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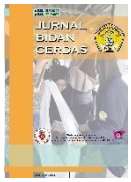

Analysis of Socio-Cultural Factors in the Decision Making of Women of Childbearing Age Regarding Reproductive and Sexual Health

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ABSTRACT

Introduction: The right decision-making process will impact to health status of mothers and children, also to increase the human development index, especially health development in Indonesia. 23% of women said their husbands usually made decisions about household expenses, 11% said their husbands decided on their personal health care. Socio-demographic factors, such as the educational level of husband and wife, economic status are potential factors that can influence an individual's decision-making process. Exposure to information and knowledge, individual abilities can have a positive influence for woman's decision making. It was further stated that a woman's decision making on their sexual and reproductive health is highly dependent on the ability to meet her needs and exposure to knowledge. **Objective**: This study aims to determine socio-cultural factors on the role of women of childbearing age in making reproductive and sexual health decisions. **Method:** The research design used cross sectional. The sample calculation uses the lameshow formula for the difference in proportion test with a minimum sample size of 159 women of childbearing age. The sampling technique uses purposive sampling. The analysis used chi square and multiple logistic regression. **Results**: There is a relationship between socioculture and the role of women in decision making regarding reproductive and sexual health after being controlled by the variables husband's education, mother's education, husband's age, and family income (p = 0.006; OR 2.7' min-max 1.3- 5,6). **Conclusion:** It is necessary to increase women's knowledge and their partners regarding gender justice in decision-making autonomy regarding sexual and reproductive health.

INTRODUCTION

Reproductive health is the basis for developing reproductive health strategies, where reactions from family planning strategies are too oriented towards fertility reduction targets, and tend to ignore women as decision makers, whether regarding the use of contraception, pregnancy and childbirth. Issues of women's status, reproductive rights, ethics and law greatly influence the development of reproductive health strategies. The general tendency of society is to assume that the image of a woman is always considered lower than a man. There are many facts that show that

most women are always positioned below the men. However, women and men should have the same opportunities and rights in freedom of speech, opinion and self-actualization to create a mutually beneficial synergy (Darwin, 2016).

The right decision-making process will have an impact on increasing the health status of mothers and children, this will also continue to increase the human development index, especially health development in Indonesia (Rasio Ridho Sani et al., 2022). Women's ability to make their own decisions regarding their reproductive health is due to the gap between men's autonomy and power in the decision-making process (Darteh et al., 2019). The women's participation index has a positive relationship with the use of adequate antenatal services, but has no effect on the use of skilled birth attendants and facility-based births after being controlled for maternal and socio-demographic variables. Women with greater autonomy have a higher chance of using adequate antenatal care services (Rizkianti et al., 2020).

Participation of decision making in the household is an important aspect of women's empowerment. Most women stated that they were involved alone (17-45%) or together with their husbands (44-70%) in making this decision. However, 23 percent of women said that their husbands usually made decisions about large expenses in the household, 11 percent said that their husbands decided on their personal health care and 13 percent said that their husbands made decisions about visits to family or relatives. The percentage of working women, either working to earn money or not working to earn money, are more likely to participate in the three decisions mentioned above (71% and 67% respectively) than women who do not work (65%). The percentage of women in urban areas who participated in all three decisions was higher than those living in rural areas (70% and 67%). Women's participation in decision making increases with increasing education levels and wealth quintiles. 75% of women with a college education participated in all three decisions, compared with 57% of women without an education. The same thing happened to women in the highest wealth quintile where 71% participated in decision making compared to 67% of women in the lowest quintile (BKKBN et al., 2018).

One of the important issues in terms of women's reproductive health decision making is the indicator of women's empowerment regarding the use of contraceptives or methods of using contraception. Women with all decision numbers to participate are higher than women who do not participate, namely 64 percent versus 62 percent (BKKBN et al., 2018). For all humans reproductive health is a very important thing to protect. Including women, it is very important to be able to make their own decisions regarding their reproductive health, especially during the reproductive years. If women have greater power in making decisions in household life regarding their health and reproductive rights, then family health will improve which is can contribute to the country's productivity (Tadele et al., 2019).

