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Influence of sociocultural beliefs and practices on contraception in Deli Serdang, Indonesia

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Abstract

Background: Family planning (KB) is one of the government programs to control the rate of population growth. This Program is aimed to improve the welfare of the people of Indonesia and support the Sustainable Development Goals (SDGs) development system. Implant is one type of long-term hormonal contraception that has proven to be very effective in preventing pregnancy for three to five years. With a success rate of 97 to 99%, the implant is a very effective contraceptive method for women of childbearing age who want to delay or prevent pregnancy. However, the level of use of implants among the public is still relatively low.
Purpose: To determine the relationship of trust and socio-cultural couples of childbearing age in the use of use of an intrauterine device under the skin (AKBK).
Method: A descriptive quantitative approach, specially focusing on cross-sectional method. The study took place from March 2025 in Clinic Yanti Bandar Setia, Deli Serdang. The independent variable was trust and sociocultural, dependent variable is use of contraceptives under the skin. Using accidental sampling and slovin formula, 31 respondents were selected who met specific inclusion and exclusion criteria. The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using chi-square test.
Results: The results of chi-square analysis showed that there was a significant correlation between trust (p=0.003) and social culture (p=0.005) with the use of IMR in fertile couples.
Conclusion: The level of trust and socio-cultural factors have a significant effect on the decision of couples of childbearing age to use implantable contraceptives.

Keywords: Contraceptive; Fertile; Sociocultural; Trust.

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INTRODUCTION

Family planning (KB) is one of the government's programs to control the rate of population growth. This Program is aimed to improve the welfare of the Indonesian people and support the Sustainable Development Goals (SDGs) development system. Efforts to achieve the SDGs goals, KB is considered able to contribute to the success of the SDGs in Indonesia (Hamni & Metti, 2024).

The use of contraceptive implants as a family planning method is influenced by various factors, including the level of trust and socio-cultural conditions of the community. Beliefs that include perceptions of effectiveness, safety, and suitability of the method with personal or religious beliefs can determine the decision of couples of childbearing ages to use it. Socio-cultural factors such as norms, values, habits, and environmental support also shape attitudes and behaviors in choosing contraceptive methods. The relationship between beliefs and socio-culture is important to understand to increase acceptance and appropriate and sustainable use of implantable contraceptives (Sari, Maharani, & Tarigan, 2024).

The contraceptive program that is promoted and effective is the long-term contraceptive method (MKJP) with implants is one of the superior methods. Mkjp achievement in 2015, total mkjp users amounted to 10.6% while the national target of MKJP users was 27.5%. The use of MKJP is still very low due to the low public knowledge about the advantages of MKJP methods and the limited number of trained personnel and existing facilities. Of the total number of active family planning participants, only 17.45% of them used MKJP family planning. While another 81.23% are non-MKJP KB users and 1.32% use traditional KB methods (Batubara, 2019).

High population growth is one of the reasons the government is implementing a family planning (KB) program. Family planning (KB) is an effort to increase community awareness and participation through maturing the age of marriage, birth control, fostering family resilience, increasing family welfare to create small, happy, and prosperous families and in its implementation, the target of the KB program is Fertile Age Couples (PUS). PUS is married couples who are legally married, whose wives are between 15 and 49 years old. Active KB participants are PUS who are currently using one of the contraceptives without interspersed pragnancies. New KB participants are fertile couples who are using contraceptives for the first time and or fertile couples who return to using contraceptive methods after giving birth/miscarriage (Rahmayani, 2023).

Implant is one type of long-term hormonal contraception that has proven to be very effective in preventing pregnancy for three to five years. The mechanism of action of the implant is to inhibit the ovulation process, thin the endometrial layer, and thicken cervical mucus so that sperm is difficult to fertilize an egg. With a success rate of 97 to 99%, the implant is a very effective contraceptive method for women of childbearing age who want to delay or prevent pregnancy. However, the level of implant use among the community is still relatively low (Kurniawan & Pertiwi, 2021).

Based on data from Indonesia's Health Profile in 2021, the majority of family planning participants in Indonesia still choose short-term contraceptive methods such as injections (62.77%) and pills (17.24%), while only 12.42% use implants. From the data on Indonesia's health profile in 2020, the use of AKBK has decreased where in Indonesia by 8.5% and North Sumatra 12.05% of this figure has a very clear impact on the high population growth in Indonesia. According to the Central Bureau of Statistics of North Sumatra in 2020 the achievement of active KB acceptors in 21 districts of Medan city was 191.101 acceptors (Siregar, 2024).

