

Qualitative Study of Community Participation Behavior in the Family Planning Program at the Kajuara Community Health Center, Bone District, South Sulawesi, Indonesia

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ABSTRACT

Background: The high birth rate is the main reason for the need for family planning services. Many women experience difficulties in determining the choice of type of contraception. This is not only because of the limited available methods but also because of their ignorance to make the right choice according to age, number of children and the side effects that often arise. This study aimed to obtain in-depth information about the behavior of community participation in the family planning program at the Kajuara Community Health Center, Bone Regency.

Subjects and Method: The type of research used is descriptive qualitative research. The number of informants in this study was 7 people. The variables of this study are people's behavior, knowledge, attitudes, and actions. These research variables in a qualitative approach are referred to as the research focus. Data collection was done through in-depth interviews. Data analysis using "content analysis". While the technique of testing the validity of the data using data triangulation.

Results: The results showed that basically, the community at the Kajuara Community Health Center knew about the Family Planning program, its benefits, and objectives, but the information obtained about the Family Planning program was not fully obtained. The attitude of the people who are less responsive to participation in the Family Planning program does not mean they are afraid of not having children but are afraid of the effects of these contraceptives. The actions of people who do not participate in the Family Planning program are due to information from other people regarding the effects of contraceptives which makes people not want to participate in the Family Planning program.

Conclusion: This study concludes that there is a need to increase public knowledge about the Family Planning program through intensive counselling in the community by health workers. It is recommended that the community at the Kajuara Community Health Center support the Family Planning program that has been programmed by the government by participating in the program. It is hoped that mothers will not be influenced by information from other people about the effects of family planning and seek information about family planning programs from health workers.

Keywords: participation behavior, family planning program, knowledge, attitudes, actions.

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BACKGROUND

Family planning according to the World Health Organization (WHO) quoted by Hanafi Hartanto (2004), is an action that helps individuals or married couples to achieve certain goals, avoid unwanted births, get births that are desired, set intervals between pregnancies, control the time at birth about the age of the husband and wife, determines the number of children in the family. With Family Planning mothers can avoid the "4 too" namely too young, too old, too many, and too close to where they live (too close) (Hartanto, 2004).

In general, the goal of family planning is to create a happy and prosperous small family which is the basis for creating a prosperous society through birth control and population growth in Indonesia (Affandi et al., 2021). Not following the family planning movement will cause problems in the fields of education, employment, housing and housing problems, nutrition and food problems, and security disturbances (Manuaba, 1998).

Indonesia's current situation and condition in terms of population are still very concerning, with a very large population of around 241 million people, and in 2015 it ranks 4th in the world. The capacity of the Indonesian population is a phenomenon that requires serious and sustainable attention and handling. According to the National Population and Family Planning Agency in Heni Lestari et al. (2015), this situation greatly affects the problem of the quality of human resources because there are still people who are very poor and need assistance to just live (Lestari et al., 2015).

The population problem is one of the many problems that have accumulated in this country. A large population without adequate quality will become a burden for development and make it difficult for the

government to increase economic growth and national growth. The Family Planning program in Indonesia is currently at the lowest point in its development, this condition cannot be denied considering that the golden age of this program has begun to fade along with the outbreak of the reformation era which has begun to be marked by changes in the paradigm of government which has shifted towards decentralization with the concept of regional autonomy. Implementing regional authority in regency or municipal areas.

One type of effective contraception that has become an option and is one of the national family planning programs is injectable family planning which is one of the long-acting working contraceptive methods, which does not require the use of any day or every time you have intercourse but, it's still reversible. The conditions that must be met by a good contraceptive method are safe, reliable, simple, cheap, acceptable to many people, and long-term use (high continuation rate), however, until now there has not been a contraceptive method that is truly 100% available ideal/perfect (Hartanto, 2004). According to the National Population and Family Planning Agency in Pratiwi Nur Cahyani et al. (2014), acceptors of family planning injections can experience side effects in the form of menstrual pattern disturbances, weight gain, headaches, and breast pain/breast discomfort (Cahyani et al., 2014).

The high birth rate is the main reason for the need for family planning services. Many women experience difficulties in determining the choice of type of contraception. This is not only because of the limited available methods but also because of their ignorance to make the right choice according to age, number of children and the side effects that often arise. The population growth rate is determined by the birth and

death rates. Improvements in health services have resulted in a low population death rate, while the birth rate remains high, this is the main cause of the population explosion (Prawirohardjo, 2010).

