

Implementation of Male Family Planning Policy Education with Surgical Methods in Men as Reproductive Health Learning

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ABSTRACT

One of the main problems in the Family Planning (FP) program in Sumedang Regency is the low participation of men, especially in the use of the Male Operative Method (MOP) or vasectomy. The contributing factors include limited public knowledge, the stigma against MOP, and the lack of education and access to service facilities. This study aims to analyze the implementation of the male family planning service policy using the Male Operative Method in Jatinangor District, Sumedang Regency, with a focus on policy effectiveness, inhibiting factors, and strategies for optimizing male family planning services. The research method used is a qualitative approach with data collection techniques through observation, interviews, and documentation. Research informants consisted of health workers, family planning field officers (PLKB), Family Planning Assistant Cadres, and male family planning acceptors who use the MOP method. Data analysis was carried out interactively through data reduction, data presentation, and systematic conclusion drawing. The results of the study indicate that the implementation of the male family planning service policy using the MOP method in Jatinangor District has been implemented, but still faces challenges. The main inhibiting factors include limited access to services, limited public understanding of male family planning, a lack of trained medical personnel, and suboptimal coordination between agencies. However, there are also supporting factors, such as supportive government policies and the active role of family planning counselors in several villages.

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1. INTRODUCTION

Population policy is a public policy area with strategic implications for the sustainability of national development. High population growth rates have the potential to give rise to various multidimensional problems, ranging from pressure on public services, increased job demand, to social and economic inequality. Therefore, the Indonesian government has placed population growth control as a key

component of the national development agenda through the Family Planning (KB) program. This program is designed not only to reduce the birth rate but also to improve the quality of family life and achieve sustainable public welfare.

Within the framework of public policy, the Family Planning program is a form of state intervention to regulate public interests directly related to reproductive rights, family health, and human resource development. KB policy has a strong social dimension because it involves changes in community behavior, cultural values, and family relationship patterns. Therefore, the success of KB policy is determined not only by the availability of regulations and technical services, but also by the effectiveness of the policy implementation process at the local level.

One critical issue in the implementation of KB policy in Indonesia is the low participation of men in the program. To date, KB implementation practices tend to place women as the primary subjects, while male involvement remains limited. This situation is reflected in the dominant use of female contraceptive methods compared to male contraceptive methods, including the Male Operative Method (MOP) or vasectomy. This is despite the fact that national family planning policy emphasizes the importance of equal roles and responsibilities between husband and wife in family planning.

The low participation of men in family planning demonstrates a gap between public policy objectives and the reality of implementation on the ground. From a public policy perspective, this situation cannot be understood solely as a matter of individual choice, but rather as an indication of problems in the policy implementation process. The implementation of male family planning policies is influenced by various factors, such as the effectiveness of policy communication, resource availability, the capacity and attitudes of implementers, and the social and cultural conditions of the target community.

Jatinangor District, Sumedang Regency, is an area with a relatively high number of fertile couples. However, family planning participation data shows that male participation in family planning programs, particularly through the use of MOP, remains very low and has tended to decline over the past two years. This phenomenon indicates that male family planning services at the sub-district level have not been optimally implemented. The low number of MOP acceptors reflects that the policies formulated at the national and regional levels have not been fully implemented in accordance with the expected objectives.

In the context of public policy, the failure or ineffectiveness of policy implementation is often caused by weak synergy between implementing actors and a suboptimal policy environment. A male family planning policy using the MOP method not only requires the readiness of health facilities and medical personnel, but also requires persuasive policy communication, a contextual socio-cultural approach, and ongoing cross-sectoral coordination. Without such support, the policy is likely to encounter community resistance and fail to generate significant behavioral change.

