



THE EFFECTIVENESS OF FAMILY PLANNING PROGRAMS IN IMPROVING FAMILY WELFARE AND HEALTH STATUS IN KERINCI REGENCY

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Abstract: Population issues remain a critical global topic. Family Planning (FP) serves as a fundamental pillar of national development, aiming to achieve equitable economic, social, and health welfare. This study aims to evaluate the effectiveness of family planning programs in improving family welfare and health status in Kerinci Regency. A quantitative research design with a cross-sectional correlation approach was employed. The study was conducted in Kerinci Regency in July 2025. The sample included 159 respondents, comprising active family planning participants, women of childbearing age (WCA), and pregnant or postpartum women seeking to limit pregnancies. A proportionate stratified total sampling technique was applied. Data were analyzed using univariate and bivariate analysis. The findings indicate a significant influence of family planning programs on both the improvement of family welfare and family health status in Kerinci Regency. Effective family planning contributes substantially to the overall well-being and health of families in the region.

Keywords: Family Health, Welfare Status, Family Planning

1. INTRODUCTION

Population issues remain a critical global concern, as population growth is intrinsically linked to public health and social welfare. In a developing nation like Indonesia, currently categorized as an upper-middle-income country, rapid population growth significantly impacts economic status, food security, energy demands, and overall quality of life. According to WHO (2023), these challenges can be mitigated if population growth is managed effectively through strategic organizational frameworks.

As the world's fourth most populous nation, Indonesia faces persistent challenges in managing its growth rate. The primary government strategy to address this is the Family Planning Program (KB). This initiative aims to control population growth by regulating marriage age, pregnancy intervals, and promoting the concept of an ideal family size (Ministry of Health RI, 2023). Beyond birth control, family planning serves as a cornerstone for national development, aiming to achieve a balance between resource production and equitable socio-economic welfare (Harahap, 2018).

Family welfare, as defined by Presidential Regulation No. 99 of 2017, encompasses the fulfillment of basic material, social, mental, and spiritual needs. It is categorized into three dimensions: economic, social, and psychological well-being. Furthermore, family planning plays a vital role in maternal health; physical and psychological readiness of a

mother allows her to perform her familial roles optimally, which subsequently enhances the quality of life within the community (Fitrianto & Farhan, 2023).

Despite these objectives, a gap persists between policy and reality. Reports from BKKBN (2015) and recent studies indicate that community participation is often hindered by cultural taboos, a shortage of field officers (PLKB), and a lack of awareness among couples of reproductive age (PUS). While public knowledge of family planning has existed since the "New Order" era, contemporary perceptions remain only "moderate" (Pragita, 2023). Recent data shows a 16% decline in active family planning participants over the last three years, dropping to 67.6% in 2020 (Indonesia Health Profile, 2024).

In Kerinci Regency, demographic pressure is evident, with population densities reaching up to 820 people per km^2 in areas like West Air Hangat. Although the regional economy grew by 4.43% in 2023—dominated by agriculture (48.28%) and construction—social disparities remain. Preliminary observations reveal that family planning programs in Kerinci have not reached their maximum potential. High birth rates persist, and health status remains uneven, particularly in peripheral areas where sanitation is poor, access to healthcare facilities is distant, and participation in the National Health Insurance (BPJS) is low.

Many families in the outskirts of Kerinci still struggle with low welfare levels, often relying on seasonal agricultural income. Early marriage is common, and many households support four to six children with limited financial resources, leading to inadequate living conditions. These observations suggest that the current implementation of family planning has not effectively addressed the core issues of welfare and health in the region. Therefore, this study aims to evaluate the effectiveness of the Family Planning Program in improving family welfare and health status in Kerinci Regency in 2025.

2. METHODS

This study employs a quantitative research design with a correlational study and a cross-sectional approach. This design is utilized to analyze the relationship or correlation between independent and dependent variables by observing effects that have occurred in the past.

The study was conducted in Sungai Pengeh Village, Siulak District, Kerinci Regency. This location was selected based on identified discrepancies regarding the health and welfare status of family planning participants, which remain below the expectations of the Kerinci Regency government. Data collection is scheduled for July 2025, over approximately one month. Should the required sample size not be reached within the initial timeframe, the collection period will be extended until the target is achieved.

