

EFFECT OF KNOWLEDGE AND REPRODUCTIVE HEALTH OF FAMILY PLANNING FAMILY PLANNING PROGRAM PARTICIPATION IN FERTILE AGE WOMEN POOR FAMILIES IN THE CITY MAKASSAR

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The purpose of this research was to determine the knowledge of reproductive health and family planning knowledge to participation in family planning programs in women of childbearing age poor families in the city of Makassar. This research is a quantitative approach with an analytical survey method with cross sectional approach. The study population was all women of childbearing age poor families in the District Ujung Tanah as 8924 were later withdrawn 10% of the number of samples proportioned to 12 (twelve) villages so that the selected 89 samples. The results showed that based on statistical tests using the chi-square test was obtained P value = 0.016 which means that the value of $P < 0.05$ which also means H_0 is rejected and H_a accepted, which means there is a significant relationship between knowledge of family planning and reproductive health to participation in family program planning for women of childbearing age poor families in the city of Makassar. Therefore the need to boost knowledge of family planning and reproductive health on an ongoing basis, especially in poor communities so that participation in the program can better plan keluarga again.

Introduction

According to the theory advanced by Malthus, the population will grow exponentially while food will grow by arithmetically. High population will exacerbate the effects of climate change. Meanwhile the data shows that in 2015 this is the deadline for achieving the millennium development goals (MDG), where women participation one of the key millennium development.

Investing in women through the protection of women's rights as well as increased access to education and information about reproductive health services including family planning is one of the efforts that need to achieve the Millennium Development Goals. Specifically Family Planning Programs that related to the millennium development goals because of the use of the tool/method of family planning that will directly reduce child mortality and improve maternal health. One problem that occurs is still high fertility in poor families, they generally want more children so it is a threat to their infant and child mortality rate.

One population policy in controlling the population growth rate is the family planning program. Family Planning as a means of population policy is aimed to

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reduced the newborn of children to control population growth. Behind the success of family planning so far in achieving the target of reducing the birth rate there are issues relating to state control of the reproductive behavior of the community, including the use of contraception (Agus Dwiyanto, 1996).

Based on The Statistical Beureau data, the total world population currently exceeds 2% per year so if it continues to happen then the population explosion is expected to occur. The current world population reached 7 billion and will be doubled in the next 30 years. According to the World Population Data Sheet 2013, Indonesia was the 5th in the world with an estimated population of 249 million is the highest. Among the ASEAN countries, Indonesia with the largest area remains the country with the largest population, well above the 9 other member states. With a fertility rate or the Total Fertility Rate (TFR) of 2.6 Indonesia still above the average TFR is 2.4 ASEAN. Similarly, the population of Indonesia with an average population growth is still high where the population census data of 1990 the population of Indonesia 179 million people, in 2000 as many as 206 million people and the last population census in 2010 the population of Indonesia has reached 237 million, and if multiplied it in 2030 will reach 436 million people.

Data Population and Family Planning Agency shows that in 2013 there were 8,500,247 EFA (spouses of fertile age) who were participants of the new birth, and almost half (48.56%) using a method of contraception injections. In terms of the proportion of sexes women used contraceptive method is much greater, namely 93.66% compared with the methods kontrasesi men by 6.34% (Population and Family Planning Agency, 2014).

Based on the results of the National Economic and Social Survey (2005) were taken from the Statistical Beureau in Sulawesi in Figures 2006, states that the population of South Sulawesi as many as 7,494,701 people spread in 23 districts / cities. Until 2005, the number of people in the city of Makassar is still relatively higher than other regions. Approximately 1,193,451 inhabitants lived in the city of Makassar in South Sulawesi. Total population Makassar is so large compared with only a narrow area of 17.577 hectares trigger the issue needs of the population for residential land and other land use (BPS Sulawesi in Figures; 2006).

The purpose of this study was to determine and explain the effect of knowledge of reproductive health and family planning towards participation in family planning programs women of childbearing age poor families Makassar.

Research Method

This type of research is to use a quantitative approach to analytic survey method with cross sectional approach. This research was conducted in Makassar for 3 months and in April to June 2015. The goal of this study is women of childbearing age poor families in several districts Ujung Tanah consideration msikinnya highest proportion of families in the city of Makassar.

