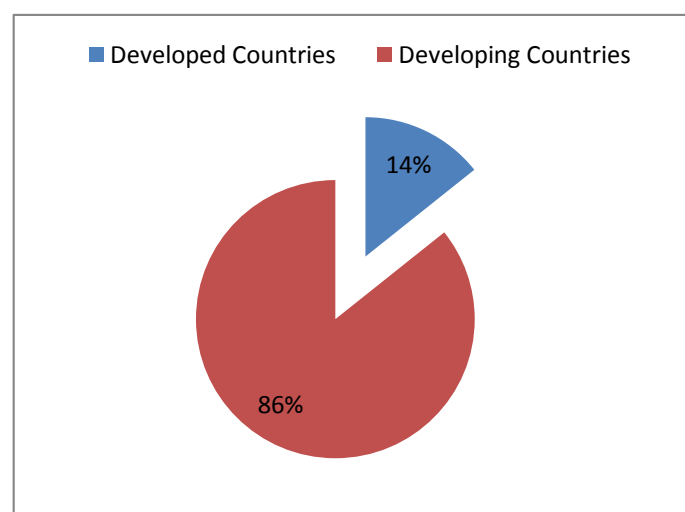


Figure 3. Country Characteristics

4. Discussion

4.1. Educational Factor

Educational level has correlation in contraception usage compared to those without education [8]. It is caused by low educational level can be caused by nomadic culture in which the men move from one place to another because of school dropout. There is strong correlation between educational level of men and their involvement in contraception service, with result $p=0,000$. Men with no education 89 times has smaller possibility of getting involved in contraception service. This is because education tends to improve the men's knowledge about the importance of contraception usage. Men's educational level influences the fertility preference of the spouse thoroughly [9]. Educated men more tend to use modern contraception compared to uneducated men [10]. High educational level has bigger probability of going to contraception service compared to their partners who have low education [11].

4.2. Religion Factor

There is prohibition from religion [12]. Muslim and Vatican leaders against the plan of family planning [13]. That 63% men were found not using condom because of religion reason [14]. The finding that the average score of contraception is lower for Muslims than Christians. Religion factor was found that 45,1% respondents were Catholic, Muslim, 9% [9]. Religion tendency is the main barrier in family planning program [11]. Most of them contend that contraception usage is not in line with their belief and confirms that their responsibility is to deliver baby as many as God wants them to have and religion believes that applying family planning interrupts Allah's plan and rejected the child right to be born [15].

4.3. Information Sources (Mass Media, Health Promotion from Medical Staff)

Most of men show that they are lack of the right information, lack of acceptance about contraception from some medical staff and has low impact [16]. Relatively few men ever heard about contraception from medical staff, and most of men reported that they heard about family plan from media (radio, television, printed advertisement, and so on) [17]. Twenty one percent (21%) men search for information about contraception from media and medical service provider [18]. Men knowledge about contraception is obtained from medical service provider, mass media promotion, or peer friends [4].

Men's lack access towards information and service is the barrier of using contraception method, wrong information such as different family planning knowledge [19]. Men have few interest in participating in family planning [20]. Almost all men (162/178, 91%) say that they know at least one family planning method such as men's condom (105/160, 66%), hormonal contraception that can be injected (87 /160, 54%) and KB Pil (83/160, 52%) [21]. A man who easily gain information about contraception or suggestion tends to have intention to use condom contraception [22].

4.4. Social Culture Factor

Their cultural belief that a husband is the decision maker of family planning in the household [23]. Among the reasons of men's involvement in family planning is culture inhibition such as being ashamed of coming to family planning service [24]. The wrong belief about modern contraception especially such as their fear which causes infertility and cancer. The misunderstanding about contraception danger potency [25]. There is a gap between generation and culture in contraception acceptance, and in the usage of contraception in the community is limited by gender role [5]. Social norm and gender play roles in taking decision to use or not to use contraception. Men have bigger role in taking the decision [26]. In general, it is considered that contraception is only for women [27]. The myth about contraception, the bad side effect, spouse opposition, gender, and social norms [28].

4.5. Age Factor

Men age 45 years old and above tend to use modern contraception compared to young men age 15-24 years old [10]. Older men tend to use condom compared to younger men. Men age above 40 years old, 25% ever used vasectomy [27]. More than a half (51,3%) respondents age 15 – 19 years old use contraception. One per five of age 45 to 49 years old nowadays use contraception [29]. The usage of modern contraception method decreases at age above 24 years old and increase at age 24 years old [30].

5. Conclusion

Based on the 7 articles, gaps are found out that the research about contraception is conducted at developing countries and low participation of men in using contraception

caused by many factors such as educational factor, religion factor, informatin source factor, social culture factor, and age factor until it makes the knowledge and participation of men low in using contraception service.

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