

Enhancing Vasectomy Adoption in Surabaya Through Multimodal Strategies in Accordance with Government Regulation No. 87 of 2014

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Abstract

Vasectomy, a permanent contraceptive method for men, has historically seen low adoption rates in Indonesia, particularly in Surabaya. To address this, the Indonesian government implemented Regulation No. 87 of 2014, aiming to enhance vasectomy adoption through various strategies. This study examines the effectiveness of these multimodal strategies in increasing vasectomy uptake in Surabaya. This research aims to explore how government regulation and associated multimodal strategies have influenced the adoption rates of vasectomy in Surabaya, identifying key factors that contribute to their effectiveness. Utilizing a qualitative research design, this study conducted in-depth interviews and focus group discussions with healthcare providers, policy makers, and men who have undergone vasectomy. Thematic analysis was employed to interpret the data, providing insights into the perceptions, challenges, and facilitators related to vasectomy adoption. The study found that the integration of educational campaigns, financial incentives, and improved healthcare services significantly influenced the decision-making process of men considering vasectomy. Moreover, cultural attitudes and misconceptions about vasectomy were identified as substantial barriers. The role of healthcare providers in counseling and disseminating accurate information emerged as crucial in overcoming these barriers. The implementation of multimodal strategies under Government Regulation No. 87 of 2014 has positively impacted vasectomy adoption in Surabaya. However, continuous efforts in education and cultural sensitization are necessary to sustain and further enhance these adoption rates. Future research should focus on long-term outcomes and the replication of these strategies in other regions.

1. Introduction

Family planning has long been a critical public health focus in Indonesia, with government policies aiming to control population growth and enhance maternal and child health (Abdussalam & Ali, 2022; Darma, 2024; Delmiati et al., 2023; Kurniawan et al., 2021; Mukidi, 2021). Government Regulation No. 87 of 2014 has been a significant milestone in this journey, setting a framework to increase access to reproductive health services and promote various contraceptive methods, including vasectomy, as part of a comprehensive family planning program (Ismunandar et al., 2021). This regulation emphasizes male involvement in family planning, yet the adoption of vasectomy remains notably low, especially in urban areas like Surabaya. Vasectomy, despite being a safe and cost-effective method for permanent contraception, is often overlooked due to widespread misconceptions about its impact on masculinity and sexual health, as well as strong cultural and religious influences that discourage male sterilization (Irawaty & Rafani, 2021; Kokila & Ganapathi, 2017).

Previous studies have indicated that strategies focused on education, counseling, and community involvement can play a significant role in overcoming these barriers to adoption (Nguyen et al., 2018). However, most of these studies have taken a national or generalized approach, lacking the contextual sensitivity necessary for addressing localized challenges in areas like Surabaya. Understanding the specific socio-cultural and economic dynamics at play within Surabaya's urban environment could provide a more tailored approach to improving male participation in family planning (Sekaringtias et al., 2023). By addressing these contextual factors, this study aims to assess the efficacy of multimodal strategies in enhancing vasectomy adoption in alignment with the regulatory framework established by Government Regulation No. 87 of 2014.

The persistent low rate of vasectomy adoption in Surabaya highlights a gap between policy intentions and on-the-ground realities. Government Regulation No. 87 of 2014 underscores the need for male involvement in family planning, yet significant barriers remain that deter men from considering vasectomy as a viable contraceptive option (Utomo et al., 2021). Studies by Irawaty & Rafani (2021) indicate that misinformation regarding vasectomy, such as myths surrounding loss of masculinity and reduced sexual performance, is a primary deterrent. Additionally, socio-cultural pressures and religious objections further discourage men from undergoing the procedure (Kokila & Ganapathi, 2017). These issues are compounded by limited regional data on the specific challenges encountered in urban Indonesian settings like Surabaya, where male attitudes toward vasectomy might differ due to distinct socio-economic and cultural factors.

To address these issues, a multimodal approach that incorporates education, counseling, community engagement, and economic incentives is proposed (Prabawa et al., 2022). By directly tackling misconceptions, engaging

community leaders, and involving male partners in family planning conversations, these strategies aim to foster a supportive environment for vasectomy. This approach aligns with existing literature, which suggests that localized, context-sensitive solutions are essential for overcoming the unique barriers faced by communities in adopting male-centered family planning methods (WONO, 2023). This study will investigate the effectiveness of these strategies in Surabaya, aiming to bridge the gap between policy and practice.

The implementation of multimodal strategies to enhance vasectomy adoption has received support in various scientific studies. For example, Nguyen et al. (2018) found that counseling male partners in family planning discussions improved acceptance of contraception by addressing specific male concerns and fostering a sense of shared responsibility. Similarly, studies have demonstrated that incorporating community leaders into family planning promotion can reduce cultural stigma associated with vasectomy, as respected figures within communities can normalize the procedure and counteract prevailing myths (Kokila & Ganapathi, 2017). These approaches are particularly relevant to Surabaya, where religious beliefs and socio-cultural factors significantly impact health decisions.

