

## PERSONAL BELIEF ON THE ACCESSIBILITIES OF FAMILY PLANNING PROGRAM TOWARDS POOR COUPLES OF REPRODUCTIVE AGE AT SABU RAIJUA DISTRICT

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### ABSTRACT

One of the strategic decisions taken by the Indonesian government to reduce the rate of population growth is the national family planning (FP) program. One of the goals of the family planning program is to spell pregnancy using contraceptive methods for pregnancy prevention and family planning. Aim/Objective to figure out the personal belief on the accessibilities of family planning program towards poor couples of reproductive age at Sabu Raijua District. Material and method is a qualitative study with a phenomenological research design. The main respondents are never-user (contraceptive user), the supporting informants which are health practitioners, family planning officers and the community leaders. The data collection is using observational and in-depth interview. The study shows the personal believe is caused by internal and external factors. The category of internal factors related to family planning acces causes health problems and illnesses. Some related aspects such as the existence of local religious believe (jingitiu), a rumor about infertility causing by family planning, women perceived incompatible for using contraceptive methods without any prior attempt. External factor is there is the government programs that can finance pregnant women and children. There is an important role of health practitioners to provide an accurate information and education of family planning and the side effects for the community. Despite of any wrong believes of contraceptive and family planning, the community have confident and convincing for using contraceptive methods. Inter-sectors collaboration is needed to succeeded the government program.

**Keywords:** Family Planning, Personal beliefs, Poor Couples Of Reproductive

### Introduction

The high rate of population growth is currently a major problem in Indonesia. The high number of teenage pregnancies in Indonesia due to adolescent premarital sexual behavior. One reason is the easy access to information and exposure to pornographic media (1; 2). One of the strategic decisions taken by the Indonesian government to reduce the rate of population growth is the national family planning (FP) program. One of the goals of the family planning program is to spell pregnancy using contraceptive methods for pregnancy prevention and family planning (3). Family Planning is the use of methods of regulating fertilization to help a person or family achieve certain goals. The purpose referred to here is a deliberate pregnancy regulation

by the family, which is not against any applicable law or legislation as well as the Pancasila morals and for family welfare. The general purpose of family planning medical services is to improve the welfare of mothers and children and families in order to realize NKKBS (4).

Based on the data obtained from the National Family Planning Coordinating Agency (BKKBN) of East Nusa Tenggara Province, the number of female acceptors in 22 regencies/ cities were more than the number of male acceptors. Tis proved that the level of men participation in family planning program was still low compared to women. In the last 3 years, the number of new women acceptors was continuously increased. And at Sabu Raijua District had the second lowest number of new FP

participants who use contraceptive method, after Nagekeo District. Another concerning fact was the absence of users of IUD, men sterilization method and women sterilization method in Sabu Raijua District was zero (5)

Many factors were causing women or couples of reproductive age to have no access family planning service there are Meager knowledge and understanding of family planning programs, Physical environment factors such as: transportation, distance from home to health facility, availability of contraception, and Socio-cultural environment factors such as beliefs, existing norms and the influence of significant others. Personal belief is a mental condition based on a person's situation and social context. When a person makes a decision, he or she will prefer based on the him or her believed. Social capital can be divided into two dimensions, cognitive and structural. In other words, this dimension has the perception of motivational or encouraging behavior, sharing and mutual belief with each other. Existing belief will be related with motivation or encouragement to behave in community.

**Method**

Type of research is qualitative study with an exploratory descriptive design and a

phenomenological approach. Data was collected from April to June 2019 at Sabu Raijua District. The main informants were the Fertile Age Couple (PUS) especially women who had not become FP acceptors and drop out (DO) status. Supporting informants were health workers, family planning Field officers and community leaders. Data collection is done by: In-depth interview and Observation. The informants were taken with purposive sampling technique. The first in-depth interview was conducted with main informants, namely women who had not become family planning acceptors or who have Drop Out (DO) status. Interviews were conducted at the informant's house or at a health facility. Furthermore, in-depth interviews were conducted with health workers, family planning field workers, and community leaders. Interviews were conducted after the informant signed an informed consent. Researchers also made observations as long as research.

The data were analyzed qualitatively, with the Miles and Huberman Models. Steps as follows 1) make a transcript; 2) perform data coding using an open code program; 3) categorizing information (display the data) 4) Interpreting Information and conclusions.