The Van Meter and Van Horn policy implementation model provides a relevant analytical framework for understanding the challenges of male family planning policy implementation. This model emphasizes that the success of policy implementation is influenced by six key variables: the policy's size and objectives, resources, the characteristics of implementing agents, the attitudes or dispositions of implementers, inter-organizational communication, and the social, economic, and political environment. Using this framework, the implementation of the male family planning policy can be comprehensively analyzed, not only from a formal policy perspective but also from the dynamics of implementation on the ground.

In the implementation of the male family planning service policy in Jatinangor District, various structural and cultural barriers remain. Structural barriers include limited medical personnel with specialized competencies in implementing MOP, budget constraints, and suboptimal coordination between relevant agencies. Meanwhile, cultural barriers are reflected in the persistent stigma against vasectomy, low public understanding of the benefits of MOP, and the view that family planning is a woman's responsibility. These barriers indicate that male family planning policies have not been fully internalized as public policies responsive to the local context.

Therefore, a study of the implementation of male family planning services using the male operative method (MOP) in Jatinangor District, Sumedang Regency is crucial. This research aims not only to

describe the administrative implementation of the policy but also to analyze in-depth the policy factors influencing its effectiveness. Using a public policy approach and utilizing the Van Meter and Van Horn implementation model, this research is expected to contribute academically to the development of policy implementation studies, while also providing practical recommendations for local governments in strengthening the role of men in family planning programs.

2. METHODS

This research uses a descriptive qualitative approach, focusing on analyzing the implementation of male family planning services using the male operative method (MOP) in Jatinangor District, Sumedang Regency. This approach was chosen because the research aims to deeply explore the policy implementation process, the roles of implementing actors, and the social and institutional contexts that influence public policy implementation.

Spradley (2007) identifies five minimum requirements for selecting good informants: Good informants are fully enculturated in their culture, directly involved in the cultural events being studied, knowledgeable about the cultural context unknown to ethnographers, and have sufficient time to participate in the research; and consistently use their own language to describe events and actions in a manner that is almost devoid of analysis of their meaning or significance. The data sources for this study are interviews and written data sources in the form of male family planning program documents. Interview data were obtained from indigenous communities directly involved in these lifestyles, as well as from community leaders familiar with the history of the tradition. Written data were obtained from government documents in the research area, such as the Jatinangor District profile and documentation in the form of images and videos, as well as several government archives in Jatinangor District, Sumedang Regency.

The research location was selected in Jatinangor District, considering that this area has a high number of fertile couples, but still has a low level of male participation in family planning. Research informants were selected purposively, including the Head of the Family Planning Technical Implementation Unit (UPTD KB), sub-district officials, heads of community health centers (Puskesmas), family planning field officers (PLKB), health workers, and male family planning acceptors. Data collection techniques included in-depth interviews, observation, and documentation studies. Data analysis was conducted interactively through the stages of data reduction, data presentation, and conclusion drawing. The research analysis framework refers to the Van Meter and Van Horn policy implementation model, which encompasses six main variables: policy measures and objectives, resources, implementing agent characteristics, implementer attitudes, inter-organizational communication, and the social, economic, and political environment.

3. FINDINGS AND DISCUSSION

Policy implementation is a crucial stage in the public policy process that determines the success of achieving established objectives. According to Van Meter and Van Horn's (1975:463) policy implementation theory, the success of policy implementation is determined by six main variables: policy standards and objectives, resources, inter-organizational communication, implementing agent characteristics, social, economic, and political conditions, and implementer attitudes. In the context of male family planning (FP) services using the MOP method in Jatinangor District, Sumedang Regency, these six variables can be analyzed to understand how this policy is implemented and its effectiveness in increasing community access and participation in male family planning programs. Research findings obtained from interviews and field observations are then systematically presented in tables for each dimension of policy implementation.

The results indicate that the policy for male family planning services using the MOP method in Jatinangor District has a clear legal basis and targeted policy objectives. However, its implementation has not been optimal. In terms of policy dimensions and objectives, implementers at the sub-district and community health center levels understand the objectives of the male family planning policy, but

this understanding has not yet been fully translated into effective operational strategies to increase male participation. In terms of resources, the limited number of medical personnel with specialized competencies in MOP procedures, along with limited budgetary support and supporting facilities, are major obstacles to policy implementation. This situation has resulted in uneven availability of MOP services across sub-districts.

