

# Efforts to Increase Family Planning Acceptors as an Indicator of Success in Family Planning Villages in Kembangkuning, Cepogo, Central Java, Indonesia

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## ABSTRACT

The Indonesian government in an effort to control population growth and improve the quality of life has formed a family planning program or it can be shortened to FP Villages with the aim of improving the quality of families so that a sense of security, peace and hope for a better future can arise in realizing physical prosperity and inner happiness. This study aim to identify efforts to increase family planning acceptors as an indicator of the success of family planning villages in Kembangkuning Village, Cepogo, Central Java, Indonesia. Design of the research using qualitative descriptive research methods. The sampling technique was carried out by purposive sampling, namely by collecting informants with the considerations used in this study, the informants who were considered to be the most knowledgeable about the problem to be studied. The data used are primary data and secondary data. Data analysis with qualitative techniques with reduction, presentation and conclusion. Results of the study that the increase in the family planning acceptors, the percentage of family activity in participating in group activities is also good, although some activities still need to be increased. Conclusion of this study is success in implementing the FP Villages, apart from being able to alleviate poverty, as well as bringing development closer to the community, FP Villages does not only talk about limiting the population explosion, but also empowers the potential of the community to play a real role in development.

**Keywords:** Family Planning; Family Planning Acceptors; Family Planning Villages; Indicator Success

## 1. INTRODUCTION

The rate of population growth in Indonesia is still increasing from year to year. The results of the Indonesian population census in 2020 were 270.20 million people, an increase of 32.56 million people compared to the 2010 population census. Meanwhile, the results of the 2020 population census of Central Java province were 36.52 million people with a productive age population of 70.60%.

A large population with a fast growth rate and low quality certainly complicates the achievement of development goals and raises the problem of increasing population. The problem of increasing population is a problem experienced by many developing countries, including Indonesia. The large

number and rate of population growth that are not matched by good welfare conditions are still a major problem in Indonesia [1].

The Indonesian government to control population growth has established the National Population and Family Planning Agency (BKKBN) which is tasked with improving the quality of life through the development of population control and family planning. One of the programs from the government's efforts is that we know it as family planning or it can be abbreviated as FP. Until now, the public has opened their eyes and followed this program well. Family development aims to improve the quality of the family so that a sense of security, peace, and hope for a better future can arise in realizing physical prosperity and inner happiness [2].

Representatives of the Central Java Province BKKBN as an extension of the Central BKKBN try to answer and respond to various problems that occur with breakthroughs and innovations to carry out family planning population development and family development with the people of Central Java. The ultimate goal to be achieved is the creation of a balanced population growth marked by a decrease in the rate of population growth and the realization of quality families [3].

The Covid-19 pandemic has caused the number of unwanted pregnancies to increase significantly. This is because, during the period of large-scale social restrictions, many health and gynecology clinics also closed so that people had difficulty getting access to contraceptives. This situation happened because during the Covid-19 pandemic all public and health service activities were limited (only given to those who were urgent to get services) entering health services became scary and finally, everyone avoided doing activities outside the home.

In the execution of Boyolali government proclaimed the acceptors of family planning services to a million and reach targets more than specified. The family planning program in Boyolali Regency is currently managed by the Office of Population Control, Family Planning, Women's Empowerment, and Child Protection (DP2KBP3A), which has been started in 2016.

FP village is an area at the hamlet level or equivalent that has certain criteria where there is an integrated population, family planning and family development program as well as related sectors which are carried out systemically and systematically [4]. Community knowledge and understanding of the FP Village Program is perceived as a program to control the number of children and is identical to contraception/family planning devices, while aspects of population, family development, and cross-

sectoral aspects of FP Villages are not well understood [5].

There are 2 FP villages in Cepogo District, Boyolali, one of which is in Kembangkuning Village. Based on an interview with the person in charge of the family planning village in Kembangkuning Village, currently, the most intensified family planning program is male sterilization, this program is socialized and evaluated through the "Prio Utomo" activity which is attended by men of productive age, meetings are held regularly once a month. In achieving the indicators of success in the implementation of the family planning village, the development of innovative activities can be carried out for the welfare of the community, especially creating quality small families. Based on this background, researchers are interested in researching to identify efforts to increase family planning acceptors as an indicator of the success of family planning villages in Kembangkuning Village, Cepogo, Central Java, Indonesia.

