Deconstructing Masculinity in Gender Equality Campaigns (Study of Participation of Men with Family Planning in DRPPA Penyamun Pemali Bangka)

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ABSTRACT

The current family planning (KB) program approach not only aims to control the population and reduce fertility levels, but also to ensure the fulfillment of reproductive rights. Men's participation in this program is considered important because they are women's partners in matters of reproduction and sexuality, so responsibility must be shared equally between men and women. This research aims to identify how the local government carries out deconstruction in the gender equality campaign in the Penyamun DRPPA, Pemali District, Bangka Regency, as well as to understand community perceptions of men's participation in family planning programs. This research method is a descriptive qualitative study, using data collection through FGD, in-depth interviews, observation and documentation studies. The research results show that the campaign for men's participation in family planning is carried out through advocacy, communication, information and education (KIE), but it is still more aimed at women. Even though there have been deconstruction efforts from the central to the village level, men's participation in family planning has still not reached an adequate level. The public's perception of men's participation in family planning in Penyamun Village is still limited to the level of knowledge, because the campaign carried out only brings changes in knowledge. Factors such as patriarchal culture, religion, and shame play a role in maintaining the role of family planning among women.
INTRODUCTION

The current family planning program approach does not only focus on population control and reducing fertility but is also directed at fulfilling reproductive rights. And men's participation in this matter is important because men are women's "partners" in reproduction and sexual matters, so men and women must share responsibilities, said the Acting Deputy for Family Planning and Reproductive Health at the BKKBN, Dwi Listyawardani when opening the Webinar on Increasing Family Planning Participation. Men: Time for Men to Act, Thursday (23/07/2020). (Dina Manafe, 2020)

Based on the 2017 SDKI, men's use of modern contraception in Indonesia increased by only 0.6 percent, meaning that every year the use of modern contraception in men increases by 0.12 percent. BPS noted that MOP users from 2019 – 2020 decreased, from 30,165 to 25,658, while condom users increased to 3 percent. And based on New SIGA BKKBN data in 2022, the achievement of male family planning participation was 2.48 percent or only met 46.52 percent of the target set at 5.33 percent (Ronggo Astungkoro & Erik Purnama Putra, 2023). This shows sad data that men's participation in family planning programs is much lower, because there are still many families who think that family planning is a woman's business, men's knowledge about male family planning is still low, rumors circulating in society that vasectomy is castration, and social views, culture and religion regarding vasectomies are challenges in increasing male family planning participation.

Efforts to increase male participation continue to be made but data shows that the increasing trend has not achieved the expected results. Men's participation in family planning programs in Indonesia has increased slowly from year to year. This is due to various factors, including minimal access to health services, social order, and negative rumors about the use of contraception for men. (Anugrah Andriansyah, 2020)

In the implementation of men's Family Planning program participation so far, the most glaring gender issue is that men's access to family planning information and services is still very limited (only 39% of men know about vasectomies and more than 88% know about various family planning methods for women, and consider family planning as a woman's business). Male family planning participants only made up 1.3% of the total 58.3% of family planning participants. Until now, there are still very few men who know the benefits of family planning for themselves and their families. Husbands are still dominant in family planning and reproductive health decision making.

In the 2020-2024 Ditjalsus Strategic Plan, the low level of male family planning participation is a strategic issue in Indonesia and requires special attention in the development of the Family Planning Program (BKKBN, n.d.). The percentage of male family planning participation which is the number of active male family planning participants (MOP and condoms) compared to the number of age couples Subur (PUS), based on the 2017-2021 SDKI data, it is known that in 5 years the increase was not significant, only experiencing an average increase of ± 0.2 percent per year.
Likewise in the Bangka Belitung Islands Province, especially Kab. Bangka's low male family planning participation is also a problem in the penetration of family planning programs. As in the table below, over the past 5 (five) years the increase in male family planning participation has not increased significantly, the increase only revolves around the use of condoms and low levels of MOP (vasectomy), for details see the table below.

