

Preparation Communication Competency Of Field Officers Of Family Planning In Socialization Of Family Planning Program In Batang Angkola Sub-District, South of Tapanuli

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Abstract: National Family Planning (KB) program is a development process from the government to build the prosperous family by birth control. The problem is how is the communication competency of PLKB in socialization of family planning program in Batang Angkola sub-district? A method that has been used in this research is a qualitative method. From 14 sub-districts in South Tapanuli district, the location was chosen randomly for Batang Angkola sub-district with amount of population are 32.210 people (Source: Bappeda South Tapanuli, 2017). The subjects in this research are Counselor of PLKB, PPKBD, Sub-PPKBD and KB cadres. Snowball Sampling technique has been used in this research to take the samples. This research also used the Focus Group Discussion (FGD) and in-depth interview to collect the data. Data analysis with the stages; of creating categories/theme, data display, furthermore the data is presented in the synopsis form to simplify the exposure and the averment conclusion (Miles and Huberman, 2009: 15-20). Family planning program works very well because there is a good contribution and synergy from PKB, PKB coordinator, PPKBD, Sub-PPKBD, PKBKKBK and public figure not only from village but also from the sub-district, as a wish of the head of BKKBN department of South Tapanuli district. Communication competency of PLKB is measured, especially it could be seen through the successful of inviting the couples in fertility age (PUS) to join the family planning program or inviting them to join back to use the long term contraception methods in KB villages, as we know that the program has been socialized intensively in Batang Angkola sub-district, notably at Muara Purba Nauli village where the KB village is located.

Index Terms: Preparation, Communication, Competency, Family, Planning, Program, Socialization

1 INTRODUCTION

National family planning program is a development process from the government to build the prosperous family by birth control. The community involvement is increasingly in family planning program management with other development sectors, so that the national family planning program is one of the most strategic sector and the contribution is important for development success, either in regional or national level in process of family planning management information decision making in Institution of Coordinate National Family Planning [1]. The research result from the researcher in Wampu sub-district, Langkat district and Sibolga city showed that the instructor of family planning has been doing their work according to the procedure and coordinate from district to village level (KB cadre), but still many obstacles are faced like education and knowledge level of society are low, a shameful culture, religion, availability of contraception, an economy and language. But many efforts has been done by the PKB, PLKB, PPKBD and KB cadre for give the comprehension and convenience in procuring contraception and services (Lubis and Haris, 2016). In this advance research, the researcher try to evaluate the communication competency of PLKB in South Tapanuli district, notably in Batang Angkola sub-district with total amount of population are 32,210 people and high category of the birth rate from the couple in fertile age [2].

PROBLEM

How is the communication competency of Field Officers of Family Planning (PLKB) in socialization of Family Planning program in Batang Angkola sub-district?

a. Communication Competency

Competence could be interpreted as a condition that shows capability, ability to carry out tasks and roles, ability to integrate knowledge and skills based on the experience. A communicator must have a competence as a one capacity to communicate with every individual in different culture. Communication competency is a structured and measurable behavior that could create cooperation in intercultural communication situation [3]. Spitzberg and Cupach (1984) are said that communication competency needs to have two criteria such as accuracy and effectiveness. To act appropriate and effective we must have a motivation, knowledge and skills. A motivation is related to the desire to learn how to interact with other people in different culture. Knowledge is related to understand about our readiness to communicate in appropriate and effective, while skills are related to behavioral abilities in communication context [4].

b. Family Planning Program

Based on World Health Organization (WHO) expert committee in 1997: Family Planning (KB) is an act that helps married couples to avoid unwanted pregnancies, get pregnant that highly desirable, manage the interval of pregnancies, control the birth time and determine the number of children in one family [5]. Family planning according to law number 52 of 2009 (concerning about population development and family development) is an effort to increase public awareness and participation through the maturity of marriage age (Pendewasaan Usia Pernikahan - PUP), birth arrangement, establish the family resilience, and improving the welfare of small families [7]. Family planning program is a program to increase the population quality, human resource quality,

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healthiness and social welfare, which are held through methods above. This is suitable with the motto from Family Planning (KB) which is "2 children are enough". According with this policy, the purpose of developing the national family planning program in the future is to increase the quality of family planning program to fulfill the reproductive rights, reproductive health, family empowerment, poverty alleviation, increase the child welfare, empower women, and birth arrangement in order to build the happy quality small family [2]. Family planning (KB) mobility and the contraceptive services have a purpose:

- a) The demographic goal is to prevent the occurrence of population explosion by holding down the population growth (LLP) and this is definitely will be followed by a decrease in birth rate or Total Fertility Rate (TFR) from 2,87 to 2,69 per woman. An uncontrolled population growth will lead to the hardship and will reduce the natural resource also many damage will be caused and discrepancy in food supply will happen. This thing is reinforced by Malthus's theory (1766-1834) which stated that human growth tends to follow a series of measurements, while food growth follows the series of arithmetic [10].
- b) Manage the pregnancy by delaying the marriage, delaying the pregnancy for the first child and have an interval for the next of pregnancy after the birth of the first child, also stop the pregnancy if already had enough amount of children.
- c) Treat the infertility for married couples more than a year but still don't have a child, it's possible to achieve a happy family.
- d) Marriage counseling session for teenagers or couples who wants to marry, with hopes that they will have a good knowledge and understand enough to build a happy family with quality.
- e) The last purpose of Family Planning (KB) is the achievement of Norms of Prosperous and Happy Small Family (Norma Keluarga Kecil Bahagia dan Sejahtera - NKKBS) and forming the quality families. A quality families means a harmonious and healthy family, fulfilled with clothes, food, and shelter, also good education and productive in economy [9].