AKBK/implant contraception is one type of contraceptive device in the form of an implant made of a kind of silastic rubber containing hormones, mounted on the upper arm. Implants can prevent pregnancy by thickening cervical mucus so that it cannot be penetrated by sperm. AKBK/implant contraception makes a major contribution in helping to control the population by preventing unwanted pregnancies. The use of contraceptive implants is influenced by many factors. Research on factors related to the use of contraception conducted in Ethiopia found that knowledge and parity of more than two have a significant relationship to the use of contraceptives. This also agrees with research conducted in Tanzania which states that knowledge, religion, income, social relationships, urban areas, communication between couples and information from health workers have a significant relationship to

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the use of contraception (Hidayat & Wulandari, 2021).

The contraceptive Program that is promoted and effective is implant which is one of the leading contraceptives from the population and Family Planning Agency (BKKBN). Contraceptive implant has an effectiveness of up to 99% with a failure rate of only 1 in 100 women who use it or failure only reaches 0.05%. Implant is a practical and effective contraceptive. With implants there is no more forgetting factor and it is suitable for women who cannot obtain additional estrogen hormone intake. The advantages of implants are their long-term nature which has a lower failure rate than IUDs. While birth control devices in the form of pills and injections are short-term and often fail, because of the forgetting factor (Hasnita, Firawati, & Sari, 2025).

An initial survey of five women of childbearing age showed that the use of IUDs is still small, with the main reasons including socio-cultural factors, religious beliefs, concerns about side effects and the insertion process, inadequate facilities, reluctance due to fear of disrupting activities, lack of counseling by health workers, and negative attitudes in seeking information about IUDs (Muchlis & Marom, 2018).

RESEARCH METHOD

A descriptive quantitative approach, specially focusing on cross-sectional method. The study took place from March 2025, in Clinic Yanti Bandar Setia, Deli Serdang. The independent variable was trust and sociocultural, dependent variable is use of contraceptives under the skin. Using accidental sampling and slovin formula, 31 respondents were selected who met specific inclusion and exclusion criteria.

The inclusion criteria women of reproductive age who have been or are currently married, reside in the study area for at least the last 6 months and have used or are currently using implantable (subdermal) contraceptives. Exclusion criteria included are undergoing mental health or cognitive impairment that hinders the interview/questionnaire process, being pregnant or in the postpartum period (<6 weeks) at the time of data collection and declined or withdrawn from the study before completion of data collection.

Data collection in this study was conducted using a questionnaire that included questions related to aspects of trust and socio-culture in couples of childbearing ages. The trust questionnaire consisted of 6 questions with a maximum score of 6, where correct answers were given a score of 1 and incorrect answers were given a score of 0; the measurement results were categorized as good if the score was 6 and poor if the score was ≤ 5. The socio-cultural questionnaire consisted of 8 questions with a maximum score of 8, with the same scoring system; the measurement results were categorized as good if the score was 5-8 and poor if the score was ≤ 4.

The analysis proceeded with a univariate test to determine the frequency distribution of respondent's characteristics, followed by bivariate analysis using chi-square test.

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RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=31)

Variable	Results	p-value
Age (n/%)		
(Mean±SD)(Range)(Year)	(27.42±5.127) (20-40)	
<20	4/12.9	
21-30	19/61.3	
31-40	8/25.8	
Education (n/%)		
Elementary School	4/12.9	
Junior High School	9/29.0	
Senior High School	14/45.2	
College	4/12.9	
Employment (n/%)		
Housewife	8/25.8	
Farmer	10/32.3	
Self-employed	9/29.0	
Private Officer	4/12.9	
Trust (n/%)		
Good	12/38.7	0.003
Poor	19/61.3	
Social Culture (n/%)		
Good	17/54.8	0.005
Poor	14/45.2	
Utilizing AKBK (n/%)		
Use	13/58.1	
Not using	18/41.9	

Tabel 1. characteristics of respondent with a mean age and standard deviation (27.42±5.127) ranging from 20-40 years. The majority of respondents completed their education at the senior high school level, namely 14 (45.2%). Most worked as farmers 10 (32.3%, had a poor level of trust 19 (61.3%), had a good social culture 17 (54.8%), and the majority of respondents do not use IMR 18 (41.9%).

The results of chi-square analysis showed that there was a significant correlation between trust (p=0.003) and social culture (p=0.005) with the use of IMR in fertile couples.

DISCUSSION

Trust is something that has been believed by someone towards a particular thing or subject based on considerations such as honesty, experience, and skills, tolerance and generosity. These elements are not something that grows and develops by itself but must be created and transmitted through socio - cultural mechanisms within a social unit such as the family, community. Trust is often obtained from parents, grandparents. A person accepts the belief based on belief and without any prior proof. In Islamic belief, family planning is haram if it aims to limit births, but it is allowed if pregnancy is harmful to

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the mother. While humans can make efforts to prevent pregnancy, the result is still up to Allah SWT as part of destiny (Al-Fauzi, 2017).

