

# FAMILY PLANNING COUNSELING BY VASECTOMY MOTIVATORS (CASE STUDY OF VASECTOMY COUNSELING COMMUNICATION BY MOTIVATORS IN SIATAS BARITA SUBDISTRICT, NORTH TAPANULI REGENCY)

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## **Keywords**

*Keluarga Berencana, vasectomy,  
motivator*

## **ABSTRACT**

This study aims to analyze counseling communication, obstacles faced, and efforts made by vasectomy motivators to prospective acceptors in Siatas Barita District, North Tapanuli Regency, Indonesia. The researcher used several data collection techniques to conduct this study, namely in-depth interviews and observations. The results of this study show that the motivators in the district have met the requirements as effective communicators in counseling. The motivational approach proposed by motivators shows the need for greater encouragement for men to take an active role in Family Planning (KB) programs. Efforts to increase promotion and information related to male family planning through social media, newspapers, and other information sources are important steps that are expected to increase the acceptance and participation of men in family planning programs, so that families can choose the family planning method that best suits their needs.

## **INTRODUCTION**

The Family Planning Program (KB) has a very vital role in the government's efforts to ensure the welfare of the Indonesian people. In addition to education and health programs, family planning is also a crucial step in achieving sustainable development. Family planning not only aims to control population growth, but also to improve family health and well-being. The quality of family planning services is not only limited to the installation of contraceptives, but also includes counseling and interpersonal counseling efforts to family planning participants.

The implementation of the Family Planning (KB) program as one of the government policies in the field of demographics has a significant impact on health development. Therefore, family planning has an important role in efforts to control population growth (Dewi & Notobroto, 2014; Götmark & Andersson, 2020; Gu et al., 2021; Khan et al., 2021). However, the reality is that there are still many couples of childbearing age (PUS) who have not participated in the family planning program. In general,

some of the factors that cause PUS to be reluctant to participate in the family planning program are the inadequate quality of family planning services, limited access to contraceptives, lack of counseling and information delivery, cultural barriers, unmet needs, and groups of women who consistently refuse to use contraceptives both now and in the future (Dewi & Notobroto, 2014).

One of the efforts that can be made to achieve the success of the program is by conducting counseling about contraceptives to the target, in this case the Couples of Childbearing Age (PUS). According to the Ministry of Health, the use of contraception is aimed at limiting the birth rate, and regulating the birth distance, so that it can control the increase in the population. In addition, it is hoped that a healthy and prosperous family will be created and able to reduce maternal and infant mortality due to birth spacing that is too close.

A prosperous family is also an important point in family planning, another goal of the family planning program, namely preventing early marriage, launching small families, then reducing the number of population, and increasing public awareness to use contraception (Bongaarts, 2020; Hellwig et al., 2024; Senderowicz, 2020). In addition to increasing the happiness of the couple, pregnancy planning is also beneficial for the child born, because it improves the quality of care for babies and toddlers. Maximum parenting can benefit toddlers, namely the growth and health of children are well maintained due to sufficient attention, maintenance and nutrition.

However, factually speaking, there are still couples of reproductive age who have not been involved in the Family Planning (KB) program. They have not been involved in family planning due to suboptimal services, limited availability of contraceptives, lack of counseling, and lack of effective Communication, Information, and Education (KIE) implementation from health workers. Some health workers also do not understand enough about the various contraceptive methods available in the family planning program.

Couples of Childbearing Age (PUS) experience delays in using contraception because they are still hesitant in choosing the appropriate type of contraception. The uncertainty felt by PUS indicates their lack of understanding of the available contraceptive options, so it is important to provide counseling to them during their childbearing years. Counseling is an effective means for health workers to provide information and assist PUS in determining the contraceptive method that is suitable for them.

