The Effectiveness Of Family Programs In Suppressing The Population Growth Rate In The Work Area Of The Lasolo Public Health Center, North Konawe Regency

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Abstract

The number of active family planning participants in North Konawe Regency in 2014 was 123,897 people and experienced a decrease in the number of acceptors in 2015 as many as 121,892 people and an increase in 2016 of 129,165 people. Until 2017, the number of active family planning acceptors again experienced a higher increase than the previous year, which was 132,222 people. Furthermore, in 2018 there were 134,476 people, specifically for the Lasolo Health Center work area. The number of active family planning based on monthly reports was recorded every year where in 2018 there were 1191 couples of childbearing age with family planning acceptors totaling 537 people where the population was 5171 people, in 2019 couples of childbearing age amounted to 1224 There are 439 people with family planning acceptors where the population is 5243 people and in 2020 there has been an increase with family planning acceptors totaling 578 people with PUS 1258 people and a population of 5417 people, in this case it is known that the increasing number of acceptors does not suppress population growth. The purpose of this study was to determine the effectiveness of the family planning program in suppressing the population growth rate in North Konawe Regency, the type of research was quantitative. The study was conducted in Lasolo sub-district, North Konawe district in October - November 2021 with the results known that there is an effectiveness of the family planning program to suppress growth rates. population and it is known that there is no difference in the rate of population growth for 2019 and 2020.

Keywords: Effectiveness of Family, Planning Program & Population Growth Rate.

Introduction

The increasing population is a big problem for countries in the world, especially developing countries. Indonesia is a developing country with one of the largest populations. The high number of population growth is a major problem in Indonesia in the field of population. The increasing condition of the population will complicate efforts to increase and distribute the welfare of the people [1].

The rate of population growth is determined by the birth and death rates. The improvement in health services causes the death rate to be low, while the birth rate remains high, this is the main cause of the population explosion [2].

Indonesia is a country with a high population growth rate. The total population of Indonesia in 2018 was 258.7 million people with a population growth rate of 1.27% and is the fourth largest population in the world after China, India, and the United States. Among ASEAN countries, Indonesia is also one of the countries with the largest area with the largest population. Based on Worldometers data, Indonesia currently has a population of 269 million people or 3.49% of the total world population. Indonesia is ranked the fourth most populous country in the world after China (1.42 billion people), India (1.37 billion people), and the United States (328 million people). As many as 56% or 150 million people of Indonesia's population are people urban [3].

Indonesia's Population Reaches 238 Million People The population explosion has resulted in a rapid growth rate, this is due to the lack of knowledge and cultural patterns in the local community. To overcome these problems, Indonesia has implemented a family planning program (KB), one of the most important population policies in Indonesia and has shown success. The family planning program was started in 1968 by simulating the LKBN (national family planning institution) which later in its development became BKKBN (national family planning coordinating agency). The national family planning movement aims to control the rate of population growth and also to improve the quality of human resources [4].

High population growth can be a serious problem if it is not immediately resolved, the high and uncontrolled population growth rate will affect the decreasing level of community and family welfare. This is like an increase in the number of residents in Lasolo District, North Konawe Regency which has increased every year. Based on BPS in figures, North Konawe Regency has an increasing population every year. In 2014 the population was 1,408,072 people, in 2015 the population was 1,449,401, with a population growth rate in 2016-2017 of 1.4% and in 2016 the population was 1,469,601 people at a rate of population growth in 2018-2019 by 1.36% and in 2020 by 1.76% [5] [6].

The North Konawe Regency Government continues to strive to suppress the high growth rate by carrying out a family planning program that is under the auspices of the North Konawe Regency Population Control and Family Planning (KB) service and the Southeast Sulawesi province's National Population and Family Planning Agency (BKKBN). The BKKBN of North Konawe Regency, has aspirations to realize population-oriented development and create happy and prosperous small families [7].

The number of active family planning participants in North Konawe Regency in 2014 was 123,897 people and experienced a decrease in the number of acceptors in 2015 as many as 121,892 people and an increase in 2016 of 129,165 people. