IMPLEMENTATION OF BANGGA KENCANA PROGRAM IN ROKAN HULU : A *MAQĀṢID AL-SHARĪ'AH* ANALYSIS

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Abstract
The Bangga Kencana Program, as a strategic initiative of the Indonesian government, is often narrowly understood as a population control policy, despite its broader orientation toward family well-being and human development. This study examines the implementation of the program in Rokan Hulu Regency through the perspective of *Maqāṣid al-Sharī'ah*, focusing on its operational strategies and normative relevance within a Muslim-majority context. This qualitative field study employed in depth interviews with policymakers, family planning counselors, religious leaders, and community members, supported by document analysis. The findings indicate that the effectiveness of the program is closely related to the integration of religious values into implementation strategies. Collaboration between government institutions, religious leaders, and community figures enhances public acceptance of family planning and strengthens the program's socio-cultural legitimacy. From a *maqāṣid* perspective, program initiatives related to maternal and child health, reproductive education, and family preparedness reflect efforts to support ḥifẓ al-dīn, ḥifẓ al-nafs, and ḥifẓ al-nasl. Despite, this study also identified persistent misconceptions regarding contraception, particularly concerns related to halal status and side effects, indicating limitations in the realization of ḥifẓ al-'aql. In addition, economic empowerment initiatives remain limited in scope, constraining the program's contribution to ḥifẓ al-māl. The study concluded that the sustainability of the Bangga Kencana Program depends not only on administrative implementation but also on its ability to adapted within local religious and socio-cultural contexts.
Keywords : Program Bangga Kencana, Rokan Hulu, *Maqāṣid al-Sharī'ah*

Abstrak
Program Bangga Kencana sebagai salah satu inisiatif strategis pemerintah Indonesia sering kali dipahami secara sempit sebagai kebijakan pengendalian penduduk, padahal program ini memiliki orientasi yang lebih luas terhadap pembangunan kualitas keluarga dan kesejahteraan masyarakat. Penelitian ini mengkaji implementasi Program Bangga Kencana di Kabupaten Rokan Hulu melalui perspektif Maqāṣid al-Sharī'ah, dengan fokus pada strategi implementasi serta relevansi normatifnya dalam konteks masyarakat mayoritas Muslim. Penelitian ini merupakan studi lapangan kualitatif yang menggunakan wawancara mendalam dengan pembuat kebijakan, penyuluh keluarga berencana, tokoh agama, dan masyarakat, serta didukung oleh analisis dokumen. Hasil penelitian ini menunjukkan bahwa efektivitas program sangat dipengaruhi oleh integrasi nilai-nilai keagamaan dalam strategi implementasinya. Kolaborasi antara institusi pemerintah, tokoh agama, dan tokoh masyarakat mampu meningkatkan penerimaan publik terhadap program keluarga berencana

sekaligus memperkuat legitimasi sosial dan kultural program tersebut. Dalam perspektif maqāṣid, berbagai inisiatif terkait kesehatan ibu dan anak, edukasi reproduksi, dan kesiapan keluarga mencerminkan upaya mendukung ḥifẓ al-dīn, ḥifẓ al-nafs, dan ḥifẓ al-nasl. Namun demikian, penelitian ini juga menemukan masih adanya kesalahpahaman terkait kontrasepsi, khususnya mengenai status kehalalan dan efek samping, yang menunjukkan keterbatasan dalam realisasi ḥifẓ al-'aql. Selain itu, program pemberdayaan ekonomi yang masih terbatas turut membatasi kontribusi terhadap ḥifẓ al-māl. Penelitian ini menyimpulkan bahwa keberlanjutan Program Bangga Kencana tidak hanya bergantung pada aspek administratif, tetapi juga pada kemampuannya beradaptasi dengan konteks religius dan sosial budaya masyarakat setempat.
Kata kunci : *Program Bangga Kencana, Rokan Hulu, Maqāṣid al-Sharī'ah*

A. INTRODUCTION

As one of the world's most heavily populated nations, Indonesia faces unique demographic and socioeconomic challenges after China, India, and the United States. With a population of 278.69 million by mid-2023, this represents a 1.05% increase from the previous year.[1] This ongoing population growth presents a major challenge for the government in managing resources, infrastructure, and public services to meet the needs of the community.[2] Law Number 52 of 2009 emphasizes the importance of population control as part of sustainable development.[3] Population control is carried out through several efforts, including the Program Kencana and Family Planning (hereinafter referred to as KB) programs, which aim to ensure that population growth is in line with the carrying capacity of the environment and available resources. By controlling the population, the government is better able to provide better public services, such as health care, education, and infrastructure, which ultimately improves the quality of life for the community.

[1] BPS, "Jumlah Penduduk Pertengahan Tahun (Ribu Jiwa), 2022-2024," Badan Pusat Statistik, 2024. diakses 24 April 2026.

