

## Mainstreaming Gender Equality in Family Planning: A Case Study of the Vasectomy Program in Surabaya

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### Abstrak

Artikel ini mengkaji ketidakkonsistenan dalam penerapan kebijakan pengarusutamaan gender dalam program Keluarga Berencana (KB) di Surabaya, di mana kebijakan-kebijakan tersebut masih menimbulkan beban struktural bagi perempuan. Tingkat vasektomi yang rendah (0,31%) di tengah penggunaan kontrasepsi yang luas menyoroti tantangan pemerintah dalam mengatasi struktur patriarki dan dominasi laki-laki di masyarakat. Menggunakan pendekatan studi kasus kualitatif, penelitian ini mengevaluasi kemampuan Pemerintah Kota Surabaya untuk mereformulasi strategi intervensinya pada program vasektomi. Temuan menunjukkan bahwa kesuksesan program ini sangat bergantung pada pergeseran dari kebijakan yang berfokus pada penyediaan fasilitas medis ke pendekatan yang menargetkan perubahan budaya. Efektivitas jaringan informal di ruang publik laki-laki, ditambah dengan dukungan politik yang kuat dari pemimpin regional, telah membantu mengurangi resistensi yang didasarkan pada ketakutan akan kehilangan maskulinitas. Studi ini berargumen bahwa mencapai keadilan reproduksi memerlukan transformasi tata kelola yang lebih responsif dan menempatkan vasektomi sebagai alat kebijakan strategis untuk menantang ketidaksetaraan gender.

**Kata Kunci:** Kesetaraan Gender, Keluarga Berencana, Kebijakan Vasektomi, Tata Kelola Kolaboratif, Maskulinitas Hegemonik

### Abstract

This article explores the inconsistency in how gender mainstreaming policies are applied within the Family Planning (KB) program in Surabaya, where these policies still impose structural burdens on women. The low vasectomy rate (0.31%) amid widespread

contraceptive use highlights the state's challenge in addressing the patriarchal structures and male dominance in society. Using a qualitative case study approach, this research assesses the Surabaya City Government's capacity to reformulate its intervention strategies on the vasectomy program. Findings indicate that the program's success largely depends on shifting from policy tools focused on providing medical facilities to those targeting cultural change. The effectiveness of informal networks in male public spaces, along with strong political support from regional leaders, has helped reduce resistance rooted in fears of emasculation. This study argues that attaining reproductive justice requires transforming governance to be more responsive and positioning vasectomy as a strategic policy tool to challenge gender inequalities.

**Keywords:** Gender Equality, Family Planning, Vasectomy Policy, Collaborative Governance, Hegemonic Masculinity

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## INTRODUCTION

Family planning is universally recognized as a key foundation for sustainable development, poverty reduction, and improved community health. Despite its importance, historical policies on population control and family planning have primarily focused on women as the main recipients of contraceptive methods.<sup>1</sup> This female-centric focus has unintentionally created a significant gender imbalance in public health initiatives. As a result, women are forced to bear the physical, emotional, and psychological burdens of reproductive regulation, often enduring the long-term side effects of hormonal and invasive contraceptive procedures.<sup>2</sup>

The disproportionate burden women face in contraceptive practices greatly limits their bodily autonomy and reproductive freedom. From a critical public policy and gender perspective, treating contraception solely as a "women's issue" reinforces structural patriarchal norms and strongly hinders women's socioeconomic progress. When women are uniquely

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<sup>1</sup> Rachel VanSickle-Ward and Kevin Wallsten, *The Politics of the Pill: Gender, Framing, and Policymaking in the Battle over Birth Control* (Oxford University Press, 2019).

<sup>2</sup> Scarlet Pollock, "Refusing To Take Women Seriously: 'Side Effects' And The Politics Of Contraception," in *Test-Tube Women* (Routledge, 2024).

responsible for family planning, their chances for ongoing education, stable employment, and active social participation are systematically reduced. Therefore, gender mainstreaming in reproductive health policy requires a fundamental shift: family planning must be redefined as an egalitarian partnership where men and women share equal responsibility.<sup>3</sup>

