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KEY FACTORS INFLUENCING WOMEN'S PARTICIPATION IN FAMILY PLANNING PROGRAMMES

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ABSTRACT

Background: Family planning is a government programme designed to address population needs and balance demographic pressures. It generally aims to regulate the number of births to reduce the risks associated with pregnancy. Contraception serves as a tool for managing pregnancy and controlling childbirth. Women's participation in family planning programmes is influenced by both internal and external factors. Methods: This research is an analytical study with a cross-sectional design, conducted at Puskesmas Alai, Kota Padang, with a total sample of 105 married women. The study utilized a questionnaire to assess internal and external factors related to women's involvement in the family planning programme. Data were analyzed using the chi-square test. Results: The results of this research indicate that the number of respondents who use contraception is greater than those who do not. Regarding internal factors, most respondents fall into the risk age group, have a high level of education, are not employed, possess a good level of knowledge, and have 0 to 2 children. For external factors, the majority of respondents receive support from their husbands, and more than half of the respondents have a low economic status. Conclusion: The conclusion of this research is that there is a significant correlation between age, knowledge level, husband's support, and economic status with participation in the family planning programme. However, no significant correlation was found between education, occupation, and the number of children.

ABSTRAK

Latar Belakang: Program Keluarga Berencana merupakan program pemerintah yang dirancang untuk memenuhi kebutuhan penduduk

dan menyeimbangkan tekanan demografi. Program ini secara umum bertujuan untuk mengatur jumlah kelahiran guna mengurangi risiko yang terkait dengan kehamilan. Kontrasepsi berfungsi sebagai alat untuk mengelola kehamilan dan mengendalikan persalinan. Keterlibatan perempuan dalam program keluarga berencana dipengaruhi oleh faktor internal dan eksternal. Metode: Penelitian ini merupakan penelitian analitik dengan desain cross-sectional, yang dilakukan di Puskesmas Alai, Kota Padang, dengan jumlah sampel 105 orang perempuan menikah. Penelitian ini menggunakan kuesioner untuk menilai faktor internal dan eksternal yang terkait dengan keterlibatan perempuan dalam program keluarga berencana. Data dianalisis menggunakan uji chi-square. Hasil: Hasil penelitian ini menunjukkan bahwa jumlah responden yang menggunakan kontrasepsi lebih banyak daripada yang tidak menggunakan kontrasepsi. Mengenai faktor internal, sebagian besar responden termasuk dalam kelompok usia berisiko, memiliki tingkat pendidikan tinggi, tidak bekerja, memiliki tingkat pengetahuan yang baik, dan memiliki anak 0 hingga 2 orang. Untuk faktor eksternal, sebagian besar responden menerima dukungan dari suami, dan lebih dari separuh responden memiliki status ekonomi rendah. Kesimpulan: Kesimpulan penelitian ini adalah terdapat hubungan yang signifikan antara usia, tingkat pengetahuan, dukungan suami, dan status ekonomi dengan keikutsertaan dalam program keluarga berencana. Namun, tidak ditemukan hubungan yang signifikan antara pendidikan, pekerjaan, dan jumlah anak.

INTRODUCTION

The global population continues to grow. According to data from the United States Census Bureau and the United Nations Population Division, the world's population was approximately 7.339 billion people in 2015, increasing to 7.753 billion people in 2020, and is projected to reach 9.4 billion people by 2050. China has the largest population, at around 1.43 billion people, followed by India, with a population growth reaching 1.38 billion people. Indonesia ranks fourth globally, with a population of 273 million people.

Indonesia is a developing country with an area of 1,916,906.77 km^2 and consists of 34 provinces located on 5 major islands and 4 archipelagoes. Indonesia has the largest area compared to ASEAN countries with the largest population. According to data from the Population Administration (Adminduk) as of June 2021, Indonesia's population is 272,229,372 people, of which 137,521,557 people are men and 134,707,815 people are women. The average population growth in Indonesia is 2.5 percent per year and this growth is very worrying so that the Family Planning Programme was inaugurated in Indonesia on October 17, 1968. The Family Planning Programme was seen as a way to reduce population density.

The government's foundation for creating economic, spiritual, and socio-cultural welfare for the Indonesian population, and to ensure a balance with national production capabilities, makes the Family Planning Programme an integral part of the national

development agenda. The programme aims not only to improve family welfare but also to prevent the infant mortality rate (IMR) and reduce the maternal mortality rate (MMR), particularly among mothers experiencing the 4T conditions: giving birth too young (under 20 years old), giving birth too frequently, giving birth with too short intervals, and giving birth at an advanced age (over 35 years old). MMR and IMR figures are significant, with an MMR of 230 per 100,000 live births in 2020 and an IMR of 24 per 1,000 live births in 2017. Apart from the issue of mortality, growth disorders in children, such as the incidence of stunting, remain quite high and require attention. According to research conducted by Candra (2013), children with a birth spacing of less than 2 years are 11.65 times more likely to become stunted compared to children born with a birth spacing of 2 years or more. To reduce health risks to both mother and child, it is recommended that the interval between births after a live birth be more than 24 months. Participating in the family planning program is one way to avoid too close pregnancy intervals. This approach can help prevent stunting and contribute to achieving Indonesia's goal of a golden generation by 2045.

