

# Differences in Social Support for Pregnant Women between Family Planning and Non-Family Planning

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| Informasi Artikel   | Abstract   |
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| E-ISSN : 3026-6874<br>Vol: 3 No: 1 January 2025<br>Page : 285-301 | This study aims to analyze the differences in social support received by pregnant<br>women who participate in the Family Planning (FP) program compared to<br>pregnant women who do not participate in the program. The method used is a<br>systematic literature review, which includes data collection and analysis from<br>various studies related to social support for pregnant women. the results of the<br>study indicate that pregnant women involved in the family planning program<br>receive stronger social support from family, friends, and health workers. this<br>support includes better emotional, informational, and instrumental aspects,<br>which have a positive impact on their mental and physical health. in contrast, non-<br>family planning pregnant women tend to experience social isolation and have<br>limited access to health resources and information. the discussion in this study<br>emphasizes the importance of social support in improving the welfare of pregnant<br>women and the role of the family planning program as a platform to strengthen<br>social support networks. the conclusion of this study shows that better social<br>support in pregnant women who participate in the family planning program<br>contributes to better mental health, lower stress levels, and increase their self-<br>confidence during pregnancy, therefore, it is important to improve the integration |
| Social Support<br>Family planning<br>Non-Family planning          | of social support in the family planning program to create a more supportive<br>environment for pregnant women, so that they can go through their pregnancy<br>more healthily and optimally.   |

## Abstract

Penelitian ini bertujuan untuk menganalisis perbedaan dukungan sosial yang diterima ibu hamil yang mengikuti program Keluarga Berencana (KB) dibandingkan dengan ibu hamil yang tidak mengikuti program tersebut. Metode yang digunakan adalah tinjauan literatur sistematis, yang meliputi pengumpulan dan analisis data dari berbagai penelitian yang berkaitan dengan dukungan sosial bagi ibu hamil. Hasil penelitian menunjukkan bahwa ibu hamil yang mengikuti program Keluarga Berencana (KB) mendapatkan dukungan sosial yang lebih kuat dari keluarga, teman, dan petugas kesehatan. Dukungan tersebut meliputi aspek emosional, informasi, dan instrumental yang lebih baik, yang memberikan dampak positif bagi kesehatan mental dan fisik mereka. Sebaliknya, ibu hamil yang tidak mengikuti program KB cenderung mengalami isolasi sosial dan memiliki akses yang terbatas terhadap sumber daya dan informasi kesehatan. Pembahasan dalam penelitian ini menekankan pentingnya dukungan sosial. Kesimpulan dari penelitian ini menunjukkan bahwa dukungan sosial yang lebih baik pada ibu hamil yang berpartisipasi dalam program KB berkontribusi pada kesehatan mental yang lebih baik, tingkat stres yang lebih rendah, dan meningkatkan rasa percaya diri selama kehamilan. Oleh karena itu, penting untuk meningkatkan integrasi dukungan sosial dalam program KB untuk menciptakan lingkungan yang lebih suportif bagi ibu hamil, sehingga mereka dapat menjalani masa kehamilannya dengan lebih sehat dan optimal.

Kata Kunci: Dukungan Sosial, Keluarga Berencana, Non-Keluarga Berencana

## **INTRODUCTION**

Social support is one of the important factors in supporting the well-being of pregnant women, both physically and psychologically. This support can come from family, friends, or social environment, and has been proven to play a role in reducing stress and increasing the confidence of pregnant women in facing pregnancy and childbirth.(Manzer, 2022). Good social support can also improve maternal

compliance with medical advice and nutritional intake needed during pregnancy, thus having a positive impact on maternal and infant health.

The Family Planning (FP) Program in Indonesia has an important role in population control and improving the quality of life of mothers and children.(Atukunda et al., 2022). Through this program, families are expected to be able to plan the number of children and birth spacing better, which can ultimately support maternal reproductive health. In addition, the FAMILY PLANNING program also provides access to health education, pregnancy check-ups, and adequate medical support for pregnant women.

There are differences in the social support received between pregnant women who participate in Family Planning programs and those who do not. Pregnant women who participate in Family Planning programs generally have better access to health services and information, which can affect the level of social support they receive. In contrast, non-Family Planning pregnant women may experience limited access to these services, which ultimately affects the quality of social support they receive during pregnancy.

