



The Strategic Role of Midwives in the Implementation of Family Planning Programs: Increasing Public Awareness and Participation in Reproductive Health

Oktafiana Manurung^{1*}, Dini Marlina², Avid Leonardo Sari³, Abdul Rasyid Saliman⁴, Karningsih⁵

^{1*)} Universitas Efarina

² FITkes Universitas Jenderal Achmad Yani

³ UIN Sunan Gunung Djati Bandung

⁴ STIH Pertiba Pangkalpinang

⁵ Jurusan Kebidanan Poltekkes Kemenkes Jakarta III

ARTICLE INFO

Article history:

Received 21 January 2023

Accepted 1 April 2023

Published 10 June 2023

Keyword:

Midwife
Family Planning Program
Community
Reproductive Health

*) corresponding author

Oktafiana Manurung

Universitas Efarina
Jln Pdt J Wismar No 72/74 Kecamatan Siantar
Utara. Kelurahan Bane, Pematang Siantar

Email: oktavianamanurung@yahoo.co.id

DOI: 10.30604/jika.v8i2.2025

Copyright 2023 @author(s)

ABSTRACT

The Family Planning Program (KB) is the government's mainstay in suppressing the population growth rate. Increasing public awareness and participation in maintaining reproductive health is one of the efforts to make the family planning program successful. For this reason, the active Role of several parties is needed in providing education about reproductive health. Midwife. Midwives, as health workers, are considered to be essential subjects in carrying out this education because midwives provide counselling or communication, information and education (IEC) to the public about the importance of maintaining reproductive health. Therefore this study aims to analyze the strategic Role of midwives in implementing family planning programs, especially in increasing public awareness and participation in reproductive health. This study uses a qualitative descriptive research method. The results of the study showed that Permenkes 1464/Menkes/Per/X/2010 gave authority to midwives to provide services and counselling on reproductive health to the community so that midwives have a strategic role in increasing public awareness and participation in maintaining their reproductive health. The midwife's Role, in this case, can be seen as a manager, educator, facilitator and motivator. However, midwives are often faced with various challenges in carrying out their roles, such as limited resources, lack of government support, socio-cultural problems in the community and lack of public knowledge.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



INTRODUCTION

According to the Pew Research Centre, Indonesia is the fourth most populous country in the world in 2022. The Worldometers report noted that the total population of Indonesia reached 278,752 million people as of 25 April 2022 (Kompas, 2022). A large population that is not accompanied by the availability of jobs can lead to unemployment and crime. This is related to the high and low burden of the state to provide a decent living for every citizen, so the government is providing a series of efforts to reduce the

population growth rate so that there is no more enormous population explosion (Budiarti et al., 2017).

The State of Indonesia has a Family Planning Program (KB) that is considered to have led to a fall in the birth rate and death rate, resulting in a decrease in the population growth rate, particularly in developing nations, like Indonesia. (Manurung, 2013). The family planning program is supported by Law Number 52 of 2009 concerns population development and family development as part of the attempt to establish healthy and stable families.

The family planning program strives to meet the community's desire for high-quality family planning and reproductive health services, such as reducing maternal, newborn, and child mortality and addressing reproductive health issues in the context of fostering the development of high-quality small families. (Basuki & Soesilowati, 2017). To lower the failure rate of family planning, the competency of health workers is necessary for the provision of excellent family planning services. When attempting to boost the use of family planning, a shortage of health workers is a common obstacle. 100 midwives per 100,000 people is the ratio of midwives that the government desires. Currently, there are 49.5 midwives per 100,000 people, which affects the performance of midwives in delivering health services. (Kurniati & Efendi, 2012).

Implementing the midwife's role in the family planning program entails both independent and governmental responsibilities, especially providing government-sponsored health services. Permenkes 1464/Menkes/Per/X/2010 about Licensing and Implementation of Midwife Practice regulates midwives' authority to provide health services. Midwives have a role in increasing the use of family planning as a preventive measure, particularly for women at risk of the four toos: too young (under 20 years of age), too old (over 35 years of age), too close (less than 2 years between births), and too many (having more than 2 children). (Chasanah, 2015). This fairly daunting responsibility necessitates midwives to enhance their skills in order to provide quality midwifery services. (Hesti et al., 2019).

