

THE INFLUENCE OF LOCAL WISDOM IN THE DECISION MAKING PROCESS

Study on Pregnant Women Who Followed Pregnancy Health Program in Banjarmasin, South Kalimantan, Indonesia

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Abstract: The existence of an authoritative figure is an indivisible part of society living in Indonesia. The high claims of iron tablets in pregnant women were indicated not followed by high consumption of Fe tablets. Motivation was suspected to be a problem in various treatment processes. The aim of this research was to know the level of influence in influencing the decision and also the perception of various influence roles based on the understanding of local wisdom. Descriptive method was used by using a closed questionnaire to 130 respondents. The results showed that the husband, the parents and the mother-in-law were the individuals who had an influence on the decision of a pregnant woman. The need for permission was the highest factor chosen regarding the participation in the health program. This study provides an overview of the influence of individuals that must be considered in making a health program for pregnant women.

Keywords: health program, influence of individual, local wisdom, pregnant mother

INTRODUCTION

In the life of people in Indonesia, pregnancy is a period of meditation. Parents must live in peace and avoid conflicts and the dirty deeds.¹ Life during pregnancy cannot be separated from the habits that were still held firm by most people in Indonesia.^{1,2} Women must obedient to husbands, the younger must obedient to the older age, the relationship between husband and wife must on the formal and mutual respect.^{3,4} The statement was also acknowledged by another researcher who examined the participation of women in pregnancy care. A woman was expected to be obedient to a ruler, a righteous relationship between father and son, obedience between husband and wife, respect among the young to the elderly, mutual trust between friends.⁵ One of the important programs that require an active family role to maintaining the health of a woman is a program of consumption of Fe supplementation tablets for women of childbearing age and pregnant women.

Attention to the family as the focus of public health communication has been evident from the development of research that examines the social impact on health communication. One way to increase understanding of social influences in people's lives is to connect their presence to the prevailing local culture. One factor was the collectivist culture prevailing in the local community. Collectivist culture can encourage the emergence of various social influences in society.⁶ Collectivist culture was highly visible in Asian countries, including Indonesia.⁷ Therefore, it is necessary to understand the various cultural wisdom applicable in these countries⁸ and it was necessary to consider in order to various health promotion program can have long-term behavioral impacts.⁹

Every family health program needs an active role for each family member, including the husband. The concept of husband influence in women's health programs was still unknown, especially in developing countries and globally

the issue on this subject has not received much attention.¹¹ The presence and role of husbands in women's health programs particularly during pregnancy were still considered lacking.^{10,11} This opinion is also reinforced by research conducted on the Banjarmasin community in South Kalimantan.¹² Research on pregnant women shows that wives (pregnant women) really expect the presence and role of a husband in every pregnant women's health program.¹² Other studies related to factors applicable in influencing the decision-making process of pregnant women to run health programs indicate that there are 4 factors that can influence the decision making process of pregnant women in maintaining their health: permission, obedience based on the religious reasons, compromise in every decision, and obedient because of a special position.¹³

In the case of adherence (or non-adherence) to drug consumption, especially iron supplementation by pregnant women, there were some specific circumstances. The existence of an authority figure was an integral part of people's lives in Indonesia. Based on the authoritative relationship with the subject, the authority figure in the public health life of Indonesia generally can be divided into 2 groups: The group which is expressly has the right / power in giving orders and related to marriage and heredity, such as: mother, children, father and mother-in-law, grandparents, brother¹⁴; The groups that expressly have the right / power in giving orders but not related to marriage or heredity, including: doctors, medical personnel (nurses, midwives, health workers), religious leaders (*kyai*, religious teachers)¹⁵ and chairperson of the community (tribal leader, head of RT, head of community organization).^{16,17} Although there have been many studies dealing with the influence of the social environment in women's health, it was still not clear especially with the differences in the local wisdom that influence the decisions of a pregnant woman.¹⁸

