



Family planning (KB) practices and the impact on Papuan women reproductive health[☆]

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ABSTRACT

Objective: This study aims to describe and analyze KB or family planning practices and their impact on Papuan women. A case study was conducted in Waena Village, one of the Kampung KB in Jayapura City, Papua.

Methods: The research method used is descriptive qualitative using an ethnographic approach. The determination of the informants was done purposively by assigning one of the key informants. Data collection includes in-depth interviews and observation. Data analysis includes data reduction, data description, and interpretation.

Results: The results showed that women of childbearing age carried out the practice of KB by using various forms of birth control. Some use birth control pills and spiral birth control (intrauterine contraception). In addition, the family planning program has provided education to increase knowledge about reproductive health, types of diseases so that women feel more valued and cared for by men with the existence of KB program. Moreover, the existence of the Kampung KB program also has an impact on community social activities, such as educate adolescents and children to have a clean and healthy lifestyle oriented toward family welfare.

Conclusion: The Kampung KB program in Waena Village has educated the public about reproductive health, which significantly affects community order.

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Introduction

The KB Program is a family planning program to control the birth rate, which the Indonesian government issues as a tactical step to respond to the increasing population on the one hand. On the other hand, the vulnerability of reproductive health is also increasingly worrying. KB Program has a very strategic, comprehensive, and fundamental meaning in realizing healthy and prosperous Indonesians. Law Number 52 of 2009 concerning population development and family development states that KB is an effort to regulate the birth of a child, distance and ideal age of delivery, regulate pregnancy, through promotion, protection, and assistance according to reproductive rights to create a quality family.¹ Sani stated that there are three different objectives for the KB Program. *First*, the demographic purpose is to overcome population growth, which is considered the cause of poverty, underdevelopment, and environmental degradation. *Second*, to promote the health of mothers and children, to prevent maternal and child deaths through child spacing. *Third*, to uphold human rights is defined as the inclusion of knowledge and access to the safe form of contraception.²

According to Agus Joko Pitoyo, related to the implementation of the KB Program, which has been going on since 1970 and has

been running for 50 years now, it has experienced a decrease. The decrease occurred because the KB Program in Indonesia was considered successful. After all, the total fertility rate fell from 5.6 percent to 2.6 percent. Although the KB Program tends to be weakened, slacking off a little, the current generation has the mindset of wanting to have a few children. After 50 years of KB Programs in Indonesia, this has been able to change public opinion. Formerly large families were considered good, but now, small families are considered as good. The current generation will be embarrassed to have more than two children. Although currently, the KB Program tends to be loosened up, the values in society related to the nuclear family, which means two children is enough for a family, are quite deeply rooted. Without being told, they joined the KB Program, the community was already literate about family planning.³

The implementation of KB is currently being changed, no longer as family planning from a family perspective, but as family planning from a health, education, and economic perspective, so that the current generation has begun to think, even though without the touch of a KB Program, the community has seen economic conditions, life burdens, education, and future demands, which then automatically makes them not want to have many children.³ However, one of the very crucial things is the vulnerability of reproductive health, which still surrounds people in Indonesia, especially in remote areas. For this reason, through the further development of the KB Program organized by the BKKBN in accordance with the Nawacita Program, President Jokowi's goal is to develop a program to build Indonesia, which is started from the periphery by strengthening population development and family planning at the village level.⁴ On January

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14th, 2016, the KB Village Program was born, which is a form of realization of the government's efforts to improve the quality of life of the community as an effort to develop demography, reproductive health, and family welfare at the community level.⁵

In order to implement this policy, Papua Province in 2017 has started to proclaim 558 villages to be used as KB Villages spread across all districts/cities.^{6,7} Jayapura is the first city to implement the program, which has been carried out since the end of 2017 and has chosen Wena Village as the first pilot village in Papua to try to implement the Kampung KB Program. Following behind it are 8 villages that have also been declared as KB Villages in Jayapura City, such as the villages of Skow Yambe, Skow Mabo, Skow Sae, Enggros, Holtekamp, Kayu Pulo, Koya Tengah, and Koya Koso Villages.⁸