**Table.1 distribution of informant characteristic**

<b>characteristic</b>	<b>n</b>	<b>Percent (%)</b>
Main Informants	11	68.7
Supporting Informants	5	31.3
<b>Main Informants:</b>		
women who had not become FP acceptor	9 person	56.2
women with the status of Drop Out	2 person	12.5
<b>Supporting Informants:</b>		
FP Field Officer	1 person	6.3
Community Leader	1 person	6.3
health workers	3 person	18.7
<b>Education:</b>		
No education	9 person	56.2
Junior High School	2 person	12.5
Senior High School scholar	1 person	6.3
Bachelor	4 person	25.0
<b>Sex:</b>		

Male	2 person	12.5
Female	14 person	87.5
<b>Age:</b>		
< 25 Age	3 person	18.7
25-40 Age	6 person	37.5
≥ 40 Age	7 person	43.8
<b>Work:</b>		
Housewife	8 person	50.0
Farmer	4 person	25.0
Government employees	4 person	25.0

Based on the table.1 shows that the main informants were 68.7% and supporting informants were 31.3%. The main informant is more women who had not become FP acceptor than women with the status of Drop Out and the supporting informant is more health worker than FP

field officer and community leader. According to the sex most of them are women with the most age between 25 to 40 years, and the type of work more housewife than farmer and government employees.

**Table 2. Result of the Thematic Analysis**

Theme	Category	Key words
Personal belief caused by internal factors	FP program was causing health problems and causing illness	<ul style="list-style-type: none"> <li>- Menstrual disorders</li> <li>- Bleeding,</li> <li>- Illness (gout, and dizziness)</li> <li>- Obesity (fat with a disease in the body)</li> </ul>
	Religious believes (jingitui)	<ul style="list-style-type: none"> <li>- Do not trust and do not want to come into contact with modern health services,</li> <li>- Consider family planning services a taboo,</li> <li>- There is still the belief that “many children, many fortune”</li> </ul>
	Fear of being infertile	Fear using FP and no more children
	Belief in natural birth control rather than modern birth control	More compatible with natural birth control, does not want to be drug dependent
	Feeling incompatible with FP even though they have never tried it	Incompatible with FP devices and fear of not compatible because they have tiny body
Individual trust caused by external factors	There are Government program that can finance pregnant women and children	They stopped participating in FP because they got money, there is a Government program that can help during pregnancy

### Discussion

Based on table 2. Shows that personal belief is influenced by two factors, namely internal factors and external factors. The informant stated that during joining the

family planning program is causing health problems such as menstruation disorder and bleeding so the mother decided to stop following the family planning program or Drop Out. The FP field officer also stated

that there were women who decided to stop participating in the family planning program due to menstrual disorders. Generally, injection contraception, using the hormones estrogen and progesterone so that an increase in the amount of the hormones estrogen and progesterone in the body with androgenic effects that can causing menstrual disorders or menstruation becomes not smooth (6).

The informant also stated that by following the FP Program it is causing obesity and become sick (fat but there is a disease). The results of the research by Sriwahyuni and Wahyuni (2012) also showed that respondents who used hormonal contraception for more than one year would causing a weight gain of 85.7% and there was a relationship between the length of hormonal contraceptive use and weight gain. Because there are fears of side effects that may arise from joining the family planning program so there are mothers who have not or do not want to become family planning acceptors. Side effects are something that can happen to the mother use acceptor, but all of these can be overcome if the mother always consults with health workers to find the best solution (to replace contraceptive methods, etc.) (7).

The results of research by Nault, et al (2013) showed that women who participated in the family planning program felt and can be increasing weight gain of 5.3 kg. The use of implantable and injectable contraceptive methods is more likely to make weight gain among its users. Injection contraception method, using the hormones estrogen and progesterone, resulting in an increase in the amount of the hormones estrogen and progesterone in the body with androgenic effects. The hormone progesterone stimulates the appetite control center in the Hypothalamus. This causes an increase in acceptor appetite and an increase in body weight.