Family planning has a role in reducing the risk of maternal death through preventing pregnancy, delaying pregnancy, spacing pregnancies or limiting pregnancies if the child is considered sufficient. Thus, family planning services are basic and primary preventive health services (Glasier & Gebbie, 2006). Of course, this condition occurs in almost all regions of the republic, one of which is the unification of the Family Planning (KB) program in a separate organizational body, which can be seen from 440 regencies/cities throughout Indonesia, only 31 regencies/cities that form the Population Agency and National Family Planning as a whole.

The number of active Family Planning users at the Kajuara Community Health Center in Bone Regency in 2020, the number of Reproductive Age Couples was 452, 49 people used pills, 11 Intrauterine Devices (IUDs), 102 injections, inflation 7, condoms 11, the total number is 180 and in 2021 Family Planning users will increase, but when compared to the number of Reproductive Age Couples there are still many who do not use Family Planning. The number of couples of childbearing ages was 473, 103 used pills, 30 intrauterine devices (IUDs), 80 injections, inflan51, and 7 condoms, a total of 284 (Puskesmas Kajuara, 2022). Conditions such as those mentioned above attracted the attention of researchers, to find out more about how people's behavior in participating in family planing programs at the community level at the Kajuara Community Health Center in Bone Regency.

The problem related to this is the decreasing level of community participation in

the implementation of the Family Planning program as seen from the decline in active acceptors, this is due to the results of information from the public that there is community fear of the effects of family planning itself such as obesity, spotting and sometimes forgetting to take it like pills so that women can get pregnant so they think that family planning doesn't work, and it's impractical to use it like condoms. From the description of the problem above. This study aimed to explore in-depth information about the behavior of community participation in the family planning program at the Kajuara Health Center, Bone Regency.

SUBJECTS AND METHOD

1. Study Design

The type of research used is qualitative research to gather in-depth information about the behavior of community participation in the family planning program at the Kajuara Community Health Center, Bone Regency. This research was carried out at the Kajuara Community Health Center, Bone Regency, South Sulawesi, Indonesia and was carried out from July to August 2022.

2. Study Informants

The key informants in this study are as follows; 1) Family planning health workers and 2) Midwives. While the usual informants in this study were Couples of Reproductive Age. While the research instrument is the researcher himself who completes it with research aids such as interview recorders, interview guides, and field notes.

3. Study Variables

The variables of this study are people's behaviour, knowledge, attitudes, and actions. These research variables in a qualitative approach are referred to as the research focus.

4. Operational Definition of Variables

Community behavior towards family planning programs in this study is that people can be directly involved by participating in family planning programs, where people know about family planning programs, and how to take attitudes and actions towards family planning programs.

Knowledge is knowing the family planning program, the goals, and benefits of participating in the family planning program and the consequences of not following the family planning program.

Attitude is the tendency of the community to respond to family planning programs.

Actions are all responses or reactions of the community to the family planning program.

5. Study Instruments

Primary data were obtained by conducting direct interviews with informants and key informants using established interview guidelines. Meanwhile, secondary data was obtained from related institutions related to this research, namely at the Kajuara Community Health Center, Bone Regency.

6. Data Analysis

Data were analyzed using content analysis, namely by collecting all the same data or information that can represent the desired information. Then the data is presented in the form of a metal matrix and interpreted in the form of a text (narration). The stages carried out are as follows: 1) The stages are

presented in the form of narrative text based on data obtained from informants in the field; 2) The stages of carrying out the process of selecting, formulating, simplifying, and transforming the raw data found in the field as well as through classifying, reducing unnecessary data, directing and hardening the data; and 3) This stage is also called the description of explanatory data, the stage of searching for meaning and event keywords, the search for meaning and event keywords that aim to form patterns and causal flows in forming concepts which are then used as prepositions.

To ensure data accuracy, data triangulation is used, namely: 1) Method triangulation, namely: using methods to obtain data from the same source through in-depth sources; 2) Triangulation of sources, namely to obtain data that differs from the data source techniques from informants; 3) Theory triangulation, which is put forward based on expert opinion and research results related to examination procedures

RESULTS

This research was carried out at the Kajuara Community Health Center, Bone Regency, and was carried out from July to August 2022. The informants in this study were 1 health worker/midwife, 3 acceptors and 3 people from the community. The research results obtained are as follows.

