

The Role of Cultural Social Factor in Decision Making of Choosing Female Family Planning Contraception

Abdul Jalil Amri Arma¹, Surya Utama¹

¹Universitas Sumatera Utara, Medan, Indonesia

Abstract

The purpose of this research is to determine the factors that influence the decision to choose the female family planning contraception. This type of research is qualitative research by obtaining key informants (family acceptors), supporting informants (husbands) with in-depth interview method. Data analysis is carried out by the method of focused group discussion. The results used are rational motives with only one social variable, namely 'husbands' supports, the informants agree that these social variables do have a strong influence on the contraception selection of the female family planning acceptors.

Keywords: *Female Family Planning Acceptors, Cultural Social, Rational Motive, Emotional Motive.*

Introduction

Family Planning Program is not solely the responsibility of women. The issue of women's empowerment in family planning programs needs to be properly understood so that there is no gender-biased view. However, full involvement and partnership between women and men is important in efforts to control population and improve quality of life. The Family Planning Program (KB) not only aims to improve the health of mothers and children or suppress population growth. However, this family planning program is expected to improve the quality of the population through the preparation of healthy and prosperous families^[16]. There is no single method of contraception that is safe and effective for all clients, because each has the suitability and individual compatibility of the client^{[2],[9],[17]}. Along with the development of science and technology that bring many changes to human life both in terms of lifestyle changes and social order including in the health sector which is often faced with a matter that is directly related to the norms and culture adopted by the people living in a certain place^[10]. Whereas the embodiment of culture is objects created by humans as cultured beings, in the form of behaviors and objects of a real nature, for example patterns of behavior, language, living tools, social organizations, religion and art, etc., which all of which are intended to help humans carry out community life^{[7],[23],[24]}.

The large population and population growth rate which is still high or equal to 1.49% and equivalent to 4.5 million people each year is a complicated problem faced by the Indonesian people today^[22]. The results of the Population Census show that the population of Indonesia is 237.6 million in 2010. This figure places Indonesia in the fourth rank of the most populous country in the world after the People's Republic of China, India, and the United States. In 2010, around 118.3 million people (50 percent of the population) lived in urban areas. At the same time the initial fertility rate in Indonesia has fallen sharply since the 1980s. The Crude Birth Rate (CBR) is estimated at 28 per 1,000 populations in the period of 1986-1989, down to 23 per 1,000 populations in the period of 1996-1999, resulting in an average decline of 2.1 percent per year^[5] ^[16].

Those numbers indicate that there has been an acceleration in the decline in birth rates. But in 2010, the CBR again rose to 23 births per 1,000 inhabitants. Likewise, life expectancy at birth for both men and women increases. Male life expectancy increased from 58 years in 1990 to 69 years in 2010, and in women, life expectancy increased from 62 years in 1990 to 73 years in 2010. ^[18]. Regardless of the extent of the Family Planning (KB) program, and the Population of Family Planning and Family Development (KKBPBPK), the success of the family planning program still refers to the Total Fertility Rate (TFR). The smaller the TFR number, the more successful the KB program is. TFR

can go down when the Contraceptive Prevalence Rate (CPR) rises consistently. Conversely, if CPR does not increase, it is difficult to reduce TFR. CPR itself will not rise if the PB (New Participant) does not rise. CPR in Indonesia has fluctuated from year to year, such as 61.9% in 2012, 60.1% in 2014, and 66% in 2015, so it is appropriate if contraception is placed as a necessity for couples of childbearing age at the same time can improve the health of mothers, infants and children and contribute to the reduction of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) so as to help realize a small, happy and prosperous family [5].

Based on the Indonesian Demographic and Population Survey, recorded that TFR this year reaches 2.6 per woman of childbearing age. This means that on average women of childbearing age in Indonesia have an average of 3-4 children. This achievement is far from the target to be achieved this year, which is 2.4. From this year's achievement, the BKKBN admitted that it was almost certain that the opportunity to achieve the ideal TFR in 2015, which is 2.1 was closed. It is believed that TFR is still high due to the high drop out of contraception. The level of participants dropping out of family planning programs is on the road due to the majority of family planning participants currently using non-MKJP contraception, such as short-term pills that are quite high [11]. At present, according to the calculations of experts, the ability of the earth to support the existence of the population has been 1.5 times its ideal capacity. In 2050 the condition has doubled and very worrying [5].