Including men in family planning programs is essential for advancing genuine gender equality in reproductive health policies.<sup>4</sup> Among the available methods, vasectomy is a safe, highly effective, and cost-efficient permanent contraceptive option for men.<sup>5</sup> Promoting vasectomy not only directly reduces women's long-term health risks linked to female-centric contraceptives but also encourages a culture of shared reproductive responsibility. Including vasectomy in mainstream family planning policies catalyzes challenging traditional gender roles in the household, positioning men not just as supportive partners but as active participants in reproductive health.<sup>6</sup>

Despite its significant clinical and economic benefits, the worldwide acceptance of vasectomy remains low. Cultural barriers and systemic policy gaps greatly impede its adoption. Widespread myths, misconceptions about sexual virility, and the persistent influence of hegemonic masculinity largely contribute to resistance against male sterilization.<sup>7</sup> Therefore, men's hesitation to get a vasectomy is both a medical issue and a complex socio-political phenomenon. It calls for comprehensive policy measures that

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<sup>3</sup> Jaelyn S. Wong, *Equal Partners?: How Dual-Professional Couples Make Career, Relationship, and Family Decisions* (Univ of California Press, 2023).

<sup>4</sup> Ademola Adelekan et al., "Male Involvement in Family Planning: Challenges and Way Forward," *International Journal of Population Research* 2014, no. 1 (2014): 416457.

<sup>5</sup> Titis Risti Yulianti et al., "Knowledge and Perceptions Role Towards Modern Male Contraceptives Use in Indonesia," *Jurnal Kesehatan Masyarakat* 18, no. 4 (2023): 463–72.

<sup>6</sup> Margaret E. Greene et al., *Involving Men in Reproductive Health: Contributions to Development*, 2006.

<sup>7</sup> A. C. Msoka et al., "The Male Role as 'King of the Family': Barriers to Vasectomy Uptake," *Africa Journal of Nursing and Midwifery* 21, no. 2 (2019), Scopus, <https://doi.org/10.25159/2520-5293/6263>.

actively dismantle toxic stigma, challenge patriarchal ideas, and educate the public on the core principles of reproductive health fairness.<sup>8</sup>

In Indonesia, the national family planning program has historically reflected these global disparities, with large public campaigns mainly targeting women.<sup>9</sup> Recent research highlights the importance of local, socio-cultural efforts to boost male involvement. For example, community-focused strategies that involve local leaders and informal discussion groups have shown strong potential in changing men's views on contraception from "not men's business" to a shared family responsibility.<sup>10</sup> Furthermore, using male motivators or men who have undergone vasectomy, along with culturally resonant health promotion strategies, has proven highly effective in breaking down patriarchal resistance and dispelling fears of side effects that lead to vasectomy refusal in various Indonesian regions.<sup>11</sup>

In the context of Surabaya City, a major urban and political center in East Java, the intersection of family planning success and gender inequality poses a notable policy paradox. Recent data and studies show that although Surabaya has a high overall Contraceptive Prevalence Rate (CPR), the distribution of contraceptive users is heavily skewed toward women.<sup>12</sup> Female-dominated methods such as IUDs, implants, and oral pills greatly outnumber male participation in vasectomy. This local context highlights a

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<sup>8</sup> Widiyanti Surdia et al., "Mapping Public Awareness of Vasectomy in the Stigma of Contraceptive Use in Indonesia," *South Sight: Journal of Media and Society Inquiry* 1, no. 2 (2025): 75–86; D. Shattuck et al., "A Review of 10 Years of Vasectomy Programming and Research in Low-Resource Settings," *Global Health Science and Practice* 4, no. 4 (2016): 647–60, Scopus, <https://doi.org/10.9745/GHSP-D-16-00235>.

<sup>9</sup> Terence H. Hull et al., *Indonesia's Family Planning Story: Success and Challenge* (Population Reference Bureau, 1977).

<sup>10</sup> Agrey H. Mwakisole et al., "Partnerships with Religious Leaders to Promote Family Planning in Rural Tanzania: An Open-Label, Cluster Randomised Trial," *The Lancet Global Health* 11, no. 12 (2023): e1943–54.

<sup>11</sup> Hilda Yunita WONO et al., "Implementation Of The Diffusion Program And Adoption Of Vasectomy Innovation In The City of Surabaya," *International Journal of Environmental, Sustainability, and Social Science* 4, no. 5 (2023): 1408–15.

