



Adolescent Knowledge About Planning Generation “Generasi Berencana (GenRe)” in the Ngepring Family Planning Village

Lucia Sandra Budiman¹, Umi Listyaningsih²

^{1,2} Department of Environmental Geography, Faculty of Geography

^{1,2} Universitas Gadjah Mada, Indonesia

¹ E-mail: lucia.sandra.b@mail.ugm.ac.id

Abstract

Difficult access to contraceptive services and the low availability of reproductive health facilities in rural areas challenges the realisation of population control in Indonesia. Therefore, increasing the understanding and awareness of rural adolescents about reproductive health and family life preparation is very important. The difficulty of controlling the population in rural areas raises the assumption that the priority areas for increasing the quantity and quality control of the people are areas with low family planning awareness such as in the Family Planning Village. The Generation Planning Program “GenRe” is one of the efforts to overcome various adolescent problems in Indonesia. This study wanted to find out the extent of this program has been received by adolescents through the knowledge approach of adolescents about Generation Planning “GenRe” in Ngepring Family Planning Village. Descriptive data processing is by analysing the frequency table, and then each research variable is reprocessed by classification based on the percentage. The results of the study are knowledge about Maturing Age Marriage showing 51,2% good. Knowledge of Reproductive Health shows 96,7% good. Knowledge about Three Basic Risks of Adolescent Reproductive Health showed 48,0% good. Knowledge about Small, Happy and Prosperous Family shows 39,0% less. Knowledge about being a peer role model shows 59,3% is enough. This result raises the assumption that there is a need to increase understanding about Planning Generation “GenRe” specifically regarding the realisation of Small, Happy and Prosperous Family and becomes a peer role model.

Keywords: Adolescents, Family Planning, Knowledge



1. Introduction

The challenge of providing reproductive services in rural areas, especially with relatively high poverty rates, is a challenge. This condition is related to the relatively long distance that must be taken by many women to access services, the lack of community presence with providers, and the conservatism and negative stigma of society regarding sexuality (Chuang et al., 2012). Difficult access to contraceptive services and the low availability of reproductive health facilities in rural areas challenges the realisation of population control. Therefore, increasing the understanding and awareness of rural adolescents about reproductive health and family life preparation is very important to control the number of births and reduce the risk of maternal mortality.

Adolescent knowledge about population is essential to be improved because it can influence attitudes and related to population issues. Understanding adolescents about population and preparing young people for family life is a crucial aspect of the concept of family development according to the 2011-2020 Population Grand Design by National Population and Family Planning Agency (Badan Kependudukan dan Keluarga Berencana Nasional, 2014). Adolescents are both male or female individuals who have an age range of 10-24 years (Badan Kependudukan dan Keluarga Berencana Nasional, 2014). The knowledge of population issues, in addition to providing an understanding of the population, also provides an understanding of the age of marriage, reproductive health and family planning.

The Family Planning Program has both direct and indirect benefits in terms of reproductive health, social welfare, and family economy (Agarwal (2011), Miller & Babiari (2014), and Sari (2010)). Family planning functions to achieve the improvement of the quality of adolescent reproductive health and maturity of the marriage age through efforts to increase understanding of adolescent reproductive health. Strengthening community and government institutions that provide reproductive health services for adolescents as well as providing counselling on youth issues is essential to achieve these goals. Family Planning Village is expected to increase family planning awareness, especially for people who have difficulty in obtaining access and family planning facilities. Concerning adolescent behaviours such as early marriage trends, premarital sex, and drug abuse encourage the National Population and Family Planning Agency to implement the Generation Planning Program “GenRe” to prepare family life for adolescents.

The Generation Planning Program “GenRe” is a program that serves to prepare adolescent to welcome family life so that Sturdy Adolescent “Tegar Remaja” variable achieved to create a Small, Happy, and Prosperous Family (Badan Kependudukan dan Keluarga Berencana Nasional, 2014). The implementation of the “GenRe” Program uses a two-sided approach, namely from the side of adolescents themselves through the Youth Counseling Information Centre, and a family-side approach through Adolescent Family Development. The Youth Counseling Information Center group formed has the function of helping adolescent develop their personal growth both physically and mentally as well as social developments in the field of education and society. The Adolescent Family Development Group functions so that the family, especially parents, can assist the adolescent in achieving healthy and responsible behaviour. In this case, parents have an



important role, namely as friends, counsellors, educators, role models, and communicators. The optimal function of parents is expected to be able to suppress population growth (Khotimah et al., 2017).

