

Population Control and Family Planning Have an Important Role in Determining Birth Rate Control

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ABSTRACT

The affairs of population control and family planning have an important role in achieving optimal community welfare. If the family planning program in an area is successful, the demographic bonus age will be longer and will have an impact on welfare development. The purpose of this research is to find out that population control and family planning efforts have an important role in determining birth rate control. This type of research is descriptive with a qualitative approach method, taking secondary data from reports from the Population Control and Family Planning Sector results from January - December 2022 Respondents Head of Population Control and Family Planning Division, Functional Officer of Population Control, Functional Officer of Family Planning and Reproductive Health and Functional Officer of Empowerment and Family Planning Office of Health, Population Control and Family Planning of Tuban Regency. Increase in 2022 the TFR (Total Fertility Rate) Birth Rate is 1.93, the Percentage of Unmet Need for Family Planning is 9%, while the Median Age of Marriage for Petama Women (MUKP) is 22. On this basis for population control success and family planning, support, commitment, high concern, participation and cooperation are needed from various parties, both from government agencies and non-governmental organizations.

Keywords: birth rate, family planning, population control

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BACKGROUND

The 2020 population projection in Indonesia based on the results of the 2015 Inter-Census Population Survey (SUPAS) is 269.6 million people. In this amount, East Java Province is ranked 2nd, after West Java Province, as the largest contributor to the population. As the population increases, the population becomes denser, so that more and more health problems arise.

Some of the conditions above are strong reasons for the need to control population growth. So far, the most effective method for controlling population growth is the use of contraception. The family planning program has become one of the priority programs in various countries. Several countries already have coverage rates for the use of contraceptives of more than 80% including Argentina, Canada, Columbia, China, Czechia, and Finland. In Indonesia, nationally the use of new contraceptives is at 61.0%.

According to the results of the 2015 Supas, the MMR was 305 per 100,000 live births. One factor that is very closely related to MMR and infant mortality rate (IMR) is the Total Fertility Rate (TFR), which is the average number of children born to a woman during her childbearing/reproductive age period. Data from Family Data Collection (PK21) conducted by the BKKBN revealed that the TFR in 2021 was 2.24, successfully decreasing compared to the TFR in 2019 at 2.45. This is a struggle that is not easy to be able to lower the TFR when the Covid-19 pandemic hit. BKKBN has made various efforts to reduce the TFR, such as expanding partners for family planning offices in districts/cities with private practice midwives, to access tools and medicines and budgets no longer through the health center but directly to the family planning offices in districts/cities and organizing movement Million Acceptors. According to Doctor Hasto apart from reducing TFR, reducing the Age Specific Fertility Rate (ASFR) in 2021 is also one of the contributions to reducing MMR and IMR. Apart from that, Doctor Hasto also revealed that when the BKKBN was asked to accelerate the reduction of stunting, it was actually the same as reducing maternal and infant mortality because stunting is a remote factor, while intermediate factors if addressed it will also reduce maternal and infant mortality.

The Age Specific Fertility Rate (ASFR) will also be monitored at the end of 2021. Data from PK21 from our analysis also shows that in 2019 it was still high, still 38 per 1000. Then in 2020 it was 25 per 1000, and it turns out that in 2021 it will be 20.5 per thousand. This means that the number of women who become pregnant and give birth between the ages of 15-19 has also decreased per thousand. This means that the chance of a high risk of death due to being too young can also be suppressed, in fact it has decreased during the pandemic. This is perhaps a factor that also contributes to how the MMR and IMR do not increase continuously or in this case decrease rapidly. Because yesterday there was an increase during the pandemic. Doctor Hasto as a guest speaker at the SPRIN Panel Discussion Webinar (21/04/2022).

The affairs of population control and family planning have an important role in achieving optimal community welfare. If the family planning program in an area is successful, the demographic bonus age will be longer and will have an impact on welfare development. The success of population control is contributed by the increasing use of contraception. The Central Statistics Agency (BPS) for East Java Province said that the results of the Long Form Population Census (LF SP2020) which will be carried out until 2022 show that the total birth rate or Total Fertility Rate (TFR) in East Java has decreased. The LF SP2020 recorded a TFR of 1.98 which means only about two children were born in East Java. The percentage of Unmet Needs in 2020 was 5.28, in 2021 it was 6.75 and in 2022 it was 6, 20%, while the Median Age of Marriage for Petama Women (MUKP) is 21. In Tuban Regency in 2021 the TFR (Total Fertility Rate) birth rate is 2.04, the percentage of unmet need for family planning is 11%, while The median age of Petama Female Marriage (MUKP) is 21.