The population for this study includes all active participants in the family planning program, including couples of reproductive age (CRA), as well as pregnant and postpartum women seeking to limit further pregnancies. Based on data from the BKKBN of Kerinci, there are 159 active family planning participants in Sungai Pengeh Village. This study utilized a total sampling technique, where the entire population was included as the research sample (Kasiram, 2010). Consequently, the final sample size consists of 159 respondents.

Data were analyzed using both univariate and bivariate methods. Univariate analysis was performed to determine the frequency distribution of each independent and dependent variable, with results presented through tables and narrative descriptions.

Bivariate analysis was conducted to evaluate the effectiveness of the family planning program in improving family welfare and health status. Given the nature of the data, the Spearman Rank Correlation (a non-parametric statistical test) was employed. A significance level of $p < 0.05$ was established to determine a significant correlation between variables, while $p > 0.05$ indicates no significant correlation.

3. RESULTS AND DISCUSSION

The data collection process was conducted in Sungai Penuh Village, Siulak District, Kerinci Regency, from July 14 to July 28, 2025. This section details the research findings through a combination of tabular data and narrative analysis derived from the study conducted in the region.

Table 1. Frequency Distribution of Family Planning (FP) Program Participants' Characteristics in Kerinci Regency, 2025 (n=159)

No	Characteristics Respondents	Amount	
		(n)	(%)
Age (Ministry of Health)			
1	10-19 years	4	2.5
2	20-29 years old	125	78.6
3	30-39 years	30	18.9
	Total	159	100
Religion			
1	Islam	159	100
2	Christian	0	0
	Total	159	100
Education			
1	Low (elementary, middle, high school)	140	87.5
2	College	19	12.5
	Total	159	100
Employment Status			
1	Work	122	76.7
2	Doesn't work	37	23.3
	Total	159	100

Analysis of the demographic data reveals that the majority of respondents fall within the 20–29 age range, accounting for 125 individuals (78.6%), while the smallest group consists of those aged 10–19 years, representing only 4 respondents (2.5%). In terms of religious affiliation, all 159 respondents (100%) are Muslim.

Regarding educational background, a significant majority of respondents possess a low level of education (comprising Elementary, Junior High, and Senior High School), totaling 140 individuals (87.5%), whereas only 19 respondents (12.5%) have attained higher education. Furthermore, the data on employment status shows that the majority of respondents are unemployed, consisting of 122 individuals (76.7%), while the remaining 37 respondents (23.3%) are categorized as employed.

Table 2. Distribution of Family Planning Program Implementation in Kerinci Regency (n=159)

Family Planning Program	Frequency (f)	Percentage (%)

Good	8	5.1
Enough	82	51.5
Not enough	69	43.4
Amount	159	100

The results of research related to family planning programs show that the majority respondents were in the sufficient category as many as 82 respondents or around (51.5%), then

The minority of respondents regarding the family planning program were in the good category, namely 8 respondents or around (5.1%).

Table 3. Frequency Distribution of Family Welfare Status among Family Planning Program Participants in Kerinci Regency (n=159)

Welfare Status	Frequency (f)	Percentage (%)
Good	10	6.2
Enough	72	45.3
Not enough	77	48.5
Amount	159	100

The results of the study related to welfare status showed that the majority of respondents were in the poor category, as many as 77 respondents or around (48.5%), then a minority of respondents were in the good category, as many as 10 respondents or around (6.2%) for the welfare status variable.

Table 4. Frequency Distribution of Family Health Status among Family Planning Program Participants in Kerinci Regency (n=159)

Family Health	Frequency (f)	Percentage (%)
Good	17	10.6
Enough	72	45.2
Not enough	70	44.2
Amount	159	100

The results of the study related to family health showed that the majority of respondents were in the sufficient category, as many as 72 respondents or around (45.2%), then the minority of respondents were in the good category, as many as 17 respondents or around (10.6%) for the family health variable in family planning program participants.

