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Couples of childbearing age do not participate in the family planning program in Salekoe Village, Palopo City

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Article Info	ABSTRACT
Article history:	A couple of childbearing age (PUS) is a married couple who still has the
Received November 29, 2023	potential to have children or is usually marked by the time when menopaus
Revised December 22, 2023	has not yet arrived (menstruation has stopped for the wife). Family planning
Accepted December 30, 2023	is a method that helps individuals or married couples to regulate the interva
•	between pregnancies and determine the number of children in the family. This
	research was conducted to obtain information regarding the reasons why
Corresponding Author:	couples of childbearing age do not participate in family planning programs
Asmawati	This research is descriptive in nature. The sample used was 212 EFA taker
University of Muhammadiyah	according to the specified criteria. Data collection was carried out by filling
Palopo, Indonesia	out a questionnaire, then the data was processed and analyzed using the
asmawati@umpalopo.ac.id	frequency distribution formula. The research results showed that the highes
	reason for PUS not participating in the Family Planning program was wanting
	to have children immediately, 68 PUS (24.82%) while the lowest was no
	being suitable for using family planning, namely 3 PUS (1.1%). From the
	results of this research, it is recommended to increase education, especially
	about the types of contraceptives, side effects and complications.
	Keywords: Couples, Childbearing Age
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1. INTRODUCTION

Couples of childbearing age (PUS) are married couples who still have the potential to have children or are usually marked by the time of menopause (the wife's menstruation has stopped). ^[1]

Currently PUS who do not participate in the Family Planning (KB) program in the world are around 40% of the world's 120-150 million population. This is due to the side effects that arise or because the method fails. In developed countries it is currently estimated that the average family has two children, whereas in developing countries it is estimated that there are around 3-9 children. The consequences resulting from the non-participation of PUS in participating in family planning programs are high morbidity and mortality. Around 25-50% of deaths of women of childbearing age are caused by pregnancy and childbirth complications. This happens because 4 things are too close: too close a distance between births, too many children (number of children > 3), too young the mother's age at birth (<20 years), too old the mother's age (> 30-35 years). ^[2]

So many methods have been chosen as an effort to reduce the growth of the world population, which increases by 78-80 million every year. This causes population growth within 12-13 years to increase by around one billion people. In this case, Indonesia has contributed a population increase of 3-4 million every year.^[3]

Population census data in Indonesia, in 2021 there are around 38.9 million PUS. With the number of family planning acceptors only 26.9 million PUS (69.1%), while those who do not take part in the family planning program are 12 million PUS (30.9%). The region that has the highest family planning acceptors is Bali at 80%, then the Yogyakarta Special Region at 79%, while the lowest is Papua at 18%.

PUS data in Indonesia who used Modern/Traditional contraceptives to delay or prevent pregnancy in 2020 was (56.04%), in 2021 was (55.06%), and in 2022 was (55.36%). According to a report by the Central Statistics Agency (BPS), the percentage of couples who prevent pregnancy has increased slightly compared to 2021, but is still lower than five years ago.

Data from the National Family Planning Coordinating Agency (BKKBN) in 2021, there were 28,217 active family planning participants consisting of IUD family planning acceptors (247), MOW family planning acceptors (208), MOP family planning acceptors (40), condom family planning acceptors (133), family planning acceptors Implants (5,419), injection KB acceptors (19,362), PIL KB acceptors (2,777), MAL KB acceptors (31). According to this data, in general, acceptors prefer the injectable contraceptive method for practical reasons, namely it is simple and there is no need to be afraid of forgetting.

South Sulawesi Provincial Health Service In 2020 there were 1,123,156 active family planning participants consisting of condom birth control acceptors (2.33%), injectable birth control acceptors (53.47%), pill birth control acceptors (25.16%), IUD birth control acceptors (4.58%), MOP KB acceptors (0.17%), MOW KB acceptors (1.87%), Implant KB acceptors (12.42%). From this data, the most frequent contraceptive acceptors are injectable contraceptives.^[4]

EFA data in Salekoe Village in 2020 recorded 743 PUS. Only 500 (67%) were registered as family planning acceptors, while 243 (33%) did not participate in family planning. In 2021, 769 EFA were recorded. Only 525 (68%) were registered as family planning acceptors, while 244 (32%) did not participate in family planning. In 2022 there will be 782 EFA recorded. Only 542 (69%) were registered as family planning acceptors, while 240 (31%) did not participate in family planning. In 2023 there will be 809 EFA recorded. Only 600 (74%) were registered as family planning acceptors, while 209 (26%) did not participate in family planning.

2. **RESEARCH METHODS**

The method used in this research is semi-qualitative and quantitative by describing the distribution of PUS who do not use contraception through a questionnaire sheet. Using descriptive aims to explain the reasons why PUS do not participate in the family planning program. The subjects in this study were all PUS in Salekoe subdistrict, East Wara subdistrict, Palopo city in 2023. The population in the study was 405 PUS recorded in Salekoe subdistrict for the 2023 period. The sample in the research was 212 PUS who did not participate in the family planning program in Salekoe sub-district, East Wara sub-district, Palopo City. The research schedule was carried out from June 1 – September 2023. [5]

	Ν
n =	$1 + N(d^2)$
	450
n =	$1+450(0.05^{2})$
	450
n =	1+450 (0.0025)
	450
n =	2,125
n = 2	211.76 or 212

RESEARCH RESULTS AND DISCUSSION 3. Results

This research was conducted in the Salekoe sub-district, East Wara District, Palopo City from 11 September to 27 September 2023. The aim was to find out the reasons why PUS did not participate in the family planning program. Research data was collected using a questionnaire given to 212 samples, the research results are as follows: Tabl

	e 1. Distribution of Reasons for PUS not Participating in the Family Planning Program in Salekoe
Subdistrict in 2023.	Subdistrict in 2023.

