

The Factors of Product, Price, and Place toward the Satisfaction of Men of Reproductive Age in Performing Vasectomy Based on Kotler's Marketing Mix Theory

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Abstract--Background: The husband's role in the contraceptive choice is highly crucial to determine the number of children to have, and the age difference to have children. Kotler's marketing mix strategy is a method to assess the satisfaction of men on reproductive age, as vasectomy acceptors, toward the service. However, little attention has been paid to the correlation between product, price, and place factors toward the vasectomy users' satisfaction.

Purpose: This study aims to identify the product, price, and place factors toward vasectomy users' satisfaction based on Kotler's marketing mix.

Method: The study design was a cross-sectional approach. The population was men of reproductive age, while the samples obtained were 25 respondents by employing a purposive sampling technique. The independent variables consisted of product, price, and place factors, while the dependent variable was the satisfaction of the vasectomy contraceptive users. The data were collected by employing questionnaires and analyzed using the Spearman's rho with a significance level of $\alpha \leq 0.05$.

Results: The results suggested that there was no correlation of the product, price, and place factors with satisfaction with the correlation value as follows: product ($p=0.074$; $r=0.251$), price ($p=0.074$; $r=-0.363$), and place ($p=0.074$; $r=0.363$).

Conclusion: There is no significant correlation of product, price, and place with the satisfaction of men of reproductive age in performing a vasectomy because they worry about future uncertainties, costs, and transportation. These matters greatly influence the respondents in filling out the questionnaires. Future research is required to assist in the study.

Keywords--Marketing Mix, Vasectomy, Product, Price, Place

I. Introduction

The husband's role in selecting contraceptives is considered essential to determine the number of children and the children's age differences to own. Husbands, as the acceptors, must be actively involved in selecting contraceptives, instead of only asking their couples to utilize contraceptives. There are two safe and effective contraceptives for men, i.e., condom (Garcia et al., 2006) and vasectomy (Jungwirth et al., 2012). Vasectomy is a permanent contraception method by cutting or blocking the vas deferens (sperm ducts), so the sperm does not come out of the penis. The cutting of vas deferens is executed by local anesthesia (Department, 1999). As the development and advancement in the health sector, individuals are concerned with the service quality offered. A service is a substantial indicator in assessing customers' satisfaction, especially by employing Kotler's marketing mix theory.

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Satisfaction reflects the consumers' appraisals about the results related to the customers' expectations (Kotler and Keller, 2009). If the results meet the expectations, the consumers will feel pleased. On the other hand, if the results do not meet the expectations, the consumer will feel disappointed and dissatisfied. Kotler's marketing mix strategy is a service assessment method that can be utilized by men of reproductive age, as vasectomy acceptors, to assess service satisfaction. Product becomes the most crucial element because, with the product, health workers can fulfill all consumers' needs to satisfy consumers' desires. Facilities, such as service sites, will make consumers interested in using a service. An excellent health service can attract a large number of consumers. Kotler's marketing mix theory also has other variables, i.e., process, promotion, people, and physical aspect that will be examined by other researchers. The product, price, and place factors, in Kotler's marketing mix theory, toward the satisfaction of men of reproductive age, as vasectomy acceptors, cannot be explained in this study because the scope is still minimal (Kotler and Keller, 2009).

Indonesia is a developing country with severe problems regarding population growth. The choice of male contraception method reached 1,136,810 acceptors for condoms and 244,126 acceptors for male surgery method (hereinafter MSM) from 46,489,414 couples of reproductive age (Statistik et al., 2013). In East Java, the new participants of Family Planning (hereinafter KB) with all contraception methods reached 293,622 participants or 30.30% of Community Engagement Estimates (CEEs), 967,800 people, while MSM was the lowest method used that reached 20.30% in 2005-2008. Based on the data from Community Empowerment Agency & Family Planning program in Surabaya, in 2015, the number of targets and the realization of new KB participants using MSM reached 787 acceptors from 1,336 acceptor targets (Surabaya, 2016). In selecting contraceptives, women use contraceptives more than men, because the contraceptive choices for men are very meagre. The Surabaya government targets each district to increase vasectomy acceptors and the Kenjeran district obtains the highest number of vasectomy acceptors in Surabaya. Meanwhile, other districts obtain only a few of vasectomy acceptors. In December 2015, in the Kenjeran district area of Surabaya, it was recorded that there were 228 active acceptors of vasectomy/MSM and 778 active acceptors of condoms. At Kenjeran district of Surabaya, out of 23,664 couples of productive age, there were 20,932 women and 1,006 men of KB acceptors. Bulak Banteng sub-district of Kenjeran is the sub-district with the highest vasectomy acceptors, reaching 134 acceptors.