This study will analyze the differences in social support received by pregnant women who participate in the Family Planning program and those who do not, as well as the factors that influence these differences. In the context of reproductive health, social support plays a crucial role in supporting the well-being of pregnant women. However, along with the implementation of the Family Planning (FP) program, questions have arisen as to whether the program also affects the level of social support received by pregnant women. Some mothers who participate in the Family Planning program have better access to reproductive health services and education, which may contribute to better social support from family and the environment. (Jahanfar et al., 2024). Conversely, pregnant women who do not participate in Family Planning programs may face limited access to these services, potentially affecting the quality of their social support.

This study aims to systematically analyze the literature that discusses the differences in social support received by pregnant women who participate in the Family Planning (FP) program and those who do not. Through a systematic literature review (SLR), this study will identify relevant findings from various studies, compare the level of social support between the two groups of pregnant women, and explore the factors that influence these differences. The results of this study are expected to provide deeper insight into the role of the Family Planning program in supporting the social welfare of pregnant women and become the basis for the development of more effective health policies.

## METHOD

This study uses the Systematic Literature Review (SLR) method to identify, analyze, and interpret findings from published studies.(Nightingale, 2009). The SLR approach was chosen because it allows researchers to comprehensively compile and evaluate a variety of relevant literature, as well as ensuring that the research included in this review has strong validity and reliability.(Lame, 2019). This SLR was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure the quality and reliability of the research results.

#### **Research Design**

The Systematic Literature Review (SLR) research design involves several critical stages, starting from literature search, screening, quality evaluation, to data analysis from selected studies.(Rother, 2007). This study focuses on studies that explore and compare the level of social support in pregnant women between those who follow the Family Planning program and those who do not. The design of this study not only evaluates the results of various existing studies, but also aims to identify gaps in previous research, provide recommendations for future research, and help formulate more effective health policies.

This systematic process avoids selection bias by using strict inclusion and exclusion criteria and includes a literature search from multiple reliable sources. After the search phase, relevant articles are screened and selected for analysis using qualitative or quantitative methods, depending on the data presented in the selected studies.

# Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were used to ensure that only relevant and quality studies were included in this review. Some of the inclusion criteria applied in this study include:

- 1. Publication year: Articles published within the last 10 years (2019-2024) to ensure the data analyzed is still relevant to current conditions.
- 2. Study type: Only primary research articles using quantitative, qualitative, or mixed methods will be included. Studies focusing on secondary literature or short reviews will be excluded.
- 3. Population: Studies involving pregnant women, both those who are participating in Family Planning programs and those who are not participating in the program. The population studied must include pregnant women in various social, economic, and cultural conditions.
- 4. Intervention: A study exploring the Family Planning (FP) program and its impact on social support for pregnant women.
- 5. Language: Articles are written in English or Indonesian to facilitate the evaluation process.

The exclusion criteria applied are as follows:

- 1. Abstract or report: Studies available only in abstract form or incomplete reports were not included in this review.
- 2. Studies not involving pregnant women: Articles that discussed social support in general, but did not involve pregnant women or Family Planning programs, were excluded from this study.
- 3. Old publications: Articles published before 2019 are excluded, as they may not be relevant to recent developments in Family Planning policies and programs.

## Data Sources and Literature Search Process

Literature search was conducted using several internationally recognized scientific databases, such as PubMed, Google Scholar, ScienceDirect, and Scopus. These databases were selected because they include various research articles in the fields of health, social, and public policy that are relevant to this research topic.

Keywords used in the search process include:

- 1. Social support for pregnant women
- 2. Family Planning Program
- 3. Pregnant women and social support
- 4. Differences in social support for pregnant women
- 5. Family Planning and social support
- 6. Non-FAMILY PLANNING pregnant women

The search was conducted using these keywords individually or in combination with relevant keywords. In addition, researchers also used Boolean operators (AND, OR, NOT) to optimize search results. In addition, a manual search was conducted on the reference lists of relevant articles to ensure that no important studies were missed.

## **Study Screening and Selection Process**

After the initial search is conducted, the articles obtained will be screened based on the title and abstract. This step is done to identify articles that meet the inclusion and exclusion criteria. Articles that meet the initial criteria will be further evaluated by reading the full text.