In overcoming the problem of high population growth, the government has implemented a rational, effective and efficient contraceptive use policy including the use of Long Term Contraception Method (MKJP). According to the WHO and American College of Obstetricians and Gynecologists (ACOG), MKJP is the most effective contraceptive method. When viewed from the data, there is a tendency for contraceptive usage patterns to be considered irrational, of which 57.9 percent of the Contraceptive Prevalence Rate (CPR) is 47.3 percent using Non-Long Term Contraceptive Method (Non MKJP) and only 10.6 percent using the Long Term Contraception Method (MKJP). The pattern of use of the Long-Term Contraceptive Method even tends to decrease ie 18.7 percent in 1991 to 10.6 percent in 2012. The high use of Non MKJP also occurs in new family planning acceptors, which is 82.48 percent, while those using MKJP are only 17.52 percent even though the national MKJP target is 27 percent. [5].

In North Sumatra in 2015 showed that the number of PUS (Fertile-Age Couple) reached 2,201,509 people, with the number of active family planning participants amounting to 1,525,388 people (69.29%), while the number of new family planning participants was 419,691 people (19.06%), while the number of dropped-out KB acceptors which is 418,713 people or 18.57%. (Deli Serdang Regency/BPS, 2016). In Deli Serdang District in 2015 showed that the number of PUS reached 337,331 people, with the number of active family planning participants amounting to 232,372 people (68.88%), while the number of new family planning participants was 2,653 (0.78%), while the number of dropped-out family planning was 175,917 (52.14%). Female Surgery Method (MOW) as many as 38 people and Male Surgery Method (MOP) of 29 people [8]. The tendency of the Non-MKJP KB use pattern also occurs in North Sumatra Province. Throughout the year 2013, turned out to be not less than 80 percent of new family planning acceptors in West Java chose to use Non-LTM. Non-LTM user is dominated by injectable contraceptives is equal to 33 percent and 29 percent of contraceptive pills [6]. Similarly, the usage pattern in Deli Serdang reported the achievement of KB participants noted of 22 districts in Deli Serdang, active birth control pills the number of participants as much as 23.18 percent, while the number of new family planning participants pills as much as 3.5 percent. Operation Method Women (MOW) as much as 3.4 percent and Operation Method Man (MOP) of 2.6 percent [6].

Theoretical Review:

Social Aspects Affecting Health Status and Health Behavior: Some social aspects that can affect participation in family planning, among them are Age, Education of husband or wife, The work of a husband or wife, Socio-Economic, Number of children, Availability of contraception and Husband's support [2].

Socio Cultural Behavior: According to [1],[4] culture is all the behavior and results of human behavior that are organized by the behavior that must be acquired by learning, and which are all arranged in the life of the community. There are three forms of culture, namely:

1. The form of thoughts, notions, ideas, norms, regulations, and so on.
2. Human's patterned behavior activity in society.
3. Physical form, is the total physical result of human's behavioral activities.

Humans are considered cultured creatures if the human has the mind and thought that are always actual in filling his life without being tired of looking for any knowledge to develop his personality.

Family Planning Program as Social Innovation:

Family Planning (KB) is one of the most basic and primary preventive health services for women. Many women must determine the difficult contraceptive choices, not only because of the limited number of method availability, individual health and female sexuality or the costs of obtaining contraception [12]. This is not only due to the limited method availability, but also by ignorance of the requirements and safety of the contraceptive method. There is no single method of contraception that is safe and effective for all clients, because each has an individual fit and suitability for the client [17].

Research Method: This research was conducted with a qualitative method, where data was collected from informants using in-depth interviews and focus group discussions (FGD)[22]. In-depth interviews were conducted for female KB acceptors (24 informants) and husbands (12 informants). The FGD was conducted twice, FGD 1 extracted information on other female family planning acceptors including those who were discontinuing contraception (12 informants). FGD 2, for sub-district KB (PLKB) service officers, family planning service providers, family planning service providers for private clinics, religious leaders and district level community (15 informants).

