

The Relationship Between the Socio-Cultural Environment and Family Support With the Participation of the Husband as an Acceptor of Family Planning in Tinelo Village, Tilango District

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ABSTRACT

The participation of husbands in family planning programs in Indonesia is still relatively low, which is influenced by several factors, including the socio-cultural environment and family support. It is not easy for the public to accept that men actively participate in family planning programs for various reasons. Cultural barriers are still dominant to male contraception. The purpose of the study was to determine the relationship between the socio-cultural environment and family support with the participation of the husband as a family planning acceptor in Tinelo Village. Types of analytical survey research with a cross-sectional approach. Sampling was done using purposive sampling techniques. The research population of all couples of childbearing age in Tinelo Village, Tilango District amounted to 359 with a sample of 189 respondents. The data was analyzed with the chi-square test. The results of the study showed that there was a relationship between the socio-cultural environment and the participation of the husband as a family planning acceptor ($p\text{-value} = 0.00 < \alpha = 0.05$) and there was a relationship between family support and the participation of the husband as a family planning acceptor ($p\text{-value} = 0.00 < \alpha = 0.05$). In conclusion, the variables of socio-cultural environment and family support are related to the variables of the husband's participation in becoming a family planning acceptor in Tinelo Village, Tilango District. It is hoped that this research will be an input to the Health Center and the Family Planning Extension Center in an effort to improve health services, especially in family planning services for husbands.

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INTRODUCTION

The world's population continues to increase year by year. Data World Health Organization (2024) shows that until now, the number of the world's population has reached more than 8 billion and will continue to increase. Developing countries have a large enough growth rate that will later become quite a serious problem if the population continues to increase. According to data from Central Statistics Agency (2024) that Indonesia in 2024 will have a population of 281,603,800 people. Based on this number, Indonesia ranks fourth in the world's most populous country after India, China, and the United States.

Population density can be a problem that hinders the realization of a quality society. The main capital in accelerating development is a quality population which will ultimately realize the welfare of the community. So efforts are needed to make it happen through the declaration of family planning programs (Anitasari & Sarmin, 2021). According to Ministry of Health of the Republic of Indonesia (2021) Family Planning (KB) is an action that helps married couples to avoid unwanted pregnancies and manage pregnancy spacing.

Contraceptive users in the world are around 799 million (63.9%). The participation of husbands as acceptors of family planning in Indonesia is only around 1.3%, this figure is very low when compared to other countries such as India 13.6%, Australia 17%, Taiwan 55.2%, and the United States 10.3% (WHO, 2024). The number of couples of childbearing age (PUS) in Indonesia is 47,017,047 people, with 28,618,795 active family planning participants, which is around 60.9%. The largest number of contraceptive users was injected with 16,610,844 participants, while the fewest type of contraception, namely the Male Operating Method (MOP) with 52,696 participants (Ministry of Health, 2024).

Data from the Gorontalo Provincial Health Office from January to July 2024 shows that the total number of active family planning participants is 88,457 (43.5%) out of the total number of PUS 203,218, with a prevalence of men using contraceptives of 0.39%. The location of condom and MOP contraceptive users is in Gorontalo Regency with 314 participants, out of a total of 72,881 PUS and based on data from the Gorontalo Regency Health Office in 2024, the sub-district that uses the most male/male birth control is in Tilango District at 2.7%.

The pillar of the family planning program regarding birth control aims to reduce the birth rate so as to reduce the TFR (Total Fertility Rate). This program expects all PUS, both men and women, to participate in family planning activities. However, in its implementation, most of the family planning participants are women (Makripuddin & Karjono, 2021). The participation of husbands in family planning programs is very necessary in an effort to improve population control programs and reproductive health programs. This is included in the target that is the goal of SDG's 2015 (Sustainable Development Goal's) on improving the standard of health, the right to sexual and reproductive health and gender equality (United Nations Department of Economic and Social Affairs, 2024).

The use of contraceptives is influenced by two factors, namely internal factors and external factors. Internal factors include age, knowledge, perception, education level, personal selection/assumptions, beliefs and beliefs. Meanwhile, external factors include information from officers, family support and socio-culture (Tohir & Sari, 2021).

It is not easy for the public to accept that men actively participate in family planning programs for various reasons. Cultural barriers are still dominant to male contraception. This is supported by the BKKBN's opinion that participation in family planning for men is low due to socio-cultural factors that think that family planning is a women's affair so that men do not need to play a role (Surinati et al., 2021).