Table 1. Male Family Planning Data in Kab. Bangka

<table>
<thead>
<tr>
<th>No</th>
<th>Description</th>
<th>Year 2017</th>
<th>Year 2018</th>
<th>Year 2019</th>
<th>Year 2020</th>
<th>Year 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Couples of Childbearing Age</td>
<td>56,304</td>
<td>51,351</td>
<td>55,304</td>
<td>51,017</td>
<td>53,069</td>
</tr>
<tr>
<td>2</td>
<td>Active Family Planning Couple</td>
<td>35,376</td>
<td>39,158</td>
<td>48,760</td>
<td>39,134</td>
<td>41,968</td>
</tr>
<tr>
<td>3</td>
<td>Male Operation Method</td>
<td>1,183%</td>
<td>1,117%</td>
<td>0.125%</td>
<td>0.183%</td>
<td>0.185%</td>
</tr>
<tr>
<td></td>
<td>Condom</td>
<td>704</td>
<td>1,145</td>
<td>1,175</td>
<td>1,711</td>
<td>2,038</td>
</tr>
<tr>
<td></td>
<td>Male birth control</td>
<td>1,990%</td>
<td>2,924%</td>
<td>4,369%</td>
<td>4,369%</td>
<td>4,922%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,173%</td>
<td>3,041%</td>
<td>2,534%</td>
<td>4,553%</td>
<td>5,108%</td>
</tr>
</tbody>
</table>

It can be seen from the data above that male family planning in Kab. Bangka in 2021 will only have 2,115 participants compared to active family planning couples, namely 41,398 participants, meaning that family planning participation in the district. Bangka is still predominantly practiced by women. Based on the results of interviews with the community, it can be seen that the perceptions formed are still based on patriarchal culture and gender stereotypes. Patriarchal culture which tends to favor men constructs masculinity and femininity so that the concept of family planning is a woman's responsibility. This social construction has divided public space for men and domestic space for women, such as family planning, taking care of children, doing housework and several other divisions of tasks.

Meanwhile, in terms of stereotypes, which are standardized views about what women "should be" which are shaped by the environment, giving several roles to women, for example the view that women are naturally pregnant and giving birth, being mothers who have to look after children, take care of their husbands and the house, even though they then have a job, in the public realm. Similar conditions also occur in family planning programs where women are still the main focus or target of using contraceptives. This happens because more contraceptives are aimed at women than men (Dalem, 2012). The division of family roles in this case becomes unbalanced (National et al., 2021).

In addition, until now, family planning programs have only focused on women's attitudes and behavior. Women have always been the target of information, education and communication in increasing knowledge and use of contraception. And few men really know what the family planning program is for the family and the husband's role in it. Many families think that family planning is a woman's business, men's knowledge about family planning is still low, rumors circulating in society that vasectomy is castration, and social,
cultural and religious views on vasectomies are challenges in increasing male family planning participation.

Based on these problems, the government's approach, especially the District Government. Bangka is trying to communicate through gender mainstreaming campaigns continuously so that men participate actively in participating in family planning programs. Apart from that, it has also initiated the formation of a Women-Friendly and Child Care Village, hereinafter abbreviated as DRPPA, to become a role model in gender mainstreaming in Bangka Regency.

DRPPA is a village that integrates gender perspectives and children's rights into the governance of village government, which is carried out in a planned, comprehensive and sustainable manner. Villages must provide a sense of security and comfort for their communities, especially women and children, fulfill the right to protection from all forms of violence and discrimination and provide public facilities and infrastructure that are women and child friendly.

Bangka Regency has designated two villages, namely Air Anyir Merawang Village and Penyamun Pemali Village as role models for Women Friendly and Child Caring Villages in 2021. According to the Regional Secretary of the District. Bangka, Andi Hudirman, with the establishment of the DRPPA, it is hoped that it can accommodate the interests of women and children in development. Because the main key in preparing quality human development is in the village. Villages as autonomous regions are the government with the smallest scope, all policies taken have a direct impact on the daily lives of the people.