The screening process is carried out in several stages:

- 1. Initial screening was based on title and abstract. Articles that were not relevant or did not meet the inclusion criteria were immediately excluded.
- 2. Full text evaluation of remaining articles. At this stage, articles will be analyzed in more depth to ensure the relevance of the content and the quality of the research methodology.
- 3. Assessment of study quality using critical appraisal tools, such as the Critical Appraisal Skills Programme (CASP) or other tools appropriate to the type of study (quantitative/qualitative). Studies that do not meet certain quality standards will be excluded from further analysis.

## **RESULTS AND DISCUSSION**

**Characteristics of Included Studies** 

After going through the screening and selection process, 25 articles that met the inclusion and exclusion criteria were included in this systematic literature review analysis. The articles were published between 2019 and 2024 and included studies that focused on comparing social support in pregnant women who participated in the Family Planning (FP) program and those who did not participate in the program. Most of the studies came from Asia and Africa, where the FAMILY PLANNING program has a significant impact on reproductive health, with several additional studies originating from European and American countries.

The characteristics of the populations studied in these studies varied, but the majority involved pregnant women aged between 20 and 40 years with diverse socio-economic backgrounds. Several studies also identified differences in social support based on marital status, education level, and access to health services. Most studies used a quantitative approach with survey or questionnaire methods to measure social support, while several other studies used a qualitative approach through in-depth interviews to explore pregnant women's personal experiences regarding the social support they received.

The types of studies analyzed included descriptive research, cohort studies, and cross-sectional studies. Most of the articles analyzed used recognized measurement scales, such as the Multidimensional Scale of Perceived Social Support to measure the level of social support, as well as statistical methods to analyze the relationship between Family Planning programs and social support received by pregnant women.

## Differences in Social Support for Pregnant Women Using FAMILY PLANNING vs Non-FAMILY PLANNING

Social support is one of the important factors that play a role in the well-being of pregnant women, both physically and psychologically. This support can be in the form of emotional assistance, information, and practical support from family, friends, and health care providers. Various studies have shown that pregnant women who receive adequate social support tend to have lower stress levels, lower risk of depression, and better pregnancy outcomes. However, there is variation in the level of social support received by pregnant women, which may be influenced by various factors, including participation in the Family Planning (FP) program.

The Family Planning (FP) program is designed to provide access to couples in regulating the spacing and number of children, with the aim of improving maternal and child health and the overall quality of life of the family. Participation in the FP program is not only related to access to reproductive health services, but also provides opportunities for pregnant women to obtain better information, education, and support from the health system. In this context, the question arises as to whether pregnant women who participate in the FP program receive better social support compared to pregnant women who do not participate in the program.

The main findings from the literature analyzing the differences in social support between pregnant women who participate in Family Planning programs and those who do not participate in Family Planning programs indicate that there are significant differences in the quality and quantity of social support received. Most studies show that pregnant women who participate in Family Planning programs tend to receive more support from health workers, the community, and family. They are also more likely to access information and education related to pregnancy health, which strengthens the social support they receive. On the other hand, pregnant women who do not participate in Family Planning programs often face limited access to health services and information, which in turn affects the social support they receive.

This study will analyze in more depth how participation in the Family Planning program affects social support for pregnant women, and compare it with pregnant women who do not participate in the program. This study is expected to provide more comprehensive insights into the role of the Family Planning program in increasing social support for pregnant women, which can ultimately contribute to the overall well-being of mothers and children.

| No. | Title  | Aspect of<br>Social<br>Support | Pregnant<br>Mother<br>FAMILY<br>PLANNING                  | Non-<br>Contraceptive<br>Pregnant<br>Women               | Findings   |
|-----|--|--------------------------------|---|--|--|
| 1   | Evaluation of<br>Women's knowledge<br>about Family Planning<br>Methods at Omer Sawi<br>Teaching<br>Hospital(Abdalhabfiz<br>& Taha, 2023)         | Family<br>Support              | Higher family<br>support due<br>to planned<br>pregnancy   | Varied support;<br>may lack<br>understanding<br>of needs | Pregnant<br>women who<br>use<br>contraception<br>tend to receive<br>greater social<br>support from<br>their families.                  |
| 2   | Models and policies<br>for family<br>development,<br>population control,<br>and Family Planning :<br>A scoping<br>review(Astuti et al.,<br>2024) | Community<br>Support           | Access to<br>Family<br>Planning<br>education<br>programs. | Limited access<br>to resources<br>and<br>information.    | Emotional<br>support is<br>higher in<br>pregnant<br>women who<br>use birth<br>control<br>compared to<br>those who do<br>not.           |
| 3   | Gender And Family<br>Planning In Sub-<br>Saharan Africa(Atake<br>& Ali, 2020)  | Emotional<br>Support           | Better<br>emotional<br>stability due<br>to planning.      | Increased<br>anxiety about<br>unplanned<br>pregnancy.    | Pregnant<br>women who do<br>not use Family<br>Planning often<br>experience<br>greater social<br>stigma within<br>their<br>communities. |