The progress of the family planning program is not only influenced by socio-cultural environmental factors but also influenced by support from the family because it is closely related to the encouragement or motivation given by the family to the husband to do family planning. Family support in the family planning program is a form of family care that makes a real contribution to realizing quality small families. A person tends to need legitimacy from the family, if the behavior is contrary or does not get support from the family, then he will feel less or even feel uncomfortable, thus, that the higher the support provided by the family, the more stable the respondent will feel more stable to participate in family planning, because his discomfort is reduced. In this case, people who feel emotionally supported feel relieved because they are being cared for, get advice or a pleasant impression on themselves (Supri et al., 2024).

Data obtained from the Tilango District Family Planning Extension Center in August 2024 included 35 male family planning users in Tilango District. The village that uses the most is Tinelo Village with 12 participants from 359 PUS.

The initial survey was conducted in September 2024 in Tinelo Village by interviewing 5 PUS. It was found that 3 men did not use birth control either vasectomy or condoms on the grounds that birth control in men was not very important because their wives had used birth control such as injectable birth control, pills and Intrauterine Device/IUD, while the man's job was to earn a living, they also stated that no one in their family had ever used male birth control, and there is a perception circulating in the community that men who use birth control cannot work hard and are at risk of having sex with women other (other than the wife) without fear of pregnancy. While other men who use birth control, namely vasectomy and condoms, have reasons for not wanting to have children anymore, the family supports and appreciates, and says that the surrounding environment supports the use of birth control in men.

Based on the above background description, the researcher is interested in researching the relationship between the socio-cultural environment and family support with the participation of the husband as a family planning acceptor in Tinelo Village, Tilango District.

RESEARCH METHODS

This study is a quantitative research using an analytical survey with a cross-sectional research design. Sampling was done using purposive sampling techniques. The population in this study is all couples of childbearing age who live in Tinelo Village, Tilango District, totaling 359, and the sample obtained is 189 respondents. The data was analyzed with the chi-square test.

RESULT**Respondent Characteristics****Table 1.** Characteristics of Respondents (Husbands) of Couples of Childbearing Age

Respondent Characteristics	Frequency (n)	Percentage (%)
Husband's Age		
Late Teens (17-25 Years)	5	2,6
Early Adult (26-35 years)	50	26,5
Late Adult (36-45 years)	134	70,9
Wife's Age		
Late Teens (17-25 Years)	18	9,5
Early Adult (26-35 years)	63	33,3
Late Adult (36-45 years)	108	57,1
Number of Children		
2	98	51,9
3	64	33,9
4	25	13,2
5	2	1,1
Religion		
Islam	186	98,4
Christian	3	1,6
Tribe		
Gorontalo	184	97,4
São Paulo	5	2,6
Work		
Laborer	40	21,2
Self employed	71	37,6
Transportation	40	21,2
Merchant	19	10,1
PNS	3	1,6
Teacher	3	1,6
Others (Policeman, Mechanic, Chef, CS)	13	6,9
Final Education		
SD	89	47,1
JUNIOR	36	19,0
SMA	55	29,1
Diploma	4	2,1
Bachelor	5	2,6

Source: Primary Data 2024

Table 1 shows that the age of the most respondents in this study was 36-45 years old with a total of 134 respondents (70.9%). The age of the wives of the most respondents was late adulthood with a total of 108 respondents (57.1%). The most respondents in this study had children with a number of 2 (ideal number), namely 98 respondents (51.9%). The majority of the religion adhered to, namely Islam, amounted to 186 respondents (98.4%). Most of the respondents came from the Gorontalo tribe as many as 184 respondents (97.4%). The most dominant job was Self-employed as many as 71 respondents (37.6%). The last education of the most respondents was elementary school with 89 respondents (47.1%).

Univariate Analysis**Table 2.** Distribution of Respondents Based on Socio-Cultural Environment

No.	Socio-Cultural Environment	n	(%)
1.	Less Supportive	126	66,7
2.	Support	48	25,4
3.	Highly Supportive	15	7,9
Total		189	100

Source: Primary Data 2024

In table 2, it can be seen that most of the respondents were less supportive based on the socio-cultural environment as many as 126 respondents (66.7%) and a small number of respondents were very supportive as many as 15 respondents (7.9%) to participate in family planning.

