THE EFFECTIVENESS OF THE FAMILY PLANNING PROGRAM IN CONTROLLING THE POPULATION GROWTH RATE IN NORTH MINAHASA REGENCY, NORTH SULAWESI PROVINCE

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ABSTRACT

This research aims to assess the effectiveness of the Family Planning Program in controlling the population growth rate in North Minahasa Regency, North Sulawesi Province. The research employs a qualitative descriptive method to collect and analyze data, with a total of 9 informants. Data collection was conducted through observation, interviews, and documentation. The data analysis process involved reduction, presentation, conclusion, and verification. The research is grounded in Duncan's theory of effectiveness, which consists of three components: (1) Goal Achievement, (2) Integration, and (3) Adaptation. The findings indicate that the Family Planning Program has effectively reduced the population growth rate in North Minahasa Regency by 0.6% compared to the previous year. The success of the program can be attributed to efforts to address various challenges, including enhancing human resource competency through training, conducting continuous socialization during key family-related events, and improving infrastructure, such as providing transportation to facilitate access to services for family planning participants.

Keywords: Effectiveness, Family Planning Program, Population Growth Rate

ABSTRAK

Penelitian tentang efektivitas ini bertujuan untuk mengetahui: Efektivitas Program Keluarga Berencana Dalam Mengendalikan Laju Pertumbuhan Penduduk Di Kabupaten Minahasa Utara Provinsi Sulawesi Utara. Untuk mengumpulkan dan menganalisis data, penelitian ini menggunakan metode deskriptif kualitatif. Jumlah informan berjumlah 9 orang. Observasi, wawancara, dan dokumentasi digunakan untuk mengumpulkan data dalam penelitian ini. Dalam penelitian ini, analisis data, yang mencakup pengurangan, penyajian, kesimpulan, dan verifikasi, sangat penting. Seperti yang ditunjukkan oleh temuan penelitian, teori efektivitas Duncan terdiri dari tiga komponen: (1) Pencapaian Tujuan, (2) Integrasi, dan (3) Adaptasi. Program Keluarga Berencana berhasil mengendalikan laju pertumbuhan penduduk di Kabupaten Minahasa Utara, Provinsi Sulawesi Utara, sebesar 0,6 % dibandingkan dengan tahun sebelumnya. Hal ini disebabkan adanya faktor yang menghambat pelaksanaan program

ini. Upaya yang dilakukan untuk mengatasi hambatan ialah meningkatkan kompetensi sumber daya manusia melalui pelatihan, mengadakan sosialisasi secara berkelanjutan setiap adanya event hari besar yang berhubungan dengan keluarga serta peningkatan sarana prasarana dengan pengadaan transportasi untuk mempermudah akseptor KB mendapatkan pelayanan yang sama.

Kata Kunci: Efektivitas, Program Keluarga Berencana, Laju Pertumbuhan Penduduk

INTRODUCTION

Indonesian Government has enacted Law No. 52 of 2009 on Population Development and Family Development which mandates the government to manage birth rates, reduce mortality rates, regulate population mobility, oversee marriage and pregnancy, and promote family welfare. As part of its efforts to control population growth, the government implemented the Family Planning (KB) program. Data from the Statistics Indonesia of North Minahasa Regency reveals consistent population growth over recent years. In 2020, the population was recorded at 109,531 people, increasing to 226,915 people in 2021, and further to 229,368 people in 2022. The 2022 Population Census reported a total population of 229,368 people in the regency, with an annual growth rate of 1.93%.

The sex ratio in North Minahasa Regency in 2022 was 103.4, indicating a slightly higher number of males than females. Specifically, the male population stood at 116,590, while the female population was 112,778. Over the last five years (2018–2022), the population has grown steadily, with figures rising from 202,317 in 2018 to 229,368 in 2022—an overall increase of 27,051 people. Annual population growth increments were recorded as follows: 1,307 (2018–2019), 21,369 (2019–2020), 1,922 (2020–2021), and 2,453 (2021–2022). These trends highlight significant and sustained population growth in the region.

Several factors contribute to this increase, including: (1) a high prevalence of early marriage, (2) low adoption of family planning programs, and (3) high rates of migration. The Regional Government, in accordance with national regulations on population management, bears the responsibility of implementing measures to control population growth. The North Minahasa Regency Government, through its Population Control and Family Planning Agency, must adopt effective strategies to address these challenges, improve population welfare, and support economic development.