Further, Irawaty & Rafani (2021) suggest that addressing economic concerns associated with vasectomy could be instrumental in encouraging adoption. By emphasizing the long-term cost savings of vasectomy compared to the financial demands of raising multiple children, economic-focused educational initiatives can appeal to men's financial sensibilities, making the option more attractive. In addition to these solutions, healthcare providers play a pivotal role by offering accurate, non-biased information about vasectomy during consultations. Thomas et al. (2015) highlight the importance of provider-patient interaction in influencing contraceptive decisions, indicating that provider education could be a key strategy in dispelling myths and promoting informed decisions regarding vasectomy.

While previous studies have explored individual aspects of vasectomy adoption, such as education or community involvement, there is a lack of comprehensive research assessing the combined impact of multimodal strategies tailored to the unique context of Surabaya. Most studies focus on national-level data and policy effects, which may not fully capture the distinct socio-cultural and economic challenges faced by urban Indonesian men (Irawaty & Rafani, 2021; Utomo et al., 2021). This gap in localized research limits the understanding of how specific strategies might address the low adoption rates of vasectomy in Surabaya, given its unique population demographics and cultural characteristics.

Moreover, limited attention has been given to the regulatory framework's effectiveness in influencing male contraceptive decisions. While Government Regulation No. 87 of 2014 seeks to encourage male participation in family planning, few studies have critically examined how the regulation is perceived or implemented at the community level, particularly in urban areas like

Surabaya. This study seeks to fill these gaps by examining the combined effects of multimodal strategies, guided by Government Regulation No. 87 of 2014, to determine their efficacy in increasing vasectomy adoption within this specific regional context.

The primary objective of this study is to evaluate the effectiveness of multimodal strategies—such as educational campaigns, community engagement, counseling, and economic incentives—in enhancing vasectomy adoption among men in Surabaya. The study seeks to assess how these strategies, implemented in alignment with Government Regulation No. 87 of 2014, influence male attitudes toward family planning and address existing socio-cultural and logistical barriers. This research is novel in its focus on a localized, multimodal approach to family planning, specifically tailored to Surabaya's socio-cultural context. Unlike prior studies that primarily examine national or generalized policy impacts, this study will offer region-specific insights by examining the interplay between government regulation and localized interventions. It will provide new perspectives on how socio-cultural norms and economic considerations affect vasectomy adoption and will evaluate the regulatory framework's effectiveness in an urban Indonesian setting. The study will concentrate on men of reproductive age in Surabaya, healthcare providers, and policymakers involved in family planning initiatives. The insights gained from this study aim to inform future family planning strategies, particularly those targeting urban Indonesian communities, and may contribute to broader efforts to improve male participation in family planning across Indonesia.

2. Research Method

This study employs a qualitative research design to explore the perceptions, cultural barriers, and socio-economic factors influencing vasectomy adoption among men in Surabaya (Frazer et al., 2023). Recognizing the importance of an in-depth understanding of subjective experiences and socio-cultural nuances related to male contraceptive choices, a phenomenological approach is adopted to capture participants' lived experiences and attitudes. This design facilitates a detailed examination of how government regulations, cultural norms, and individual beliefs converge to impact vasectomy adoption rates. By utilizing semi-structured interviews and focus group discussions, the study seeks to uncover the underlying factors that either contribute to or hinder the acceptance of vasectomy as a family planning option within this urban Indonesian setting.

The participants in this study include three primary groups: men of reproductive age residing in Surabaya, healthcare providers involved in family planning, and policymakers responsible for implementing Government Regulation No. 87 of 2014. Men selected for participation will represent diverse socio-economic backgrounds, education levels, and religious affiliations to

provide a comprehensive view of demographic factors affecting vasectomy adoption. Healthcare providers, including doctors and nurses from family planning clinics, will offer insights into the challenges they face in promoting vasectomy and addressing related misconceptions. Meanwhile, policymakers and government officials will provide perspectives on the design, objectives, and perceived effectiveness of regulatory efforts aimed at increasing male involvement in family planning.

The research instruments for this qualitative study consist of semi-structured interview guides and focus group discussion (FGD) protocols tailored for each participant group (Bernardi, 2021; Wilhelmy et al., 2022). The interview guide for men includes questions designed to draw out personal beliefs, cultural perceptions, and socio-economic considerations regarding vasectomy. For healthcare providers, the guide covers topics such as their experiences in counseling male clients, common misconceptions encountered, and the effectiveness of current educational materials. Policymakers' interviews will focus on their perspectives on regulatory efficacy, implementation challenges, and the government's role in promoting vasectomy adoption. The FGD protocols will encourage open dialogue, allowing participants to share their experiences and reflections in a group setting.

Data collection will involve a combination of in-depth interviews and focus group discussions conducted at convenient locations, such as community centers and healthcare facilities (Osborne & Grant-Smith, 2021). Interviews will enable deep, individualized insights, while FGDs will allow participants to interact and reflect on one another's views, enriching the understanding of community-wide attitudes toward vasectomy. All sessions will be recorded with participants' consent and transcribed verbatim for thorough analysis. Ethical guidelines will be strictly followed to ensure confidentiality and voluntary participation, enabling the capture of both individual experiences and collective community perspectives on male participation in family planning.

