



Implementation of Program to Increase Men's Participation in the Use of Vasectomy Contraception

Ilham Syahputra *, Hidayat & Ratih Baiduri

Social Anthropology Study Program, Postgraduate,
Universitas Negeri Medan, Indonesia

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* email correspondence: latbangbkkbn@gmail.com

Abstract

This study aims to find out how to implement a program to increase the use of vasectomy contraception, to identify the implementation of vasectomy contraceptive services and to know the role and function of stakeholders in the implementation of vasectomy contraceptive use policies. This research was conducted through a qualitative research with a descriptive approach conducted in Tanjung Morawa Sub-District, Deli Serdang Regency. The research informants were determined by purposive sampling technique by involving the Department of Family Planning program manager in Deli Serdang District, family planning counselors, family planning cadres and acceptors (users) of vasectomy contraception. Research data collection were done through interviews, observation and documentation studies. The results indicates that the management of family planning programs was based on the mandate of Law No. 52/2009 where the government through the National Population and Family Planning Agency (BKKBN) carries out the function of controlling population and organizing family planning (KB) programs. In managing the vasectomy family planning program in Tanjung Morawa Sub-district, Deli Serdang Regency, there were several parties that have an important role in disseminating information and facilitating vasectomy services such as the Population Control Office, Family Planning and Women's Empowerment, Deli Serdang Regency Child Protection, Family Planning Extension, Family Planning Motivators and Family Planning Cadres. Strategy of vasectomy service for free, mobile services as well as the provision of incentives for vasectomy acceptors were able to attract men's interest to be involved in family planning programs as users of vasectomy contraception.

Keywords: Policy Analysis, Participation, Vasectomy

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INTRODUCTION

The population still becomes a big task for Indonesia, especially the overpopulation problem that has not yet been matched by an increasing in quality human resources. The large population will be an asset in the national development process, but on the other hand it can become a burden of development if human resources are low. Indonesia occupies the position as the fourth most populous country in the world after China, India and the United States (BKKBN, 2015).

The high rate of population growth gives an impact on the emergence of various problems such as high poverty rates, limited food availability, high unemployment rates, crime and so on. Population growth is closely related to the ability of the state to fulfill the various needs of its citizens. Without the management and control of the population, the state burden will be heavier to provide the basic needs needed by the society, such as the provision of health facilities, provision of school facilities, adequate housing and so on. Therefore, it is necessary to make efforts to control population growth, one of which is through the implementation of family planning (KB) programs.

A national family planning program was introduced in 1968 during the Soeharto era and until now it is still being implemented with efforts to increase the use of contraceptives to control population growth. Various types of contraceptive methods are introduced to the community through socialization or counseling of family planning programs to increase the participation of couples of childbearing age (PUS) in the use of contraception, but heretofore the use of contraception is still dominated by women as the biggest contraceptive users.

Based on survey data of the National Population and Family Planning Agency (BKKBN) in 2018 indicates that in

Indonesia the use of male contraceptive methods such as vasectomy is only 0.3% and condoms are 3.0%, while other contraceptives used by women such as injections are 53.5%, pills 20.3%, family planning implant/implant 8.8% and tubectomy 5.8% (BKKBN, 2018). This condition shows that in Indonesia the participation of men as contraceptive users is still very low compared to other countries such as Iran (12%), Tunisia (16%), Malaysia (11%) and United States (32%) so it needs an effort to encourage the participation (Rizkitama, et. Al, 2015).

The development of family planning programs in Indonesia has been directed towards being gender responsive. It is consistent with the agreement at the 1994 international conference on population and development in Cairo, where the population and family planning development program not only prioritizes the reduction in birth rates, but must also be oriented to the fulfillment of individual reproductive rights, gender equality and male participation in the program. Indicators of successful development of a gender responsive family planning program include, the increased male participation in family planning, increased husband's knowledge and awareness about the handling of reproductive health issues such as infertility and sexually transmitted diseases, and an enhancement in husband's participation in maintaining infant survival, child and mother (Bappenas, 2002).