This research aims to assess the effectiveness of the Family Planning program in managing population growth in North Minahasa Regency, North Sulawesi

Province. Additionally, it seeks to identify the obstacles hindering the program's implementation and propose strategies for overcoming these challenges. By addressing these issues, the research intends to provide actionable recommendations for the successful implementation of population control policies in the region.

THEORETICAL REVIEW
a. Effectiveness

The term "effectiveness" originates from the English word "effective," meaning "successful" or "achieving results in an optimal manner." According to the *Big Indonesian Dictionary* (KBBI), effectiveness refers to the usefulness, activity, and alignment between the individual performing a task and the goals achieved.

Gibson, as cited in Cambell (2014:121), examines effectiveness through a systems approach. This perspective emphasizes (1) the comprehensive cycle of input, process, and output rather than focusing solely on output, and (2) the reciprocal relationship between the organization and its external environment. Effectiveness is typically measured through several dimensions: (a) program success, (b) target achievement, (c) customer satisfaction regarding the program, (d) input-output balance, and (e) overall goal achievement.

Effectiveness is thus a key metric for evaluating the extent to which an activity or organization achieves its intended outcomes. According to Ding (2014:8), there are several approaches to assessing effectiveness:

1. Goal Approach: This approach evaluates the extent to which an organization achieves its predetermined objectives. It emphasizes defining the organization's goals and subsequently measuring its success in achieving them.

2. System Resource Approach: This approach focuses on an organization's ability to acquire the resources it needs to sustain its operations. Effectiveness is measured by the organization's success in maintaining resource acquisition and ensuring efficient system operations.

3. Process Approach (Internal Process Approach): This method evaluates effectiveness by assessing the efficiency and health of internal processes within the organization. It examines whether the organization's components work cohesively and efficiently. Unlike other approaches, the process approach does not consider external environmental factors but

focuses solely on resource utilization and organizational efficiency.

Syam (2020:128) defines effectiveness as a measure of how well an organization completes its tasks and achieves its goals through its work processes. Similarly, Reddin highlights effectiveness as the degree to which managers fulfill the output requirements of their positions.

Synthesizing these definitions and perspectives, effectiveness can be understood as the actions undertaken by managers or organizational leaders to achieve planned objectives through structured processes of planning, monitoring, and evaluation. This holistic understanding underscores the importance of aligning organizational resources, processes, and goals to achieve optimal outcomes.

b. Family Planning Program

Aser and Poli (2021, p. 75) emphasized that the Family Planning program aims to reduce fertility rates through the provision of contraceptive tools, services, and information. Palmore and Bulatao's Contraceptive Theory posits that the use of contraception can effectively reduce the number of births. This concept aligns with Malthusian and Neo-Malthusian theories, which advocate for population control measures. Malthus

suggested that such theories could be operationalized through strategies to limit births, including the use of contraception, abortion, and other methods.

According to the Directorate of Population and Social Security of the Ministry of National Development Planning (PPN/Bappenas, 2023, p. 47), maintaining balanced population growth is essential to sustaining Indonesia's economic growth potential from a demographic perspective. The government can achieve this balance through four key measures. First, increasing the number of active participants in the Family Planning program, reducing dropout rates, and addressing unmet family planning needs. Second, ensuring that birth control policies are region-specific and tailored to target groups. Third, strengthening the principles of family development through communication, information dissemination, education, and early intervention measures suited to regional contexts, which are especially pertinent given the variations in Total Fertility Rate (TFR) across Indonesia's provinces. Fourth, improving family development assistance.

Furthermore, the government must enhance the quality of family planning services and provide continuous support to ensure the program achieves its primary objective: enabling couples to raise healthy and well-developed children. This includes

promoting adherence to the "Avoid 4T" program, which advises against pregnancies that are too early, too late, too close together, or too frequent.

Source: BKKBN, Ministry of Health of the Republic of Indonesia, FP 2020, Ministry of National Development Planning/Bappenas. Canada II, 2020

Figure 1. Strategies for the Implementation of Holistic and Integrative Family Planning Program

According to Matahari et al. (2018:22), family planning (KB) is a welfare initiative that encompasses guidance on marriage, infertility treatment, and birth spacing within a family. Couples aiming to avoid unplanned pregnancies can engage in family planning by determining appropriate intervals between births. KB allows couples to plan the number of children, the timing of their births, and the duration between them. The indirect goal of the KB program for implementers and managers is to reduce the birth rate in a given area through sustained contraceptive use by couples of reproductive age. This effort seeks to enhance maternal and child welfare while fostering the creation of happy and prosperous small families. By adopting an integrated population policy approach, the program directly targets couples of reproductive age with the primary aim of reducing birth rates. Couples who commit to KB to regulate the number, spacing, and timing of their children's births are identified as KB acceptors. The categories of KB acceptors are as follows:

1. Active Acceptors: Individuals currently using contraception to prevent pregnancy or fertility.

2. Reactivated Acceptors: Individuals of reproductive age who have previously used contraception for at least three months, ceased its use without attempting pregnancy, and have resumed contraceptive use through the same or a different method.