[2] Mariana Gustafsson et al., "Adaptive Governance amidst the War : Overcoming Challenges and Strengthening Collaborative Digital Service Provision in Ukraine," *Government Information Quarterly* 42, no. 3 (2025): 102056, https://doi.org/10.1016/j.giq.2025.102056.

[3] I Wayan Wahyu Wira Udytama I Nyoman Teguh Dharma Jaya, "Efektifitas Undang-Undang Nomor 52 Tahun 2009 Tentang Perkembangan Penduduk Dan Pembangunan Keluarga Terhadap Keluarga Berencana," *Jurnal Hukum Mahasiswa* 1, no. 2 (2021): 226–69, https://doi.org/https://doihttps://doi.org/10.36733/jhm.v1i2,.

To address evolving dynamics population and the reproductive health challenges faced, the Bangga Kencana Program was designed with a more holistic and integrated approach. This program focuses on six main aspects; controlling population growth, implementing family planning and reproductive health, comprehensive family development according to the life cycle, global partnerships and collaboration, technological innovation, and strengthening human resource capacity. The main focus of this program is to reduce the total fertility rate (TFR), increase the prevalence of modern contraceptive use, and reduce unmet need for family planning.[4] With Law No. 52 of 2009 concerning National Development Planning as the legal basis, the Bangga Kencana Program is directed to support the achievement of development targets set out in the 2020-2024 National Medium-Term Development Plan (RPJMN).[5] BKKBN Regulation No. 19 of 2023 concerning Guidelines for the Implementation of the Accelerated Stunting Reduction also underscores the program's commitment to reducing stunting, which is one of the government's priority focuses.

Despite its comprehensive orientation, the implementation of the Bangga Kencana Program is facing significant socio-cultural challenges.[6] Many people still perceive family planning narrowly as an effort to limit the number of children rather than as a strategy to improve family welfare and quality of life. This misunderstanding contributes to hesitation and resistance toward family planning participation, particularly in Muslim majority communities where religious values strongly influence public attitudes toward reproductive health and contraception.[7] Consequently, the effectiveness of the program depends not

[4] BKKBN, *Rencana Strategis BKKBN 2020-2024* (Jakarta : Kemendiknas, 2020) diakses 24 April 2026.

[5] Wilchan Robain Heri Pranata Satria, Kiki Farida Farene, "Acceleration Decrease Stunting in Medan City," in *Navigating The Future : Business and Social Paradigms in a Transformative Era.*, 2024, 991–1005.

[6] Media Center Rohul, "Bupati Rohul Anton Buka Kegiatan Intensifikasi Dan Integrasi Pelayanan KBKR Di Wilayah Khusus, Sekaligus Dinobatkan Sebagai Ayah Genre," Media Center Kabupaten Rokan Hulu, 2025, https://mediacenter.rokanhulukab.go.id/view/bupati-rohul-anton-buka-kegiatan-intensifikasi-dan-integrasi-pelayanan-kbkr-di-wilayah-khusus-sekaligus-dinobatkan-sebagai-ayah-genre. diakses 5 Mei 2026.

[7] John Bongaarts, "The Impact of Family Planning Programs on Unmet Need and Demand for Contraception," *Studies i Family Planning* 45, no. 2 (2014): 247–62.

only on administrative implementation but also on the extent to which its strategies are socially accepted, culturally adaptable and religiously legitimized within local communities.

These challenges are particularly relevant in Rokan Hulu Regency, a region characterized by strong Malay-Islamic cultural traditions. From this perspectivethe implementation of the Bangga Kencana Program requires adaptive approaches that integrate local socio-religious values into policy dissemination and community engagement. The Regional Population Control and Family Planning Agency (DPPKB) actively collaborates with religious leaders, community figures, family planning counselors, and local institutions to provide education regarding reproductive health, contraception, birth spacing, and family well-being. Such collaboration is considered important in addressing misconceptions about family planning and enhancing public trust toward government programs.

Previous studies on family planning and stunting prevention have generally examined these issues from technical, institutional, normative, or sectoral perspectives. Several Indonesian studies focus on communication strategies, institutional effectiveness and policy implementation in reducing stunting and increasing participation in family planning programs. [8] While these studies provide important insights into administrative and operational dimensions, they largely conceptualize the Bangga Kencana Program as a bureaucratic intervention and pay limited attention to the socio-religious factors influencing community acceptance and participation.[9] On the other hand, studies

[8] Kusroh Lailiyah, "Peran Badan Kependudukan Dan Keluarga Berencana Nasional Dalam Percepatan Penurunan Stunting," *Mendapo : Journal of Administration Law* 4, no. 1 (2023): 30, https://doi.org/10.22437/mendapo.v4i1.23534; Chatra Al and Shafa Qolby, "Strategi Komunikasi Penyuluhan Pencegahan Stunting Di BKKBN Kota Baubau," *Jurnal Audiens* 5, no. 2 (2024).