The Indonesian government through BKKBN itself recommends the use of the Long-Term Contraceptive Method (MKJP) because it is considered more economical and efficient than the non-MKJP method. The use of MKJP can not only reduce the cost of expenses, but also reduce the need to visit frequently to get new contraceptives and allow for faster fertility recovery. However, most people still tend to choose temporary contraceptive methods such as pills, condoms, and injections, even though their failure rate is higher than that of Long-Term Contraceptive Methods (MKJP).

The 1994 International Conference on Population and Development in Egypt resulted in a paradigm shift in Family Planning (KB) programs, shifting the focus from population control to reproductive health with an emphasis on reproductive rights and gender equality. As a result, there is a paradigm shift in the National Family Planning program from aspiring to the Norm of Happy Small Families (NKKBS) to carrying a vision to achieve "Realizing Quality Families". A quality family in this context includes aspects such as prosperous, healthy, developing, independent, having an ideal number of children, future-oriented, responsible, harmonious, and having a strong spirituality.

This new paradigm requires men to be aware of their responsibility in ensuring or creating reproductive health for women (wives). Atmoko (2020) said that the development of male contraceptive methods has important significance because more than 40% of women do not achieve the target in the Family Planning program. Every year, about 80 million women face unwanted pregnancies. The dominant contraceptive methods used by women are generally hormonal (injectable, pill, or oral), which if not used consistently, can lead to uncontrolled population growth. In addition, some contraceptive methods used by women do not support their reproductive health, resulting in side effects that can arise from the use of IUDs (intrauterine contraceptives) such as bleeding, or the hormonal

influence of hormonal contraceptive methods on hormonal balance in the body (Ahinkorah et al., 2020; Moreira et al., 2019; Yirgu et al., 2020).

One of the breakthroughs made by BKKBN, in this case the North Tapanuli Regency P2KBP3A Office in increasing vasectomy acceptors, is by empowering vasectomy motivators in various series of counseling events. Motivators are vasectomy participants who have been acceptors for a long time and have a strong desire to help in marketing vasectomy to the community of prospective male birth control acceptors. The motivator will act as a communicator. In communication science, communicators are one of the main elements in achieving effective communication. The communicator acts as a messenger to his communicator.

Kurniawan (2016) conducted research on vasectomy counseling through motivators in conducting vasectomy campaigns for men. This approach becomes more effective and efficient because the driving force uses a persuasive approach and implements a marketing system with various levels, such as rewarding individuals who successfully bring in potential participants and those who are willing to become vasectomy participants.

The experiences felt by the motivators while using vasectomy are certainly a capital for the motivators to carry out persuasive approaches. With the success of this male family planning motivator, it is hoped that there will be an increase in male family planning participants every year. The positive response that the community has to vasectomy is expected to change the minds of other people, especially men, to participate in vasectomy, compared to only the approach of distributing brochures, family planning manuals and through counseling carried out by family planning counselors. After getting information about vasectomy from the Family Planning Extension Officer, the final decision remains in the hands of prospective acceptors, whether they want to use it or not.

The use of strategies through social marketing carried out by vasectomy motivators is expected to be able to campaign for vasectomy through a persuasive approach based on direct testimonials from those who have had a vasectomy first. Persuasive is defined as an interpersonal communication process in which the communicator tries to use symbols to influence the thoughts of the recipient of the message, with the aim of deliberately changing attitudes or behaviors according to the communicator's wishes (Erviani, 2017).

Based on data collected by researchers from the official website of North Tapanuli Regency, [taputkab.go.id](http://taputkab.go.id), North Tapanuli Regency, which is located in North Sumatra Province, Indonesia, has its capital city in Tarutung. The population of this district in 2021 is 320,542 people, with a population density of 85 people per square kilometer. This area is mostly inhabited by people from the Toba Batak ethnicity or tribe.

The majority of tribes in Indonesia adhere to the patrilineal kinship system, one of which is the Batak. The patrilineal system is closely related to patriarchy. The Great Dictionary of Indonesian (KBBI), defines patrilineal as a descendant relationship through male relatives only or fathers, while patriarchy is behavior that prioritizes men over women in a certain society or social group. Based on data from the Central Statistics Agency (BPS), Indonesia's Gender Inequality Index (IKG) in 2022 is still at 0.459. The Gender Inequality Index (IKG) indicates the potential for human development that is missed due to gender disparities in aspects of reproductive health, empowerment, and labor market participation.

