

ORIGINAL ARTICLE

A Matriarchal and Patriarchal Perception on Women's Autonomy in Decision Making on Contraception: Qualitative Analysis in Indonesia

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ABSTRACT

Introduction: The issue of gender inequality in reproductive health has a role in determining contraceptive use in women. The purpose of this study is to assess women's perception on participation in decision making for unmet need contraception in matriarchal and patriarchal traditions. **Method:** A Qualitative study was conducted representative for matriarchal tradition in Sumatera and Patriarki Tradition in Sulawesi. The study involved 40 married women and men (15-49 years) with twelve key informant interviews with community leaders, parents and midwives. Trained female and male research assistants conducted semi-structured interviews with a subset of women in a private setting and responses were manually recorded. Interview notes were translated and uploaded to a qualitative software program, coded, and thematic content analysis was conducted. **Results:** women with a matriarchal culture are freer to decide on the use of contraception, while women with a patriarchal culture are more likely to ask permission from the husband first. However culture is not fundamental because educational factors, perceptions and side effects also determine the decision to use contraception. A lack of male knowledge about contraception was also found in this study due to the notion that contraception is a woman's business. **Conclusion:** Women's autonomy in matriarchal culture is more dominant than patriarchy. It is important to consider these multi-faceted influences on decision-making for contraception in order to improve provision of health services and to offer useful insights for subsequent programmatic and policy decisions.

Keywords: Contraception, Qualitative, Autonomy, Matriarchal, Patriarchal

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INTRODUCTION

Contraceptive use is one of the government's policies to reduce the total fertility rate. According to the 2017 IDHS data, the unmet need is still stagnant at 11% and disparities still occur in every province in Indonesia with the highest unmet need reached 23.7% in the West Papua region while the lowest unmet need was in Bangka Belitung with a figure of 5,6% (1). This is thought to have social and cultural influences that influence decisions in family planning. Indonesia is a patriarchal society that believes that women are inferior to men. However, some regions also still apply the matriarchal tradition (4).

Decisions in contraceptive use and fertility are thought to be the influence of gender inequality especially in patriarchal and matriarchal societies (5,6,7). According to other studies male dominance of women leads to an increase in the number of children (2,8,10). And the other also illustrate that there are indications of decision-making problems that affect contraceptive use by women without their partners knowing (9,11). Son preference has also been an issue in fertility especially in patrilineal societies, and this persists even with improvement in women's education levels and socio-economic development (1,3,12). In addition cultural barriers in particular traditional preferences and desires for more children and lineage, have been highlighted as affecting the uptake of family planning (12,13). The provisional allegations suggest an influence the existence of a strong patriarchal or matriarchal system in several regions. Therefore, the objective of this study is to explore women's perception of contraceptive use based

on women’s autonomy in regions with matriarchal and patriarchal in Indonesia.

MATERIALS AND METHODS

Study area and setting

This was a qualitative study that was conducted using in-depth interviews (IDIs) among community members. We collected data in the months of June and July 2019 from Padang representative matriarchal tradition in West Sumatera and Kendari representative patriarchal tradition in Southeast Sulawesi. This research was funding by Ministry of Finance’s research fund management agency (LPDP).

Participants and data collection procedures

Pre-study visits were conducted in the sampled parishes with local leaders and proposed guides describing the study population and objectives. Focus group discussion and in-depth interviews were structured conversations with selected knowledgeable individuals within the sampled communities consist of 40 men and women were conducted in 8 different villages. In addition for twelve key informant interviews (KIIs) with community leaders and parents. Verbal consent was sought from all the participants after explaining to them the study objectives. Audio recorders were used to augment the field notes captured by the note-takers.

Data analysis

Analysis of the data was conducted by the primary author

and included several iterative steps. Using thematic content analyses, the transcripts were reviewed several times, and a set of codes were developed to describe groups of words, or categories, with similar meanings. This study has obtained ethical clearance (ethical clearance) from the Research Ethics Commission of the Faculty of Public Health, University of Indonesia. Qualitative management is carried out starting from the accuracy stage for sufficient quality and accuracy, arrangement in technical or schema, organization for each major category, labeling and transcription.

RESULTS

Out of 24 men and 24 women are conducting in FGD. The average duration of IDIs was 90 minutes. The majority of participants were in 20-35 years old and had completed primary education as the low level of education while completed education in institution as the higher level.

Contraception as a taboo subject

Communities with patriarchal traditions, using contraception is still a taboo subject to be discussed with her husband or other family especially with low educational level. While in the matriarchal tradition, women freely to discuss contraception with husband. This is illustrated based in Table I.

