
Factors Related to the Level of Independence of Active Family Planning (FP) Acceptors in North Rarowatu District

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Abstract

One of the problems faced by the government in the family planning program is the low level of community independence in the national family planning program. In general, the main objectives of the national family planning program are improving the quality of reproductive health, reducing maternal/infant/child mortality rates and controlling reproductive health problems to support the improvement of independent and quality families. The purpose of this study was to determine the relationship between knowledge, husband's support, and availability of contraceptives with the level of independence of active family planning acceptors in North Rarowatu District. The type of research used is survey research using a cross sectional study design. The number of samples is 99 respondents. The technique of determining the sample size is by total sampling. Data collection techniques with interview and observation methods. The instrument used in data collection by using a questionnaire. Data analysis using chi square test. The results showed that there was no relationship between knowledge and family planning independence with p value = $0.954 > 0.05$. There is no relationship between husband's support and family planning independence with $p=0.599 > 0.05$. There is no correlation between the availability of contraceptives and the independence of family planning with p value = $0.401 > 0.05$. Conclusion; There is no relationship between knowledge, husband's support, and availability of contraceptives with the level of independence of active family planning acceptors in North Rarowatu District. Suggestion;

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It is hoped that health workers will be more active in conducting counseling and education activities for family planning participants as well as increasing the availability of contraceptives in order to increase the awareness of acceptors in the Independent Family Planning program voluntarily.

Keywords: Independent Family Planning; Knowledge; Husband's Support; Availability of Contraceptives.

1. Introduction

Currently, Indonesia's population based on data from the Ministry of Home Affairs in 2020 reaches 271,349,889 people. The condition of high population growth can have an impact on the development of human resources, especially in the fields of education, health, economy, employment, and the welfare of the population. In response to these conditions, one of the efforts to control population growth is to control the birth rate. To overcome population problems, the government provides programs for maternal and child health services, family planning and the development of prosperous families. Through the family planning program, it can reduce the birth rate by using contraception to couples of childbearing age voluntarily. Family planning program as a form of program provided by the government in an effort to reduce birth spacing and planning the number of children by using contraceptives. The purpose of this program is to improve maternal and child health, to realize a happy and prosperous small family life which in turn becomes a strong foundation for the realization of a prosperous society through birth control efforts and suppression of population growth. The main vision of the implementation of the family planning program is the creation of small, healthy, happy and prosperous families socially and economically towards the development of complete human resources through improving the welfare of mothers, children and families. The family planning program is expected to control and reduce the birth rate through the method of using contraceptives which is done voluntarily, at their own will and carried out with full responsibility by the whole community. According to the World Health Organization (WHO), contraceptive use has increased in many parts of the world, especially in Asia and Latin America and lowest in Sub-Saharan Africa. Globally, the use of modern contraceptives has increased insignificantly from 54% in 1990 to 57.4% in 2014. Regionally, the proportion of couples of childbearing age 15-49 years reporting the use of modern contraceptive methods has increased at least in the last 6 years. In Africa from 23.6% to 27.6%, in Asia it has increased from 60.9% to 61.6%, while Latin America and the Caribbean rose slightly from 66.7% to 67.0%. An estimated 225 million women in developing countries wish to delay or discontinue fertility but do not use any contraceptive method for the following reasons: limited choice of contraceptive method and experience side effects. The unmet need for contraception is still too high. Injustice driven by population growth [1]. The family planning program in Indonesia has been recognized nationally and internationally as one of the successful programs to reduce fertility rates significantly. According to reports Indonesia Demographic and Health Survey in 2017, the Total Fertility Rate (TFR) has decreased from 2.6 in 2012 to 2.4 in 2017. The TFR has not reached the target of the national medium-term development plan in 2014, namely 2.36. But that does not mean the population problem in Indonesia is over. One of the problems in managing family planning programs is the high number of unmet need for family planning in Indonesia [2]. Reports Results KB premises in Month April 2020 amounted to 26 million active family planning participants, where in March 2020, there were 36 million acceptors, have decreased or acceptor active participant by 10% compared to the previous month. There has been

a decrease in active family planning participants in all provinces with an average of 10%-15% from the previous acceptors [3]. The Family Planning Program as stipulated in Law Number 52 of 2009, family planning or KB is an effort to regulate the birth of children, the distance between children, the ideal age and distance to give birth, to regulate births, through promotion, protection, and assistance according to reproductive rights to create a family quality. This law supports the family planning program as one of the efforts to create a healthy and quality family. The main objectives of this national family planning program are to fulfill community orders for quality family planning and reproductive health services, reduce maternal, infant and child mortality rates, and overcome reproductive health problems in order to build quality small families [3]. Based on the angle of tool use of contraception most widely used by both active and new acceptors in Southeast Sulawesi is the injection of as much as 140 464 and 25 873 for active acceptors for new acceptors, while the fewest contraception used by acceptors are as many as 1,935 MOP [4]. Based on the results of the upstream study at the BKKBN, Bombana Regency, from 22 sub-districts. The data obtained shows that the number of couples of childbearing age (PUS) is 26,234 PUS. The number of active family planning participants in the use of active contraceptives in 2016 were KB Pills with 4,519 acceptors, KB injection 10,207 acceptors, IUD 117 acceptors, condoms 1,103 acceptors, MOW 64 acceptors, MOP 45 acceptors, implants 3,304 acceptors [5]. While the Bombana Regency target for active family planning participants is 28,000, for the North Rarowatu District, active family planning participants based on the latest data in 2020 are 858 participants. The number of active family planning participants in the use of active contraception were injections of 572 acceptors, implants 120 acceptors, pills 119 acceptors, condoms 2 acceptors, MOW 17 acceptors, IUD 23 acceptors [5]. The research objective to know the relationship of knowledge, support her husband, and the availability of contraceptives at the level of independence of family planning acceptors active in the District of North Rarowatu.

2. Method

The type of research used is survey research using a cross sectional study design approach. The sample size used in the study was 99 respondents. The technique for determining the size of the sample is done by total sampling. Data collection techniques with interview and observation methods. The instrument used in data collection is by using a questionnaire. Data analysis using chi square test

3. Bivariate Analysis Results

3.1 Knowledge Relationship with Family Planning Independence Level

Table 1: The relationship between knowledge and the level of independence in family planning

Acceptor Knowledge	Family Planning Independence Level						Amount		P- value	α
	Pre independent		Partial Independent		Fully Independent		n	%		
	n	%	n	%	N	%				
Less	0	0	0	0	0	0	0	0	p = 0.954	=0.05
Medium	7	41	7	41	3	18	17	100		
High	31	38	37	45	14	17	82	100		
Total	38	38	44	45	17	17	99	100		

Source: Primary Data, 2021

Based on the data in table 1, it is found that from 17 respondents (100%) who have moderate knowledge, more have a level of family planning independence in Pre Independent acceptors as many as 7 respondents (41%) and Independent Partial as many as 7 respondents (41%) compared to Full Independent acceptors. of which there are only 3 respondents (18%). Meanwhile, from 82 respondents (100%) who have high knowledge, more have a level of independence in family planning in Pre-Independent acceptors as many as 31 respondents (38%) and Independent Partial as many as 37 respondents (45%) compared to Full Independent acceptors, which only have 14 respondents (17%). The results of the analysis using Chi Square obtained P Value = 0.954 or P value > 0.05. Thus, the Ha received and H 0 is rejected, it means no correlation with the level of knowledge of family planning acceptors of family planning acceptors independence active in the utilization of independent family planning program in the District of North Rarowatu Bombana.

3.2 Relationship between husband's support and level of family planning independence

Table 2: Relationship between husband's support and level of family planning independence

Endorsement Husband	Family Planning Independence Level						amount		P- Value	α
	Pre Independent		Partial Independent		Fully Independent		n	%		
	n	%	n	%	N	%				
Low	1	100	0	0	0	0	1	100	p = 0.599	=0.05
Medium	29	40	32	45	11	15	72	100		
High	8	31	12	46	6	23	26	100		
Total	38	38	44	45	17	17	99	100		