The findings in the field show that many respondents believe that AKBK is more practical, durable and has a low chance of failure. The uncertainty expressed by some respondents regarding the AKBK indicates the importance of more intensive and structured educational efforts to enhance public understanding of the benefits and usage of AKBK (Alexander, 2022). With increased knowledge, it is hoped that negative perceptions or doubts can be reduced, thereby increasing trust and participation in the AKBK program. Furthermore, an appropriate communication approach and the delivery of easily understandable information will significantly aid in strengthening respondents' confidence, enabling them to optimally utilize AKBK for their health and well-being (Yuliarti, Ismed, & Turyani, 2022).

Social culture or culture is everything or values that prevail in a society that is characteristic of that society. According to Kalangie, public health culture shapes, regulates, and influences the actions or activities of individual individuals of a social group in meeting various health needs in the form of efforts to prevent disease and heal themselves from disease. The main problem with this is that not all elements in a cultural health system are sufficiently effective and can meet all the increasing public health needs due to ongoing cultural changes (Tadele & Berhanu, 2021).

The use of AKBK contraceptives is very related to culture, because contraceptives are related to the way they are installed and the habit of using. As it is known that the installation of AKBK contraceptives, for example, installation by inserting objects into the legan aseptor that is not accepted in people in certain cultural environments. On the other hand, its use is related to the habits of people who live in a certain environment (Lasong, Zhang, Gebremedhin, Opoku, Abaidoo, Mkandawire, & Zhang, 2020).

The acceptance of AKBK contraceptives is significantly influenced by cultural beliefs and practices related to fertility and family planning. In some communities, the insertion of a device into the body may evoke suspicion or discomfort, leading to resistance against its use. Traditional methods and natural family planning techniques may be preferred due to their alignment with cultural values. Poor of culturally sensitive education can hinder understanding of AKBK's safety and efficacy. To improve acceptance, it is essential to engage community leaders and use culturally relevant messaging, ensuring individuals feel supported and informed in their reproductive health choices (Kabede, Belete, Negeri, Halil, Anshebo, & Abdo, 2020).

Person will be interested in using the wrong contraceptive if the people around him use the same contraceptive for example, a person's interest in the use of injectable contraceptives will arise if the people around him also use injectable contraceptives. Including habits that are hereditary, from mother to child, and so on (Siallagan, Mufidah, Dariyani, Nofita, & Desmiati, 2025).

Social influence plays a significant role in an individual's choice of contraceptive methods, as people often look to their peers and family for guidance and validation. When individuals observe those around them using a particular contraceptive, such as injectable contraceptives, they may develop a sense of familiarity and trust in that method, leading to increased interest and likelihood of adoption. This phenomenon is further compounded by generational habits, where contraceptive choices are passed down from mothers to daughters, creating a cycle of behavior that reinforces the use of specific methods within families and communities (Bhandari, Pokhrel, Gabrielle, & Amatya, 2019). Addressing these social dynamics is crucial for effective family planning initiatives, as promoting diverse contraceptive options and encouraging open discussions about their benefits can help break the cycle of hereditary habits and empower individuals to make informed choices that best suit their personal needs and circumstances (Adethia, Silvia, Wahyuni, Pitaloka, Sari, & Nadeak, 2024).

The strong influence of social culture on the use of subdermal contraceptives (AKBK) is evident in the study's location, where traditional beliefs and norms shape perceptions of long-term contraceptive methods (MKJP) such as IUDs, implants, MOP, and MOW. Many individuals in these communities' express discomfort or embarrassment regarding the installation process of these methods, particularly the IUD, which may involve a more invasive procedure (Raiani, Budiani, & Utarini, 2024). This cultural

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stigma can deter individuals from considering effective contraceptive options, as they may prioritize social acceptance and personal comfort over the potential health benefits of long-term contraception. To address these cultural barriers, it is essential to implement targeted educational campaigns that demystify the installation processes, highlight the safety and efficacy of MKJP, and promote open dialogue within the community. By fostering a supportive environment that respects cultural values while providing accurate information, individuals may feel more empowered to explore and adopt suitable contraceptive methods that align with their reproductive health needs (Jonas, Kalichman, Kalichman, Morroni, & Mathews, 2020).

CONCLUSION

The level of trust and socio-cultural factors have a significant effect on the decision of couples of childbearing ages to use implantable contraceptives.

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