<sup>12</sup> Malinda Wulan Safitri, "Analisis Determinan Pemilihan Alat Kontrasepsi Akseptor KB Kelurahan Wiyung Surabaya," 2 (2023): 958–67.

key reality: high health literacy, adequate facilities, and successful population control measures do not automatically mean gender equality in reproductive responsibilities.<sup>13</sup>

To address this clear disparity, the active and structural role of local government policy is crucial for turning the abstract idea of gender mainstreaming into concrete family planning outcomes.<sup>14</sup> The Surabaya City Government, through the Department of Population Control, Women's Empowerment and Child Protection, and Family Planning (DP3APPKB), holds a strategic position to lead this socio-cultural change. While earlier studies have thoroughly documented community-led health promotions, there is still a notable gap in the political science and public policy literature regarding how metropolitan local governments proactively create and execute policies that specifically require male involvement and advocate vasectomy as a tool of gender equality.

Recognizing this important gap in the literature, this study employs a descriptive qualitative approach to examine the government's role in promoting gender equality through vasectomy contraceptive programs in Surabaya City. Drawing on secondary literature and primary data from in-depth, semi-structured interviews with key DP3APPKB officials, this research outlines the local government's strategic efforts. The main goal of this study is to critically analyze how government policies and adaptive communication strategies address the structural barriers and social stigmas that have long limited men's participation. Ultimately, this research seeks to demonstrate how local political commitment and targeted public policies can effectively challenge myths and embed gender equality in reproductive health planning.

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<sup>13</sup> Jihan Zafira Bafadal, "Perspective and Practices on Gender Roles in Childcare and Division of Household Labor from Indonesian Families," *Governance and Development Policy (GDP)*, *Int. Inst. Social Studies, Hague, The Netherlands*, *Tech. Rep* 1 (2024).

<sup>14</sup> Muthia Andriani, "Pengaruhutamakan Gender Dalam Implementasi Program KB Di Kota Yogyakarta," *Jurnal Penelitian Kesejahteraan Sosial* 18, no. 2 (2019): 167–78.

## **GENDER MAINSTREAMING IN SURABAYA'S FAMILY PLANNING**

The evolution of gender mainstreaming (GMS) in Indonesia's family planning (KB) program marks a shift from a target-focused, population-control method to a rights-based approach. Since the release of Presidential Instruction No. 9/2000, the Indonesian government has worked to embed gender perspectives throughout all bureaucratic levels.<sup>15</sup> In Surabaya, this policy is demonstrated through the integration of gender-responsive budgeting and the "Kampung KB" initiative, which seeks to decentralize reproductive health services.<sup>16</sup> However, the main goal of GMS is often blocked by the persistence of patriarchal structures in local government. It requires a deeper examination of how gendered power dynamics are negotiated at the city level.<sup>17</sup>

The importance of implementing GMS at the local government level, especially in a major city like Surabaya, cannot be emphasized enough, as it acts as the frontline for social change. Current findings indicate that while policy documents in Surabaya are officially gender-responsive, their implementation still reflects a bureaucratic neutral stance that overlooks the unequal burden placed on women regarding contraception.<sup>18</sup> This highlights the need to go beyond formal mandates and adopt a transformative policy that tackles the root causes of gender inequality. By

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<sup>15</sup> Intruksi Presiden Nomor 9 Tahun 2000 Tentang Pengarus Utamaan Gender Dalam Pembangunan Nasional, 9, Presiden Republik Indoneisa (2000).

<sup>16</sup> Anindya Wayan Paramithasari, "Implementasi Program Keluarga Berencana (Kb) Di Kelurahan Jeruk Kecamatan Lakarsantri Kota Surabaya," *Publika* 3, no. 1 (2015).

<sup>17</sup> Susan Blackburn, *Women and the State in Modern Indonesia* (Cambridge University Press, 2004); Kathryn May Robinson and Sharon Bessell, *Women in Indonesia: Gender, Equity and Development*, vol. 8 (Institute of Southeast Asian Studies, 2002).