[9] Chairil Irawan Rangkuti and Ramadhan Syahmedi Siregar, "The Concept of Maqashid Sharia In The Effectiveness of The Implementation of Presidential Regulation No . 72 Of 2021 Concerning The Handling of Stunting Mandailing Natal Regency," *Journal of Law, Politic, and Humanities* 4, no. 5 (2024): 1404–17; Rizqy Alfiyaty, Dwi Rohma Wulandari, and Israwaty Suriady, "Health Communication Strategies for Stunting Reduction in Sigi Regency," *Asian Journal of Management Entrepreneurship and Social Science* 06, no. 02 (2026): 288–303; Nur Azaliah Mar, St Kuraedah, and Nur Sahiral Layaly, "Breastfeeding as Worship : ' An Islamic Perspective on

grounded in Islamic law and *Maqāṣid al-Sharīʿah* emphasize the role of family planning in protecting life, lineage, and family welfare, particularly through the principles of ḥifẓ al-nafs and ḥifẓ al-nasl. [10] However, these studies are predominantly normative and theological, focusing on legal justification rather than examining how maqāṣid principles are operationalized within government policies and local implementation practices.[11] Moreover, global research on family planning reveals that program effectiveness is strongly influenced by socio-cultural acceptance, literacy, trust, and local authority structures, especially in rural and religious communities. [12]

Studies conducted in regions such as Sub-Saharan Africa revealed that participation in family planning programs is shaped not only by access to services, but also by belief systems, community networks, and religious legitimacy.[13] These findings suggested that family planning programs cannot be adequately understood through technical or demographic approaches alone, but must also be analyzed within broader socio-religious and cultural contexts. Despite these contributions, limited research has integrated empirical program implementation with Maqāṣid al-Sharīʿah as an analytical framework, particularly in examining how Islamic ethical values are translated into governance practices, how religious actors influence policy legitimacy, and how

Stunting Prevention ' a Case Study Conducted in Southeast Sulawesi," *Journal of Scientific Insights* 2, no. 5 (2025): 526–39, https://doi.org/https://doi.org/10.69930/jsi.v2i5.

[10] Kamali, Mohammad Hashim. Maqasid Al-Shari'ah Made Simple. Vol. 13. International Institute of Islamic Thought (IIIT), 2008.; Auda, Jasser. Maqasid Al-Shariah as Philosophy of Islamic Law : A Systems Approach. International Institute of Islamic Thought (IIIT), 2008.

[11] Armi Agustar Ahmad Fauzi, Ahmad Zikri, Hendri K, "The Essence of Family Planning in Islam : Achieving Family Well- Being Through Maqashid Shariah," *Jurispundensi : Jurnal Ilmu Syariah, Perundang-Undangan, Dan Ekonomi Islam* 16, no. 2 (2024): 258–70, https://doi.org/https://doi.org/10.32505/jurisprudensi.v16i2.8421.

[12] World Health Organization, "Family Planning/Contraception Methods," WHO, 2025, https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception; Unicef, "UNICEF Nutrition Strategy 2020–2030," UNICEF, 2024, https://knowledge.unicef.org/child-nutrition-and-development/resource/unicef-nutrition-strategy-2020-2030. diakses 18 Mei 2026.

[13] Michael Asante Ofosu and Emmanuel Odame Owiredu, "Socioeconomic and Cultural Determinants of Family Planning Decision Making Among Rural and Urban Women in Sub-Saharan Africa : A Comparative Analysis of Ghana , Kenya and Nigeria," *Kenya And Nigeria* 4, no. 9 (2025): 2025.

the multidimensional realization of maqāṣid shapes both the effectiveness and limitations of family planning programs in Muslim-majority societies.

Despite of these contributions, remains limited research integrating empirical program implementation with Maqāṣid al-Sharīʻah as an analytical framework. Previous studies rarely examined how Islamic ethical values are operationalized within governance practices, how religious actors shape policy legitimacy, or how tensions emerge between policy dissemination and community understanding. In addition, limited attention has been given to the multidimensional realization of maqāṣid, particularly regarding the imbalance between the realization of *ḥifẓ al-dīn* and *ḥifẓ al-nafs* and the relatively underdeveloped dimensions of *ḥifẓ al-ʻaql* and *ḥifẓ al-māl* in family planning programs.

Therefore, this study examines the implementation of the Bangga Kencana Program in Rokan Hulu Regency through an integrative Maqāṣid al-Sharīʻah perspective. Unlike previous studies that separately discuss institutional effectiveness or normative Islamic principles, this research analyzes how religious values are operationalized within program implementation, how collaboration between government institutions and religious leaders shapes community acceptance, and how the realization of maqāṣid influences both the effectiveness and limitations of the program in promoting holistic family well-being. This study contributes to the growing discourse on maqāṣid based governance by demonstrating how Islamic ethical principles operate within contemporary family planning policies in Muslim majority societies

This research applied a qualitative case study method to examine how the principles of *Maqāṣid al-Sharīʻah* are integrated into the implementation of the Bangga Kencana Program in Rokan Hulu Regency.[14] A case study approach was considered appropriate because the research aimed to explore the interaction between religious values, institutional practices, and community perceptions

[14] Jennifer. Tetnowski, "Understanding and Identifying ' Themes ' in Qualitative Case Study Research," *South Asian Journal of Business and Management Cases* 11, no. 3 (2022): 35–40, https://doi.org/10.1177/22779779221134659.

within a specific socio-cultural context. Rather than seeking statistical generalization, this study prioritized analytical depth and contextual understanding regarding the implementation of family planning policies in a Muslim-majority society.