Source: Primary Data, 2021

Based on the data in table 2, it is found that from 1 respondent who has low husband support, only 1 respondent (100%) has a level of family planning independence, namely pre-independent acceptors. Of the 72 respondents (100%) who have husband's support , more have a level of family planning independence in Pre Independent acceptors as many as 29 respondents (40 %) and Independent Partial as many as 32 respondents (45 %) compared to Full Independent acceptors which only have 11 respondents (15 %). Meanwhile, from 26 respondents (100%) who have husband's support , more have a level of family planning independence in Pre Independent acceptors as many as 8 respondents (31 %) and Independent Partial as many as 12 respondents (46 %) compared to Full Independent acceptors who only there are 6 respondents (23 %). The results of the analysis using Chi Square obtained P Value = 0.599 or P value > 0.05. Thus, Ha is accepted and H0 is rejected, meaning that there is no relationship between husband's support and the level of independence of active family planning acceptors in the use of independent family planning programs in North Rarowatu District, Bombana Regency.

3.3 Relationship between Availability of Contraceptive Devices and Level of Family Planning Independence

Based on the data in table 3, it is found that of the 2 respondents who stated that the availability of contraceptives in the low category, there was only 1 respondent (50%) for pre-independent acceptors and 1

respondent (50%) for fully independent acceptors who had a level of family planning independence. Of the 25 respondents (100%) who stated that the availability of contraception devices was in the medium category, more had a level of independence in KB in Pre-Independent acceptors as many as 10 respondents (40%) and Independent Partial as many as 13 respondents (52%) compared to Full Independent acceptors who only there are 2 respondents (8%). Meanwhile, out of 72 respondents (100%) who stated that the availability of contraception is in the high category, more of them had a level of family planning independence in Pre-Independent acceptors as many as 27 respondents (38%) and Independent Partial as many as 31 respondents (43%) compared to Independent acceptors. Full of which there are only 14 respondents (19%) The results of the analysis using Chi Square obtained P Value = 0.401 or P value > 0.05. Thus, the H_a received and H_0 is rejected, it means no correlation between the availability of contraceptives to family planning acceptors active level of independence in the utilization of independent family planning program in the District of North Rarowatu Bombana.

Table 3: The relationship between the availability of contraceptives and the level of family planning independence

Availability Contraception	Family Planning Independence Level						amount		P- value	α
	Pre Independent		Partial Independent		Fully Independent		n	%		
	n	%	n	%	N	%				
Low	1	50	0	0	1	50	2	100	p = 0.401	=0.05
Medium	10	40	13	52	2	8	25	100		
High	27	38	31	43	14	19	72	100		
Total	38	38	44	45	17	17	99	100		

Source: Primary Data, 2021

4. Discussion

4.1 Knowledge Relationship with Family Planning Independence Level

Knowledge is the result of knowing, and this occurs after people have sensed certain objects. Sensing occurs through the five human senses, namely sight, sensation, taste, and touch. Most of the senses are obtained through the eyes and ears. Knowledge is a very important transaction factor for the formation of one's actions. Because from experience and research results it turns out that behavior based on knowledge will be more lasting than behavior that is not based on knowledge [6]. Knowledge is a very important domain for the formation of one's actions [7] Based on the data in table 1, it is found that generally acceptors with higher knowledge are more numerous than acceptors with moderate and less knowledge. This indicates that the higher the level of knowledge, the higher the level of community independence to use family planning acceptors. Conversely, the lower the community's knowledge, the lower the community's independence to become family planning acceptors. Knowledge of family planning acceptors is very important because this knowledge will shape the mindset and desire of the community to act and participate in utilizing the family planning program voluntarily. From the results of the statistical test, it was obtained that P Value = 0.954 or P value > 0.05, this indicates that there is no relationship between knowledge of family planning acceptors and the