<sup>18</sup> Naila Amalia Ischa, "Analisis Faktor Penggunaan Kontrasepsi Metode Operatif Wanita (MOW) Pada Wanita Usia Subur," *Jurnal Ilmiah Kesehatan Media Husada* 6, no. 2 (2018): 245–54.

localizing GMS, the city government can better break down cultural barriers to equal access to reproductive health.<sup>19</sup>

At the core of this disparity is the idea of hegemonic masculinity, which Raewyn Connell describes as the dominant social construct that places men above women in reproductive decision-making. In Surabaya's family planning scene, this masculinity appears in the "male-as-provider" and "female-as-reproducer" split, where men are mostly left out or choose to exclude themselves from contraceptive responsibilities.<sup>20</sup> This hegemonic norm reinforces the idea that family planning is a "woman's domain," thereby limiting male participation in programs like vasectomy. As a result, gender inequality is reproduced not through biological differences but through these socialized standards of power and control.<sup>21</sup>

Furthermore, understanding gender as a social construct allows local policymakers to see that these power relations are fluid and changing. The fight for gender equality in Surabaya needs a careful breakdown of the dominant masculinity norms that stop men from participating in domestic and reproductive roles. When local governments carry out GMS, they are essentially engaging in "social engineering" to change what is seen as normal behavior for both genders. By promoting masculine values that highlight partnership and shared responsibilities over dominance, Surabaya can create a more inclusive reproductive health environment.

Successful public policy requires the involvement of multiple stakeholders from both government and non-government sectors to address issues that the state cannot solve alone. In Surabaya, collaboration among the DP3APPKB, health practitioners, and grassroots organizations such as Aisyiyah and PKK is essential. This collaboration ensures that gender policies are not just top-down, technocratic mandates but rather inclusive,

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<sup>19</sup> Ita Mardiani Zain et al., "The Study of Male Reproductive Health in Surabaya City," 2018, 410–12.

<sup>20</sup> James W. Messerschmidt and Michael A. Messner, "Hegemonic, Nonhegemonic, and 'New' Masculinities," *Gender Reckonings: New Social Theory and Research*, 2018, 35–56.

<sup>21</sup> Robert W. Connell and James W. Messerschmidt, "Hegemonic Masculinity: Rethinking the Concept," *Gender & Society* 19, no. 6 (2005): 829–59.

participatory processes that reflect the community's needs.<sup>22</sup> The first stage of this collaboration shows that trust and a power balance are the foundation of gender-responsive policy in Surabaya. Often, the history of top-down population control has created a trust gap between the state and marginalized women's groups. Ansell and Gash emphasize that for collaboration to succeed, there must be a fair distribution of power, with non-state actors empowered to challenge traditional norms.<sup>23</sup> Therefore, the Surabaya city government must actively promote a level playing field where gender advocacy groups have a strong voice in shaping family planning strategies, thereby overcoming the legacy of patriarchal exclusion.<sup>24</sup>

Supporting this framework is Facilitative Leadership, which catalyzes the breakdown of hegemonic masculinity within the bureaucracy. Leaders in Surabaya's local government need to act as mediators, bridging the divide between conservative cultural values and GMS's progressive aims. A facilitative leader does not issue commands but instead connects diverse stakeholders, such as religious figures and gender advocates, to reach consensus on reproductive health. This kind of leadership is essential to make gender mainstreaming seen not as a threat to local identity but as a means to community development and well-being.<sup>25</sup>

Furthermore, Surabaya's governance must foster transparency and open participation to ensure gender equality. This requires setting clear engagement rules that mandate gender-disaggregated data and impact assessments for all family planning initiatives. In line with the collaborative governance model, institutional design is effective when it offers a transparent framework that supports equal participation by all stakeholders.

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<sup>22</sup> Kirk Emerson et al., "An Integrative Framework for Collaborative Governance," *Journal of Public Administration Research and Theory* 22, no. 1 (2012): 1–29.

<sup>23</sup> Chris Ansell and Alison Gash, "Collaborative Governance in Theory and Practice," *Journal of Public Administration Research and Theory* 18, no. 4 (2008): 543–71.

<sup>24</sup> Ani Purwanti and Fajar Ahmad Setiawan, "The Challenges of Women Contribution in Policymaking and How They Overcome It: An Indonesian Study," 2020, 74–78.

<sup>25</sup> Muammar Alkadafi and Susanti Susanti, "Strategy and Role of Public Sector Leadership," 2023, 190.

