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A case study of psychosocial challenges in the implementation of Family Planning health in the patriarchal society of West Sulawesi[☆]



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Abstract 4

Objective: This study aims to categorize and analyze cases of psychosocial challenges to patriarchal cultural communities in the Family Planning health program in West Sulawesi.

Method: Research using qualitative methods through a case study approach. The informants chosen 15 are three Family Planning counselors and ten infertile couples. Data collection techniques were carried out through non-19 participant observation and in-depth interviews. Data analysis uses a three-step interactive model, namely first; data condensation, data display, conclusion drawing and verification.

Results: This study found a categorization 10 of three cases based on the psychosocial challenges of the patriarchal culture community in the implementation of the Family Planning health program. The first factor, internal barriers within women who oppose using contraceptives, fear of side effects due to direct ego involvement in the use of contraceptives. External factors, perceptions and attitudes of husbands, as well as family 1 environments and reference groups. The dominant factor is culture and religion toward the implementation of the Family Planning program.

Conclusion: Psychosocial challenges in patriarchal cultural societies are still dominant due to cultural and religious factors. Furthermore, there are factors internal challenges and external challenges also affect the acceptance of Government programs through Family Planning to reduce 3 the population.

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Introduction

Indonesia's population is in the fourth position 1 in the world after China, India and the United States. Indonesia's population growth rate has a population of 269 million or 3.49% 24 of the world's total population. Indonesia is ranked as

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the fourth most populous country in the world after China (1.4 billion people), India (1.3 billion people), and the United States (328 million people). The increase in population indicates the population problems, such as population density, reduced land for living, transportation, provision of basic needs of the population, such as clothing, food, shelter, employment, education, health and income.

The higher population growth rate has led the Government of Indonesia to implement a population control program through the National Family Planning Coordinating Board or BKKBN in the Pelita I Period (1969–1974) based on Presidential Decree Number 8 of 1970. Furthermore, Law Number 52 was issued 2009 concerning Population Development and Family Development. Finally, the National Family Planning Coordinating Board changed to the National Population and Family Planning Agency or BKKBN.

Family Planning health program is formulated as an effort to increase awareness and community participation through the age of marriage, birth control, fostering family resilience, increasing family welfare to create a happy and prosperous small family.

Case study research was carried out in West Sulawesi Province based on data on the use of CPR (Contraceptive Prevalence Rate). Furthermore, the West Sulawesi Susenas 2013 CPR (Contraceptive Prevalence Rate) data of only 48.2% is still very low compared to the national average of 61.5%. Achievements of West Sulawesi compared with the lowest Sulawesi region with details of South Sulawesi 51.3%, South-east Sulawesi 53.3%, Gorontalo 67%, Central Sulawesi 60.7%, North Sulawesi 64.9%.

However, the implementation of the Family Planning health program has so far encountered obstacles, namely not achieving the CPR (Contraceptive Prevalence Rate) in accordance with the target indicators. This factor is due to the lack of understanding of family planning information, and traditional patriarchal family culture factors. Society in patriarchal culture according to Alfian Rokhmansyah (2013) that patriarchy comes from the word patriarchy, means the structure that places the role of men as the sole and central ruler. Patriarchal culture also enters the realm of family planning, placing men as the main control role in society, while women have little influence or even have the right to determine the number of children in the family.¹

This is also supported by the results of the study of Vivi Triana et al. that the prevalence of Unmet Need women with contraception who have no intention of participating in the Family Planning Program is 1.8 times.² This condition is higher than women who experience psychosocial barriers than women who do not experience psychosocial barriers. For this reason, this research explores cases of psychosocial barriers in the implementation of Government programs in the field of Family Planning in West Sulawesi.

Method

Research location

Determination of research locations in Mamuju District Mamuju District, West Sulawesi Province The selection of Mamuju Regency as the provincial capital in quadrant II according to the analysis of the program management meet-

ing. Mamuju Regency is the first priority region because the birth rate is high and the level of Family Planning participation is low.