The Influence of the Family Planning Program on Improving Family Welfare Status in Kerinci Regency, 2025

Table 5. Spearman Rank Correlation Results: The Influence of the Family Planning Program on Family Welfare Status in Kerinci Regency (n=159)

Variable	Status Upgrade Welfare	Information
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	<i>r</i>	<i>p</i>	
Family Planning Program	0.774	0.001	There is an influence between the two variables, the strength of the influence is in the "Very Strong" category and the direction of the relationship is positive.

The statistical analysis of the influence of the Family Planning (FP) program on the improvement of family welfare status in Kerinci Regency is detailed below. Based on the Spearman Rank Correlation test, the correlation coefficient (*r*) was found to be 0.774. This value indicates a Very Strong correlation between the family planning program and family welfare status, with a positive direction of relationship.

The analysis yielded a *p*-value of 0.001, which is significantly lower than the threshold ($p < 0.05$). Consequently, the null hypothesis (*H*₀) is rejected, and the alternative hypothesis (*H*_a) is accepted. It can be concluded that the family planning program has a significant and substantial influence on improving family welfare status in Kerinci Regency.

The Influence of the Family Planning Program on Family Health in Kerinci Regency

Table 6. Spearman Rank Correlation Results: The Influence of the Family Planning Program on Family Health in Kerinci Regency (n=159)

	Family Health		<i>Information</i>
	<i>r</i>	<i>p</i>	
Family Planning Program	0.867	0.002	There is a significant influence between the two variables, the strength is in the "Very Strong" category and the direction of the relationship is positive.

The statistical analysis using the Spearman Rank Correlation test regarding the influence of the Family Planning (FP) program on family health in Kerinci Regency is presented below. The analysis yielded a correlation coefficient (*r*) of 0.867, indicating that the strength of the relationship between the family planning program and family health is in the "Very Strong" category with a positive direction. The test resulted in a *p*-value of 0.002, which is significantly less than the alpha threshold ($p < 0.05$). Consequently, the null hypothesis (*H*₀) is rejected and the alternative hypothesis (*H*_a) is accepted. This confirms a statistically significant and very strong influence of the Family Planning program on family health status in Kerinci Regency.

DISCUSSION

This section discusses the research findings conducted in Sungai Pegeh Village, Siulak District, involving 159 active family planning participants. The study was carried out from July 14 to July 26, 2025. The following is an analytical breakdown of the variables:

1. Characteristics of Active Family Planning Participants

The demographic data shows a predominance of respondents in the 20–29 age group (125 individuals), all of whom are Muslim (159 individuals). A high proportion (140 individuals) possess a low level of education, and 122 respondents are currently unemployed. Age is a critical factor influencing cognitive ability and analytical maturity; generally, as an individual matures, their knowledge and decision-making capacity improve (Muriah & Wardan, 2020).

2. Implementation of the Family Planning (FP) Program

Findings indicate that 51.5% of respondents perceive the FP program as "Moderate." Interviews revealed a persistent traditional mindset: "*many children, many fortunes*" (*banyak anak banyak rejeki*). Some families believe having many children ensures care in their old age. This aligns with Pragita (2023), who noted that public perception of FP importance often remains at a moderate level. The researcher assumes that these cultural paradigms act as a barrier, leading to low interest in FP information and participation.

3. Family Welfare Status

The majority of respondents (48.5%) fall into the "Poor" welfare category. Observation shows that many families live in modest houses with 4–5 members, and most have only completed junior or senior high school. Interviews suggest a lack of socio-economic ambition; many respondents feel "secure" as long as the family is together, despite limited agricultural income. This lack of entrepreneurial experience and reliance on seasonal harvests contributes to the stagnant welfare status.

4. Family Health Status

Family health is predominantly "Moderate" (45.2%). Field observations indicate that many homes do not meet "Healthy Home" standards, citing inadequate latrines, insufficient living space per person, and inconsistent access to clean water. These findings correlate with Febry et al. (2024), who highlighted that psychological and physical welfare in similar regions is often hampered by poor monitoring and social stigma. The researcher assumes that the daily struggle for a livelihood in the fields causes families to neglect both indoor and outdoor sanitation.