Without these formal structures, the GMS in Surabaya risks degenerating into a superficial check-box exercise, allowing masculine-coded priorities to persist at the expense of the diverse needs of reproductive health.<sup>26</sup>

This transformation centers on a collaborative process that fosters face-to-face conversations to develop mutual understanding. It enables the challenge and deconstruction of gender stereotypes via community forums. Ongoing dialogue sustains the dedication needed to achieve "small wins" or gradual advances toward policy objectives. Including men in these discussions helps reframe family planning from a "burden" to a "shared commitment," thereby gradually diminishing the influence of hegemonic masculinity on local social customs.<sup>27</sup>

The integration of GMS into Surabaya's family planning policy through a collaborative governance approach offers a robust pathway to achieving intermediate social justice outcomes. By dismantling the hierarchical power structures that regulate gender identities, the city can ensure equitable access and agency for both men and women in reproductive health. This proposition indicates that the success of gender mainstreaming should not be solely evaluated based on contraceptive prevalence rates but also by the transformation of gender relations within households and the broader society. Consequently, Surabaya's experience serves as a significant case study demonstrating how local governments can utilize collaboration to challenge ingrained masculinities and foster a genuinely equitable society.

## **ENCOURAGING EQUAL REPRODUCTIVE RESPONSIBILITY**

In Surabaya, while GMS is formally integrated into the city's development goals, the implementation remains challenged by deeply

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<sup>26</sup> Ellen Kuhlmann and Ellen Annandale, "Gender and Healthcare Policy," in *The Palgrave International Handbook of Healthcare Policy and Governance* (Springer, 2015).

<sup>27</sup> Muhammad Aziz, "Women's Double Burden in the Family between Culture and Discrimination," *Potret Pemikiran* 27, no. 2 (2023): 227–44.

entrenched gender norms.<sup>28</sup> According to 2024 data from the Surabaya City Department of Population Control, Women's Empowerment and Child Protection, and Family Planning (DP3APPKB), among 417,081 active family planning participants, contraceptive use primarily centers on female methods. Most users favor short-term options: injections (45.11%) and oral pills (30.74%), followed by IUDs (8.81%), tubal ligation (5.76%), and implants (4.87%). In contrast, male participation is very low, with condoms at 4.37% and vasectomy at only 0.31%. This trend shows that high contraceptive use does not necessarily reflect reproductive equity, but rather reveals significant gender disparities in the local health system.

This statistical gap represents a measurable example of unequal reproductive responsibility that unfairly penalizes women. The heavy reliance on female-centered methods shows that family planning in Surabaya remains deeply rooted as a persistent physical and psychological burden placed solely on women. Consequently, women face persistent risks of hormonal imbalances and medical side effects, while also handling the stress of avoiding unintended pregnancies.<sup>29</sup> From a critical gender perspective, permitting this numerical disparity to continue effectively endorses a patriarchal balance where reproductive decisions are made without male accountability, thereby solidifying women's subordination within the domestic sphere.

To challenge this patriarchal balance, the promotion of vasectomy must be strategically shifted from being seen merely as a medical option to a key systemic policy intervention. Clinically, vasectomy is a highly effective (over 99% success rate), long-term contraceptive method with remarkably low complication risks and high cost-efficiency.<sup>30</sup> It involves a relatively simple procedure that does not impact sexual function physically.

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<sup>28</sup> Teguh Ilham and Adam Udi Velianto, "Belajar Dari Yang Terbaik: Evaluasi Pengarusutamaan Gender Di Kota Surabaya, Indonesia," *Jurnal Ilmu Pemerintahan Widya Praja* 48, no. 1 (2022): 127–40.

<sup>29</sup> Laurie James-Hawkins et al., "Conflicting Contraceptive Norms for Men: Equal Responsibility versus Women's Bodily Autonomy," *Culture, Health & Sexuality* 21, no. 3 (2019): 263–77.

<sup>30</sup> Shattuck et al., "A Review of 10 Years of Vasectomy Programming and Research in Low-Resource Settings."

However, the real value of vasectomy lies in its potential for social change. Incorporating vasectomy into family planning policies acts as a structural influence that directly challenges the traditional view, turning men from passive bystanders into responsible participants in reproductive health.

