

## Welfare Improvement Models and Strategies through Dissemination of Family Planning Information in the Remote Indigenous Community of Baduy

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### Abstract

There are many types of contraceptives used by the Baduy remote indigenous communities (Baduy KAT) in Lebak regency, Banten, West Java, Indonesia. According to data, the number of family planning acceptors among the Baduy community stood at 1,529 in February 2021 comprising 1,503 in Outer Baduy and 26 in Inner Baduy. In the beginning, most Baduy KAT used implants before they changed contraceptives of their choice. This study aims to reveal what channels are used to disseminate information about family planning, as well as to ensure the effectiveness of the innovations about family planning information they receive. The method used is explanatory survey, with a frequency distribution to analyze and determine the relationship between variables and Spearman correlation analysis. The results showed that most respondents or 49% received family planning information from their relatives, 22% received it from health workers (posyandu cadres), 21% received it from village officials, 7% received it from indigenous community leaders (*kakolot*), and only 1% received it from the media. This study found that there is a fairly strong relationship between communication channels and the effectiveness of innovation acceptance. Most of the respondents stated that they decided to accept the family planning innovations concept within 6 months by using humans as a communication channel, such as their relatives, health workers, village officials, and *kakolot* leaders.

**Keywords:** Acceptance of KB innovation; Baduy; communication channels; remote indigenous communities, well-being improvement strategies

### Introduction

In general, the Baduy community is divided into three groups, namely *tangtu* (predecessor, forerunner, staple), *panamping* (edge, waste), and *dangka* (frame, dirty). *Tangtu* and *panamping* are found in Kanekes village, while *dangka* is found outside Kanekes village. When viewed from the level of obedience to customs, the *tangtu* is higher than

*the panamping*, and *the panamping* is higher than *the dangka*. However, the grouping that is often used is *tangtu* which refers to the Inner Baduy community, while *panamping* and *dangka* refer to the Outer Baduy community.

Inner Baduy (also called *Baduy Jero*, *Urang kajeroan*) is a firm traditional holder. They have three villages, namely (1) Cikeusik, also called *Tangtu Pada Ageung*; (2) Cibeo,

also called Tangtu Parahiyang, and (3) Cikartawana, also called Tangtu Kujang. These three holy villages are also referred to as *telu tangtu* (three tangtu). Another designation for the tangtu community is Urang Rawayan. According to the Baduy people, the term is caused by the existence of a "bridge" that is passed if it goes in and out of the Tangtu area.

The number of Outer Baduy villages is 55 based on the 2008 Kanekes Village Population Distribution Data. However, when looking at the Lebak Regency's Regulation No. 32 of 2001 concerning the Customary Rights of the Baduy Community, there are 51 Outer Baduy villages. The Outer Baduy Villages spread to the West, East, and North of Inner Baduy. To the South there are no settlements/villages, except *Sasaka Domas*, the place or object of worship which is considered the most sacred by the Baduys (Danasmita, 1986; Garna, 1993, Permana, 2001).

The land where the *tangtu* people live is considered sacred by the Baduy people, therefore the Tangtu area is called the "Land of Prohibition", a protected area where people should not arbitrarily enter and do as they like in the area. There are some things that are tabbed, for example, it is forbidden to turn on electronic equipment such as radios, telephone calls, taking pictures, and recording both audio and visual.

Penamping, according to the Baduy people, is derived from the word *tamping* which means 'throwing away'; so sidelining means 'disposal'. In other words, a sideline is a place for people *who* are banished or expelled for violating customs. Another opinion says that *sidelining* means the edge or fringe area.

The Baduy people recognize two systems of government, namely the national system and the traditional system (*adat*). In the national system, the Baduy community is included in the Kanekes Village area, Leuwidamar District, Lebak Regency, Banten Province. Like other regions in Indonesia, each village consists of a number of hamlets.

In the Baduy area, the villages are divided into *tangtu* villages, *penamping* villages, and *dangka* villages. Except for tangtu village, there is also RK (Rukun Kampung) called *kokolot overtime*. The village of Kanekes was led by a village chief called *jaro pamarentah* (originally called *Jaro Warega*, and in colonial times it was called *Jaro Gubernemen*). Like other village heads, *jaro*

*pamarentah* is subordinate to the sub-district head, except for customary affairs *jaro pamarentah* submits to the traditional (customary) head of government called *Puun*. Uniquely, if in other villages *jaro pamarentah* is chosen by the residents, for Kanekes Village to appoint *Puun*, it is then submitted to the Regent through the Sub-District to be confirmed as the village head.

The general assumption from the outside, is that the Baduy people are very obedient to customs and uphold traditional values very much. Even the public sees that the Remote Indigenous Community (KAT) Baduy is anti-modernization in nature and rejects new things that come from outside, especially Inner Baduy. Whereas if we directly interact with them today, it is a common assumption that Baduy is anti-modern technology". In reality, there are some of them who have accepted a lot of new things from outside. This is especially true for a small number of Outer Baduy residents who already use cellphones and have social media accounts.