3. New Family Planning Acceptors: Individuals or couples of reproductive age using contraception for the first time or resuming its use after childbirth or abortion.

4. Early Family Planning Acceptors: Mothers who adopt contraception within two weeks after childbirth or abortion.

5. Direct Family Planning Acceptors: Women who begin using contraception within forty days after childbirth.

6. Dropout Family Planning Acceptors: Individuals who discontinue the use of contraception (Ratu Matahari, dkk .2018 ;24).

According to Matahari et al. (2018, p. 26), family planning (FP) acceptors can be categorized based on their reproductive goals into three phases:

1. Pregnancy Delay Phase: This phase is intended for couples under the age of 20, who are advised to postpone pregnancy. This recommendation is based on various considerations, as individuals below this age are generally deemed to benefit from delaying childbearing. Contraceptive methods during this phase should ensure a high recovery of fertility, meaning that fertility can be fully restored when desired, as these couples typically have not had children yet. Effective contraceptive options include birth control pills and intrauterine devices (IUDs).

2. Pregnancy Regulation and Spacing Phase: The optimal time for childbirth is when the wife is aged 20–30 years, with a recommended family size of two children, spaced two to four years apart. Contraception in this phase should prioritize high effectiveness and reversibility since couples may plan for additional children in the future. The selected contraceptive methods should accommodate a 3–4-year usage period, corresponding to the desired birth interval.

3. Fertility Limitation Phase: Couples are advised to avoid pregnancy after having two children or when the wife is over 30 years old. At this stage, the use of highly effective contraception is crucial, as unintended pregnancies could pose significant risks to both the mother and child. For couples who do not plan to have more children, recommended contraceptive methods include IUDs, implants, contraceptive injections, and birth control pills.

The principles of contraception emphasize safety, reliability, minimal side effects, non-interference with sexual relations, ease of use without requiring extensive medical assistance, and suitability for both partners.

The Family Planning Program is a government initiative aimed at increasing

public awareness and collaboration to reduce birth rates. This is achieved by slowing down or limiting the rate of pregnancy within a given population through the use of contraceptive methods, aligning with the program's predetermined goals.

RESEARCH METHOD

This descriptive-qualitative research involved data collection from both primary and secondary sources. Primary data were directly obtained by the researchers through methods such as observation, interviews, and documentation, while secondary data were gathered indirectly, typically through documents or intermediaries. The informants in this research consisted of 9 individuals, including the Head of the Population Control and Family Planning Service, the Service Secretary, 3 Heads of the Population Control and Family Planning Division, and 4 Heads of Sections. To ensure the accuracy and quality of the data, appropriate data collection techniques were employed. According to Sugiyono (2014, p. 224), data collection can be categorized into two sources: primary and secondary. Primary sources provided direct data to researchers, while secondary sources offered data indirectly, either through other individuals or through existing documents.

a. Observation

According to Simangunsong (2017, p. 218), observation is essentially a process of obtaining information through the five senses to answer research problems. In data collection, researchers participate in various activities, though not all. Therefore, observation in the research process can be carried out through sight, smell, hearing, touch, and taste. This approach refers to direct observation, where researchers can record images during the research. Based on the function of the observer, Simangunsong (2017, p. 218) identifies several forms of observation, including:

1. Participant observer is a data collection method that involves both observation and sensory engagement during the daily activities of the research informants.

2. Unstructured observation is a data collection method that involves observation and sensory engagement during the daily activities of the research informants, allowing the researcher to develop and refine their observations based on real phenomena encountered in the field.