Despite its clear clinical and socio-political benefits, the abysmally low 0.31% acceptance rate in Surabaya reveals deep socio-cultural obstacles that local policies have yet to overcome. Public acceptance is heavily hindered by a persistent system of myths and stigmas, primarily rooted in hegemonic masculinity. These barriers appear as the unjustified conflation of vasectomy with castration, fears of reduced virility, and the widespread misconception that male sterilization conflicts with core religious beliefs and values.<sup>31</sup> This resistance is fueled by significant information asymmetry; localized health campaigns have historically struggled to reach the socio-cultural environments where masculine identities develop, allowing toxic stereotypes to persist unchallenged and strengthening male reluctance.<sup>32</sup>

Overcoming these socio-cultural barriers is essential for achieving comprehensive female empowerment. Encouraging male involvement through vasectomy creates a socio-economic multiplier effect; it permanently alleviates women from the physical and psychological burdens linked to decades of contraceptive use. By shifting this reproductive responsibility, local policies actively open the necessary structural space for women to participate more consistently in higher education, sustained employment, and broader socio-political spheres.<sup>33</sup> Furthermore, shared reproductive responsibility shifts household power dynamics, turning

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<sup>31</sup> Jeremy Menchik, “The Co-Evolution of Sacred and Secular: Islamic Law and Family Planning in Indonesia,” *South East Asia Research* 22, no. 3 (2014): 359–78.

<sup>32</sup> Roy Jacobstein et al., “Down but Not out: Vasectomy Is Faring Poorly Almost Everywhere—We Can Do Better to Make It a True Method Option,” *Global Health: Science and Practice* 11, no. 1 (2023).

<sup>33</sup> Lisa Cameron, “Gender Equality and Development: Indonesia in a Global Context,” *Bulletin of Indonesian Economic Studies* 59, no. 2 (2023): 179–207.

family planning from a solitary female burden into a shared commitment that promotes a more egalitarian and harmonious family life.<sup>34</sup>

This push toward shared responsibility is a clear legal requirement embedded in Indonesia's legal system. Law Number 52 of 2009 concerning Population Development and Family Planning offers a strong legal basis for ensuring male participation. The law explicitly shifts the policy focus from simple population control to building high-quality, resilient family units through the active involvement of all members, especially men. Under this framework, the family is legally recognized as the main vehicle for promoting gender equality and comprehensive reproductive health.<sup>35</sup> Therefore, fixing the 0.31% vasectomy participation rate is a matter of legal compliance and fulfilling reproductive rights and justice.

To bridge the significant gap between this legal requirement and Surabaya's current statistical data, proactive, transformative action by the local government is essential. DP3APPKB is particularly well-placed to shift the city's strategy from merely providing reproductive health services to fostering active socio-cultural engagement and transformation.<sup>36</sup> From a governance perspective, showing institutional commitment involves implementing localized, culturally sensitive socialization strategies that actively challenge stigmas around vasectomy. By positioning vasectomy as an essential tool for gender equality rather than merely a population control method, the Surabaya City Government can institutionalize equal reproductive responsibility and establish a model for progressive local governance.

## **IMPLEMENTATION OF THE VASECTOMY PROGRAM**

The vasectomy program faces significant challenges due to widespread myths ingrained in patriarchal community norms. The biggest obstacle is the false belief that vasectomy results in a loss of masculinity.

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<sup>34</sup> Bafadal, "Perspective and Practices on Gender Roles in Childcare and Division of Household Labor from Indonesian Families."

<sup>35</sup> Tirza Haqia Purnama et al., "Gender Mainstreaming National Development Plan: Analysis of Its Integration into Public Policy," *KnE Social Sciences*, 2024, 69–81.

<sup>36</sup> Hilda Yunita Wono, *MULTIMODALITY IN THE SPREAD OF VASECTOMY PROGRAM IN SURABAYA CITY*, 2024.

Many men wrongly think the procedure will reduce libido, lead to erectile dysfunction, or be equivalent to complete "castration."<sup>37</sup> Additionally, a common myth persists that removing the risk of pregnancy for men will unintentionally lead to marital infidelity. These concerns are reinforced by the broader societal view that contraception is primarily a "woman's issue," which leads to men who choose to have a vasectomy potentially facing social judgment as weak or subordinate within their community structures.<sup>38</sup>

The hesitation to get a vasectomy comes from a deep-rooted desire to uphold the traditional roles of "male as provider" and "female as reproducer." By perpetuating myths about emasculation, the patriarchal system shields men from domestic responsibilities, leaving the physical and psychological burdens of family planning mainly on women.<sup>39</sup> As a result, the absence of culturally relevant information about vasectomy safety enables harmful stigmas to persist, leading to widespread doubt.