3 METHOD

This study used a qualitative method. In qualitative research, researchers are an integral part of data, meaning the researchers are actively involve in determining the type of data they want [5]. The research location is in South Tapanuli district which covers 444.482,30 km² and an altitude of 0-1985 m² above the sea level, with the population are 276.889 people. From 14 sub-district of South Tapanuli district, the research location was chosen randomly for Batang Angkola sub-district with the population are 32.210 people [1]. The research subjects were the counselor, which were civil servants (Pegawai Negeri Sipil - PNS) and the honor employees who in charge in one Kelurahan or more. There are the officers of family planning (Petugas Keluarga Berencana - PKB), assistant of region family planning officers (Pembantu Pegawai Keluarga Berencana Daerah - PPKBD), sub-assistant of region family planning officers (Sub-Pembantu Pegawai Keluarga Berencana Daerah - Sub-PPKBD) and the KB cadres. The Snowball sampling technique has been used in this research to take the samples. By using this sampling

technique, it wouldn't be a problem if it started from where and from whom. As long as the samples are suitable with the criteria that has been set. But, if the writing has been ongoing, then the next selection of informants are depends on the writing's need [5]. The data collection was carried out in two ways which are Focus Group Discussion (FGD) and in-depth interview with the Family Planning (KB) officers and the KB acceptor especially the couples in fertile age and the new acceptor. The data analysis with the stages; of creating categories/theme, data display, furthermore the data is presented in the synopsis form to simplify the exposure and the averment conclusion [6]. While the data triangulation was done for the religious leaders, head villages and the head of BKKBN of South Tapanuli to strengthen the data findings [8].

4 DATA FINDING AND DISCUSSION

The FGD has been done to PKB, PPKBD, Sub-PPKBD, PKB PPKBK, and the coordinator of PLKB. It was done in counseling office of family planning (KB), on 27th of April 2018 from 09.00 to 11.00 am, with 14 participants.

Table 1. The Data of FGD's participants, Batang Angkola sub-district

NO	NAME	POSITION
1	Seri Rahmayani	PPKBD
2	Efriani	Sub PPKBD
3	Asmila Warni	Sub PPKBD
4	Siti Kholija	Sub PPKBD
5	Parida Yanti	Sub PPKBD
6	Kalsum Daulay	PPKBD
7	Santi Sukardji	Sub PPKBD
8	Ramali Pulungan	Public Figure
9	Rahmi miatul ummi	PKB KKBK
10	Nurhamida	PKB KKBK
11	Dahlia Nasution	PKB
12	Idam Kholid	Public Figure
13	Siti Ami Sah	PPKBD
14	Rudi Priambod	Coordinator of PLKB

Source: FGD activity: Friday, 27th of April 2018

The FGD's finding, based on the PKB there are two version of counseling by the family planning officers, there are mountainside (Pinggir Gunung) version that mostly focus on couples in fertile age (Pasangan Usia Subur-PUS) with low education and have no concern about Family Planning (KB) program, especially before they having a son. Whereas the roadside (Pinggir Jalan) version, the level of acceptance of family planning is effective because mostly they have a good education from High School and above, their parents take a responsibility to remind them about marriage, they find the information about family planning by them self, also ask the people around them like Family Planning officers or the village midwives. The highest usage of contraception in Batang Angkola sub-district is KB injection. Otherwise, the usage of condoms is low. For reason, there is a difficulty using the condom according to the PKB, because the size of the condoms issued by the government (BKKBN) is match to the international size, so that it is not suitable with the male genitals in Indonesia, although it is given for free. For

consumption of KB pills, it is less desirable because it has a big risk for mothers if they are not consume the pills regularly every day. Other than that, many people are embarrassed to using the IUD or spiral while the installation moment and not feel comfortable while having sex. This type of contraception is offer for 8 years of protection against pregnancy, so that it is generally offered to PUS who already has two or three children. But, for the Vasectomy and Tubal Ligation (Tubektomi) method, they will do it for PUS who already has a children more than three and because their own request. In addition to conducting FGD, in-depth interview were conducted with seven (7) couples in fertility age (PUS) who were willing to share the information related to the implementation of family planning and the desire for family planning program. The determination of informants were chosen randomly, from one informant to another informant are from different village, started from the roadside area to the mountainside area in 25th to 30th of April 2018. There are seven (7) informants and three (3) public figures for the triangulation data.

DISCUSSION

a. The Implementation of Family Planning (KB) Program in Batang Angkola sub-district.