The customs and traditions of the Batak people are reflected in the concept of the *nā tulu dalihan* system. Through the pretext of *na tolu*, relationships between individuals will be established regularly, both in the implementation of traditional ceremonies and in daily social interactions. The *nā tolu* system among the Batak Tribe is closely related to patriarchal culture (Siregar, 2017). In this system, women are often considered an inferior group while men are considered a superior group. The role of women in the pretext of *na tolu* is limited only as objects, while men are the dominant subjects. A person's position in the pretext *na tolu* is determined by men, and women are often considered only as complements to men. In the Batak cultural tradition, women are expected to be part of the husband's

family, so all decisions are often determined by men. Consequently, this leads to gender inequality. Given such Batak cultural conditions, the potential for male participation in contraceptive use is an interesting research topic to investigate.

Based on the background that has been described above, this study aims to analyze counseling communication, obstacles faced, and efforts made by vasectomy motivators to prospective acceptors in Siatas Barita District, North Tapanuli Regency. This study is theoretically useful to test the academic experience of researchers, practically as a science about persuasive communication of vasectomy motivators in North Tapanuli, and academically to provide input to the community and related agencies regarding the use of contraceptives.

## **METHODS**

This research uses a qualitative approach. This study chose case studies as a research strategy because it is a process of careful, detailed, and in-depth investigation of a particular program, event, or activity, whether at the level of individuals, groups, institutions, or organizations. The location of this research was carried out in Siatas Barita District, North Tapanuli Regency, North Sumatra Province. The researcher used several data collection techniques to conduct this study, namely in-depth interviews and observations. Then for data analysis techniques, the researcher used the Miles and Huberman (2014) technique which included data collection, data condensation, data display, and conclusion drawing. The researcher also completed this research process with data triangulation.

## **RESULTS**

### **Categorization of Research Findings**

#### ***Extension Communication by Vasectomy Motivators***

The researcher conducted in-depth interviews with informants to understand the communication of vasectomy counseling carried out by vasectomy motivators. The opening question aims to explore the reasons behind the informant's decision to become a vasectomy acceptor and motivator, as well as their post-vasectomy experience. Mr. Ramli, one of the informants, explained that he chose vasectomy after seeing that his wife was not compatible with various female contraceptives, and was encouraged by information from family planning field officers.

Mr. Ramli feels that his family is more harmonious after vasectomy because his wife is healthy again after not using female contraceptives. He then became a vasectomy motivator, inviting others to experience the same benefits. Similar to Mr. Ramli, Mr. Bangun decided to do male birth control after discussing with his wife and getting information from BKKBN officers. At first, Mr. Bangun finally became a vasectomy acceptor and felt that there were no negative effects that he felt.

As motivators, Mr. Ramli and Mr. Bangun often provide face-to-face counseling, both in formal forums and between individuals. Mr. Ramli recalled that he was often invited by relevant agencies to speak on various occasions, explaining the benefits of vasectomy to the audience. Meanwhile, Mr. Bangun not only spoke in the forum, but also delivered personal testimonials to his friends in the daily environment.

The Extension Officer of KB Siatas Barita District, Mrs. Enda, added a dimension to the counseling dimension by uploading video testimonials of motivators to social media, expanding the reach of information. According to him, this step helps reach more potential men as prospective vasectomy acceptors, so they can understand the benefits of this program through real testimonials spread online.

In terms of counseling techniques, Mr. Ramli and Mr. Bangun chose to make the audience comfortable before talking about vasectomy. They start counseling with light jokes or talk about family to create a comfortable atmosphere and reduce sensitivity to the topic of vasectomy. This is expected to make the audience more receptive to the information conveyed.