The Surabaya City Government, via DP3APPKB, recognizes that providing medical services alone cannot break deeply rooted social norms. Therefore, they have shifted from a purely clinical focus to targeted socio-cultural interventions. To address strong social resistance, they adopted a flexible, collaborative governance model that aligns with local cultural contexts. Instead of solely enforcing top-down health policies, DP3APPKB employs educational strategies that directly tackle the underlying causes of patriarchal resistance, prioritizing experiential communication and fostering trust among highly respected community members.

The foundation of this experiential method is the use of male family planning (KB) groups serving as peer motivators. These groups are made up solely of men who have successfully had vasectomies and are willing to share their personal experiences. This peer approach is vital because it

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<sup>37</sup> Fika Aulia et al., "Eksplorasi Pengalaman Partisipasi Suami Dalam Penggunaan Kontrasepsi Vasektomi," *Jurnal Keperawatan Aisyiyah* 11, no. 1 (2024): 35–44.

<sup>38</sup> NW Ambarwati, "Male and Societal Responses to Vasectomy in Java, Indonesia," 2, no. 1 (2015): 56–60.

<sup>39</sup> Yulianti et al., "Knowledge and Perceptions Role Towards Modern Male Contraceptives Use in Indonesia."

avoids triggering defenses related to hegemonic masculinity. The message is communicated through the real-life stories of other men. A DP3APPKB official supports the effectiveness of this strategy, emphasizing:

*"If the myth still exists, we enter through people who have already undergone a vasectomy... However, for someone who has had a vasectomy, their experience and how it all happened, they can tell the whole story from A to Z."*

This grassroots persuasion is bolstered by high-level political support, highlighting the importance of collaborative governance. The Mayor of Surabaya, Eri Cahyadi, plays a key role by engaging directly in vasectomy awareness campaigns. His presence offers strong political backing, signaling to both officials and citizens that male contraception is a priority. Symbolically, when the city's top male leader actively promotes vasectomy, it helps break down the associated taboos. This top-down endorsement complements peer encouragement from below, giving men the psychological confidence to participate acceptors.

To maximize the impact of these educational efforts, DP3APPKB intentionally engages men in their natural, informal social settings, ensuring communication is highly tailored to specific sub-districts. Instead of expecting men to visit formal health clinics, outreach workers embed themselves into existing community hubs. As explained by a DP3APPKB staff member:

*"We join certain groups. Sometimes those men have groups like sports, coffee groups, or market traders. That is where we get in. So, the characteristics of each sub-district differ. For example, in the West Surabaya District, we joined the market traders' group."*

By entering these localized "echo chambers" of masculinity, the government promotes open and pressure-free dialogue within the very spaces where patriarchal norms are usually established and reinforced.<sup>40</sup>

At the micro-level, this collaborative effort relies heavily on the dedicated work of family planning cadres working within neighborhoods (RT/RW/Village). As community members, these cadres serve as vital links between the government and residents. They offer consistent, tailored education and patiently address the concerns of potential acceptors. Because their advocacy stems from existing social bonds and trust within the community, cadres are uniquely equipped to encourage natural, gradual changes in attitudes needed to challenge the deeply ingrained social norm of assigning reproductive responsibilities solely to women.

Complementing these face-to-face strategies, the Surabaya City Government has upgraded its communication infrastructure to reach a wider audience through digital platforms. By using social media for engaging educational campaigns, the government actively combats digital misinformation about vasectomy. Additionally, the web-based public complaint service "WargaKu Surabaya," managed by the Communications and Informatics Office, creates a transparent feedback system. This platform enables citizens to submit questions, report issues, or seek private family planning consultations, ensuring the government responds efficiently to public needs and concerns.