In addition, the determining factor for controlling the total birth rate is the increase in the median age at first marriage for women. Advocacy and guidance for every element of society also plays an important role in providing community insights about family resilience to become a prosperous and independent family.

METHODS

This type of research is descriptive with a qualitative approach method, taking secondary data from reports from the Population Control and Family Planning Sector, the Health Office Population Control and Family Planning Tuban Regency from January to December 2022. Respondent Head of Population Control and Family Planning Sector, Functional Officer of Population Control, Family Planning and Reproductive Health Functional Officer and Empowerment and Family Planning Functional Officer at the Health Service, Population Control and Family Planning, Tuban Regency. As for what is being studied is to know population control efforts and family planning have an important role in determining birth rate control. Data analysis using content analysis (content analysis) from secondary data and interview results using the help of a matrix.

RESULTS

Performance Indicator Birth Rate or Total Fertility Rate (TFR)

The current fertility rate in Tuban Regency is 1.93. This illustrates that the average number of children a woman will give birth to during her lifetime in Tuban Regency is 1.93. This achievement is better than the national target of 2.24. and the strategic plan target is 2.04 and this is because:

- The success rate of family planning programs, especially KIE to the community
- Increased average age at first marriage
- Increasing the quantity and quality of services for pregnant women, postpartum mothers and care for children under five

Indicators of pillar coverage documented in the GDPK (Grand Design of Population Development)

The pillar coverage documented in the GDPK is already 5 pillars so it has reached 100%. These pillars are:

- Controlling population quantity
- Increasing the quality of the population
- Family building
- Structuring the distribution and direction of population mobility
- Structuring population administration

Indicators of the compilation of population mapping documents

Coverage of 1 document, namely Family Data Collection for 2021. This data collection document has been updated again in 2022 through family data collection for 2022

Percentage of family planning needs that are not met (unmet need)

The achievement of unmet need in the fourth quarter reached 9%. This achievement is better than the target rent of 10.8%. However, it is still higher than the central target of 8%. So there are still many women of childbearing age who don't want children but don't take part in family planning

Percentage of people exposed to the contents of the KKBPK program message

This illustrates the achievements of the new family planning compared to the existing PUS. The number of new KB was 27,648 compared to PUS of 206,803, achieving 13.4% of the target of 16%. This is because there are still some people who are reluctant to use contraception

Percentage of use of modern contraception (MCPR)

The MCPR achievement for the fourth quarter was 75%, namely 155,102 users of modern contraception compared to the 206,803 existing PUS. The expected target has been reached, namely 74.9%. However, KIE is still continuing to increase modern coverage, because there are still many family planning methods that are not using modern contraceptives.

Percentage of health facilities serving KB MKJP

The achievement is 100%, that is, from all health center services and hospitals registered in the BKKBN family planning service database, all have implemented the MKJP family planning program.

Percentage of stake holders and partners who are active in the KKBPK program

The achievement is 100%, meaning that all have committed and assisted in the implementation of the Bangsa Kencana Family Planning program. Especially the cadres, namely PPBD and sub PPKBD

The median age at first marriage for women (MKUP) is for all women aged 25-49 years

The median age at first marriage in the fourth trimester is 22 years. Meanwhile, the target is age 21. This shows that the age of marriage has matured. Because the age that does not meet the requirements for marriage will reduce the resilience and welfare of the family.

Percentage of families exposed to fostering

The achievement is 21.4%. While the target is 15%. So that it has reached 142.7%. Where there are 199 families who have received guidance among the 930 families who are included in Tribina and UPPKS.