Midwives play an important role since they are directly involved in community concerns pertaining to women's reproductive health care and family planning. Midwives provide continuous and comprehensive midwifery services, concentrating on prevention and promotion based on partnerships and community empowerment with other health workers, so that they are always available to serve anybody who requires them, whenever and wherever they are needed. (Manuaba, 1998). Family planning is not only an effort or population strategy in suppressing population growth to match the carrying capacity of the environment, but also a strategy in the health sector in reproductive health and family planning efforts to improve maternal health by determining when to have children, managing the spacing between children, and planning the number of children. (Hesti et al, 2019).

Women's reproductive health services and family planning are essential to the improvement of health in Indonesia, particularly for women, given that reproductive health services have been regulated in Article 71 of Law Number 36 of 2009 concerning health, which states that reproductive health is not merely the absence of disease or disability in something related to the reproductive system, function, or adolescent development. (Atik Purwandari, 2008).

Reproductive health is vital to human existence. However, many still need to comprehend the significance of reproductive health, particularly in the context of the Family Planning Program's population control initiatives. (KB). The family planning program is one of the government's initiatives to address the problem of inadequate resources, which is exacerbated by the rapid growth of the population. (Nurhayati & Widanti, 2013). Consequently, the strategic role of midwives in administering family planning programs is crucial for increasing public awareness and engagement in reproductive health.

The goal of this research's problem formulation is to determine the strategic Role of midwives in implementing

family planning programs and how midwives may promote public awareness and participation in reproductive health, based on the background and challenges outlined above. This research is anticipated to have a substantial impact on the community, especially in terms of raising awareness and participation in reproductive health. In addition, it is anticipated that this research will help midwives improve the quality of services provided while establishing family planning programs. Additionally, it is anticipated that the findings of this study will contribute to the advancement of health science and technology, particularly in attempts to enhance community engagement in family planning programs.

LITERATURE REVIEWS

Midwives and Midwifery Care

A midwife is a woman who graduated with a midwifery education and has an essential task in health counselling and education for women, families, and communities (Panggabean, 2018). Midwifery care is a procedure performed by midwives following their authority within their scope of practice based on obstetrics by paying attention to socio-cultural, psychological, emotional, spiritual influences and interpersonal relationships and prioritizing the safety of the mother, fetus and, helpers and client needs (Podungge, 2020).

Permits and Implementation of Midwife Practices are regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017. In carrying out midwifery practices, midwives have the authority to provide (Sumbung, 2021):

- a) Maternal health services, including counselling during pre-pregnancy, antenatal during normal pregnancies, normal childbirth, normal postpartum, breastfeeding mothers, and counselling during the period between two pregnancies.
- b) Child health services include essential neonatal services, emergency care followed by referrals, monitoring the growth and development of infants, toddlers and preschool children, and counselling and counselling.
- c) Women's reproductive health and family planning services, including counselling and counselling on women's reproductive health and family planning, as well as services for oral contraceptives, condoms and injections.

Midwives in providing services must apply midwifery care standards regulated in Kepmenkes No. 938/Menkes/SK/VII/2007. These standards are a reference in the decision-making process and actions taken by midwives according to their authority and scope. This midwifery care standard is divided into six standards, namely (Hanum, 2020):

- a) Standard I (Assessment) The midwife collects all accurate, relevant and complete information from all sources relating to the client's condition.
- b) Standard II (Formulation of Obstetric Diagnoses and/or Problems) The midwife analyzes the data obtained from the assessment and interprets it accurately and logically to establish a correct midwifery diagnosis and problem.
- c) Standard III (Planning) The midwife plans midwifery care based on the diagnosis and problem that has been established.

- d) Standard IV (Implementation) Midwives carry out midwifery care plans in a comprehensive, effective, efficient and safe manner based on evidence-based for patients through promotive, preventive, curative and rehabilitative efforts. Implemented independently, collaboration and referrals.
- e) Standard V (Evaluation) Midwives carry out systematic and continuous evaluations to see the effectiveness of the care that has been given, according to changes in the development of the client's condition.
- f) Standard VI (Midwifery Care Recording) Midwives make complete, accurate, brief and precise records of conditions/events found and carried out in providing midwifery care.

Reproduction health

Reproductive health is defined as a person's ability to use reproductive organs by measuring fertility, to go through pregnancy and childbirth without risk (Well Health Mother Baby), and afterwards to recover health within normal limits. (Harahap, 2003). Reproductive health is an overall state of health that comprises physical, mental, and social life as it relates to reproductive organs, functions, and processes. The concept of reproductive health is not a disease-free state, but rather how a person can have a safe and pleasant sexual life before and after marriage. Harnani and colleagues, 2015).