Recognizing the economic challenges often associated with cultural resistance, the local government launches targeted social service programs to lower barriers. By collaborating with key non-governmental organizations, such as the National Zakat Agency (BAZNAS) and the "Bangga Surabaya Peduli" initiative, the city offers free vasectomy clinics. It provides socio-economic incentives, such as basic food packages. While the primary goal of vasectomy is to promote health and gender equality, these incentives significantly support low-income populations. When performed ethically, this strategy shows that combining reproductive health

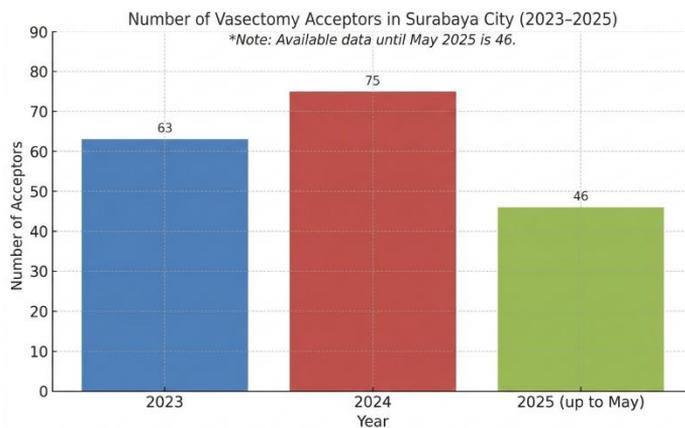
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<sup>40</sup> Cyndi PO Taloko et al., "Analisis Strategi Promosi Kesehatan Dalam Meningkatkan Partisipasi Pria (Vasektomi) Pada Program Keluarga Berencana Di Provinsi Sulawesi Utara," *E-CliniC* 11, no. 1 (2023): 11–18.

services with tangible social welfare efforts can effectively reach hesitant men.

These comprehensive interventions are a strategic form of social engineering. The Surabaya City Government is not just distributing birth control; it is working to balance roles, rights, and reproductive responsibilities within households. By challenging the idea that contraception is only a woman's responsibility, the program aims to break down patriarchal norms that restrict female autonomy. Promoting voluntary male sterilization encourages men to become active and responsible partners, paving the way for a more inclusive and equal society.

The city effectively pinpointed the negative "initial conditions" of social resistance and addressed them through "facilitative leadership" led by the Mayor. The "institutional design" is naturally inclusive, involving cadres, peer motivators, and the WargaKu Surabaya platform to involve citizens. In the end, the "collaborative process" depends on ongoing, two-way communication to cultivate mutual understanding, which is essential for transforming deeply rooted cultural values.



The effectiveness of this collaborative, gender-responsive governance is ultimately demonstrated by empirical data from the program's "Intermediate Outcomes." Data from DP3APPKB shows a clear increase in vasectomy acceptors in Surabaya City: starting with 63 in 2023, rising by

19% to 75 in 2024, and reaching 46 by May 2025. If this trend continues, the total for 2025 is expected to exceed previous records by a significant margin. Although the numbers are still small, this consistent growth marks a vital structural breakthrough. It offers strong quantitative evidence that efforts to challenge patriarchal myths are succeeding, transforming family planning from a female-only responsibility into a shared one.

## **CONCLUSION**

Surabaya City's data highlights a significant paradox in modern public health: high contraceptive use does not guarantee reproductive equity. The very low male vasectomy rate (0.31%) is not just a medical issue; it reflects deep-rooted societal norms of hegemonic masculinity. Cultural myths about emasculation and patriarchal stigmas keep men away from domestic responsibilities, forcing women to bear the physical, emotional, and economic burdens of family planning. To achieve true gender mainstreaming, policies must undergo a radical shift. Vasectomy should be repositioned from a minor medical option to a key tool in social reform, aimed at dismantling the oppressive notion of women solely as reproducers.

To overcome the deep-rooted cultural resistance, Surabaya's shift from top-down medical approaches to a flexible, collaborative governance model offers a highly replicable example for local authorities. By actively engaging informal masculine spaces and utilizing the genuine, lived experiences of peer motivators, the DP3APPKB has begun to challenge toxic stigmas at their roots. Supported by the proactive leadership of the Mayor and grassroots community advocates, this inclusive institutional approach turns abstract gender concepts into real socio-cultural change. The clear increase in vasectomy participation from 2023 to 2025, although small relative to the total population, represents a significant structural breakthrough. In the end, this research shows that overcoming patriarchal resistance requires more than just medical access; it calls for culturally appropriate, inclusive public policies. Only by formally establishing shared reproductive responsibilities can family planning become a truly equal partnership, advancing comprehensive reproductive justice.

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