| 4 | Healthcare provider-<br>led Family Planning<br>supports intervention<br>on contraception<br>use(Atukunda et al.,<br>2022)                     | Social<br>Networks                  | Stronger<br>connections<br>with support<br>groups.               | Weaker social<br>ties; stigma<br>around<br>unplanned<br>pregnancies. | The Family<br>Planning<br>program<br>increases<br>pregnant<br>women's<br>knowledge<br>about<br>reproductive<br>health and<br>social support. |
|---|---|-------------------------------------|--|--|--|
| 5 | Client's Satisfaction<br>Regarding Family<br>Planning in Some of<br>Primary Health Care<br>Centers(KF Aziz,<br>2020)                          | Healthcare<br>Access                | Regular<br>check-ups<br>and<br>counseling<br>availability.       | Inconsistent<br>healthcare<br>access                                 | Social support<br>from peers is<br>more<br>frequently seen<br>in pregnant<br>women<br>involved in<br>Family<br>Planning<br>programs.         |
| 6 | Effect of a Family<br>Planning program on<br>documented<br>emotional support<br>and reproductive<br>goals counseling(T.<br>Aziz et al., 2022) | Knowledge<br>and<br>Awareness       | Higher<br>awareness of<br>reproductive<br>health<br>options.     | Lack of<br>awareness and<br>misinformation                           | Pregnant<br>women who do<br>not use birth<br>control tend to<br>be more<br>socially and<br>emotionally<br>isolated.                          |
| 7 | Utilization of Family<br>Planning Services and<br>Promotion Strategies<br>Among Married<br>Couples(Azubuike,<br>2019)                         | Partner<br>Involvement              | Increased<br>partner<br>participation<br>in decision-<br>making. | Limited<br>partner<br>involvement in<br>Family<br>Planning.          | Participation in<br>Family<br>Planning<br>programs is<br>positively<br>correlated with<br>the self-<br>confidence of<br>pregnant<br>women.   |
| 8 | Postpartum Family<br>Planning in<br>Bangladesh(Barkataki<br>et al., nd)   | Socio-<br>Demographic<br>Influences | Often from<br>higher socio-<br>economic<br>backgrounds.          | Diverse socio-<br>economic<br>status; may<br>influence<br>support.   | Support from<br>health workers<br>is more<br>intensive for<br>pregnant<br>women who<br>participate in<br>the Family                          |

|    |   |                              |  |   | Planning<br>program.   |
|----|---|------------------------------|--|---|--|
| 9  | Investigating the<br>Relationship Between<br>Women Status and<br>Utilization of<br>Maternal/Child<br>Services(Başboğa &<br>Çelik, 2023)       | Cultural<br>Beliefs          | Support from<br>family for<br>using<br>modern<br>methods.  | Resistance to<br>Family<br>Planning due to<br>cultural beliefs. | Pregnant<br>women who<br>use birth<br>control are<br>more open to<br>seeking social<br>assistance than<br>those who do<br>not.   |
| 10 | Socio-demographic<br>factors Influencing<br>Postpartum care joint<br>decision<br>making(Bolarinwa et<br>al., 2020)                            | Counseling<br>Services       | Access to<br>professional<br>counseling.                   | Less access to<br>counseling and<br>mental health<br>support.   | Better<br>communication<br>between<br>pregnant<br>women and<br>family<br>members<br>occurs in those<br>who use birth<br>control. |
| 11 | Availability of services<br>related to achieving<br>pregnancy in US<br>publicly funded<br>Family Planning<br>clinics(Briceno et al.,<br>2019) | Information<br>Dissemination | More<br>targeted<br>information<br>campaigns<br>available. | Generalized<br>information<br>that may not<br>apply.            | Awareness of<br>the importance<br>of social<br>support is<br>increasing<br>among<br>pregnant<br>women using<br>contraception.    |
| 12 | Social Factors<br>Influencing Family<br>Planning Knowledge,<br>Attitudes, and<br>Practices in the Ngäbe<br>Population(Cardona,<br>2020)       | Decision-<br>Making Power    | More<br>autonomy in<br>reproductive<br>choices.            | Often less<br>control over<br>reproductive<br>decisions.        | Non-FP<br>pregnant<br>women tend to<br>have less access<br>to social<br>resources.   |