Table 3. Distribution of Respondents by Family Support

No.	Family Support	n	(%)
1.	Less Supportive	99	52,4
2.	Support	65	34,4
3.	Highly Supportive	25	13,2
Total		189	100

Source: Primary Data 2024

In table 3, most of the respondents who did not receive family support, namely as many as 99 respondents (52.4%) and the least respondents, namely respondents who received family support, were very supportive as many as 25 (13.2%).

Table 4. Distribution of Respondents Based on Husband's Participation in Becoming a Family Planning Acceptor

No.	Husband's Participation	n	(%)
1.	Not Participating	177	93,7
2.	Follow	12	6,3
Total		189	100

Source: Primary Data 2024

In table 4, it can be seen that the majority of respondents did not participate in family planning acceptors, namely 177 (93.7%) and the minority of respondents participated in family planning acceptors, namely 12 respondents (6.3%). These results were obtained based on criteria of having used and being using one of the contraceptives in men.

Bivariate Analysis

Socio-Cultural Environment Relationship with Husband's Participation in Becoming a Family Planning Acceptor in Tinelo Village

Table 5. Chi-square Test Results

ocio-Cultural Environment	Husband's Participation				Total		<i>p-value</i>
	Not Participating		Follow				
	n	%	n	%	n	%	
Less Supportive	125	66,1	1	0,5	126	66,7	0,000
Support	44	23,3	4	2,1	48	25,4	
Highly Supportive	8	4,2	7	3,7	15	7,9	
Total	177	93.7	12	6.3	189	100	

Source: Primary Data 2024

Table 5 shows that most of the socio-cultural environments that are less supportive also do not participate in family planning acceptors as many as 125 respondents (66.1%) and conversely only a small number are very supportive but participate in family planning acceptors as many as 7 respondents (3.7%).

The table above shows that the chi-square test obtained a p-value from the socio-cultural environment and the husband's participation is 0.000 which means that the p-value is less than 0.05, then this shows that H_0 is rejected, which means that there is a relationship between the socio-cultural environment and the husband's participation as an acceptor of family planning in Tinelo Village. $\alpha =$

The Relationship between Family Support and Husband's Participation in Becoming a Family Planning Acceptor in Tinelo Village

Table 6. Chi-square Test Results

Family Support	Husband's Participation				Total		p-value
	Not Participating		Follow				
	n	%	n	%	n	%	
Less Supportive	99	52.4	0	0.0	99	52.4	0.000

Support	60	31,7	5	2,6	65	34,4	
Highly Supportive	18	9,5	7	3,7	25	13,2	
Total	177	93,7	12	6,3	189	100	

Source: Primary Data 2024

Table 6 shows that most of the less supportive family support also did not participate in the family planning acceptors as many as 99 respondents (52.4%) and a small part in the very supportive category also the husband also became family planning acceptors as many as 7 respondents (3.7%).

The table above shows that the results of the chi-square test obtained a p-value from family support and husband's participation, which is 0.000, which means that the p-value is less than 0.05, So this shows that H_0 is rejected, which means that there is a relationship between family support and husband's participation in becoming a family planning acceptor in Tinelo Village. $\alpha =$

DISCUSSION

Socio-Cultural Environment

Based on table 2, it was found that the level of support for the socio-cultural environment in the husband's participation in the family planning program in Tinelo Village out of a total of 189 respondents, there were 126 respondents (66.7%) who had a less supportive socio-cultural environment, 48 respondents (25.4%) had a supportive socio-cultural environment and 15 respondents (7.9%) had a very supportive socio-cultural environment.

From the above results, it can be concluded that most of the respondents have a socio-cultural environment that is less supportive of the use of family planning in men. This is due to men's perception that family planning programs are only intended for women, so men tend to be passive. The opinion of the community of the area where they live affects the choice of contraceptives in men and there is an opinion circulating that only wives should use family planning because it is the husband's duty to earn a living and make decisions, so that family members tend to follow the decisions that have been set by the husband.

Fitria et al. (2022) argues that cultural conditions (customs) and environmental conditions (geographical conditions) affect the selection of contraceptive methods. This is stated based on reality, that Indonesian people in general are used to thinking that participating in the family planning program is not mandatory. This is of course also related to public knowledge and understanding of the importance of family planning programs to control pregnancy in order to improve family welfare.