Claims high percentage of iron tablets distributed to pregnant women proved not followed by high consumption of Fe tablets. These phenomena can be seen from data released by the Ministry of Health of the Republic of Indonesia in 2013. Iron consumption of pregnant women nationally reported in the Basic Health Research in 2013 shows that on average 80.7% of women aged 10-59 years have been getting/buying Fe tablets, but only about 18.0% of pregnant women have consumed Fe tablets for 90 days or more.¹⁹ It was estimated that the average findings of pregnancy anemia in Indonesia are 50 to 70%.²⁰ In South Kalimantan, the percentage of pregnant women who received Fe tablets was 85.4%. However, the percentage of mothers who reported taking more than 90 days of Fe tablets was only 21.2%. Thus there are still enough pregnant women who consumption the iron tablets irregularly.^[19]

The study aims to determine the level of influence of each individual in influencing the decision of a pregnant mother in maintaining health and pregnant women's perceptions of various roles of influence based on the understanding of local wisdom.

RESEARCH METHODS

Descriptive method was used to identify individuals who have the influence expressed by using a closed questionnaire. The sample selection and the location of community health centers were conducted randomly. The sample was 130 respondents of pregnant women who checked themselves in 16 community health centers in Banjarmasin, South Kalimantan.

The research questionnaire is divided into 2 sections, namely: The first part of the questionnaire contains statements about the influential individuals in the decision-making

process. Individuals with influence were divided into 3 groups: Group with the strongest influence (Group 1), Group has the medium effect (Group 2) and Group has weak influence (Group 3). Respondents were asked to assess the size of individual roles they chose in influencing various decision-making processes. Ranking using a 3-point Likert scale ranges from 1 (not enough effect), 2 (quite influential), and 3 (very influential). The higher the value collected, the higher the effects that occur in the decision-making process conducted by the respondents. This technique was first introduced by Fishbein and Ajzen in Theory of Reasoned Action (TRA) ^[21] to measure social pressure on the behaviors shown or not shown. Based on research conducted by Galloway (2002) ¹⁴, Prasilowati (2000) ^[16], and Unni (2008) ¹⁷ there are 14 individuals to choose from: husbands, children, parents, grandparents, mother-in-law, nurses, midwives, health cadres, pharmacists, religious leaders, community leaders.

The second part of the questionnaire contains questions about the role of the individual in influencing the decision-making process of a pregnant mother in maintaining health. The questionnaire consists of 22 questions which were the development of research that conducted by Setyobudihono, Istiqomah, and Adiningsih (2016).¹³ Rank using a 5-point Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree).

RESULTS AND DISCUSSION

We calculated simple descriptive statistics on the participants for categorical data. Data will be described number or value of the number and percentage of each group (Table 1).

Table. 1. Distribution of categorical characteristics of the 130 respondents

	Total	Percentage
Religion		
Islam	130	100
The Work		
does not work	74	56,9
worker / farmer / fisherman	30	23,1
self-employed	25	19,2
civil / military / police	1	0,8
other	0	0
Education		
Elementary School graduate / equivalent	10	7,6
junior high / equivalent	30	23,1
completed high school / equivalent	76	58,5
postgraduate	14	10,8
Tribe		
Banjar	106	81,5
Java	15	11,6
Sulawesi	2	1,5
Madura	7	5,4
Income per month (IDR)		
<1 million	9	6,9
1 million - 2 million	110	84,6
> 2 million	11	8,5

Numerical data will describe by use deviation, a minimum value and the mean (average), median, standard maximum value (Table 2).

Table.2. Distribution of numerical characteristics of the 130 respondents

Variable	Mean	SD	Min-Max	95%CI
Age (years)	26,70	5,410	17	26,02 - 27,37
			-	
			44	
	26,00			
Marriageable age (years)	21,61	3,534	16	21,17 - 22,05
			-	
			32	
	21,00			
Gestational age (weeks)	25,50	1,904	18	25,27 - 25,74
			-	
			31	
	26,00			

Data collected using the first part of the questionnaire on 14 individuals showed 3 groups of individuals who had the effect on pregnant women, respectively: Group 1, the individuals with strong influence,

Group 2, the individuals with medium influence, and Group 3, the individuals who have weak influence. Here was the result.

Table.3. Distribution of individual groups that have influence.