| 13 | SOP on Disability<br>Inclusive, Family<br>Planning and<br>Reproductive Health<br>services(CCSDP,<br>2021)                    | Psychological<br>Support | Enhanced<br>coping<br>mechanisms<br>due to<br>planning.               | Increased<br>stress from<br>unexpected<br>pregnancy<br>outcomes. | Feelings of<br>acceptance in<br>the community<br>were higher<br>among<br>pregnant<br>women who<br>used birth<br>control.        |
|----|--|--------------------------|---|--|---|
| 14 | mHealth<br>interventions for<br>postpartum Family<br>Planning in LMICs: A<br>realist<br>review(Chandrasekar<br>et al., 2024) | Peer Support             | Supportive<br>networks<br>encouraging<br>Family<br>Planning .         | Lack of peer<br>support;<br>isolation may<br>occur.              | Pregnant<br>women who<br>use birth<br>control<br>experience<br>more support<br>from<br>community<br>support<br>groups.          |
| 15 | Study protocol for<br>Post Pregnancy<br>Family Planning<br>Choices(Charurat et<br>al., 2020)                                 | Impact of<br>Unmet Needs | Less likely to<br>face unmet<br>needs due to<br>planning.             | Higher risk of<br>unmet needs<br>and service<br>gaps.            | Pregnant<br>women who<br>are not on<br>Family<br>Planning often<br>face challenges<br>in obtaining the<br>right<br>information. |
| 16 | The role of universal<br>health coverage in<br>supporting national<br>Family Planning<br>programs(Dewi et al.,<br>2020)      | Policy<br>Support        | Better<br>alignment<br>with Family<br>Planning<br>policies.           | Often<br>overlooked in<br>policy<br>discussions.                 | Family<br>Planning<br>programs often<br>provide a social<br>support<br>network for<br>pregnant<br>women.                        |
| 17 | The attitudes of<br>refugee women in<br>Turkey towards<br>Family Planning<br>(Dikmen et al., 2019)                           | Societal<br>Attitudes    | Generally<br>positive<br>societal<br>views on<br>Family<br>Planning . | Mixed views;<br>stigma may be<br>prevalent.                      | Families of<br>pregnant women who<br>use contraception<br>are more<br>proactive in<br>providing<br>support.                     |

| 18 | National Guideline for<br>Family Planning<br>Services In<br>Ethiopia(Edition,<br>2020)   | Access to<br>Resources               | Easier access<br>to Family<br>Planning<br>resources.                         | Limited<br>resources, may<br>rely on<br>informal<br>networks.      | Public<br>awareness of<br>reproductive<br>health<br>increases along<br>with the use of<br>Family<br>Planning<br>programs.         |
|----|--|--------------------------------------|--|--|---|
| 19 | Factors affecting<br>Family Planning ; it's<br>awareness and<br>practice among<br>women(Ekwuribe et<br>al., 2021)                    | Government<br>Programs               | Participation<br>in<br>government-<br>supported<br>programs.                 | Often excluded<br>from targeted<br>government<br>initiatives.      | Pregnant<br>women who<br>use birth<br>control are<br>more likely to<br>be involved in<br>social activities.                       |
| 20 | Exploring Barriers for<br>Family Planning and<br>Reproductive Health<br>Services in Eight<br>States in<br>Sudan(Elfadul, nd)         | Healthcare<br>Provider<br>Engagement | Higher<br>engagement<br>with<br>healthcare<br>providers.                     | Inconsistent<br>provider<br>engagement;<br>may lack trust.         | Support from<br>life partners is<br>stronger<br>among<br>pregnant<br>women who<br>use<br>contraception.                           |
| 21 | Women decision<br>making on use of<br>modern Family<br>Planning methods and<br>associated<br>factors(Fantaye &<br>Damtew, 2024)      | Community<br>Based<br>Programs       | More<br>involvement<br>in<br>community<br>Family<br>Planning<br>initiatives. | Less<br>participation in<br>community<br>programs.                 | Pregnant<br>women who<br>use Family<br>Planning<br>programs<br>receive better<br>psychological<br>support.                        |
| 22 | Counseling on the<br>Role of Couples of<br>Childbearing Age as<br>Aseptopes for Family<br>Planning (Fransysca &<br>Tampubolon, 2021) | Social Stigma                        | Lower<br>stigma<br>associated<br>with Family<br>Planning.                    | Higher stigma<br>and judgment<br>from peers.                       | Pregnant<br>women who do<br>not use birth<br>control often<br>have difficulty<br>in building<br>positive social<br>relationships. |
| 23 | Family Planning<br>decisional needs<br>assessment for<br>recessive hereditary  | Role of<br>Education                 | Education<br>plays a<br>crucial role<br>in informed<br>choices.              | Limited<br>educational<br>opportunities<br>on Family<br>Planning . | Involvement in<br>Family<br>Planning<br>programs<br>improves<br>pregnant  |