5. Influence of FP Program on Family Welfare

The Spearman Rank test ($r = 0.774$; $p = 0.001 < 0.05$) confirms a strong influence of the FP program on welfare. Strategically, fewer children allow for better allocation of limited financial resources. This supports Aldino (2023), who stated that regulating birth rates and marriage age is vital for enhancing the quality of small, prosperous families.

6. Influence of FP Program on Family Health

A very strong correlation ($r = 0.867$; $p = 0.002 < 0.05$) was found between the FP program and family health. The researcher observes that high parity (many children) without adequate health management leads to poorer maternal and child health outcomes. Furthermore, the lack of participation in national health insurance (BPJS) due to financial constraints exacerbates this issue. This mirrors findings by Amadita and Widowati (2024), where ineffective coordination and lack of community understanding were identified as primary obstacles to FP program success.

4. CONCLUSIONS

Based on the research findings and analysis, the following conclusions are drawn:

1. The participants are primarily aged 20–29, Muslim, with low educational backgrounds and high unemployment rates.
2. Family welfare remains predominantly in the "Poor" category (48.5%).
3. Family health status is mostly in the "Moderate" category (45.2%).
4. There is a statistically significant and strong influence of the Family Planning program on increasing family welfare in Kerinci Regency.
5. There is a statistically significant and very strong influence of the Family Planning program on family health status in Kerinci Regency.

REFERENCES

1. Ainiyah, I., & Budiono, DI (2022). The Impact of Women's Empowerment on Public Service Midwifery: Literature Review. *Oxytocin: Scientific Journal of Midwifery*, 9(2), 110-120. <https://journal.ibrahimy.ac.id/index.php/oksitosin/article/view/1705>
2. Anggraini. (2019). *Family Planning Services*. Yogyakarta: Rohima Press.
3. Aldino H V. (2023). Population Concept of Family Planning Program in Indonesia and Family Planning Organization for Health. *Humanist Student Journal. Indonesia*[file:///C:/Users/USER/Downloads/815-Article%20Text-1599-1-10-20240626%20\(5\).pdf](file:///C:/Users/USER/Downloads/815-Article%20Text-1599-1-10-20240626%20(5).pdf)
4. BKKBN. (2015). *Family Planning and Contraception*. 5th edition. Jakarta: Pustaka Sinar Hope
5. BKKBN. (2017). *Indonesian Demographic and Health Survey 2017. Teen Book*. Central Agency Statistics of the Ministry of Health, Jakarta.
6. BKKBN. (2019). *Pocket Book for Monitoring Family Planning Participants After Contraceptive Services for PKB/PLKB*, Jakarta.
7. BKKBN. (2020). *Strategic Plan of the National Population and Family Planning Agency 2020*. Jakarta.
8. BKKBN. (2020). *National Population and Family Planning Agency*. In *Demographic Survey and Indonesian Health*.
9. Cahyarini, HA, Wijayanti, T., & Wiyoko, PF (2021). The Relationship Between Husband's Support and The Use of IUD Contraceptive Devices in a Literature Review. *Indonesian Journal of Social Sciences*, 2(10), 1704-1729. <https://dspace.umkt.ac.id/handle/463.2017/2783>
10. Devi Septiani, Yunisca Nurmalisa, and Abdul Halim. (2019). "The Role of Program Companions "Family Hope in Supporting Family Independence and Welfare," *Journal of Democratic Culture* 5.
11. Fitrianto, Danu.& Farhan, Eva Kurnia. (2023). Implementation of the Family Planning Village Program (Study in Air Satan Village, Muara Beliti District, Musi Rawas Regency). *Kybernan Journal*, 13(1), 49–61. Retrieved from <file:///C:/Users/mstat/Downloads/article-5.pdf>
12. Faqih Ahmad. (2017). *Population: Theory, Facts and Problems*. In 5th Edition Dee Publish Hasanah, WK, Pratomo, H., Ashor, FL, Mulyana, E., Jumhati, S., & Lova, SM (2022).
13. Analysis of the Implementation of Premarital Education Related to Reproductive Health for Muslim Prospective Couples (Literature Review). *HEARTY: Journal of Public Health*, 10(2), 53-66.
14. Harahap I. (2018). *Development Economics: A Transdisciplinary Approach*. Publishing: Medan
15. Handayani(2017). *Family Planning Services*. Yogyakarta: Pustaka Ribana
16. Ministry of Health of the Republic of Indonesia. (2018). *Data and Information on the Indonesian Health Profile 2017*. Jakarta:
17. Ministry of Health of the Republic of Indonesia
18. Ministry of Health. (2019). *Family Planning Service Management Guidelines*. In Jakarta: Salemba Medika (Vol. 1, Issue 1).
19. Ministry of Health of the Republic of Indonesia. (2023). *Indonesian Health Profile 2022*. Jakarta
20. Matahari, Ratu et al. (2018). *Textbook of Family Planning and Contraception*. Yogyakarta: Cv. Jakarta Science Group Library.
21. Marmi. (2018). *Family Planning Services Textbook*. Yogyakarta: Pustaka Pelajar
22. Notoatmodjo, S. (2018). *Health Promotion and Health Behavior*. Rineka Cipta.
23. Presidential Regulation of the Republic of Indonesia No. 99 of 2017 concerning the Family Empowerment Movement Article 1 point 3.
24. Regulation of the Minister of Health. (2014). *Concerning Public Health Centers Number 75 of 2014*. Ministry of Health. Jakarta
25. Pradana, RBA (2019). Implementation of Family Planning Program Policy in Reducing Population Growth Rate. *Musamus Journal of Public Administration*, 1(2). <https://doi.org/10.35724/mjpa.v1i2.1990>.
26. Pragita, RAB, & Rembang, M. (2019). Public Perception of the Importance of Family Planning in Doloduo Village, West Dumoga District. 53(9), 1689–1699.
27. Priyanti, Sari & Syalfina, Agustin. (2017). *Textbook of Reproductive and Family Health Planning*. Mojokerto: Majapahit Health College
28. Purwoastuti and Walyani. (2015). *Reproductive Health and Family Planning*. Yogyakarta: PT New Library
29. Permana Putra, IGD (2020). Implementation of Family Planning Program Policy in Villages Dangin Puri Kelod, East Denpasar District. *Widya Publika Journal*, 8(1). <https://doi.org/10.47329/widyapublika.v8i1.641>.