Table 1. Table 1. Characteristics of Informants.

No	Code	Gender	Age	Education
1	FI	Woman	31	Bachelor
2	RH	Woman	30	Bachelor
3	RA	Woman	31	Diploma Three (D3)
4	SA	Woman	37	Senior High School
5	SI	Woman	42	Junior High School
6	MA	Woman	28	Senior High School
7	NA	Woman	26	Junior High School

This research was conducted on informants with age intervals between 26 to 42 years. The gender of informants, all are female. Meanwhile, the educational level of the informants included 2 Bachelor, 1 Diploma Three (D3), 2 High schools, and 2 Junior High Schools.

1. Knowledge

The following are the results of interviews with informants about the informant's knowledge of the Family Planning program. From the results of interviews with informants below about how the Family Planning program and its benefits are the following interview results:

“yes, i know, we are told to join family planning so that it prevents pregnancy, spaced pregnancies and limited children” (FI, 07/18/2022)

Informants know about the Family Planning program and its benefits, namely preventing pregnancy, spacing pregnancies, and limiting the number of children. Other informants' knowledge about the benefits of reducing childbirth rates and being able to adjust the distance or age of the child. While the benefits known by health workers were conveyed by the informants below:

“Yes, we know that clearly because of our daily duties, namely a family planning program whose benefits are to reduce birth rates, get pregnant at the right time and in a planned manner, and regulate the number of children as desired” (RA, 18/07 /2022)

The results of interviews with health workers said that the Family Planning program had the benefits of reducing birth rates, being able to adjust the time of pregnancy as planned and being able to regulate the number of children desired.

The results of the interviews with all the informants above, basically the informants know about the Family Planning program and its benefits where the Family

Planning program is a program that can prevent pregnancy, regulate the spacing of pregnancies, can space pregnancies and can limit the number of children. Knowledge of informants and family planning officers have similarities in the sense of understanding the benefits of family planning normatively. This normative knowledge was obtained from socialization efforts carried out by family planning officers during health services at Community Health Centers or through various IEC media which were distributed to Couples of Reproductive Age and Pregnant Women.

In-depth information regarding the objectives of the family planning program was started by the informant as stated below:

“If, the goal is family planning it can improve the welfare of the family because not many children are financed” (FI, 07/19/2022)

“Yes, the aim is to prosper mothers, children, families, and in general to prosper society” (RH, 19/07/2022)

“Yes, the goal is so that we can manage finances because we lack family members so we can be prosperous” (RA, 07/19/2022)

Almost all informants stated that the purpose of the family planning program was directed at family welfare. The economic dimension became an aspect of the informants' knowledge because they associated more with the family planning program, meaning it could reduce family economic expenses which would lead to an increase in the level of welfare. Many children have many fortunes, apparently not found as a concept of knowledge in this study. Precisely for informants, many children mean a burden on the family economy.

The burden on the family due to many children from another perspective is expressed by the following informants:

“eee... the result is that if we don't follow family planning we have so many children that we cannot divide our time between children and work” (FI, 07/19/2022)

Informants know about the consequences of not following the family planning program, namely the number of children can be large which can make it impossible to manage between children and work. In addition, some statements reveal that many children make it difficult for families to manage their time because they are only spent taking care of their children, as stated by the informant below:

“As a result, it is difficult for us to control the number of births, it is difficult to divide time between children and work” (RA, 07/19/2022)

Informants know about the consequences of not following the Family Planning program, namely the number of children can be large which can make it impossible to manage children and work and the number of births cannot be controlled.

Regarding the informant's knowledge of the types of contraceptives, namely injections, pills, spirals, and implanted condoms, the following are some excerpts from the interview:

“The various types include injections, pills, intrauterine devices (IUD) and condoms” (RH, 07/19/2022)

“There are many types, namely injections, pills, intrauterine devices (IUD), implants, condoms, and spirals” (RA, 07/19/2022)

“Many types of mothers such as pills, injections, condoms, spirals and implants” (SI, 07/19/2022)

“If there are injections, pills, intrauterine devices (IUD) and condoms” (MA, 07/19/2022)

Informants' knowledge of the types of contraception based on research findings

found that knowledge was good, it is just that no one was able to mention the type of means of conception in full. The informant's knowledge is still partial which may result in choices of contraceptive use that are not accompanied by consideration of the comparative advantages and disadvantages of the available contraceptive tools.