Results and Discussion

Result:

The Analysis of the Influence of Socio-Cultural Factor with Moderate Rational Motives on the Decision in Choosing Females' KB Contraception: According to [14], age was one of the factors that could influence a person to behave, including in choosing the type of contraception to be used. This research was not in line with the research conducted by [15] which stated that age affected couples of childbearing age in the use of contraceptives, especially MKJP. According to [14] education is needed to obtain information, therefore the higher the level of education of a person, the easier it is to receive information, therefore more knowledge is owned, and the easier the person receives information, thus someone is more receptive to the newly developed values. This research is not in line with the research

conducted by [19] who said that the level of education had a considerable influence on the utilization of the KB-MKJP method. This research is in line with the research conducted by [13] find that the occupation of a woman did not have a big influence in determining the choice of a mother to become an injection KB acceptor. Thirteen informants said there was no influence on socio-economic status with the use of family planning, for various reasons, such as family planning costs were still affordable, and family planning services were provided free of charge at the Center of Health Care and Information (POSYANDU).

The Analysis of the Influence of Socio-Cultural Factors with the Strong Rational Motives on Decisions in Choosing a Female KB Contraception: The results of the research concluded that out of 24 key informants there were 23 informants who had the support of their husbands to participate in the family planning program, only 1 informant did not get husband's support, but was allowed to join the family planning program. The results of this study are also reinforced by the [15] research which states that there is an influence of husband's support with the use of contraception.

Discussion

In general, it can be concluded that husband's support greatly influences his wife in choosing to use contraception, because with the support of husband and wife, they will be more motivated and easier to run family planning programs so that family harmony can be maintained. Therefore the child's welfare is very necessary to be considered including in terms of providing a decent life for children [15]. The results of the FGD among female family planning acceptors, stakeholders and the family planning community also agreed that the number of children affected the decision of female family planning acceptors for family planning, in addition to the number of children who were sufficiently considering economic difficulties. This research is in line with the research conducted by [13] which states that the choice of contraceptive method is strongly influenced by the number of children it has. If Fertile-Age Couple has many children, it is increasingly great to choose solid contraception as an option to stop fertility.

The second variable is the availability of contraceptives. Completeness of service describes the level of service quality. The statement is in line with the

theory put forward by Greenet *al.*, (1980) which states that service quality is included in the factors that support the emergence of health behavior. The results of this research are also in line with the research conducted by [20] about the factors associated with the use of long-term contraceptive method in the work area of the Pancoran Mas Public Health Center in Depok, which states that there is a significant relationship between the completeness of family planning services and the use of the term contraception method Length (MKJP). According to [1] states that, as social beings, human life cannot be separated from culture, and can even be influenced by the culture where he lives. This research is in line with the research conducted by [21] which states that there is a local socio-cultural relationship with the selection of contraceptive method.

Conclusion and Suggestion

Conclusion: There are 7 (seven) social factors that characterize rational motives and there are also 8 (eight) cultural factors that characterize emotional motives. The results of the analysis formed 4 (four) main factors, namely: socio-cultural factors-1 named “**moderate rational motives**”, socio-cultural factors-2 named “**moderate emotional motives**”, socio-cultural factors-3 named “**strong rational motives**”, socio-cultural factors-4 named “**strong emotional motives**”. Socio-Cultural Factor-1 consists of 5 (five) indicators, namely: ‘Age of female and husband family planning acceptors’, ‘Women’s and husband’s family planning acceptor education’, ‘Women’s and husband’s family planning acceptor’s work’, ‘family social economic status’, and ‘The fatalistic attitude of female, family and community family planning acceptors in the neighborhood’. Furthermore this dimension can be called “**moderate rational motive**”.

Acknowledgements: This study is dedicated to the DRPM Ministry Research and Technology, Republic of Indonesia that has been providing assistance funding for this research.

Conflict of Interest: We have declared any potential conflict of interest in there search. Any support from a third party has been noted in the Acknowledgements.