Husband and wife have a shared role and responsibility for family planning, ranging from the number of children desired, the use of contraceptive methods agreed upon by husband and wife and adjusted to health conditions, to preparation for the child's next pregnancy. The role of the husband is highly demanded in family planning to decision making related to the reproductive health of both parties. But in the reality of life, it seems clear that the role of men in family

planning matters has not been so great yet.

The low participation of men in family planning is caused by the implementation of family planning programs which are more directed at women as their main targets (Bunyamin, 2014). In addition, men's knowledge about family planning programs also influences men's participation in family planning (Musafaah et. Al, 2012). Therefore, efforts are needed to increase men's knowledge and awareness about the importance of family planning programs. The higher knowledge men have, the higher level of men's participation in family planning (Wahyuni, et. Al, 2013). The role of family planning officers in promoting vasectomy contraception is very much needed to increase men's participation in family planning. Another thing that affects men's participation in family planning is the existence of wife's support so that the husband uses vasectomy contraception (Widoyo, et. Al, 2011).

Vasectomy as a contraceptive method for men is a medical procedure in the form of a small operation performed by cutting and binding the vas deferens channel (sperm transport channel from the testis to the penis) so that at the time of ejaculation sperm cannot flow. Vasectomy is a very effective family planning procedure for men to prevent pregnancy with a very high success rate because it is permanent. Vasectomy contraceptive methods also do not cause erection problems, and do not affect sexual libido and are inexpensive because once surgery can be effective forever (Chomsatun, et. Al 2013).

Increased male participation in the use of vasectomy contraception is closely related to the management of the family planning program. Based on Partiansyah, the management of a program is related to policies that are oriented to the interests of the community aimed at overcoming problems and meeting the demands and needs of the community. In its implementation, a management of a

program will involve many stakeholders as actors who influence its implementation (Partiansyah, 2016).

Local government policies have influenced the implementation of the family planning program as happened in Malinau District, North Kalimantan Province, where the local government suggested the birth of 4 children is better and stopped providing contraception from the government so that people who want to have family planning have to access it in the private sector. The policy has an impact on decreasing the use of contraception in that area (Bawing, et. Al, 2017).

The implementation of the program to increase male participation in the use of vasectomy contraception is analyzed by structural functional theory, where the theory considers society as part of a system in social structures where each individual occupies a certain status in the structure of society, with various rights and obligations attached as role in that status. Functional structural theory considers that the structures and institutions in society will function well to meet the needs of the community. A rule system will be functional if it can meet the needs of groups or individuals in society (Saifuddin, 2005).

The family planning program that has been carried out so far has provided equal space and opportunities for men and women to be actively involved in family planning through the use of contraception, but the use of contraceptive methods for men, especially vasectomy is still very small, therefore efforts are needed to increase participation of men in family planning especially as users of vasectomy contraception. Based on the description above, it is important to conduct research how the implementation of the program is carried out to increase male participation in the use of vasectomy contraception in Tanjung Morawa District, Deli Serdang Regency.

In Tanjung Morawa Sub-District, Deli

Serdang Regency, it is known that until 2019 there were 587 acceptors (users) of vasectomy contraceptive methods. In the area there were also vasectomy acceptors who won the sustainable competition at the North Sumatra Province in 2018, in addition there was also a vasectomy KB group in Tanjung Morawa District. Thus it can be assumed that the management of the vasectomy family planning program in the region is going well, For this reason, further research is needed to find out.

RESEARCH METHODS

This research used qualitative research with a descriptive approach. Qualitative research is research that seeks to interpret, interpret phenomena based on people's viewpoints. Qualitative research begins with assumptions that shape the research problem (Creswell, 2015).

In this study the informants were determined based on purposive sampling technique (Moleong L, 2005). Informants were chosen based on their ability to provide information to answer the problem formulation in this study. Informants in this study amounted to 9 people, consisting of 1 Head of Division (Kabid) managing the Serdang Regency family planning program, 1 family planning counselor in Tanjung Morawa District, 1 family planning cadre and 3 married couples who used vasectomy contraception methods.

