

**THE STRATEGY OF KIE VASECTOMY/MOP METHOD
IN ATTEMPT TO INCREASE KB PRIA LESTARI ACCEPTOR
(Case Analysis in Badung District and Surabaya City)**

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Abstract

KB Paradigm already shifting from population control and fertility decline to the health of reproduction by concerning about the rights of reproduction and gender equality. One of the attempt or effort is men participation in KB whether it is by condom or vasectomy. The socialization of MOP Method is not easy. Many contradictions come from both man and wife. The man's side are hard to accept because afraid of erection dysfunction (not manly enough). While the wife's side are afraid if their husband cheating. Government Program (BKKBN) is formulating the Strategy of KIE and the counseling service for vasectomy. The interesting phenomenon is the achievement from the government of Surabaya city on 2013 MGDs Award on the health of mother and child category with excellent program “Pioneering and Empowerment the Group of Vasectomy Participants”. In Badung District one midwife, Nyoman Rai Sudani won the “Bidan Teladan Nasional” (National Exemplary Midwife) competition in 2011 because of her achievement in increasing and forging the vasectomy acceptor. The aim of this research is synthesizing the strategy of KIE vasectomy in Surabaya City and Badung district. Result of the research shows, the usage of face-to-face communication is effective for vasectomy method acceptance. However, on its development, the officials think that this method cannot create public opinion. Therefore, there is activity called “gerebegpasar& terminal”. Together, (officials, health cadre and Man KB Community) introduce vasectomy to the crowd in that place. The term vasectomy changed to “KB Lanang”. Enthusiasms from the community in that place to discuss and continued to participate in vasectomy need to appreciate. The achievement of this method then adopted by government by improving with service infrastructure such as car and doctor. They who interested in this program could directly do vasectomy. In this case testimony is important factor on opinion creation and the behavior of vasectomy participant candidate.

Keywords: vasectomy, testimony, gerebek pasar, BKKBN

INTRODUCTION

Based on data and information from ministry of health in 2015, Indonesian citizen in 2014 are 252.124.485 (male 126.921.864 and female 125.202.594). The number of PUS 47.019.002, active KB participants' 35.202.908 (74%). From that active KB Participants, using IUD 11,07%, MOW 3,52%, implant 10,46%, MOP

0,69%, condom 3,15, injection 47,54%, Pills 23,58%. %.

(www.depkes.go.id/resoueces/

profilkesehatanindonesia/data-dan informasi -2014 august 14, 2015). One of the attempts to increase the welfare (economy, education, health) is by promoting the family planning program (KB). The

arrangement of number of children and the birth range hopefully will leads to society welfare.

International conference related to Population and Development on 1994 in Egypt already agreed on paradigm shifting from the population control shifted to paradigm of reproduction health by concerning reproduction rights and gender equality. This new paradigm demands the awareness of menfolk for his obligation to participating in ensure/actualize the health of women reproduction (wives).

Since that conference, the participation of KB from male keeps on increasing. In several countries, the growth of participation on men KB is gladdening. For examples, in Malaysia on 1998 is 16,8%, in Bangladesh on 1997 is 13,9%. Whereas the target for men KB in Indonesia on 2007 approximately still on 4,5%. (Wahyuni, 2013:81)

According to dr. Widi Atmoko, the growth of men contraception method is important because more than 40% women cannot achieved the target in family planning program. Around 80 million of Indonesian women experiencing unwanted pregnancy every year. Women contraception mostly dominated by hormonal method (injection, pills/oral). Whereas for those who are not in order, finally triggering the pace of population

growth. Beside that, the contraception that used by women is less supportive in their reproduction health such as: IUD method could induce bleeding; hormonal method could affect other hormones inside the body. Meanwhile, vasectomy is a contraception method that effective, easy, fast and safe. Other than that, vasectomy participation supporting women's' reproduction health (Atmoko, 2013)

However, the participation in KB for men is still very low (0,69%). Many factors came from wives, husbands, or society, even government. Many wives afraid their husband will cheat on them if vasectomized. Meanwhile, the men (husbands) are afraid losing their manliness and satisfaction. The public opinion is still negative by perceiving that vasectomy is same with castrated and forbid by the religion. Based on guidance fro MUI through Ijtima Ulama IV on 2012 in Tasikmalaya decided that vasectomy is not haram absolutely and not halal absolutely. It means it's allowed if there is no syariah infringement, not causing permanent infertility, and there are guarantee it could be recanalization again, also not harming the participants. Meanwhile the government hasn't decided men as the main target for family planning.