According to data from the 2020 National Socioeconomic Survey (Susenas), the proportion of married women not participating in family planning programmes has slightly increased over the past five years. The Susenas data shows that in 2016, 29.75 percent of the 48.32 million married women did not participate in family planning, equivalent to around 14.38 million people. By 2020, this figure had risen to 31.2 percent of the 49.25 million married women, or approximately 15.37 million people. In the city of Padang, the number of family planning participants was 70,408 in 2017, increased to 77,209 in 2018, and then decreased to 66,396 in 2019 out of a total of 452,711 women.

Data obtained from the Padang City Health Office in 2020 indicated that the number of active family planning participants had exceeded the target of 50%, achieving a realization rate of 54.2%. However, when this data is grouped according to primary healthcare centers (puskesmas), it reveals that several *puskesmas* still have cumulative scores for active family planning participants below 50%. Specifically, these include Lubuk Kilangan at 43.93%, West Rawang at 44.39%, Andalas at 35.12%, and both Padang Pasir and Ulak Karang at 49.69% and 49.17%, respectively. Similarly, the participation rate was 37.30% in Bungus and 36.22% in Pauh, with the lowest participation rate in Alai at 27.99%.

Based on these data, it is evident that many fertile couples (PUS) refuse to become family planning acceptors for various reasons. Understanding the factors related to contraceptive use is crucial for planning the development of family planning programs in Padang City, particularly in the Puskesmas Alai service area.

METHODS

This study employed analytic methods with a cross-sectional study design. It was conducted in the service area of Puskesmas Alai, Padang City, from April 2022 to August 2022. The study population consisted of Women of Reproductive Age (WUS) aged 15-49 years, including both family planning acceptors and non-acceptors who met the inclusion and exclusion criteria. According to data obtained from the Alai Health Center, the cumulative number of WUS targeted for family planning participation in 2021 was 2,499 individuals.

The instrument used in this study was a modified questionnaire, based on research conducted by Zen Nisa (2021), Ismail (2016), and Yossy (2015), tailored to the needs of this research.

The ethical review permit for this study was granted under permit number No: 849/UN.16.2/KEP-FK/2022, issued by the Faculty of Medicine, Andalas University.

RESULTS AND DISCUSSIONS

The research was conducted in August 2022 at Puskesmas Alai, Padang City. A total of 105 respondents, who met the inclusion and exclusion criteria, were interviewed by the researchers. The interviews were conducted using a questionnaire designed to assess factors related to Women of Reproductive Age (WUS) participation in the family planning program at Puskesmas Alai.

Table 1 Frequency Distribution of Family Planning Use Status

Family Planning Use Status	Frequency (f)	Percentage (%)
Family Planning Acceptor	57	54,3
Modern	47	4,8
Traditional	10	9,5
Non Family Planning Acceptor	48	45,7
Total	**105**	**100**

Table 2 Frequency Distribution of Internal Factors Related to Family Planning Participation

Internal Factors	Frequency (f = 105)	Percentage (%)
Age		
Risky (<20 - >35 years old)	63	60,0
Non Risky (20-35 years old)	42	40,0
Education		
High (≥SMA)	87	82,9
Low (≤SMP)	18	17,1
Profession		
Worker	35	33,3
Non Worker	70	66,7
Knowledge Level		
Good	76	72,4
Less	29	27,6
Number of Children		
>2 People	42	40,0
0-2 People	63	60,0

Table 3 Frequency Distribution of External Factors Related to Family Planning Participation

External Factors	Frequency (f = 105)	Percentage (%)
Husband Support		
Good	67	63,8
Not Good	38	36,2
Economic Level		
High	44	41,9
Low	61	58,1

In Table 1, it can be seen that 57 respondents used family planning methods. Among them, 47 respondents (44.8%) used modern contraception, while 10 respondents (9.5%) used traditional contraception. There were 48 respondents (45.7%) who did not use any form of contraception.