Maturing Age Marriage is an effort to increase the age of first marriage with an expected age of at least 21 years for women and 25 years for men. Healthy behaviour is behaviour in maintaining reproductive health to be healthy and not deviate. Three Risks in Adolescent Reproductive Health include risk of sexuality, consumption of Narcotics, Alcohol, Psychotropic, and Addictive Substances, as well as Human Immunodeficiency Virus (HIV) / Acquired Immuno Deficiency Syndrome (AIDS) which threatens teenagers. Small, Happy and Prosperous Families are the goals to be achieved by the government in a series of Family Planning Programs. Role Model for peers referred to the characteristics of a Sturdy Adolescent "Tegar Remaja" that is the figure of the adolescent is an example, model, idol, and source of information for peers (Badan Kependudukan dan Keluarga Berencana Nasional, 2014). In this research, a role model can assume from adolescents who live responsibly and have never violated applicable law.

The area designated as Family Planning Villages is selected based on ten criteria including slum areas, coastal areas, watersheds, railways, impoverished areas, borders, industrial areas, tourist areas, remote areas, and areas with high population density (Wahyuningsih & Zain, 2018). Based on these criteria, it means that the area designated as a Family Planning Village has low family planning awareness. Difficult to control the population in rural areas raises the assumption that the priority areas for increasing population quantity and quality control are areas with low family planning awareness, such as in the Family Planning Village. The Generation Planning Program "GenRe" is one of the efforts to overcome various adolescent problems in Indonesia. This study wanted to find out the extent of this program has been received by adolescents through the knowledge approach of adolescents about Generation Planning "GenRe" in Ngepring Family Planning Village.

Family Planning Village is an area that specifically determined through several requirements that have the main objective of increasing family awareness. Various coaching programs in the Family Planning Village involve all residents of different ages ranging from toddlers, adolescents, fertile age couples, to the elderly. Population control in terms of both quantity and quality focuses on adolescents because they are considered vulnerable to the Three Basic Risks of Adolescent Reproductive Health. This phenomenon led to the Planning Generation "GenRe" Program as an effort to form the characteristics of adolescents who are free from the Three Basic Risks of Adolescent Reproductive Health. The Planning Generation "GenRe" program aims to achieve a Sturdy Adolescent "Tegar Remaja" variable to realise the family planning goal, which is to reach the Prosperous Small Family Welfare.

The realisation of Sturdy Adolescent "Tegar Remaja" variable can be characterised by the understanding of adolescents about Maturing Age Marriage, Reproductive Health, avoiding the risk of Three Basic Risks of Adolescent Reproductive Health, the embodiment of Small, Happy and Prosperous Family, and being a role model for peers. The five variables that characterise the

realisation of Sturdy Adolescent “Tegar Remaja” variable are used in research as variables that can describe adolescent knowledge in Ngepring Family Planning Village. The visual framework of thought can be understood in Figure 1.