Related to the condition of the KAT Baduy, we also received data and information on how is the implementation of family planning in Baduy. The participation of Outer Baduy and Inner Baduy residents in family planning is interesting, considering that the value system of family planning norms in modern society also has sparked pros and cons for various reasons and beliefs (Sihabudin, 2015: 47).

The pros and cons over the participation of the Baduy community in the family planning program contradict the views of those who are known to uphold traditional values. These values are certainly embedded in their daily behavior and views on reproductive issues, domestic life, and husband-wife relationships, which are usually taboo for them to talk about.

In fact, the symptoms of population growth in KAT Baduy are quite eye-catching. The high rate of ups and downs in population growth is most likely due to the presence of too close marriages among their group. The allegations are based on the absence of reports stating natural disasters, famines, or disease explosions (Sihabudin, et.al. 2018:176).

Research on the Baduy community has been widely carried out since the Dutch colonial period. Research on the social anthropology of the Baduy community has been carried out, but research on Baduy

community which focuses on their way of life towards family planning is still rare, especially research on the acceptance of family planning among tthe KAT Baduy, which is stigmatized as "anti-modern technology".

The participation of Outer Baduy and Inner Baduy residents in family planning in 2021 can be seen in the table below.

**Table 1.** Use of Contraceptives by Outer Baduy and Inner Baduy Acceptors

Contraceptives	Outer Baduy Acceptor	Inner Baduy Acceptor
Implant	112 people	-
IUD	6 people	3 people
Injection	1305 people	22 people
Pill	80 people	-
<b>Sum</b>	<b>1503 people</b>	<b>25 people</b>

Source: Midwife Rosita, Puskesmas Maid Ciboleger (2021)

This research is expected to produce a model of improving the welfare of Remote Indigenous Communities through family planning with a focus on: Types of communication channels with the effectiveness of receiving family planning innovations.

The ultimate goal of this study is a strategy to improve the welfare of the KAT Baduy families through family planning. By determining the steps and strategies for handling welfare through family planning at KAT Baduy, we made a model for improving the welfare of the KAT community. It is hoped that in the future, the model of improving community welfare through family planning can be implemented in the KAT community spread from Sabang to Merauke.

Based on the background of the problem above, there are two research questions that will be studied, namely: (1) Social systems and what communication channels are sources of information. (2) How is the relationship between the social system and the type of communication channel and the effectiveness of receiving family planning innovations.

The objectives of this study are: (1) to describe the Social System and any communication channels as a source of family planning information. (2) to see the relationship between social systems and communication channels and the effectiveness of receiving family planning innovations

**Theoretical Framework**

Indigenous communities are an authentic part of Indonesian society with a distinctive and

unique socio-cultural characters. Indigenous communities are isolated groups of people, both physically, geographically, and socio-culturally. Most of these communities live in remote and hard-to-reach areas. Social institutions in these indigenous communities generally rest on very limited and homogeneous kinship relationships. Their daily life is still based on traditional interactions of a biological nature, blood relationships and marital cord ties (Adimiharja Kusnaka, 2007:11)

According to Presidential Decree No. 111 of 1999, KAT or Remote Indigenous Communities is defined as “a socio-cultural group that is local and scattered and is less or has not been involved in networks and services both social, economic and political”. Based on this definition,, a certain group of people can be categorized as Remote Indigenous Community if there are general characteristics that apply universally as follows: (1) They form small, closed and homogeneous community. (2) Social institutions rest on kinship. (3) In general, they live in a geographically remote area which is relatively difficult to reach. (4) In general, they are still alive with a sub-system economic system. (5) The technological equipment is simple and very traditional. (6) Their dependence on the local environment and natural resources is relatively high. (7) Limited access to social, economic, and political services. Remote Indigenous Communities can also be categorized as follows: Wandering, Temporarily Settling, and Sedentary.

In general, the social interaction of remote indigenous communities of Outer Baduy and Inner Baduy, has the characteristics of collectivistic society, which prioritizes the values of togetherness rather than individual interests (Samovar, Porter, McDaniel, & Roy, 2013); (Tobing & Wansa, 2022). The difference between the two rests more with media uses, where KAT Inner Baduy limits the entry of technology in their daily lives, including media uses.

Meanwhile, as explained by Sihabudin (2008) KAT Outer Baduy is as follows:

Social Interaction in the Bawah Barat location; (a) most of the households (61.1%) stated that they often had discussions or had interpersonal communication. In using the media, some households (50.0%) tend to state that they sometimes use the media. Interacting with the reforming agent, most (54.2%) stated that they sometimes interacted. In the West Central location (b) most of the households (72.9%) stated that they often had discussions with each other. Most of the households (42.7%) stated that they often used the media. With the most reform agents (70.8%) it was frequent. And the location of Kaduketug (c) most of the households (50.0%) stated that they sometimes had discussions using media, some of them (57.1%) stated that they sometimes did. And the interaction with the change agents the most (78.6%) stated or sometimes they interacted. From the description for each path, it can be stated that there are differences in interpersonal communication or discussion between KK for the Lower West, Central West, and Kaduketug lines (Sihabudin, 2008).