The characteristics and attitudes of implementing agents demonstrate a commitment to supporting the family planning program. However, this commitment is not fully supported by adequate institutional capacity and coordination. Regarding inter-organizational communication, the study found that coordination between sub-districts, community health centers, and related agencies has not been optimal. Socialization of the male family planning policy remains limited and has not been integrated into a systematic policy communication strategy.

Furthermore, the social and cultural environment of the community significantly influences policy implementation. The persistent belief that family planning is a woman's responsibility and the negative stigma surrounding vasectomy contribute to low public acceptance of the male family planning program. These findings indicate that the implementation of the male family planning policy cannot be separated from the local social and cultural context.

The implementation of male family planning policies in Jatinangor District faces various obstacles stemming from various policy dimensions, ranging from the size and objectives of the policy, available resources, the characteristics of implementing agents, the attitudes of implementers, inter-organizational communication, to economic, social, and political environmental factors. These factors influence the effectiveness of program implementation and the extent to which male family planning services are accessible to male acceptors in need.

The main obstacles to the implementation of male family planning services in Jatinangor District include limited resources, including service facilities, contraceptive availability, budget allocation, and trained medical personnel. Furthermore, suboptimal inter-agency coordination and social and cultural factors also influence public acceptance of male family planning services. To address these obstacles, a more comprehensive strategy is needed, including capacity building and training of health workers, optimizing inter-organizational information and communication systems, and strengthening community-based approaches to increase public understanding and support for male family planning programs. The implementation of male family planning services in Jatinangor District still faces various obstacles that affect the effectiveness and coverage of services. To overcome these obstacles, a comprehensive solution is needed, utilizing a policy-based approach, resources, program implementation, inter-agency coordination, and community empowerment.

A comprehensive and contextual solution to address these obstacles will ensure more effective and sustainable policy implementation. Identifying obstacles to the implementation of male family planning services in Jatinangor District requires appropriate solutions to improve the effectiveness of policy implementation, in accordance with the Van Meter and Van Horn theoretical framework. The solutions formulated to overcome the obstacles to the implementation of male family planning services policies in Jatinangor District are presented systematically. 1) Strengthening the socialization of policies in a targeted and sustainable manner through cross-sector activities, community forums, and easy-to-understand communication media, emphasizing the goals, benefits, and long-term impacts of male family planning services. 2) Optimizing resources through collaboration with referral hospitals, increasing the capacity of health workers through training, and strengthening planning and budget support for male family planning programs at the district level. 3) Improving the competence of implementing agents through ongoing coaching, managerial and technical training for family planning programs, and mentoring from agencies with greater experience. 4) Strengthening the commitment of implementers through affirming roles and responsibilities, improving internal coordination, and coaching to encourage responsive and community-oriented service attitudes. 5) Strengthening coordination mechanisms through regular cross-agency meetings, establishing clear communication channels, and developing simple information systems to support data exchange and reporting on male

family planning services. 6) Community-based approaches involving community and religious leaders, strengthening education based on local values, and communication strategies that are sensitive to the social and economic conditions of the community.

4. CONCLUSION

In the implementation of male family planning (FP) services in Jatnangor District, the most dominant dimension influencing the success of policy implementation, according to the Van Meter and Van Horn model, is resources, particularly the availability and quality of health workers and service infrastructure. When medical personnel are limited and not fully trained, and family planning service facilities are not evenly distributed across villages, policy implementation is significantly hampered. The least dominant or least influential dimension is the attitude or disposition of implementers. Although implementers' attitudes are generally positive toward the male family planning program, without adequate resources, strong coordination, and clear communication, these attitudes are unlikely to significantly impact overall service quality.

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