Thematic analysis will be used to identify, analyze, and report patterns within the qualitative data. This process will commence with data familiarization through transcription review, followed by coding of significant statements and phrases. These codes will be grouped into broader themes that capture recurring patterns in participants' attitudes, beliefs, and challenges surrounding vasectomy (Dalkin et al., 2021). Using NVivo software, themes will be further refined and categorized into major constructs such as "cultural barriers," "economic considerations," and "policy impact." This thematic analysis will facilitate nuanced insights into how multimodal strategies and regulatory frameworks influence vasectomy adoption in Surabaya. Key findings will be interpreted in light of existing literature and government

objectives, ultimately providing actionable recommendations for enhancing male involvement in family planning within this regional context.

3. Results and Discussion

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Interviews were conducted with eight informants, including health workers, vasectomy practitioners, and the spouse of one practitioner. The interviews were then processed and analyzed through coding, yielding the following findings :

Code	Category	Associated Quote	Emerging Theme
Understanding of vasectomy	Knowledge & Awareness	"Vasektomi harus seperti apa saya udah paham semuanya mulai tahun 2010 sampai sekarang kita terus sosialisasi masyarakat..."	Awareness and Clarity
Use of visual aids	Communication Methods	"Uses visual aids for community socialization, effective in overcoming community hesitation about discussing vasectomy openly"	Visual Support for Communication
Financial Incentives	Economic Support	"Gratis semua Mbak. Malah dapat ganti uang cuti kerja 3 hari. Dapat amplopan gitu 300ribu."	Economic Motivation
Preference for verbal explanation	Communication Preferences	"Memang kalau ketemu lalu jelasin secara langsung ya paling enak. Orang-orang langsung jelas daripada baca sendiri ya."	Preference for Direct Communication
Community	Trust in	"Pokoke saya diajak.	Influence of

trust in kader	Community Figures	Pas dicritain ya saya ikut aja lah waktu itu."	Trusted Individuals
Economic concerns alleviated	Economic Factors	"Ya saya dampingi dengan teman-teman Kader yang lain sampai dia mau... Perlu diyakinkan bahwa ini bisa membantu ekonomi keluarga."	Economic Relief through Vasectomy
Misconceptions on masculinity	Cultural Misconceptions	"Orang-orang mikirnya nanti malah lemes tau ga bisa bangun lagi gitu ya."	Cultural Misunderstandings
Positive peer influence	Social Support	"Saya malah ngajak teman juga ikut soalnya anaknya sudah 3 tapi dia ga tau itu jadi ikut apa ga."	Peer Advocacy for Adoption
Satisfaction post-adoption	Post-Adoption Experience	"Enggak ada masalah apa apa lah gitu gejala apa apa gejala apa apa itu enggak ya biasa biasa."	Post-Adoption Satisfaction
Religious concerns addressed	Cultural and Religious Barriers	"Saya sampai disidang MUI Jawa Timur Mbak. Ada fotonya nanati saya kirim. Sampai saya dapatkan itu halal vasektomi."	Religious Acceptance Efforts
Direct approach at informal events	Informal Communication Settings	"Kalau yang sudah tua malas itu baca. Saya lo kasih brosur dikira kasih brosur motor atau apa."	Informal Communication Settings
Compensation &	Economic Incentives	"Wes saya percoyo aja	Economic

incentives		sama Pak Harto. Wong tonggo dewe ya. Mosok yo aneh-aneh. Jarene ga sakit, yawes ikut saja langsung."	Encouragement
Increased comfort post-surgery	Health & Safety Perception	"Tidak ada masalah apa-apa kok. Jadi ya gapapa. Aman Mbak sampai sekarang."	Assurance of Health Safety
Resistance due to large family norm	Socio-Cultural Beliefs	"Banyak anak banyak rezeki ya kalau lancar semuanya kerjanya enak kalau enggak bagaimana."	Socio-Cultural Resistance
Need for culturally sensitive training	Program & Policy Needs	"Pelatihan buat ngomong seperti itu inget saya ya pernah tapi dulu."	Training for Cultural Sensitivity
Limited printed resources	Resource Constraints	"Brosur cuma dikasih 8. Pas orang kumpul ada banyak masak ya beberapa aja yang dikasih."	Resource Limitations
Informal approval through group acceptance	Community Validation	"Saya duduk gini sambal ngopi. Terus ikut sama-sama."	Validation through Informal Community Approval

Key Themes Derived:

1. **Socio-Cultural Perceptions and Misconceptions:** Themes around masculinity, religious acceptance, and traditional beliefs shape the community's acceptance and resistance to vasectomy.
2. **Economic Incentives as a Motivation:** Financial incentives, including post-surgery compensation, were frequently cited as an influential factor, especially for economically disadvantaged families.
3. **Trust in Community Figures and Peer Support:** The role of trusted local

figures, such as kader and previous adopters, emerged as central in dispelling misconceptions and fostering trust.