level of independence of active family planning acceptors in the use of independent family planning programs. This is in line with research [8] which states that there is no relationship between knowledge and mother's independence in performing umbilical cord care in infants. However, the results of this study are not in line with the results of research [9] which stated that there was a relationship between knowledge of acceptors and the use of contraceptive pills at the Lepo-Lepo Health Center Baruga District, Kendari City, Southeast Sulawesi Province in 2011. Research [10] stated that there was a relationship between Knowledge Level Mother About Toilet Training With Toddler Independence Level. Research [11] states that there is a relationship between knowledge of postoperative wound care for Sectio Caesarea and the level of patient independence in the Obstetrics and Gynecology Inpatient Installation, Bhayangkara Hospital, Manado. Research [12] states that there is a relationship between knowledge of nursing home staff regarding the level of ADL independence and ADL compliance in the elderly at TresnaWredha Social Institution Yogyakarta. Research [13] states that there is a relationship between the level of knowledge and independence of postpartum mothers in self-care during early postpartum. Research [14] states that there is a relationship between knowledge and the level of mother's independence in taking care of herself during the postpartum period at the Abunawas Hospital, Kendari City. Research [15] which says that there is a significant relationship between knowledge of family planning acceptors and the use of contraceptives. Research [16] states that there is a relationship between contraceptive use in couples of childbearing age. Although knowledge is not a factor that influences acceptors to take advantage of family planning services, knowledge certainly has a contribution in shaping a person's behavior to act. In addition to the knowledge factor, other factors that influence acceptors to use independent family planning services such as income levels, family encouragement, perceived benefits, and the role of officers in assisting acceptors. Knowledge is considered as one of the main factors in shaping one's behavior and actions [7]. Thus, in this case family planning acceptors who have a better level of knowledge will tend to be able to choose to participate and use the Independent Family Planning program. This knowledge will greatly assist the government in establishing and succeeding the Independent Family Planning program. The acceptor's lack of knowledge about family planning is caused by the lack of role of family planning field officers. The condition of knowledge is influenced by the information provided by the officer. Some of the acceptors received family planning information apart from the officers, but also from their closest relatives, parents, and co-workers who had used family planning. Although the level of education of the acceptor has an indirect effect on increasing a person's social status and position, the beliefs and preferences they have will influence the acceptor's decision to use independent family planning. Generally, respondents who become family planning acceptors when participating in family planning programs and the period of use of the method has ended, so they are no longer interested in continuing and choose to stop being family planning participants. This happens because of various reasons such as the choice of family planning method is not based on sufficient knowledge of the benefits of family planning, not one's own desire, belief in experimenting, Data in the field shows that the average respondent already has a fairly good knowledge of contraceptives that will be used independently, of course supported by the facilities and availability of contraceptives in their respective regions, also supported by the income level factor of the acceptors. One of the factors that affect the level of knowledge is formal education that has been taken where education is a process of changing attitudes and behavior of a person or group as well as efforts to mature humans through teaching and training efforts, so that the higher a person's education, the more knowledge he gains. Another factor that affects the level of knowledge is exposure to information, namely

someone who has good knowledge can be caused by respondents getting knowledge of information from various sources through mass media including television, newspapers, radio, magazines and social media. Thus, in this case family planning acceptors who have a better level of knowledge will tend to be able to choose to participate and use an independent family planning program. This knowledge will greatly assist the government in establishing and succeeding the independent family planning program.