Fieldwork was conducted between January and March in 2025. The study involved ten informants selected through purposive sampling based on their direct involvement, experience, and relevance to the Bangga Kencana Program. The informants consisted of : (1) officials from the Regional Population Control and Family Planning Agency (DPPKB), including program coordinators and family planning counselors; (2) religious leaders involved in community education and premarital counseling; (3) community leaders from different villages; and (4) family planning participants and community members representing different gender and age groups. Informants were selected from several villages to capture variations in socio-cultural background, religious perspectives, and community responses toward the program. The purposive sampling technique was employed to obtain rich and diverse qualitative data relevant to the research objectives. Data collection continued until thematic saturation was achieved, indicated by the absence of substantially new information from subsequent interviews.

Data were collected through multiple techniques to enhance data richness and ensure triangulation. First, semi-structured in-depth interviews were conducted using an interview guide developed around key themes, including program implementation strategies, integration of religious values, community perceptions, reproductive health awareness, and challenges in program implementation. Second, participant observation was carried out during counseling sessions, community outreach activities, and family planning service programs to capture social interactions and implementation practices in real contexts. Third, document analysis was conducted on policy documents, program reports, government regulations, and official guidelines related to the Bangga Kencana Program and stunting prevention policies.

The data collection procedure involved several stages: (1) preparation of research instruments and administrative approval, (2) identification and recruitment of informants, (3) field data collection through interviews, observations, and document review, and (4) transcription, organization, and coding of the collected data. Prior to the interviews, all participants were informed about the objectives of the research and provided voluntary consent for participation and audio recording. All interviews were recorded with participant consent, transcribed verbatim, and anonymized to maintain confidentiality.

Data analysis employed a thematic approach. The analytical process involved three stages: (1) data reduction through coding, categorization, and identification of recurring themes; (2) data display through thematic matrices and interpretive mapping; and (3) conclusion drawing by interpreting empirical patterns in relation to the framework of *Maqāṣid al-Sharī'ah*, particularly ḥifẓ al-dīn, ḥifẓ al-nafs, ḥifẓ al-'aql, ḥifẓ al-nasl, and ḥifẓ al-māl. This analytical approach enabled the study to move beyond descriptive reporting toward interpretive and critical analysis of program implementation within its socio-religious context.

To ensure the credibility and trustworthiness of the findings, several validation strategies were applied. These included data triangulation across informants and data sources, methodological triangulation through interviews, observations, and document analysis, and member checking with selected informants to confirm the accuracy of interpretations. In addition, peer debriefing was conducted with fellow researchers to minimize subjective bias and strengthen analytical rigor throughout the research process.

B. FINDINGS AND DISCUSSION

1. Overview of the Proud Kencana Program

Bangga Kencana Program reflected a transformation in Indonesia's population governance paradigm, shifting from a demographic-control orientation toward a more integrative approach centered on family development

and social welfare[15]. Rather than positioning family planning solely as a mechanism to regulate birth rates, the program redefines population policy as part of broader human development efforts encompassing reproductive health, family resilience, education, and economic well-being[16]. This transformation indicates the government's attempt to respond not only to population growth, but also to wider socio-economic challenges such as stunting, poverty, and unequal access to health services.

Within this paradigm, the family was constructed as the primary unit of national development[17]. Consequently, the Bangga Kencana Program combines preventive and developmental strategies, including reproductive health education, maternal and child health services, stunting prevention, premarital counseling, and household economic empowerment. However, the implementation of these strategies reveals that family planning policies are not merely technical or administrative interventions; they are also shaped by cultural values, religious interpretations, and local patterns of social authority.

In many Muslim-majority regions, including Rokan Hulu Regency, the program encountered socio-religious challenges related to public perceptions of contraception, family planning, and reproductive health. Family planning is often interpreted narrowly as an attempt to limit childbirth, generating skepticism among some community groups[18]. This condition demonstrates that the effectiveness of the Bangga Kencana Program depends not only on institutional capacity, but also on the ability of policymakers to negotiate religious legitimacy and cultural acceptance at the local level.

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[15] Wahyu Prabowo and Okky Bagus Anggoro, "Implementasi Program Pembangunan Keluarga Berencana Dalam Meningkatkan Kesejahteraan Dan Kualitas Keluarga Di Kecamatan Kranggan, Temanggung," *Intelektiva: Jurnal Ekonomi, Sosial & Humaniora* 4, no. 2 (2020): 72–77.

[16] Muhammad Fikrie Akmal and Muhamad Arsyad, "Efektivitas Pelaporan Online Program Bangga Kencana Pada Balai Penyuluhan Kb Kecamatan Lampihong Kabupaten Balangan (Studi Kasus Desa Simpang Tiga Dan Desa Lampihong Kanan)," *Jurnal Kebijakan Publik* 2, no. 2 (2025): 803–12.

[17] BKKBN, *Kebijakan Dan Strategi Percepatan Penurunan Stunting Di Indonesia* (Jakarta: E-Learning BKKBN, 2021) diakses 24 April 2026.

[18] Lilin Rohmawati, "Implementation Of The Bangga Kencana Program (Family Development , Population And Family Planning) In Population Control Efforts In East Java Province," *Jurnal DIALEKTIKA : Jurnal Ilmu Sosial* 23, no. 1 (2025): 94–108.

The Bangga Kencana Program can therefore be understood as more than a state demographic policy, but as a form of socio-cultural governance in which public policy interacts with religious values, community authority, and local social norms[19]. In this context, the implementation of the program becomes an important site for examining how state development agendas are translated, contested, and adapted within everyday community life.

2. Strategy and Implementation of the Proud Kencana Program in Rokan Hulu.

The implementation of the Bangga Kencana Program in Rokan Hulu Regency demonstrated the interaction between national family planning policies and local socio-religious dynamics.[20] Empirical findings indicate that the Regional Population Control and Family Planning Agency (DPPKB) does not implement the program solely through administrative mechanisms, but also through adaptive strategies designed to accommodate the Malay-Islamic cultural context of the region. This adaptive orientation is particularly visible in the involvement of religious leaders, the use of religious narratives in program dissemination, and the emphasis on community-based approaches to family welfare.

Based on field interviews revealed that collaboration between the DPPKB, local government institutions, religious figures, and community leaders constitutes the central strategy in program implementation. According to the Acting Head of the DPPKB, all villages and sub-districts in Rokan Hulu have been designated as "Quality Family Villages" since 2023 as part of efforts to strengthen family resilience and community participation. Informants emphasized that this

[19] Suryanti Buton, Yusriani, and Fairus Prihatin Idris, "Dampak Pernikahan Dini Terhadap Kehamilan Remaja Putri Suku Buton Di Desa Simi Kecamatan Waisama Kabupaten Buru Selatan," *Journal of Muslim Community Health (JMCH)* 2, no. 1 (2021): 144–10, https://doi.org/https://doi.org/10.52103/jmch.v2i1.494.

[20] Yogi Adya Utomo, Herbasuki Nurcahyanto, and Aufarul Marom, "Studi Implementasi Kebijakan Program Bangga Kencana Keluarga Berencana Di Kecamatan Genuk Kota Semarang," *Journal of Public Policy and Management Review (EJournal Undip, Departemen Administrasi Publik, FISIP Undip)* 12, no. 3 (2023), https://doi.org/https://doi.org/10.14710/jppmr.v12i3.39831.

policy was intended not only to improve demographic indicators, but also to encourage the formation of healthier and more socially resilient families. [21]

One of the most significant implementation strategies is the involvement of religious leaders in public outreach and education. Religious leaders participate in counseling sessions to affirm that family planning is consistent with Islamic teachings when directed toward family welfare and responsible parenthood. A religious leader remarked:

> "The Bangga Kencana Program is acceptable within Islamic teachings because Islam also emphasizes responsibility in family life and child welfare"

This religious approach appeared to contribute to broader community acceptance, particularly in addressing concerns regarding the permissibility of contraception. Several community informants acknowledged that they became more open to family planning after receiving explanations framed within Islamic values and family ethics.

The program also integrated religious and cultural values into counseling and educational materials. By incorporating Qur'anic references, parental responsibility, and local traditions, family planning cadres strengthen the program's cultural and symbolic legitimacy beyond technical health communication.

In addition, the DPPKB collaborates with the *Indonesian Ulama* Council at the local level to strengthen public confidence regarding contraceptive use and reproductive health programs. [22] Informants explained that this cooperation helps reduce misconceptions related to the halal status of contraception, although doubts remain among certain segments of the community. The

[21] Lawani Raymond Isi et al., "Sustainability-Centered Budgeting Framework for Local Governments to Achieve Long- Term Development and Environmental Goals," *International Journal of Multidisciplinary Research and Growth Evaluation*, 2022, 804–17, https://doi.org/https://doi.org/10.54660/.IJMRGE.2022.3.2.804-817:

[22] Admin, "Bupati H. Sukiman : Pelayanan KB Gratis Upaya Kendalikan Laju Pertumbuhan Penduduk," Media Center Kabupaten Rokan Hulu, 2020, https://mediacenter.rokanhulukab.go.id/view/bupati-h-sukiman-pelayanan-kb-gratis-upaya-kendalikan-laju-pertumbuhan-penduduk, diakses 18 Mei 2026.

persistence of these concerns suggests that religious legitimacy alone is insufficient without continuous educational engagement and accessible public communication.