## 2. METHODS

The method used in this research is the descriptive qualitative research method. Qualitative research methods, explain more on the process of implementing the research itself, not based on the results. Qualitative research is not to generalize, but rather to interpret ideographic understanding. The sampling technique was carried out by purposive sampling, namely by collecting informants with certain considerations, the considerations used in this study were informants who were considered to be the most knowledgeable about the programs in the FP village. In this study, the researcher did not use a population and a sample but instead used a research subject that was by the research focus. The subjects in this study were representatives of family planning acceptors, the leader of the FP village, the village head, and 3 PPKBD representatives in Kembangkuning Village, Cepogo District, Boyolali Regency, Central Java, Indonesia in October 2021. The data

used are primary data and secondary data. Data analysis with qualitative techniques using reduction, presentation, and drawing conclusions.

**3. RESULT AND DISCUSSION**

The results in this study are divided into three which include: The efforts of contraceptive service providers in increasing male family planning acceptors, Implementation of the village family planning program, and Achievements in the success indicators of FP Villages.

**3.1. The efforts of contraceptive service providers in increasing male family planning acceptors**

The number of FP Villages in Boyolali Regency until 2021 is 36 FP

Villages and each sub-district has at least 1 FP Village, while for Cepogo Subdistrict there are 2 FB Villages, namely in Jelok Village and Kembangkuning Village. The “Sejahtera” FP village is located in Durensari, Kembangkuning Village, Cepogo District, Boyolali Regency, Central Java, Indonesia. Kembangkuning Village is currently led by the village head and at the same time as a protector in the structure of the FP Villages working group. This area is famous for its metal crafts, namely copper and aluminum, and has a Sitinggil Flower Park. The population in Durensari Hamlet is 292 people with the composition of the population classified in the table 1:

**Table 1. Population Composition by Age**

No	Age (years)	Female	Male
1	0-4	11	8
2	5-9	15	14
3	10-14	9	10
4	15-19	11	11
5	20-24	7	13
5	25-29	9	11
6	30-34	13	11
7	35-39	14	11
8	40-44	8	10
9	45-49	11	7
10	50-54	11	10
11	55-59	7	8
12	60-64	21	21
Total		147	145

There are 54 couples of productive age in Durensari Hamlet with 75.9% participation in family planning (41 couples) with the most use of contraceptives are injections (28), Implants (4), IUDs (3), Pills (3) and female sterilization as many as 3, while for the use of male condom contraceptives just a little bit. 13 couples of productive age who did not participate in family planning with the reason that 5 new couples had their first child, 2 couples wanted to have children immediately, 4 couples had no desire to

have more children and 2 couples were pregnant.

Currently, most of the family planning acceptors are women with various choices of contraception, while there are still few male family planning acceptors. Based on the results of the interviews, the informants said that;

*"Based on my knowledge, women must take family planning or use contraceptives."*

However, in carrying out family planning, both women and men play a role in it so that the task of family planning is not only a woman's job but also a man's job. The results of other studies indicate that family planning issues are not only a concern for women, and in using family planning, permission from the husband is needed so as not to reduce trust between partners. [6].

The use of contraceptives in addition to aiming to regulate pregnancy also has side effects in its use, some side effects arise due to the use of hormonal contraceptives (pills, injections, implants, IUDs) such as decreased sex drive, weight gain, acne, irregular menstrual cycles, brown spots arise from the vagina, pain around the breasts and headaches can even cause cancer. The results of a study conducted in Ghana stated that there are short-term and long-term effects of using family planning, the side effects mentioned include changes in the menstrual cycle (more bleeding, amenorrhea, or oligomenorrhea), infertility, and childbirth complications [7]. the informants said that;

*"My wife has been using injectable contraceptives for about 1 year and my wife says that her menstrual cycles are irregular"*

The use of contraception in men that is commonly used is single-use condoms, while the use of permanent contraceptives such as vasectomy is still rare. 1) Husbands do not yet know what contraceptive methods are for men; 2) Husbands are afraid of the risks that will be experienced after vasectomy; 3) People's perception of the decline in virility after a vasectomy.