4.2 Relationship between husband's support and level of family planning independence

Husband's support is encouragement that is born from within the husband in the form of thoughts, emotions, information, direction, guidance or assistance provided with the aim of providing motivation or a way out for solving problems that occur everyday in life. Husband's support in solving family problems is influenced by internal and external aspects that exist outside of a person. These factors include the stage of development, level of knowledge, a factor emotional, spiritual factors, the practice in family, socioeconomic and cultural level that believe and religion and k e disbelief. The presence of the husband in the family will have a big impact on the wife, where with the encouragement of love , togetherness and high empathy, the husband will be more caring and very alert in facing difficulties and solving the needs of living together. Likewise, in terms of the use of contraceptives and the use of family planning, the husband's role is more dominant in determining the choice of contraceptives. The Men and women as husband and wife have the same responsibility for the use of contraception. So that the selection of contraception in accordance with the needs of married couples. Thus husband and wife must support each other in the use of contraception because family planning and reproductive health are not only the responsibility of men or women. In the family, the husband has an important role, namely as the head of the family. The husband has the right to agree or disagree with what his wife does. Unless the wife gives a proper explanation or reason for what she is doing so that the husband understands[17] Based on data in Table 2 shows that generally the acceptor with the support of her husband who was high and more the number of her than acceptors with the support of the poor. This indicates that the bush i n high-level support of her husband, the higher the degree of independence of the public to use family planning acceptors. Conversely, the lower the husband's support, the lower the community's independence to become family planning acceptors. Husband's support is very important in the need for with their husband's support will establish confidence wife in the use of voluntary family planning programs. From the results of statistical tests obtained P Value = 0.599 or P value > 0.05, this shows that there is no relationship between husband's support and the level of independence of active family planning acceptors in the use of independent family planning programs. This is in line with the results of [18] which said that there was no relationship between husband's support and respondent's behavior (p value = 1,000). However, this study is not in line with the findings [19] which stated that there was a relationship between family support and the independence of mentally retarded children at SDLB Bangkinang in 2016. Research [20] stated that there was a relationship between family support and independence in post-stroke *activity of daily living*. Research [21] which states that there is a relationship between family support and the level of independence in *daily living activities* in post-stroke patients at the Neuro Polyclinic of RSUD Dr. H. Abdul Moeloek Bandar Lampung. Research [22] which states that there is a relationship between family support and independence of the elderly in fulfilling daily activities in Batu Village, South Likupang District, North Minahasa Regency. Research [23] which states that there is a relationship between family support and the level

of independence of daily living activities in post-stroke patients at the Neurology Polyclinic of Pancaran Kasih General Hospital, Manado. Although husband's support is not a factor that influences acceptors to take advantage of family planning services, husband's support certainly has a contribution in deciding the action to use family planning. In addition to the husband's support factor, other factors that influence acceptors to use independent family planning services such as knowledge, income level, perceived benefits, culture and the role of officers in assisting acceptors. The selection and use of contraception is the joint responsibility of husband and wife as household life partners, thus the decision to use the desired contraception is in accordance with shared tastes and needs. Husband and wife must support each other in the use of contraception because family planning and reproductive health are not only the responsibility of men or women. In the family, the husband has an important role, namely as the head of the family. The husband has the right to agree or disagree with what his wife does. Unless the wife gives a proper explanation or reason for what she did so that the husband understands. Husband's support greatly influences the wife to use contraception. If the desire of a partner or individual is very strong to prevent pregnancy, then this directly affects how regularly they use the contraceptive method used. Husband's support has a high response to the value of family planning independence, which means that most respondents receive support from their husbands to participate in a full independent family planning program to prevent pregnancy. Some forms of husband support are given to his wife who uses contraception by giving advice in choosing the contraceptive used, taking the wife to the place of contraception service, and reminding the wife to make repeat visits. If the distance to the health service is far, they usually prefer to use a motorcycle taxi or go with their neighbors. Regarding the side effects of using contraception, the respondent's husband must indeed carry out supervision, this is because many respondent's husbands do not know that the side effects will occur when their wife uses one of the contraceptives. The husband's position in the family plays a very large role both in finding, choosing, and deciding on a family planning service, because the husband has full power and responsibility in household matters, so that the husband's support in the use of family planning methods is more dominant. The husband's high support in choosing the contraceptive used will make the wife feel comfortable and high self-confidence, so that if there is a problem in its use it will be easy to communicate openly and together Likewise, the role of the wife as one of the aspects involved in the participation of family planning acceptors. The wife's participation usually arises because of the husband's encouragement and information obtained from both the social environment and family planning officers. However, the wife's lack of participation in family planning programs can also be influenced by the lack of motivation from her husband, unavailability of contraceptives, uncomfortable contraception, distance from place of residence, ignorance and cultural factors that are believed to be inherent in life.