Empirical findings also revealed several persistent implementation challenges. First, public misconceptions regarding family planning remain relatively strong, particularly the perception that contraception conflicts with religious teachings or limits divine blessings associated with having many children. Second, concerns regarding contraceptive side effects continue to influence participation decisions. Third, limited numbers of family planning counselors and uneven outreach capacity in rural areas constrain the effectiveness of program dissemination.

Statistical data from the DPPKB further illustrate these challenges. Although the Modern Contraceptive Prevalence Rate (MCPR) reached 59.34% and the Total Fertility Rate (TFR) was reported at 2.18 in 2023, the unmet need for contraception remained relatively high at 17.30%.[23] This finding indicates that program accessibility and community acceptance have not been fully achieved. Interviews with officials and community members suggest that unmet need is influenced not only by technical barriers, but also by socio-cultural hesitation and limited reproductive health literacy.

To overcome these limitations, informants proposed several strategic improvements. These include strengthening the capacity of family planning cadres through approaches grounded in *Maqāṣid al-Sharīʻah*, developing more contextual educational modules adapted to Malay-Islamic culture, expanding family-based counseling through religious forums such as *majelis taklim*, and improving public education regarding halal-certified contraception. Informants also emphasized the importance of collaboration with schools and Islamic

[23] Frislidia, "BKKBN Riau Menyerahkan Rp5,9 Miliar Anggaran Dukung Program KB," ANTARA : Kantor Berita Indonesia, 2024, https://www.antaranews.com/berita/4063977/bkkbn-riau-menyerahkan-rp59-miliar-anggaran-dukung-program-kb diakses 18 Mei 2026.

boarding schools (*pesantren*) to manage early marriage and strengthen youth awareness regarding reproductive health and family preparedness.

In sum, the empirical evidence revealed that that the implementation of the Bangga Kencana Program in Rokan Hulu is shaped not only by policy design and institutional mechanisms, but also by negotiations between state programs, religious authority, and local cultural values. This indicates that the effectiveness of family planning governance in Muslim-majority regions depends significantly on the ability of local institutions to integrate technical policy objectives with socially legitimate and culturally adaptive strategies.

3. Empirical Findings on the Implementation of the Bangga Kencana Program

The implementation of the Bangga Kencana Program in Rokan Hulu Regency demonstrated a multi sectoral approach involving government institutions, religious leaders, and community actors. Field data reveal that program acceptance is strongly influenced by cultural and religious legitimacy, particularly in a Malay-Islamic socio-cultural context.

First**,** institutional collaboration constitutes the core implementation strategy. The DPPKB actively collaborates with religious leaders, including *ulama*, preachers, and local religious institutions, to disseminate family planning messages. Interviewed with religious figures indicate that their involvement plays a crucial role in addressing community concerns regarding the permissibility of contraception. One informant stated that :

> "family planning is not contrary to Islam as long as it aims at family well-being and responsible parenthood"

This finding is supported by another religious leader who emphasized that "Islam encourages planning in all aspects of life, including family planning, to avoid harm (mafsadah) and to ensure the welfare of future generations*"* In addition, a local preacher involved in community outreach explained that :

> "when religious arguments are included in counseling sessions, people tend to be more receptive because they feel the message aligns with their beliefs"

> From the institutional perspective, a DPPKB official noted that "collaboration with religious leaders significantly reduces resistance, especially in rural areas where religious authority is highly respected"
>
> Similarly, a family planning counselor (penyuluh KB) highlighted that :
>
> "before involving religious leaders, many couples were hesitant, but after joint sessions with ulama, participation increased noticeably."

According to a family planning acceptor "we initially doubted whether contraception was allowed, but after hearing explanations from ustaz, we felt more confident to participate" However, another informant reflected a more cautious stance, noting that "some people still need more detailed explanations, especially regarding the halal aspects of contraceptive methods"

These findings indicated that religious endorsement not only enhances program acceptance but also functions as a critical mediating factor in transforming community perceptions, although some degree of hesitation persists.

Second, in the domain of maternal and child health, the program prioritizes stunting reduction and reproductive health services. Government commitment is reflected in the allocation of IDR 5.9 billion in Special Allocation Funds (DAK). Program activities include promoting the first 1,000 days of life, exclusive breastfeeding, and routine health monitoring.

From the institutional perspective, a DPPKB official stated that "the allocation of DAK is specifically directed toward strengthening maternal and child health services, particularly in accelerating stunting reduction at the village level." This is reinforced by a health worker (bidan) who explained that "through integrated service posts (posyandu), we routinely monitor child growth and provide education to mothers about nutrition and breastfeeding."

