The Relationship Between Access To Reproductive Health Information And Participation In The Family Planning Program

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Abstract. One of the government's major initiatives to manage population increase while enhancing family welfare is the Family Planning program. Public availability to reproductive health information is believed to be partially responsible for the unsatisfactory participation rate of eligible couples in the Family Planning program across different locations. The purpose of this research was to examine how many people enrolled in the Family Planning program and how many had access to reproductive health resources. The research methodology for this study was a cross-sectional analytical observational design. Tondomulyo Village, Pati Regency was the site of the study, and 35 women of childbearing age were chosen at random from the community. The chi-square test was used for univariate and bivariate analysis with a significance level of α=0.015 after the data was obtained from a structured questionnaire that had already been validated for validity and reliability. According to the findings, the majority of participants in the Family Planning program had easy access to information on reproductive health. Participation in the KB program was significantly related to having access to reproductive health information, according to the chi square test ($p<0.05$). Researchers found that Family Planning program engagement was greater among reproductive-age women who had easier access to reproductive health information. Health care providers may do more to raise family planning acceptor coverage by bolstering information, education, and communication initiatives that are focused on digital media and direct counselling.
Keywords: *information access; reproductive health; participation; family planning*.

INTRODUCTION

Uncontrolled population expansion is a serious concern for health improvement in Indonesia. The Family Planning program acts as one of the national initiatives to decrease birth rates, lower the Total Fertility Rate (TFR), and enhance family quality of life via the control of birth spacing and number of children (BPS, BKKBN, Kemenkes, & ICF International, 2018). Despite the implementation of numerous programs, there is still a considerable number of eligible couples (Pasangan Usia Subur/PUS) who have not become acceptors of family planning, and the coverage of active family planning acceptors is static or dropping in some locations (BKKBN, 2018).

Limited availability to reproductive health information is thought to be a significant factor contributing to the poor involvement of PUS in the Family Planning program. Providing women in reproductive age with sufficient information about the various methods of birth control, their advantages, and disadvantages is a crucial factor in their decision to enrol in the Family Planning program (Khairunnisa, Cangara, & Kasnawi, 2015). Access to reproductive health information is strongly correlated with knowledge about its sources, according to research by Arifah and Mahfudah (2020). However, mere exposure to information, without proper knowledge, does not guarantee effective information access. This proves that anybody may have access to and make use of any given piece of knowledge; it's not enough that the sources be readily available.

Additional research by Santikasari and Laksmini (2019) lends credence to the idea that information sources influence whether or not reproductive-aged women use contraception, and studies on IEC have shown that exposure to IEC influences whether or not women use Long-Acting Reversible Contraceptive (LARC) methods (Prasetiyo, 2023). In addition to information access, knowledge and husband's support have also been shown to be significantly related to women in reproductive age participation as active family planning acceptors (Mita Sari & Tambun, 2025), indicating that participation in the Family Planning program is the result of an interaction of various factors, with information access being one important determinant that can be addressed through health promotion strategies.

According to the previous description, there is a lack of empirical data on the link between women involvement in the Family Planning program and sufficient access to reproductive health information

in Tondomulyo Village. In order to develop more efficient and specific strategies for reproductive health information, education, and communication, this study seeks to examine the connection between women's access to KB program participation and reproductive health information.

METHODS

The researchers in this cross-sectional analytical observational study examined both the independent variable (people's ability to get reproductive health information) and the dependent variable (people's level of engagement with the Family Planning program both at once. The research was place in March 2025 at Tondomulyo Village, Pati Regency.

The accessibility of reproductive health information was the independent variable in this study. It was defined as the ease with which respondents could obtain and reach information about reproductive health and family planning through different sources, such as health workers, cadres, print media, electronic media, and social media. Respondents were categorised as either "adequate" or "inadequate" based on the median/cut-off value. Participants' status as "active" (using at least one method of contraception) or "inactive" (not using any method of contraception at the time of the research) in the KB program served as the dependent variable.

The research tool was a structured questionnaire that had been tested for reliability (Cronbach's Alpha) and validity (Pearson Product Moment correlation test), and both were determined to be valid. Information was gathered by means of guided interviews that used the questionnaire. The data analysis was done in two ways: first, using a univariate test to explain the distribution of each variable, and second, using a bivariate test with a significance threshold of $\alpha=0.05$, to analyse the association between the availability of reproductive health information and the participation in the KB program.