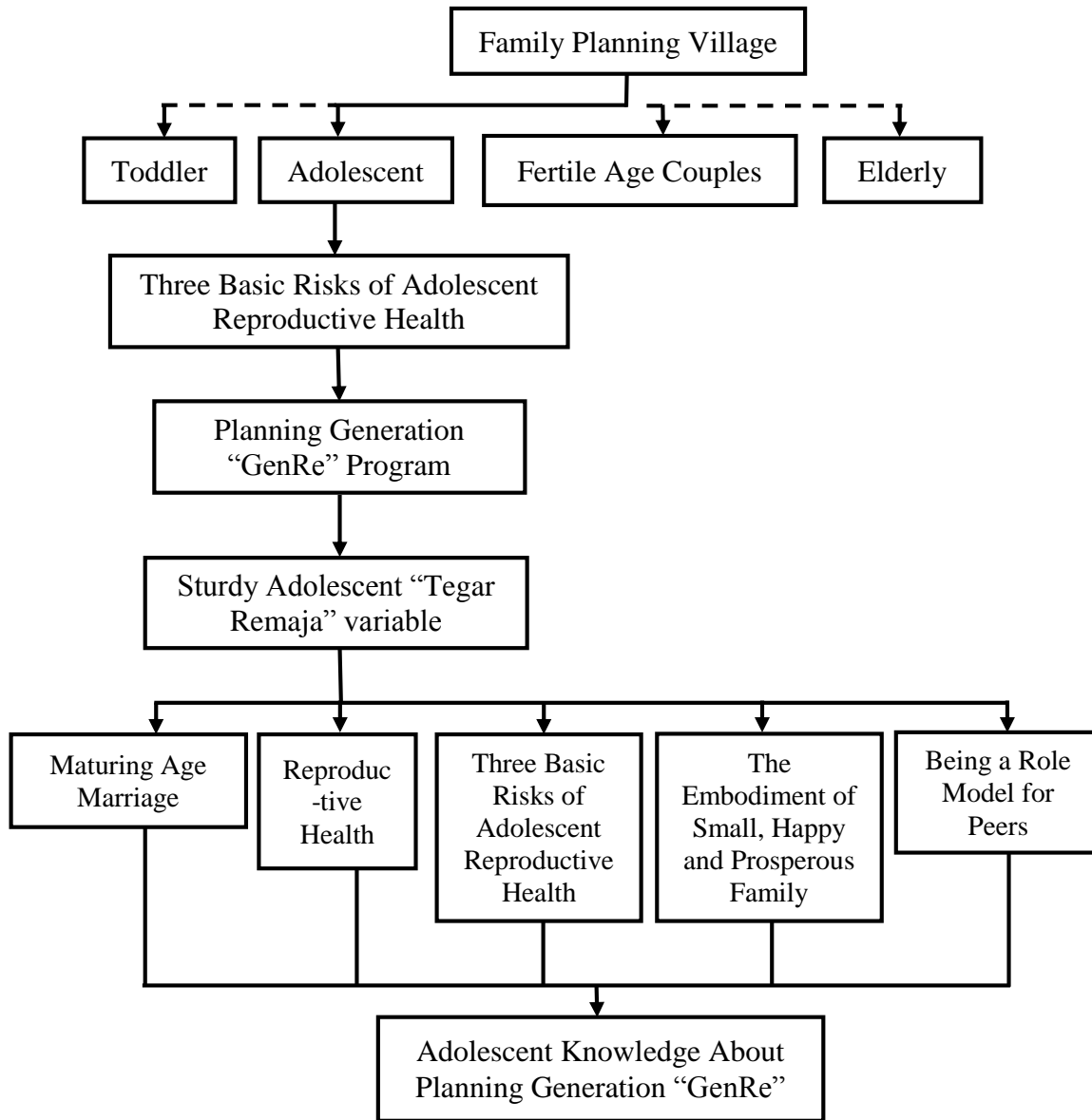


Figure 1. Research Framework



2. Method

The chosen research area is the Ngepring Family Planning Village, Purwobinangun Village, Pakem District, Sleman Regency, Special Region of Yogyakarta. The Family Planning Village has selected because it is an area that has a low level of family planning awareness so that it receives intervention explicitly from the National Population and Family Planning Agency to make it better. Primary data collection in this study was carried out by census with individual analysis units, namely adolescents (aged 10-24 years) in the Ngepring Family Planning Village. The census has chosen because it has high accuracy in which overall data collection in all populations. The census conducted to obtain quantitative data using a questionnaire to answer the objectives. Previous theories and research have collected for the formulation of the problem and research background. References for method determination and literature review were carried out in this study.

Secondary data in the form of a list of adolescent names in Ngepring was obtained through documents owned by the Ngepring Family Planning Village and used as population determination and interview targets. Secondary data in the form of the adequacy Sturdy Adolescent “Tegar Remaja” variable were obtained from the official website of the National Population and Family Planning Agency and used in making questionnaires as a determinant variable for adolescent knowledge about Planning Generation “GenRe”. The subject of the research is adolescents, so they must pay attention to marital status factors. That is, the study population was adolescents aged 10 to 24 years and not married.