### ***Communication Barriers in Vasectomy Counseling***

The researcher asked the vasectomy motivators about the difficulties they experienced when conducting vasectomy counseling to the community. Mr. Ramli revealed that many people in remote villages still misunderstand and think vasectomy is the same as castration, which causes them to ridicule or reject the information provided. This is a big challenge for motivators to correct this erroneous view.

Mr. Bangun also faces a similar obstacle, where prospective acceptors still believe in the myth that vasectomy is castration. When trying to explain, he feels embarrassed and often faces laughter or ridicule from the public. However, he remains committed to supporting government programs and making people aware of vasectomy despite the embarrassment and social challenges.

Mrs. Enda, a Family Planning Extension Worker, confirmed that the community's myths and fears about vasectomy, such as concerns about surgical procedures and wives' distrust of their husbands, are the main obstacles in the implementation of counseling. In addition, challenges also come from budget limitations that affect the availability of time for motivators to conduct counseling.

Another obstacle comes from the attitude of wives who often do not support their husbands to undergo vasectomy. Many wives are worried that their husbands will change their behavior after a vasectomy, including concerns about unhealthy eating habits or the possibility of their husbands becoming more liberal in their social behavior. These negative thoughts often prevent husbands from having a vasectomy even though they are actually interested.

Overall, obstacles to vasectomy include wrong public perceptions, limited time and budget for counseling, and lack of support from the wife. Therefore, further efforts are needed to increase understanding and support from the community, especially from the wife's side, through more intensive and comprehensive education.

### ***Efforts to Overcome Communication Barriers to Vasectomy Counseling***

To overcome obstacles in vasectomy counseling, Mr. Ramli suggested that we continue to provide education to the community. The goal is to make it clear that the public's assumption about vasectomy that is contrary to custom, religion, and law is wrong. Continuous education is expected to change public perception and encourage the acceptance of vasectomy.

Mrs. Enda also agreed that continuous education is very important. He emphasized the importance of taking advantage of every opportunity, including meetings in villages and family planning villages, to provide information about male family planning. In addition, the use of social media such as Facebook, TikTok, and Instagram is also an important tool in promoting vasectomy. Mrs. Enda hopes that there will be an adequate allocation of operational costs for male family planning motivators so that they can be more focused and effective in conducting counseling.

Mr. Bangun emphasized the need for coordination with other health sectors, such as Puskesmas and BKKBN, to increase the promotion of male family planning. According to him, the promotion of male birth control is still less compared to female birth control, and there must be greater efforts to keep up with the promotion of the two types of contraception. With balanced promotions, men's roles in family planning can be enhanced, supporting the overall well-being of the family.

The approach proposed by the motivators shows the need for greater encouragement for men to take an active role in Family Planning (KB) programs. However, in practice, the promotion of male birth control is still lagging behind compared to female birth control. Efforts to increase promotion and information related to male family planning through social media, newspapers, and other information sources are very important to highlight the benefits of male family planning for the health and well-being of wives.

Overall, greater concerted efforts are needed to improve vasectomy education and promotion to overcome existing barriers. Coordination between various health sectors, the use of social media, and adequate budget support for motivators are important steps that are expected to increase the

acceptance and participation of men in family planning programs, so that families can choose the family planning method that best suits their needs.

### ***Vasectomy in the Perspective of Religion, Batak Culture and Gender***

The discussion of vasectomy in the midst of Batak culture in North Tapanuli faces various challenges. The Batak tribe, which is predominantly Christian and adheres to a patriarchal system, considers men superior to women. This combination of religion, culture, and gender has led to the notion that vasectomy is forbidden by religion and custom, making people reluctant to do so. Mr. Ramli explained that the task of motivators is to correct these misconceptions, showing that the vasectomy program is not contrary to law, religion, or culture.

