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THE INFLUENCE OF TYPE OF WORK, INCOME, EDUCATION, QUALITY OF LIFE AGAINST RELIGIOSITY ACCEPTORS VASEKTOMY IN SURABAYA

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THE INFLUENCE OF TYPE OF WORK, INCOME, EDUCATION, QUALITY OF LIFE AGAINST RELIGIOSITY ACCEPTORS VASEKTOMY

IN SURABAYA

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Abstrak

Di Jawa timur pada tahun 2013 pengguna metode vasektomy mencapai 0.12% Rendahnya partisipasi pria dalam penggunaan kontrasepsi dipengaruhi oleh beberapa faktor meliputi pengetahuan, persepsi tentang efektifitas, pendidikan, sosial budaya, keyakinan, resiko kontrasepsi, dukungan keluarga/ istri dan terbatasnya akses pelayanan keluarga berencana bagi pria serta mitos yang menganggap vasektomy dapat mengakibatkan pria mengalami beberapa gangguan kesehatan seperti gangguan kesehatan, gangguan fungsi seksual, gangguan konsep diri, kepercayaan diri menurun, dan menurunnya aktifitas sehari-hari. Tujuan penelitian ini untuk mengetahui pengaruh pekerjaan, pendapatan, pendidikan, religiusitas terhadap kualitas hidup akseptor vasektomy. Jenis Penelitian ini adalah kuantitatif dengan pendekatan *ex post facto*. Jumlah Populasi 30. Sampling menggunakan *purposive* dan total sampling dengan menggunakan rumus *rule of thumb*. Instrument yang digunakan adalah kuesioner dengan skala likert dan kuesioner WHOQOL dilakukan di kelurahan Sawunggaling dan Wonokromo. Uji analisis menggunakan regresi linier ganda dengan $p < 0.05$. Hasil penelitian didapatkan ada pengaruh signifikan pendidikan dan religiusitas terhadap kualitas hidup peserta vasektomy dengan $p = 0.001$ dan R^2 square 0.43 dan tidak ada pengaruh pekerjaan dan pendapatan terhadap kualitas hidup.

Kesimpulan : Pendidikan dan religiusitas berpengaruh signifikan terhadap kualitas hidup peserta vasektomy sedangkan pendapatan dan pekerjaan tidak berpengaruh terhadap kualitas hidup akseptor vasektomy

Kata Kunci : Pekerjaan, pendapatan, pendidikan, religiusitas, kualitas hidup akseptor vasektomy

Abstract

In East Java on 2013, users vasektomy methods were reach up 0.12%. The low participation of contraceptives had influenced by some factors include knowledge, perceptions about the effectiveness of social, educational, culture, belief, risks of contraception, family support/wife and limited access to family planning services for men and myth which to consider that vasektomy method cause of some health problems like health disorders, disfunction of sexual function, self concept disturbance, decrease of confidence, and decrease of daily activities. The purposed of this research was to know the influence of employment, income, education, and religiosity againts quality of life on vasectomy acceptors. Type of this research was quantitative with past ex facto approached with 30 population numbers. The sampling was used purposive sampling and total sampling with rule of thumb. The instrument used a questionnaire with likert scale and WHOQOL questioner in Sawunggaling and Wonokromo Village. Analysis test using multiple regressi linier with $p < 0.05$. This research is resulting there is significant influence education and religiosity against quality of life on vasektomy acceptors with $p = 0.001$ and R^2 0.43 square and no influence on work and income againts quality of life.

Conclusion: education and religiosity effect significantly against quality of life on vasektomy acceptors while there is not influences income and job againtas quality of life vasektomy acceptors

Keywords: employment, income, education, quality of life, religiosity, vasektomy acceptors

INTRODUCTION

In Indonesia, prevalence of family planning acceptors had increased of 7.71% on August 2015. The increase had dominated by a non long term methods of contraception reach up 80.53% while 19 % has of long-term methods. Longterm methods mostly used by women, 93% used IUD, 9.45% used implants, 1.60% used MOW while

MOP had reached 0.14% (BKKBN, 2015)

Based on data from the province of East Java province, in BKKBN on 2013 family planning acceptors had reached of 4327 participants with details are injection of 48.09%, 13% of IUD, birth kontrol pills of 15.65%, 9.75% of MOW. condomsof 4.25%, Implant of

2.94%, and MOP of 0.12% (BKKBN JATIM, 2013)

The low of participation of man to use contraceptives had influenced by several factors, there are knowledge, perceptions about the effectiveness, social cultural, educational, belief, risks of contraception, family support/wife and limited access to family planning services for men and existence of the myth that the acceptor vasectomy decreased sexual function, prostate disorders, confidence disorders. This condition to decrease quality of life (Suherni, 2006; Azwar, 2006, Everret; 2007)

Quality of life is as many perception of the individual who looked beneficially and can describe the position of excellences him self against living condition (Kreitleir & Ben (2004) in Nofitri, 2009; Cohen & Lazarus in Larasati, 2012).