In this research data were collected through interviews, observations and documentation studies. Data analysis used in this research was to reduce data, to categorize data, to synthesize and to formulate certain statements. The data obtained in this study identified any data that has meaning and relationship with the focus and problem of research. This research was conducted in Tanjung Morawa Sub-District, Deli Serdang Regency, North Sumatra Province.

RESULTS AND DISCUSSION

Institutionality of family planning Program Managers

The family planning program is technically managed by the BKKBN as a non-ministerial government agency responsible to the president. At the North Sumatra provincial level, the management of family planning programs is carried out by the North Sumatra provincial BKKBN Representative, which is a vertical institution of BKKBN.

At level of the district / city government level, the management of family planning programs is carried out by local governments with different institutions. This condition is influenced by regional autonomy so that the family planning program becomes an integrated part of other programs, such as in Deli Serdang District which is managed by the Population Control Office, Family Planning and Women's Empowerment, Child Protection. At the District level, family planning program management is carried out by family planning counselors who are BKKBN employees who are empowered by the regency / city government, while at the village government level, the management of the family planning program is carried out by family planning cadres spread throughout the village.

The Department of Population Control, Family Planning and Women's Empowerment, Child Protection of Deli Serdang Regency are local government agencies that are responsible to the Regent in managing the family planning program. The implementation of the family planning program is managed using Deli Serdang Regency APBD, while it is also sourced from the State Budget of BKKBN Representative in North Sumatra Province for certain types of contraceptive services such as vasectomy.

The family planning program management structure is shown in Figure 1 as follows.

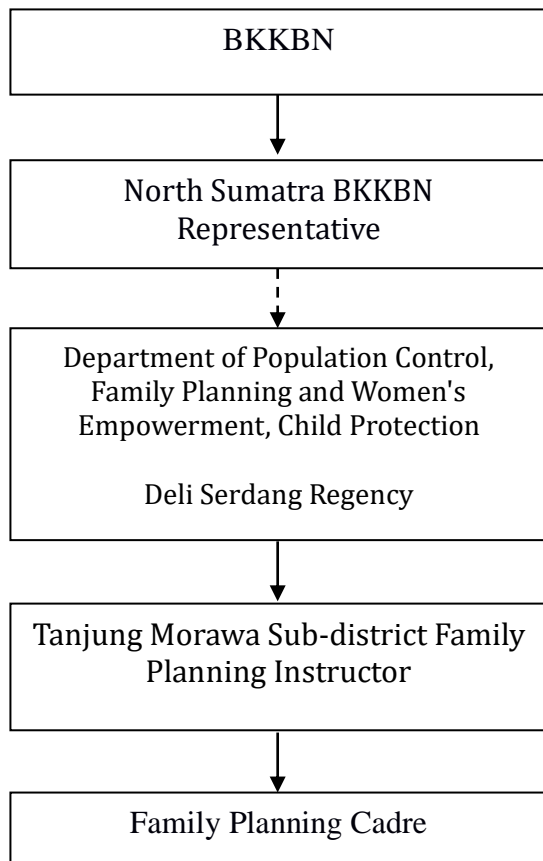


Figure.1 KB Program Management Structure

Family Planning Program Management

Family planning is an effort to regulate child birth, birth spacing and ideal age for childbirth and to regulate pregnancy carried out through promotion, protection, and assistance adjusted to the reproductive rights of each individual to be able to realize a quality family. The legal basis for managing a family planning program in Indonesia is based on Law Number 52 of 2009 concerning Population Development and Family Development.

Based on this law, the government made a policy on family planning program management in accordance with article 20 which reads: "to realize a balanced population growth and quality family, the government established a family planning policy through the implementation of a family planning program".

In addition, Article 56 paragraph 1 reads: "BKKBN is tasked with carrying out population control and organizing family

planning".