Family Support

Based on table 3, it was found that the level of family support for the husband's participation in the family planning program in Tinelo Village out of a total of 189 respondents, there were 99 respondents (52.4%) who had less supportive family support, 65 respondents (34.4%) had supportive family support and 25 respondents (13.2%) who had very supportive family support. From these results, it can be concluded that most of the respondents have family support that is less supportive of the use of family planning in men.

In this study, 99 respondents (52.4%) were in the category of less supportive family support. Poor family support is caused by low support in the form of emotional, instrumental, informative and appreciation given by the family where these supports are indicators in the research. The low emotional support provided by families can be seen from the majority of respondents stating that families do not care, do not motivate, and do not pay attention to the use of family planning in men (Masnawati et al., 2022).

Based on family support parameters, the most dominant or most influential parameter was the emotional support parameter with an average response of 0.43 respondents. According to Friedman's (2014) view in Sumarsih (2023) Emotional support involves the expression of empathy, attention, encouragement, personal warmth, love, or emotional support. With all the behaviors that encourage feelings of comfort and lead the individual to believe that he or she is praised, respected, and loved, and that others are willing to pay attention. So this support is very important in supporting husbands to participate in family planning programs (Adawia & Hasmira, 2020).

Socio-Cultural Environment Relationship with Husband's Participation in Becoming a Family Planning Acceptor in Tinelo Village

Based on the statistical test (chi-square) the p-value of $0.000 < 0.05$ can be found that there is a relationship between the socio-cultural environment and the husband's participation in being an acceptor of family planning. In line with research Prawinata & Wahyu (2022) With the results, there is a relationship between socio-culture and the use of family planning methods in men in the Working Area of the Kerkap Health Center, North Bengkulu Regency. The socio-cultural environment around us has a very strong influence on the actions we take. The use of family planning methods by men is still taboo among the middle class and is often associated with religion and socio-culture. A social culture that supports the use of family

planning is indispensable for the success of the family planning program.

Based on table 5, it is known that respondents with the socio-cultural environment category are less supportive and do not participate as acceptors of family planning as many as 126 respondents. Based on respondents' answers to the questionnaire that had been distributed, as many as 111 respondents stated that the opinions of the people of the area where they lived influenced their opinions on the use of contraceptives. The environment is all the conditions that exist around humans and their influences that can affect the development and behavior of people or groups. The environment is all the conditions that exist around humans and their influences that can affect the development and behavior of people or groups. The socio-cultural system that exists in society can be influenced by attitudes in receiving information (Ash'ariyah et al., 2023).

A total of 121 respondents stated that in their place only wives should use family planning so that men do not need to use it. Research Noor et al. (2023) explained that most people still place women only as objects in sexual and reproductive problems, because those who are pregnant give birth to women, women are the ones who must join family planning so as not to get pregnant. Their perception is that women should use contraception, not men, even though there are contraceptives for men. This shows the formation of a construction of patriarchal values in society.

Table 5 shows that the socio-cultural environment is less supportive, there is 1 respondent who participates in the family planning program, this is due to the increasing awareness of individuals about the importance of family planning, this awareness increases through the experience of his wife who is not compatible with family planning and often feels the side effects of using family planning. So that the formation of an agreement between husband and wife for the use of family planning is transferred to the husband, regardless of pressure or negative views from the surrounding community.

According to research Anitasari & Sarmin (2021) Communication between couples is important for decision-making in determining the number of children to have. Joint decision-making between husband and wife can increase the use of male contraceptives. This is supported by the findings of the BKKBN that decision-making in the family is still mostly dominated by husbands, so the participation of men is not only as a participant in family planning but also supports wives in the use of contraception, family planning services providers (motivators, promoters) and planning the number of children with their partners (Baderan, 2018).

From the results of the research in table 5, respondents who were supportive of the socio-cultural environment but whose husbands did not participate in the acceptor of family planning were 44 respondents. There were 36 respondents who stated that in their culture men are considered responsible for making decisions related to family planning, the reason they do not use family planning is because it is prohibited by the surrounding environment, beliefs/religion and culture that they follow.

The socio-cultural conditions of the community may be the reason why very few men participate in family planning programs. There is a positive male perception and a negative perception of the value of the child, a negative perception and view of vasectomy. Positive perceptions about children such as children as a source of labor, children as a means of production to increase family income, children as guarantees for old age, children as successors to descendants, while negative perceptions are children as inheritors of wealth and also many children have a lot of sustenance. There is a misperception that vasectomy is the same as castration, so men are reluctant to undergo a vasectomy (Maharani et al., 2023).