Socio-demographic factors, such as the educational level of husband and wife, economic status are potential factors that can influence an individual's decision-making process. The Exposure of information and knowledge as well as individual abilities may have a positive influence on a woman's decision making. It was further stated that a woman's decision making on their sexual and reproductive health is really depend on the ability to fulfil her needs and the exposure of knowledge. However, there are still other factors that can influence, including religion, location of residence, and culture (Darteh et al., 2019). Therefore, the author wants to know the determinant factors that may influence women's role in making reproductive health decisions.

METHODS

This research was conducted by using a quantitative approach. The research design used is cross sectional, it means the assessment of the dependent and independent variables is carried out at the same time. The case population in this study was women of childbearing age who came for a health check at the Cilincing District Health Center. The sample size calculation uses the Lameshow formula, namely the 2 proportion hypothesis test formula, so the minimum sample size required is 159 respondents, which was taken by using a non-random sampling technique, namely accidental sampling, namely WUS who come to visit in order to have their health checked as samples to fulfill the required number of samples. The type of data collected in this research is primary data, which is done by filling out a research questionnaire by respondents.

The questionnaire used as a research tool has been tested firstly for validity and reliability. It used *Pearson Product Moment* correlation technique. The research also has been conducted an ethical review at the Respati Indonesia University ethics commission by applying the ethical principles of beneficence, respecting human rights, using informed consent to potential research respondents, and passed the ethical review of 743/SK.KEPK/UNR/X/2023. Data processing used statistical test software program (SPSS). The data analysis used univariate analysis, bivariate analysis (chi square) and multivariate analysis (multiple logistic regression).

RESULTS

Based on Table 1, it was found that the majority of respondents had a positive role in decisions making about their reproductive and sexual health, namely 52.2%. Most of the mother's/respondent's education and husband's education are in basic education (high school or below), namely 83% and 82.4%. In the family income variable, the majority of respondents had income about < UMR DKI Jakarta (Rp. 4,901,798), namely 67.9%. In socio-cultural variables, the majority of respondents had supportive conditions, namely 63.5%. For the mother's age variable, the majority of respondents were aged ≤ 30 years, namely 61.6%, while for the husband's age variable, the majority were > 30 years old, namely 50.3%. In the maternal employment variable, some respondents did not work, namely 67.3%, and most of the mothers were Javanese, namely 32.7%. In the length of marriage variable, the majority of respondents were married ≤10 years, namely 78%.

Table 1 Frequency Distribution of WUS Roles, Respondent Characteristics, and Sociocultural at Cilincing District Health Centers in 2023

Respondent Characteristics	n	%
Decision Making Role		
good	83	52.2
Not so good	76	47.8
Mother Education		
College	27	17.0
Basic Education	132	83.0
Father Education		
College	28	17.6
Basic Education	131	82.4

Respondent Characteristics	n	%
Family income		
≥ Rp.4.901.798)	51	32.1
<Rp. 4.901.798	108	67.9
Sociocultural		
Supportive	101	63.5
Non Supportive	58	36.5
Mother age		
≤ 30 years old	98	61.6
> 30 years old	61	38.4
Husband age		
≤ 30 years old	79	49.7
> 30 years old	80	50.3
Maternal Employment		
Working	52	32.7
Do not working	107	67.3
Mother ethnic groups		
Betawi	48	30.2
Sunda	33	20.8
Java	52	32.7
Sumatera	15	9.4
others	11	6.9
Marriage length		
> 10 years	35	22.0
≤ 10 years	124	78.0

Table 2: Relationship between Maternal Characteristics and Sociocultural Variables on Reproductive and Sexual Health Decision Making at the Cilincing District Health Center in 2023