The informant also stated that there was an ancestral belief that family planning could have an adverse effect on mother and child, and related to (local) beliefs in Sabu

that's called Jingitui, where people who still had Jingitui's faith were less willing to come in contact with modern health services. Local beliefs that emerge and develop in an area with different backgrounds in life, traditions, customs and culture show different characteristics from each other. That is, a local belief contained in an area will not be the same as a local trust contained in another region. The similarity of some aspects of local trust can occur as an expression of spirituality and a form of practice of trust, but each local belief will reveal its own characteristics and characteristics (8). The existence of hereditary local trust is also related to access to family planning services where the mother does not want to be a family planning acceptor because of hereditary ancestors' belief that family planning can cause bad effects.

The FP Field Officer and health workers also stated that women in their work areas still feel taboo with birth control method especially IUD. This causes the women to have no intention to join the FP Program. The informant also stated that there are still families believe that "many children, many fortune" Its supporting by the knowledge of the couples of reproductive age and low of social economic make more stigma about their believe that the more children will take care of them in the future or old age (9).

Women had not become FP acceptors also stated that until now they have not to participated in FP programs because of fears of suffering from disease. Fear is an emotional response to threats. Fear is a reaction that arises within the individual, then moves the individual to protect herself against stimuli or dangers from the outside, keep away from something that can hurt themselves or other suffering. (10)

The informant also stated that she did not want to become family planning acceptors because of government assistance that could guarantee his life along with his children. women had motivation to be able to get government assistance because of

guarantees for pregnant women and mothers who have children and toddlers. This causes mothers to be reluctant to become the family planning acceptors because they are sure they will get the assistance. Behind that, pregnancy at close range can threaten the health of the mother and her child. The need to pay attention to the ideal distance of pregnancy also helps prevent premature babies and / or low birth weight babies (LBW) (3).

### Conclusion

Personal belief greatly influences accessing family planning services. Existing believe is also based on the knowledge they have, personal experiences, and social relationships with others. The role of health workers is very important in providing correct understanding and understanding of family planning and the side effects that may arise, so that people are not afraid and do not have the wrong understanding or belief related to family planning. Cross-sectoral cooperation also needs to be carried out so that Government programs do not conflict with each other.

### Reference

1. Suwarni L, Selviana S. Inisiasi Seks pranikah remaja dan faktor yang mempengaruhi. *J Kesehat Masy.* 2015;10(2):169–77.
2. Gamelia E, Kurniawan A. Determinant Of Teenage Pregnancies. *J Kesehat Masy.* 2017;13(2):270–6.
3. Sulistyawati. Asuhan kebidanan pada masa kehamilan. Jakarta: Salemba Medika; 2011.
4. Hartanto. Keluarga Berencana dan Kontrasepsi. Jakarta: Pustaka Sinar Harapan; 2003.
5. BKKBN. Laporan jumlah Akseptor KB Baru dan lama tahun 2015-2017. Kupang: BKKBN Provinsi NTT; 2018.
6. Nault AM, Peipert JF, Zhao Q, Madden T, Secura GM. Validity of perceived weight gain in women using long-acting reversible contraception and depot medroxyprogesterone acetate. *Am J*

*Obstet Gynecol* [Internet]. 2013;208(1):48.e1-48.e8. Available from: <http://dx.doi.org/10.1016/j.ajog.2012.10.876>

7. Sriwahyuni E, Wahyuni CU. Hubungan antara Jenis dan Lama Pemakaian Alat Kontrasepsi Hormonal dengan Peningkatan Berat Badan Akseptor. *Indones J Public Heal* [Internet]. 2012;8(3):112–6. Available from: <http://journal.unair.ac.id/download-fullpapers-4>. Hubungan antara Jenis dan Lama Pemakaian Alat Kontrasepsi.pdf
8. Sirait, A.M. Kepercayaan Lokal Di Indonesia. *Kuriositas.* 2015;edisi VIII.
9. Sunarsih, Nita E, Damayati Rinifiya. Faktor-Faktor Yang Berhubungan Dengan Penggunaan Alat Kontrasepsi Pada Wanita Usia Subur (Wus) Di Kelurahan Campang Raya Bandar Lampung. *J Kebidanan* [Internet]. 2015;1(3):110–5. Available from: [www.ejurnal.malahayati.ac.id](http://www.ejurnal.malahayati.ac.id)
10. Sobur A. Psikologi umum dalam lintasan sejarah. Bandung: Pustaka Setia; 2013.