If we look at the FDGs scores of the two villages, it can be seen that the development of women-friendly villages is still below 50%, namely Air Anyir Village with a score of 49.27 and Penyamun Village with a score of 43.52, meaning that development interventions must be carried out massively to encourage goals and targets. development to create a gender equal village.

In the context of family planning programs, gender equality can be achieved, among other things, by the willingness and ability of men to have awareness and responsibility for maintaining reproductive health and participating in using contraception, so that the burden of family planning is not only borne by women.

The role of men is expected not just to be a passive family planning participant or just to support couples using certain contraceptives, but is expected to play an active role in reproductive health. Such as helping to maintain the health of pregnant women, planning safe births, helping to care for mothers and babies after delivery, preventing sexually transmitted diseases, avoiding domestic violence, as well as gender bias in interpreting religious rules, including being willing to use contraception for men.
Encouraging a change in mindset about the importance of men’s role in family planning programs can be done through gender perspective equality education so that the younger generation understands the importance of the involvement of men and women in family planning programs. Gender inequality is a condition of imbalance in the relationship between men and women in the implementation of family planning and reproductive health services, so that one party feels disadvantaged because they cannot participate and benefit from these services.

To reconstruct this new understanding is not easy because it requires changing something quite fundamental, namely gender ideology. This gender ideology refers to the rules, values, stereotypes that regulate the relationship between women and men through the formation of identities which then become human structures and traits (National et al., 2021a).

So it is necessary to deconstruct the old understanding, because as long as stereotypes and narrow understanding of patriarchal culture are embedded, it will potentially become a barrier to new reconstruction. Based on this, researchers are interested in seeing how masculinity is deconstructed through gender equality campaigns in the Penyamun Pemali Women Friendly and Child Care Village (DRPPA), Kab. Bangka in male family planning participation.

LITERATURE REVIEW

According to the Big Indonesian Dictionary, deconstruction means rearrangement. In this case, deconstruction means reorganizing by changing the construction of the gender ideology adopted to be more gender sensitive. Furthermore, Widarti, et al (2020) stated that deconstruction also aims to create openness so that new views, new perceptions and new habits emerge. The hope is that through the deconstruction of gender roles in the use of contraception, the use of contraception, in this case MOP/Vasectomy and condoms for men, is considered normal and natural (National et al., 2021).

In deconstruction, certain interests always lead to the choice of interpretive methods. Derrida (1978) later explained that the interpretations individuals use regarding social analysis are arbitrary. Derrida’s ideas are in line with Habermas’s (1972) idea that there is a strategic relationship between human knowledge (both empirical-analytical, historical-hermeneutic, and critical) and interests (technical, practical, or emancipatory in nature) although it cannot be denied that this is also the case. It could be the other way around that knowledge is a product of interests. (NN, 2018a).

Furthermore, Berger and Luckmann stated that the knowledge in question is the social reality of society, such as concepts, general awareness, public discourse, as a result of social construction, social reality is constructed through processes of externalization, objectivation and internalization. This social construction does not take place in a vacuum, but is filled with interests. If social construction is a concept, general awareness and public discourse, then according to Gramsci, the state uses coercive tools, such as bureaucracy, administration, or the military or through supremacy over society by dominating moral and intellectual leadership contextually. This condition of
domination then develops into the hegemony of individual consciousness among every member of society so that the discourse created by the state can be accepted by society as a result of that hegemony.

**Campaign**

Pfau and Parrot (1993) provide a definition of a campaign as a process that is consciously designed, gradual and sustainable which is carried out over a certain period of time with the aim of influencing a predetermined target audience.