At the implementation level, a family planning counselor (*penyuluh KB*) noted that "education on birth spacing is now more easily accepted because it is directly linked to child health and stunting prevention." This indicates a shift in how reproductive health messages are framed from population control to family well being.

From the community perspective, informants reported tangible benefits. One mother stated that “we now regularly bring our children for health check-ups, and we better understand the importance of nutrition during pregnancy and early childhood.” Another respondent emphasized that “after receiving counseling, we realized that having proper spacing between children makes the mother healthier and the child’s growth more optimal.”

However, some challenges remain. A community member pointed out that “not all families consistently attend health services, especially those living in more remote areas.” Similarly, a health worker highlighted that “awareness has improved, but continuous education is still needed to ensure long-term behavioral change.”

These findings suggest that while the program has significantly improved access to maternal and child health services and awareness of reproductive health, disparities in participation and consistency of engagement remain key challenges.

Third**,** efforts to improve family and generational quality are implemented through programs such as Youth Family Development (BKR) and premarital counseling in collaboration with the Office of Religious Affairs (KUA). These initiatives aim to delay early marriage, reduce teenage pregnancy, and prepare young couples for responsible family life.

From the institutional perspective, a DPPKB official explained that “BKR is designed not only to educate parents but also to shape adolescents’ readiness before entering marriage, particularly in terms of mental, educational, and economic preparedness.” This is supported by a KUA officer who noted that “premarital counseling now emphasizes not only religious obligations, but also health, psychological readiness, and family planning awareness.”

At the community level, informants acknowledged the program’s impact. One informant stated that “young people are now more aware that marriage is not just about age, but also about readiness and responsibility.” Another respondent added that “after attending counseling sessions, we understand the

importance of completing education and having a stable income before starting a family."

Despite these efforts, challenges continue, a community leader stated that "in some rural areas, early marriage is still influenced by cultural norms, so continuous education is necessary." This suggested that while awareness is increasing, behavioral transformation remains uneven.

Fourth**,** regarding knowledge and decision making, the program promotes the use of modern contraception and informed reproductive choices. This is reflected in the Modern Contraceptive Prevalence Rate (MCPR) of 59.34% and a Total Fertility Rate (TFR) of 2.18 (2023).

From the implementation side, a family planning counselor (penyuluh KB) stated that "there has been a shift from traditional methods to modern contraception, especially after more intensive education and outreach." A DPPKB staff member further explained that "we continuously provide counseling to ensure that couples make informed and voluntary decisions regarding contraception."

Nevertheless, data findings revealed a persistent unmet need of 17.30%, primarily driven by concerns about the halal status of contraceptives and fear of side effects. A community informant expressed that "some people are still hesitant because they are unsure whether certain contraceptives are permissible in Islam." Another respondent noted that "fear of side effects, such as weight gain or health risks, makes some women reluctant to use modern methods."

A health worker confirmed this challenge, stating that "although information is available, not all of it is fully understood, and misinformation still circulates in the community." This indicates that information dissemination has not been fully internalized at the cognitive level, highlighting the need for more contextual and trust-based educational strategies.

Fifth**,** concerning economic empowerment, the program includes initiatives such as UPPKA (Income-Generating Activities for Family Planning Acceptors), which aimed to strengthen household economic resilience.

From the program management perspective, a DPPKB official stated that :

> "UPPKA is intended to provide additional income opportunities for family planning participants, especially housewives, through small-scale economic activities." A program facilitator added that "participants are trained in basic entrepreneurship, such as food processing and small business management"

From the community perspective, some participants reported positive outcomes. One informant shared that "after joining UPPKA, I started a small business that helps support my family's daily needs." Another noted that "family planning allows us to better manage expenses because the number of children is planned."

Nevertheless, respondents noted several limitations. A participant expressed that "the training is useful, but we still need continuous assistance and access to capital to sustain the business." Similarly, a community member stated that "economic programs should be expanded so that more families can benefit and become financially independent"

These findings suggest that while the economic empowerment component has begun to generate positive impacts, its scope and sustainability remain limited, requiring further strengthening to achieve broader and long-term outcomes.

4. *Maqāṣid al-Sharī'ah* Analysis of the Bangga Kencana Program

The empirical findings above demonstrated that the implementation of the Bangga Kencana Program in Rokan Hulu Regency cannot be understood solely as a technical population policy, but also as a socio-religious process shaped by negotiations between state policies, religious authority, and community perceptions. From the framework of *Maqāṣid al-Sharīʿah*, the program reflects several attempts to align family planning initiatives with broader objectives of social welfare. However, this alignment is neither fully realized nor free from tension in practice.