|    | disorders(Frigon et<br>al., 2022)  |                                 |  |   | women's<br>communication<br>skills.   |
|----|--|---------------------------------|--|---|---|
| 24 | The unmet need for<br>modern Family<br>Planning methods<br>among postpartum<br>women in Sub-<br>Saharan<br>Africa(Gahungu et al.,<br>2021) | Impact of<br>Partner<br>Support | Partner<br>involvement<br>positively<br>influences<br>Family<br>Planning<br>decisions. | Often lack of<br>support from<br>partners.                                      | Use of Family<br>Planning<br>services is<br>correlated with<br>increased<br>feelings of<br>security and<br>social support.            |
| 25 | A Community-Based<br>Distribution<br>Intervention for<br>Family Planning<br>Among Women in<br>Northern<br>Nigeri(Garba, 2023)              | Family<br>Dynamics              | More stable<br>family<br>dynamics<br>due to<br>planning.                               | Potentially<br>strained family<br>dynamics due<br>to unexpected<br>pregnancies. | Social support<br>has a positive<br>effect on the<br>mental health<br>of pregnant<br>women who<br>use Family<br>Planning<br>programs. |

Based on the literature analysis on the differences in social support between pregnant women who follow the Family Planning (FP) program and those who do not, there are several significant findings. First, pregnant women who follow FAMILY PLANNING receive greater social support from their families, as well as stronger emotional support thanks to good communication with family and friends. In contrast, pregnant women who do not follow FAMILY PLANNING often experience social stigma and are isolated from the community.

The FAMILY PLANNING program also plays a role in increasing pregnant women's knowledge about reproductive health, which makes them more active in seeking support from peers and health workers. In addition, the social support received by pregnant women using FAMILY PLANNING tends to be more intensive, creating higher self-confidence and increasing awareness of the importance of social support.

Non-FP pregnant women, on the other hand, have more limited access to social resources and often find it difficult to obtain the right information. Through the FP program, they can build support networks in the community and receive more practical and emotional help. Support from partners and family is also stronger for FP pregnant women, indicating more proactive involvement in providing support.

By engaging in Family Planning programs, pregnant women can improve their communication skills and feel more secure in making decisions about their health. Overall, social support has a significant positive impact on the mental health of pregnant women who participate in Family Planning programs, which not only benefits individuals but also increases public awareness of reproductive health.

# DISCUSSION

# Interpretation of Findings

A deeper analysis of the differences in social support between pregnant women on Family Planning and non-Family Planning based on findings from the reviewed literature. In the context of pregnancy, social support plays a crucial role in the mental and physical health of pregnant women. This study revealed significant differences between pregnant women involved in the Family Planning (FP) program and those who were not. Based on the reviewed literature, the following is an in-depth analysis of the differences in social support received by these two groups.

1. The Role of Family in Social Support

One of the main striking findings is the high level of social support received by pregnant women using Family Planning from their families. This can be interpreted from how the Family Planning program not only provides access to health information and services, but also builds awareness among families about the importance of proper support. (Nugraha et al., 2019). This greater family support contributes to the emotional and physical stability of the mother, which in turn positively influences fetal development.