Table 1. Results of the Tuban Regency Population Control and Family Planning Program in 2022

No	Program	Indicators and Activities Target 2022	Target 2022	Realization 2022	Description
1	Population control	Birth rate/total fertility rate	2,04	1,93	Achieved
2		Prosentase cakupan pilar yang terdokumentasi dalam GDPK	60%	100%	Achieved
3		Tersusunnya dokumen pemetaan penduduk	1	1	Achieved
4	Family Planning Development	Percentage of family planning needs that are not met (unmet need)	10,80%	9% (18.612/206.803)	Achieved
5		Percentage of people exposed to the contents of the KKBPK program message (New KB divided by PUS)	16%	13,40% (27.648/206.803)	Not achieved
6		Percentage of use of modern contraception (MCPR) / Active KB	74,90%	75% (155.102 / 206.803	Achieved
7		Percentage of health facilities serving KB MKJP	100%	100%	Achieved

No	Program	Indicators and Activities Target 2022	Target 2022	Realization 2022	Description
8		Percentage of stake holders and partners who are active in the KKBPK program	100%	100%	Achieved
9	Empowerment And Improvement Of Prosperous Family	The median age at first marriage for women (MKUP) is for all women aged 25-49 years	21	22	Achieved
10		Percentage of families exposed to fostering	15%	21,40% (199 /930)	Achieved

This success cannot be separated from the commitment and participation of the parties implementing the Population Control and Family Planning Affairs Program. In achieving the program objectives, support, commitment, high concern, participation and cooperation from various parties, both from government agencies and non-governmental organizations, are needed.

The Family Planning Program is not only related to the number of family planning acceptors, but also related to people's insights about population as well as family resilience to become a prosperous and independent family. So that cross-sector collaboration, advocacy and guidance is needed for every element of society starting from Toddler Family Development, Youth Family Development and Youth PIK and Elderly Family Development.

To see the success of the implementation of development in the matter of population control and family planning, it can be seen from the achievements of the performance indicators as targets to be achieved by 2022 as shown in the following table:

Table 2. Achievement of Active Family Planning Participants in Tuban Regency Until December 2022

No	Subdistrict	Couple Of Fertilizer Age	Number	Prevalence
1	Senori	6,336	5,047	79.66
2	Bancar	9,725	7,563	77.77
3	Widang	8,299	6,386	76.95
4	Singgahan	7,111	5,382	75.69
5	Kenduruan	4,874	3,66	75.09
6	Jenu	10,023	7,405	73.88
7	Plumpang	9,126	6,719	73.62
8	Tambakboyo	7,461	5,487	73.54
9	Jatirogo	9,418	6,878	73.03
10	Semanding	21,163	15,331	72.44
11	Rengel	10,682	7,73	72.36
12	Soko	15,49	11,083	71.55
13	Merak Urak	11,351	8,111	71.46
14	Montong	10,235	7,29	71.23
15	Parengan	11,245	7,96	70.79
16	Grabagan	9,259	6,531	70.54
17	Bangilan	9,591	6,752	70.40

No	Subdistrict	Couple Of Fertilizer Age	Number	Prevalence
18	Palang	14,861	10,462	70,40
19	Tuban	12,594	8,608	68,35
20	Kerek	13,311	8,315	62,47
	Kab.Tuban	212,155	152,7	71.98

Table 3. Data on Marriage Age Under 19 Years
 In 20 offices of religious affairs in District, Tuban Regency
 January – December 2022

No	offices of religious affairs	total marriage			Total Nikah	Prosentase
		Male	Female	< 19 Thn		
1	Kerek	10	78	88	618	14.24
2	Grabagan	3	38	41	319	12,85
3	Montong	2	47	49	435	11.26
4	Merak Urak	11	28	39	421	9,26
5	Bancar	2	26	28	422	6,64
6	Bangilan	1	22	23	349	6,59
7	Semanding	12	46	58	892	6,50
8	Parengan	1	23	24	429	5,59
9	Widang	7	15	22	400	5,50
10	Soko	3	31	34	675	5,04
11	Jatirogo	1	16	17	377	4,51
12	Palang	6	25	31	690	4,49
13	Kenduruan	0	7	7	211	3,32
14	Senori	0	10	10	321	3,12
15	Plumpang	5	10	15	621	2,42
16	Singgahan	0	7	7	307	2,28
17	Rengel	1	8	9	475	1,89
18	Jenu	0	8	8	438	1,83
19	Tambakboyo	0	4	4	275	1,45
20	Tuban	1	3	4	580	0,69
	Jumlah	66	452	518	9255	5,60

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DISCUSSION

Achievements of the Population Control Program with the TFR (Total Fertility Rate) birth rate indicator having a target of 2.04 with an achievement of 1.93 have been achieved because the implementation is in accordance with the activity plan that has been prepared.