Types and sources of data

This type of research is qualitative referring to case studies aimed at examining in detail, and in-depth research objects. Sources of research data through in-depth interviews (dyadic) or face-to-face individuals, especially informants whose cases have been selected. Next, do non-participant observation by observing informants on an ongoing basis until the case is thoroughly explored. Researchers observed the role of family planning counselors in providing communication, information and family planning education both individuals and community groups/couples of fertile age in the working area of Family Planning counselors.

The aim is to complete the data on psychosocial barriers in the implementation of the Family Planning program in Mamuju Regency, West Sulawesi Province. The key informant is the Family Planning Instructor who planned to provide Family Planning Communication, Information and Education to the Fertile Age Couple in the working area of Mamuju Regency. The informants of the Fertile Couple who were selected by purposive sampling were ten Fertile Couples. There are five Fertile Age couples who participate in Family Planning and five Fertile Age Couples who do not participate in Family Planning. The reason is that psychosocial barriers can be explored maximally in patriarchal cultural societies.

Data collection techniques

Data analysis technique is the process of finding and compiling data systematically based on the results of in-depth interviews, field notes, and documentation. Analysis of the data used is Milles and Huberman's interactive model (2014). The analyzed data developed by Miles and Huberman is analyzing data through three steps, namely data condensation, presenting data (data display), and drawing conclusions or verification.³ Data condensation refers to the process of selecting, focusing, simplifying, abstracting, and transforming. Presentation of data (Data display). The researcher presents the data in the form of brief descriptions, tables, and charts that illustrate the analysis of transitivity and social context. And in the end the researchers draw conclusions, Conclusion, drawing/verification. Furthermore, the data are categorized as research findings.

Results

Indonesia's population growth rate is very high with a projection of 269 million people or 3.49% of the total world population. Based on these data the Government has implemented a Family Planning health program to control population growth rates. However, the government is still experiencing obstacles, namely not achieving the CPR (Contraceptive Prevalence Rate) in accordance with the target indicators, understanding family planning information to the community is still lacking. The results of the 2002 and 2007 IDHS show that contraceptive prevalence (CPR) use has

Table 1 Matrix of research informants.

Informants	Role	Age
Ansari	Implementing Communication, Information and Education for Family Planning and First Level Family Planning Education	45 years old
Wahidah	Family Planning Extension	30 years old
Sukardi	Family Planning Extension	35 years old
Ali and Darma	Family Planning Extension	28 years and 28 years
Andi and Lia	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	23 years and 20 years
Tamin and Husna	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	25 years and 20 years
Taufik and Ati	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	20 years and 20 years
Husna and Hasan	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	27 years and 25 years
Husain and Nana	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	23 years and 19 years
Sudarmin and Tati	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	21 years and 19 years
Hafid and Titin	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	23 years and 20 years
Iqbal and Nuraeni	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	25 years and 21 years
Maman and Murni	Fertile Age Couples / Family Planning Communication, Information and Education Objectives	26 years and 22 years

Source: Primary Data (2019).

increased, which should be followed by a decrease in Unmet Need for Contraception (unmet contraceptive needs), but Unmet Need for Contraception has increased.

Program and Budget Data December 2017, the achievement of the number of new family participants in Mamuju Regency only reached 25,547 from the target of 34,500 new Family Planning participants or only reached 74.05% of the existing target. Based on the results of research conducted through in-depth interviews with Ten Fertile Age Couples. Key informants are family planning counselors implementing Communication, Information and Family Planning Education Representatives from the National Population and Family Planning Agency or West Sulawesi Province BKKBN. The instructor provides representative information on the implementation of Family Planning. The following matrix of informant characteristics can be seen in Table 1.

