

Acceptance Model for Family Planning Program in Baduy's Remote Indigenous Community in Leuwidamar District, Lebak Banten

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Submission date: 12-Jan-2023 01:12PM (UTC+0700)

Submission ID: 1991629182

File name: 246-Article_Text-647-1-10-20221113.pdf (319.16K)

Word count: 6266

Character count: 34608

Acceptance Model for Family Planning Program in Baduy's Remote Indigenous Community in Leuwidamar District, Lebak Banten

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Abstract - In the beginning, Baduy's Remote Indigenous Community (KAT Baduy) received the family planning program, they were generally using implants then changed to pill contraceptives. Currently, almost all family planning acceptors in Baduy use injectable contraception. Based on this phenomenon, this research examined what channels or media play a role in the spread of family planning and how it relates to the effectiveness of their innovation acceptance in the Baduy community. The research method is an explanatory survey using frequency distribution analysis, with Spearman correlation analysis to determine the relationship between variables. The results show all communication channels or reference sources of information from respondents who obtain information about Family Planning (KB). With 200 samples from 1528 family planning acceptors in KAT Baduy (1503 family planning acceptors in Outer Baduy and 25 family planning acceptors in Inner Baduy), most of the respondents received information about family planning from their relatives or neighbors. Only 22% of respondents admitted that health workers or midwives were their sources of family planning information. Posyandu cadres were a source of family planning information for 21% of respondents. Village officials which are customary leaders or kakolot are only mentioned by 7% of respondents as a source of family planning information. The remaining 1% have received family planning information from other sources such as friends or the media. The majority of respondents stated that their decision to take family planning or accept the concept of family planning was only about 6 months. In a conclusion, the relationship between the type of communication channel and the effectiveness of innovation acceptance has a positive and "quite strong" relationship. For recommendation, this research suggests to health worker from Cisimeut Health Center keep their internal task of providing health services and assistance to Baduy residents in Kanekes Village, though there are challenges from external parties which builds overlapping and miscoordination health services with several social actions and health volunteers from outside Baduy.

Keywords: KAT Baduy; Communication Channels; KB Innovation Acceptance

I. INTRODUCTION

In general, the Baduy community is divided into three groups, namely the tangtu (predecessor, forerunner, principal); panamping (edge, discard); and shallow (skeleton, dirty). Tangtu and panamping are located in the Kanekes village area, while the dangka is outside the Kanekes village. When viewed from the level of obedience to customs, then tangtu is higher than panamping, and panamping is higher than dangka. However, the grouping that is often used is tangtu referring to the Inner Baduy community, while panamping and dangka refer to the Outer Baduy community. Inner Baduy (also called Baduy Jero, Urang kajeroan) as a staunch customary holder, has three villages, namely (1) Cikeusik, also called Tangtu Pada Ageung, (2) Cibeo, also called Tangtu Parahiyang, and (3) Cikartawana, called Tangtu Parahiyang. also Tangtu Kujang. These three sacred villages are also known as telu tangtu (three tangtu). Another name for the tangtu community is Urang Rawyan. According to the Baduy people, the name is caused by the existence of a "bridge" route that is passed when going in and out of the Tangtu area.

The number of Outer Baduy villages consists of 55 villages in the Kanekes Village Population Distribution Data in 2008. If you look at the Lebak Regency Perda No. 32 of 2001 concerning the Ulayat Rights of the Baduy Community, there are 51 villages.

All Outer Baduy Villages are scattered in the West, East, and North of the Inner Baduy. In the south there are no settlements/villages, except for Sasaka Domas, a place or object of worship which is considered the most sacred for the Baduy (Danasasmita, 1986; Garna, 1993, Permana, 2001).

The land where the Tangtu people live is considered sacred by the Baduy, therefore the Tangtu area is called the "Land of Prohibition", which is a protected area and no one can enter and do whatever they want in the area. There are several things that are taboo, for example, it is forbidden to turn on electronic equipment such as radio, telephone, take pictures, and record both audio and visual.