Individual	Σ	%	Σ Power	% Power	Cat
Group 1 (Strong influence)					
Husband	95	73,1	247	73,08	enough
Children	1	0,8	3	0,89	Weak
Parents	14	10,8	34	10,06	Weak
Mother-in-law	1	0,8	2	0,59	Weak
Family member	1	0,8	3	0,89	Weak
Doctor	4	3,1	12	3,55	Weak
Midwives	14	10,8	37	10,95	Weak
Total	130	100	338	100	
Group 2 (Medium influence)					
Husband	20	15,4	46	14,47	Weak
Parents	73	56,2	187	58,81	enough
Mother-in-law	9	6,9	22	6,92	Weak
Family member	4	3,1	10	3,14	Weak
Doctor	6	4,6	13	4,09	Weak
Midwives	16	12,3	36	11,50	Weak
Health cadres	2	1,5	4	15,26	Weak
Total	130	100	302	100	
Group 3 (Weak influence)					
Husband	11	8,5	22	7,28	Weak
Children	3	2,3	7	2,32	Weak
Parents	21	16,2	50	16,56	Weak
Mother-in-law	41	31,5	112	37,09	Weak
Grand parent	2	1,5	5	1,66	Weak
Family member	4	3,1	11	3,64	Weak
Friends	3	2,3	8	2,65	Weak
Doctor	9	6,9	17	5,63	Weak
Midwives	33	25,4	66	21,85	Weak
Health cadres	3	2,3	4	1,32	Weak
Total	130	100	302	100	

The results of an analysis of the choice of people who have an effect on pregnant women in making decisions were as follows (Table 3): group of individuals with strong influence (Group 1), it was known that husbands (73.1%) were the individuals most selected by respondents as individuals who provide the strongest influence for pregnant women; group of individuals with medium influence (Group 2), it was known that parents (56.2%) are individuals most selected by the respondents as individuals who have a medium influence on pregnant women;

and group of individuals with weak influence, it was known that the mother-in-law (31.5%) was the individual most selected by the respondents as individuals who have a weak influence.

The results of the analysis of the strength values held by selected individuals for each group are as follows (Table 3): group of individuals who have the strong influence (Group 1) then the husband was the most selected individual and has a power value of 247 (73.08%) with the criterion of strength level was enough to influence; group of individuals who have medium influence (Group 2)

then the parents were the most selected individuals and have a power value of 187 (58.81%) with the criterion of strength level was enough to influence; and group of individuals who have weak influence (Group 3) then the mother-in-law was the most selected individual and has a strength value of 112 (37.09%) with the criterion of strength level was weak to influence.

Validity and reliability test on 22 question items indicates that the whole item has been valid. Cronbach's alpha value is 0.891. The second section of the questionnaire analysis (Table 4) shows that there were 4 factors of the role of the individual in influencing the decision of the pregnant mother in maintaining her health. These factors have a high degree of influence. The table 4 also shows that the "Granting permission" was the factor with the highest value factor (72,89%). Pregnant women require prior permission from influential individuals before they make decisions.

On the granting permission factor, then Item "I feel peace in undergoing treatment program because I believe the permit I get" has the highest score (79.04%). This suggests that pregnant women need permission to have a feeling of peace in their hearts during a health program.

On the factor of obedient for religious reasons, the item "The decision of the Family Imam for a health program I should follow" occupy the highest value (77,5%). This illustrates that pregnant women were convinced by religious teachings that the decision of an imam in the family is an important thing to follow.

On the factor of compromise in every decision, shows that "It is important for me to adjust to different decisions when making decisions in a treatment program"

had the highest score (78,65%). This suggests that the pregnant mother will compromise with influential individual decisions before she makes a decision on a health program.

On the factor of obedient because of the privileged position indicates that "Understanding a person's social position is important when I have to decide to run a treatment program" has the highest value (77,31%). This showed that pregnant women were very concerned about the status of one's position in social life, thus the decision of a respected person will give a big impact for pregnant women in running health programs.

Husband, parent, and mother-in-law were the people most liked by the respondents. The husband has the strongest influence, the parents have a strong enough influence, and the mother-in-law has a weak influence. These results were similar with has resulted by Galloway et al.¹⁴ The difference with this research was Galloway et al conducted a qualitative type of research, so the results were obtained from an interview.