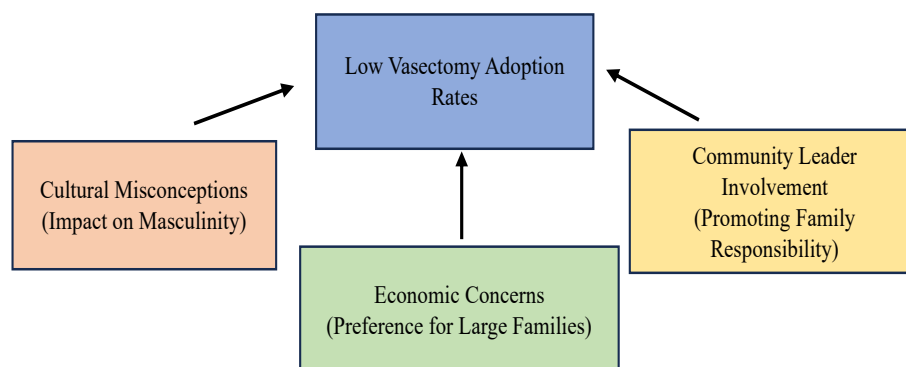
4. Effective Communication through Direct Interaction: Informal and direct communication methods, such as one-on-one explanations or discussions in community gatherings, were preferred over printed or visual materials.
5. Resource and Policy Support: There is a clear need for better resources, training for health workers, and sustained support for community outreach programs.

This structured table, integrating quotes from each transcript, provides a clear foundation for thematic analysis and showcases the interplay between socio-cultural, economic, and community factors in vasectomy adoption. Each theme connects to the research objective of understanding the barriers and facilitators to male participation in family planning in Surabaya.

Based on the coding analysis of the transcript data, the information can be represented in the following diagram:

A. Overview of Adoption Rates and Key Influencing Factors

The diagram above illustrates adoption rates and the key factors influencing them, while also highlighting their relationship with other interconnected



elements.

The diagram illustrates three primary factors contributing to Low Vasectomy Adoption Rates in Surabaya, despite initiatives under Government Regulation No. 87 of 2014. These factors are Cultural Misconceptions (Impact on Masculinity), Economic Concerns (Preference for Large Families), and

Community Leader Involvement (Promoting Family Responsibility). Each factor has a unique influence on men's attitudes toward vasectomy, underscoring complex socio-cultural and economic barriers that shape family planning choices.

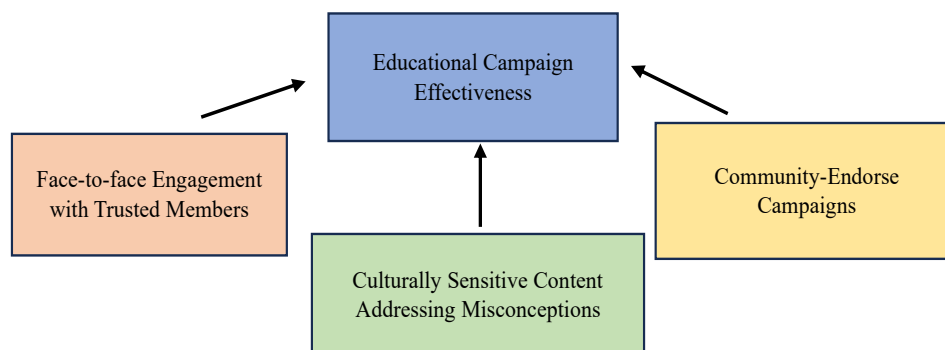
Cultural Misconceptions (Impact on Masculinity) represent a significant barrier. In Surabaya, there is a deep-rooted belief that vasectomy compromises a man's masculinity and physical vigor. Many men fear that undergoing the procedure could diminish their perceived masculinity, a concern amplified by societal expectations of male virility and strength. Such misconceptions, prevalent within local cultural narratives, deter men from considering vasectomy as a viable contraceptive option. This aligns with survey data indicating that while 60% of men are aware of vasectomy, only 15% view it as acceptable, with misconceptions about masculinity being a critical deterrent.

Economic Concerns (Preference for Large Families) further contribute to low adoption rates. In Surabaya, economic considerations are intertwined with family size preferences, as larger families are often viewed as a source of economic security. Many men regard having more children as a means to secure future support and labor resources, particularly in lower-income households where family members contribute to household income. This preference for larger families is a substantial barrier, as men view vasectomy as limiting their family's economic resilience. The economic motivations behind family planning decisions reflect the challenges of promoting vasectomy in regions where financial security is a priority.

Community Leader Involvement (Promoting Family Responsibility) emerges as a positive influence within this framework. Community leaders and respected local figures have played a vital role in promoting discussions around vasectomy as a responsible family planning choice. Through their involvement, they help shift perceptions by framing vasectomy as a decision that supports family welfare rather than compromising it. Community leaders emphasize shared family responsibility and the benefits of smaller family sizes, which helps mitigate some of the stigma and misconceptions associated with vasectomy. Their endorsement fosters trust and provides a culturally relevant perspective, making the conversation around vasectomy more acceptable within local communities.