In contrast, according to Richard M. Pertoff (2017), a campaign is a purposive effort to inform, convince or motivate changes in the behavior of a fairly well-defined and broad audience, generally for non-commercial benefits for society and/or society in general, usually within a certain period of time through organized communication activities that involve mass media and the internet and are often complemented by interpersonal communication (adapted from Rice and Atkin 2009) (Venus, 2018).

Another definition of a campaign was put forward by Rogers and Storey (1987) in (Says, 2012) that a campaign is a series of planned communication actions with the aim of producing a certain effect on a large number of audiences carried out continuously over a certain period of time. (Wila & Pratama, 2022) Venus also added that every communication campaign activity must contain at least four things, namely:Tindakan kampanye yang ditujukan untuk menciptakan efek atau dampak tertentu;

a. Large number of target audiences
b. Usually focused on a certain period of time
c. Through a series of organized communication actions

The family planning program campaign is carried out through two methods, namely advocacy and communication, information and education (KIE) which are carried out intensively, directed and right on target with the aim of changing attitudes, behavior and value systems.

**Advocacy**

Advocacy activities in the context of providing family planning services are intended for policy makers to ensure that all stakeholders related to family planning services, both at the central, provincial and district and city level, provide policy support and operational commitment to support implementation, both in regulatory aspects, infrastructure, human resources, technical guidance, monitoring and evaluation, as well as adequate budgeting support.

**Communication, Education, Information (IEC)**

Literally, IEC means "communication, information and education". IEC refers to a comprehensive program intervention, which is an integral part of a country’s development program, which aims to achieve change. IEC uses a combination of information technology, approaches and processes in a flexible and participatory manner. (Rahmani, n.d.)

The starting point of IEC is to contribute to solving a problem or building support from targets for an issue related to a program. The intended targets include policy makers, service providers, change agents, the community and/or service users.
Communication, Information and Education (IEC) Health communication is a systematic effort to positively influence public health behavior, using various communication principles and methods, both using interpersonal communication and mass communication. Therefore, the objectives of IEC according to BKKBN are:
1. Lay the foundation for sociocultural mechanisms that can ensure the acceptance process takes place.
2. Encourage the process of changing behavior in a positive direction, increasing knowledge, attitudes and practices of the community, implementing it consistently as healthy and responsible behavior.

Gender Equality
Gender is defined as differences in social functions and roles between men and women which are constructed by society. In practice, these differences often lead to injustice, especially towards women in the household, work, community, culture and state. Therefore, to eliminate this injustice, it is necessary to have gender equality and justice in the process of society and the state. Gender equality is better interpreted as equal conditions for men and women to obtain opportunities and rights as human beings to play a role and participate in all fields. So gender equality is not only interpreted in terms of physical differences between men and women.

Efforts to realize gender equality and justice in social and state life need to be realized gradually and continuously. These efforts are manifested in state policies as well as in informal policies spearheaded by community leaders and religious leaders related to structural and cultural obstacles that occur in society. It is hoped that with this policy, each element of society and individuals will have gender sensitivity and that government programs must implement gender responsive policies. The policies taken by the Government to realize gender equality and justice have been stipulated through GBHN 1999, Law No. 25 of 2000 concerning the National Development Program (Propenas 2000-2004), and confirmed in Presidential Instruction Number 9 of 2000 concerning Gender Mainstreaming (PUG).

METHODOLOGY
This research uses a qualitative methodological approach with a descriptive research type, where this research method is based on the philosophy of postpositivism, used to research the natural state of objects. Researchers use follow-up as a key instrument and the results of this qualitative research emphasize meaning rather than generalization. Qualitative methods are used to obtain in-depth data that contains meaning (Prof. Dr. Sugiyono, 2018a).