Government Regulation Number 71 of 2014 on Reproductive Health guarantees that everyone has the right to obtain quality, safe, and accountable reproductive health services; this regulation also guarantees the health of women of reproductive age so that they can give birth to a healthy, quality generation, thereby reducing the number of Maternal Deaths. (Priyatni et al., 2016). In order to provide reproductive health services, two goals must be met: the guiding and particular goals.

The primary goal of reproductive health is to provide women with comprehensive reproductive health services, including sexual life and reproductive rights, in order to increase women's independence in regulating their reproductive functions and processes, which can lead to an improvement in the quality of their lives. (Susanto & Rahmawati, 2012). While for specific reasons are as follows:

- a) Increasing the independence of women in deciding their reproductive roles and functions.
- b) Increasing women's social rights and responsibilities in determining when to get pregnant, the number and spacing of pregnancies.
- c) Increasing men's Role and social responsibility for the consequences of their sexual behaviour and fertility on their partners' and children's health and welfare.

Support that supports women to make decisions related to the reproductive process, in the form of providing information and services that can meet the needs to achieve optimal reproductive health. The above goals are supported by Health Law No. 23/1992, chapter II, article 3, which states: "Implementation of health efforts aims to improve optimal health status for the community" in Chapter III, Article 4 ", Everyone has the same right to obtain optimal health status.

Family planning

Family planning is an endeavor to promote, defend, and aid in reproductive rights in order to form families with the appropriate age of marriage, regulate the number and spacing of pregnancies, and enhance resilience and child welfare. (Zuhriyah et al., 2017). Family Planning (Family

Planning), according to the World Health Organization (2017), can enable couples of reproductive age (PUS) to anticipate births, govern the desired number of children, and regulate the spacing and timing of births. This can be accomplished by the use of contraception and infertility treatments. So, Family Planning (Family Planning) is an attempt to space or plan the number and spacing of pregnancies by the use of contraception in order to produce a small, happy, and successful family. (Meilani et al., 2020).

Family planning services are one of the strategies to support the accelerated reduction of the Maternal Mortality Rate (MMR) by adjusting the time, spacing and number of pregnancies, then preventing or minimizing the possibility that a pregnant woman will experience life-threatening or fetal complications during pregnancy, childbirth and the puerperium, and prevent or minimize the occurrence (Sitorus & Siahaan, 2018).

The purpose of implementing the family planning program is to form a small family according to the family's socio-economic status by arranging the birth of children to create a happy, prosperous family that can meet their daily needs (Sulistiyawati, 2013). The other objectives of family planning programs are spacing, delaying and terminating pregnancies to reduce birth rates, saving mothers and babies from giving birth at a young age, birth spacing that is too close and giving birth at an old age (Hartanto, 2015).

Some of the benefits of the Family Planning (KB) program are as follows (Soleha, 2016):

- a) Benefits for mothers Mothers can improve physical health, improve mental and social health because they have enough time to care for children, rest and enjoy free time.
- b) Benefits for children who are born. Children grow well, and their basic needs are met, cared for, cared for
- c) Benefits for husbands Improve physical, mental and social health by reducing anxiety and having more time for their family. d. Benefits for the whole family: Each family member will have a greater chance of obtaining an education.

Family planning targets are divided into two, namely direct targets and indirect targets. The direct target is Couples of Reproductive Age (PUS) which aim to reduce birth rates by using contraception on an ongoing basis. At the same time, the indirect targets are family planning implementers and managers, intending to reduce the live birth rate through an integrated population policy approach to achieve quality, prosperous families (Rahayu & Priyatni, 2016).

Role Theory

According to Soerjono Soekanto (2002), role is a dynamic component of position (status); if a person exercises his or her rights and obligations in accordance with his or her position, he or she is carrying out a role. Meanwhile, status is a set of rights and obligations that a person has; if a person fulfills the rights and obligations that come with his position, he fulfills a function. The Role can also be defined as a certain collection of behaviors produced by a specific position. The personality of a person also determines how that Role must be carried out or played by top, middle, and lower-level leaders who will all have the same Role. A role is an action or behavior carried out by someone who holds a position of social rank.

The role requirements in Soerjono Soekanto (2002) include three essential things, namely:

- a) The Role includes norms associated with a person's societal position or place. Role in this sense is a series of rules guiding a person's social life.
- b) The Role is a concept of what behaviour can be carried out by individuals in society as an organization.
- c) The Role can also be said for individual behaviour, which is essential for the social structure of society.