The results of the preliminary study interview with the Family Planning Field Officers (hereinafter PLKB officers) of Kenjeran District stated that most of the men thought that vasectomy required expensive costs, they did not understand about contraceptive products, and they did not know a place that provided vasectomy services. Besides, there are several factors that influence men perception about vasectomy, i.e., education background, KB knowledge, men's perceptions, KB service sites, wives' attitudes and practices, friends' attitudes and participation in KB, religion, provider reputation and availability, future uncertainty, and the low knowledge and understanding of vasectomy (Arwen Bunce et al., 2007; Avogo and Agadjanian, 2008; Khan and Patel, 1997; Mostafavi et al., 2006; Murthy and Rao, 2003; Srikanthan and Reid, 2008). According to the PLKBs of Kenjeran District, men of reproductive age have fulfilled the targets set by the Surabaya Government.

The efforts of Kenjeran PLKB officers to improve vasectomy KB services include promoting vasectomy in each village periodically and providing monetary rewards for men of reproductive age who have performed a vasectomy. The monetary rewards amounted to IDR 100,000, and it was sought to increase in 2016. The cost for vasectomy is

overpriced, IDR 5,000,000, and therefore, the government provides subsidies to reduce birth rates by running a vasectomy program for men of reproductive age. The Kenjeran PLKB officers have drawn up plans to improve services through door-to-door promotions and conducted a Grebek KB program. Kotler's marketing mix theory with the product, price, and place variables can be applied to improve services. This strategy reviews about the health services for men of reproductive age as vasectomy acceptors at the Kenjeran district, Surabaya.

The previous studies employed Kotler's marketing mix theory on variables such as banks (Pour et al., 2013), Technology Education or Technical Education (TE) (Mahajan, 2017), and promotion effect of product awareness on the case study in an organization (Bolanle Odunlami and Emmanuel, 2014). However, low attention has been paid to the use of Kotler's marketing mix theory to men of reproductive age in performing vasectomy. Therefore, this study aims to determine the correlation of product, price, and place factors based on Kotler's marketing mix theory with the satisfaction of men of reproductive age in conducting a vasectomy.

II. Method

Study and Samples

The study design was a cross-sectional approach. This study employed a purposive sampling technique. The population involved in this study was men of reproductive age as vasectomy acceptors at Kenjeran District, Surabaya, Indonesia, amounting to 228 acceptors from 2015 to January 2016. In this study, the sample criteria included men of reproductive age who had performed vasectomy with the following inclusion criteria: (1) literate men as vasectomy acceptors; and (2) vasectomy acceptors who lived in Kenjeran, Surabaya, Indonesia. On the other hand, the following are the exclusion criteria: (1) unco operative vasectomy acceptors; and (2) vasectomy acceptors who were not at the location when the study was conducted.

Measure

Demographic instrument: Demographic data included the age of men/husbands of reproductive age, education background, respondents' occupation, family income, the contraceptive method used by the previous husbands/wives, and the number of children owned.

Observation instrument: The study instrument was a questionnaire that was adopted from the undergraduate thesis of Irsad (2010) using the Likert scale (Irsad, 2010). The data collection was based on Kotler's marketing mix theory, including product, price, and place variables. The independent variable was recorded using a questionnaire, consisting of respondents' assessment toward product, price, and place factors. The questionnaire was also adopted from Irsad (2010) undergraduate thesis and measured by using the Likert scale in the form of closed questions (Irsad, 2010). The product variable consisted of 10 questions, the price variable consisted of 3 questions, and the place variable consisted of 4 questions. The assessment of those questions was categorized into strongly agree (4), agree (3), disagree (2), and strongly disagree (1). Furthermore, in the product variable, the questions of vasectomy counseling parameters were on questions number 1, 2, 8, 10; vasectomy method on question number 9; vasectomy services on questions number 3, 7; and vasectomy benefits on questions number 4, 5, and 6. In addition, in the variable price, the questions of vasectomy tariff parameters were on question number 1; the payment method on question number 2; and special price or discount on question number 3. In the place variable, the questions of distance