No	Reason	f	%
1	Want to have children soon	68	32.07
2	Want to have lots of children	11	5.19
3	Afraid of side effects	30	14.15
4	Lack of information sources	10	4.72

5	Husband prohibited	40	18.87
6	Not suitable for using birth control	3	1.41
7	Want to have more children	27	12.74
8	Economic factors	23	10.85
	Total	212	100

Primary data

Based on the results of table 1, out of 212 respondents, 68 people (32.07%) had certain reasons which were the highest reasons for PUS not participating in the family planning program because they wanted to have children immediately, 40 people (32.07%) were prohibited from having their husbands, 30 people (14.15%) were afraid of side effects.), 27 people (12.74%) want to have more children and 23 people (10.85%) because of the economy.

 Table 2. Distribution of Knowledge Level of PUS Who Do Not Follow Family Planning in Salekoe

 Subdistrict in 2023

No		Knowledge level	f	%
1	Tall		131	61.79
2	Low		81	38.21
		Total	212	100

Source: Primary Data

Based on the results of table 2, of the 212 PUS who did not participate in family planning, 131 PUS (61.79%) had a high level of knowledge regarding family planning, while those with low knowledge were 81 PUS (38.21%).

Discussion

Family planning is an action that helps individuals to regulate the spacing of pregnancies, as well as determine the number of children in the family, with the aim of creating a happy, prosperous small family. This family planning program is very useful to help reduce high morbidity and mortality in mothers and children.

From the research results, based on table 1: the highest reason for PUS not participating in family planning is because they want to have children immediately, as many as 68 PUS (32.07%) because of these 68 PUS have 1-2 children, some even don't have children. This is influenced by psychological factors, that every couple wants to have children, the presence of a child can also unite the relationship between husband and wife. Apart from that, generally married couples are not satisfied with having just one or two children if they don't have a son and a daughter. Then around 40 women of childbearing age (18.87%) did not take part in the family planning program because their husbands prohibited it. This happened because a husband felt uncomfortable having sexual relations. Apart from that, husbands who use spirals complain that their wives have a weak libido in sexual relations. Apart from that, husbands who use spirals complain of pain during sexual intercourse.

The many side effects caused by contraceptives containing hormones are the reason for 30 PUS (14.15%) not to have birth control because they are afraid of the side effects caused by excess progesterone, such as weight gain. Weight gain due to progesterone is caused by increased appetite and the metabolic effects of the hormone. In addition, progesterone causes irregular bleeding, acne, sometimes smaller breasts, flour albus. Acne can occur due to the androgenic effects of the type of progesterone contained in the pill. *Flour albus* is sometimes found in pills with high doses of progesterone. ^[6]

Other effects that often occur due to estrogen include nausea, fluid retention, headaches, pain in the mammary glands, and *fluoride albus* (vaginal discharge). Nausea is sometimes accompanied by vomiting and a feeling of bloating. Fluid retention is caused by a lack of water and sodium excretion. ^[7] The side effects caused by contraceptives containing hormones are spotting, dizziness, breast pain, weight gain, no menstruation at all.

Around 27 PUS (12.74%) did not participate in the family planning program because they wanted to have more children. In table 1, 23 PUS (10.85%) did not participate in the family planning program due to economic factors. This is because as time goes by, the needs for daily living also increase. The need to allocate economic resources for education, the economic capacity to provide future children with food, clothing, shelter, medical care and future needs.

The next reason PUS did not participate in family planning was because they wanted to have lots of children, around 11 PUS (5.19%). This is influenced by the culture adopted by society which directly links the number of children a man has and his virility, as well as the value in society of being a woman only if she can give children to her partner.

A total of 10 PUS (4.72%) did not use family planning because of the lack of information sources they received from health facilities and also because the public's lack of curiosity about family planning made their interest in using family planning also low. The next reason that makes PUS not follow contraception is because it is not suitable. About 3 people (1.41%) are incompatible with contraceptives because of the ingredients used or the drugs contained in them. As bleeding (*spotting*) generally occurs, it is actually not dangerous because it is a side effect caused by hormonal contraception itself. However, most of the birth control acceptors themselves concluded that the bleeding occurred because they were not suitable for using the contraceptive method.

Based on the research results on the level of knowledge in table 2, 131 (61.79%) of the 212 PUS have a high level of knowledge about family planning, while 81 PUS (38.21%) have a low level of knowledge. This is very contradictory to the existing theory that the high number of PUS who do not participate in family planning is due to a lack of knowledge and sources of information regarding family planning, but the results of this study show the opposite fact.

4. CONCLUSION

The research was conducted on 212 PUS, the results of the research based on the sub-variables studied showed that the reasons why PUS did not take part in the family planning program were not related to knowledge, namely wanting to have children immediately (32.07%), wanting to have many children (5.19%), being prohibited. husbands as many as (18.8%), wanting to have more children as many as (12.74%), and economic factors as many as (10.85%).

Meanwhile, the reasons for PUS not participating in the family planning program were related to knowledge, namely fear of side effects (14.15%), lack of information sources (4.72%), not being suitable for using family planning (1.41%).

The research results show that of the 212 PUS who have high knowledge about family planning, there are 131 PUS (61.79%), while those with low knowledge are around 81 PUS (38.21%).

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