Mr. Ramli emphasized that the program recommended by the government has gone through consultation with traditional leaders, religions, and legal experts. Therefore, this program is unlikely to violate the existing rules. Mr. Bangun also spoke about the responsibility of parenthood, emphasizing that having many children without being able to take care of them is also considered a sin. This shows that vasectomy as part of birth control is a responsible action for the happiness of the family.

Mr. Bangun also talked about the change in Batak cultural views that prioritize many children and a lot of fortune. In the modern context, according to him, this view is no longer relevant and the focus must be on good family planning. This reflects a shift in cultural values in the midst of today's economic and social challenges.

The patriarchal culture embraced by the Batak and Karo people also influenced the view of vasectomy. Mr. Ramli stated that although traditional culture encourages having many children, the family's commitment to ideal planning should take precedence. This is to ensure that children's education and welfare can be achieved properly.

Although vasectomy does not affect virility, men are still reluctant to participate in male birth control, tending to impose the task on the wife. Mr. Bangun stated that the side effects of male birth control are less than female birth control, but male awareness and ego are still obstacles. Mrs. Enda also noted that many men with high egos are still reluctant to do birth control even though their wives are not compatible with women's birth control. This shows the need for increased awareness and promotion to increase male participation in family planning programs.

### **Triangulasi**

#### ***Triangulasi 1: Linda Hutasoit, SE, MM***

The researcher asked the first triangulation about the role of vasectomy motivators in family planning counseling activities in North Tapanuli Regency. According to the resource person, there are quite a lot of vasectomy motivators in every sub-district and they are empowered to educate families, especially men, to be willing to become acceptors of MOP (Male Surgery Method). In the 2024 Bangsa Kencana counseling activity, motivators will act as facilitators who explain in detail about vasectomy and overcome fears and myths in the community regarding this procedure.

Mrs. Linda revealed that vasectomy motivators get honorarium as a form of appreciation and encouragement. This honor is expected to increase the interest of other vasectomy acceptors to become motivators. With this incentive, motivators are more motivated to spread information and invite more men to participate in MOP.

However, there are still many Batak men who feel that the use of contraceptives is not their responsibility. A patriarchal culture that considers men superior to women is a major obstacle. Many people still believe in the myth that vasectomy can lower the dignity of men. Therefore, education and socialization about MOP are very necessary, especially through innovative programs such as GEBRAK (Movement of Fathers Involved in Child Care).

Facing these obstacles, continuous counseling is considered an important effort. Education to the community must be carried out periodically to make them aware of the importance of family planning.

Support from community leaders and related sectors is also needed so that the role of men in family planning increases. Programs such as GEBRAK are used to gather the fathers in the village and provide accurate information regarding vasectomy.

The process of counseling and socializing family planning requires a careful and sustainable approach. Making people aware of the importance of family planning is a complex task and requires repeated efforts. Counseling must be carried out in various forums, including family planning villages, to partners, religious leaders, and cross-sectors. Although it is difficult to change people's views regarding cultural, religious, and gender perceptions, the socialization process must still be continued and conveyed to various relevant agencies to ensure that information about family planning is conveyed comprehensively.

### ***Triangulas II: Exaudi Historian***

Mr. Exaudi, a vasectomy acceptor, shared his experience of hearing firsthand testimonies from other vasectomy motivators, such as Mr. Ramli. According to him, listening to first-hand testimonials from those who have undergone vasectomy helps to dispel fear and doubt in society. He revealed that after hearing various testimonials, including from his close neighbor, Mr. Ramli, he was more confident in his decision. He feels grateful that the vasectomy process does not have significant negative effects, as people often fear.

Asked about his views on gender, culture, and contraception, Mr. Exaudi stated that for him, both men and women have an equally important role in family planning decisions, as long as they are well considered with their partners. For her, responsibility in the family is a natural thing, which must be done wisely with a partner to achieve the same goal.

Despite having become a vasectomy acceptor and supporting the importance of family planning, Mr. Exaudi still refuses to be a vasectomy motivator. The reason is that she doesn't feel comfortable actively sharing her personal experiences with others, unless someone asks directly. She expressed concern that her approach might not work for everyone, and she didn't want to be seen as pushing others too much to follow the same steps.