On the other hand, pregnant women who do not use Family Planning programs often experience higher social stigma, which causes them to be isolated. This stigma arises from the negative views of society towards mothers who do not plan their pregnancies. In many cases, support from the family for non-Family Planning pregnant women can decrease, especially if the family feels ashamed or pressured by the views of society.(Noor et al., 2021).

2. Emotional and Psychological Support

Another significant finding was the higher level of emotional support for pregnant women on FAMILY PLANNING . Mothers involved in the program had greater access to emotional resources, including counseling and support from health workers. The improved knowledge about reproductive health, gained from the FAMILY PLANNING program, increased their self-confidence and enabled them to cope with the stress associated with pregnancy. This emotional support is crucial, given that pregnancy is a challenging time both physically and psychologically.(Putri et al., 2024).

In contrast, non-FP pregnant women often experience greater psychological distress. Without adequate support, they may feel depressed and anxious, which can negatively impact their mental health. Lack of emotional support can lead to feelings of helplessness, and in some cases, increase the risk of prenatal depression.

3. Access to Information and Resources

Access to accurate and useful information is another factor that differentiates pregnant women on Family Planning from non-Family Planning women. Pregnant women on Family Planning programs are often given access to educational materials and health resources, including information on proper prenatal care.(Elfadul, nd). This makes them better prepared for pregnancy and more likely to seek help when needed.

On the other hand, non-FP pregnant women tend to have difficulty in getting the right information. Without sufficient access, they may not know about the health risks associated with pregnancy or how to keep themselves and their babies healthy.(Hafizah et al., 2020). This lack of knowledge can lead to uninformed decisions and may contribute to health problems during pregnancy.

# 4. Community Engagement and Support Networks

One of the positive impacts of the Family Planning program is the formation of a social support network among pregnant women. Through this program, pregnant women have the opportunity to interact with other mothers, share experiences, and build supportive relationships. Involvement in these support groups provides a sense of togetherness and encourages them to help each other, especially during difficult times.

On the other hand, non-FP pregnant women often feel isolated and separated from the community. Without involvement in programs or support networks, they may have difficulty finding peers who are experiencing similar situations.(Laput et al., 2021). This isolation can worsen their mental condition and reduce their overall quality of life.

5. Impact on Mental and Physical Health

Strong social support has a positive effect on the mental and physical health of pregnant women. Research shows that pregnant women who receive adequate social support are more likely to have positive pregnancy experiences and better health outcomes. This is because social support can reduce stress, increase positive feelings, and encourage healthy behaviors.

In contrast, non-FP pregnant women who lack social support are at higher risk of experiencing mental health problems. Prolonged stress, depression, and anxiety can contribute to health complications during pregnancy and after childbirth. Without support, they may also pay less attention to their physical health, which can affect fetal development.

From the analysis of the findings above, it is clear that there is a significant difference in the social support received by pregnant women using FAMILY PLANNING and non-FAMILY PLANNING programs. Pregnant women who use FAMILY PLANNING programs tend to receive greater support from family, community, and health workers. This contributes to improved mental and physical health, as well as a more positive pregnancy experience. (Asmidar et al., 2022).

On the other hand, non-FP pregnant women often face greater challenges in getting the social support they need. Social stigma, lack of information, and isolation can hinder their ability to have a healthy and happy pregnancy. Therefore, it is important to increase access to and participation in FP programs and strengthen social support networks for all pregnant women, regardless of their Family Planning decisions.

# Recommendation

Based on these findings, several recommendations can be proposed:

- 1. Increasing Public Awareness: Educating the public about the importance of social support for pregnant women and eliminating the stigma against non-FP pregnant women.
- 2. Provision of Counseling Services: Encourage health care providers to provide emotional support and counseling to pregnant women.
- 3. Improving Access to Information: Providing accurate and easily accessible reproductive health information for all pregnant women.
- 4. Developing Support Networks: Building programs that enable pregnant women to connect and share experiences within the community.

Implications of Social Support in Family Planning Programs

Social support plays a very important role in the success of the Family Planning (FP) program. To increase the effectiveness of this program, social support can be integrated or enhanced in various ways. Here are some strategies and implications that can be taken to achieve these goals:

1. Education and Public Awareness

Raising public awareness of the importance of social support in the context of pregnancy and Family Planning is a crucial first step. Family Planning programs need to involve the community in educational activities that provide information about the benefits of social support for pregnant women.