The population in this study were 123 adolescents in Ngepring determined based on secondary data in the form of a list of adolescent names from the Ngepring Family Planning Village Office. The instruments used in this study were questionnaires, stationery, cameras, and SPSS software. Data from the census were processed using the Statistical Package for the Social Sciences (SPSS) program.

Variable calculation formula:

$$X = \frac{\sum \text{sub-variable}}{n} \times 100\%$$

Where :

X = percentage of variable

n = number of sub-variables

Descriptive data processing is by analysing the frequency table, and then each research variable is reprocessed by classification based on the percentage by referring to Table 1.



Table 1: *Knowledge Classification*

Classification	Percentage
Good	>75%
Enough	56-75%
Less	<56%

Source: Arikunto (2006) in Trapsilowati, Pujiyanti, & Ristiyanto, 2014

3. Results

Table 2: *Adolescent Knowledge about Maturing Age Marriage Based on Class Percentage of Knowledge in Ngepring Family Planning Village*

Maturing Age Marriage Classification	N	%
Less	2	1,6
Enough	58	47,2
Good	63	51,2
Total	123	100,0

Source: Data Processing, 2019

Table 3: *Adolescent Knowledge about Reproductive Health Based on Class Percentage of Knowledge in Ngepring Family Planning Village*

Reproductive Health Classification	N	%
Enough	4	3,3
Good	119	96,7
Total	123	100,0

Source: Data Processing, 2019



Table 4: Adolescent Knowledge about the Three Basic Risks of Adolescent Reproductive Health Based on Class Percentage of Knowledge in Ngepring Family Planning Village

Three Basic Risks of Adolescent Reproductive Health Classification	N	%
Less	37	30,1
Enough	27	22,0
Good	59	48,0
Total	123	100,0

Source: Data Processing, 2019

Table 5: Adolescent Knowledge about Small, Happy, and Prosperous Families Based on Class Percentage of Knowledge in Ngepring Family Planning Village

Small, Happy and Prosperous Family Classification	N	%
Less	48	39,0
Enough	38	30,9
Good	37	30,1
Total	123	100,0

Source: Data Processing, 2019

Table 6: Adolescent Knowledge about Being a Role Model for Peers by Class Percentage of Knowledge in Ngepring Family Planning Village

Being a Role Model for Peers Classification	N	%
Less	9	7,3
Enough	73	59,3
Good	41	33,3
Total	123	100,0

Source: Data Processing, 2019



4. Discussion and Conclusion

Knowledge, in general, can be used as a benchmark for human quality. The utilisation of the right expertise with the help of appropriate and responsible resources can realise quality individuals (Malamassam, 2009). The quality of life of adolescents in Ngepring Family Planning Village can be seen as one of them through knowledge about Planning Generation “GenRe”. The measurement of the level of knowledge was obtained through the Sturdy Adolescent variable approach in the form of 5 variables namely Maturing Age Marriage, Reproductive Health, avoiding the Three Basic Risks of Adolescent Reproductive Health, the embodiment of Small, Happy, and Prosperous Marriage, and become a role model for peers.

4.1. Adolescent knowledge about Maturing Age Marriage

The knowledge of adolescents in Ngepring Family Planning Village about Maturing Age Marriage is seen based on the knowledge of adolescents about the ideal age of the first male marriage, the perfect period of the first female marriage, planned marriage age, about the important of Maturing Age Marriage to reach family planning, about the important of Maturing Age Marriage in order to avoid health risks reproduction, about early marriage, can pose risks, and marriage needs careful preparation from both parties. Overall, adolescent knowledge about Maturing Age Marriage based on the seven approaches discussed earlier resulted in an average value which was then explained based on knowledge classification. The level of knowledge of adolescents in Ngepring about Maturing Age Marriage is 51,2% have good knowledge as in Table 2. This result is because information about the readiness of family planning which is related to Maturing Age Marriage has been received by some adolescents from school socialisation. Parents who are members of the Adolescent Family Development also help deliver information to adolescents about Maturing Age Marriage. This good knowledge of adolescents is expected to be able to suppress the trend of post-school marriages that are developing in Ngepring.