The next theoretical study is about the concepts of disseminating information on innovations in family planning, which refers to research problems and research objectives. One of the communication perspectives that talks about the spread of new things is the *Diffusion of innovations Model* (diffusion model of innovation). To find out how the Social System and Communication Channel affects the effectiveness of accepting family planning innovations, the theoretical basis of this research uses the theory of Diffusion innovation proposed by Everett M. Rogers, and F. Floyd Shoemaker (1971).

In accordance with the thinking of Rogers (1971), the diffusion process of innovation has 4 (four) main elements, namely: (1) Innovation; ideas, actions, or items that a

person considers new. In this case, the novelty of the innovation is measured subjectively according to the views of the individual who accepts it. If an idea is considered new by someone, then it is an innovation for that person. The "new" concept in an innovative idea does not have to be new at all. (2) Communication channels; "tools" to convey messages of innovation from the source to the recipient. In choosing a communication channel, the source needs to pay least attention to (a) the purpose for which the communication is held and (b) the characteristics of the recipient.

If communication is intended to introduce an innovation to a large and widespread audience, then a more precise, fast and efficient communication channel, is the mass media. But if communication is intended to personally change the attitude or behavior of the recipient, then the most appropriate communication channel is the interpersonal channel. (3) Term; the innovation decision process, from the time a person knows to deciding to accept or reject it, and the confirmation of that decision has a lot to do with the time dimension.

At the very least the time dimension is seen in (a) the innovation decision-making process, (b) one's innovation: relatively earlier or slower in receiving innovation, and (c) the speed of adoption of innovation in social systems. (4) Social system; a collection of units that differ functionally and are bound in cooperation to solve problems in order to achieve common goals.

Furthermore, the theory proposed by Rogers (1995) has a significant relevance and argument in the innovation decision-making process. The theory, among others, describes the variables that affect the adoption rate of an innovation and the stages of the innovation decision-making process. Variables that affect the diffusion stage of innovation include (1) innovation attributes (*perceived attribute of innovation*); (2) types of innovation decisions (*types of innovation decisions*); (3) communication channels (*communication channels*); (4) social system conditions (*nature of social systems*), and (5) the role of *change agents*.

Meanwhile, the stages of the innovation decision-making process include: (1) The Emerging Stage of *Knowledge* when an individual (or other decision-making unit) is

directed to understand the existence and advantages /benefits and how an innovation functions. (2) Persuasion stage (*Persuasion*) when an individual (or other decision-making unit) forms a good or bad attitude. (3) Decisions arose when an individual or other decision-making unit engaged in activities that led to the selection of the adoption or rejection of an innovation. (4) Implementation *Stage*, when an individual or other decision-making unit determines the use of an innovation. (5) Confirmation Stage, when an individual or other decision-making unit seeks reinforcement of a decision to accept or reject a previously made innovation.

Furthermore, the theory proposed by Rogers (1995) has a significant relevance and argument in the innovation decision-making process. The theory, among others, describes the variables that affect the adoption rate of an innovation and the stages of the innovation decision-making process. Members of the social system can be divided into groups of adopters (recipients of innovations) according to their level of innovation (speed in receiving innovations).

There is a relationship between the Social System and the Communication Channel and the effectiveness of the acceptance of family planning innovations.

### Materials and Methodology

This research was conducted in the Baduy Remote Indigenous Community Settlement, Kanekes Village, Leuwidamar District, Lebak Regency. The research population of mothers as acceptors of family planning spread across 72 villages. The number of acceptors reached 1,524, consisting of 1,503 from Outer Baduy, and 21 from Inner Baduy. Sampling is carried out by axidental sampling by determining the number of samples at 200. The samples were drawn based on the opportunities that exist during the study. Since the nature of most residents tends to be closed to talk to, it is decided by means of opportunity only if they want to be interviewed based on a questionnaire. Data collection is carried out by visiting residents door-to-doors, and interviewing residents who came to the midwife's house for consultation. The study was conducted from March to May 2022.

This research consists of three variables, namely: Social system, Communication

channel and effectiveness of receiving family planning innovations.

The communication channel data was analyzed using frequency distribution. To determine the relationship between the variables of Communication channel and the effectiveness of receiving family planning innovations, an analysis of the relationship with the Spearman correlation coefficient was carried out.

### Result and Discussion

Communication channels or sources of information that serve as references for respondents to obtain information about family planning vary, ranging from relatives, neighbors, health workers (midwives), posyandu (integrated health service post) cadres, village officials (kokolot), and through the media.

As many as 49% of respondents received information about family planning from their relatives or neighbors, 22% of respondents admitted that health workers or midwives were the source of their birth control information, 21% of respondents stated that posyandu cadres were a source of family planning information for them, and 7% of respondents received family planning information through village officials/traditional leaders or customary plots. The remaining 1% of respondents get family planning information from other sources such as friends or media.