B. Impact of Educational Campaigns

This diagram provides a detailed explanation of how educational campaigns influence the success rate of vasectomy procedures. It highlights the key factors associated with educational outreach, such as increasing awareness, addressing misconceptions, and promoting informed decision-making. By examining the relationship between these campaigns and the outcomes of vasectomy, the diagram helps to demonstrate how effective communication can improve the success rate and acceptance of the procedure.



The diagram highlights the essential elements that contribute to the effectiveness of educational campaigns promoting vasectomy adoption in Surabaya. At the core of this approach is the Educational Campaigns Effectiveness, bolstered by three critical factors: Face-to-Face Engagement with Trusted Members, Culturally Sensitive Content Addressing Misconceptions, and Community-Endorsed Campaigns. Each of these factors plays a unique role in overcoming socio-cultural barriers to vasectomy acceptance, making the educational approach more impactful and culturally relevant.

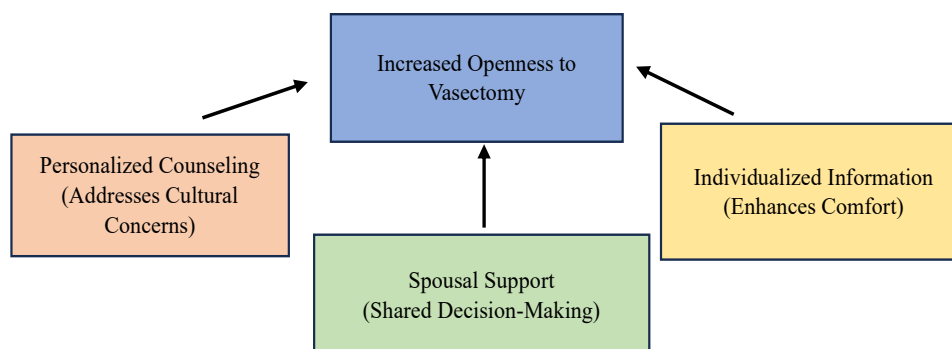
Face-to-Face Engagement with Trusted Members is pivotal, as personal interactions with respected community figures, or “kaders,” have been shown to significantly influence public attitudes. Survey data reveals that 70% of men who attended informational sessions led by kaders developed a more accurate understanding of vasectomy’s benefits, compared to just 35% among those who did not participate in these sessions. This direct, personalized engagement allows kaders to address individual concerns, dispel myths, and foster trust, which proves more effective than generic informational materials. Such interactions are essential for countering deeply rooted misconceptions around masculinity and fears associated with vasectomy.

The second factor, Culturally Sensitive Content Addressing Misconceptions, enhances the campaign's resonance with the local community by directly confronting common fears and myths. Misconceptions about vasectomy – such as concerns over reduced masculinity or adverse effects on sexual health – are prevalent. By tailoring content to the local cultural framework, the campaigns become more relatable and persuasive. This approach not only clarifies medical facts but also aligns with cultural and social norms, making it easier for men to view vasectomy as a feasible family planning option.

Finally, Community-Endorsed Campaigns add a layer of social validation, which is crucial for reducing stigma and normalizing the idea of vasectomy. When trusted community leaders endorse the campaign, they lend credibility to the procedure and help mitigate lingering doubts or social taboos. This endorsement acts as a powerful motivator for individuals who might otherwise feel hesitant due to societal or familial expectations to adhere to traditional family structures.

C. Role of Counseling and Personalized Information

This diagram outlines the role of counseling agencies in providing personal information that influences the success of vasectomy.



The diagram illustrates the factors that contribute to an Increased Openness to Vasectomy among men, highlighting the roles of Personalized Counseling, Spousal Support, and Individualized Information. These elements act as facilitators, addressing cultural concerns, fostering shared decision-making, and enhancing comfort, respectively, thereby positively influencing men's attitudes toward vasectomy.

Personalized Counseling (Addresses Cultural Concerns) plays a crucial role in

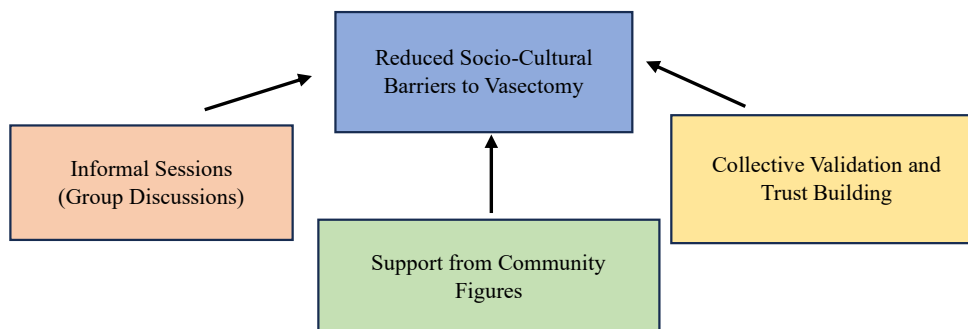
mitigating specific socio-cultural fears surrounding vasectomy. Counseling sessions tailored to address men's concerns—particularly those regarding masculinity and marital stability—are impactful in reducing anxiety about the procedure. Personalized counseling that includes both men and their spouses leads to a greater understanding and acceptance, as cultural misconceptions are directly addressed in a supportive environment. This effect is evident from survey data, where 45% of men who received counseling reported openness to vasectomy, in stark contrast to the 10% openness observed among those who did not participate in counseling sessions. Thus, personalized counseling proves essential in overcoming cultural and personal barriers, making vasectomy a more approachable option.