“..Before, contraception was very taboo, but now it is slowly being accepted among women. but for conversation with husband or in-laws is still a sacred

Table I: Women Perception On Participation In Decision Making For Unmet Need Contraception In Matriarchal And Patriarchal Traditions

Indicators	Summary Of Result	
	Matriarchal	Patriarchal
Women’s and men perception on contraceptive		
Contraception as a taboo subject	Religion forbidden Some freely to discuss	None of man’s problem Religion forbidden
Misconceptions and fears about modern contraceptives	Side effect Lack of understanding The myth of infertility	Side effect Lack of understanding Traditional is better The myth of infertility
Costs of modern contraception	Expensive for weak economy on non-hormonal contraception	Expensive for weak economy on non-hormonal contraception
Family support of Contraceptive use		
Husband Opposition	Wife’s responsibility Discussion before use	Didn’t support because of side effect Didn’t support because of religion forbidden Support but final decision on husband
Parents Support	Support by advice Do not interfere in the child’s household	Support by advice
The Position of Women in the Family	Wife’s is the final decision Mutual agreement in the household	Men are women leaders There is still deliberation in the household Women must obey their husbands
Women’s Autonomy		
Determination of The Number Of Children	Discussion of child Husband want more child	Discussion of child Husband want more child Man want a large family More child is infestations
Decision to Use Contraception	Wife’s responsibility Mutual agreement Discussion before use	Need husband permit for using Discussion before use Discussion before use

thing to talk about" (Women (5) Focus Group Discussion of patriarchal. 2019 Jun).

Dominant in men in both regions considers that the discussion related to the number of children is a matter that must be discussed but it is different in the case of contraception that most men consider that it is a matter for women.

"all about the affairs of children, childbirth and pregnancy are the responsibility of my wife. contraception is taboo for me" (Men (3) Focus Group Discussion of matriarchal. 2019 July)

Misconceptions and fears about modern contraceptives The indepth interview revealed that some people had resorted to using traditional and cultural practices because of the fear of perceived side-effects of modern contraceptives. Commonly held myths, fears and misconceptions were associated with prolonged bleeding, the birth of abnormal children and tumors in the womb. It was believed that those who used modern methods became infertile, as the methods were perceived to destroy ova, delay return to fertility, and cause cancer and bodily pains. Men feared that women using modern contraceptives would undergo unhealthy weight gain or loss.

"A few years ago I used an IUD but after a year I was released. Because of the experience of a friend of mine who uses an IUD then after he was unable to have more children until now. Besides that my husband is also less comfortable when doing sexual activities" (Women (10) Focus Group Discussion of Patriarchal. 2019 Jun)

"...using modern medicine to prevent pregnancy is dangerous for health. And this will not happen when using traditional medicine."(Women (19) Focus Group Discussion of matriarchal. 2019 Jun)

"..I do not agree that my wife uses modern contraception because of side effects such as weight gain, long bleeding that interferes with sexual activity.." (Men (6) Focus Group Discussion of patriarchal. 2019 July)

Costs of modern contraception

There were perceived costs attached to use of modern methods of contraception. The use of traditional medicine was also attributed to lack of resources to buy modern contraceptive methods. Several informants used hospital services for IUD insertion and were required to pay. This depends on the policies of several regions, especially in Sulawesi, for the cost of inserting an IUD at a hospital, even at a health center but at a cheaper price. Participants claimed that those women who could not afford to have modern contraceptives resorted to using the traditional or cultural practices.

"We are from a weak economy. I have no power with the family economy because everything is borne by my husband. So to use modern contraception I have to ask my husband." (Women (14) Focus Group Discussion of patriarchal. 2019 Jun)

Husband Opposition

The fear of side effects has led to entrenched male opposition to modern contraception for patriarchal tradition. This has led to stigmatization of women who use modern family planning methods. Discomforts over the use of certain contraceptives are also complaints from men.

"...I forbid my wife from using contraception because of discomfort in terms of health that sometimes complained. In addition, I also feel uncomfortable at coitus when he uses contraception" (Men (1) Focus Group Discussion of patriarchal. 2019 July)

On the contrary to the matriarchy, the husband is unable to forbid the wife to determine whether or not to use contraception.

"...during this time the wife who decides the use of contraception. Sometimes also discussed with me, but I leave everything to my wife ..."(Men (12) Focus Group Discussion of matriarchal. 2019 July)

Parents Support

In general, extended families do not interfere in the affairs of the child or son-in-law's household. Parents give full rights to children to solve problems in their own household. But for children with young age they still need guidance from parents because they are considered to have no experience and cannot make their own decisions.