The importance of the presence of family members, especially husbands, in the health services of a wife (pregnant women) has been widely studied, including the role of the family in the mental health of a woman,²² role of husband in promotion of women's reproductive health,^{23,24} husband's presence in prenatal, birth and postpartum health care^{10,11,25,26}, and the husband's role in the wife's decision-making process to used contraceptives^[27]. Nevertheless, from the knowledge of researchers, no research has been found that traces individuals who have influence in the decision-making process of a wife (pregnant women). Thus the understanding that the wife chooses the

husband as the first individual to have influence, and then sequentially followed by the parent and mother-in-law was a fairly new understanding.

The husband proved to have a strong enough level of strength in influencing a wife (pregnant women) in making decisions to follow a health program. Parents and mother-in-law proved to have power also in influencing pregnant women in making decisions. This showed that when a mother wants to make a decision then first she will seek an opinion to her husband. If the husband is not there or cannot help, so then a pregnant mother will then seek opinions on her parents or mother-in-law.

Factors such as the desire for to be peace after permission, the confidence to follow the decisions set by the family imam, eliminating all disagreements, and understanding one's position were the main things that pregnant women choose as the basis before she making a decision. Factors such as the desire for to be peace after permission, the confidence to follow the decisions set by the family imam, eliminating all disagreements, and understanding one's position were the main things that pregnant women choose as the basis before she making a decision (Table 4).

Table 4. Distribution of individual role factors in influencing the decision making process of a pregnant woman

No	Item Questionnaire	Average Value	Percentage	Level of Influence
Granting permission				
1	Permission is very important to start a treatment program	3,661538	66,53846	High
2	I am honored to follow a treatment program because it is in accordance with the permit	3,984615	74,61538	
3	In implementing the health program, it would be better to get permission from someone	3,815385	70,38462	
4	I feel peace in undergoing treatment program because I am confident with permission	4,161538	79,03846	
5	In implementing the health program, permission is still needed although I am free in making decisions	3,953846	73,84615	
Obedient for religious reasons				
6	The decision of the Family Imam for a health program I should follow	4,1	77,5	High
7	Although I am free to make decisions but I am aware that my religion requires me to always understand other people's decisions	3,8	70	
8	Obedying the Family imam decision is good for continuing the health program	3,815385	70,38462	
9	In making a decision to follow a health program will be comfortable if you believe in the teachings of religion	3,638462	65,96154	
10	Obedience to the imam of the family gives me a tranquility in living a health program	3,915385	72,88462	

No	Item Questionnaire	Average Value	Percentage	Level of Influence
11	When I face difficulties in running a health program then there is a decree of the imam of the family that I first considered	3,461538	61,53846	
	Compromise in every decision		71,6987179	High
12	Adapting to various decisions is good for running a health program	3,853846	71,34615	
13	I am convinced that every decision I make is in accordance with a joint decision	3,615385	65,38462	
14	It is important to adjust to the joint decisions in running a health program	3,930769	73,26923	
15	I will continue to adjust to the decision together, because it provides comfort to continue the health program I'm doing	3,823077	70,57692	
16	It is important for me to adjust to different decisions when making decisions in a treatment program	4,146154	78,65385	
17	Although there is freedom to run a health program, but I do not mind to compromise with a joint decision	3,838462	70,96154	
	Obedient because of the privileged position		70,6538462	High
18	Understanding a person's social position is important when I have to decide to run a treatment program	4,092308	77,30769	
19	Paying attention to the social standing of an important person for me in running a health program	3,715385	67,88462	
20	The decision of someone with a high social standing I see is more important than the decision of others in running the health program	3,746154	68,65385	
21	I am aware that someone with a privileged position has the right to govern me in making decisions in a health program	3,646154	66,15385	
22	Someone has the right to stop the health program I am following even though I feel there is no problem	3,930769	73,26923	

CONCLUSIONS

Husband, parent and mother-in-law were individuals who consecutively give their influence to pregnant women in making decisions. The need for permission is the main factor chosen by pregnant women before making a decision, it is for the feeling of peace for pregnant women.

It was important to note, especially for health policy makers of pregnant

women, to include husbands, parents, and mother-in-law in the implementation of a health program especially so that they give permission to pregnant women so that pregnant women have a feeling of peace in running a health program.

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