3. Group observation refers to observations made by a group of researchers collectively on a research problem.

Researchers employ participant observer observation techniques, where they observe and are regularly involved in the activities being studied, listen to what

others say, and participate in their activities, but without fully engaging in the informants' activities. The observation process consists of three stages, according to Spradley (1980) as cited in Sugiyono (2018, pp. 111-112), which are as follows:

1. Descriptive Observation

At this stage, researchers conduct a general exploration, as the specific topic to be studied has not yet been fully identified. They carefully describe everything they see, hear, and feel. From this initial observation, researchers draw preliminary conclusions, often referred to as a grand tour observation

2. Focused Observation

In the focused observation stage, the researcher conducts a mini tour observation, which concentrates on several key elements. This stage is termed "focused" because the researcher performs a taxonomic analysis to identify and narrow down the focus of the research.

3. Selected Observation

At the selected observation stage, researchers provide more specific data by summarizing the key emphasis or field phenomena observed. By this point, the researcher has developed a strong theory or understanding of the subject matter.

This resaerch was performed using selected observation, focusing specifically on the implementation of the Family Planning program. The researchers aim to determine what actually occurs during the program's execution in order to assess its effectiveness in controlling the rate of population growth.

b. Interview

Interviews refer to a two-way communication or interaction process between researchers and research subjects, aimed at obtaining relevant information through questions and answers (Simangunsong, 2017, p. 215). Interviews typically involve a series of questions that are generally unstructured and open-ended, yet still focused on the phenomenon being studied. These questions are carefully designed to elicit views and opinions from informants.

The interview method used in this research to assess the effectiveness of the Family Planning (KB) program in North Minahasa Regency is semi-structured. In this approach, the researcher developed an interview guide outlining the key topics to be addressed, providing a framework for the questions to be asked of the informants. Interviews were conducted to gather data related to the phenomenon being observed at the research site.

To obtain relevant data and information that align with the focus of the research, the

researcher employed the following data collection techniques:

a. Data Reduction

b. Data Presentation

Data in qualitative research can be presented in various forms, such as tables, graphs, pie charts, pictograms, and others. According to Sugiyono (2014, p. 249), visualizing data in this way makes it easier to understand the situation and plan future actions based on the insights gained.

Simangunsong (2017, p. 215) emphasizes that data collection techniques are crucial steps in research writing. Without a clear understanding of the data collection methods employed, the researcher may not obtain accurate or relevant data. In this research, the methods used for data collection include observation, interviews, and documentation.

c. Conclusion Drawing/Verification

Sugiyono (2014, p. 252) stated that in qualitative research, a scientific work can reach a conclusion by answering the problems that were defined at the outset. However, in qualitative research, the problems and their formulations are often provisional and can change as the research progresses in the field.

RESULTS AND DISCUSSION

The Population Control and Family Planning Service in North Minahasa

Regency is responsible for implementing the Population Control and Family Planning program. This service is led by the Head of Service, who reports to the Regent and Deputy Regent through the Regional Secretary. The Head of Service assists the Regent in preparing and implementing regional policies related to Population Control and Family Planning. Based on observational data, there has been a significant decrease in the number of active family planning participants in North Minahasa Regency from 2019 to 2021, with a decline in the use of various contraceptive methods such as IUDs, injections, condoms, implants, pills, MOW (permanent contraceptive for women), and MOP (permanent contraceptive for men). The number of Fertile Age Couples (PUS) using these methods decreased from 35,673 to 17,416 individuals. This decline in family planning use has contributed to a high number of women giving birth to more than two children, which has led to an increased population growth rate in several districts: Talawaan District (3.10%), East Likupang District (2.56%), Kalawat District (2.53%), Kauditan District (2.26%), and Dimembe District (2.21%).

In response to these challenges, the Population Control Master Plan aims to increase the utilization of family planning services. The performance of various strategic targets has been assessed as

follows: for the Population Growth Rate (LPP), the target was set at 2.07%, with a realization of 1.14%, resulting in an achievement of 150%, which is categorized as very good. This success is attributed to growing public awareness of the importance of family planning. For the Total Fertility Rate (TFR), the target was 2.07%, with a realization of 2.01%, leading to an achievement of 81%. The target for the Median Age of First Marriage for Women (MUKP) was 2.07%, with a realization of 2.07%, achieving 100%. Similarly, for the Average Age of First Marriage for Women, the target was 22.01 years, with a realization of 22.01 years, also achieving 100%.