2. Attitude

The following are the results of interviews with informants about the attitude of the community/informants in dealing with the Family Planning program. From the results of interviews with informants below about how the responses regarding the Family Planning program and the results of interviews:

“in my opinion, it is quite important for couples of childbearing age (pussy) because they can adjust the spacing of their children's births as well as grow naturally and healthily, and get enough attention” (FI, 07/20/2022)

The informant's response to the family planning program said that the family planning program is quite important because it can regulate the spacing of pregnancies, and children can be cared for properly and receive sufficient attention.

This informant's view is related to the parenting style of the child which according to him can be done well if he participates in family planning compared than not following it. Because of this, this informant agrees with the family planning program and hopes that the children who are born can experience a good growth and development process through good parenting patterns as well.

Another view of attitude relates to the aspect of consideration of profit and loss, a rational choice as disclosed below:

“In my opinion, the family planning program is quite good, what I know is that I have heard that it also has an

effect that makes us afraid to defend ourselves” (SA, 07/18/2022)

The consideration of the advantages of participating in family planning for the welfare of the family seems to raise doubts due to the informants' perceptions regarding the losses that can be obtained in the form of possible side effects that are feared by the informants. The side effects that became the main consideration for the formation of the informant's doubtful attitude in participating in family planning were caused by the informant's incomplete understanding of how to handle side effects that would not cause health problems. This is largely determined by the method of family planning counselling which allows mothers to thoroughly discuss side effects.

Even so, it was found that several informants gave their support for the family planning program as revealed by the informants below:

“If I support the family planning program because I also take part in the family planning program” (RH, 07/20/2022)

“I implemented the family planning program, I think it's my mother's support” (RA, 07/20/2022)

“The mother supports me, what's more, the program is really good, even though we have to be picky about the contraception that suits us” (SI, 07/20/2022)

Informants support the family planning program in the form of support to participate in implementing the family planning program. The results of the interviews with all the informants above regarding the forms of community support in supporting the Family Planning program, basically the informants' answers were the same, namely by following and implementing the family planning program programmed by the government for the welfare of

the community, only one informant did not participate.

Some informants rejected the Family Planning program along with the results of their interviews:

“What I see is that there are people who misunderstand the family planning program, they think family planning is not good so they ignore the family planning program” (FI, 07/20/2022)

“I think the community has shown various forms of rejecting family planning, for example not implementing family planning that they know and not responding to family planning programs” (RA, 07/20/2022)

The form of community rejection is by not responding so that they do not implement the Family Planning program even though they know that this activity exists. The absence of a positive response from mothers from in-depth information search was caused by several conditions including the lack of support from husbands, mistakes in interpreting family planning messages, and the existence of mythical understandings that influenced the perceptions and actions of the informants.

Husband's support is the main factor that can encourage mothers to participate in family planning, bearing in mind that in the culture of Bone society, there is still a strong paternalistic culture in which family decisions on all matters come from husbands' decisions. The same goes for misinterpretations, informants judged that the family planning program was not good without rational reasons accompanying their views. This means that many of the mother's judgments are constructed by members of the surrounding community, especially family members, who are likely to act based on mythological understandings that are still preserved today.

3. Action

Following are the results of interviews with informants about how the community or informants act in dealing with the family planning program. From the results of interviews with informants below about how the community participates in the Family Planning program, following are the results of interviews:

“I am part of my mother's family planning because it is dangerous if I don't take part, I can get pregnant all the time... hehehee” (FI, 07/21/2022)

“Yes, because I like this program, I'm also participating, moreover, there are many benefits” (RH, 21/07/2022)

Informants who participated in family planning in this research had several motives, including assuming that continuing to be pregnant was a danger and believing that family planning had many benefits. Mothers' actions in participating in family planning programs are influenced by the positive attitude that mothers have. There is consistency between attitudes and actions where positive attitudes lead to positive actions. When the mother has an attitude of constant fear of getting pregnant because she thinks pregnancy is a process that poses a risk to the health of the mother and child, she decides to participate. In this view, on the other hand, if the mother does not behave towards the frequency of pregnancies which often poses a risk to the health of the mother and child, they tend not to participate in family planning.