Variables	Decision Making				P Value
	Good		Not so Good		
	n	%	n	%	
Mother Education					
College	21	77.8	6	22.2	0.007
Basic Education	62	47.0	70	53.0	
Husband Education					
College	19	67.9	9	32.1	0.106
Basic Education	64	48.9	67	51.1	
Family income					
≥Rp. 4.901.798	35	68.6	16	31.4	0.007
<Rp. 4.901.798	48	44.4	60	55.6	
Sociocultural					
Supportive	64	63.4	37	36.6	0.001
Non Supportive	19	32.8	39	67.2	
Mother Age					
≤ 30 years old	56	57.1	42	42.9	0.156
> 30 years old	27	44.3	34	55.7	
Husband age					
≤ 30 years old	47	59.5	32	40.5	0.095
> 30 years old	36	45	44	55	
Maternal Employment					
Working	33	63.5	19	36.5	0.070
Do not working	50	46.7	57	53.3	

Variables	Decision Making				P Value
	Good		Not so Good		
	n	%	n	%	
Mother Ethnic groups					
Betawi	20	47.1	28	58.3	0.101
Sunda	15	45.5	18	54.5	
Java	33	63.5	19	36.5	
Sumatera	9	60.0	6	40.0	
others	6	54.5	5	45.5	
Marriage Lenght					
> 10 years	19	54.3	16	45.7	0.930
≤ 10 years	64	51.6	60	48.4	
Religion					
Non Islam	5	62.5	3	37.5	0.722
Islam	78	51.7	73	48.3	

Table 3 Final Model of Factors Influencing Basic Care of Newborn Babies by Mothers at the Cilincing District Health Center in 2018

Variables	P Value	OR	CI 95%
Sociocultural	0.006*	2.7	1.3 – 5.6
Husband education	0.721	0.8	0.2 – 2.6
Mother Education	0.166	2.5	0.7 – 9.3
Family income	0.163	1.8	0.8 – 3.9
Husband age	0.161	1.6	0.8 – 3.2

The final results of multivariate modeling using the multiple logistic regression test as shown in Table 3 shows that there is a relationship between sociocultural variables and the role of WUS in decision making regarding reproductive and sexual health (p = 0.006; min – max 1.3 – 5.6; OR 2.7) after being controlled by the variables husband's education, mother's education, family income, and husband's age. An OR value of 2.7 means that WUS with a supportive sociocultural will have a 3x higher chance of playing a positive role in decision making regarding their reproductive and sexual health compared to WUS with a non-supportive socio culture

DISCUSSION

Based on the results of the analysis, it was found that almost half of the respondents still had a poor role in making decisions about their reproductive and sexual health. This is in line with the results of other research that women's autonomy in family planning is lower than men (Kohan and Ehsanpour, 2014).

In the multivariate analysis, it was found that there was a relationship between socio-culture and the role of WUS in making decisions related to reproductive and sexual health to reduce maternal morbidity rates, while the variables of husband's education, mother's education, family income and husband's age were confounding variables on the relationship between socio-culture and the role of WUS in decision making.

This is in accordance with research results which state that there are still many views, understandings and beliefs that exist in society about the body, healthy and sexuality of women (Saptandari, 2012). Other research also found that socio-cultural conditions (customs) and environmental conditions influence reproductive health (Suryawati, 2007). Sexual and reproductive health is greatly influenced by social,

economic and political factors that exist at certain time (Palulungan et al., 2020; Saptandari, 2012). Women's reproductive decision making is influenced by conflict, religious beliefs, socio-cultural gender expectations, and external controls on reproductive autonomy. There are socio-cultural gender expectations that drive women's decisions about having children, the number of children, and whether to use contraception. Women feel pressured by sociocultural norms and gender expectations to have children (Donnelly et al., 2023).

Every culture in Indonesia shows that motherhood is a highly respected role. However, this is in contrast to the fact that attention to women's health is still low. There are traditional habits that are detrimental to women's health in general and their reproductive health (Mawardi, 2019).