Family planning program policies have the aim of maintaining health and reducing mortality in mothers, infants and children; improving access to quality information, education, counseling, and family planning services and reproductive health. It also aims to increase male participation in family planning practices.

Through this law, the government is obliged to increase access to quality information, education, counseling and contraceptive services through the provision of various types and methods of contraception in accordance with the choice of couples of childbearing age and balance the needs of women and men. It also must provide complete and accurate and easily accessible information about side effects, advantages and disadvantages of contraception, including its benefits. Dissemination of information about contraceptive services is carried out by the Population Control Office, Family Planning and Women's Empowerment, Child Protection in Deli Serdang Regency to the village level in accordance with the institutional management of the family planning program.

In the vasectomy family planning service, the Population Control, Family Planning and Women's Empowerment, Child Protection Office of Deli Serdang Regency will coordinate and consult with BKKBN Representative in North Sumatra Province to determine the time and location of the vasectomy family planning service, while funding for these activities is sourced from State Budget of BKKBN Representative in North Sumatra Province and from Regional Budget of Deli Serdang Regency. The following information was conveyed by informants of the Head of the family planning Serdang Regency, Mrs. Mahriana: "... for vasectomy family planning services, we coordinate with the province (BKKBN of North Sumatra Province) when and where the right location is for vasectomy services. Usually

in areas that have the potential to get vasectomy acceptors, are such as in Tanjung Morawa Subdistrict, Percut Sei Tuan or Hamparan Perak. For funding activities, some are sourced from the state budget and regional budget of Deli Serdang Regency, as in 2018 we conducted vasectomy services with funds from the regional budget of Deli Serdang and the permanent executors were from BKKBN Representative in North Sumatra Province because we did not have expert medical staffs. The availability of regional budget for family planning services also depends on the ability of the region ... "

The Department of Population Control, Family Planning and Women's Empowerment, Child Protection of Deli Serdang Regency then coordinated and mobilized family planning counselors in district-level, to family planning cadres in village level to be actively involved in conducting family planning vasectomy counseling and to look for potential candidates for vasectomy acceptors. This was stated by informant Ibu Mahriana as follows: "... before we carry out vasectomy services, coordination must be carried out with family planning counselors and family planning cadres in the village. They do socialization and explain to the public about vasectomy. They are also looking for candidates for vasectomy acceptors ... "

Informant of Tanjung Morawa Sub-Family Planning Instructor, Mrs. Sukmawati Tarigan, conveyed information about her involvement in vasectomy family planning services. As he conveyed the following: "... for vasectomy family planning services there is usually a notification letter from the Deli Serdang family planning Office, then it is forwarded to the District family planning Instructor up to the family planning Cadre in the village that there will be vasectomy services on the date in the designated villages. So family planning counselors and cadres do counseling assisted by family planning motivators ... "

The socialization of the vasectomy family planning program is an important thing to do to get prospective vasectomy acceptors. Communication skills are absolutely necessary in the process. The following information was conveyed by Sri Astuti's informant as a family planning cadre related to her role in the vasectomy family planning service: "... I usually invite people to take a vasectomy birth control. I will see how many children they have and what kind of work they have. If the children are more than 3 people and they have uncertain work then I invite vasectomy for family planning. I explained about vasectomy with his father, if he didn't want to, I would say it to his wife, usually later his wife would talk (talk) with her husband to take a vasectomy family planning ... "

The counseling of the vasectomy family planning program that has been carried out so far has proven capable of capturing vasectomy acceptors. This is as revealed by the vasectomy acceptor, Mr. Agus Salim Lubis, as follows: "... before the operation was done, it was firstly explained to the person (family planning instructor / family planning motivator) where (how) the operation was, then what the side effects are ..."