METHODS

The research was carried out using a descriptive method that took a qualitative approach to data collection. A method of research known as qualitative research is one that reveals particular social conditions by accurately portraying reality in the form of words, based on applicable data gathering and analytic methodologies collected from natural settings. (Semiawan, 2010). In the meanwhile, descriptive study is conducted with the purpose of describing or describing existing phenomena, including both natural phenomena and human engineered phenomena. The goal of conducting research that is descriptive is to generate forecasts that are methodical, factually sound, and accurate regarding the facts and features of a certain population or region. This research is utilized to investigate how exactly the Midwife's Strategic Role in the Implementation of the Family Planning Program is to promote public awareness and participation in reproductive health issues. Written sources such as books, journals, and documents from people connected to the research were utilized as main data sources in this investigation. Secondary data sources were derived from these written sources. The researchers in this study employed a data analysis technique that was modeled by Miles and Huberman in Sugiono (2011). This technique, which comprises data reduction and conclusion, was applied by the researchers in this study.

RESULTS AND DISCUSSION

The scope of the implementation of Role of midwives in implementing family planning programs is based on the Minister of Health Regulation Number 1464/MENKES/PER/X/2010.

The scope of authority of midwives in family planning programs is to provide services that include women's reproductive health services and family planning, provide counselling and counselling on women's reproductive health and family planning, provide appropriate contraceptive methods and according to family planning acceptors, and implement government programs, one of which is the family planning program. Here is the description:

Reproductive health and family planning services

Midwives have the authority to provide information, education and communication services (IPC) regarding reproductive health and family planning to the public. This includes information about available contraceptive methods, the advantages and risks of each method, and how to use them correctly. In addition, midwives can also provide information about reproductive health, including the importance of routine self-examination, signs of

reproductive disease, and how to maintain reproductive health.

In addition, midwives have the authority to examine and treat reproductive health problems in patients. Midwives can carry out reproductive health checks like pregnancy checks, pap smears, and HIV tests. Midwives can also provide treatment and other actions needed to deal with reproductive health problems, such as giving medicines or referring patients to specialist doctors.

Provide education and counselling on women's reproductive health and family planning.

Reproductive health education provided by midwives aims to provide correct information and to understand the importance of maintaining reproductive health. This counselling covers various topics, such as the importance of regular reproductive health checks, signs of reproductive disease, and how to maintain reproductive health. In addition, midwives also provide information about the advantages and risks of each available contraceptive method so that people can choose one that suits their needs and health conditions.

In addition to counselling, reproductive health counselling is part of the midwife's scope of authority in family planning programs. This counselling aims to help people understand and overcome problems related to reproductive health, such as unwanted pregnancies, sexually transmitted infections, and psychological problems related to reproductive health. Midwives also provide counselling on overcoming problems in contraceptive methods, including side effects and how to deal with these side effects.

Providing proper contraceptives to family planning acceptors

Midwives, as health workers who are competent in the field of reproductive health, have adequate knowledge and skills in determining the type of contraceptive that is suitable for the health condition of the family planning acceptor. Midwives must be able to provide complete and accurate information about the types of contraception available, ranging from hormonal contraception to non-hormonal contraception. In addition, midwives must also be able to provide sound counselling regarding the side effects and risks associated with the use of each type of contraception. This is important to assist family planning acceptors in choosing the right type of contraception and understanding and dealing with side effects that may arise.

After assisting the family planning acceptor in choosing the appropriate type of contraception, the midwife must provide sterile and safe contraceptives. This is done to prevent infection and disease due to the use of unsterile contraceptives. Midwives must follow established protocols in administering contraceptives, including sterilizing devices, ensuring the contraceptives provided are not expired, and providing clear instructions on how to use contraceptives. In contraceptives, midwives must also pay attention to the security and privacy of family planning acceptors. Midwives must maintain the confidentiality of family planning acceptors and provide private direction and education. Midwives must also ensure that family planning acceptors understand and are able to follow the instructions given regarding the proper use of contraceptives.

Implement government programs

As health workers at the community level, midwives have a strategic role in implementing family planning programs launched by the government. Midwives must be able to understand the goals and objectives of the family planning program and carry out their duties and responsibilities with full responsibility and professionalism. In carrying out government programs, midwives must be able to collect data and information related to the implementation of family planning programs. This data includes the number of participants in the family planning program, the type of contraception used, as well as evaluations and recommendations related to the family planning program that has been implemented. This data can then be used as a reference for making better decisions in developing family planning programs in the future.