Waena Village was chosen to be the first village, which is also a model for quality family villages in implementing the KB Village, for several reasons, for example the high number of births every year, high vulnerability of reproductive health, and the fairly increased average population, as well as the large number of unregistered newborn babies which causes on the number of residents who have not been registered in the local civil registration, plus the majority of the population in the village is OAP (Orang Asli Papua) or native Papuans.⁹ However, prior to the implementation of the program, socialization, and introduction of the policy implemented were done to the KB Village in Waena.¹⁰ Until now, the implementation of the Kampung KB in Waena Village has been going on for 4 years, although in its implementation, there have often been ups and downs of acceptance and rejection. However, KB officers and related stakeholders constantly take a persuasive approach to provide understanding to every member of the community, which in the end the KB Village policy can be implemented in Waena Village with several programs in it, such as developing MSMEs, educating youth and children, and increasing new KB partners.

Thus, the above explanation has shown that the presence of the Kampung KB Program is intended to build a quality of life and reproductive health, as well as reducing the explosion rate of birth to form prosperous family groups at the village level. This article focuses on the study of the practice of the KB Program implementation in Waena Village and its impact on the lifestyle of the village community. Highlighting how family planning practices in Waena Village are carried out by fertile pregnancy family groups and new partners. Then seeing the broad impact on the community, there are activity programs that are carried out from the agenda of implementing the KB Village policy in Waena.

Methods

This study uses a qualitative approach that does not use quantification or statistical calculations, but emphasizes interpretive studies. Denzin explicitly argues that, in principle, qualitative emphasizes processes and non-strictly studied meanings and the nature of socially constructed reality.¹¹ The research location is in Waena Village. This is because Waena is the main target of the KB Program compared to other villages in Jayapura.¹² Then the informants were selected by snowball sampling; several informants were from women who were doing KB, then in-depth interviews were conducted to reveal how family planning practices were carried out by them and traced the impacts that were felt on both of the individual scale as well as within the family relationships. This study focuses on 3 female informants who are married and practicing on KB; for in-depth interviews, they are AO, SO, & MI. The next step was to observe the relationship between Waena Village as a Kampung KB and its impact on the village community. The data analysis techniques used include data categorization, data description, and data interpretation.¹³

Result and discussion

An overview of Waena Village

Waena Village is one of the governmental villages that was expanded from Heram District, Jayapura City, which is located on the Fsele street, Waena Village, seen from the geographical location of the village head's office, is in the middle of the Waena Village area, quite strategic because it is close to Jalan Raja Sentani-Abe and it is also quite strategic because it is easier for people who live in Waena Village in terms of taking care of the policies related to the village administration. The area of the Waena Village reaches 4.16 km². Administratively, Waena Village is located in the east by the Hedam Sub-district; in the west, it is bordered by Asei Kecil Village; in the north, it is bordered by Yabansai Village, and on the south side, it is bordered by Waena Village district. The distance of Waena from the district capital is 0.5 km and 16 km from the capital city, then the average height from sea level reaches 5 masl.^{14,15}

Waena Village was formed in 2006 based on Regional Regulation No. 10 of 2006 concerning Kayubatu Village, Waena Village, and Mosso Village. Before the formation of Waena Village, initially, the people of Waena used to live on Ari Island until 1954. In early 1954 the people of Waena Village moved to Koyabu (beach expo or lakeside). In line with the development of the area in 1968, the community no longer live in Koyabu (beach Expo/lakeside), but then gradually, they began to move from Koyabu Beach to the land side, which is now called Expo Waena and then from Expo they move again to the Fsele road which is now called as Waena Village.¹⁴