In this qualitative method there are several methods including interviews, FGD and field studies. Interviews are question and answer activities between researchers and informants/resources to obtain data and information. This technique is used if researchers want to ask informants about their experiences and opinions about something in depth.
Data analysis is carried out by organizing the data, then breaking it down into units, synthesizing it, organizing it into patterns, choosing what is important and what to study, and making conclusions that can be conveyed to other people. And there are three main components of activity in qualitative analysis, namely data reduction, presentation and drawing conclusions and data verification.

RESULTS AND DISCUSSION

This part allows you to elaborate on your results findings academically. You must not put numbers related to your statistical tests here; instead, you have to explain that numbers here. You have to compile your discussion with academic supports to your study and a good explanation according to the specific area you are investigating.

CONCLUSIONS AND RECOMMENDATIONS

Penyamun is one of the villages in Pemali District, Bangka Regency and is headed by a Village Head. With an area of 4,100 Ha, it is about 15 Km from Sungailiat City, Bangka Regency. There are 4 hamlets in Penyamun Village, namely Penyamun Hamlet, Muntabak Hamlet, Tutut Hamlet and Keceper Hamlet and to the west of Penyamun Village, namely RT Sinar Pancer, with a population of 5,350 people, divided into 2,731 men and 2,619 women. Most of them make their living as farmers and miners, some of the people of Penyamun Village farm pepper and most also work as tin miners.

In 2022 Penyamun Village, Kec. Pemali and Air Anyir Village, Kec. Merawang was selected as a Model Village Area that is Women Friendly and Caring for Children (DRPPA) for the Bangka Regency Region by the Ministry of Women's Empowerment and Child Protection, based on PPPA Ministerial Decree No. 70 concerning the designation of Regency/City Model Village Area that is Women Friendly and Cares for Children, of which Bangka Regency is Part of the 66 districts designated as DRPPA, to support gender mainstreaming programs.

The family planning campaign is carried out through two methods, namely advocacy and communication, information and education (KIE), which is carried out intensively and is directed and right on target, which is one of the key activities to change attitudes, behavior and value systems. Advocacy and KIE are an inseparable part of the implementation of family planning services in JKN.

Advocacy activities in the context of providing family planning services are intended for policy makers to ensure that all stakeholders related to family planning services in the JKN system, both at the center, provinces and districts and cities, provide policy support and operational commitment to support implementation, both in aspects regulations, infrastructure, facilities, human resources, technical guidance, monitoring and evaluation, as well as adequate budgeting support.
Bangka Regency, in this case, according to Kadin P2KBP3A Kab. Bangka, Nurita annually receives special allocation funds from the center for the construction of family planning centers in several sub-districts, as well as operational costs for monitoring activities. Increased human resources and even infrastructure, such as service and information cars, KIE. Likewise contraceptives and for male participation they provide condoms and free vasectomy services.

"Bangka Regency, in encouraging men's participation in family planning, has provided free services for men, distributed free condoms and provided free services for those who want to have a vasectomy (MOP). "We will even facilitate and accompany male birth control acceptors who want to do that."

Furthermore, he also explained that the policies that regulate this matter refer to central regulations, while for the regions themselves, derivative penetration of these regulations takes the form of regional head decrees and MOUs with partners, according to needs in the field. "Such as an MOU with hospitals and clinics and doctors who have certificates to provide family planning services."

**Communication, Information and Education (IEC)**

Literally, IEC means "communication, information and education". IEC refers to a comprehensive program intervention, which is an integral part of a country's development program, which aims to achieve change. KIE uses a combination of information technology, approaches and processes in a flexible and participatory manner.

The starting point of IEC is to contribute to solving a problem or building support from targets for an issue related to a program. The intended targets include policy makers, service providers, change agents, the community and/or service users.

Campaign through IEC according to District Family Planning Extension Officer. Pemali, Fitri Yanti is carried out using 3 methods, namely through mass media, such as printed booklets, props, flyers, etc., while individual communication is carried out by instructors and cadres and involves community leaders, "for group communication we often carry out outreach, "scheduled counseling at the posyandu and at the pustu and also if there are certain moments," he said.