Table 1 shows that the characteristics of informants Fertile Age Couples who are the dominant target of Communication, Information and Family Planning Education aged 21–28 years. The age category is an indicator of fertile age couples both husband and wife. Implementing informants and family planning communication, information and education counselors who are assigned to routinely conduct outreach to the community, especially fertile age couples. For example, counseling on types of contraceptive devices/drugs, long-term method contraception (MKJP), the importance of using Non-MKJP contraception to switch to MKJP contraception. Based on in-depth interview data the form of contraception that is the focus is Tubectomy/MOW (permanent contraception for women), Vasectomy/MOP (Vasectomy as a clinical procedure to stop the capacity of male reproduction by cutting or binding

the vas deferens so that the sperm transport channel is closed). Spiral/IUD/IUD (spiral shaped device mounted uterus). Implant/AKBK/Implant Family Planning (Hormonal contraception to achieve and prevent release of eggs). Injections at the base of the arm or at the buttocks/buttocks muscles. PIL or tablet to prevent the release of eggs, and prevent the meeting of sperm and egg. Condoms are rubber gloves made of various materials including latex, plastic that is placed on male genitals during sexual intercourse. Furthermore, psychosocial barriers are based on research findings. The following matrix of informant characteristics can be seen in Table 2.

The results of the analysis in Table 2 show that internal barriers are experienced by 4 Fertile Age Pairs and external challenges and dominant factors are simultaneously experienced by 6 Fertile Age Pairs. Obstacles to the psychosocial factors of patriarchal culture in the implementation of Family Planning health. First, internal challenges in women who oppose using contraceptives, fear of side effects due to direct involvement in the use of contraceptives. External factors, the perception of the attitude of the husband who opposed family planning, as well as the family environment and reference groups who did not agree on the family planning program. The dominant factor is culture and religion toward the Family Planning program plus religious prohibitions, husband's prohibition, fear of side effects, feeling infertile.⁴

Based on the view of Handayani that cultural and religious factors, religious beliefs, affect their perceptions and the way they choose and use contraception.⁵ The patriarchal culture factor is also still dominant in the West Sulawesi community, which is predominantly the Mandar tribe. They

Table 2 Matrix of psychosocial challenges categories.

Fertile age couple	Internal challenges	Dominant challenges	External challenges
Ali and Darma		Cultural and religious factors	Perception of husband's attitudes opposing family planning
Andi and Lia		Cultural and religious factors	Perception of husband's attitudes opposing family planning
Tamin and Husna	Women's self against the use of contraception		
Taufik and Ati		Cultural and religious factors	Perception of husband's attitudes opposing family planning
Husna and Hasan Husain and Nana	Woman self feeling infertile Fear of side effects due to ego-involvement		
Sudarmin and Tati		Cultural and religious factors	Influence of family environments and reference groups
Hafid and Titin		Cultural and religious factors	Perception of husband's attitudes opposing family planning
Iqbal and Nuraeni	Fear of side effects due to ego-involvement		
Maman and Murni		Cultural and religious factors	Influence of family environments and reference groups

Source: Primary Data (2019).

are of the view that vasectomy contraception is still not uncommon to be used in men as a target of family planning. However, men have a role as the main control in society, while women are limited in the institution of marriage. Women are in a subordinate or inferior position. This condition causes restrictions on the role of women in patriarchal culture, making them shackled to determine attitudes and behavior, including the number of children they have.⁶ The large number of children is considered as a provision. Inequality between the roles of men and women in the decision making process causes structural obstacles to emerge which make men dominant in making decisions compared to women.

Conclusions

The analysis of the research indicates that the external factors of the husband's perceptions and attitudes tend to be less/disagree¹ with the Family Planning Program. The environmental aspects of the family and reference groups that are dominant against family planning, even the husband's prohibition⁵ is the reason for the less optimal implementation of the family planning program in West Sulawesi. The dominant factor is culture and religion in a patriarchal society. Internal obstacles come from women who oppose using contraceptives¹³, fear of side effects due to direct involvement¹³ in the use of contraceptives, fear of side effects, feel infertile. Psychosocial challenges found in this study.

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Conflict of interest

The authors declare no conflict of interest.

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