New paradigm in National family planning program already changed from

implementing the norm of small family happy and prosperous (NKKBS) becoming vision to manifesting “Implement The Family with Quality”. The family with quality is prosperous, healthy, advanced, independent, having ideal number of children, insightful, responsible, harmonious and committed to god. The prevention of death and sickness is the main reason the family planning service is needed. One of the key message in national strategy plan is “Making pregnancy saver”. Every pregnancy is wanted and planned pregnancy.

Participation men/husbands in KB is men/husbands responsibility in improving women/wives reproductions' health while implementing the family with quality. The awareness of responsibility from men/husbands about the success of their KB must be grown so that they did not throw the responsibility to women/wives. They have to realize about the gender equality principle in KB. They have to realize that women/wives already bear the brunt since pregnant, delivering baby, breastfeed and take care of the children. It is not appropriate if women/wives should take responsibility for contraception method. While the contraception method usage for women/wives is more risky for their reproduction health than contraception method for Men.

Several researches show that health education correlated positively to vasectomy acceptance (Hardiani,2013: Wahyuni,2013). This means that the sufficient information about vasectomy already change the attitude toward vasectomy and leads to the increasing of vasectomy acceptor. Sufficient information could change perception about vasectomy (as positive method). Therefore, the problems that arise are how the strategy of communication of Information Education (KIE) that proper so that the important message about vasectomy is accepted without compulsion.

There are two interesting case about the success of KIE vasectomy, that is in Surabaya city and Badung district. The government of Surabaya city could achieve MDGs Award on 2013 for reproduction healthcategory with the successful program in fostering vasectomy group. In Badung district, there are two midwives achieved award as national exemplary midwives because of their persistent as supporter for KB for men (vasectomy). From two areas that leading in the KIE vasectomy, this research try to synthesizing an alternative KIE (creative and innovative model about KIE) that could be use as national program to increase the participation/acceptor in KB Pria Lestari.

From successful context of KIE vasectomy above, the problem in this research could be formulated as follows: How the alternative strategy for KIE (Komunikasi Informasi Edukasi) method of vasectomy in attempt to increase the acceptor for KB Pria Lestari in Badung district and Surabaya city. From that problem, the purposes of this research could be specifying to 3, which are: first, knowing the vasectomy meaning by the communicator. Second, knowing the meaning of communication environment by the communicator. Third, knowing the strategy of KIE about vasectomy method that developed.

Several previous researches that relevant to this research are: first, research by Henny Purwani with title “Upaya Peningkatan Partisipasi Pria Dalam Keluarga Berencana dan Kesehatan Reproduksi sebagai Wujud Kesetaraan Gender” (Jurnal Hukum Argumentum, Vol.10 No 2 Juni 2010). The purpose of this research is to describe the efforts from Lumajang District to increase the men participation on KB and reproduction health. The approach that used in this effort is sociology juridical (socio-legal research), that not solely studying the rules about the equality of right and obligation between men-women in KB and health reproduction, but also saw directly the real

life of the society. The conclusion of this research is men participation in KB program only increasing 0,4% (very minim). Men mostly gave the KB program planning to their wives. The effort that done by Lumajang government is very normative by coordinating related institution.

Second, the research of Ni Putu Dewi Sri Wahyuni, Nunuk Suryani and Pancrasia Murdani with title “Hubungan Pengetahuan dan Sikap Akseptor KB Pria Tentang Vasektomi Serta Dukungan Keluarga dengan Partisipasi Pria dalam Vasektomi Di Kecamatan Tejakula Kabupaten Buleleng (Jurnal Magister Kedokteran Keluarga Vol 1, No 1, 2013 hal 80-91 <http://jurnal.pasca.uns.ac.id>).