Integration and Synchronization of Provincial Government Policies with Regency/City Regional Governments in the framework of Population Quantity Control with the documented pillar percentage indicators of population development grand design (GDPK) has been achieved from the target of 60% with activity achievements of 100%.

Achievements of the Family Planning Development Program (KB) with the indicator Percentage of Unmet Needs for Family Planning (Unmet Need) has a target of 10.8% with 9% already exceeding the target. This achievement is affected because participation in family planning with MKJP is funded by BKB.

Implementation of Advocacy, Communication, Information and Education (IEC) Population Control and Family Planning According to Local Cultural Wisdom with indicators The percentage of people exposed to the contents of the KKBPK program messages (advocacy and KIE) has not been achieved from the target of 16% with activity achievements of 13.4%.

Utilization of Family Planning Extension Workers/KB Field Officers (PKB/PLKB) with the indicator The percentage of Modern Contraceptive Use (Modern Contraceptive Prevalence Rate/mCPR) has been achieved from the target of 74.93% with an activity achievement of 75%.

Empowerment and Increasing the Participation of Community Organizations at the District/City Level in the Implementation of Services and Fostering Participation in Family Planning with indicators The percentage of stakeholders/stakeholders and work partners (including community organizations) who play an active role in managing the KKBPK program has been achieved from the target of 100 % with 100% activity achievement as well.

Achievements of the Prosperous Family (KS) Empowerment and Improvement Program with the indicator of the Median Age of Marriage for Petama Women (MUKP) has a target of 21 which has been achieved with activity achievements of 22.

Implementation of Family Development through Fostering Family Resilience and Welfare with indicators The percentage of families exposed to guidance has been achieved from the target of 15% with activity achievements (21.4%).

Population Control Program with activities:

Activities for Integrating and Synchronizing Provincial Government Policies with Regency/City Regional Governments in the framework of Controlling Population Quantity with an allocation of funds of Rp. 78,819,000 which is used for Advocacy, Socialization and Facilitation of the Implementation of Demographic Education in the Formal Track in the SD/MI and SLTP/MTS Level Education Units, Non-formal and Informal Tracks. The financial realization of Rp. 64,568,030 (81.92%).

The activity of Mapping Estimates of Population Control for District/City Coverage with an allocation of funds of Rp. 189,950,000 which is used for Guidance and Supervision of Implementation of Family Information Systems, Provision of Family Data and Information and Processing and Reporting of Field Control Data and Family Planning Services. The financial realization of Rp. 149,784,360 (78.85%).

Family Planning Development Program (KB) with activities:

Advocacy, Communication, Information and Education (IEC) Implementation of Population Control and Family Planning according to Local Cultural Wisdom with an allocation of Rp. 1,480,697,200 which was used for KKBPK Program Advocacy to Stakeholders and Partners, Communication, Information and Education (IEC) for the KKBPK Program in accordance with Local Cultural Wisdom, Provision and Distribution of IEC Facilities for the KKBPK Program, as well as Operational Management and Facilities at the KKBPK Extension Center. The financial realization of Rp. 1,152,474,221 (77.83%).

Activities for the Utilization of Family Planning Extension Workers/KB Field Officers (PKB/PLKB) with an allocation of Rp. 1,574,400,000 which is used for the Mobilization of Cadres of Rural Community Institutions (IMP). The financial realization of Rp. 1,495,853,000 (85.01%).

Activities for Controlling and Distribution of Needs for Contraceptive Devices and Medicines and Implementation of Family Planning Services in Regency/City Areas with an allocation of funds of Rp. 1,325,130,301 which is used for controlling the distribution of contraceptive devices and drugs and supporting facilities for family planning services, increasing participation in the use of long-term contraceptive methods (MKJP) and fostering family planning and reproductive health services in health facilities, including their networks and networks. The financial realization of Rp. 1,015,979,304 (76.67%).

Activities for Controlling and Distribution of Needs for Contraceptive Devices and Medicines and Implementation of Family Planning Services in Regency/City Areas with an allocation of funds of Rp. 2,470,440,000 which is used to Strengthen the Participation of Community Organizations and Other Partners in the Implementation of Services and Fostering Family Planning Participation. The financial realization of Rp. 2,360,995,000 (95.57%).