Informants who act in the form of not participating in the family planning program are caused by several things, as disclosed below:

“I didn't take part, my husband told me that later on in family planning I would just go through it because I was afraid that usually, he said menstua-

tion would not run smoothly and we could also get fat” (SA, 07/21/2022)

“I used to join but now I don't participate anymore because I'm old so I don't take family planning if things are like this, I can't get pregnant either” (SI, 07/21/2022)

For the informants, the husband's prohibition and the fear of irregular menstruation and the appearance of symptoms of obesity when participating in family planning are the determinants of the birth of action in the form of refusal to participate in family planning. In addition, the motive of old age causing the mother to decide not to have family planning is one of the triggering factors.

Meanwhile, informants who participated in family planning were influenced by their understanding of the benefits in terms of working time management, as expressed by the informants below:

“My reason is that if we use family planning, we can or the number of children so we can work well” (FI, 07/21/2022)

This view has a logical relationship between the level of family productivity and the number of children they have. The fewer the number of children, the more opportunities they must manage productivity time. Consequently, families can live economically feasible. Regarding the act of selecting contraceptives, the informant stated the following:

“Mmmm... so, that the number of children and their ages can be controlled because if we don't use contraception we don't know when we will get pregnant quickly but if we have family planning, we can arrange it” (RH, 21/07/2022)

“My reasons are yes... we follow government recommendations, and

unwanted pregnancies can be prevented” (RA, 21/07/2022)

The reason the informants used contraceptives was that they followed government programs and could prevent unwanted pregnancies. Different answers from the SA informant, the following are the results of the interview:

“Incidentally, I don't have a family planning mom, so I don't use contraception, I don't use it because I'm afraid they say I can get pimples and fat because my brother is like that, when I had family planning, I was too fat” (SA, 21/07/2022)

The SA informant did not participate in the Family Planning program and therefore did not use contraceptives.

“I used to join, when I joined, I used injections, it was more comfortable and safer because I didn't think it was a risk for me, I feel that with family planning we can space pregnancies, so I don't get pregnant every year but now I don't use it, used to be when I was young” (SI, 21/07/2022)

The reason the MA informant used contraception was that it could space out pregnancies and not get pregnant every year.

“I think the reason can prevent pregnancy, are we take part in family planning right so we don't get pregnant quickly so that the child can grow up and then have another younger sibling” (NA, 07/21/2022)

The results of the interview with the informant NA stated that the reason for using contraception was to prevent pregnancy and regulate the spacing of children's births. The results of the interviews with all the informants above about the reasons for using contraception were the same, namely to space pregnancies, adjust the spacing and age of the children, and the birth of

children could be controlled, it's just that there was one informant who did not use contraception because he was afraid of the known contraceptive effects of others. The results of interviews with informants below about the contraceptives chosen and the reasons, for the following are the results of interviews:

“If I choose the mother's injection because I feel that it is practical for us to inject every 3 months if we forget the regular pills and it must be taken every night and cannot be forgotten even once it becomes a hassle” (FI, 07/21/2022)

The FI informant uses injectable contraceptives, and the reasons are because they are more practical and do not bother using them.

“I used my mother's injection because it didn't bother me, let alone I got it too” (RH, 07/21/2022)

“If I just use pills because from the first, I took pills and there were no complaints so I'm still using pills” (MA, 07/21/2022)

The informant chose the contraceptive pill because he used the pill for the first time, and it was suitable.

“I used pills because I was afraid of other things like injections or an intrauterine device (IUD) I was afraid to use so I just used pills” (NA, 07/21/2022)

The results of the interview with the informant NA said that they used pill contraception because they were afraid of using other contraceptive methods such as injections and intrauterine devices (IUDs). The results of the interviews with all the informants above about the contraceptives chosen, the informants' answers varied, some used injections, pills and implants because these contraceptives were practical

and suitable. self-medication and occupation.

DISCUSSION

1. Knowledge

Many factors lead to health problems. These factors in society are in the form of ignorance. Wrong habits and rigid beliefs and beliefs. If these factors are examined, the emphasis is on ignorance. From this ignorance spring wrong habits and wrong beliefs and beliefs. One of the causes of population problems is the public's ignorance of the objectives of the Family Planning program, this is due to the imperfect level of knowledge and education, especially knowledge about regulating the number of children (Azwar, 2010).