To achieve this goal, the Minahasa Regency Government must remain committed to the family planning (KB) program. A weakening of commitment to the KB program by related units and the community could result in an increase in the human population beyond expectations, leading to more significant social, economic, and environmental challenges. At the same time, prioritizing the enhancement of human resources, particularly in education and health, is crucial from the outset. While a growing percentage of the productive-age population may contribute to progress, instability will arise if the state fails to provide adequate job opportunities and

avenues for self-actualization. Various institutions, including the National Population and Family Planning Board (BKKBN), must develop long-term, medium-term, and annual policies and plans that address the specific needs of each region, taking into account the population conditions. For the assumptions and projections to be realized, and to mitigate the social, economic, and environmental consequences of missed assumptions and projections, strong commitment and support from various sectors are essential for the successful implementation of population and family planning policies.

Several research findings underscore critical relationships in this context. First, the relationship between population growth and economic growth is negative and significant. Second, the rapid decline in fertility has contributed to the reduction of poverty. These findings support earlier research indicating that high fertility rates in developing countries have been a key factor in persistent poverty at both the family and macroeconomic levels (Birdsal and Sanding, 2001, in Sri Moertiningsih, 2005). Projections regarding the population growth rate in North Minahasa Regency, which is expected to decrease from 1.29% to 1.21% in 2010 and further to 0.82% in 2025, suggest that the poverty rate in Indonesia could continue to decline. Although a reduction in mortality rates may

drive growth, increasing fertility rates will hinder economic progress. Furthermore, the projected demographic shift shows that a larger working-age population (15-64 years old) will contribute to a productive workforce with higher savings potential. However, the working-age population is expected to remain relatively constant, at around 67%, with a slight increase to 68%.

The analysis revealed the following findings:

The Population Growth Rate (PGR) target was initially set at 2.07 percent per year, while the actual realization was 1.14% per year. This reflects a decrease of 0.93% in the Population Growth Rate over the course of one year in North Minahasa Regency, North Sulawesi Province, resulting in a significant reduction of 150%. Similarly, the Total Fertility Rate (TFR), or Total Birth Rate, had an initial target of 2.07 percent per year, but the actual realization was 2.01% per year. This resulted in a decrease of 0.06% in the Total Fertility Rate, marking a reduction of 81%. In terms of the Family Planning Program's performance under the 2022 Performance Contract between the North Minahasa Regency Government and the North Sulawesi BKKBN Representative, the percentage of Modern Contraceptive Use in 2022 had a target of 70.85%, with an actual achievement of 82.41%, categorized as "Good." The target for the Percentage of

Unmet Need for Family Planning (PUS) was 16.76%, but the actual achievement was 27.44%. For New Family Planning Participants, the target was 100%, yet only 11.72% was achieved. Overall, the performance of the Family Planning Program, based on the target of 100%, achieved 88%, which was classified as "Good." This success is attributed to the effective implementation of the Population and Family Planning Control Service's work program, including the KB village program, data collection, socialization, and the availability of ALKON. However, several targets were not met due to inaccuracies in the data obtained. In the course of implementing the Family Planning Program at the Population and Family Planning Control Office of North Minahasa Regency, this research successfully identified several inhibiting factors. These factors represent obstacles hindering the achievement of the Family Planning Program's goals, particularly in controlling the population growth rate in North Minahasa Regency. The effectiveness of the Family Planning Program by the Population and Family Planning Control Office (PPDKB) in controlling population growth cannot be fully realized without addressing these obstacles, which are outlined as follows:

1. **Inadequate PUS Participation in Using Contraceptives.**

One of the factors contributing to the low participation of PUS (Couple of Childbearing Age) in the implementation of the family planning program is a lack of proper knowledge and awareness about the program, particularly regarding the Long-Term Contraceptive Method (MKJP), which is sometimes perceived to cause health issues. Challenges include a shortage of family planning field officers (PLKB/PKB), insufficient program management capacity, and limited funding. The primary challenge lies in the inability to effectively manage the program at the district level. Furthermore, the availability of PLKB/PKB is a crucial issue, as these officers are expected to manage at least two villages. However, the current ratio of PLKB/PKB to villages served is disproportionate, with an average of one PLKB/PKB managing between one to three villages.

2. **The Skills and Competence of Local Government Organization DPPKB.**

In addition, the DPPKB (Regional Population and Family Planning Control Office) lacks sufficient capacity to support budget decision-makers at the district level, such as the regent, the Regional Development Planning Agency (Bappeda), and the Regional People's Representative Council (DPRD). This issue is compounded by factors such as inappropriate educational backgrounds, high staff turnover, job transfers, and a lack of experience in family planning programs. Several factors that could hinder the achievement of strategic targets include: 1) a tendency within the community to rely on short-term and traditional contraceptive methods, 2) an increasing rate of contraceptive discontinuation, and 3) the unmet family planning needs of fertile couples, which remain relatively high. The issue of Unmet Need varies across regions, contributing to disparities in Total Fertility Rate (TFR) and contraceptive prevalence between provinces. Unmet Need also leads to an increase in unwanted pregnancies.