Several other reasons that cause married couples not to do family planning are religious issues, as it is known that Indonesia is a country with a majority Muslim religion and has the assumption that family planning is against religion because it reduces having children, similar research was also found in Southeast

Nigeria. the reason not to use family planning either for the wife or husband [8]. The results of another study found that public stigma about vasectomy can follow virility and sex drive also occurs in India [9]. In fact, vasectomy does not cause a decrease in virility, sexual desire and decreased productivity. The informant said that;

*"After having a vasectomy 6 months ago, I didn't feel any decrease in sexual desire, I can still have sex without any significant problems, even after the vasectomy I don't worry about pregnancy anymore."*

There are several factors in deciding to do or participate in family planning, not only the individual husband/wife factor but also the support from the family planning service provider being the biggest supporting factor. This is because service providers can promote the benefits of family planning and choose contraception according to the condition of the partner, in addition to this service, family planning acceptors can anticipate the occurrence of side effects from the family planning method they use. The informant said that;

*"For family planning acceptors who want to do a vasectomy, they get compensation in the form of transportation money to go to a vasectomy service provider, replacement of income within 3 days of rest/not coming to work, and free of charge during the procedure"*

In addition to support for compensation, the FP village manager also intensively provides counseling for couples of childbearing age who already have 2 children and no longer want to have children to do family planning. Other support can be in the form of providing counseling services to manage side effects and post-contraception care [10]. With the support from various cross-sectors in FP Villages Sejahtera during 2021, 40 men have had a vasectomy. This has increased because there have been no family planning



acceptors who have previously performed vasectomy.

### **3.2. Implementation of the village family planning program**

The "Sejahtera" FP Village which was launched on July 4, 2018, has a group of activities including; fostering a family of toddlers (BKB) "TUNAS ENDAH", fostering an elderly family (BKL) "SARI SENJA", fostering a youth family (BKR) "SANDING SIWI", efforts to increase the income of a prosperous family (UPPKS) "ASTA KARYA" and an information and counseling center youth (PIK\_R) "IPERSI". Families who actively participate in the activity groups are as follows, for BKB activities as much as 95.24%, BKL activities as much as 70.31%, BKR as much as 50%, UPPKS as much as 21.51%, and PIK-R as much as 33.9%.

The implementation of BKB in FP Villages Sejahtera found that 95.24% of families who had toddlers actively participated in this activity. The informant said that;

*"BKB activities are carried out through the toddler integrated healthcare center which is held every month with a series of activities including height measurement and weight weighing, individual counseling based on the results of weighing and health services in the form of providing vitamins, immunizations, and light treatment".*

BKL activities in FP Village are 70.31% of families who actively participate, which are carried out at the elderly integrated healthcare center which are routinely carried out every month with activities of measuring and weighing height and weight, recording, simple health services, and providing counseling or counseling on problems experienced by the elderly. *"In this activity, the obstacle that is often faced is the level of activity of the elderly, this is because there are still many productive elderly working when the posyandu is implemented".*

The implementation of BKR activities in the FP Sejahtera Village, 50 percent of active participating families. BKR has the goal of preparing family life for teenagers through an understanding of the maturation of the age of marriage so that they can carry out education levels in a planned manner; a career in planned work; and marry with full planning according to the reproductive health cycle. *"The implementation of BKR in the FP Sejahtera village is carried out by providing counseling to parents who have teenage children (10-24 years) about education, knowledge about problems in adolescents, and how to overcome them. limited resource persons to fill the activity".*

The implementation of PIK-R activities in the FP Sejahtera Village, 33.9% of families actively participating. PIK-R activities have the same goals as BKR activities, the difference is that the implementation of BKR activities is carried out on families with teenagers, while for PIK-R activities the approach is carried out directly on the adolescents themselves. *"The level of implementation of PIK-R is still relatively low, besides that there are obstacles in the form of a lack of innovation in the implementation of activities so that few teenagers participate".*

Implementation of the Business to Increase Prosperous Family Income (UPPKS) in FP Sejahtera Village, 21.51% of families actively participate in this activity, family activity is still relatively low, some of the obstacles encountered during program implementation are *"although Kembangkuning Village is an area that is famous for its metal crafts, both produced individually or in collaboration between several families, but for marketing development, it is still relatively less innovative".*

### **3.3. Achievements in the success indicators of FP Village**

The implementation of the FP Villages program cannot be instant without human resources that support its

development. Every activity there must be good coordination between the respective parties involved in the development of the FP Village for the welfare of the community, especially creating quality small families with various programs in the FP Village activities.