This research uses descriptive and inferential analysis. Inferential analysis used chi-square correlation analysis, to determine whether there is correlation between knowledge of reproductive health and family planning for women's participation in family planning childbearing age poor families in the city of Makassar, so H_0 rejected and H_a accepted if the value of P value $< \alpha 0.05$. Hypothesis testing using Chi-Square Test Statistic test at the 0.05 significance level α with degrees of freedom (df) 1 :

Data used in this research are primary and secondary data. Primary data collected is of respondents associated with women of childbearing age-related knowledge of reproductive health and family planning. While secondary data is data that is available and published by government and private agencies in accordance with the purpose of research in the form of books, reports, journals, magazines and other documents and can be accounted for.

This study is expected availability of accurate data. Where that determine the success of this research is how to obtain accurate data to determine the type of data needs, the place and the way they were taken. The expected data the data collected with good example of primary data. Primary data is needed to answer the truth of the hypothesis consistent with the objectives of this study. Primary data collection methods are as follows: observations, questionnaire, and interview. While secondary data is data that is collected or obtained from the relevant agencies with the purpose of research, such as the office of the National Family Planning Coordinating Board, the Central Bureau of Statistics, Department of Health, health center, district office according to research sites in Makassar.

The target population in this study were women of childbearing age in poor families are distributed in 12 villages in the district of Ujung Tanah. The amount of sample that is 10% of the total population of 89 samples were then withdrawn by simple random sampling. Furthermore, the presentation of data in tabular or graphical form accompanied by an explanation.

Result Research

The distribution age group and the distribution of respondent by the level of education.

Based on Figure 1 above it can be seen that most respondents in the age group 20-29 years as many as 41 people and the lowest in the age group of less than 20 years as many as 9 people. Figure 2 above shows the level of higher education at the graduate junior most respondents (39%) and high school (27%) elementary school followed by 19% and the latter is the respondents who did not complete primary school by 15%. The low average level of education of respondents strongly associated with targeted research that women from poor families.

While it is to look at the average age of first marriage and the average number of children of the respondents can be seen in the graph below:

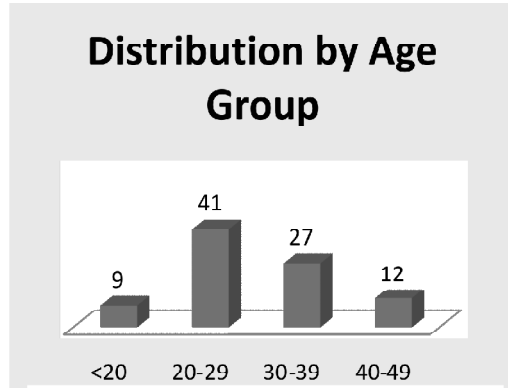


Figure 1: Distribution of Respondents by Age Group

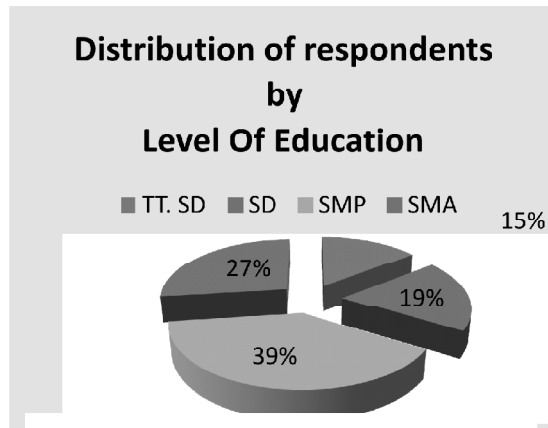


Figure 2: Distribution of Respondents by Level of Education

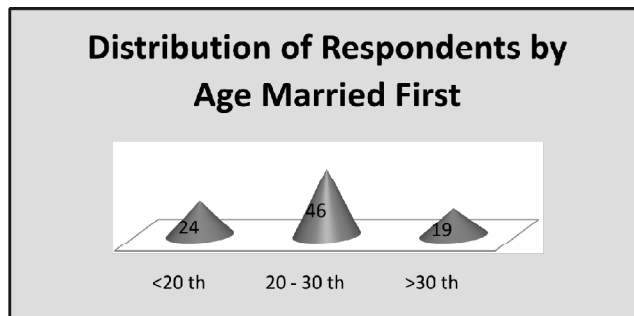


Figure 3: Distribution of Respondents by Age Married First

Based on Figure 3 above shows that as many as 46 respondents who umr first married between 20 to 30 years and there are also 24 respondents who umr first married under 20 years senbanyak 24 people.