Based on data from the source of information on the birth control of mothers of KAT Baduy residents, at least an idea was obtained that relatives and neighbors are the main sources of information for family planning. Health workers / midwives who are considered to be *the leading sector* of the family planning program are only mentioned by as many as 22% of respondents as a source of birth control information. Almost the same as that, the role of other health workers such as posyandu cadres is quite significant because 21% of respondents admitted that they got birth control information from posyandu cadres, who are built and fostered by health workers there.

What is the exact reason for KAT Baduy women to have birth control? It turns out that the answer that is most widely referred to as the reason for participating in the birth control program is for the sake of child protection (36%), the advice of midwives or health workers turned out to be enough to

influence Baduy women to participate in the birth control program, namely up to 33% of respondents had birth control because they followed the advice of midwives, 16% of other respondents said limiting the number of children as a basis for them to participate in birth control, and 11% of respondents admitted that they had birth control on account of reducing the economic burden that had to be borne, and the rest (4%) cited the other reasons behind their decision to take part in birth control.

The data above turns out that the Baduy community received birth control information mostly from their relatives/neighbors and relatively little from health workers and health service institutions. This actually needs attention from local officials and health agencies to make introspection. They are expected to be more proactive and try to get closer to the women and families of the community. Researchers received information, that mothers participated in the birth control program through information obtained not from duty and or health services but from the mother of midwife Eros Rosita who can be said to be very accepted and trusted by the Baduy community.

In addition, based on the data findings above, it is known that there is a role for village officials or local traditional figures in disseminating information on family planning innovations, although it is less significant, namely as many as 7% of respondents. The role of village officials and local leaders is still very minimal to become a source of information and encouragement for couples of childbearing age (PUS) to understand and believe in the need for family planning.

What is even more surprising is the low acceptance rate of information disseminated through the media, which is less than 1% of respondents. This further strengthens the stigmatization of Baduy residents who are "anti-modern technology" and prioritizes interaction by using interpersonal communication channels to change their attitudes and behaviors in receiving information related to birth control.

The results of the data processing regarding the acceptance of family planning innovations, which consist of the type of family planning selected, the length of time of family planning, the length of time decided to join family planning, and the reasons for using

family planning are explained in the following details.

In general, KAT Baduy women who are acceptors of birth control admitted to consistently using certain types of birth control tools for a long period of time since they first received birth control. This means that they have never changed family planning tools since they first joined family planning. The number of those who have never stopped using this family planning tool reaches 80%, while another 20% admitted to having changed family planning tools for several reasons.

In the course of participating in birth control, the respondents who rarely change contraceptives suggest the consistency and tendency of respondents who feel comfortable with certain contraceptives. However, officers need to continue to observe and monitor in the next journey to anticipate if there are any changes in developments related to the contraceptives. For example, there is a scarcity of such contraceptive stocks. This is necessary because it can cause problems that were not previously predicted.

In addition, it is also necessary to know the reason for the acceptors to change contraceptives. They need attention and explore the reasons behind their decision to change contraceptives, whether there are problems, side effects or other reasons that need to be solved. This is necessary so that they remain comfortable and do not reduce their confidence in the counterceptives they use.

Indeed, most of the Baduy women who have birth control claim to have changed contraceptives. Then, what is the reason for them to change the contraceptives? The answer is, most of them choose to change contraceptives because they are looking for alternative contraceptives that are much more practical to use (33%), change contraceptives because they follow the advice of midwives (28%), change contraceptives because of incompatibilities that cause side effects to the body (22%), and change contraceptives because the previous (old) contraceptives are more difficult to obtain (11%). Meanwhile, the rest (6%) change contraceptives for various reasons other than those mentioned earlier.

Like other general society that needs time to decide something for personal interests, the Baduy citizens also need certain time to decide whether to become family planning acceptors. Each respondent needs a

different amount of time when deciding whether to join the family planning program.

Based on the data processing, it can be seen that: 23% of respondents took between one to three months to decide to participate in birth control, 42% of them took longer time, namely 6 (six) months to decide to participate in birth control program, 30% of them took up to a year to decide to participate in birth control, and about 5% of them decided to have birth control in less than 1 (one) year.

The majority of respondents stated that they decided to have birth control for only 6 months. According to researchers, this is due to the condition of the KAT Baduy which is relatively lacking much information. Meanwhile, on the other hand, strong customary influences can push a time range that is included in the short range in deciding to have birth control, which is only one to three months. This study saw that for those who had to decide up to 1 (one) year, they needed to receive extra attention from the field officers.

Respondents are just like other birth control acceptors in terms of easy use of contraceptives. They tend to prefer practical contraceptives in their use. This should be a matter of thought related to the manufacture of contraceptives that are really easy to use, simple, comfortable and of course free from side effects.