This research background was the low of men participation as vasectomy acceptor. In other side, the paradigm of KB is already shifts from population control and fertility reduction to health reproduction approach. The purpose of this research is to knowing the effect of knowledge, attitude about vasectomy and family support to men participation in vasectomy. The method that used was survey with 87 samples and the data analysis used logistic regression. The result of this research shows that knowledge, attitude, and support from family have significant influence to men's vasectomy participation. The

recommendation from this research is the KB's field officer hopefully could increase the promotion of vasectomy service through giving the KB education in form of counseling and approach to the family about the importance of vasectomy contraception.

Third, research from Ratna Sri Hardiani and Mayang Anggun Pertiwi with title "Pendidikan Kesehatan Terhadap Sikap Suami Tentang Vasektomi" (Jurnal Keperawatan Maternitas Vol 1, No 2 tahun 2013, <http://jurnal.unimus.ac.id>). This research background was the domination of contraception usage by women group, especially hormonal contraception. Yet, many of them are not obeying the rule of contraception usage. In the end, it could trigger the blooming of population. The purpose of this research is to know the influence of health education in husband attitude towards vasectomy. With survey method of 92 sample and used analysis technique data test Mann Whitney U test, it was discovered that 82,6% from the husband group have positive attitude after the giving of intervention in health education about vasectomy. The recommendation of this research is the health officer implement and develops the program of health education about vasectomy to the husbands.

The differences of this research with the above three research is on the research focus. The research this time focused on studying the *kajian strategi komunikasi* (KIE) that attempted so that it could create public opinion and the increasing of acceptor participant for KB Pria Lestari significantly. This research is studied in qualitative research area, while other research before more focus on factors that influencing the attitude toward vasectomy (in quantitative study).

KIE is the effort of spreading the information in persuasive way with the purpose of changing the perception, understanding, and behavioral change. KIE is the social campaign activity or social marketing communication. Therefore, usually it conducted by non-profit organization and or government because this activity is social.

The communication theory that uses to dissect this study is Diffusion of Innovation (Everett M Rogers). According Rogers, diffusion is process where an innovation communicated through certain channels, among the members of social system constantly. In that definition, diffusion of innovation process consists of 4 (four) main elements.

First is innovation; ideas, action, or goods that considered as new by individuals. In this term, the novelty of

innovation measured subjectively according to individuals' views that receive it. If an idea considered as new by an individual therefore that idea is innovation for that individual. The concept of 'new' in innovative idea not necessarily must be new entirely. Innovation is idea, practice, or object that considered as new by an individual or other unit adoption. Rogers (1983) stated five characteristic of innovation that could influence the decision on adopting an innovation:

- Relative advantage is the degree where an innovation considered better or superior than previous things that existed. This advantage could be measured from many aspects such as economy aspect, social prestige, comfort, satisfaction, etc. The more relative advantage perceived by adopter, the innovation would be faster to be adopted.
- Compatibility is the degree where the innovation considered as consistent with values that applied, former experience and adopters need. For example, if an innovation or certain new ideas are not suitable with the values and norms that applied, the innovation will not easily adopted as easy as the innovation that compatible.
- Complexity is the degree where innovation considered as something that

hard to understand and applied. Some certain innovations are easy to understand and applied by the adopter and there are some that contrary. The easier of an innovation understood by the adopter, the innovation would be faster to be adopted.

- Trial ability is the degree where an innovation could be tested in certain limitation. An innovation that could be tested in real setting normally would be faster to adopt. So, for an innovation could be adopted fast, an innovation should shows (demonstrated) it advantages
- Observability is the degree where other people could see an innovation result. The easier for people to see the result of an innovation, the bigger possibility an individual or a group of people adopting that innovation.

Second, the communication channel is the tool to deliver the innovation messages from source to receiver. In selecting the communication channel, the things that must be considered is (a) the purpose of why the communication is conducted and (b) the receiver characteristic. If the communication purposely to introduce an innovation to audience that massive and spreading vastly, than the communication channel that proper, fast, and efficient is mass media.

However, if the communication purpose is to change the attitude or behavior of the receiver personally, than the proper communication channel is interpersonal channel.