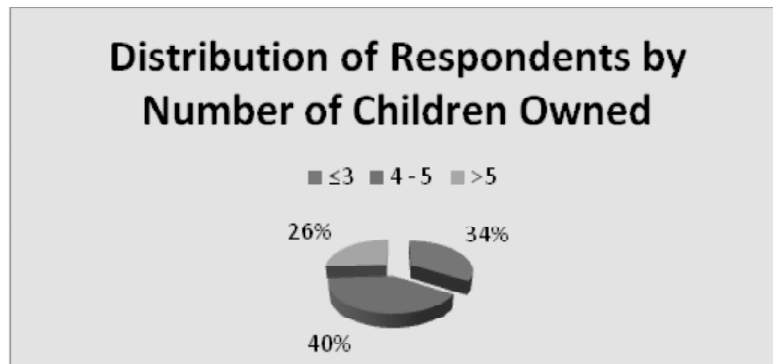


Figure 4: Distribution of Respondents by Number of Children Owned

From Figure 4 above shows that respondents who have children of 4 to 5 people by 40% and there are 34% who have the number of children up to 5 people. It is highly related to the high fertility among poor families. Based on the results of data processing and data analysis bivariate it can be seen in the following table:

TABLE 1: BIVARIATE ANALYSIS

Level Knowledge	The participation of the family planning program						P-Value
	Yes		No		Total		
	n	%	n	%	n	%	
Good	33	37.1	17	19.1	50	56.2	0.016
Less	31	34.8	8	9.0	39	43.8	
Total	64	71.9	25	28.1	89	100.0	

Source: Primary Data Processed, 2014

Based on the above data it is seen that respondents who have knowledge of family planning and reproductive health that is 56% good and 31 respondents participated including family planning and 19 respondents who did not participate Keluraga Planning, while there are 43.8% of respondents who have a level of knowledge that is lacking but still participate family planning as many as 33 respondents. Results of statistical tests using the chi-square test valuae obtained P = 0.016 which means that the value of P < 0.05 which also means Ho is rejected and Ha accepted, which means there is a significant relationship between knowledge of family planning and reproductive health to participation in family planning for women of childbearing age family poor in the city of Makassar.

Discussion

The results showed significant correlation between the level of knowledge of family planning and reproductive health to participation in family planning in women of childbearing age poor families in the city of Makassar. Results obtained that from 89 respondents there are 25 respondents (28.1%) who did not participate KB for various reasons while if dilihat of government policy that the poor will be given free family planning services for them.

Judging from the average number of children that they are 36 respondents (40.5%) who have a child 4-5 people and there are 23 respondents (25.8%) who had children more than 5 people. The high fertility of the poor have a negative impact (slowly but surely) to households and communities as well as the macro planning of a State giving rise to poverty-trap.

Based on the research results showed that respondents who have a good level of knowledge of 50 respondents (56.2%) and 33 were joined KB while there are 17 respondents (19.1%) who did not participate in family planning despite having good knowledge. One reason given is the fear of side effects of various types of contraceptives in addition there are several selected samples are comfortable with the number of children today.

Therefore, despite knowledge of family planning and reproductive health are less but still participate in family planning that is 31 respondents (34.8%) for several reasons, especially family planning policy adakanya free for poor families. At tingkat society, high fertility would be a trap in poverty due to the increased investment for education, health care and other social services. High fertility exacerbate inequality and make it an opportunity for women to participate in the development of society.

The role of Family Planning in achieving the MDGs, especially in tackling poverty and hunger that is with the use of contraception would reduce the number of families and extend birth spacing. Both of these families will increase investment for health and nutrition that will reduce poverty and hunger. At nasional level (macro) decrease in birth rates will accelerate the socio-economic development of a country.

Meanwhile with better knowledge it is expected to increase the participation of family planning for women that will enhance women's empowerment itself. By participating in family planning, the woman will be able to choose the time and the number of children to have and tend to have a chance to get a job, continuing education and social participation in society.

Conclusion

Based on the results of data analysis and statistical calculations such as that described above, the findings of this study showed that there was a significant correlation between knowledge of reproductive health and family planning to the participation

of family planning in women of childbearing age poor families in the city of Makassar. Still high women of childbearing age who do not participate in family planning shows the importance of improving knowledge of the woman

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