Mr. Exaudi's statement shows that although he has made an important decision for a vasectomy based on the positive experiences he has heard, he still respects the decisions of other individuals and thinks that the approach to sharing personal experiences should be sensitive and in accordance with the wishes of those who receive the information.

## **Discussion**

### ***Extension Communication by Vasectomy Motivators***

Extension communication, which is an important part of the human communication process, is used to disseminate information about innovations or new things to the public so that they are interested and willing to apply it in their daily lives. One example is the government's efforts through BKKBN in promoting vasctomi to the community, which is carried out through vasectomy motivators as the main communicators who bring counseling messages to prospective acceptors.

Vasectomy motivators are considered effective communicators because they are able to convince their audience and master the content of the message conveyed. They are not only a source of information, but also responsible for the success of such communication. Their role in choosing appropriate communication methods and techniques is crucial, as it affects how the message will be received and understood by the target community.

In the context of credibility, vasectomy motivators in Siatas Barita District are considered to have high trust from the community. This is because they are individuals who have undergone vasectomy procedures themselves, so that they can increase public confidence in the information conveyed. In

addition, public speaking skills and motivator adaptability are also important factors in establishing effective communication with the audience.

Attractiveness is also an important aspect in extension communication. Vasectomy motivators use creativity and humor in their counseling, creating a comfortable and supportive environment to build public awareness of vasectomy. This helps in increasing interest and acceptance of the information conveyed.

In addition, the strength or power possessed by vasectomy motivators can also be seen from their ability to import their views to the community, especially in terms of promoting vasectomy as a healthy choice in family planning. By using various available resources, they play a role in changing people's behavior and views on male contraception.

Overall, the role of vasectomy motivators is not only as a conveyor of information, but also as an opinion leader and driver of behavior change in society. By understanding the theory of innovation adoption and applying the principles of effective communication, vasectomy motivators can play a significant role in increasing awareness and adoption of vasectomy in society.

### ***Communication Barriers in Vasectomy Counseling***

The communication of vasectomy counseling by motivators in Siatas Barita District faces a number of obstacles that affect its effectiveness. These barriers are divided into two types, namely those that are directly visible (above waterline) and those that are hidden (below waterline). Visually, physical barriers arise because there is still low exposure to clear information about vasectomy to the public. This results in public awareness of the procedure and benefits of vasectomy is still not optimal, so interest in participating in this program is also low. In addition, perception barriers are also a problem, where some prospective acceptors have a negative view of vasectomy and consider it undesirable.

On the other hand, obstacles that are not clearly visible include the perception that husband and wife have. Many husbands still view the issue of contraception as the responsibility of the wife, not herself. The patriarchal culture and gender views that are still strong in the Batak community are the main obstacles in motivating men to be actively involved in the use of male contraceptives. In addition, the perception of the wife also influences, where there is a concern that the husband who has undergone a vasectomy will be more free to have sexual relations with other people, which is the main reason for the wife's rejection of her husband's vasectomy.

These barriers not only affect participation in vasectomy family planning programs, but also have a significant impact on the overall success of family planning programs. To overcome these barriers, there is a need for a more intensive and sustainable communication approach, which not only provides information but also changes people's perceptions and attitudes towards male contraception. Thus, the active participation of men in family planning programs can increase, in line with efforts to achieve gender equality and justice in reproductive health in Indonesia.

### ***Efforts Made in Overcoming Communication Barriers to Vasectomy Counseling***

Based on observations and interview results, the researcher identified several efforts that have been made to overcome obstacles in vasectomy counseling communication. One of the effective efforts is to carry out Communication, Information and Education (KIE) in the form of repeated counseling. This study shows that structured health education can change people's negative perception of vasectomy to be more positive. In addition, involving religious leaders and traditional leaders in counseling is also an important strategy to overcome stigma and negative issues related to vasectomy from the perspective of Batak religion and culture. The use of testimonials and explanations from these figures can help build trust and clarify the benefits of vasectomy as a wise and responsible contraceptive choice.