Third, the time period of the process of innovation decision, start from an individual know until decides to accept or reject, and the inaugural to the decision are very related to time dimension. The process of decision for an adoption starts from awareness, attitude formation, decision-making, implementation and confirmation. Based on the rate of speed of diffusion of an innovation, adopter could be divided to several groups. 1) Innovators: about 2,5% individuals that adopt the innovation on first time. Their characteristic is: adventurer, risk taker, mobile, smart, high economy capability. 2) Early adopters (Pioneers): about 13,5% that becomes pioneer in accepting innovation. Their characteristic are: the exemplarily (opinion leader), respected people, high access on the inside. 3) Early majority (early follower): 34% that becomes early follower. Their characteristic is: full of consideration, high internal interaction. 4) Late majority (end follower): 34% that becoming later follower in accepting the innovation. Their characteristic are: skeptical, accept because of economy consideration or social pressure, too

careful. 5) Laggard (conservative group/traditional): 16% the last is conservative or traditional group. Their characteristic is: traditional, isolated, limited insight not opinion leaders, limited resources.

Fourth, social system that is, a united unit that different functionally and binding in cooperation to solve problems in regards aiming shared purpose. The diffusion of innovation occurs in a social system. In a social system, there are social structure, individual or individuals group, and certain norms. Related to this thing, Rogers (1983) stated there is four factors that influencing the decision of innovation process. These four factors are social structure, norms opinion leader, and agent of change.

METHOD

This research using qualitative approach, a perspective that sees that human behavior is unique, and could not be generalized. The theory in this research is not tested, but it use for guideline so that this research is more direct. According to Cresswell (1994:163), this is the qualitative research characteristic: *Qualitative research occurs in natural settings, where human behavior and event occur; 2) Theory or hypotheses are not established a priori; 3) The research is the primary instrument in data collection; 4) Data are reported in words or picture; 5) The focus is on participant's*

perceptions and experience and the way they make sense live / multiple realities; 6) The research focuses on the process that is occurring as well as the product or outcome; 7) Data are interpreted in regard to the particulars of a case rather than generalization; 8) Objectivity and truthfulness are critical

Method that use in this research is case study. There are 2 cases that will be analyzed in this research. The first case is the implementation of KIE vasectomy KB for men in Surabaya city. This is a KIE program that initiated by government and successfully wins the MDGs national competition in health of mother and child category with the program development for KB for men's vasectomy group on 2013. The second case is KIE vasectomy KB for men in Badung District. This activity initiated from the society and brings midwife Rai Sudani won the national exemplary midwife on 2011 as an activist invasectomy KB for men.

The subject of this research is the socialization model of KIE KB for men/vasectomy in Sub-District Abiansemal and Sub-District Pakal. The object of this research is the group member of vasectomy KB for men, the local BKKBN counselor, local midwives, and health cadre.

Data collected through FGD technique. The participants of FGD are the leader from KB for male group, health

cadre, PLKB, village's midwives, and vasectomy participants. Other than that, the data also collected through observation and document.

The data collected in this research will be analyzed with strategy of communication audit analysis (one of variant from qualitative-verification analysis design). The steps are follows: data collecting, data reduction, and draw conclusion. To keep the data valid, researcher use triangulation method by matching the FGD result with observation or documents. In this case, researcher will see, whether the FGD result in line with the observation result or the document.

DISCUSSION

As a contraception method that becoming one of the choice in attempt to promote the KB program, vasectomy still become the last choice done by the participant if the other implementation of contraception method already failed. Many attempts to increase the society awareness in KB especially vasectomy are still far from the expectation.

In general, communicator (PLKB, cadre, midwives, and acceptor who becomes counselor), has positive perception about vasectomy. That vasectomy is not castrated not impairs the male sexual function, the husbands loyal to

the wives or the wives suspicion to the husbands is low, and there is positive recommendation from MUI about vasectomy. The positive interpretation becomes spirit for communicator to do KIE about vasectomy.

When doing the KIE vasectomy, the communicators realize that the participants' candidates are hard to access the information. Therefore, the face-to-face communication strategy is dominant to use. Because with this technique, the closeness between communicator and communicant is built, so the trust to the vasectomy also could be built.