In addition, midwives must also be able to provide education and outreach to the community regarding family planning programs being implemented by the government. This increases public awareness about the importance of maintaining reproductive health and family planning. Midwives must be able to provide clear and accurate information about family planning programs and explain the benefits and positive impacts of implementing the program.

The Strategic Role of Midwives in Increasing Public Awareness and Participation in Reproductive Health.

In Permenkes Number 1464/Menkes/Per/X/2010 concerning Licensing and Implementation of Midwife Practice, it is stated that midwives have the authority to provide reproductive health services and counselling. Midwives' roles include midwives as managers, midwives as educators, midwives as facilitators, and midwives as motivators. Midwives must be able to make the public aware of the importance of paying attention to reproductive health. Maintaining reproductive health can undoubtedly improve the community's quality of life in the future.

In explaining the strategic Role of midwives in increasing public awareness and participation in reproductive health, it will refer to Soerjono Soekanto's role theory, where Role is a dynamic process of status. If a person exercises his rights and obligations according to his position, he carries out a role. Midwives also have roles that must be carried out, called carrying out roles, if midwives have carried out their rights and obligations following their roles. Midwives' roles include the following:

Midwife As manager

Midwives have an essential task as managers in counselling and health education, not only for women but also for families and communities. The manager meant here that midwives carry out the planning up to the evaluation of the planning carried out (Anggraini et al, 2020).

In terms of reproductive health, midwives are responsible for managing reproductive health and family planning programs from the planning stage to evaluation. In this case, midwives have an important role in ensuring the success of reproductive health and family planning programs and increasing public awareness and participation in reproductive health. Midwives must also ensure that reproductive health and family planning programs run effectively and efficiently. Midwives must be able to plan programs carefully, set clear program goals, and evaluate program results regularly. In this case, midwives are

decision-makers who ensure reproductive health and family planning programs can run according to set targets.

Midwives must ensure that reproductive health and family planning programs can run effectively and efficiently. Midwives must be able to plan programs carefully, set clear program goals, and evaluate program results regularly. In this case, midwives are decision-makers who ensure reproductive health and family planning programs can run according to set targets.

The Strategic Role of Midwives in increasing public awareness and Participation in reproductive health their Role as Managers of reproductive health and family planning programs is very important and strategic. Through their Role as program managers, midwives can help improve the quality of life and welfare of the community as a whole and ensure the success of the implemented reproductive health and family planning programs.

Midwives as Educators

In carrying out their Role as educators, midwives are responsible for providing education or guidance to individuals, families, groups and communities. The educator's midwives must provide counselling, health education, and counselling according to the targets that will be faced, for example, mothers, the elderly, children or adolescents (Anggraini et al, 2020). As educators, midwives are essential in providing the public with accurate and timely information about reproductive health. Midwives must have adequate knowledge of the basic concepts of reproductive health, family planning, and available contraceptive methods. This is important to help people understand the importance of maintaining reproductive health and family planning and choosing the proper contraceptive method.

As educators, midwives must also be able to understand and respect the beliefs and culture of the people they serve. Midwives must understand that community beliefs and culture can influence their views and actions towards reproductive health and family planning. Therefore, midwives need to develop appropriate approaches to provide information and educate the public about reproductive health and family planning, taking into account community values and beliefs.

In addition, as educators, midwives must also have good communication skills to provide information easily understood by the public. Midwives must be able to convey information in easy-to-understand language, answer questions from the community clearly and precisely, and help the community understand the impact of their actions on reproductive health and family planning.

In carrying out their Role as educators, midwives must also be able to work with various related parties, such as families, communities and other health institutions. This is important to ensure that the information and education provided by midwives follow the community's needs and considers the existing social and cultural context. Thus, midwives can play a strategic role in increasing public awareness and participation in reproductive health and helping people achieve prosperity in family life.

Midwives As Facilitators

As a facilitator, midwives must facilitate or help carry out counselling, namely guiding and guiding clients or the community to understand a problem so that they can make the right decision or the best for themselves. Facilitators, in

this case, are midwives who must be able to guide and direct them to solve a problem faced by the community without any coercion from the midwife (Uripni et al., 2023).

The midwife's strategic Role in increasing public awareness and participation in reproductive health is as a facilitator. As a facilitator, midwives are responsible for assisting and facilitating the community in obtaining access to quality reproductive health services. In carrying out this Role, midwives must communicate well and understand community needs and preferences regarding reproductive health.

