ATTACHMENT AND THE ROLE OF RELIGIOUS LEADER AS PREDICTORS WOMEN UNDERSTANDING OF FAMILY PLANNING

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ATTACHMENT AND THE ROLE OF *RELIGIOUS LEADER* AS PREDICTORS WOMEN UNDERSTANDING OF *FAMILY PLANNING*

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ABSTRACT

Introduction. This study aims to determine the influence of *attachment* and the perception of the role of *religious leaders* to women understanding of *family planning* women. The population in this study were women members of prayer groups in the village of Sari subdistrict Kalisat dunes in Jember. The characteristics of the population in this study were: 1) Women members of prayer groups, 2) Married, 3) Acceptor, 4) Ability to read and write. The sampling technique used was *cluster random sampling*. Based on these characteristics obtained two study groups as a pilot group of measuring instruments (29 women) and 4 study groups as the study sample (59 women). **Method.** Methods of data collection in this study using three kinds of questionnaires, namely questionnaire *adult attachment* (*The Relationship Scales Questionare / RSQ*), questionnaires *religious leaders,* and questionnaires *family planning*. Analysis of the data used in this study is multiple regression analysis. **Result.** Results of this study illustrate that the *attachment* and the perception of the role *of religious leaders* together have an influence on the understanding of *family planning* female (F = 4.977, p <0.000). Results of the analysis showed that the coefficient value t *attachment* has a greater influence on the understanding of *family planning* of women compared to influence the perception of the role *of religious leaders* to the understanding of *family planning* women . Effective contribution of *attachment* and the perception of the role *of religious leaders* to the understanding of *family planning* of women was 15.1 %.

Keywords: *Attachmet, religious leaders, family planning*

INTRODUCTION

Population development history of the Indonesian nation has recorded a dramatic decline in fertility patterns of population related is the contribution of the program *family planning* by the Indonesian government since 1967. However, since the economic crisis, the prevalence of active participation in the program population *family planning* does not increase significantly (*Indonesian Reproductive Health Profile*, 2003).

In actual, referring to the young women in Indonesia, particularly in women in rural or suburban, the tendency to marry at a young age still occur (Huang & Shiang). This condition is consistent with the results of interviews on a young woman. The young woman tells that she married after finishing junior high school education (16 years). Currently he is waiting for the birth of his first child. The decision to get married and have children at a young age chosen because of the insistence on the part of a large family and her future husband. Currently he is a regular checkups to local midwives and plans to use contraception after delivery. The use of contraceptives be the choice as an attempt to distance the pregnancy will be easy to care for her child, by reason of the economic conditions of young families.

Consider to the problems above program *family planning* are also reaching young women have been provided by the government, but WHO observe a decrease in program *planning family* that comes from the government of 43% in 1997 decreased to 28% in 2003. The involvement of other resources by the government, such as Polindes, Posyandu, *village contraceptive distribution centers* (VCDCs), shaman trained, and friend, also declined from 15% in 1997 to 8% in 2002/2003. Policies that switch on decentralized systems are also considered barriers can bring in the quality of service *family planning*. More broadly the development of the service system *family planning* in Indonesia will also find the issues related to the ability to reach remote areas as well as ethnic and religious diversity which of course requires a different approach (Huang & Shiang).

The need of women to develop *family planning* in their lives are very different in each province in Indonesia. These differences also reflect variations in the needs of rural women and urban women. Based on survey data found several problems related reasons participation in programs *family planning*, namely: 1) the difficulty of access to contraceptive availability and quality of service of *family planning*, 2) health issues surrounding the use of contraceptives and their side effects, 3) lack of or limited information, 4) contrary to the willingness husband, family, and the surrounding environment, 5) poor understanding of the risks of pregnancy (*Indonesian Reproductive Health Profile*, 2003).

Consider the need and reasons that affect women's involvement in *family planning,* BKKBN deliver programs that reach young people/teenagers through education and counseling aimed at participants hang on: the importance of delaying marriage, the role of the family, sexuality, drugs and HIV and *life skills* (Huang & Shiang).