The results of interviews with all informants informed informants about the Family Planning program and its benefits where the informant said that the Family Planning program and its benefits were a program that could prevent pregnancy, regulate pregnancy spacing, could space pregnancies and could limit the number of children. All informants answered almost the same when asked about the goals of the Family Planning program, all informants said that because the number of families was less, they could manage expenses so that families could live prosperously.

The results of interviews with all informants about the consequences of not participating in the Family Planning program, the informants' answers were the same, namely, the number of births has increased, there has been an increase in population, and the number of children has increased, they can give birth every year, pregnancies cannot be controlled or regulated distance and age. Likewise, with the types of contraceptives, informants could mention almost all types of contraceptives, namely pills, intrauterine devices (IUD),

injections, implants, implant, spirals, and condoms.

2. Attitude

Attitude is a value or stimulus to an object which is a follow-up of knowledge. Attitude is a reaction or response that is still closed by someone to a stimulus or object. Attitude is not yet an action or activity, but it is a predisposition to an act of behaviour (Notoatmodjo, 2010). According to Nindya Kirana (2017), a change in a person's attitude depends on the level of one's knowledge about the problem (Kirana, 2017).

The results of the interviews with all the informants above regarding the responses regarding the family planning program, basically the answers of the informants were the same, namely the Family Planning program is very important to follow because it can help determine or control the number of children so that it can make families or communities prosperous. In addition, some informants agreed with the Family Planning program and considered it very important to follow the Family Planning program. It is just that there was one informant whose response was different about the Family Planning program where the informant considered the Family Planning program to be ineffective because it could cause side effects.

Likewise, the results of interviews with all informants regarding the form of community support for the family planning program. The informants' answers were the same, namely, the form of support could be in the form of participating in the program and even socializing with the family planning program. Of all the informants, there was only one informant who did not take part in the family planning program, even though the informant agreed with the family planning program but did not take part in the Family Planning program beca-

use he was afraid of the effects of the contraceptive used.

The most obvious form of community rejection of the Family Planning program is by not following the Family Planning program, ignoring, and not responding to the family planning program. The community did not respond because of a lack of support from the family and there were no binding rules that required family planning, the principle of many children, and many fortunes, some still believed in it, so this made the community less responsive to the family planning program.

This research is in line with research conducted previously by Reno Muhatiah (2012), in rural areas, children have a high value to the family. Children can give happiness to their parents. Besides that, it will be a guarantee in old age and can help the family economy. Many rural communities in Indonesia are of the view that many children bring great fortune (Muhatiah, 2012).

3. Action

According to Foster George M. Foster & Barbara Gallatin Anderson (1986), to perform an action a person first communicates the stimulus he receives with his inner state and feelings. The inner state in question is knowledge, belief, and attitude. Furthermore, communication is what is referred to as a mental process and the results of this mental process will manifest in whether he takes an action or does not take a certain action (Foster & Anderson, 1986).

The results of the interviews with all the informants above regarding how the community participates in the Family Planning program, the answers of the informants varied, some said they had participated in the family planning program, some had participated but no longer due to old age and some had did not participate because they were afraid of the effects of

family planning, but most of the informants participated in the family planning program. In addition, many mothers do not participate in the Family Planning program because they are afraid of the issue of the effects of contraceptives, they do not participate because they hear information from other people such as neighbours, friends and family about the effects of contraceptives such as obesity, acne, Menstruation is not smooth, and some of this can be seen directly.

This research is in line with research conducted by Mulyani and Razif (2016), which states that the perception of the age factor so that they do not participate in the Family Planning program, that Couples of Reproductive Age are entering old age (elderly) and if you insist on continuing with family planning, your health will deteriorate, namely your body will ache, your head will often get dizzy, your body weight will be irregular and you will also be bleeding.

According to the results of research conducted by Erna Setiawati et al. (2017), in contraception selection, no one may force a woman or a couple of childbearing age to use certain family planning tools that are not of their choice. However, in choosing it, it is better for couples of reproductive age to be potential contraceptive users to know everything, even if it is a side effect. Because the side effects that occur are sometimes uncomfortable and can make it difficult for acceptors (Setiawati et al., 2017).

AUTHOR CONTRIBUTION

Mustika Eka Pratama Musakkar was the main researcher who chose the topic. Erniati is looking for and collecting research data. Arlin Adam as a guide in writing articles. Andi Alim conducted data analysis and reviewed research documents.

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This study is self-funded.

CONFLICT OF INTEREST

There is no conflict of interest in this study.

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