As a facilitator, midwives must be able to advocate for community rights related to reproductive health. In addition, midwives must also build cooperation with various related parties to increase access to services for community reproductive health. This can be done by establishing a network with other health workers, the government, non-governmental organizations, etc.

Midwives can also become facilitators in overcoming various obstacles the community faces in accessing reproductive health services. For example, midwives can provide information and education regarding how to overcome financial or geographical barriers in accessing reproductive health services. In addition, midwives can also assist the community in overcoming various psychological or social barriers that may affect community participation in reproductive health programs.

In carrying out the Role of facilitator, midwives must also be able to facilitate the community in making the right decisions regarding reproductive health. Midwives can assist the community in choosing contraceptives according to their individual needs and preferences and in understanding the consequences of using these contraceptives. In addition, midwives can also assist the community in choosing the right time to start family planning programs and provide information about healthy and safe pregnancies.

Midwife As Motivator

The Role of the motivator midwife is to provide encouragement, direction, guidance, and support as well as increase the awareness of others to achieve the desired goals or solve the problems they face. Midwives are motivated to solve problems and encourage people to feel confident in making decisions, including, in this case, regarding their reproductive health (Erfiana, 2017).

As a motivator, midwives must inspire people to understand the importance of reproductive health and provide precise and reliable information about reproductive health programs. This can be done through various activities such as counselling, group discussions, and other community activities. In this case, midwives must be able to identify reproductive health issues that are relevant to the community and provide appropriate solutions in dealing with these problems.

Midwives, as a motivator, must also be able to help the community overcome various obstacles in participating in reproductive health programs. This can be done by providing support and encouragement and appropriate and reliable information related to reproductive health. Midwives can also help the community to develop a positive attitude and confidence in making decisions related to reproductive health.

Midwives must motivate the public to take concrete actions to improve reproductive health, such as accessing reproductive health services regularly and using contraceptives according to their individual needs and

preferences. In addition, midwives must also be able to motivate the community to develop a healthy lifestyle and pay attention to important aspects of maintaining reproductive health, such as maintaining hygiene and a balanced diet.

In carrying out the Role of a motivator, midwives must also be able to provide support and motivation to people who experience difficulties in accessing reproductive health services or face various obstacles related to reproductive health. This can be done by providing emotional support and appropriate and reliable information about reproductive health. Thus, midwives as motivators can play a role in increasing public awareness and participation in reproductive health programs.

Challenges faced by Midwives in Increasing Public Awareness and Participation in Reproductive Health

The Role of midwives in increasing public awareness and participation in maintaining their reproductive health is often faced with various challenges. The following are some of the challenges faced by midwives:

a) Limited resources.

Midwives are one of the spearheads in providing reproductive health and family planning services in the community. However, the limited resources that midwives often experience can become an obstacle to providing quality services. Limited funds are the main obstacle in efforts to increase public awareness and participation in reproductive health. Sometimes, more than the available funds are needed to purchase medical devices and materials for reproductive health services. This can affect the quality of services provided by midwives.

In addition, the limited medical equipment owned by midwives can also be an obstacle in providing reproductive health and family planning services. Some medical devices needed to provide reproductive health services, such as contraceptives, still need to be made more accessible for people in remote areas. In addition, the lack of stock of medical devices at the health centre or clinic can make it difficult for midwives to provide services.

Human resources are also challenging in providing quality reproductive health and family planning services. Sometimes, more than the number of midwives available in an area is needed to provide adequate reproductive health and family planning services. This can lead to tight service schedules and make it difficult for midwives to provide optimal services.

b) Lack of Government support

Another challenge midwives face in increasing public awareness and participation in reproductive health is the need for more support from the government. Although midwives have a strategic role in implementing family planning programs and reproductive health services, the government often needs more support regarding funds, health facilities and human resources.

Midwives need support from the government in the form of an adequate budget to improve health facilities, provide training and education for midwives, and improve monitoring and control systems to ensure that reproductive health and family planning services are carried out correctly. In increasing public awareness and participation in reproductive health, midwives also need government

support in developing more effective programs and strategies. The government needs to strengthen policies related to reproductive health and family planning and provide support and incentives for midwives who have succeeded in increasing public awareness and participation in reproductive health.