Based on the data findings, it showed that the PLKB has been doing their job accordance to the direction from the coordinator of LPKB and PKB of Batang Angkola sub-district. The visit to the community was focused at the mountainside community, because the rate of population growth are high. And people who are lives around mountainside mostly work as a farmer, so that the time to visit was around 4 in the afternoon until evening, because on that time they already returned from work. Other than that, through the integrated service post in Indonesian, known as Posyandu, the PLKB also take a chance to give the socialization to couples in fertility age (PUS) for want to take a part in family planning (KB). Whereas for the roadside community, they are more independent and known well about family planning because many information can get from people around them, like their neighbors for example. Furthermore, the installation of IUDs are not popular among the mothers, plus their husband are not support the method itself because it is prohibited or "taboo" to show the genitals part on purpose. The Head of BKKBN Office of South Tapanuli, Mr. Abdul Safar Harahap also mentioned that the availability of contraception is enough. The most popular contraception for PUS circle in South Tapanuli is KB injection, because it is simpler and has a shorter term, and they can stop the injection if they want to have another child. While consume the pills are worrying because it must be consumed regularly without interlude to get the effect. According to PLKB, the usage of condom for men are less because it has the large size for the size of Indonesian genital and also it doesn't give a good sensation while having sex. The PLKB currently promote the long term contraception, which are implants, IUD/spiral, Vasectomy and Tubal Ligation (Tubektomi). The head of BKKBN also mentioned that the target of (Kontrasepsi Mantap - KONTAP) were Vasectomy and Tubal Ligation as many as 85 people in 2018. From the description above, the bonus demography has become a phenomenon to attract the attention of many parties, especially the government as a policy maker under the BKKBN, with the counselor of family planning for the sub-district and village area. The bonus

demography that mentioned here means the total amount of population in productive age from 15th to 64th years old are more than the total amount of population in non-productive age (<15th years old and 64th> years old) in one country. As we could seen in 2015 the figure is keep decreasing become 48,6 (<http://bps.go.id>). Therefore the BKKBN as an institution non-ministerial government is try to become a "reliable and trusted institution in realizing the growth of population for balance and quality families". A quality family according to BKKBN is a family that has a desire to limit birth's amount of children. The more less number of children are considered could help the parents to be able to pay their attention or facilitate their children's needs, either in physical and non-physical, education and psychic. This is slightly opposite to the culture of the local community "Maranak Sappulu, Pitu Marboru, Sappulu Onom". Even for the Batak people, a person is not called as a "King" or a "Benefactor" if he doesn't have a son. Therefore, the cultural perspective in the context of intercultural communication must be understood by the PLKB to communicate or give an information to the community to increase their knowledge about contraception, also share their experiences for the safe contraception for use by couples in fertility age.

b. Communication Competency of PLKB In Socialization of Family Planning Program

Communication competency is a structured and measurable behavior that could create cooperation in intercultural communication situation [3]. A competence must have by the communicator as a capacity to give the message for every individual in different culture. The PLKB has been doing their job accordance with the portion. They were conducted the mapping of working areas, which are roadside area and mountainside. For the roadside area, the community is more independent because they have the level of education until the high school and above level, other than that they also have awareness to take a part in family planning program by them self, and many information they could get from the people around plus the husband has a role to support the program. At first, the usage of the contraception is give a space of birth, but after many benefits are could get for the healthiness of mother and child, also the parents could pay more attention and their education is guaranteed, so the desire to take a part for family planning with KONTAP is chosen. For the mountainside area was a challenge for the PLKB, because the communication competency is needed to run their job. The PLKB and its staff were worked together with the Head of the BKKBN office of South Tapanuli district. And the support gifted from the Head of BKKBN of South Tapanuli office was the key to the success of the implementation of the family planning (KB) program, included in Batang Angkola sub-district. This success was measured by the 'spacial' approach and the miniature success of the KB counselor. Based on the data and the observation of researchers in Muara Purba Nauli village as a KB village, the communication competency of KB counselor in this area has been running and in every month they have a target for the old participants of family planning program even though for the new acceptors, the communication methods are used to make people understand about the purpose of the family planning program, know well each of the uses of contraception either for their strengths and the weaknesses. Even the named of the road in the village are using the types of contraception. The researchers are very excited to be in the KB village,

because the environment of the KB village was structured so that the community could be use to with all the types of contraception. Theoretically, through the verbal communication, the written message with naming the name of the street accordance with the name of types of contraception has been carried out by the PLKB to help the PUS to have awareness to participate in family planning. This is also help to change the views of the PUS to join the family planning program effectively.

5 CONCLUSION

The Family Planning Program went well because of the cooperation and a good synergy from the PKB, the coordinator of the PLKB, PPKBD, Sub-PPKBD, PKBKKBK and community leaders, starting from the Village and Sub-district levels, as expected by the Head of BKKBN of South Tapanuli district. The communication competency of PLKB is measurable, especially it could be seen through the successful of inviting the couples in fertility age (PUS) to join the family planning program or inviting them to join back to use the long term contraception methods in KB villages, as we know that the program has been socialized intensively in Batang Angkola sub-district, notably at Muara Purba Nauli village where the KB village is located.

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