Results of informal interviews with several counselors and companion program penyelenggaraaan *family planning* in BKKBN Jember, found that the condition of the various educational programs and health services that are implemented are still limited to the educated classes and health workers. The program is done indirectly through training health cadres known to be able to provide understanding and skills intact, look at the diversity of educational background cadres. Training and education package designed centrally, less flexible assumed to be applied to the cadres and women with different educational backgrounds, cultures, and religions. One of the escort team BKKBN also expressed about the obstacles encountered in the field, a team companion tend to not fully understand the culture and characteristics of women in their assisted areas. Especially in terms of the use of everyday language and core values which influence their behavior, so it has not designed an effective approach to change their behavior.

Based on the expression of a cadre of women as users of services and program services *family planning*, it appears that education is done yet fully understood by the main women of the age of marriage and pregnancy are ideal. The situation was compounded by the condition that the knowledge, culture, understanding of religion, and the norm is still less to think about the interests of women to understand the *family planning* program.

Realizing the complexity of the problems faced by women to develop an understanding and awareness about *family planning,* we would need to understand the factors that influence both factors in women's self and of the environment. *Family planning* touch the level of interaction of each pair. The quality of the relationship will be very influential on how the couple will develop an understanding and awareness of *family planning* in their households. The research findings have revealed that *secure attachments* in adults will improve the quality of individual health development, otherwise *insecure attachment* is one of the factors that increase the risk of interruption or quality of individual health (McWilliams & Bailey, 2010).

While factors outside of women, issues related to *family planning* itself is much related to cultural aspects, religious beliefs, and the regulation of the local culture, so that the active role of *religious leaders* as agents of culture in society noteworthy. One of the roles performed by a *religious leader* is to bring the education agency linked *family planning* with women. In some Islamic countries the *religious leader* needed by the community to provide guidance and advice in all aspects of life. B the country is still struggling with hunger, poverty, and health problems, *religious leaders* need more information to help their followers to make choices about their health quality (Burket, 2006).

Realizing the implementation of the program exposure *family planning* above, it appears that root of the biggest problem is the lack of knowledge and awareness among women about the importance of *family planning*, especially in rural or suburban communities are still dominated by the values of the local culture and religion as a reference

behave. In an effort to unravel the problems, researchers feel the need to understand the factors and elements related to the optimization of the understanding of women to *family planning*. Implementation of the program *family planning* departing from a thorough understanding will bring long-term impact for women in particular, families, communities, and the sustainability of the program own in the future. The understanding is expected rooted in the strength or potency of individual and local values of local communities.

Departing from the scope of the problem of this research, which is about the factors that influence women's understanding about their involvement in the program *family* planning, the formulation of the problem appears in the following research questions: whether there is influence of *attachment* and women's perception of the role of *religious leaders* to women understanding of *family planning*?

METHODS

1. Types of Research

This study is *ex post facto* research. The *ex post facto* research done to examine the events that have occurred are then traced backwards to determine the factors that could cause the incident (Hadi, 2004). This type of research aims to create a picture of the variables studied by not providing treatment in the study subjects.

2. Research Location

The study was conducted in the village of Sari subdistrict Gumuk Kalisat Jember. The research location is chosen with consideration that the pattern of colored communities there is still strong religious values and still encountered the phenomenon of the young married women in the village.

3. Population and Sample

The study population was women who had been married and to follow the prayer groups in the village of Sari subdistrict Kalisat dunes in Jember. The characteristics of the population in this study are:

a. Women
b. Married
c. Acceptor
d. Being able to read and write

The sampling technique in this study using the technique of *cluster random sampling*. The sampling technique is done by providing an equal opportunity for every member of the population to become members of the sample. The determination of this sample, carried out by a draw (Hadi, 2004). Based on the above population characteristics, having drawn obtained two study groups as a pilot group and the 4 study groups as the study sample.