" ... must not interfere in the child's household when married. Regarding contraception, I can only give advice to my son-in-law."(Parent (3) Interview of patriarchal. 2019 Jun)

The Position of Women in the Family

The patriarchal society has the belief that the position of the wife is under the husband, this is also supported by the custom in a large family system where parents always give advice to their daughters-in-law and daughters to always obey their husbands. This happens because of the assumption that the main breadwinners are men so women depend entirely on their husbands.

"....in tradition, men do have to be above their wives. This is supported by the grip of religion and culture. Then all decisions in the household should be the husband who decides.." (Public Figure (4) Interview of Patriarchal. 2019 July)

Determination of The Number Of Children

The absence of men's or parents support of women's contraceptive use was additionally linked with patrilineal traditions that highly value children and encourage large family sizes. Numerous children were described as a sign of wealth and financial security. And the thinking of many children is also sustained by some of the existing community leaders.

"... in our society every married woman is expected to have as many children as possible. Those who

cannot bear children are given undesirable names. Occasionally, some married women with few or no children are threatened by their partners to retrieve bride price from their families(Parent (2) Interview of patriarchal. 2019 Jun)

"getting a son is for some men a long-term investment for economic improvement and family welfare".. (Men (19) Focus Group Discussion of patriarchal. 2019 July)

Decision to Use Contraception

In patriarchal territories, decisions regarding contraceptive use vary. Some women with low education say that it is the husband who determines the use of contraception, partly it is decided by himself because the husband or spouse considers that the contrast is women's business. But there are also decisions from the results of mutual agreement.

"...we discussed this issue and then my husband decided.." (Women (17) Focus Group Discussion of patriarchal. 2019 Jun)

While the majority of women in the matriarchal region showed the experience that the decision was determined on their own without husband / partner interference. But there are also decisions from the results of discussions with her husband. This is illustrated based on table 1 by the following:

"...using contraception or not, my husband and I always discuss it first. and then give me the authority to decide" (Women Focus Group Discussion of matriarchal. 2019 Jun)

DISCUSSION

On the first theme related to the perception of the use of contraceptives, found some reason women do not use contraception, which is still the belief that contraception is taboo, misconceptions and fear of side effects of contraceptive use and high cost. The second theme related to family support, in this case the husband and parents regarding the use of contraception and women's position in the family. Contraception is considered taboo to discuss because the definition of contraception is a woman's business. This is detrimental to the wife because it will be a burden. In addition, the perception of side effects is a major consideration in contraceptive use. Health workers play a role in providing education to find the right contraception so that it can minimize side effects (13).

The study also found that traditions related to women's position in the family varied based on culture. Patriarchy with the position of women must obey their husbands in all decisions including contraception can be important. This is also influenced by the education of couples (14). The factor of women's autonomy that is quite instrumental is the determination of the number of children which is more determined by the desire of the

husband (15).

The ability of women to pay attention to their health and use health care facilities properly may partly influenced by the autonomy of their decision making(15). In many societies, especially in developing countries or low-income countries, the status of women often limits their autonomy and ability to make decisions about many aspects of their own lives(16). Communities with such conditions still have a solid social structure that harshly defines a part of men and women, common coded in religious belief, ethnic and social custom(6,7). These urge often determine the reality in which women have or do not have the autonomy to make resolve about their own health(15). Facts from several expanding countries show that women's age and family fabric are the most important determinants of women's authority in decision making. Older women are more likely to participate in family decisions (17). Most countries in South Asia are culturally gender based characterized by a patriarchal system in which patriarchy and their families have authority over all family members (18).

Women's participation in the Family Planning program should be a driver to increase women's empowerment in making decisions both for themselves and their families. Therefore women's participation in the Family Planning program has two things related to women's empowerment, namely first, women in this case wives must be more empowered after being involved in family planning programs(19). The socio-cultural context form the relationship between the characteristics of women at the individual level in decision making and autonomy is a solution center of intervention between women's status and reproductive yield (17). Gender inequality influences communication thus limiting women's decision making to access reproductive health (5).

CONCLUSION

This paper shows that there are still traditional and socio-cultural practices that hinder existing reproductive health programs, especially in terms of perception. Although there is no significant difference in terms of reproductive decision making, there are still patriarchal perceptions in terms of contraceptive decisions that are more dominant in couples. meanwhile, matriarchal are more dominant in joint decision making. so it needs education related to reproductive health, especially contraception for family planning acceptor couples. and in general, there needs to be increased intervention in family planning campaigns, engagement and training for couples in all communities in Indonesia.

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