Sufficient support from the government is very important for midwives in carrying out their duties as administrators, educators, facilitators and motivators in increasing public awareness and participation in reproductive health. With sufficient support, it will be easier for midwives to provide quality family planning and reproductive health services as well as increase public awareness and participation in reproductive health.

c) Socio-cultural issues

Socio-cultural issues can be a challenge for midwives in increasing public awareness and participation in reproductive health. Some communities still adhere to values and norms that hinder access to and participation in family planning and reproductive health programs. For example, the stigma against contraceptives, myths and false beliefs related to family planning, and social norms that view having many children as a symbol of social status. This can make it difficult for midwives to provide adequate education and counselling to the public regarding the importance of family planning and reproductive health. Apart from that, cultural differences can also affect the way midwives convey information, so it is necessary to take the right approach so that the message conveyed can be received by the community properly and correctly.

d) Lack of Community Knowledge

Lack of public knowledge related to reproductive health and family planning is also one of the challenges faced by midwives in increasing community awareness and participation. Many people still do not understand the importance of maintaining reproductive health and implementing family planning programs. Some of them still have wrong perceptions and taboos related to reproductive health and family planning issues, such as myths about dangerous contraceptives or the belief that family planning is a sin.

This lack of knowledge can hinder midwives' efforts to provide effective education and counselling, as communities tend to find it difficult to accept new information that conflicts with their beliefs. Therefore, midwives need to recognize the level of public knowledge and choose the right communication method to provide information and education easily understood by the public.

In addition, the lack of public knowledge can also cause the community to be unable to recognize signs of abnormal reproductive and family planning diseases. This can result in delays in treatment or the use of inappropriate contraceptives, which in turn can hurt their reproductive health. Therefore, midwives need to provide targeted and comprehensive education related to signs of abnormal reproductive and family planning diseases and information on the right choice of contraceptives and how to use them.

CONCLUSION

In this study, the strategic Role of midwives in increasing public awareness and participation in reproductive health is significant. Midwives have a relatively broad scope of authority in implementing family planning programs and reproductive health services, ranging from providing reproductive health and family planning services, counselling and counselling, contraceptives, and implementing government programs to being managers, educators, facilitators and motivators. However, midwives also need help carrying out their duties, such as limited resources, lack of government support, sociocultural problems, and lack of community knowledge. Therefore, there is a need for continuous efforts to improve the quality and quantity of reproductive health and family planning services provided by midwives and increase public awareness and participation in reproductive health. In this case, the government, as state administrator, must provide adequate support for midwives in implementing family planning programs and reproductive health services. Apart from that, there is also a need for continuous education programs for the community to increase their knowledge about reproductive health and family planning. In order to increase the strategic Role of midwives, there needs to be cooperation and synergy between the government, midwives and the community. By doing so, it is hoped that midwives can be more effective and efficient in carrying out their duties and the public will become more aware of and actively participate in reproductive health.

REFERENCES

- Anggraini, D. D., Sari, M. H. N., Ritonga, F., Yuliani, M., Wahyuni, W., Amalia, R., ... & Winarso, S. P. (2020). *Konsep Kebidanan*. Yayasan Kita Menulis.
- Atik Purwandari, A. M. (2008). *Konsep kebidanan sejarah dan profesionalisme*. EGC.
- Basuki, D. R., & Soesilowati, R. (2017). Pengaruh Pengetahuan Mengenai Program KB Terhadap Kemantapan Pemilihan Alat Kontrasepsi Di RSIA Aprillia Cilacap. *Sainteks*, 12(2).
- Budiarti, I., Nuryani, D. D., & Hidayat, R. (2017). Determinan Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP) pada Akseptor KB. *Jurnal Kesehatan*, 8(2), 220-224.
- Chasanah, S. U. (2015). Peran petugas kesehatan masyarakat dalam upaya penurunan angka kematian ibu pasca MDGs 2015. *Jurnal kesehatan masyarakat Andalas*, 9(2), 73-79.
- Erfiana, A. (2017). *Peran Bidan Dalam Mewujudkan Hak Kesehatan Reproduksi Remaja Di Puskesmas Tlogowungu Dan Puskesmas Sukolilo II* (Doctoral dissertation, Unika Soegijapranata).
- Hanum, Z. (2020). Asuhan Kebidanan Komprehensif pada Ibu B di Bidan Praktik Mandiri Nurhayati Idris Kecamatan Peusangan Kabupaten Bireuen. *Jurnal Kesehatan Almuslim*, 6(11), 22-29.
- Harahap, I. F. (2003). *Kesehatan Reproduksi*. PT Inovasi Pratama Internasional.
- Harnani, Y., Marlina, H., & Kursani, E. (2015). *Teori kesehatan reproduksi*. Deepublish.
- Hartanto, H. (2015). *Keluarga Berencana dan Kontrasepsi*. Jakarta Pustaka Sinar Harapan.