Many aspects support the successful of an area in implementing the KB program. Abiensemal sub-district in Badung district, Bali is one of the regions that successful in implementing this program. Stared from the society participation in KB for male in Abiensemal that very low, a midwife called Nyoman Rai Sudani were moved and tried to bring more society member to realize the importance of this program. The target aimed was the family with the number of children that more than enough, with low economy and KB program that failed implemented by the wife. The attempt to ensure the society so they willing to do vasectomy was by inviting his husband first to be vasectomized, so Rai Sudani really

understands the benefit and advantages from vasectomy. Negative stigma about vasectomy that mentioned can be decreasing the men manliness could be disputed by Rai. Together with his husband, Rai Sudani tried to form a group for KB for man whose participants are their own neighborhood. Through this group of KB for men, Rai Sudani already tried to educate the society, and slowly changing the paradigm of society about KB for male.

The effort of Rai Sudani had several barriers. The groups of society that becomes main target for KB for men in general was in low class economy level, who work with their body strength, were reluctant to do vasectomy. They thought that vasectomy would affect their stamina and bother their activity. Rejection from the wives also sometimes happen, the wives thought if their husbands vasectomized, the husband will potentially doing something unwanted outside the house.

The approach that Rai Sudani and his husbands done was giving understanding to the society about vasectomy by inviting the KB for men acceptor that already vasectomized to give their testimony. Through many meetings that held in banjar, messages about the importance KB for men always relayed. Counseling by Rai Sudani use various methods. Sometimes she uses the props, but

the absorbance from the audience still less. The residents more enthusiasts if the explanation conveyed by presentation slides.

The PLKB officer in sub-district of Abiansema was also doing counseling activities. Several PLKB officer in Abiansema were KB for male acceptor, so when they do their duty they were easier to convince the society by their experience in using the KB for men. Other way that done was by visiting from house to house from the aimed target based on criteria that already decided. The counselor officers previously collect the data of families that suitable with the criteria, which are: failure in KB, having more than 2 children, and sufficient in age. This approach was time consuming because it cannot be done only one time. The purpose of this socialization process is to increase the awareness to join KB for men. This approach mainly done to the head of the family, because culturally, in Bali, husbands has more power than wives. The other approach method was through meetings in posyandu that held in Banjar every month; here the role of cadre is needed as socialization agent.

The government was also active in the attempt to increase the KB for men acceptor in Badung district. The government was supplying the incentive funds in amount of two and half million

rupiah for whoever who want to do vasectomy. This incentive given as compensation for the acceptor to exchange the living cost because after operation, this KB for men acceptor not allowed to work hard at least for two months. Other than that, to stimulate the growth of KB form male sustain, every year the government regularly compete the groups of this KB for men participant from administration or activities category.

The awareness of the society to participate in KB for men not only comes from the counselor's persuasion, but also because of information from other residents who already done the vasectomy.

Different things happen in Sub-district of Pakal in Surabaya city, which considered as the big 6 the highest KB for male level. In Surabaya, vasectomy is known as KB lanang. The government of Surabaya city popularized this term so that more of the men citizen participates in vasectomy. The government of Surabaya city not only evoke this program to suppress the population, but also for other important mission, increasing the society awareness that contraception not only become women responsibility, but also men responsibility as the head of family. The decision to use contraception tools expected to be decision decided together by husband and wife.

On 2011, sub district of Pakal through its KB for men group called Siwalan Mesra community achieved the national championship as the best health program. One of the initiator of this group establishment is Soeharto Ahmad. In Surabaya, there are 3 big community of KB for men vasectomy group, which are, in Kenjeran area, Semampir and sub district Pakal. The establishment of the group of KB for men in sub district Pakal initiated by Suharto Ahmad start from his wife condition who always face hard time when delivering baby and always failed in using various contraception method. Feeling pity looking at his wife condition, he decided to do vasectomy in 2009, and this choice make him cannot have child anymore. From his experience, Suharto tries to share with other people in the society. Seeing many of resident in his neighborhood have more than 5 children, as head of RW he tried to ask his resident to participate in KB for male. The approach was done by informal discussion such as in small stall, coffee stall or wherever he can meet people and share stories.