3. **Organizational Competence and Capacity of DPPKB.**

In addition, the DPPKB regional apparatus lacks the necessary capacity to effectively assist the regent, the Regional Development Planning Agency (Bappeda), and the Regional People's Representative Council (DPRD). The Population Control and Family Planning Office of North Minahasa Regency faces several challenges, including high employee turnover, inadequate educational backgrounds, and a lack of experience in family planning programs. Several factors that could impede the achievement of

strategic targets include: 1) the community's preference for short-term and traditional contraceptive methods, 2) an increasing rate of contraceptive discontinuation, and 3) the unmet family planning needs of fertile-age couples, which remain relatively high. The issue of Unmet Need varies across regions, contributing to disparities in the Total Fertility Rate (TFR) and contraceptive use prevalence between provinces. Unmet Need also leads to a rise in unwanted pregnancies. Efforts to address the challenges in North Minahasa Regency include:

1. Arrangement of Family Planning Health Facilities: This involves the integration and strengthening of policies related to family planning and reproductive health, ensuring their equitable distribution and high quality across the region. It requires coordination between various sectors and collaboration between the central and regional governments, particularly within the framework of the National Social Security System (SJSN) health system.

2. Increasing the Availability of Facilities and Infrastructure: This includes enhancing the availability of adequate facilities and infrastructure related to family planning and ensuring the availability of contraceptive devices and medications at every health and reproductive health facility and service network in North Minahasa Regency. Additionally, efforts should focus on supporting improvements that align with the utilization of health facilities for family planning services, including both static and mobile family planning facilities.

3. Improving Family Planning Services: This effort aims to increase the use of long-term contraceptive methods to reduce the likelihood of job loss while promoting short-term methods. Continuous information about the sustainability of family planning should be provided, along with follow-up services to ensure rational, effective, and efficient practices. Furthermore, family planning services should be enhanced, including care for post-childbirth, post-miscarriage, and services addressing complications and side effects.

4. Expanding the Family Planning Workforce and Community Participation: Increasing the quantity and capacity of family planning field workers and health workers is crucial. Additionally, strengthening the role and participation of community institutions is essential for supporting the implementation and counseling of family planning at the community level.

5. Advocacy for Government Support: Advocacy should be directed at local

government authorities in North Minahasa Regency to support population, family planning, and family development programs. It should also encourage the use of both long-term and short-term contraceptive methods, ensuring the sustainability of their use over time.

CONCLUSION

Based on the findings of the research and discussion regarding the effectiveness of the Family Planning Program in controlling the population growth rate in North Minahasa Regency, North Sulawesi Province, the researcher draws the following conclusions:

1. Population Growth Rate (LPP): The initial target for the population growth rate was 2.07% per year, while the actual rate was 1.14% per year. This represents a decrease of 0.93% over the course of one year, equating to a significant reduction of 150%. This indicates that the Family Planning program has been quite effective in controlling the population growth rate in North Minahasa Regency.

2. Total Fertility Rate (TFR): The target for the Total Fertility Rate (TFR) was 2.07% per year, and the actual rate was 2.01% per year, showing a decrease of 0.06% over one year. This represents a significant decrease of 81%. The

results suggest that the Family Planning program has also contributed positively to reducing the total fertility rate in the region.

3. Obstacles: Internal obstacles include human resource limitations, with a shortage of personnel, and difficulties in service reporting due to insufficient understanding of the applications used. External obstacles include a lack of community participation, particularly from men, in family planning activities, and transportation challenges faced by the community in accessing service locations.

The effectiveness of the Family Planning Program in controlling the population growth rate in North Minahasa Regency is enhanced through efforts to improve the quality and competence of human resources, particularly through training. This approach aims to overcome obstacles in the implementation of a meaningful family planning program. Additionally, increasing awareness among adolescents about reproductive health and the importance of the Family Planning and Family Welfare programs is crucial, especially given the rising age of marriage. Increasing the frequency of family planning services for young couples is also an essential strategy to reduce early pregnancies and births at a young age.

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