However, research data records showed that they changed contraceptives because they did not match their physical and metabolic conditions. This includes still finding unexpected side effects. But interestingly, they also changed their contraceptives at the suggestion of midwife on the field. Of course, it is necessary to explore whether the midwife gave consideration for health reasons or because of the limited stock of the contraceptives so that it was advisable to change the contraceptives. If this happens, then it is necessary to find a way out. For example, by increasing the stock of contraceptives. This also needs to be anticipated so as not to cause the problems to recur in the future.

Next, it is also necessary to present the results of the analysis of the relationship between variables in accordance with the research hypothesis and research objectives in the following narrative.

The relationship between the type of communication channel and the effectiveness of family planning innovation acceptance

through statistical calculations shows the correlation coefficient ( $r$ )= 0.408, meaning that there is a positive correlation in that the relationship between the type of communication channel and the effectiveness of innovation acceptance has a "fairly strong" relationship.

The determinant coefficient ( $r^2$ )= 0.167, means that the influence of the type of communication channel on the effectiveness of the acceptance of innovation is 16.7 %, while the rest is influenced by other factors. This shows that there is quite a chance of acceptance of innovation, if the type of communication channel is updated / chosen that is most appropriate to the situation in the local social environment.

$T$  count = 4,450 >  $t$  table = 1,980, meaning  $H_0$  rejected and  $H_a$  accepted, this suggests that there is a significant relationship between the type of communication channel and the effectiveness of the acceptance of innovation (enforceable for the study population).

The regression equation obtained:  $Y = 9.462 + 1.054X_3$ , with a positive regression coefficient means that if there is a change in the type of communication channel or the right type of communication channel is chosen, it is quite likely to encourage the acceptance of innovation by the local community.

We can explain that this condition  $t$  is very understandable if there is a strong relationship between the type of communication channel and the effectiveness of innovation acceptances caused by the family planning acceptors who are mothers of KAT Baduy. They have close social relations with neighbors and relatives who are the main source of birth control information.

Meanwhile, the role of midwives or health workers as figures of health workers who open birth control services at KAT Baduy is also quite large. Included here is the channel influence of posyandu cadres formed and fostered by midwives, who are quite significantly influential.

The spread of family planning innovation in remote indigenous communities (KAT) Baduy was quite accepted and succeeded well. This is characterized by the number of family planning acceptors in KAT Baduy which continues to grow and spread from year to year more evenly. In fact, in the

village of Inner Baduy, there are now dozens of mothers who have participated in birth control.

The people of KAT Baduy are more confident in using "injectable" contraceptives, this contraceptive is relatively more practical and the duration is a bit long (once a month), and it is possible that contraceptives in this community are considered to have no many negative affects.

The people of KAT Baduy apparently know that there are Baduy mothers who have joined family planning for 10-12 year., This phenomenon is actually quite interesting for the study by health service officers especially family planning officers (PLKB) and other researchers.

In deciding to participate in family planning, the KAT Baduy community is relatively fast, particularly if we look at the level of the community there which is relatively lacking a lot of information, while on the other hand the influence of customs is strong.

#### *Strategies to Improve the Welfare of Families of Remote Indigenous Communities of Baduy with Family Planning*

The Adaptation of the Baduy Community to the Family Planning Program, Based on the FGD conducted by researchers with family planning cadres in Baduy, Traditional Elders, and Jaro Kanekes, it is known as follows: family planning, which was initially considered to be a customary prohibition, can eventually be accepted by the customary party on account of health 'benefits obtained by Baduy residents from this program. Intina, mun about KB mah tos tiasa, teu nanoan.

It was even revealed that in Inner Baduy, there were also those who have become family planning acceptors. According to midwife Eros Rosita, previously, there were 25 family planning acceptors from Inner Baduy women. Of the total, only one died, one quit, five are still active and live inside, while the rest live outside Inner Baduy.

In total, there were 1,032 family planning acceptors in Baduy, according to records at the Eros midwife clinic. This data can indeed change, because it is only based on the patient's notebook in his clinic. Meanwhile, because the Baduy area is quite large and its residents are scattered in many villages bordering health service centers or other clinics, it is very likely that there are also those who are currently family planning acceptors who access family

planning services in other places. For example, in the regional clinics of Muncang sub-district, auxiliary health centers, or other clinics.

The family planning cadre in Baduy, who is known as a family planning acceptor, revealed that almost 90 percent of productive women in Outer Baduy are currently family planning acceptors. In fact, according to him, in certain villages, such as Kaduketug, the number of family planning acceptors can reach up to 99% of women. This is said by Alis (21) "In this Kaduketug, there are 60 families, and all of them are in birth control."

Some of the reasons why Baduy women became acceptors of family planning were mentioned by FGD participants. Rani (13 years old), Baduy's young mother, revealed that she only had her first son at the age of 1 year, and joined the birth control because she didn't want to 'concede' anymore because her child was still young. So Rani followed the birth control so that there was a birth planning. Meanwhile, Alis (21 years old) said that she participated in birth control because she wanted to be healthy and could arrange births, so that as a mother she could have enough time to help with work in the fields or others, which she said was "not born too much".