Penamping according to the Baduy people, comes from the word tamping which means the verb 'throw away'; so penamping means 'disposal'. In other words, penamping is a place for tangtu people who are thrown out or expelled for violating customs. Another opinion says that penamping means the edge or the periphery.

The Baduy community recognizes two systems of government, namely the national system and the traditional (customary) system. 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 villages.

In the Baduy area, the villages are divided into Tangtu Village, Penamping Village, and Dangka Village. Except for Tangtu Village, there is also RK (Rukun Kampung) called kokolot overtime. Kanekes village is led by a village head called jaro pamarentah (originally called Jaro Warega, and in colonial times called Jaro Gubernemen). Like other village heads or village heads, he is under the camat, except for customary affairs which are subject to the traditional head of government (adat) called Puun. Uniquely, if another village is chosen by the residents, for Kanekes Village to appoint Puun, only then is it submitted to the Regent through the Camat to be confirmed as the Village head.

The general opinion from the outside is that the Baduy people are very obedient to customs and highly uphold traditional values. Even the public views the Baduy Remote Indigenous Community (KAT) as anti-modern, rejecting new things that come from outside, especially the Inner Baduy. In fact, if we interact directly at this time, there are many things that become the general perception of Baduy anti "modern technology" in fact some things they have received a lot of new things from the outside, especially for a small number of Outer Baduy residents they already use cellphones, have social media accounts.

When we get data and information about how to live with family planning in Baduy. The participation of the Outer Baduy and Inner Baduy in family planning is certainly an interesting thing to get our attention. Given the value system of family planning norms (KB), even in modern society there are pros and cons with various reasons and beliefs, especially in Baduy, which is known as a society that upholds traditional values, especially in matters of reproduction, domestic life, husband and wife relationships are usually taboo to talk about.

The phenomenon of population growth is quite interesting, the ups and downs of population growth are most likely caused by the existence of marriages that are too close among their groups. This allegation is based on no reports of natural disasters, famine or disease outbreaks.

Research on the Baduy community has been widely carried out since the Dutch colonial period. Social Anthropology research on the Baduy community has been carried out, but research in Baduy which focuses on writing about the way of life with Family Planning (KB) in Baduy is still rarely done.

Family planning participation of the Outer Baduy and Inner Baduy as we know in 2021, can be seen in the table below:

Table 1. Family Planning Participation

Contraception	Outer Baduy Acceptors	Inner Baduy Acceptors
Implant	112 people	-
IUD	6 people	3 people

Contraception	Outer Baduy Acceptors	Inner Baduy Acceptors
Inject	1305 people	22 people
Pill	80 people	-
Amount	1503 people	25 people

Source: Midwife Rosita / Ciboleger Auxiliary Health Center (2021).

This research is expected to produce a model of improving the welfare of Remote Indigenous Communities through family planning with a study focus on: Types of communication channels with the effectiveness of acceptance of family planning innovations. The ultimate goal of this research is a strategy to improve the welfare of the KAT Baduy family through family planning. Determine steps and strategies for handling welfare through family planning in KAT Baduy, with the hope that there will be a model for improving the welfare of the KAT community, which can be implemented in KAT communities spread from Sabang to Merauke. Based on the background of the problem above, there are two research questions that will be studied, namely: How is the relationship between social systems and types of communication channels with the effectiveness of acceptance of family planning innovations. The aims of this research are: (1) describe the Social System and any communication channels as sources of family planning information. (2) Seeing the relationship between Social Systems and Communication Channels with the effectiveness of KB innovation acceptance

II. LITERATURE REVIEW

According to Adimihardja (2007:11) indigenous communities as part of Indonesian society are isolated groups of people, both physically, geographically, and socio-culturally. Most of these communities live in remote and difficult to reach areas. Social institutions in this indigenous community generally rely on very limited and homogeneous kinship relations. Their daily life is still based on traditional biological interactions, blood relations and marital ties.