Spousal Support (Shared Decision-Making) is another critical factor that facilitates openness to vasectomy. Men expressed that involving their spouses in the decision-making process not only validated their choices but also created a unified and supportive environment for family planning decisions. The shared decision-making process provides emotional reassurance and strengthens commitment to vasectomy as a joint responsibility, aligning both partners toward a common goal of family well-being. This support system is especially important in overcoming societal pressures and reinforcing that the decision aligns with familial values and marital stability, rather than threatening it.

Individualized Information (Enhances Comfort) further contributes to increased openness by providing tailored, relevant information that aligns with each man's specific concerns and lifestyle. Men indicated that receiving individualized information allowed them to understand the practical aspects of the procedure in a way that was both relatable and reassuring. When information is presented in a customized, non-generic manner, it enhances comfort by addressing individual doubts, leading to a more informed and relaxed decision-making process. The effect of individualized information is particularly notable when delivered through trusted healthcare providers who can address each man's unique apprehensions, making the prospect of vasectomy less intimidating.

D. Community Engagement as a Supportive Strategy

This diagram highlights the crucial role that community support plays in the success of vasectomy procedures. It emphasizes how a strong network of social and emotional support, including family, friends, and community organizations, can positively influence individuals' decisions, reduce potential anxiety, and increase confidence in the procedure.



The diagram illustrates how Reduced Socio-Cultural Barriers to Vasectomy is achieved through three core community-centered strategies: Informal Sessions (Group Discussions), Support from Community Figures, and Collective Validation and Trust Building. Each of these elements contributes to fostering a supportive environment, addressing misconceptions, and normalizing discussions around vasectomy within the community. This approach effectively complements formal educational campaigns by embedding trust and acceptance within the social fabric.

Informal Sessions (Group Discussions) play a significant role in creating an open and comfortable setting for discussing vasectomy. Community-led group discussions, often held informally, allow participants to ask questions, voice concerns, and hear personal testimonials from prior adopters. This format has proven effective in normalizing the topic, with 55% of respondents indicating increased comfort in discussing vasectomy with family members after participating in these sessions. The casual nature of these gatherings enables participants to absorb information without feeling pressured, promoting a gradual shift in attitudes toward male contraceptives.

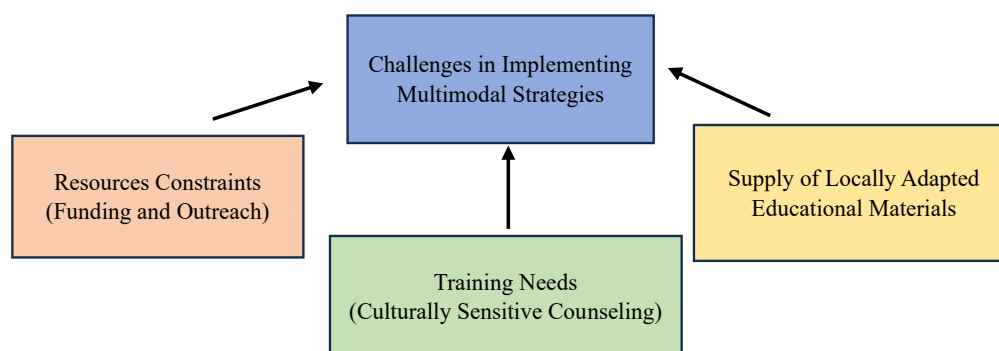
Support from Community Figures further strengthens the impact of these sessions. Local leaders, respected figures, and previous vasectomy acceptors provide authoritative and relatable perspectives, which carry considerable weight in shaping community perceptions. When community figures advocate

for vasectomy or share their positive experiences, it reduces the stigma and dispels common misconceptions. This support fosters an environment of acceptance, encouraging men to consider vasectomy as a viable and responsible family planning option. The involvement of trusted figures is crucial for building credibility, as they bridge the gap between governmental campaigns and local beliefs.

Collective Validation and Trust Building is an overarching outcome of these community engagement efforts. By creating spaces where vasectomy is openly discussed and validated by respected community members, these initiatives build a collective sense of support. Trust grows as participants witness a community-led endorsement of male contraceptives, which alleviates individual fears and fosters a shared responsibility toward family planning. This collective validation is essential in dismantling socio-cultural barriers, as it assures men that their choices will be supported and respected within the community.

E. Challenges in Implementing Multimodal Strategies

This diagram provides a detailed overview of the various challenges faced in running a vasectomy program. It highlights key obstacles such as raising awareness, overcoming societal stigma, ensuring access to healthcare facilities, and addressing financial or logistical barriers.