The management of health services in Baduy is currently facing many challenges. The challenges are not merely internal challenges from the health workers who are tasked with providing health services and assistance for Baduy residents from the Cisimeut Health Center. The Cisimeut Health Center is indeed one of its main service areas, Kanekes Baduy Village. However, it also faces challenges from external parties, such as overlapping and miscoordination with some social actions and health volunteers from outside Baduy.

Sometimes, the attitude of independence over health services that have been built by midwives and health workers returns to the point of 0 (zero) due to the influx of health services from outside which are all free. In fact, previously the awareness of Baduy residents for access to health services independently had been formed.

This is what has been complained by midwives who get health service duties, including family planning, in villages in the Baduy area. As said by Midwife Titi, Midwife Enno, Midwife Rika, and Midwife Chika.

Midwife Titi, who is in charge of managing posyandu in Cihuni, Cibagelut,



Ciemes, Cikulingseng, Cijengkol, Cikadu, and Cijangkar, said that when she went down to Baduy village to do Posyandu, many residents were previously enthusiastic about getting services, but their attitude has changed. The change in the attitude of residents is because they think all types of health services are free, as done by volunteers who enter Baduy. These volunteers may indeed get funds, medicines, or health care operations from donors. In fact, unlike volunteer services, for services provided by the government, of course, not all types of health services are free.

"Sometimes we think that the humanitarian and health actions taken by volunteers from outside, actually undermine the order of health services that we have built for many years in Baduy. Moreover, there is absolutely no guarantee that their health services can take place continuously in Baduy," said Midwife Titi when interviewed by researchers.

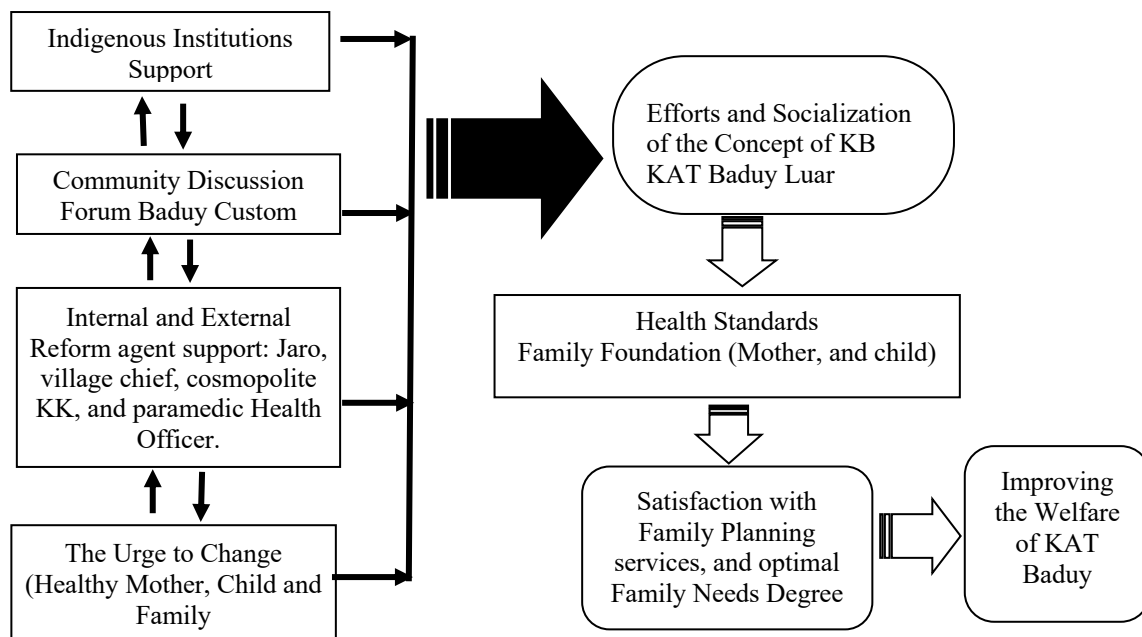
The Baduy community is an example of a community that always maintains a natural balance, so that the forest for them is a very important area that must be preserved. The definition of forest for the Baduy people is "entrusted forest" and is religious, which functions as the main means of carrying out religious obligations and ceremonies. Furthermore, the "entrustment forest" is said to be and is religious in nature, that is, it serves as the main means of carrying out religious

obligations and ceremonies. Furthermore, the "entrusted forest" is said to be a customary forest. The area of customary forests managed by the Baduy community is 5,105.85.

The condition where the number of villages continues to increase in Baduy, while the area of ulayat land remains unchanged, as much as this can also be said to be the awareness of Baduy residents to have family planning.