4. Data Collection Methods

Methods of data collection in this study aims to reveal the facts about the variables to be studied so that the need to use an efficient and accurate method to achieve the objectives that will be known. This study uses a questionnaire measuring instrument. There are three parameters in this study, which included a questionnaire *of adult attachment* (*RSQ*), questionnaires *religious leader* and questionnaires *family planning*. Analysis of reliability was obtained with a coefficient of *Cronbach Alpha*. After testing measuring devices on 29 women, obtained the characteristics of each measuring tool below.

a. Questionnaire Quality of *Adult Attachment* (*The Relationship Scales Questionare*)

Sakala RSQ is a questionnaire in the form of *self-report* which consists of 30 pieces item. Women reported themselves in 5 answer choices, from '*was incompatible with my*' up to '*is very appropriate to me*'. This scale was developed by Griffin and Bartholomew (1994), which divides into four subscales, namely: *secure, fearfull, preoccupied,* and *dismissing*. RSQ scale can be used in various forms of relationships (Siegert, et. Al, 1995).

Referring to the objectives of this study, the scale was developed in the context of the relationship between husband and wife. Of the 30, there were 13-item statements fall based on the correlation between the scores of statements and total score. So the total number of valid existing item 17 item, which is used for data collection in the field. Based on the results of the analysis of the reliability coefficient, alpha reliability coefficient of 0.717.

b. The questionnaire Role of *Religious Leader*

Questionnaires role of *religious leaders* developed based on the concept of Padela, et.al. (2011) which describes the four main aspects, namely: (1) improve healthy behaviors through health messages in their speeches; (2) perform religious rituals in life and when suffering from a disease (health problems); (3) helping patients Muslims and show cultural sensitivity in a hospital environment; and (4) help the Muslim community in making health-related decisions.

Referring to the initial description of the condition of the subject of research, the scale of development indicators *religious leaders* in this study only includes three (3) aspects, namely: (1) Improving the behavior Increase healthy behaviors through health messages in their speeches; (2) Conducting religious rituals in life; and (3) Helping Muslim communities in making health-related decisions.

From 10 statement was not found aitem fall based on the correlation between the scores of statements and total score. So the total number of valid existing item 10 item, which is used for data collection in the field. Based on the results of the analysis of the reliability coefficient, alpha reliability coefficient of 0.734.

c. The questionnaire Understanding of *Family Planning*

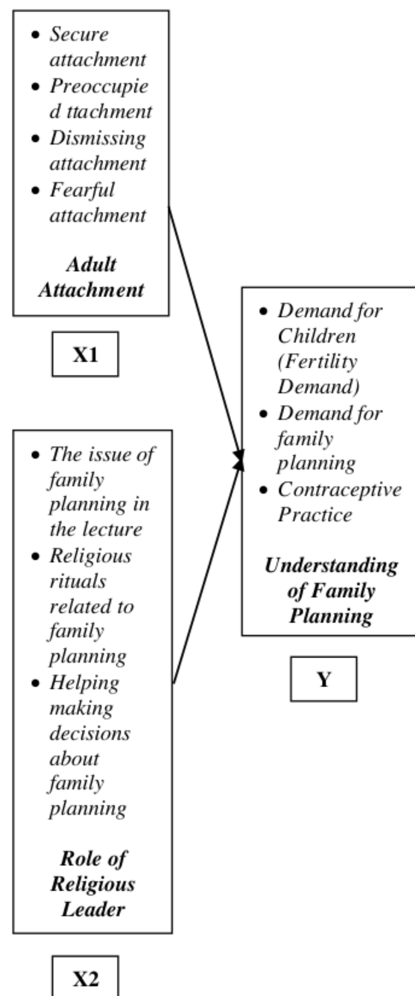
Questionnaires understanding of *family planning* developed based on the concept of Padela, et.al. (2011) which describes the three (3) main indicators, namely: (1) *demand for children (fertility demand)*, (2) *demand for family planning* , and (3) *contraceptive practice* .

Of the 16 statements contained 6 item that fall based on the correlation between the scores of statements and total score. So the total number of valid existing item 10 item, which is used for data collection in the field. Based on the results of the analysis of the reliability coefficient, alpha reliability coefficient of 0.699.

5. Data Analysis Method

Data analysis technique used in this study is multiple regression analysis. Multiple regression analysis is a parametric technique in the study

used to predict three things, namely, the direction of the correlation between the variables *of adult attachment* with the variable *family planning,* direction of the correlation between the variables *of religious leaders* with the variable *family planning*, as well as the amount of variation of the variable *family planning* (Winarsunu, 2009).