The definition of KAT in Presidential Decree No. 111 of 1999 is a socio-cultural group that is local and dispersed and has little or no involvement in social, economic and political networks and services. Based on this understanding, certain community groups can be categorized as Remote Indigenous Communities if there are general characteristics that are universally applicable as follows: (1) In the form of small, closed and homogeneous communities. (2) Social institutions are based on kinship relations. (3) In general, the location is geographically remote and relatively difficult to reach. (4) In general, they still live with a sub-sistence economic system. (5) The technological equipment is simple, very traditional. (6) Dependence on the environment and local natural resources is relatively high. (7) Access to social, economic,

Remote Indigenous Communities can also be categorized in their orbits as follows: Wanderers, Temporary Residents, and Permanent Residents. Thus the explanation of the KAT concept, next we convey the concept of the concept of spreading innovation. One of the communication perspectives that talks about the spread of new things is the Diffusion of innovations Model.

Referring to the research problem and research objectives, to determine the Social System and Communication Channels with the effectiveness of KB innovation acceptance. As a theoretical basis, we use the theory of diffusion of innovations put forward by Everett M. Rogers, and F. Floyd Shoemaker (1971).

According to Rogers (1971), in the innovation diffusion process there are 4 (four) main elements, namely: (1) Innovation; an idea, action, or item that a person considers new. In this case, the novelty of the innovation is measured subjectively according to the views of the individual who receives 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 innovation messages from the source to the recipient. In choosing a communication channel, the source at least needs to pay attention to (a) the purpose of the communication and (b) the characteristics of the receiver.

If communication is intended to introduce an innovation to a large and widespread audience, the more appropriate, fast and efficient communication channel is the mass media. But if communication is intended to

change the attitude or behavior of the recipient personally, then the most appropriate communication channel is the interpersonal channel. (3) the period of time; the innovation-decision process, from someone knowing until deciding to accept or reject it, and the confirmation of that decision is closely related to the time dimension. At least the time dimension is seen in (a) the innovation decision-making process, (b) a person's innovativeness: relatively earlier or slower in accepting innovations, and (c) the speed with which innovation is adopted in social systems. (4) Social system;

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

Meanwhile, the stages of the innovation decision-making process include: (1) Knowledge Emergence Stage when an individual (or other decision-making unit) is directed to understand the existence and benefits and how an innovation functions. (2) Persuasion stage (Persuasion) when an individual (or other decision-making unit) forms a favorable or unfavorable attitude. (3) The decision stage occurs when an individual or other decision-making unit engages in activities that lead to 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) Stages of Confirmation (Confirmation),

Furthermore, the theory put forward by Rogers (1995) has significant relevance and arguments in the innovation decision-making process. The theory, among others, describes the variables that affect the level of adoption of an innovation and the stages of the innovation decision-making process. Members of the social system can be divided into adopter groups (recipients of innovation) according to their level of innovation (speed in accepting innovations). There is a relationship between the Social System and Communication Channels with the effectiveness of the acceptance of family planning innovations.

III. METHOD

This research was conducted in the Baduy Remote Indigenous Community Settlement, Kanekes Village, Leuwidamar District, Lebak Regency. The research population was mothers as family planning acceptors spread over 72 villages, totaling 1524 acceptors, consisting of 1503 Outer Baduy residents, and 21 Inner Baduy residents. Sampling was carried out by accidental sampling by setting a sample size of 200 residents, namely the sample was drawn based on the opportunities and opportunities that existed during the study, with the consideration that due to the massive nature of the residents they tended to be closed to talking to, they decided by chance only if we pleased to interview based on the questionnaire. This is done by going from house to house, and also waiting for the consul to go to the midwife's house.

A. Design

Research, consisting of 3 variables, communication channels with the effectiveness of acceptance of family planning innovations

B. Data analysis

Communication channel data is analyzed using frequency distribution, and to determine the relationship between communication channel variables and the effectiveness of KB innovation acceptance, an analysis of the relationship with the Spearman correlation coefficient is carried out.