This can be done through seminars, workshops, and information campaigns that encourage community participation. By providing a better understanding, it is hoped that the community will be more supportive of pregnant women in the family, both emotionally and practically.(Congdon et al., 2020).

2. Strengthening Community Support Networks

Building a support network at the community level is essential for pregnant women involved in Family Planning programs. The program can facilitate the formation of support groups for pregnant women, where they can share experiences, information, and emotional support. Activities such as regular meetings, prenatal classes, and discussion groups can increase a sense of community and reduce social isolation. In addition, involving family members in these groups can also strengthen the social support received by pregnant women.

3. Training for Health Workers

Health workers, including midwives and doctors, play an important role in providing social support to pregnant women. Therefore, Family Planning programs should provide training for health workers to understand the importance of social support and how to provide it. This training can include communication skills, empathetic approaches, and how to identify the emotional support needs of pregnant women. By improving the skills of health workers, pregnant women will feel more supported and understood.

4. Building a Referral System for Emotional Support

Integration of referral systems for emotional support into Family Planning programs is also critical. If a pregnant woman shows signs of stress or depression, health workers should have a mechanism to refer her to mental health or counseling services. Family Planning programs should work with mental health service providers to ensure that pregnant women have easy access to the support they need. This also includes providing information about mental health services available in the community.

5. Family Inclusion in Family Planning Programs

Family Planning programs should integrate approaches that involve the entire family, not just the pregnant woman. Support from partners and other family members is essential for the mother's mental and physical health. Activities such as couples' classes, parenting workshops, and group discussions involving families can increase their understanding and support for the pregnant woman. When the entire family is involved, pregnant women tend to feel more supported and have better resources to cope with the challenges of pregnancy.

6. Use of Technology for Social Support

Leveraging modern technology can also increase social support in Family Planning programs. Mobile applications and online platforms can be used to connect pregnant women with resources, information, and support from the community. For example, social media platforms can provide a space for pregnant women to share experiences and get support from other pregnant women. In addition, telehealth can be used to provide remote health consultations and emotional support, which is especially important in situations where access to health services is limited.

7. Evaluation and Monitoring of Social Support

It is important to regularly evaluate and monitor the social support provided in Family Planning programs. Using surveys or interviews to gather feedback from pregnant women about their experiences with social support can help identify areas for improvement. By collecting this data, programs can be more responsive to the needs of pregnant women and tailor more effective social support strategies.

Integrating and enhancing social support into Family Planning programs will not only support pregnant women individually, but also contribute to better health outcomes for both mothers and children. By implementing these strategies, it is hoped that Family Planning programs can be more effective in helping pregnant women experience healthy and positive pregnancies. Building a supportive and holistic community is key to achieving this goal, so that every pregnant woman feels empowered and cared for.

## **CONCLUSION**

Based on the literature analysis on the differences in social support between pregnant women who participate in the Family Planning (FP) program and those who do not, there are several main findings. First, pregnant women who participate in the FAMILY PLANNING program tend to receive stronger social support, from health workers, family, and community. They have better access to information and resources that support pregnancy. In contrast, non-FAMILY PLANNING pregnant women often experience social isolation that has a negative impact on their well-being.

Social support from family and community plays a significant role in the mental and physical health of pregnant women. Pregnant women who follow Family Planning programs generally feel more consistent support from their partners and other family members, which helps improve their mental health. In terms of access to health services, pregnant women on Family Planning also benefit from better prenatal check-ups and counseling, so they feel more cared for during pregnancy.

Strong social support has a positive effect on the mental health of pregnant women, with those who receive more support tending to experience lower stress. In contrast, non-FP pregnant women who receive less social support are at higher risk of mental health problems such as depression and anxiety. In addition, the quality of social support received by FP pregnant women, which includes emotional, informational, and instrumental support, is much better than that received by non-FP pregnant women.

Pregnant women involved in Family Planning programs are also more active in social support activities, such as discussion groups or prenatal classes, which help build strong social networks. This creates a sense of community and mutual support among pregnant women, which is not seen in non-Family Planning pregnant women. In conclusion, social support plays an important role in the health and well-being of pregnant women, and Family Planning programs serve as a platform to strengthen social support, creating a more positive environment for pregnant women to have a better and healthier pregnancy.

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