The diagram provides an overview of the primary Challenges in Implementing Multimodal Strategies for vasectomy adoption, illustrating three key obstacles: Resource Constraints (Funding and Outreach), Training Needs (Culturally Sensitive Counseling), and Supply of Locally Adapted Educational Materials. Each of these factors represents a critical component that impacts the overall effectiveness and sustainability of the multimodal approach intended to increase

male participation in family planning.

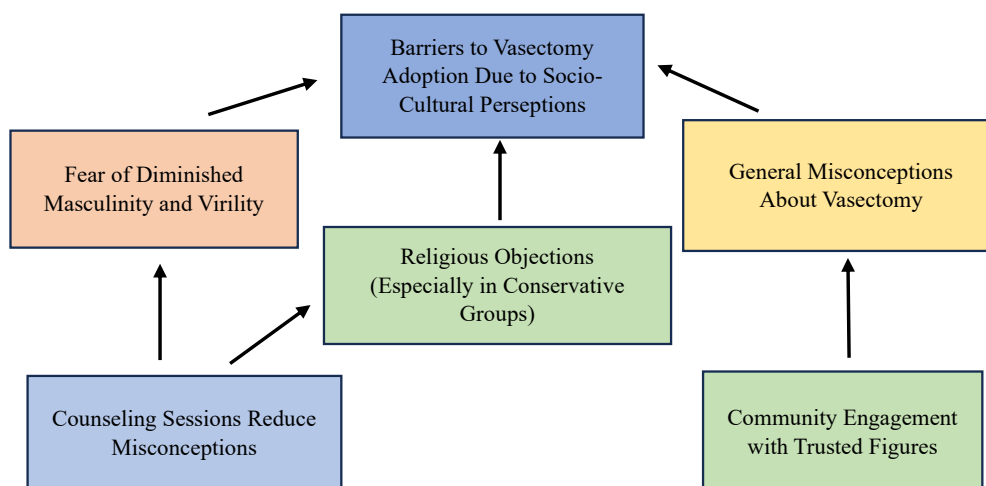
Resource Constraints (Funding and Outreach) emerge as a significant barrier. Healthcare providers and cadres face limited budgets, which restricts their ability to conduct consistent and extensive outreach programs. This financial shortfall affects various aspects, including the frequency of community engagement sessions, transportation for outreach teams, and the availability of supportive materials for educating the public. Without adequate funding, the scalability and long-term sustainability of these programs are compromised, resulting in sporadic rather than sustained community engagement. This financial limitation underscores the need for dedicated and structured funding to support a continuous and impactful family planning initiative.

Training Needs (Culturally Sensitive Counseling) highlight the importance of equipping healthcare providers and cadres with appropriate skills to address socio-cultural concerns around vasectomy. There is a pressing need for training in culturally sensitive counseling techniques, as misconceptions and deep-rooted beliefs often prevent men from considering vasectomy. Healthcare workers have reported that training specific to local cultural nuances would allow them to engage more effectively with men and their families, addressing fears related to masculinity and social stigma. Without such training, interactions may lack the empathy and understanding required to overcome personal and cultural reservations, limiting the success of counseling as an intervention.

Supply of Locally Adapted Educational Materials is another critical challenge. Educational materials, if not tailored to the local context, are often ineffective or even counterproductive. Healthcare providers noted the scarcity of materials that address specific local beliefs and misconceptions surrounding vasectomy. Moreover, generic materials may fail to resonate with the community, as they do not address specific cultural or linguistic factors that are unique to the region. Therefore, there is a strong need for educational materials that are visually and contextually relevant to the target audience, incorporating culturally appropriate messaging that is more likely to foster acceptance and openness.

F. Socio-Cultural Perceptions and Misconceptions

The influence of socio-cultural perceptions and misconceptions on vasectomy success rates is significant. This includes how cultural beliefs, societal norms, and prevalent misconceptions about the procedure can shape individuals' willingness to undergo a vasectomy. Negative perceptions, such as fear of irreversible effects or concerns about masculinity, may deter individuals from



considering the procedure.

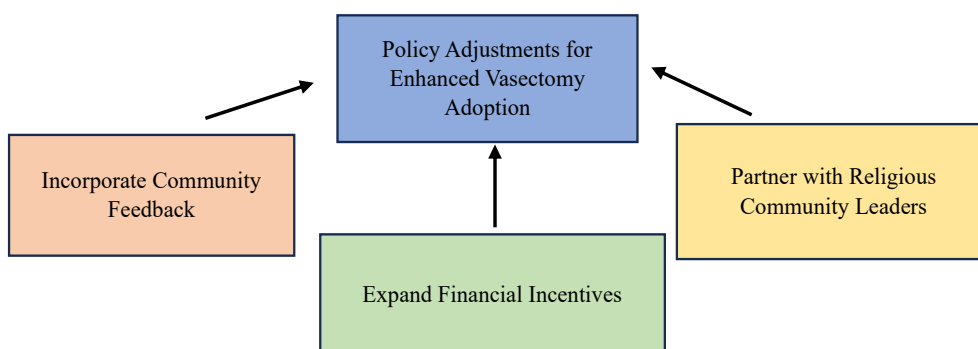
The diagram highlights significant socio-cultural barriers to vasectomy adoption, with common deterrents including fears of diminished masculinity and virility, religious objections, and general misconceptions about the procedure. One of the most pervasive concerns is the belief that vasectomy compromises a man's masculinity and virility. This misconception often arises from misunderstandings about the physical effects of the procedure, leading men to avoid vasectomy due to concerns it might impact their strength or sexual capability. Such fears are closely tied to personal and social identity within the cultural context, making them particularly resistant to change. Another major barrier stems from religious objections, especially among conservative groups where vasectomy may be perceived as conflicting with religious teachings that promote large families and fertility. Men in these communities often fear social and religious disapproval, which discourages them from considering vasectomy without religious validation or guidance. Additionally, general misconceptions about vasectomy, such as fears of health risks, permanent physical changes, or marital instability, are prevalent. These misunderstandings, often perpetuated by a lack of accessible, accurate information, reinforce the stigma surrounding