parameter were on question number 1; vehicles on question number 2; accessibility on question number 3; and the location on question number 4. The dependent variable questionnaire of this study was also adopted from the thesis of Irsad (2010) by using the Likert scale in the form of closed questions (Irsad, 2010). The researchers collected the data by formally requesting subjects to answer the questions on the questionnaire sheets. The parameter of expectation was on questions number 1 to 9; the performance on questions number 10 to 12; the comparison on questions number 13 to 15; the confirmation on questions number 16 to 18; and the discrepancy on questions number 19 to 21. The study instrument employed multiple choice type questions, choosing answers with 4 frequency criteria, i.e., very satisfied, satisfied, dissatisfied, and very dissatisfied. Each question was provided with four scales (4-1) answers: 4 (extremely satisfied), 3 (satisfied), 2 (dissatisfied), and 1 (extremely dissatisfied). The service satisfaction questionnaire consisted of 21 questions, with 84 as the highest score (21x4) and 21 as the lowest score. The service satisfaction variable could be analyzed from all dimension measurement values of service satisfaction with the category provision assessed using the Likert scale, i.e., satisfied (64-48), relatively satisfied (43-63), and less satisfied (21-42).

Procedure

This research was conducted in 2016 at Kenjeran district, Surabaya, Indonesia. The questionnaires were distributed only on 1 stage. The researchers explained the topic of discussion to the respondents, and prospective respondents were provided time to decide whether to participate or not. After the respondents agreed, the respondents filled out the informed consent signed by the respondents, researchers, and witnesses. Cadres could be assigned as witnesses. The questionnaires included a questionnaire related to the respondents' identities, the questionnaire with Kotler's marketing mix variables (product, price, and place), and the satisfaction questionnaire. The questionnaire was coded and assessed after the respondents collected the questionnaires to the researchers. The score obtained was categorized in a range of scales to determine the interpretation of each variable.

Ethical Clearance

This study has obtained the ethical feasibility issued by the Health Research Ethics Committee of the Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia, Number 210-KEPK.

Statistical Analysis

The collected data were analyzed by utilizing a computer. Then, the data were processed and tested by employing Statistical Package for the Social Sciences (SPSS) software. The Spearman's rho correlation test was employed to identify how strong the correlation was.

III. Results

Respondents' Demography Characteristics

Characteristics	Criteria	f	%
Education	Elementary	20	80
	School		
Background	Junior High School	5	20
	Total	25	100
Occupation	Entrepreneur	1	4
	Other occupations	24	96
	Total	25	100
Income	<IDR 3,045,000	25	100
Contraceptive	IUD	1	4
	Injected contraceptive	19	76
	Condom	1	4
	Other contraceptives	4	16
	Total	25	100
The Number of Children	Two	2	8
	Three	1	4
	Four	6	24
	> Five	16	64
	Total	25	100

Table 1: Respondents' Demography Characteristics

Table 1 presents the respondents' income of less than IDR3,045,000 as Surabaya's minimum wage. The income was related to the respondents' occupations. The majority of respondents worked as waste scavengers and pedicab riders. On contraceptives, the contraceptive was the second-highest contraceptive, reaching 16% or four respondents, after injected contraceptives. The other contraceptive included contraceptive pills.

The product aspect of Kotler's marketing mix on men of reproductive age

Table 2: The product aspect of Kotler's marketing mix on men of reproductive age in performing a vasectomy

Variable	Criteria	f	%
Product	Less than satisfactory	3	12
	Satisfactory	16	64
	Good	6	24
	Total	25	100
Price	Satisfactory	20	80
	Good	5	20
	Total	25	100
Place	Satisfactory	19	76
	Good	6	24
	Total	25	100

Table 2 indicates that 3 respondents (12%) gave a "less than satisfactory" answer, 16 respondents (64%) provided a "satisfactory" answer, and 6 respondents (6%) provided a "good" answer on vasectomy products. The respondents assumed that the vasectomy method was in line with respondents' expectations. There were 16 respondents that provided "satisfactory" and "agree" answer for each question given, and only 1 respondent, respondent no. 8, who was very satisfied with the vasectomy requirements. Table 2 also suggests that 20 respondents (80%) provided a "satisfactory" answer, and 5 respondents (20%) provided a "good" answer on the vasectomy price. The respondents assumed that price was a crucial matter in performing a vasectomy. On the price variable questionnaire, 20 respondents agreed to each question given. Respondent no. 1 strongly agreed on all product variable questions, including the cost that should be paid to perform vasectomy, expense distress, and rewards provided after vasectomy. In addition, Table 2 shows that 9 respondents (76%) provided a "satisfactory" answer, and 6 respondents (24%) provided a "good" answer related to the vasectomy service place. Respondents assumed that a comfortable place would make respondents more confident in performing a vasectomy. There were 19 respondents that agreed with the statement provided by the researchers regarding the vasectomy service place.