In general, Waena Village is inhabited by several tribes/ethnicities, namely: Papuan, Javanese, Sulawesi/Bugis, and various customs. The Sentani Tribe is an indigenous tribe that occupies Waena Village, consisting of several clans, namely Ohee, Modouw, Bedees, Salosa, Baransano, Ongge, Yepese, and Nere. while the others are immigrants ethnic from various regions. The population growth in Waena Village, from year to year, has experienced some relatively growing changes due to the increasing population growth factor and the increasing arrival of migrant groups. Social and economic geographic factors strongly influence the distribution of population density in Waena Village. Differences in geographic conditions among existing RT (neighborhood)/RW (hamlet) affect the level of development of each RT/RW area in physical, economic, and social aspects. The population in Waena Village in the last 10 years has increased by 50%; in 2011, the population was around 1825 people; in 2019, the population grew and reached 2796 people.^{14,15} The rate of increase in population is high. This is also why Waena Village was used as a pilot for the Kampung KB Program in Jayapura.

KB practices in Waena Village

Family planning education aims to educate people on understanding, positive perceptions, rational and responsible attitudes and behaviors in family and community life. Having the understanding, awareness, attitude, and behavior that are rational and responsible for the family and society, in the end, will become a motivation for efforts to control births for the family, which is based on their respective abilities. Likewise, birth control efforts can be in accordance with what is planned and desired, and to arrive at this, the right choice to make it happen will fall on family planning by choosing one of the appropriate contraception.²

As is the case with other development programs that have just been introduced to the community, they often experience obstacles because the people who are the targets and objects of development do not know and fully understand the objectives of the program to be implemented. This causes misunderstanding, suspicion, indifference, hatred, and even rejection of something.

Therefore, ignorance is one of the causes. As a result, the lofty ideas and goals embodied in the family planning program cannot escape from the possibility of a variety of unfavorable responses and acceptance from the community.^{16–18}

Starting from the above assumptions, introducing the meaning and noble goals contained in the family planning program begins with listening and motivation activities. There is no other purpose than to introduce the family planning program and its benefits for the family, society, and the Indonesian Nation if family planning is not implemented by the community or fails. The first step in an effort to implement an idea thought or new technological invention is to communicate directly or indirectly with the target application. How ideas, thoughts, and new inventions are well received and receive broad support from the community as the target of renewal is determined by who delivers the renewal information, the level of credibility, the extent to which the contents of these ideas can benefit the community, channels, and media used, how to convey it and all the supporting facilities.^{16–18}

The combination of communication, information, and education as a way of conveying family planning ideas and thoughts implies that to ensure the delivery of a new idea, a harmonious relationship must first be established with all levels of society. After a good relationship is created, the delivery of ideas about family planning will gradually follow, adjusted to the level of education and public reasoning, as well as social-psychological conditions, religion and belief, as well as other factors that influence the delivery of information about KB.¹⁶

Generally, KB participants in Waena Village are newly married couples at the productive age of the pregnancy. There were 3 informants who were interviewed in-depth in this study to reveal how they interpreted family planning practices and their significance for life. The interviewed informants admitted that information about KB was routinely disseminated by various parties, such as doctors at hospitals, Puskesmas (public health center), and on-duty KB counselors in their villages. However, there have indeed been issues that have circulated among the community regarding the negative impact of KB, which affects the informants' perceptions about family planning itself. However, KB extension agents and doctors in hospitals and health centers who were met by informants provided education and brushed aside the stigma and issues circulating about family planning, and conveyed the benefits of KB on health and its impact on life in a broader context.

For example, the first informant named SO, who was initially very afraid to start family planning because there were assumptions about the side effects of KB. It is different with AO and MI, who do use KB because of the recommendation from their doctor and support from their husband. The informants, on average, started to use KB after giving birth to the first child to keep the childbirth spacing. However, the planned birth spacing also varies, ranging from 3 to 6 years.

At the time the informants want to go on family planning, beforehand, they will have a discussion to get guidance and instruction, with their husband as the head of the family. This always recommends by family planning officers who provide counseling to involve husbands in making family planning decisions. Although in fact, some have family planning because of the encouragement of their husbands.