RESULTS AND DISCUSSION

1. Respondent Characteristics

Table 1. Distribution of Respondent Characteristics (n=35)

Characteristic	Frequency (f)	Percentage (%)
Age < 20 years	3	8.6
Age 20–35 years	23	65.7
Age > 35 years	9	25.7
Basic Education (Elementary–Junior High)	12	34.3
Secondary Education (Senior High)	17	48.6
Higher Education (University)	6	17.1
Not employed/Housewife	20	57.1
Employed	15	42.9
Parity ≤ 2 children	25	71.4
Parity > 2 children	10	28.6

2. Distribution of Access to Reproductive Health Information and Participation in the KB Program

Table 2. Frequency Distribution of Access to Reproductive Health Information and Participation in the KB Program (n=35)

Variable	Frequency (f)	Percentage (%)
Access to Reproductive Health Information		
Adequate	20	57.1
Inadequate	15	42.9
Participation in the KB Program		
Active	22	62.9
Inactive	13	37.1

2. Relationship Between Access to Reproductive Health Information and Participation in the KB Program

Table 3. Analysis of the Relationship Between Access to Reproductive Health Information and Participation in the KB Program

Information Access	Active f (%)	Inactive f (%)	Total f (%)	p-value	OR (95% CI)
Adequate	16 (80.0)	4 (20.0)	20 (100)	0.015	6.00 (1.33–27.03)
Inadequate	6 (40.0)	9 (60.0)	15 (100)		
Total	22 (62.9)	13 (37.1)	35 (100)		

Table 3's bivariate analysis reveals that 80 percent of the 20 respondents who had easy access to reproductive health information were Family Planning program participants. On the other hand, only 40.0% of the 15 respondents who had limited access to information took part. A p-value of 0.015 ($p<0.05$) was produced by the chi-square test, suggesting that there is a statistically significant correlation between the availability of reproductive health information and the involvement in the KB program. The odds of respondents actively engaging in the Family Planning program were six times greater for those with strong information access compared to those with poor information access, according to an Odds Ratio (OR) of 6.00. These findings should be regarded with care due to the very small sample size (n=35). It would be excellent if future study could corroborate them using a bigger sample.

This study's findings suggest a strong correlation between Family Planning program participation and availability of reproductive health information. People who have better access to information tend to have a more comprehensive understanding of the benefits and importance of family planning, which is consistent with the findings of the study by Arifah and Mahfudah (2020). The researchers found that knowledge regarding sources of reproductive health information was significantly related to an individual's ability to access such information.

Women are more likely to participate in the family planning program when they have access to accurate information about the several methods of birth control, including their advantages, disadvantages, and potential adverse effects. Santikasari and Laksmini (2019) discovered a correlation between information sources and contraceptive use among reproductive age women, and Prasetiyo (2023) demonstrated that PUS decisions to use Long-Acting Reversible Contraceptive (LARC) methods are influenced by information, education, and communication.

Research by Mita Sari and Tambun (2025) indicated a significant correlation between participation as active family planning acceptors and factors like husband support and knowledge, in addition to information access, which in turn influences participation in the Family Planning program. Therefore, it is clear that measures to boost Family Planning involvement need to include a couple-based strategy and work to build social support at the family and community levels, in addition to providing information.

The study conducted by Khairunnisa, Cangara, and Kasnawi (2015) provides further evidence that the dissemination of Family Planning campaign materials is associated with the extent to which women engage in contraceptive programs; this finding emphasises the significance of mass media and outreach initiatives in effectively reaching diverse target populations. By providing accurate information about reproductive health through home visits, pre-marital counselling, classes for pregnant women and eligible couples, and the use of digital media which the public is increasingly able to access health workers, especially midwives, play a strategic role.

The cross-sectional methodology of the research and the fact that the variables were measured by self-reporting subjects make them vulnerable to memory bias and other limitations, such as the inability to draw firm conclusions about a cause and effect link between information availability and Family Planning involvement. The evidence of causation should be strengthened in future studies by using a cohort or experimental design. Additionally, the scope of confounding variables should be expanded to include husband's support, access to health resources, and sociocultural factors.

CONCLUSION

This research found that among eligible couples, Family Planning program participation was significantly related to access to reproductive health information (p-value = 0.015). More people will join the Family Planning program if they have easier access to information on reproductive health. Optimising the role of health cadres, using digital and social media as easily accessible educational tools, and providing family planning counselling by midwives are all ways that health service institutions can improve reproductive health information, education, and communication strategies. This is especially important for eligible couples in both urban and rural areas. To get a fuller understanding of the factors that influence people to participate in Family Planning programs, future studies should have better designs and account for other potential confounding variables.

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