The study is also in line with previous findings that adequate knowledge about vasectomy is positively associated with acceptance of the procedure. Therefore, the next challenge is to develop an appropriate KIE model so that the message about vasectomy can be conveyed persuasively and



effectively without causing coercion. This effort is expected to increase the number of vasectomy recipients by providing accurate and comprehensive information to the public, especially to husbands as potential acceptors.

### ***Vasectomy in the Perspective of Religion, Batak Culture and Gender***

- 1) **Vasectomy in Religious Perspectives:** Religious perspectives on vasectomy vary depending on the beliefs and theological interpretations of each religion. Christianity, for example, presents a diverse approach to vasectomy. Some Christian denominations view vasectomy as an acceptable method of contraception provided that it is done wisely and responsibly towards the family, while other Christian denominations may reject vasectomy because it is perceived as human interference with God's will or as a violation of the values of life. An open approach to medical reasons also exists within some Christian traditions, which allows the use of vasectomy when there are strong medical indications.

This view shows how important it is to understand cultural, social, and religious contexts in making medical decisions such as vasectomy. Consultation with religious leaders or spiritual experts in the community can provide deeper insight into how the religious community views and accepts or rejects this procedure. Although the National Population and Family Planning Agency (BKKBN) does not provide a direct view on religious aspects, their approach in supporting contraceptive methods including vasectomy is focused on efforts to control population growth and improve reproductive health, in accordance with local religious and cultural values in Indonesia.

- 2) **Vasectomy in Batak Cultural Perspective:** The view of vasectomy in Batak culture is influenced by the dominant cultural values, traditions, and religious views in society. Among the Batak, who are predominantly Protestant Christians, opinions about vasectomy can vary. Some families or communities may accept vasectomy as a legitimate method of contraception if it is seen as a wise decision in planning for families and children's well-being. However, for those who still hold fast to ancestral traditions and values, vasectomy can be considered a violation of family and hereditary values, because it concerns the importance of maintaining lineage and family sustainability.

The importance of culture and tradition in Batak society emphasizes the need to respect family and individual decisions. In this context, there is a need for open and in-depth discussions about cultural values, religious views, and the need for families to deal with issues such as vasectomy. Comprehensive socialization is needed to clarify the public's views on the relationship between vasectomy and religion, because many people misunderstand that religion prohibits vasectomy, even though it needs to be clarified and better understood in different cultural and religious contexts.

- 3) **Vasectomy in a Gender Perspective:** The approach to vasectomy in the context of Batak culture is heavily influenced by the cultural values, traditions, and religious views that are dominant in the society. Among the Batak who still uphold the patriarchal system, the decision regarding vasectomy is often the domain of the man in the family. This is reflected in the respect given to the husband's decision, while the views of the wife or other family members may influence the decision-making process. Discussions about vasectomy often highlight the benefits and consequences for men, but it is also necessary to consider its impact on women's reproductive health. Although a vasectomy is a procedure performed on men, this decision could affect women's contraceptive choices, giving them more flexible options in planning their families and maintaining their reproductive health postpartum.

The wife's fear of vasectomy is often related to the fear of changes in relationship dynamics and intimacy. The term "cheating" reflects anxiety that husbands who have had a

vasectomy will seek intimacy outside of their relationship, altering relationship dynamics and sexual satisfaction. This perception can be rooted in uncertainty or lack of communication and trust in the relationship, highlighting the importance of building open communication and strengthening trust between couples. Couples therapy or counseling can be a useful source of support for overcoming those fears and strengthening the relationship by facilitating an honest discussion of each couple's concerns, needs, and expectations.