- Hesti, N., Yetti, H., & Erwani, E. (2019). Faktor-Faktor yang berhubungan dengan Kesiapsiagaan Bidan dalam Menghadapi Bencana Gempa dan Tsunami di Puskesmas Kota Padang. *Jurnal Kesehatan Andalas*, 8(2), 338-345.
- Kompas (2022). Jumlah penduduk Indonesia 2022. Retrieved from: <https://nasional.kompas.com/read/2022/04/27/03000051/jumlah-penduduk-indonesia-2022>
- Kurniati, A., & Efendi, F. (2012). *Kajian sumber daya manusia kesehatan di Indonesia*. Jakarta: Gramedia.
- Manuaba, I. B. G. (1998). Ilmu kebidanan, penyakit kandungan & keluarga berencana untuk pendidikan bidan. Egc.
- Manurung, S. (2013). Model pengambilan keputusan meningkatkan akseptor keluarga berencana metode kontrasepsi jangka panjang. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal)*, 7(11), 483-488.
- Meilani, M., & Putranto Prasetyo Wijiharto Tunggal, A. (2020). Pemilihan Alat Kontrasepsi dalam Rahim (AKDR) pada akseptor Keluarga Berencana. *Jurnal Kebidanan*, 9(1), 31-38.
- Nurhayati, N. A., & Widanti, A. (2013). Ketentuan Tentang Keluarga Berencana Dan Asas Nondiskriminasi Dikaitkan Dengan Hak Reproduksi Perempuan. *Jurnal Keperawatan BSI*, 1(1).
- Panggabean, H. (2018). *Perlindungan Hukum Praktik Klinik Kebidanan*. Deepublish.
- Podungge, Y. (2020). Asuhan Kebidanan Komprehensif. *Jambura Health and Sport Journal*, 2(2), 68-77.
- Prijatni, I., Prijatni, I., & Rahayu, S. (2016). Kesehatan reproduksi dan keluarga berencana.
- Rahayu, S., & Prijatni, I. (2016). *Praktikum Kesehatan Reproduksi dan Keluarga Berencana*. Poltekes Kemenkes, Yogyakarta.
- Semiawan, C. R. (2010). *Metode penelitian kualitatif*. Grasindo.
- Sitorus, F. M., & Siahaan, J. M. (2018). Pelayanan keluarga berencana pasca persalinan dalam upaya mendukung percepatan penurunan angka kematian ibu. *Midwifery Journal: Jurnal Kebidanan UM. Mataram*, 3(2), 114-119.
- Soekanto, S. (2002). *Mengenal Tujuh Tokoh Sosiologi*. Raja Grafindo Persada.
- Soekanto, S. (2002). *Teori peranan*. Jakarta: Bumi Aksara.
- Soleha, S. (2016). Studi Tentang Dampak Program Keluarga Berencana Di Desa Bangun Mulya Kabupaten Penajam Paser Utara. *Ilmu Pemerintahan*, 4(1), 39-52.
- Sugiyono, P. (2011). Metodologi penelitian kuantitatif kualitatif dan R&D. *Alfabeta, Bandung*, 62-70.
- Sulistiyawati, A. (2013). *Asuhan Kebidanan Keluarga Berencana*. Jakarta: Salemba Medika.
- Sumbung, R. F. (2021). Perlindungan Hukum Bagi Bidan Praktik Mandiri Dalam Menjalankan Praktik Kebidanan. *Jurnal Hukum dan Etika Kesehatan*, 64-72.
- Susanto, T., & Rahmawati, I. (2012). Pojok remaja: Upaya peningkatan ketrampilan kesehatan reproduksi. *Jurnal Keperawatan*, 3(2).
- Uripni, C. L., Sujianto, U., & Indrawati, T. (2003). Komunikasi Kebidanan. EGC.
- World Health Organization. (2017). *Family planning evidence brief: reducing early and unintended adolescent pregnancies* (No. WHO/RHR/17.10 (Rev. 1). World Health Organization.
- Zuhriyah, A., Indarjo, S., & Raharjo, B. B. (2017). Kampung Keluarga Berencana dalam peningkatan efektivitas program keluarga berencana. *HIGEIA (Journal of Public Health Research and Development)*, 1(4), 1-13.