4.3 The Relationship between Availability of Contraceptive Devices and Independence in Family Planning

The availability of contraceptives is a means used to be given when providing health services, especially in providing family planning services. So as to facilitate or convince patients to seek treatment or consultation regarding family planning independently. The availability of contraceptives in health facilities is very important, it is to encourage increased use of contraceptives by family planning acceptors, especially for independent family planning acceptors [24] Family planning services if the quality is said to meet several service elements, namely: availability of choice of contraceptive methods, information given to clients, the ability of pet duties as family planning, interpersonal relations, mechanisms to encourage the advanced services and the accuracy or

appropriateness of care givers. The focus on service quality becomes important with continued use of contraception as one of the outcomes of service quality [25]. Based on data in Table 3 shows that generally acceptors to support the availability of contraception are high more than the sum of its acceptor with the availability of means of contrast e psi medium and low. This indicates that the bush i n high level of availability of contrast e psi, the higher the degree of independence of the public to use family planning acceptors. Conversely, the lower the availability of contraceptives, the lower the community's independence to become family planning acceptors. The availability of contraceptives is very important because the availability of contraceptives will facilitate and support acceptors in using the family planning program voluntarily. Availability of contraceptives, in the form of availability of KB tools/drugs, is the main part that must be owned by KB service posts in accordance with the contraceptive method to be provided. The success of family planning services is determined by several elements, one of which is infrastructure that meets service standards. Availability of contraceptives that are adequate and easily available will provide an opportunity for acceptors to choose contraception according to their needs [26]. The availability of contraceptives is a means used to provide health services, especially in providing independent family planning services, thus facilitating or convincing patients to seek treatment or consultation regarding family planning independently [24]. From the results of statistical tests obtained P Value = 0.401 or P value > 0.05, this shows that there is no relationship between the availability of contraceptives and the level of independence of active acceptors in the use of independent family planning programs. This is in line with the results of research [27] which states that there is no correlation between the availability of contraceptive devices and the use of inject able contraceptives. Although the availability of contraceptives is not a factor that influences acceptors to take advantage of family planning services, the availability of contraceptives certainly has a contribution to acceptors in deciding whether to use family planning. In addition to the availability of contraceptives, other factors that influence acceptors to use independent family planning services include knowledge, income level, perceived benefits, culture and the role of officers in assisting acceptors. In family planning services, one of the dominant aspects affecting family planning services is the availability of contraceptives. With a variety of contraceptives, it will help acceptors to choose and use contraceptives according to their needs and desires. However, if contraception is not available, the acceptor has difficulty in using family planning devices. Thus, the importance of mobilizing the availability of contraceptives in family planning services is one of the concerns that must be monitored at all times to ensure that the stock of family planning devices is always available and sufficient for the community. The results of this study indicate that the availability of contraceptives with a level of independence of family planning acceptors is more in responses that say availability is in the high category, this can mean that the higher the availability of contraceptives, the greater the opportunity for acceptors to use contraceptives, and vice versa. Based on this fact, it is necessary for the management of family planning services in the district to continue to increase the availability of contraceptives with the aim of program sustainability and increasing the independence of family planning acceptors in the future. The more facilities that provide contraceptives, the easier it will be for the community to carry out independent family planning programs. The need for the management role of the availability of contraceptives in KB service facilities in Bombana Regency, this is done in order to encourage increased use of contraceptives by family planning acceptors. This activity is carried out with various promotions through print media, electronic media, socialization, counseling, seminars and individual education by family planning field officers so that they can increase the number of contraceptive use

independently. With the hope that the more available contraceptives in family planning services, the acceptor respondents will increase in choosing contraceptives according to their tastes and needs independently. Although in the process there are many problems and obstacles to the availability of contraceptives, acceptor respondents are still high enough to get family planning services independently in services provided by midwives, closest doctors and family planning field officers. However, the results of this study are not in line with the findings [28] in his research stating that there is a relationship between the availability of contraceptives and the choice of injectable contraceptive methods ($p=0.016 < \alpha=0.05$) coefficient value (ϕ) = 0.173. This means that the relationship is weak or it can be said that the variable availability of contraceptives contributes 17.3% to the selection of contraceptive methods. The limitations of this study are the busyness of the respondents in their daily work so that they do not have sufficient time in collecting data/information, and the distance and access to the research location is quite difficult so that it must be rescheduled every opportunity for data collection.

5. Conclusions and suggestions

Conclusion; There is no relationship between knowledge, husband's support, and availability of contraceptives with the level of independence of active family planning acceptors in North Rarowatu District. Suggestion; It is hoped that health workers will be more active in conducting counseling and education activities for family planning participants as well as increasing the availability of contraceptives in order to increase the awareness of acceptors in the Independent Family Planning program voluntarily.

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