The information was also conveyed by informant Mr.M.Sidik (vasectomy acceptor) : "... I know vasectomy from the sub-district official (family planning counselor) Sahrul, explained what vasectomy is, what the advantages and disadvantages of vasectomy are. He has also been vasectomized, so I am interested ... "

Another informant explained that he knew about the existence of vasectomy KB services from the family planning cadres in his village. The informant, Mr. Yusuf Armadi stated as follows: "... the time (when) there was a family planning cadre who said that there would be a vasectomy family planning service. So I was invited to join the program. He explained what

vasectomy is and I also learned it myself, I looked for other information from the internet before I joined vasectomy ... "

The socialization of the vasectomy family planning program is not only conveyed to men (husbands), but also to women (wives) as partners. This information was known from the results of interviews with informant, Ms. Ani Irawati who is the wife of the following informant Mr. M. Siddik: "... the time (when) I was pregnant with my third child (in 2010), just found out if there was a male birth control. Dikasi (was told) by the people of the sub-district (family planning Extension Sub-district), but I was also confused when (when) where (how) the family planning was, whether any side effects or not. That was the first time I knew about male birth control (vasectomy) ... "

The informant, Ms. Rosmaini also got information about vasectomy from the family planning cadre in her village. The following information was conveyed: "... before the father joined the family planning program (vasectomy), there was a request (to tell) the mother that he (the father) wanted family planning. Indeed, I have never heard of a male birth control program before, just found out that it was just right when it was said... "

Strategies for Increasing Men's Participation in the Vasectomy Family Planning Program

Strategies carried out to attract prospective vasectomy acceptors, are provided free services and carried out in locations close to where the prospective acceptor lives. It was done to facilitate access to family planning services at the same time to increase the number of male family planning membership. The Department of Population Control, Family Planning and Women's Empowerment, Deli Serdang District Child Protection and the BKKBN Representative of North Sumatra Province as the manager of the vasectomy family planning program

synergized to perform services in a mobile manner by using a family planning service unit car and visiting areas with potential prospective vasectomy acceptors.

The "proactive" service is able to attract prospective acceptors. The following information was submitted by Mr. Agus Salim (vasectomy acceptor): "... I joined the family planning program (vasectomy) in 2015. At the time the operation was at Mitra Sehat Hospital, near my house, I had free family planning, I didn't pay anything ..."

The same information was also conveyed by informant Ms. Nurlely who is the wife of Mr. Agus Salim Lubis. The following are the results of the interview: "... before you didn't know that he (husband) was already in family planning. He (husband) said that his brother had taken a family planning (vasectomy) at Mitra Sehat Hospital, he said. Sister asked if there is a family planning program for men, it is said in the hospital that he (husband) joins ... "

In addition to providing free and easy accessible services, another strategy undertaken was by providing incentives in the form of cash as much as Rp. 150,000. Giving money is intended as a substitute for the cost of rest during the healing process because the vasectomy acceptor cannot work as usual. The information was as revealed by the informant Ibu Sukmawati (family planning counselor), as follows: "... after the acceptor has finished receiving vasectomy services, an incentive money of Rp. 150,000 as a substitute for rest money during the healing process ... "

The same information was also conveyed by the informant Mr. M. Siddik (vasectomy acceptor) as follows: "... after the operation was completed there was a giving money of Rp. 150,000, but I don't want to join the family planning program because of the money, even if there isn't money I still go because I don't want to have more children because of economic problems ... "

Regarding vasectomy family planning services was provided for free, expressed by the Head of the family planning division in Serdang Regency, Ms. Mariana as follows: "... vasectomy family planning services are provided for free, because it has been borne by the State Budget through the Provincial BKKBN, and acceptors are given an incentive of Rp. 150,000 as rest money during the healing period of 2 days ... "

There are several conditions for men who want to become vasectomy acceptors, namely not wanting to have more children, having received information and counseling about vasectomy, obtaining partner's approval (wife), physically and mentally healthy, age of the youngest child over 3 years, wife's age at least 25 years old. This is as stated by the Head of Family Planning Division, Mrs. Mahriana as follows: "... for vasectomy, it must be ensured that the prospective acceptor is sure he does not want to have more children, because vasectomy is permanent, in addition it is also seen by the wife's age, if too young or his wife has menopause. then it will not be served, or if from the doctor's examination there are other health problems in the prospective acceptor also will not be vasectomy ... "