Table 2 shows that the majority of respondents were in vulnerable age groups, either under 20 years or over 35 years, totaling 63 people (60%). Most respondents had completed high school or equivalent (87 people, or 82.9%). The majority were unemployed, with 70 respondents (66.7%) not working. The general level of knowledge among respondents was good, with 76 people (72.4%) demonstrating strong knowledge. The most common number of children among respondents was 0-2, reported by 63 people (60%).
Table 3 indicates that the highest frequency for the husband's support factor was seen among respondents who received support from their husbands to participate in the family planning program, totaling 67 people (63.8%). Most respondents had low economic status, with 61 people (58.1%) falling into this category.

Table 4 Relationship between Internal Factors and Family Planning Participation

Internal Factors	Participation in Family Planning				*p-value*
	Family Planning Acceptor		Non Acceptor		
	f = 57	%	f = 48	%	
Age					
Risky	40	63,5	23	36,5	0,034*
Non Risky	17	40,5	25	59,5	
Education					
High	48	55,2	39	44,8	0,888
Low	9	50,0	9	50,0	
Profession					
Worker	20	57,1	15	42,9	0,835
Non Worker	37	52,9	33	47,1	

Knowledge Level					
Good	48	63,2	28	36,8	0,006*
Less	9	31,0	20	69,0	
Number of Children					
>2 People	27	64,3	15	35,7	0,139
0-2 People	30	47,6	33	52,4	

*_P-value_ < 0,10

The results of the Chi-Square analysis revealed several key findings. For the age factor, the p-value was 0.034 (p < 0.10), indicating a significant relationship between age and Women of Reproductive Age (WUS) participation in the family planning programme at Puskesmas Alai, Padang City. In contrast, the education factor had a p-value of 0.888 (p > 0.10), suggesting no significant relationship between education level and participation in the family planning program. Similarly, the work factor showed a p-value of 0.835 (p > 0.10), indicating no significant relationship between employment status and participation. However, the level of knowledge factor had a p-value of 0.006 (p < 0.10), demonstrating a significant relationship between knowledge level and WUS participation in the family planning programme. Lastly, the number of children factor had a p-value of 0.139 (p > 0.10), indicating no significant relationship between the number of children and participation in the family planning programme at Puskesmas Alai.

Table 5 Relationship between External Factors and Family Planning Participation

External Factors	**Participation in Family Planning**				***p-value***
	Family Planning Acceptor		Non Acceptor		
	f = 57	%	f = 48	%	
Husband Support					
Good	47	70,1	20	29,9	0,000*
Not Good	10	26,3	28	73,7	
Economic Level					
High	30	68,2	14	31,8	0,026*
Low	27	44,3	34	55,7	

*_P-value_ < 0,10

Based on the results of the Chi-Square analysis in Table 5, a p-value of 0.000 (p < 0.10) indicates a significant relationship between the husband's support factor and Women of Reproductive Age (WUS) participation in the family planning programme at the Alai Health Center, Padang City.

CONCLUSIONS

Based on the research conducted, it can be concluded that there is a significant relationship between age, level of knowledge, husband's support, and economic status with Women of Reproductive Age (WUS) participation in the family planning programme.

However, there is no significant relationship between education, occupation, and the number of children and WUS participation in the programme.

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Declarations of competing interest

No potential competing interest was reported by the authors.

REFERENCES

BKKBN. (2017). Profil Keluarga Indonesia Tahun 2017. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional.

BPS. (2020) Survey Sosial Ekonomi Nasional. Jakarta: Badan Pusat Statistik Kota Padang. Padang: Kependudukan.

Candra A. (2013). Hubungan Underlying Faktors Dengan Kejadian Stunting pada Anak 1-2 th. Journal of Nutrition and Health, Vol. 1, No.1. [cited 20 Desember 2021].

Dinas Kesehatan Kota Padang. (2020) Laporan Tahunan Program KB Dinas Kesehatan Kota Padang. Padang: Dinas Kesehatan Kota Padang.

Ghazanfari, N, Mueller SN, Heath WR, Craig A.(2020). Cerebral Badan Pusat Statistik (BPS) Republik Indonesia. Kependudukan [Internet]. [cited 20 Desember 2021]. Available form: *https://www.bps.go.id*

Kemenkes RI. (2014). Pusat Data dan Informasi Profil Kesehatan Indonesia. Jakarta: Kementerian Kesehatan Republik Indonesia.

Kemenkes RI. (2018). Profil Kesehatan Indonesia 2018. Jakarta: Kementerian Kesehatan RI.

Kemenkes RI. (2019). Angka kematian Ibu dan Angka kematian Bayi. Jakarta: Kementerian Kesehatan RI.

Prawirohardjo S., (2010). Ilmu kebidanan. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo.

WHO. (2011). Unintended Pregnancy Toward Understanding The Issues and Addressing The Need Gaps. For online course in Sexual & Reproductive Health. Epub August 2011.