RESULTS AND DISCUSSION

Results of this study illustrate that the *attachment* and the perception of the role *of religious leaders* together have an influence on the understanding of *family planning* female (F = 4.977, p <0.000). Results of the analysis showed that the coefficient value t *attachment* has a greater influence on the understanding of *family planning* of women compared to influence the perception of the role *of religious leaders* to the understanding of *family planning* women. Effective contribution of *attachment* and the perception of the role *of religious leaders* to the understanding of *family planning* of women was 15.1 %.

Results of this study illustrate that the behavior of a female member of recitals in applying *f amily planning* more influenced by communication with a partner, compared to their assessment related to the role of *religious leaders*. Selanjtnya their understanding related to *family planning* contraception limited to the specific and based on family economic reasons.

As the data from the initial survey and demographic characteristics of the sample, generally spouses of fertile age (EFA) is an active member acceptors with long-term membership a long time. The data shows that as a couple they are able to adapt to the program *family planning*. In line with these data, the research found that there is the influence of *attachment* with the pair towards the women understanding of *family planning*.

An understanding of *family planning* appears in line with the long span of their membership as acceptors.

Span of membership is also indicated their ability as a couple to adapt to the conflict arising out of their participation as acceptors.

Conflict basically strengthen the process *of attachment*, because some of the following: (a) the conflict can be seen as a stressor in a relationship and can activate the system *attachment* on individuals and couples, (b) conflicts challenge the ability of couples to regulate their emotions and behavior, it can connected to the process of *attachment* and (c) can be a trigger conflict behaviors (eg, personal openness) which is the key to developing intimacy. In the end though the conflict could facilitate the emergence of intimacy in a relationship, it is very dependent on the individual, namely the extent to which people interpret and respond to the conflict (Pietromonaco, et.al, 2004).

In this study, respondents revealed that they had talked with a partner about *family planning*, especially the selection of contraceptives and the number of children they want. The talks are done so that there is no conflict in the future. But when further understood, women do talk with their partner not reflect a thorough understanding related to *family planning*. Women with a partner to discuss the extent of the contraceptive what to wear and the number of children desired. Related to contraception, the talks did not come to the adverse effects and the impact of the use of women in particular. While the talks related to the number of children, more referring to the economic aspects of the family yet on how the impact of *family planning* on the quality of their parenting. Overall envisaged that the role of the partner (in this case the husband) in understanding the application of *family planning* in the family tend to be passive.

Previous studies also impressed they paid little attention to the role of husbands in *family planning*. On the one hand, these conditions also reflect the limited active participation of the husband in *family planning* (including the use of contraceptives). Women, it is possible to control fertility without involving the husband; however, when the woman and her partner are aware of and feel responsible for the health needs of each party, they will be more actively involved in seeking needed services, including services related to *family planning*. Furthermore, strengthening communication among couples of reproductive health and her husband's involvement in health promotion can improve the quality of better health on the whole family. The consequence of that is in the years to come, it is important to involve their husbands in reproductive health issues will enhance their understanding and the whole family (Petro-Nustas, 1999).

Besides, as the dynamics of the relationships in a family, *family planning* should be understood in the context of relationship dynamics in a neighborhood or community. Respondents in this study incorporated in several study groups were used to gather 1 (one) week and done over 1 to 1.5 hours. Consider the amount and intensity of the schedule of recitals in the village Gumuksari, it can be concluded that this study group is a potential aspects and empowerment of local communities. Recitals are generally led by a (*religious leader*).

Religious leaders defined a person who leads prayer, preaching, and advised his congregation of religious-related issues (Padela, et.al., 2011). In this study the *religious leader* as someone who led the restricted prayers for the congregation, which is someone who leads prayers in a group of people (for example, recitals either regularly or not).

Religious leaders in the study group in the village of Gumuksari usually chosen for his knowledge of religion, and the managers are also the Posyandu or PKK. Female members of this study group generally accept and acknowledge the *religious leader* as a leader and chairman of trustworthy when delivering information. This is shown by the active participation of members in each teaching activities.