The satisfaction aspect of men of reproductive age

Table 3: The satisfaction aspect of men of reproductive age in performing a vasectomy

Variable	Criteria	F	%
Satisfaction	Relatively satisfied	19	76
	Satisfied	6	24
	Total	25	100

Table 3 indicates that 19 respondents (76%) provided a “relatively satisfied” answer, and 6 respondents (24%) provided a “satisfied” answer on satisfaction in performing a vasectomy. Respondents assumed that they perceived satisfied after performing a vasectomy.

The Correlation of Product, Price, and Place Factors with Satisfaction

Table 4: The correlation of product, price, and place factors with the satisfaction of men of reproductive age based on Kotler’s marketing mix theory.

		Satisfaction				Total	
Product		Relatively satisfied		Satisfied			
		f	%	f	%	Total	%
Less than satisfactory		2	11	1	16.67	3	12
Satisfactory		14	74	2	33.3	16	64
Good		3	15	3	50	6	24
Total		19	100	6	100	25	100
The Spearman’s rho statistical test (p)= 0.225, correlation coefficient (r)= 0.251							
Price		Satisfaction				Total	
		Relatively satisfied		Satisfied			
		F	%	f	%	Total	%
Less than satisfactory		0	0	0	0	0	0
Satisfactory		16	84	4	66.7	20	80
Good		3	16	2	33.3	5	20
Total		19	100	6	100		100
The Spearman’s rho statistical test (p)= 0.074, correlation coefficient (r)= 0.363							
Place		Satisfaction				Total	
		Relativelysatisfied		Satisfied			
		F	%	f	%	Total	%
Less than satisfactory		0	0	0	0	0	0
Satisfactory		15	79	4	66.7	19	76
Good		4	21	2	33.3	6	24
Total		19	100	6	100	25	100
The Spearman’s rho statistical test (p)= 0.074, correlation coefficient (r)= 0.363							

Table 4 indicates the result of the Spearman rho statistical test, (p)=0.225 ($\alpha=0.05$), and it shows that H1 was rejected, which means that there was no correlation between the product and the satisfaction of men of reproductive age in performing a vasectomy. The correlation coefficient (r) was 0.251, which means that the product and satisfaction variables had a low correlation with a positive direction. In other words, the higher the product, the higher the satisfaction of men of reproductive age in performing a vasectomy. Table 4 also indicates that based on the Spearman’s rho statistical test, (p)= 0.074 ($\alpha=0.05$), H1 was rejected, which means that there was no correlation

between price and the satisfaction of men of reproductive age in performing a vasectomy. The correlation coefficient (r) was -0.363 (negative), which means if the prices were higher, the satisfaction of men of reproductive age would be lower. Furthermore, Table 4 suggests that, based on the Spearman's rho statistical test, (p)=0.074 (α =0.05), H_1 was rejected. It could be concluded that there was no correlation between place and the satisfaction of men of reproductive age in conducting vasectomy. The correlation coefficient (r) was 0.363, which means that the place and satisfaction variables had a low correlation and positive direction. In other words, the better the vasectomy service place was, the higher the satisfaction of men of reproductive age in performing a vasectomy.

IV. Discussion

The study indicated that there was no significant correlation of product, price, and place factors with the satisfaction of men of reproductive age in performing a vasectomy based on Kotler's marketing mix. This result was due to problems encountered during the study was conducted. Those problems greatly affected the research results. This result was in line with a previous study, which stated that the low use of vasectomy is not only caused by male resistance but also by the related health parties (Devi and Nonibala, 2016).

The results suggested that 14 respondents (74%) felt quite satisfied with vasectomy. However, the product and satisfaction variables had a low correlation. The more exclusive satisfaction was influenced by service quality, product quality, price, situation, and human factors (Zeithaml et al., 1996). The other factor that influenced satisfaction was product quality. Payne (2000) defined product quality as a form of complex satisfaction value (Payne, 2000). The next factor that influenced satisfaction was customer value. Customer value is a trade-off between consumers' perceptions toward quality, product benefits, and the sacrifices made through paid sacrifices (Monroe, 2002).