In using KB as the contraception, the informants stated that they used different contraception, some used pills, injections, and implants, all of which depended on their suitability and their body reactions. There were informants who felt that after using a type of contraception, they experienced changes in their bodies, for example, their bodies became fatter and their menstruations flow smoother. Compared to before, their body was very thin and sometime their menstrual period was late. According to the informants, the impact felt after having KB was that the relationship

became more harmonious, by delaying pregnancy, the economic needs were also more controlled. In addition, with family planning in which there is reproductive health education, counseling is also given to husbands, in addition, with the existence of family planning, in which there is reproductive health education which counseling is also given to husbands, now wives feel more valued, and feel comfortable with sexual and reproductive relationships and husbands also start listening and begin to understand women's conditions and burdens that must be borne by women during pregnancy and childbirth as well as health vulnerabilities that can come upon them at any time, thus the practice of family planning for the people of Waena Village which has been described by the informant with family planning shows that there have been many changes that have been felt since practicing KB in the husband-wife relationship of the family.

The impact of the Kampung KB Program in Waena Village, Jayapura City

The family planning program through a three-dimensional target by means of an approach through community service has goals and objectives to prepare the community to accept the transfer of family planning program management. The three-dimensional target of family planning is not only to find and educate acceptors but also to grow, motivate the community to manage family planning programs as adjusted and planned, as well as KB in its implementation in general, it must simultaneously motivate, educate and develop a network of family planning program services, especially those coming from elements of the community.

In organizing the Kampung KB Program, the management always coordinates with village officials to implement the Kampung KB Program. This is because there is no specific data for the Kampung KB so that the Kampung KB Program is aligned with the program designed by the village. Not only with the village, the Kampung KB Program is also aligned with other sectors (other agencies), such as the education office which carries out functional and equality literacy programs, the industry and trade service that carries out the development of MSMEs, businesses that produce commodities that can be of economic value for the community such as the development of Tilapia Fish ponds accompanied by several agencies such as the small and medium enterprise cooperative office. Then, in the field of education, children and adolescents are nurtured to avoid harmful behaviors such as drunkenness, brawls, and gambling but focus more on future orientation to go to school and achieve their dreams to meet a higher quality of life.

Empowerment of Kampung KB not only focuses on family planning activities and 8 family functions, but also to improve community skills through several characteristics ranging from organizing the community, to grow a sense of belonging to the family planning village itself, to take a participatory approach to providing education and justice. So the empowerment process is carried out with a persuasive and participatory approach where the management as a facilitator directly identifies by village and RW head in determining community needs. The management as a facilitator also provides guidance and conducts outreach so that people can increase their awareness of the environment and can change the low mindset of people on education.

Kampung KB brings benefits to the community, starting from the short-term impact, i.e. in terms of knowledge, the community has started to know about KB as birth control, and in skills, teenagers have the skills to make brooches (pins) from used cloth; The medium-term impact is that there is a change in attitude and behavior, it can be seen that the community has started to practice the results of training in making fish floss and fish skin crackers which they make in the home industry, to long-term impacts that is the emergence of physical environmental changes such as

roads improvements, waterways repair, the availability of playgrounds, the existence of information boards on family planning, and scattered trash around the streets is rarely seen. In addition, the community feels the impact on economic conditions that can gain economic benefits from the training and coaching carried out by the Kampung KB as well as the changes in the orientation of the community in living life which is more oriented toward the future and to improve the quality of life.

Conclusion

The results showed that the practice of birth control was carried out by women of childbearing age using various forms of birth control, some using birth control pills, injections, and implants (intrauterine contraception). In addition, the KB Program has provided education to increase knowledge about reproductive health, types of diseases, which in turn make women feel more valued and cared for by men with the existence of KB Program. In addition, the Kampung KB Program also has an impact on community social activities, which run in the long term, to build villages by improving the quality of life of the community. Thus, the Kampung KB Program in Waena Village has educated the community about reproductive health and significantly affected community structure.

Conflicts of interest

The authors declare no conflict of interest.

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