Farming is the main job of the Baduy people. The policy in the agricultural sector is directed towards increasing the production of food crops, particularly rice by intensifying land use so that the potential for forest clearing to make way for farm land that is not in accordance with the customs of the Baduy people who really maintain the balance of nature can be avoided. This policy is necessary given that at this time for the type of field rice, the Baduy area is one of the producers of field rice in Kanekes Village which has the potential to export this type of field rice crop. This is reflected by the area which recorded a surplus of production / potential, (Kusdinar, 2004).

The strategy of improving the welfare of the KAT Baduy families, as referred to by the research findings, is to form a discussion group forum supported by indigenous institutions and local governments. With the support of reforming agents, socialization is more programmatic, to arouse motivation or encouragement to change (KB).



**Figure 1:** Model and Strategies for Welfare Improvement through Dissemination of Family Planning Information in the Remote Indigenous Community of Baduy

One of the policies that needs to be implemented is a policy related to improving the field of maternal, child, and family health, which is also related to agriculture. Considering that in Baduy all decisions are made by the 'olot' or puun (traditional head) after hearing the advice of the technical service officials. So the strategy offered in order to improve the basic needs of the family, the welfare of KAT Baduy is to pay attention to the characteristics of the Baduy Community itself.

Policy of the Lebak Regency Government in Handling the Baduy Indigenous Community. The KAT handling policy consists of (1) policies that are integrated in routine activities that are part of the program of an Agency Office, and (2) policies that specifically regulate and place KAT as a more specific policy direction (Abdullah, 2004)

Here are some of the existing policies either specifically or in general discussing about KAT. In the field of law, it is aimed at enforcing the rule of law and upholding Dignity and Human Rights. For this reason, the legal product decided by the Lebak Regency Government concerning the Baduy Remote Indigenous Community is in the context of recognizing the rights, equality and equality of the Rights of the Baduy Indigenous People in law and other rights related to the implementation of community and state life. Some of the legal products that have been issued by the Lebak Regency Government that directly affect the life of the Baduy indigenous people are: (1) Perda No. 13 of 1990 concerning the Development and Development of Indigenous Institutions of the Baduy Community in Lebak Regency; (2) Perda No. 31 of 2001 concerning the Regional Spatial Plan of Lebak Regency, and; (3) Perda No. 32 of 2001 concerning Protection of The Ulayat Rights of the Baduy Community. Decree of the Regent of Lebak No. 590/Kep. 233/Huk/2002 concerning the Determination of Detailed Boundaries of the Customary Land of the Baduy Indigenous People in Kanekes Village, Leuwidamar District, Lebak Regency.

This policy in the field of law enforcement, apart from being a tool in fighting for and protecting the Baduy area, also has a *multiplier effect* on other fields of development.

## Conclusion

This study concludes three things related to improving welfare through the dissemination

of family planning information to the remote Baduy indigenous community (KAT BADuy) in Lebak Regency, Banten, West Java. First, the social system that has the most significant role as a communication channel. Family planning information used by KAT Baduy is not dominated by distribution through health workers or midwives, who are tasked with disseminating the latest information on strategic family planning programs in improving community welfare.

Second, the role of the kokolot, who is considered to have exclusivity in disseminating information to the Baduy KAT, is less significant as a communication channel for family planning innovations even though they have an interest in pursuing the stability of the number of Baduy KAT residents for the the preservation of the environment and forest ecosystem where KAT Baduy lives.

Third, the very strong relationship between the social system and the communication channels used by Baduy KAT resulting in effective dissemination of information and family planning innovations, is found in the role of neighbors and relatives around the family planning acceptor's residence. Neighbors who are friends and relatives of family planning acceptors in KAT Baduy are socially distant but their closeness explains the ease with which information is received and affects their behavior, as is the characteristic of collectivistic society (Tobing & Wansa, 2022). Thus, this study recommends doing further research to explain the relationship between communication distance and social relations on the effectiveness of delivering information on KAT Baduy.

Development policies aimed at improving living standards and human welfare need to be carried out through a cultural and ethnic approach, and cannot use the value measure of one cultural group alone (Sihabudin, 2012). So, the results of the research in the form of a strategy model for improving the welfare of the Baduy KAT family will certainly be very useful if applied by health workers for disseminating family planning information to other KATs in Indonesia, especially those who have similar social system and characteristics.