Based on findings in the field at the District Headquarters office. It seems that the poster media used is quite diverse, but the information created is more targeted at women as the target audience. Almost all Kie media contain education about reproduction and family planning aimed at women, very few contain information about men's family planning programs.

This was acknowledged by the District Family Planning Extension Officer. Pemali and several family planning cadres from Penyamun Village said that on average the existing media is few and far between which targets men. Women are still the target of education carried out by cadres, because of the reluctance and embarrassment of husbands to carry out counseling and meet with the cadres who come. On average, they get information about male birth control from wives and social media. So the decision to participate in male family planning is just a matter of discussion.
In the FGDs conducted in the village, it was found that awareness of men's family planning participation had arisen by obtaining information. But they still stated that they were not willing to use birth control, unless their wives had a disease that made them unable to use contraception. As stated by several sources below:

Table 2. Reasons Why Men Do Not Participate in Family Planning

<table>
<thead>
<tr>
<th>No.</th>
<th>Source person</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hamid, Ketua BPD</td>
<td>Just found out that men can also have birth control, depending on the rules of the Islamic religion, if it allows me to agree to have a vasectomy, if it's a condom, I have to discuss it with my wife first.</td>
</tr>
<tr>
<td>2</td>
<td>Sumardi</td>
<td>Never used a condom and didn't get a condom from family planning cadres, afraid to practice birth control because they didn't know and never received counseling from family planning cadres.</td>
</tr>
<tr>
<td>3</td>
<td>Suwandi</td>
<td>I don't want to take birth control because I have a history of stroke, so only my wife does birth control and has been using birth control injections for 7 years.</td>
</tr>
<tr>
<td>4</td>
<td>Asnani, Babinsa</td>
<td>Don't want to take part in family planning, men are afraid to choose to just throw it out.</td>
</tr>
<tr>
<td>5</td>
<td>Ajb Barakah</td>
<td>I don't agree with men having family planning, the hassle of being tired from work, even if it's free, just leave it to the wife.</td>
</tr>
<tr>
<td>6</td>
<td>Samsul Bahri</td>
<td>Afraid of the impact in the future, not using protection in relationships. Then, if I want to have children, it will be a hassle if I do family planning.</td>
</tr>
<tr>
<td>7</td>
<td>Julpian, Sekdes</td>
<td>I agree that men have birth control but it depends on them, I personally don't do it because it's still considered taboo here.</td>
</tr>
<tr>
<td>8</td>
<td>Rizki Andika, Guru Sd</td>
<td>Women should play an active role, as for the father, I don't agree because Islam forbids us from stopping offspring, if we just delay or space it out, that's fine, in essence it is the woman who must play an active role.</td>
</tr>
</tbody>
</table>

From this statement, it can be seen that the construction of masculinity emerged along with his knowledge of his responsibilities as an ideal husband regarding problems that arise in everyday life. They are able to produce new values in the family planning program by using vasectomies as a necessity in participating in family planning and having healthy and safe sexual behavior for themselves, their partners and their families.
By ignoring values and norms and even stereotypes about the surrounding environment, the husband will not always be harmed by participating in a family planning program, when the husband has a knowledge construction by looking at the existing reality and the problems that arise, he is able to change his perspective. Where the family planning program is not only intended for wives/women and is able to condition themselves and the environment. Even so, they are still confined by the patriarchal culture which is still very strong regarding family planning programs and loosens other things, for example helping their wives cook, washing, taking care of the house and taking part in raising children, etc. Apart from that, decreased sexual pleasure as well as feelings of shame and religion are also one of the reasons they are not interested in family planning.

FURTHER STUDY

This research still has limitations, so it is necessary to carry out further and in-depth research using qualitative phenomenological methods so that it can dissect in more detail the topic of masculine deconstruction in the campaign for gender equality in men's participation in family planning.

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