IV. RESULTS AND DISCUSSION

Communication channels or sources of information that become references respondents to obtain information about Family Planning (KB). Most of the respondents received information about family planning from their relatives or neighbors, only 22% of respondents admitted that health workers or midwives were their source of family planning information, posyandu cadres were a source of family planning information for 21% of respondents, and village officials/customary leaders, or kakolot is only mentioned by 7% of respondents as a source of family planning information. The remaining 1% received family planning information from other sources such as friends or the media.

Based on this data on family planning information sources for women in KAT Baduy, at least we can get an idea that relatives and neighbors are the main sources of family planning information. In fact, health workers/midwives who are considered the leading sector in family planning programs are only mentioned by 22% of respondents as sources of family planning information. Although it looks lower, the role of health workers is still significant because 21% of respondents admitted that they received family planning information from posyandu cadres, who in fact are cadres built and fostered by health workers there.

What is the real reason for the Baduy KAT women to use family planning? It turns out that the answer that is most often cited as the reason for joining the family planning program is to keep children apart (36%), the advice of a midwife or health worker is enough to influence Baduy women to join the family planning program, which is up to 33% of respondents using family planning because they follow the advice of a midwife, 16 Another % of respondents said limiting the number of children as their reason for taking family planning, and 11% of respondents admitting that they use family planning for reasons of reducing the economic burden that must be borne, and the rest (4%) citing other reasons as their basis for family planning .

From the data above, it turns out that the information on family planning that is received by the community is from relatives/neighbors, while from health workers and health service institutions there is relatively little, it actually needs to get self-introspection from local health officers and institutions, to be more proactive and trying to get closer to the women and their families, because the family planning information they get is not from the health service and/or service, except from the midwife Eros Rosita, who can be said to be very accepted and trusted by the Baduy community. Meanwhile, the role of village officials and local figures is still very minimal to be a source of information and encouragement for couples of childbearing age (PUS) to understand and believe in the need for family planning.

The results of data processing regarding acceptance of family planning innovations, which consist of the type of family planning chosen, length of time on family planning, length of decision to use family planning, and reasons for using family planning. We can say as follows. In general, Baduy KAT women who become family planning acceptors admit that they have consistently used certain family planning tools for a long period of time since they first started family planning. This means that they have never changed family planning devices since they first joined family planning. The number of those who have never stopped using family planning devices is 80%, while the other 20% admit that they have changed family planning devices for several reasons.

In the course of participating in family planning, in general they rarely change contraception devices, this is actually quite consistent and there is a tendency to feel comfortable with certain contraceptives, however, officers need to continue to observe and monitor on the next trip to anticipate if there are changes in development related to these contraceptives (eg there is a shortage of the contraceptive stock), because it can cause problems that were not previously predicted. In addition, the acceptors who change contraceptive devices also need to get attention and explore why they change, whether there are problems, side effects or other reasons that need to be resolved so that they remain comfortable and do not reduce their trust in the contraceptives they use.

Some Baduy women who use family planning admitted to having changed family planning devices. Then, what is the reason they change the birth control device? The answer is that most of them choose to change family planning devices because they are looking for alternative contraceptives that are much more practical to use (33%), change family planning devices because they follow the midwife's advice (28%), because of incompatibility that causes side effects for the body (22%), and Another 11% of respondents admitted that they changed family planning devices because the previous (old) contraceptives were more difficult to obtain. Meanwhile, the rest (6%) changed family planning devices for various reasons other than the reasons mentioned above. Like most people when it comes to making decisions for their personal interests, Baduy residents also need a certain amount of time when they decide to become family planning acceptors. Each respondent needs a different time when deciding whether to join the family planning program.

Based on the data processing carried out, 23% of respondents took between 1-3 months to decide to join family planning, 42% of other respondents took longer, namely 6 months to finally make a decision to join the family planning program, 30% of respondents even took up to one month. years to decide to join family planning, and about 5% of the other respondents decide to take family planning in less than 1 year.