## References

Abdullah, N. (2004). Penanganan Komunitas Adat Terpencil di Indonesia Metode dan

- Pendekatan. Prosiding Seminar Pengembangan Kawasan Tertinggal Berbasis Komunitas Adat Terpencil. Jakarta, Direktorat Pengembangan Kawasan Khusus dan Tertinggal BAPPENAS.
- Adimihardja, K. (2007). *Dinamika Budaya Lokal*. Bandung: CV. Indra Prahasta dan Pusat Kajian LBPB.
- Adimihardja, K. (2000). Orang Baduy di Banten Selatan: Manusia Air Pemelihara Sungai, *Antropologi Indonesia*. 61, 47-59.
- Anonimous. (1999). *Keppres No. 111/1999 Tentang Pembinaan Kesejahteraan Sosial Komunitas Adat Terpencil*. Jakarta: Direktorat Pembinaan Komunitas Adat Terpencil. Departemen Sosial RI.
- Anonimous. (2001) *Perda No. 31 Tahun 2001 tentang Rencana Tata Ruang Wilayah Kabupaten Lebak*.
- Anonimous. (2001) *Perda No. 32 Tahun 2001 tentang Perlindungan atas Hak Ulayat Masyarakat Baduy*.
- Anonimous. (2002). *Keputusan Bupati Lebak No. 590 / Kep. 233 / Huk / 2002 tentang Penetapan Batas-Batas Detail Tanah Ulayat Masyarakat Adat Baduy di Desa Kanekes Kecamatan Leuwidamar Kabupaten Lebak*.
- Djoewisno, MS., (1987). *Potret Kehidupan Masyarakat Baduy*. Jakarta: Khas Studio.
- Garna, J.K. (1993a). *Masyarakat Baduy di Banten.*, in Koentjaraningrat (ed) *Masyarakat Terasing di Indonesia*. Jakarta: Depsos RI, Dewan Nasional Indonesia untuk Kesejahteraan Sosial, dan Gramedia.
- Garna, J. (1993b). *Orang Baduy di Jawa: Sebuah Studi Kasus Mengenai Adaptasi Suku Asli Terhadap Pembangunan.*, in Lim Teck Ghee dan Alberto G. Gomes (peny). *Suku Asli dan Pembangunan di Asia Tenggara*. Jakarta: Yayasan Obor Indonesia.
- Garna, J. (1994). *Masyarakat Tradisional Banten dan Upaya Pelestarian Nilai-Nilai Budaya*. Serang. Makalah pada Seminar Puncak-Puncak Perkembangan Warisan Budaya.
- Koentjaraningrat. (1990). *Sejarah Teori Antropologi II*. Universitas Indonesia Press. Jakarta
- Kusdinar, A. (2004). *Kebijakan Pemerintah Kabupaten Lebak dalam Penanganan Komunitas Adat Terpencil Baduy*. Prosiding Seminar Pengembangan Kawasan Tertinggal Berbasis Komunitas Adat Terpencil. Jakarta: Direktorat Pengembangan Kawasan Khusus dan Tertinggal BAPPENAS.
- Kurnia, A., Sihabudin, A. (2010). *Saatnya Baduy Bicara*. Jakarta: Penerbit Bumi Aksara dan Universitas Sultan Ageng Tirtayasa.
- Pasya, G.K. (2005). *Strategi Hidup Komunitas Baduy di Kabupaten Lebak Banten*. Bandung: Universitas Padjadjaran.
- Permana, R.E. (2006). *Tata Ruang Masyarakat Baduy*. Jakarta: Wedata Widya Sastra.
- Purnomohadi, S. (1985). *Sistem Interaksi Sosial-Ekonomi dan Pengelolaan Sumberdaya Alam oleh Masyarakat Badyi di Desa Kanekes, Banten Selatan*. Institut Pertanian Bogor.
- Rogers, E.M., & Shoemaker, F. (1971). *Communication of Innovations. A Cross-Cultural Approach*. The Free Press. New York.
- Rogers, E. M (Ed). (1989). *Komunikasi dan Pembangunan: Perspektif Kritis*. Jakarta: LP3S.
- Samovar, L. A., Porter, E. R., McDaniel, R. E., & Roy, S. C. (2013). *Communication Between Cultures*. International Edition: Wadsworth Cengage Learning.
- Sihabudin, A. (2008). Pengaruh Interaksi Sosial KAT Baduy Luar terhadap Persepsinya. *Mediator*, 9(2), 337-350.
- Sihabudin, A. (2012). Etnografi Upaya Menempatkan Kebijakan Pembangunan TIK Berlandaskan pada Masyarakat dan Kebudayaan. *Jurnal Teknodik*, 16(4), 414-421.
- Sihabudin, A. (2015). *Kebutuhan Keluarga Komunitas Adat Baduy*. Penerbit Untirta Press.
- Sihabudin, A., Mutjaba, B., & Dimiyati, I. (2018). Adopsi Inovasi Program Keluarga Berencana oleh Akseptor dari Komunitas Adat Terpencil Baduy di Kecamatan Leuwidamar Kabupaten Lebak. *Jurnal Penyuluhan*, 14(1), 175-188.
- Singarimbun, M & Effendi, S (Ed). (2006). *Metode Penelitian Survei. Edisi Revisi*. Jakarta: Pustaka LP3ES.
- Tobing, M. M., & Wansa, G. (2022). Penguatan Komunikasi Kaum Pariah pada Ruang

Publik di Kampung Kota. *Linimasa: Jurnal Ilmu Komunikasi*, 5 (2), 212-220.  
Tobing, M. M. (2022). Intercultural Communication of Indonesian-Australian International Special Class

Alumni According to Proxemics Dimensions. *Jurnal Komunikasi Ikatan Sarjana Komunikasi Indonesia*, 7 (1), 198-208.