4.2. Adolescent knowledge about Reproductive Health

Adolescent knowledge about Reproductive Health is seen through 5 approaches namely based on adolescent knowledge about the risk of kissing lips with their couple, the risk of groping sensitive areas with their couple, the risk of mutually rubbing genitals with their couple, the risk of having premarital sexual relations and knowledge related to the impact of premarital sexual relations. Overall, the five adolescent knowledge approaches to Reproductive Health produce a knowledge classification. Adolescent knowledge classes in Ngepring about Reproductive Health is 96,7% good knowledge as in Table 3. The knowledge class was reached by adolescents in Ngepring by the influence of information about Reproductive Health which was already relatively evenly accepted by almost all adolescents. The development of a productive life requires dynamic reproduction planning also to accommodate the inevitable changes in life (Files et al., 2011). Therefore, the information about Reproductive Health can increase adolescent understanding so that most have good awareness.



4.3. *Adolescent knowledge of the Three Basic Risks of Adolescent Reproductive Health*

The knowledge of adolescents in Ngepring about Planning Generation “GenRe” is further reviewed from their knowledge of the Three Basic Risks of Adolescent Reproductive Health which include issues of sexuality, drugs, and HIV / AIDS. The Planning Generation “GenRe” Program directs adolescents to live healthily and responsibly to avoid adolescents from the Three Basic Risks of Adolescent Reproductive Health (Khotimah et al., 2017). Overall, the knowledge of adolescents about the Three Basic Risks of Adolescent Reproductive Health in Ngepring is 48,0% in the good class as in Table 4. This class indicates that the knowledge of adolescents about the dangers of sexual diseases, drugs, and HIV / AIDS is suitable for some adolescents. A small percentage of adolescents still lack understanding of the Three Basic Risks of Adolescent Reproductive Health. Adolescents who are lacking in class need to increase participation in socialisation activities or independently look for information related to the Three Basic Risks of Adolescent Reproductive Health. The statement based on the number of media that had presented information about the Three Basic Risks of Adolescent Reproductive Health so that the lack of knowledge showed a low level of participation. The socialisation activities in the Family Planning Village should also intensify.

4.4. *Adolescent knowledge about Small, Happy, and Prosperous Families*

The next knowledge is about the embodiment of a Small, Happy, and Prosperous Family. This knowledge is seen through 5 approaches namely knowledge about the number of children planned, the number of children the government wants, the distance between two children the government wants, the importance of family planning, contraception, and planning to follow the Family Planning program later when married. Overall, the knowledge of adolescents about the embodiment of a Small, Happy, and Prosperous Family in Ngepring is almost the same between 3 classes, which is 30,1% good, 30,9% enough, and 39,0% less as in Table 5. The low quality of human resources will affect the quality of communication skills of family planning counsellors when conducting family planning counselling so that it is necessary to improve the quality of education and training resources for family planning officers (Siswanto, Pranowowati, & Widyawati, 2013). Adolescents tend to understand the embodiment of a Small, Happy, and Prosperous Family general information, but information that rarely heard is still not understood, so the numbers are equal. Some approaches show high and some in-depth knowledge so that the class of adolescent knowledge about the embodiment of a Small, Happy, and Prosperous Family spread between good, enough, and less.

4.5. *Adolescent knowledge about being a Role Model for Peers*

Knowledge about Planning Generation “GenRe” was last seen through Sturdy Adolescent “Tegar Remaja” variable, which is to be a role model for peers. This knowledge examined through 8 approaches related to the correct attitude of adolescents, so it is appropriate to be a role model for peers. Overall, adolescent knowledge about Planning Generation “GenRe” based on variables becomes a role model for peers as measured through 8 approaches producing knowledge classes. Most of the adolescents in Ngepring, which is 59,3% have enough knowledge about being role models for peers, as in Table 6. This result is because being a role model for peers is not easy.



Adolescents must have good knowledge and attitudes to be worthy of being role models for their peers. The embodiment of optimal adolescent quality reinforces the importance of supervision and individual attention, especially from the closest person, namely the parent is going through the stages of maturity, so that the role of parents is huge in shaping the quality of adolescents (Rini & Tjadikijanto, 2018). Adolescents who are still lacking knowledge about being a role model for peers also show the lack of role of parents in giving examples of good behaviour.