The majority of respondents stated that their decision to use family planning was only about 6 months, if we look at the community level there is relatively little information coming in, while on the other hand the influence of adat is strong, the time range for deciding on family planning, including short, even some decide to

use family planning for only 1-3 months. As for those who have to decide for up to 1 year, it needs extra attention from field officers.

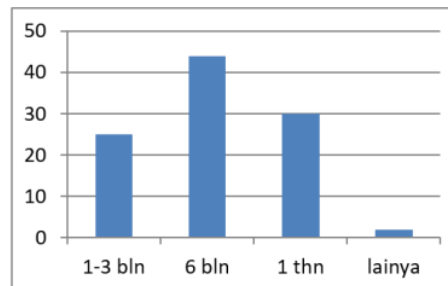


Figure 1. The Time Range for Deciding on Family Planning

Respondents are the same as other family planning acceptors, who tend to prefer contraceptives that are practical in their use, this must be a matter of thought related to the manufacture of contraception devices, preferably those that are really easy to use, simple, comfortable and of course free from side effects. However, it is recorded in the data that they change contraceptive devices because they are not suitable for their physical and metabolic conditions, including because there are still unexpected side effects. But the interesting thing is that they also change contraceptives because on the advice of the field itself, this needs to be explored whether the midwife is giving consideration for health reasons or because of the limited stock of contraceptives, so it is advisable to change contraceptives. If this last thing happens, then a solution should be found (eg increased stock), because what needs to be anticipated is not to cause problems in the future. Furthermore, we describe the results of the analysis of the relationship between variables in accordance with the research hypothesis and the purpose of this study.

The relationship between the type of communication channel and the effectiveness of innovation acceptance (KB)

Calculation of statistical analysis shows that the correlation coefficient (r) = 0.408, meaning that there is a positive correlation, that the relationship between the type of communication channel and the effectiveness of innovation acceptance has a "strong enough" relationship.

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

T count = 4,450 > t table = 1,980, meaning that H_0 is rejected and H_a is accepted, this indicates that there is a significant relationship between the type of communication channel and the effectiveness of innovation acceptance (can be applied to the research population).

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

We can explain this condition that it is very understandable if there is a strong relationship between the type of communication channel and the effectiveness of innovation acceptance because family planning acceptors who are mothers from Baduy KAT have good social relations with neighbors and relatives who are sources of family planning information. The role of midwives or health workers as leaders of health workers who open family planning services in KAT Baduy is quite large, including the influence of channels from Posyandu cadres formed and fostered by midwives which is quite significant.

Strategy to Improve Family Welfare of Remote Baduy Indigenous Communities with Family Planning

Adaptation of the Baduy Community to the Family Planning Program (KB), Based on the FGD conducted by researchers with family planning cadres in Baduy, Adat elders, and Jaro Kanekes, it was found that the following things were known: KB which was initially considered a customary prohibition, was eventually accepted by the adat party because they consider the 'benefits' for health that the Baduy people get from this program. Intina, but when it comes to family planning, it's always a big hit, teu nanoan.

It was even revealed that there were also Inner Baduy who became family planning acceptors. According to midwife Eros Rosita, there are 25 Inner Baduy women who become family planning acceptors. Only 1 has died, 1 stopped family planning, 5 are still active and living in, the rest are out of Baduy Dalam.

For the total data on family planning acceptors in Baduy, according to records at the Eros midwife clinic, there are 1032 people. This data can indeed change, because it is only based on the patient's notebook at the clinic. Meanwhile, because the Baduy area is quite large and its residents are spread out in many villages bordering health service centers or other clinics, it is very possible that there are currently family planning acceptors accessing family planning services in other places. For example, in Muncang sub-district clinics, sub-district health centers, or other clinics.