Level of Male Participation in The Use of Vasectomy Contraception Methods

Based on data from the family planning Extension Office in Tanjung Morawa District, obtained information that until 2019 the number of vasectomy acceptors in the area were 587 people or 1.9% of the total number of family planning participants available. The percentage of vasectomy contraceptive users in the region is greater than the percentage of vasectomy user achievements at the national level which is only 0.3%. Other information also states that vasectomy family planning services in the region always exceed the targets set. It indicates that vasectomy is a method of

contraception that is popular with men in these areas.

The following information was conveyed by an informant, Mrs. Sukmawati Tarigan: "... for 2018 there were target of 6 vasectomy acceptors, at that time we were able to serve 35 vasectomy acceptors. So it is more than 100% achievement, family planning services are often held exceeding the target set ... "

In Law No. 52 / 2009 according to article 54 paragraph 1 which reads: "In the context of population control and the implementation of family planning in the regions, the regional government has established a Regional Population and Family Planning Agency, hereinafter abbreviated BKKBD at the Provincial and Regency / City levels."

The establishment of BKKBD has the duty and function to carry out population control program, as the organizer of the family planning program at the Provincial and Regency / City levels so that the BKKBD has a functional relationship with the BKKBN. However, with regional autonomy, the institutional management of family planning programs at the district / city level is different because it is the authority of the regional government.

In Deli Serdang district government, the management of the family planning program merged with the women's empowerment and child protection program. It has an impact on the smaller institutional capacity. It also has an impact on the availability of budgets originating from the Regional Budget for managing family planning programs which are getting smaller, so that for vasectomy family planning services depends on the financing of the North Sumatra BKKBN Representative Budget, so that if vasectomy services are not carried out by BKKBN Representative of North Sumatra, the target acceptor achievement targets in Deli Serdang Regency will not be achieved, due to the lack of budget from the Regional Budget for family planning services.

The local government has so far carried out the coordination and consultation function of the family planning program to the BKKBN Representative of North Sumatra Province, but the Population Control, Family Planning and Women's Empowerment, Child Protection Agency of Deli Serdang Regency is fully responsible to the Regent for being an institution owned by the regional government.

The institutional structure of the management of the family planning program is tiered into a unified system that moves the family planning program from the top level to the grassroots community. This condition shows that the roles and functions of the family planning program manager, family planning instructor, family planning motivator and family planning cadre have been running as expected. Each of them carried out their role in disseminating information on family planning programs and looking for potential candidates for vasectomy acceptors.

Disseminating information on family planning programs, especially vasectomies, will be able to increase men's participation in family planning matters. Various policies carried out such as free vasectomy family planning services, "proactive services" that facilitate access to vasectomy services as well as providing incentives for vasectomy acceptors are attractive as an effort to increase the number of vasectomy acceptors.

CONCLUSION

The program to increase the role of men in the use of vasectomy contraception is needed to support a gender responsive family planning program. The strategy carried out by involving family planning counselors, family planning cadres and family planning motivators in the field can increase the knowledge of couples of childbearing age about vasectomy. Free and mobile services and the provision of

incentives were able to attract acceptors to use vasectomy contraception. The higher level of male participation in family planning programs will have a positive impact to eliminate the stigma that family planning programs are identical as women's business. Husband and wife as couples of childbearing age have the same rights and obligations to maintain their reproductive health in accordance with their own health condition and needs.

Through the dissemination of information, the family planning program provided an alternative choice for couples of childbearing age to choose the types of contraception that can be adjusted to their health conditions. Therefore, the efforts were needed to continuously campaign for various types of contraception so that the roles of the Office of family planning program managers, family planning counselors, family planning motivators and family planning cadres provide tangible benefits in fulfilling information needs and facilitating family planning services based on community needs. Therefore, the use of contraception by the community was done voluntarily on awareness to regulate the number of children and the ideal birth spacing.

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