4.6. Conclusion

The knowledge of adolescents in the Ngepring Family Planning Village about Planning Generation “GenRe” varies by variable. Knowledge about Maturing Age Marriage showing 51,2% good. Knowledge of Reproductive Health shows 96,7% good. Knowledge about Three Basic Risks of Adolescent Reproductive Health showed 48,0% good. Knowledge about Small, Happy and Prosperous Family shows 39,0% less. Knowledge about being a peer role model shows 59,3% is enough. This result raises the assumption that it is necessary to increase knowledge about the realisation of Small, Happy and Prosperous Family and become a peer role model. Increasing adolescent understanding of the right attitude and behaviour needs to be improved so that adolescent in Ngepring Family Planning Village have a quality person. Quality of adolescents are the main asset for demographic bonus success, so adolescents play an essential role in the success of demographic bonuses.

5. References

- Agarwal. (2011). Family Planning Why the United States Should Care. *International Journal of Environmental Research and Public Health*, 2(8):788-795.
- Badan Kependudukan dan Keluarga Berencana Nasional. (2014). *Pedoman Pengelolaan Pusat Informasi dan Konseling (PIK R/M)*. Jakarta: Direktorat Bina Ketahanan Remaja.
- Badan Kependudukan dan Keluarga Berencana Nasional. (2014). *Rencana Strategis Badan Kependudukan dan Keluarga Berencana Nasional Tahun 2015-2019*. Jakarta: Badan Kependudukan dan Keluarga Berencana Nasional.
- Chuang, C. H., Hwang, S. W., McCall-Hosenfeld, J. S., Rosenwasser, L., Hillemeier, M. M., & Weisman, C. S. (2012). Primary care physicians’ perceptions of barriers to preventive reproductive health care in rural communities. *Perspectives on sexual and reproductive health*, 44(2), 78-83.
- Files, J. A., Frey, K. A., David, P. S., Hunt, K. S., Noble, B. N., & Mayer, A. P. (2011). Developing a reproductive life plan. *The Journal of Midwifery & Women’s Health*, 56(5), 468-474.
- Khotimah, N., Ghufro, A., Aryekti, K., & Sugiharti, S. (2017). Pengembangan Keterpaduan Bina Keluarga Remaja Dan Pusat Informasi Konseling Remaja Di Wilayah Perdesaan Dan



Perkotaan Daerah Istimewa Yogyakarta. *Geomedia: Majalah Ilmiah dan Informasi Kegeografian*, 15(1).

- Malamassam, D. (2009). *Modul Pembelajaran Mata Kuliah Metodologi Penelitian*. Makassar: Program Studi Kehutanan, Fakultas Kehutanan, Universitas Hasanuddin.
- Miller, G., & Babiari, S.K. (2014). Family Planning and Program Effects. *Journal of United States of America*, 4(3): 314-323.
- Rini, I. M., & Tjadikijanto, Y. D. (2018). Gambaran Program Generasi Berencana (GenRe) di Indonesia dan di Provinsi Jawa Timur Tahun 2017. *Jurnal Biometrika dan Kependudukan*, 7(2), 168-177.
- Sari, K. S. (2010). Hubungan Konseling Keluarga Berencana (KB) dengan Pengambilan Keputusan Pasangan Usia Subur (PUS) dalam Penggunaan Alat Kontrasepsi. *Jurnal Ilmiah Kebidanan*, 1 (1): 767-778.
- Siswanto, Y., Pranowowati, P., & Widyawati, S.A. (2013). Pemahaman Pasangan Usia Subur Paritas Rendah (PUSMUPAR) terhadap Norma Keluarga Kecil, Bahagia dan Sejahtera (NKKBS). *Jurnal Keperawatan Maternas*, Vol. 1, No.2, November, hal.: 134-141.
- Trapsilowati, W., Pujiyanti, A., & Ristiyanto. (2014). Peran Pengetahuan dan Tingkat Pendidikan Terhadap Perilaku Pengendalian Vektor DBD pada Masyarakat di Kelurahan Endemis di Kota Samarinda Tahun 2009. *Vektora*, 6(2), 41-45.
- Wahyuningsih, A., & Zain, I. M. (2018). Kajian Karakteristik Kampung Keluarga Berencana (KB) di Desa Mojaranu Kecamatan Sooko Kabupaten Mojokerto. *Swara Bhumi*, 5(7).