Family planning cadres in Baduy who are actually family planning acceptors revealed that almost 90 percent of productive women in Outer Baduy are now family planning acceptors. In fact, according to him, in certain villages, such as in Kaduketug, it can be said that 99% of women become family planning acceptors. This was said by Alis (21) "In this Kaduketug, there are 60 families, and all of them take family planning."

Some of the reasons behind Baduy women becoming family planning acceptors, among others, were mentioned by FGD participants. Rani (13 years), this young baduy mother revealed that she just had her first son, aged 1 year, and joined family planning because she didn't want to 'conceive' again, while her child was still small. So there should be birth planning. Alis (21 years old) reasoned that she joined family planning because she wanted to be healthy and could space out births, so that as a mother she could have enough time to help work in the fields or other things. "Not just born".

The management of health services in Baduy currently faces many challenges. There are not only internal challenges from the health workers who are tasked with providing health services and assistance to Baduy residents from the Cisimeut Health Center which is one of the main service areas of Kanekes Baduy Village, but also challenges from external parties such as overlapping and miscoordination with several social and cultural actions. health volunteers from outside Baduy.

Sometimes, the attitude of independence in health services that has been built by midwives and health workers returns to point 0 because of the inclusion of free health services from outside. In fact, previously the awareness of Baduy residents to access health services independently had been formed. Midwife Titi, Midwife Enno, Midwife Rika, and Midwife Chika have complained about this matter.

Midwife Titi, who is in charge of managing posyandu in Cihuni, Cibagelut, Ciemes, Cikulingseng, Cijengkol, Cikadu, and Cijangkar villages said that when she came down to Baduy village to conduct Posyandu, many residents who were previously enthusiastic about getting services, their attitude changed because they thought all kinds of free health services as carried out by volunteers who may indeed receive funds, medicines, or health service operations from donors. In fact, for services provided by the government, of course not all types of health services are currently free. "Sometimes we think, humanitarian and health actions carried out by volunteers from outside, actually destroy the health care system that we have built for years in Baduy.

The Baduy community is an example of a community that always maintains the balance of nature, so that the forest for them is a very important area that must be preserved. The definition of forest for the Baduy community is a "trusted forest" and is religious in nature, that is, it functions as the main means in carrying out religious obligations and ceremonies. Furthermore, the "trust forest" is said to be religious in nature, that is, it functions as the main means in carrying out religious obligations and ceremonies. Furthermore, the "trust forest" is said to be a customary forest. The area of customary forest managed by the Baduy community is 5,105.85. The number of villages in Baduy continues to increase, while the area of Ulayat land remains unchanged, this can also be said to be an awareness of family planning.

Farming is the main business of the Baduy people, so in this agricultural sector the policy taken is to increase agricultural production of upland rice crops with intensification of land use so that the potential for forest clearing in the shifting cultivation system that is not in accordance with the customs of the Baduy community which strictly maintains the balance of nature can be avoided. . This policy is necessary because as it is known that currently for upland rice types, the Baduy area is one of the producers of upland rice in Kanekes Village which is a village with export potential for upland rice plants, which indicates that the area has a production surplus/potential (Kusdinar, 2004).