The trust of female members of this study is actually an asset for empowerment study group itself. However, it seems that the information circulating within the limited scope of teaching activities associated with ritual or religious traditions of local communities and the media to silaturrahmi.

Basically as a prayer groups, *religious leaders* can take the role more thoroughly. Including expanding their role as health workers and family empowerment in society. Seems wholeness understanding of the role that this is not yet fully understood by the *religious leaders* in the study groups in the village Gumuksari. No differences were impressed when they become role PKK or Posyandu with as chairman of a study group. Understanding of the role that has not been thoroughly is what makes them have not managed to find out the relationship between the study groups where they lead to the development of understanding of *family planning* for its members. The consequences of what happens is that they give information to women members did not include an understanding of *family planning* in particular, as well as about reproductive health in general .

In the context of the Muslim community, is something logical if we need to understand the role of *religious leaders* in aspects of their lives, such as health aspects (including *family planning*). The role of *religious leaders* in the community can improve health conditions in the community. In the previous study found four (4) in the case of health care associated with the role of a *religious leader*: (1) improving people's health behaviors through messages conveyed through sermons or lectures; (2) shows the religious rituals associated with an important event in the life of society and when one is in pain conditions; (3) helping people to get better health services from health institutions; and (4) assist the public in making decisions about their health (Padela, et.al., 2011).

Given the important and fundamental role of *religious leaders,* including the increased understanding of *family planning* in its members, the ability and skills to play this vital role to be enhanced. In the perspective of *family planning* program has been known for *Behavior Change Communication* (BCC). The most widely used programs in informing and empowering messages about *family planning* in developing countries. In this program there are some common characteristics delivered. First, increase aspirations: to invite people to a better future and

promoting related *family planning* as part of the process. For example, by delivering that number of children less will improve the quality of life of parents and children themselves. Secondly, this program also provides factual information which facilitates access terhadapat availability of contraceptives, including information related to methods, security, availability, and how to manage side effects. When the program is also attempting to bridge the myths and misconceptions among the community. Ultimately, the program aims to motivate people to take action in the case: mendisikusikan *family planning* with a partner, visit a clinic health center, took the initiative in the use of contraceptives, and manage the side effects of the use of methods (Bongaarts, et.al., 2012).

Richard Easterlin describe the determinants of fertility management is based on two (2) critical element refers to the theories of demand. First, look at the role of the biological aspects of child rearing period. Specifically, when women do not control kosepsi, they will have many children, since pregnancy only lasts for nine (9) months and the years of reproduction lasts longer. Secondly, Easterlin explained that the value of birth control will be substantial, as concerned with the numbers of unwanted pregnancies. This price is widely expected to involve obstacles in economic aspects, health, psychological, and social (Bongaarts, et.al., 2012).

Based on that perspective, the program *family planning* can accelerate the transition in fertility by lowering the price of the provision of contraceptives and provide information that allows parents to evaluate the process of maintenance and childcare (Bongaarts, et.al., 2012).

Limited knowledge about various contraceptive methods are often limited and not comprehensive, and the unavailability of information about how to obtain and use them could hinder the understanding of the program *family planning* as a whole (Bongaarts, et.al., 2012). While the last decade *the World Health Organization* (WHO) has identified *family planning* as a critical element of the definition of reproductive health and reproductive health as the stages of physical, mental, and social *well-being* related to the reproductive system in all stages of life (Bongaarts, et.al ., 2012).

CONCLUSIONS AND RECOMMENDATIONS

These results lead to the conclusion: there is influence between the *attachment* and the perception of the role *of religious leaders* to the understanding of *family planning* for women.

Women are expected to actively seek information about family planning, which includes the types of contraceptives, the side effects of contraceptives, and reproductive health. Women also need to have an attitude of openness with partners, in order to discuss with your spouse with regard to family planning decisions relating to the number of children and the use of contraceptives.

Religious leaders have a vital role in increasing knowledge of *family planning* on teaching mothers, so that *religious leaders* are expected to improve communication skills in order to give correct information related to

the program *family planning* . *Religious leaders* are expected to cooperate with the PKK to give full knowledge of the *family planning* to the community.

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