Research Sinai et al. (2020) mentioned that the need for the use of contraceptives in Kaduna is still very low due to the society that is still consistent with culture and religion, thus encouraging other families and hindering the use of contraceptives. The beliefs of the Muslim population have differences in the method of contraception. There is a widespread belief that having multiple children is a way of preserving community and religious obligations. Against this background, the use of contraception is often believed to be contrary to the teachings of Islam.

Table 5 shows that there are respondents whose socio-cultural environment is supportive and their husbands are also acceptors of family planning as many as 4 respondents. This is because the culture they follow does not oppose the use of family planning in men and often gets information about how to choose family planning for men, the advantages and disadvantages so that the husband's desire to help his wife in the family planning program arises. This support from the environment creates space for respondents to make decisions freely without fear of facing stigma or social pressure.

Research Maharani et al. (2023) stating that culture is a state/condition created to regulate the order of social life, which includes all areas of culture is the implementation of certain group norms that are studied and borne together, including the thoughts, decisions and actions and behaviors of a person. In addition, cultural value is an individual's desire or chosen way of acting or knowledge of something that is narrated all the time so as to influence actions and decisions.

Table 5 shows that there are 8 respondents whose socio-cultural environment is very supportive but do not participate in family planning acceptors. This is because beliefs from a religious point of view there

are those whose beliefs are allowed to use family planning but are not supported by religious leaders, as evidenced by the results of the questionnaire, there were 8 respondents who answered "Yes" to the question of religious leaders around giving examples of not using male birth control, thus making husbands follow along not to use family planning. The role of Toga/Toma in the community is very important in the development of community life, where they become role models so that every word conveyed will be heard more by the community.

According to research Rochimah et al. (2023) support from religious leaders also seems to have a significant impact on men's attitudes towards family planning acceptors. This indicates that social and religious norms have an important role in shaping attitudes towards family planning programs. Men's attitudes towards family planning consider family planning to be a woman's responsibility. This indicates traditional attitudes and gender stereotypes that can hinder male participation in family planning. This study also shows the existence of psychological obstacles, such as concerns about declining masculinity and impotence, as well as social obstacles such as stigma. To change this attitude, more intensive socialization and mass media campaigns are recommended.

Table 5 shows that respondents with the socio-cultural environment category are very supportive and participate in the acceptor of family planning as many as 7 respondents. Based on respondents' answers to the questionnaire in this category, it was mostly supported by their environment, culture and religion and obtained information about male birth control provided by health workers so that it influenced the husband's decision to use family planning. According to research Wilisandi & Feriani (2020) People will follow cultures or customs that have existed for a long time that have been formed to maintain their own lives and the survival of their tribe. And because the influencing culture has good behavior in the use of contraceptives compared to the culture that does not influence. This shows that good behavior is because they know information related to the use of contraceptives.

The Relationship between Family Support and Husband's Participation in Becoming a Family Planning Acceptor in Tinelo Village

Based on the statistical test (chi-square) of the p-value of $0.000 < 0.05$, it can be seen that there is a relationship between family support and the participation of the husband as an acceptor of family planning. The results of this study are in line with the research Dewi & Rahmawati (2019) which states that there is a relationship between family support and men's participation in family planning, it is because the family has a potential or strengthening factor that makes a person act on certain objects. However, this reinforcing factor can be positive and negative depending on the attitude and behavior of the monitor.

Based on table 6, it is known that 99 respondents with the family support category lacked and did not participate as family planning acceptors. Based on respondents' answers to the questionnaire that had been distributed, as many as 78 families did not care about the activities that would be carried out by their husbands in connection with family planning and as many as 70 families of respondents did not provide motivation to participate and use contraception. Based on interviews with several patients' families such as their wives, children, parents and siblings, many do not support their husbands to participate in family planning acceptors because they consider the use of contraception to be the wife's duty, while the husband's job is to work and earn a living.

According to Shirley (2019) Family support is related to the behavior of the husband to be accepting. Communication between husband and wife and family in choosing family planning methods makes it easier to make decisions. Both husbands and wives are responsible for the family in maintaining and improving their partner's reproductive health. Therefore, in counseling to increase men's knowledge about family planning, it is also necessary to counsel to wives about male family planning so that information on male family planning is more acceptable because it is given by the wife.