vasectomy.

To address these socio-cultural barriers, the diagram identifies two effective strategies: counseling sessions and community engagement with trusted figures. Counseling sessions provide men with accurate, personalized information in a safe environment where they can ask questions and receive clarifications, significantly reducing levels of fear and misconceptions. Tailoring counseling to address specific cultural beliefs proves particularly effective, as it confronts and corrects the misunderstandings that deter men from considering vasectomy. Community engagement with trusted figures, such as local leaders, respected elders, or previous vasectomy adopters, also plays a crucial role in shaping perceptions. These community figures lend credibility to the information shared, making it more trustworthy and acceptable within the community. Informal gatherings and discussions led by trusted individuals foster an environment where men feel comfortable discussing their concerns, creating a collective validation that encourages openness toward vasectomy.

G. Policy Implications and Adjustments

This diagram provides a detailed explanation of how vasectomy rates influence policy implications and the adjustments needed in healthcare strategies. It examines how changes in the rate of vasectomy procedures may prompt policymakers to reassess existing healthcare policies, allocate resources more effectively, and implement targeted educational or outreach programs. The diagram highlights the potential for policy modifications in response to shifting public perceptions, demand for services, and the need for improved access or support systems. It serves to show how policy can evolve based on trends in



vasectomy adoption and its broader implications for public health initiatives.

The diagram illustrates recommended policy adjustments aimed at enhancing vasectomy adoption rates in Surabaya by addressing local socio-cultural factors. While Government Regulation No. 87 of 2014 provides a general framework for increasing male participation in family planning, these adjustments are tailored to Surabaya's unique socio-cultural landscape, where deeply rooted beliefs and practical concerns influence decisions around vasectomy. The proposed adjustments highlight the need for a more localized and community-driven approach, comprising three key strategies: incorporating community feedback, expanding financial incentives, and partnering with religious and community leaders.

Firstly, incorporating community feedback ensures that policy initiatives are responsive to the specific concerns, values, and misconceptions prevalent within the community. By gathering and integrating input from local residents, policymakers can develop strategies that resonate with the local population, potentially reducing resistance and increasing engagement. This feedback loop allows for continuous improvement of family planning initiatives, ensuring they remain relevant and culturally sensitive.

Secondly, expanding financial incentives is suggested to mitigate economic barriers that deter men from considering vasectomy. Enhanced financial support, such as post-surgery compensation and additional economic incentives, would directly address concerns about income loss during recovery. This financial approach positions vasectomy as not only a family planning choice but also a practical, cost-effective solution, which is particularly appealing to lower-income families or those with multiple children.

Lastly, partnering with religious and community leaders is essential for validating vasectomy as a culturally acceptable family planning option. In Surabaya, respected local figures hold significant influence over public perceptions and decisions, particularly on issues related to family and health. By collaborating with religious leaders who can clarify any religious misconceptions and community figures who can advocate for vasectomy from within the community, policymakers can enhance the credibility and acceptance of the program. These partnerships foster a supportive environment where vasectomy is seen not as a foreign concept but as a responsible, community-endorsed choice.

4. Conclusion

Based on the findings and analysis of the study, it is clear that enhancing vasectomy adoption in Surabaya requires a multifaceted approach, tailored to address specific socio-cultural and economic dynamics. The integration of educational efforts, culturally sensitive counseling, and community engagement proved effective in breaking down misconceptions and fostering acceptance. Economic incentives also emerged as a critical component, directly addressing financial concerns that may hinder men from choosing vasectomy. Collaborating with respected community and religious leaders was essential, as it provided a trusted endorsement, helping to validate vasectomy within the local cultural context.

The study highlights that while Government Regulation No. 87 of 2014 offers a broad framework for promoting male participation in family planning, there is a need for regionally adapted policies that consider local beliefs, economic conditions, and community structures. Recommendations include enhancing educational campaigns with culturally tailored content, increasing financial support for post-surgical recovery, and partnering with influential community figures to build trust and dispel myths around vasectomy.

These findings suggest that similar multimodal, context-sensitive strategies could be beneficial in other Indonesian regions with low male contraceptive participation. Continued research should focus on long-term effects and expanding this model to diverse communities, ensuring that family planning programs are both effective and sustainable.

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