Socio-economic conditions are very determining in women's reproductive autonomy, especially the living conditions in which women are placed and the lack of opportunities which often causes them to follow existing marriage and family habits, especially those who have low education and low purchasing power. (Fernandes et al., 2020). Poverty can also have a negative impact on women's role in their health. In addition, women with higher education tend to have better knowledge about their own health and are more confident than women with low education (Tadele et al., 2019).

The results of a qualitative study show the importance of sharing information, compromising and making joint decisions with one's partner (Cox et al., 2019). Some people adhere to the belief that men and women must think, feel and act in certain patterns according to their gender. Society associates certain behavior with "women's areas" or "men's areas" (Prijatni,ida, 2016). Riley stated that when women have greater autonomy, maternal and child health, including fertility and mortality will decrease besides that, population growth will be slower. This may happen because the higher a woman's control over her health, the more it will affect her ability to purchase food. This will also have an impact on decreasing birth rates (Ekowati et al., 2014).

Unequal gender norms do not really favor women in negotiating regarding the utilization or usage of their reproductive organs (Handayani and Sholehah, 2023). Gender inequality can affect women's access to reproductive health services, autonomy in decision making, access to resources in the household, including the role of men and boys being more valued than women and girls (Tesha et al., 2023). The law also regulates women's reproductive rights. Reproductive rights are part of human rights which are approved by national law, international documents on human rights, and other agreement documents. Although reproductive rights are autonomy for women themselves, they are not obtained by all women (Handayani and Sholehah, 2023).

A woman must be able to make decisions about her own reproductive and sexual health, especially during the reproductive period. If women have a greater role or power in making decisions about their reproductive health, the overall health of the family will be protected and they will be more productive in their lives (Tadele et al., 2019). While many girls and young women show their enthusiasm to participate as agents of change, patriarchal and gerontocratic political and social structures as well as gendered and adult norms and practices limit the active participation in decision making about their reproductive and sexual health (Wigle et al., 2022).

The success of a family planning program really depends on communication between couples in decision making. The role of the family is the initial stage where husband/wife can discuss when they will have children, how many children they will have, and the use of suitable family planning methods (Putri, 2023). Research shows

that the role of men's involvement in family planning can increase sustainability in family planning methods, this requires good communication between husband and wife. To achieve good communication, it is necessary to increase men's knowledge (Kabagenyi et al., 2014). The power of the husband/partner in making decisions about health services in the relationship has a negative impact on the use of contraception (Mboane and Bhatta, 2015), including decisions about sex, it was found that these decisions are determined based on desires and rights, but are prioritized for the majority men (Wallace et al., 2020).

There is also the phenomenon of covert use of contraception. This happens because women realize that they experience many negative impacts due to frequent pregnancies and taking care of the family, but they still do not have the authority to make decisions about their reproductive health. Covert use of family planning is a difficult choice, but it can create a sense of comfort for women because they can express their reproductive preferences to health service providers (Hoyt et al., 2022).

CONCLUSIONS

The majority of respondents have a good role in making decisions regarding their reproductive health and sexuality. Sociocultural variables have a significant relationship with the role of decision making about reproductive health and sexuality after being controlled for the variables of husband's education, mother's education, family income and husband's age. There are still many women of childbearing age who do not have a strong role in decision making about their health, especially reproductive and sexual health.

These findings prove the influence of patriarchy is still high in people's lives, which will have an impact on reproductive and sexual health. Apart from patriarchal culture, there is still a widespread perception that a woman's health is not a priority. This right will of course influence the theory that a woman's reproductive and sexual health will influence a country's health development index. It hopes that it is necessary to increase the knowledge of WUS and their husbands/partners regarding gender justice about reproductive health and sexuality by using interesting media. Increasing knowledge about improving the balance of gender roles in reproductive health can be done by intensifying health promotion related to this matter, either directly by health workers or gender social activists.

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