Even though vasectomy perceived as big deal for many people, Suharto Ahmad was able to invite tens of people to follow his step. He even becomes head of group of KB for men vasectomy “Siwalan Mesra” in 2011. In Surabaya, many men

already participate in vasectomy, but many also still hesitate. Many questions arise related to manliness of men after vasectomized, how much is the minimum number of children, problems related to recanalization to the canal that already cut and so on. If he finds difficulties in answering the question, Suharto will try to call the health officials to help him explaining.

The problem that comes from KB form man vasectomy is controversy from religion side. The majority of Surabaya citizen are Islam, and in Islam they're many opinion that contradict about the permission in using contraception tools. Therefore, Siwalan Mesra community tries to consult to the Majelis Ulama Indonesia (MUI) East Java about this vasectomy problem. Based on the studied by MUI Jatim, vasectomy stated as halal with the decision that decided by MUI through their instruction (fatwa). By that fatwa, Siwalan Mesra community becomes easier in convincing the society.

The approach in promoting the KB for men vasectomy in Surabaya was not only done for the men as the main target, but also to the wives. This approach done so that the decision taken was decision that decided between husband and wife. Many wives that support their husband to participate in KB for men vasectomy with

reasons such as gender equality, however there are several who reject the husband request to participate in vasectomy.

The multitude of target that tried to reach by Siwalan Mesra community to invite the society to participate in KB for male program, arise the idea to doing grebeg. Grebeg is an activity that held together to the target area, by asking the entire community member that consist of KB for men acceptor and cadre also motivator. Other than that, KB counselor in sub district level with health officer also participates in this entourage. The activity in grebeg is socializing directly to the member of society that met whether it is men or women. The area that targeted usually is public area such as market, terminal, port, and other places. This way was considered more effective than approaching from door to door that time consuming.

The purpose of this grebegpasar is to get as much as possible KB for men participant candidate. Even though many of them only listen to the officer explanation and promise to consulted it first to the family, many of them also interested to do the operation at that time. The explanation given by the officers were done as correct as possible without disclose any information from acceptor candidates, so the candidates know what kind of risk and

prohibition the must consider. Information delivery is also using daily language so it easier to be understood. If there are society member who interested in doing the operation, community will accompany at least two week after the operation. This is to ensure that everything runs normally, especially the acts of postoperative that entirely depend on the patient. There are several failure cases in the vasectomy operation caused by the acceptor who did not obey to avoid the prohibition, so there are problems such as bleeding, infection and others.

Different with Bali, the candidate of participants of KB for men in Surabaya generally not registered rigidly, so the activity of counseling and grebeg held for everyone in target areas. The enthusiasts of KB for men vasectomy not only come from Surabaya, but also from another areas outside Surabaya. But because there are requirements of residential that must be completed, many of them rejected. For the acceptor participant candidates that interested in operation, there are compensation fund from government in amount as 100 thousand rupiah. This compensation was usually become attraction to the community to participate in this KB for men.

The successful of this grebeg held by community adopted by health

department of Surabaya city to implement in many areas in Surabaya. The health department has regular schedule to hold grebeg depends on the request from field counselor. If there are acceptor candidate who want to do operation outside the schedule of grebeg, the counselor officer will accompany them to the medical service center that provide specially for vasectomy operation.

CONCLUSION

Basicly, all the communicator (PLKB, cadre, vasectomy participant, village midwives) perceives the vasectomy method as a positive effort, especially in increasing women's reproduction health. They realize that many women were not

convenient using hormonal KB, disorderly to the schedule, and emancipation era. They realize that the information acceptance and behavioral change of men for vasectomy is not easy thing to do. Patience to always communicate and testimony existence become the most important things. Even ensuring the wives needs testimony. In Surabaya city, the vasectomy communicator realizes that face-to-face communication way will took time. They try to create the public opinion and socialize vasectomy to be common in society's hearing. Therefore, the participants or participants'candidates don't need to hide or embarrassed. For this, they create an open communication activity for public called "Gerebeg Pasar/Terminal".

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