Ethical Clearance: We understand that, if, prior to publication, IJPHRD Journal considers that the Work should not be published due to ethical or legal reasons from Ethical Committee may decline to publish the Work.

References

1. Achmad, N; & Muda, I. Economic Activities of Karo Older Adults in Tanah Karo, Indonesia. *International Journal of Economic Research*. 2017; 14(17).377-388.
2. Affandi. *The Book of Practice Contraception Services*. PT. Bina Pustaka. 2012; Jakarta.
3. Arma, A, Jalil,A. & Zulfendri. Analysis of Socio-cultural Factors Affecting Decisionson Choosing Women’s Contraception in Deli Serdang and Implication for Family Plan Service Policy and Family Welfare. *International Journal of Economic Research*. 2017;14(20).223-233.
4. Badaruddin; Revida, E; Ermansyah & Muda, I. Village Governance with Implementation of Law Number 6 of 2014 On The Village and Village Administration. *International Journal of Economic Research*. 2017; 14(17). 389-402.
5. BKKBN. *Pocket Handbook of Assistance in Population, Family Planning and Family Development*. 2015; Jakarta.
6. Central Statistics Agency of North Sumatra. *North Sumatra Province in Figures*. 2016; New Creative.
7. Clifford, Geertz. *The Impact of the Concept of Culture on the Concept of Man.(The Interpretation of Cultures)*,Basic Books, 1973; New York.
8. Deli Serdang Regency/BPS. *Deli Serdang Regency in Figures*. 2016; Republic of Indonesia.
9. Directorate General of Nutrition Development and Maternal and Child Health. *Family Planning Services Guidelines*. 2014; Jakarta.
10. Green, LW, Kreuter, MW, Deed, SG, Partridge. *Health Education Planning Diagnostic Approach*. California: 1980;Publishing Company.
11. Ministry of Health RI. *Indonesia Health Data Profile 2011*. 2012: Jakarta.
12. Maryani, H. *Choosing of Contraception for Women Family*. 2008; Retrieved from www.tempo.co.id, [Acceses on February 01, 2017].
13. Nina, S.M. & Mega,R. *Family Planning and Contraception*. Nuha Medika. 2013; Yogyakarta.
14. Notoatmodjo, Soekidjo. *Health Research Methodology*. Rineka Cipta. 2010; Jakarta.
15. Nuryati, S & Fitria, D. *The Influence of Internal Factors and External Factors on Selection of Contraception on New Family Planning Acceptor in Bogor*.2014;Working Paper.

16. Priyoto. Attitude Theory and Behavior in Health Equipped Example Questionnaire. Nuha Medika. 2014; Yogyakarta.
17. Saifudin, A.B. Practical Handbook for Contraception Services. Bina Pustaka. 2006; Jakarta.
18. SDKI. Indonesia Demographic and Health Survey Report (SDKI) 2012. Jakarta.
19. Sri,U. Relationship Side Effects With Event Drop Out On Acceptor Akdr In Poly Kb I R sud Dr. Soetomo Surabaya. Journal Voice Forikes. 2011;2(3).20-34.
20. Sulistyawati, A. Family Planning Services. Salemba Medika. 2013;Jakarta.
21. World Population. World Population 2016; Retrieved on http://www.geohive.com/earth/population_now.aspx. [Acceses on February 01, 2017].
22. Tarmizi, H.B., Daulay, M & Muda, I. The influence of population growth, economic growth and construction cost index on the local revenue of tax on acquisition of land and building after the implementation of law no. 28 of 2009. International Journal of Economic Research. 2016: 13(5). 2285-2295.
23. Nurlina & Muda, I. The Analysis of The Effects of Capital Expenditure and Human Development Index on Economic Growth and Poverty in East Aceh Regency. International Journal of Economic Research. 2017:14(17). 415-428.
24. Muda, I, M. Ismail & Marhayanie. Impact Allocation Capital Expenditure on The Improvement of the Local Government Assets in North Sumatra and Effect on Local Revenue Sustainability. International Journal of Economic Perspectives. 2017:11(2). 110-123.