Some areas that show the level of effectiveness of the village family planning program include mentioning that the FP Villages program is effective in realizing an independent family, which is marked by the family's understanding of the FP village program, targeting accuracy, and the FP village program for couples of productive age, punctuality, and the Family Planning Village program for Age Couples. Fertility and services for children under five, achieving the goals of the FP Villages Program, and the impact of real changes on couples of productive age [11]. Another study stated that the management's lack of understanding in the development of the FP village led to the ineffectiveness of the FP village program [12]. Several other obstacles can lead to the ineffectiveness of the village family planning program including; limited cadres, limited funds, lack of care coordination, and lack of community participation [13].

The success rate of the FP village in this study was seen from the indicators of the success of the input, process and output [4]. The input indicators are marked by the high participation of all potential villages for the advancement of the family planning village, the variety of activities carried out in an integrated manner, both government programs and community innovation programs, the large source of the family planning village budget obtained from community contributions, government assistance or non-binding donors, and availability facilities and infrastructure. The indicators for the success of inputs in the "Sejahtera" FP Village are the proportional number of PLKB/PKB, the availability of operational support (budget) for the KKBPK program from the APBD

and APBN as well as other funding sources such as PNPM, Village Fund Budget (ADD), availability of related medical devices and contraceptives, Jamkesda, and other supporting facilities.

Indicators of the success of the process in achieving family planning villages are determined by the running of activities in each section, the role of government officials in synchronizing activities, the participation of community institutions in managing the family planning village, carrying out 8 family functions in each family, the frequency and quality of counseling activities, the frequency of services for toddler activities. and youth, the frequency of services from other sectors, the frequency of regular meetings of activity groups, and the frequency of activities for the FP village community movement. In the input indicators for the FP village, it was found that there was an increase in the frequency and quality of outreach activities, an increase in the quality of services for toddlers and youth activities as well as periodic meetings of the BKB, BKR, BKL, UPPKS activity groups.

Meanwhile, the success of the output is measured by the implementation of 8 functions in each family, namely; increasing religious practice, increasing community knowledge and skills, achieving an average of two children per family, healthy families, children growing and developing well, increasing family income per capita and its utilization supporting family interests, protecting society/family and living a peaceful and comfortable life, the more harmonious relationships are established between family members and between the family and the community and the environment, the development of character, manners and cultural arts both in the family and the community in the village, the more harmonious and balanced environment is arranged between behavior and the environment.

Its implementation in the Sejahtera FP village” obtained the following results; There has been no improvement in the implementation of religion, the community already has the skills to increase business, the average family with 2-3 children is achieved, the percentage of family planning participation is increased, health services and counseling are affordable, BKB services are affordable for families with children aged 0-6 years through Posyandu park, affordable health services for the elderly group through the Elderly Posyandu.

It can be concluded that the success rate of FP Villages in the area is classified as good and has a significant positive impact on the residents. Not only measured by the increase in the use of family planning acceptors, the percentage of family activity in participating in group activities is also good, although some activities still need to be increased. Some of the activities that can be used as examples of innovation in the implementation of family development for the elderly such as balance exercises as done in research [14] and in business activities to increase family income by implementing marketing development or the use of appropriate technology as carried out in research [15]. This is the starting point for the opening of family welfare. The effectiveness of the FP Villages program has a significant impact on the welfare of poor families, in other words the more effective the implementation of the FP Villages program, the welfare of the family will increase [16].

#### **4. CONCLUSION**

As an effort to increase family planning acceptors in the Sejahtera FP village, the manager collaborates with various cross-sectors in order to achieve the objectives of implementing the FP village program as an emphasis on population growth and the development of a prosperous family. The participation of families and communities in every activity shows the effectiveness of the implementation of the FP village

program, besides the support from various cross-sectors in the implementation of the program is an indicator of the success of the KB village. It is hoped that with the achievement of indicators of the success of the program, family welfare will increase.

#### **AUTHORS' CONTRIBUTIONS**

Conception and design (S, DAAT), Definition of intellectual content (S), Literature search, clinical and experimental studies (S, DAAT), data acquisition and analysis (S, DAAT), statistical analysis (S), preparation and editing manuscript (DAAT), review of the manuscript (S), and guarantor (S).

#### **ACKNOWLEDGMENTS**

We would like to thank all participated in this study and everyone who helped start this study, we also thank the leader and administrator of the Kembangkuning Family Planning Village and the team. And Departement of Nursing Science, Faculty of Health Sciences, Universitas Muhammadiyah Surakarta for funding.

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