Low education levels highly influenced the mindset of vasectomy acceptors regarding the vasectomy method. There were 20 respondents with elementary school education background, and this condition caused difficulty in receiving information from PLKB officers and cadres. Many vasectomy acceptors came from the Madurese ethnic group, and the lack of education caused them difficult to speak in Indonesian. This condition resulted in a misunderstanding between PLKB officers and vasectomy acceptors. The vasectomy process was the most crucial process for vasectomy acceptors. The lack of understanding on vasectomy procedure caused the acceptors to feel dissatisfied with the vasectomy methods. They preferred to use an injected contraceptive because they thought it was safer and did not cause injuries or other risks, such as erectile dysfunction. The respondents also worried about their future after performing a vasectomy. This statement was stated by the wives of the men of reproductive age. After the vasectomy, there was no counseling from the officers, and it caused concern about the vasectomy. In addition, some acceptors experienced infections after vasectomy, and it caused people worried because there was no complete information given by the officers. The results obtained were not in line with the previous studies, which stated that the product could increase customer satisfaction (Jahanshahi et al., 2011; Senthilkumar, 2012).

The price and satisfaction variables did not correlate each other. The theory proposed by Kotler states that there is a significant correlation between service quality, customer satisfaction, and the company's profitability (Kotler, 2002). The higher level of service quality causes higher customer satisfaction and also supports higher prices and lower costs. The results were contrary with a previous study, which indicated that price had a positive effect on customer

satisfaction (Ehsani and Ehsani, 2015; Fariza, 2008; Malik et al., 2012). Meanwhile, the results were in line with the study conducted by Komang, which indicates negative results on price and customer satisfaction (Ginantra, 2018).

The government program in increasing the interest of prospective vasectomy acceptors was by providing a monetary reward of IDR 100,000. The reward became a consideration for prospective acceptors to perform a vasectomy. Economic pressure greatly affected the decision on using vasectomy because the majority of men of reproductive age, 26 respondents or (96%), were waste scavengers and pedicab riders. The independent cost for performing a vasectomy reached IDR5,000,000. This cost was considered overpriced for vasectomy acceptors in Kenjeran district with an income below IDR3,045,000. Thus, they were forced to perform vasectomy and received subsidies from the government.

Place and satisfaction variables had a low correlation. The results did not support the previous study, which stated that the location had a positive effect on customer satisfaction (Adytomo, 2006). In the vasectomy service place, there was only one respondent (16.67%) that perceived satisfied with the service place. This result was caused by the limited facilities owned by the acceptors and the limited accommodation facilities provided by the PLKB officers. They did not provide any transportation facilities, thus acceptors had to depart independently to Puslatgatra. The majority of respondents were satisfied with the ease of getting transportation to Puslatgatra because of the large number of public transportations passing through Kenjeran, Surabaya. However, Kenjeran PLKB officers did not provide transportation to Puslatgatra, thus the majority of respondents only felt satisfied about the facilities. This condition also influenced respondents' satisfaction. If the officers provided transportation facilities, it was possible for the respondent to perceive satisfied because the majority of respondents worked as waste scavengers and pedicab riders. They required more cost than when they had to use public transportation.

There are several limitations of this study including the questionnaire which was not related to Kotler's marketing mix for health research. Thus, it could affect the study results. In addition, there were still other factors that could influence the study results, such as the respondents not filling out the questionnaire based on reality. Even though the results were not significant, the present study had attempted to capture at least a more extensive range of studies regarding the use of marketing mix on vasectomy variables employed by men of reproductive age. It can be used as a representation in the implementation of further studies.

V. Conclusion

Based on the study results and Kotler's marketing mix theory, it can be concluded that the product, price, and place factors do not cause any significant correlation to the satisfaction of men of reproductive age in terms of vasectomy procedure. It is caused by the assumption that men of reproductive age worry in performing a vasectomy in relation to their future. The provided reward is low, and the health workers do not offer transportation facilities for respondents. Thus, the respondents found it difficult to obtain vasectomy services. It is expected that the relevant parties pay more attention to the CIE and counseling to increase men's participation in KB. Future research is required to confirm the study by involving other variables and questionnaires.

VI. Implication

The study results provide an implication for related health parties. Health parties can provide direct education to the prospective vasectomy acceptors, and the government can expand the range of vasectomy service promotion to the

low-economic communities to perform vasectomy. In addition, the government is expected to provide vasectomy services in the form of door-to-door counseling services, facilities, and operative facilities and infrastructure for vasectomy that can be reached by the public. These services are required since there are still many respondents who encounter cost and transportation problems based on the results obtained.

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