Quality of life has four domains among other physical area, psychology area, social and environmental area (WHO, 2012). The physical area consist of activity, rest, fatigue, consumption of medicines, pain and discomfort (Tarwoto and Wartonah, 2010; Sekarwiri, 2008). Psychology are include appearance, negative and positive feelings, thinking, memory and concentration, while the social area are encompasses individuals, support, sexual activity, and an environment area consists of income, freedom from discomfort, recreation, self-actualization (Sekarwiri, 2008).

At this time, the government efforts to increase participation of man in family planning with method vasectomy still has not reach on a regular inspection of the quality of life. Infact, the results of

examination of the quality of life of vasectomy acceptor can be used as basic of promotion to increase vasectomy acceptors. Therefore, the researchers interesting to know influence of employment, education, income and religiosity against quality of life on vasectomy acceptors in Sawunggaling and Wonokromo Village city of Surabaya

RESEARCH METHODS

Type of research is kuantitatif research with ex post facto approach. The research was conducted in December 2015 until March 2016. Independent variables in this study are education, income, employment, religiosity and dependent variable is quality of life. The population in this research totalled 30 acceptors. The sampling method is purposive sampling and totally sampling with rule of thumb it means that is 5-10 of independent variables. The Inclusion criteria of sample are a man had been done vasectomy methods for more than three months. The instrument used was a questionnaire with likert scale while quality of life questionnaire was using the adaptation of the WHOQOL BREFF (2012) who have been validated. Statistical tests of this research is multiple regressi linier (Dahlan, 2014; Murti, 2013)

RESULT AND DISCUSSION

a. Result

1. Normality test with Kolmogorov-Smirnov

Based on the results of a test of normality by using the Kolmogorov Smirnov obtained $p = 0.77$ it is mean that data is normal distributed with p value $0.05 >$

2. Frequency distribution

Table 1.1 Frequency distribution

Variabel	n	frequency	%
Quality of life	30		
Low		-	
Moderete		30	100
High			
Education			
Elementary		15	50
school			
Junior High		15	50
School			
Job			
Traders		14	46
Pedicap		16	54
Income			
1 million/month		22	73.7
>1 million /mounth		8	27.3
Religiosity			
Low		0	0
Moderete		30	100
High		0	0

Table 1.1 explains that most of the subject is on the moderate quality of life and the level of education inelementary of 50 % and junior high school of 50 % , most of them has a job as a pedicab of 54 %, have an income of one million every month of 73.7% and have moderate of religiosity of 100%

3. Univariate analisys

Table 2.1The result of univariate analysis

Variabel	Mean	SD	N
Quality of life	76.9	0.84	30
Education	1.5	0.50	
Employement	1.46	0.50	
Income	1.26	0.44	
Religiosity	74.8	0.84	

Table 2.1 Describes that the quality of life have medium quality of life with mean = 47.8, education level with mean = 1.5 it means that education of subjek is junior high school and most

of them has a job as pedicap with mean mean = 1.26, the average monthly income is one million with mean = 1.36 and has moderate religiosity with Mean = 46.5

4. Bivariate analysis

Table3.1 Bivariate analysis

Variabel	Quality of life Koofisien korelasi	p
Job	0.54	0.87
Education	0.57	0.003
Income	0.48	0.66
Religiosity	0.03	0.001

Based on table 3.1 illustrates that there is a positive significant influence the level of education and religiosity towards quality of life . It is mean that the higher level of education and religiosity of the subject can make be better quality of life . But, there is not influence of the type of job and income againts quality of life

5. Multivariate analysis

Table 4.1 result of multiple regressi linier

Varibel	Koofisien regresi	p< 0.05
constanta	46,9	
Education	-0.68	0.01
Job	0.07	0.70
Income	0.12	0.70
Religiosity	0.04	0.01
Adjusted R ² =		
0.428		
42.8%		
p < 0.05		

Table 3.1 Describes that there is significant influence the level of education and religiosity on quality of life to vasektomy acceptors, But there is not influence type of joban income on quality of life. The value of $R^2 = 0.428$ (rounded into 43) it is mean that independent variables may affect dependent variable of 43% while 57% were influenced by the other factors.

b. Discussion

The results of the research there were significant influence education level and religiosity on quality of life towards vasektomy acceptors. Higher education level in line with increasing of consciousness level. This opinion has been supported by research of Noghani, Asghapur and Safa (2007) they had been concluded that educational effect on quality of life because of awareness behavior level is well. Similar statements with this result were Mons, Marquetry, Buds and Dee Gees (2006).

Religiosity is feeling and worship of obedience towards his religion cause of internalization process of the religion in a person (Diester in Risnawita and Ghufroon, 2011). Religiosity has five areas there are belief, religious practice, experience, practice, and knowledge (Glok and Stark in Repstad and Furshet, 2006). Religiosity affects individual quality of life because of religiosity was able to fix the Physical and psychological well being. If the individual has a Physical and psychological well being is good then it will balance the physical, mental health, and good social welfare. (Brim in Hamburger, 2009)

Job and income has no effect on quality of life because the subject has high awareness and it's care to the quality of his life.

CONCLUSION

The level of education and religiosity influence on quality of life of vasektomy acceptor of 43% but the types of jobs and incomes do not affect on quality of life to vasektomy acceptors

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