31. Riastawaty, D. 2021. "Factors Associated with the Use of Postpartum Contraception in Bulian Baru Village, Batang Hari Regency, Jambi in 2020." *Scientia Journal* 10(1):130– 40 <https://ejournal.unmus.ac.id/index.php/fisip/article/view/1990/1181>
32. Rusmini, et al. (2017). *Evidence-Based Family Planning and Reproductive Health Services*. Jakarta: Trans Info Media.
33. Sadono S. (2001). *Introduction to Macroeconomic Theory*. Grafindo: Jakarta.
34. Setyaningrum, E. (2016). *Family Planning Services*. Jakarta: Trans Info Media Sugiyono. (2018). *Educational Research Methods: Quantitative, Qualitative, and R&D Approaches*. Bandung: Alfabeta
35. Siregar, Nurainun, & Dermawan, Ari. (2024). *Journal of Community Service for the Hope of the Nation: Socialization*
36. Implementation of Elsimil for Family Planning Programs in Realizing Quality Families *Journal of National Service Hope*. *Journal of National Service Hope*, 2(1), 182–187. <https://doi.org/10.56854/jphb.v2i1.166>
37. World Health Organization Department of Sexual and Reproductive Health and Research. *Family Planning a Global Handbook for Providers*. (2018).
38. New: World Health Organization World Health Organization (WHO). (2025). *Monitoring Health for the SDGs, Sustainable Development Goals*. Geneva.
39. World Health Organization. (2023). *Monitoring Health for the SDGs, Sustainable Development Goals*. Geneva.
40. Wahyu Prabowo and Okky Bagus Anggoro. (2020). Implementation of Development Programs Family Planning in Improving Family Welfare and Quality in Kranggan District, Temanggung. *Journal of Economics, Social Sciences & Humanities* <https://www.jurnalintelektiva.com/index.php/jurnal/article/view/350>