CONCLUSION

Population Control Program, with activities:

Integration and Synchronization of Provincial Government Policies with Regency/City Regional Governments in the framework of Controlling Population Quantity, which is used for Advocacy, Socialization and Facilitation of the Implementation of Population Education Formal Track in SD/MI and SLTP/MTS Level Education Units, Non-formal and Informal Tracks ;

Mapping of Estimates of Population Control Coverage of Regency/City Areas, which are used for Guidance and Supervision of the Implementation of Family Information Systems, Provision of Family Data and Information as well as Processing and Reporting of Field Control Data and Family Planning Services.

Family Planning Development Program (KB), with activities:

Advocacy, Communication, Information and Education (IEC) Population Control and Family Planning in accordance with Local Cultural Wisdom, which is used for KKBPK Program Advocacy to Stakeholders and Partners, Communication, Information and Education (KIE) KKBPK Program according to Local Cultural Wisdom, Provision and Distribution of KIE Facilities for the KKBPK Program, as well as Operational Management and Facilities at the KKBPK Extension Center;

Utilization of Family Planning Extension Workers/KB Field Officers (PKB/PLKB), which are used to mobilize Cadres of Rural Community Institutions (IMP);

Control and Distribution of Needs for Contraceptive Devices and Medicines and Implementation of Family Planning Services in Regency/City Areas, which are used for Controlling the Distribution of Contraceptive Devices and Medicines and Supporting Facilities for Family Planning Services, Increasing Participation in the Use of Long-Term Contraceptive Methods (MKJP) and Development of Family Planning Services and Reproductive Health in Health Facilities including their Networks and Networks;

Control and Distribution of Needs for Contraceptive Devices and Drugs and Implementation of Family Planning Services in Regency/City Areas, which are used to Strengthen the Participation of Community Organizations and Other Work Partners in the Implementation of Services and Fostering Family Planning Participation.

Prosperous Family (KS) Empowerment and Improvement Program, with activities:

Implementation of Family Development through Family Resilience and Welfare Development, which is used for the Formation of Family Resilience and Welfare Groups (Toddler Family Development (BKB), Youth Family Development (BKR), Youth Information and Counseling Center (PIK-R)) Elderly Family Development (BKL), Prosperous Family Income Increase Unit (UPPKS), Provision of Facilities for Family Resilience and Welfare Activity Groups (BKB, BKR, BKL, PPPKS, PIK-R and Family Economic Empowerment/UPPKS).

Efforts made to resolve the problems that occur and to improve the achievements of the Population Control and Family Planning programs are as follows:

Birth rate/TFR performance indicators

Some things that can be done to reduce the TFR number are

- KIE continuously informs the community, especially PUS, to always use contraception

- Improving family planning program services, especially postpartum family planning
- Improving the family welfare program

Indicator of percentage coverage of pillars documented in GDPK

Attempts are made to maximize the use of GDPK in the regional development planning process.

Indicators of population mapping documents

Utilization of PK 21 Documents to be maximized

Indicator Percentage of family planning needs that are not met (unmet need)

Continuous efforts must be made for KIE in PUS to carry out family planning programs, especially postpartum family planning.

Indicator of the percentage of people exposed to the contents of the KKBPK program message
Efforts made:

- Continuous KIE to the community through family planning cadres
- Socialization through various attractive promotional media through the Bangsa Kencana program
- KIE starts from the age of teenagers and school children about reproductive health and family development

Indicator percentage of use of modern contraception (MCPR)

Socialization and KIE will be carried out to the community to use MCPR to carry out family planning through the Proud Kencana Program

Percentage of health facilities serving MKJP

Further improve the quality and range of MKJP services and routinely conduct overall guidance and monitoring

Indicators of the percentage of stakeholders and working partners who are active in the KKBK program

Always coordinating with stake holders and involving work partners in all proud golden program activities and accelerating the reduction of stunting

The median age at first marriage for women (MKUP) is for all women aged 25-49 years

Education to the public, especially youth for maturing the age of marriage. Because it will increase family resilience and create a prosperous family. Always work closely with relevant stake holders in terms of reducing the number of early marriages

Percentage of families exposed to fostering

Further coaching activities will be carried out for UPPKS and Tri Bina groups who have not received assistance.

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