From the results of the study in table 6, respondents whose families support but their husbands do not participate in family planning acceptors as many as 60 respondents. Family support here can be seen from the respondents' answers, namely as many as 37 respondents answered "Yes" to the question "Does your family respect and appreciate your decision regarding the use of family planning?", so that the decision not to use family planning can be respected and appreciated by the respondent's family. In addition, respondents who received family support but did not participate in the use of family planning were due to a lack of exposure to information about contraception in men.

According to research Fitriani (2020) poor family support can be seen from the lack of information about contraception, the lack of advice from the family to participate in using contraception, and family members not actively accompanying the husband to participate in family planning. Information sources from the family are a very important factor to increase men's participation in family planning. A person is made aware of the existence of a relationship, because the socialization process that has taken place in the family is a process where he learns to know what other family members want from him, therefore family support is very important for everyone in justifying and encouraging him to do something.

Table 6 shows that there are 5 respondents who have family support and participate in the family planning program. In this case, the family accepts the respondent's decision but does not provide active encouragement or provide passive support such as providing a sense of security for the respondent to exercise his or her choices, even though the decision is based more on the respondent's own personal initiative than family influence.

According to research Sitorus & Maimunah (2020) This family support system in the form of task-oriented help is often given by extended family, friends, and neighbors. Assistance from extended families is also carried out in the form of direct assistance, including continuous and intermittent financial assistance, shopping, child care, physical care for the elderly, doing household chores, and practical assistance during times of crisis. The family support received by the respondents, in this case, support that contributes to the participation of family planning is related to the quality and strength of the relationship and the perception of having other people who can be trusted and reliable to provide support if needed at any time. Strong family bonds are especially helpful when families face problems, as family members desperately need support and help from other family members

Table 6 shows that there are 18 respondents who have very supportive family support but do not participate in family planning acceptors. Based on respondents' answers to the questionnaire in this category, most families provide informative support such as providing advice in helping to make decisions in relation to the husband's participation in family planning, but the respondent's family does not provide assessment support such as including the husband in counseling activities about family planning, so that the family support provided by the family is not balanced between emotional, instrumental, informative support and assessment resulting in the husband not participating in becoming an acceptor of family planning.

Research results Masnawati et al. (2022) stated that in obtaining poor family support in the form of emotional support, information, assessment and instrumental as a form of guidance from family members and attention from family members, so that respondents were less motivated in family planning and less interested in using male contraceptives. This is in line with the theory put forward by Friedman (2013) Family support is social support that is seen by family members as something that can be held for the family in the form of providing support.

Table 6 shows that respondents with the family support category are very supportive and participate in family planning acceptors as many as 7 respondents. From the results of the interview, it was found that the main reason the family gave full support to the husband using family planning was that his wife was uncomfortable or unsuitable for using contraception, so the husband used contraception. The husband's participation in family planning is important because the husband is a "partner" in reproduction and sexuality, so it is very reasonable if husband and wife share responsibilities and play a balanced role to achieve sexual life satisfaction. Husbands are clearly involved in fertility and they have an important role in deciding which contraceptives to use and use, as well as providing support to their partners in their reproductive life (Harahap & Lubis, 2023).

CONCLUSION

Most of the respondents had a less supportive social environment for crocodiles as many as 126 respondents (66.7%). Most respondents had less supportive family support as many as 99 respondents (52.4%). Most of the respondents did not participate in family planning acceptors, as many as 177 respondents (93.7%). There is a relationship between the socio-cultural environment and the participation of the husband as an acceptor of family planning in Tinelo Village, Tilango District. There is a relationship of family support with the participation of the husband as an acceptor of family planning in Tinelo Village, Tilango District.

SUGGESTION

Educational Institutions, it is hoped that it can add information in the field of Maternity Nursing and Community and Family Nursing, especially becoming the foundation of new knowledge for students about socio-cultural environmental relationships and family support with the participation of the husband as a family planning acceptor.

Health Agencies, it is hoped that this research will be an input to the Health Center and the Family Planning Extension Center in an effort to improve health services, especially in family planning services for husbands.

Next Researcher, the results of this study can be used as a reference in conducting similar research and add insight and can be used as a reference for future researchers by conducting follow-up research by taking into account other variables related to the husband's participation in becoming a family planning acceptor and taking into account the place of research that can be carried out in several places so that the research results are more varied and general.

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