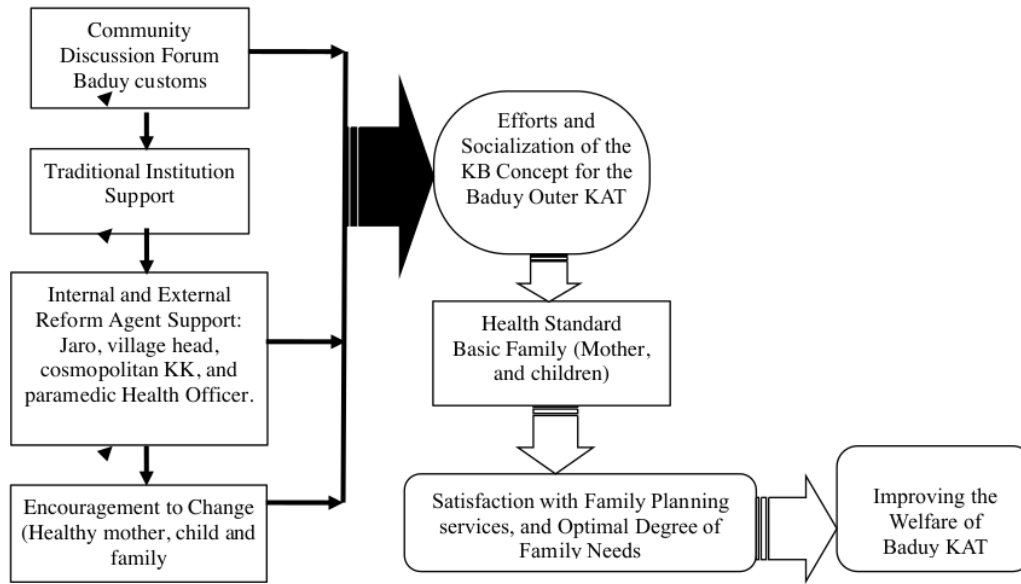


Figure 2:
Strategy to Improve Family Welfare of Baduy KAT with Family Planning

The strategy in improving the welfare of the Baduy KAT family, referring to the research findings is to form a discussion group forum supported by traditional institutions and local government, and support reformer agents so that socialization is more programmed, to generate motives or incentives for change (KB).

One of the policies that need to be implemented is policies related to improving maternal, child and family health, which is also related to agriculture. Considering that in Baduy all decisions are made by 'olot' or (customary leaders) after hearing suggestions from technical service officers. So the strategy offered in order to increase the basic needs of the family, the welfare of the Baduy KAT is to pay attention to the characteristics of the Baduy Community itself.

Lebak Regency Government Policy in Handling Baduy Indigenous Community. Policies for handling KAT consist of (1) policies that are integrated into routine activities that are part of the program of an agency service, and (2) policies that specifically regulate and place KAT as a more specific policy direction.

The following are some of the policies that exist either specifically or in general regarding KAT. In the field of law, it is aimed at upholding the rule of law and upholding Dignity and Human Rights. For this reason, the legal product decided by the Lebak Regency Government regarding the Baduy Remote Indigenous Community is in the context of recognizing the rights, equality and equality of the Baduy Indigenous People's Rights in law and other rights related to the implementation of social and state life. Several legal products that have been issued by the Lebak Regency Government that directly affect the livelihoods of the Baduy indigenous people are:

- (1) Regional Regulation No. 13 of 1990 concerning the Guidance and Development of Baduy Community Traditional Institutions in Lebak Regency.
- (2) Regional Regulation No. 31 of 2001 concerning the Lebak Regency Spatial Plan.
- (3) Regional Regulation No. 32 of 2001 concerning the Protection of the Ulayat Rights of the Baduy Community. Lebak Regent Decree No. 590/Kep.233/Huk/2002 concerning the Determination of Detailed Boundaries of Customary Land of the Baduy Indigenous Peoples 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 region, also has a multiplier effect on other development fields.

V. CONCLUSION

The spread of family planning innovations in the Remote Indigenous Community (KAT) of Baduy is quite acceptable and has worked well. This is indicated by the number of family planning acceptors in KAT Baduy which continues to grow and spreads from year to year more evenly. In fact, even in the Inner Baduy village there are now dozens of mothers who take part in family planning. The Baduy KAT community believes more in using "injection" contraceptives, these contraceptives are relatively more practical and take a long time (once a month), and it is possible that contraceptives in this community are considered not to have many negative effects.

The people of KAT Baduy apparently know that family planning has been around for a long time, which is between 10-12 years, this phenomenon is actually quite interesting to be studied by health service officers and especially PLKB officers, and other researchers. In deciding to do family planning, the Baduy KAT community is relatively fast, because if we look at the community level there is relatively little information coming in, while on the other hand the influence of adat is strong.

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