## CONCLUSION

The study concludes that vasectomy motivators in Siatas Barita District are effective communicators in vasectomy counseling, using credibility and humor to create a comfortable atmosphere. They strongly promote vasectomy as a healthier option for men. However, obstacles such as lack of clear information, negative perceptions, patriarchal culture, and the view that contraception is a woman's affair persist. To overcome these, efforts should include increasing KIE, involving religious and traditional leaders, and changing public perceptions. The study can be further developed with new paradigms and methodologies, and can serve as a reference for researchers studying counseling communication, vasectomy, and male participation in Family Planning programs.

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## REFERENCES

- Ahinkorah, B. O., Hagan, J. E., Seidu, A. A., Sambah, F., Adoboi, F., Schack, T., & Budu, E. (2020). Female adolescents' reproductive health decision-making capacity and contraceptive use in sub-Saharan Africa: What does the future hold? *PLoS ONE*, *15*(7 July). <https://doi.org/10.1371/journal.pone.0235601>
- Atmoko, W. (2020). *Vasektomi Metode Kontrasepsi Pria Efektif, Cepat, Aman, dan Mudah*. Jurnal Medika.
- Bongaarts, J. (2020). Trends in fertility and fertility preferences in sub-Saharan Africa: the roles of education and family planning programs. *Genus*, *76*(1). <https://doi.org/10.1186/s41118-020-00098-z>
- Dewi, P. H. C., & Notobroto, H. B. (2014). Rendahnya Keikutsertaan Pengguna Metode Kontrasepsi Jangka Panjang pada Pasangan Usia Subur. *Jurnal Biometrika Dan Kependudukan*, *3*(1).
- Erviani, O. (2017). Teknik Komunikasi Persuasif Dinas Kota Samarinda. *EJournal Ilmu Komunikasi*, *5*(3).
- Götmark, F., & Andersson, M. (2020). Human fertility in relation to education, economy, religion, contraception, and family planning programs. *BMC Public Health*, *20*(1). <https://doi.org/10.1186/s12889-020-8331-7>
- Gu, D., Andreev, K., & Dupre, M. E. (2021). Major Trends in Population Growth Around the World. *China CDC Weekly*, *3*(28). <https://doi.org/10.46234/ccdcw2021.160>
- Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quituzaca, P. B., Masabanda, M., Serucaca, J., Rudasingwa, S., Nyandwi, A., Mulu, S., Rashad, H., & Barros, A. J. D. (2024). Policies for expanding family planning coverage: lessons from five successful countries. *Frontiers in Public Health*, *12*. <https://doi.org/10.3389/fpubh.2024.1339725>
- Khan, I., Hou, F., Irfan, M., Zakari, A., & Le, H. P. (2021). Does energy trilemma a driver of economic growth? The roles of energy use, population growth, and financial development. *Renewable and Sustainable Energy Reviews*, *146*. <https://doi.org/10.1016/j.rser.2021.111157>
- Kurniawan, R. (2016). Pemasaran Sosial "Vasektomi" Pada Pria. *Jurnal Sosiologi USK*, *10* Nomor 2.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative analysis: A methods sourcebook*. SAGE Publications, Inc.

Moreira, L. R., Ewerling, F., Barros, A. J. D., & Silveira, M. F. (2019). Reasons for nonuse of contraceptive methods by women with demand for contraception not satisfied: An assessment of low and middle-income countries using demographic and health surveys. *Reproductive Health, 16*(1). <https://doi.org/10.1186/s12978-019-0805-7>

Senderowicz, L. (2020). Contraceptive Autonomy: Conceptions and Measurement of a Novel Family Planning Indicator. *Studies in Family Planning, 51*(2). <https://doi.org/10.1111/sifp.12114>

Siregar, M. (2017). *Ketidaksetaraan Gender dalam Dalihan na tolu*. An1mage.

Yirgu, R., Wood, S. N., Karp, C., Tsui, A., & Moreau, C. (2020). "you better use the safer one... leave this one": The role of health providers in women's pursuit of their preferred family planning methods. *BMC Women's Health, 20*(1). <https://doi.org/10.1186/s12905-020-01034-1>

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