First, the active involvement of religious leaders and the integration of Islamic narratives into program dissemination indicate efforts to strengthen *ḥifẓ al-dīn* (protection of religion). Religious legitimacy has become an important

strategy for increasing community acceptance, particularly in a region where Malay-Islamic values strongly shape social attitudes. Nevertheless, the findings also reveal that religious legitimacy remains conditional and uneven. Some community members continue to question the permissibility and halal status of contraception, indicating that the integration of religious discourse into policy implementation has not entirely resolved public skepticism. This proposed that *ḥifẓ al-dīn* operated not only as a source of legitimacy but also as a contested arena where state policies and religious interpretations intersect.

Second, the program's focus on maternal and child health, stunting prevention, and reproductive health services reflects efforts to realize ḥifẓ al-nafs (protection of life). Government initiatives related to the first 1,000 days of life, nutritional interventions, and reproductive health counseling demonstrate a preventive orientation consistent with maqāṣid principles. However, the study does not claim that these initiatives alone have directly produced measurable improvements in public health outcomes. Instead, the findings indicated that these programs improve awareness of maternal and child health, despite continuing inequalities in access, participation, and effectiveness.

Third, initiatives been aimed at delaying early marriage, strengthening premarital counseling, and improving adolescent preparedness correspond to *ḥifẓ al-nasl* (protection of lineage). In practice, however, the concept of lineage protection extends beyond biological continuity toward the broader objective of producing socially and economically prepared generations. While several informants acknowledged increased awareness regarding education and family preparedness, the persistence of early marriage practices in certain areas indicates that socio-cultural norms continue to challenge the program's transformative ambitions.

Fourth, the persistence of contraceptive misconceptions demonstrates that the dissemination of religiously framed information does not necessarily produce cognitive transformation. This reveals a tension between normative policy messaging and everyday community reasoning, indicating that the

realization of *ḥifẓ al-ʿaql* remains socially negotiated rather than fully institutionalized.

Finally, economic empowerment initiatives such as UPPKA illustrate attempts to support ḥifẓ al-māl (protection of wealth) through household economic resilience. However, field findings indicate that this dimension remains relatively underdeveloped compared to other aspects of the program. Several community informants viewed economic assistance and training as limited, temporary, or insufficiently sustainable. As a result, the contribution of the program to long-term economic empowerment remains constrained, indicating a gap between normative maqāṣid ideals and actual implementation capacity.

The findings suggested that the Bangga Kencana Program demonstrates partial rather than comprehensive alignment with *Maqāṣid al-Sharīʿah*. The program has succeeded in incorporating religious values into policy dissemination and community engagement, which strengthens its social legitimacy in Muslim-majority contexts. However, the implementation of maqāṣid principles remains unequal and negotiated in practice. Tensions between policy objectives and community perceptions, limitations in cognitive transformation, and the relatively weak integration of economic empowerment indicate that the implementation of maqāṣid-oriented governance remains incomplete. Therefore, the study argues that the effectiveness of the Bangga Kencana Program should not be evaluated solely based on policy conformity with Islamic principles, but also on the extent to which those principles are substantively realized within the everyday social realities of the community.

C. CONCLUSION

This study showed that the implementation of the Bangga Kencana Program in Rokan Hulu Regency reflects ongoing efforts to integrate public policy with religious and socio-cultural values within a Muslim-majority context. The findings indicated that collaboration between government institutions, religious leaders, and community actors contributes to strengthening the social acceptance of the program, particularly in addressing public concerns regarding

family planning and reproductive health. From the perspective of *Maqāṣid al-Sharīʻah*, the program shows partial alignment with the objectives of preserving religion (*ḥifẓ al-dīn),* life (*ḥifẓ al-nafs*), lineage *(ḥifẓ al-nasl*), intellect (*ḥifẓ al-ʻaql*), and wealth (*ḥifẓ al-māl*). However, this alignment remains uneven and not fully realized in practice.

This study found that the program has been contributed to increasing awareness of maternal and child health, reproductive planning, and family preparedness. Nevertheless, persistent misconceptions regarding contraception, concerns over halal legitimacy, and the relatively high unmet need for family planning indicate that the realization of *ḥifẓ al-ʻaql* remains limited at the level of community understanding and cognitive transformation. Similarly, while economic empowerment initiatives such as UPPKA provide support for household resilience, their scale and sustainability remain insufficient to substantially strengthen the dimension of ḥifẓ al-māl.

Theoretically, this study is contributing to the growing discourse on *Maqāṣid al-Sharīʻah*-based governance by demonstrating that Islamic ethical principles can function not only as normative justifications but also as socio-cultural instruments influencing policy legitimacy and community participation. At the same time, the findings suggest that the integration of maqāṣid principles into public policy requires more than symbolic religious alignment, it also demands transformative educational strategies, inclusive communication, and sustainable socio-economic support mechanisms.

This study is limited by its localized scope and relatively limited number of informants therefore, its findings should be understood as context-specific rather than broadly generalizable. Further studies should employ comparative and mixed method designs across different regions in order to examine more comprehensively the relationship between *maqāṣid*-oriented governance, socio-cultural dynamics, and the effectiveness of family planning policies in Muslim-majority societies.

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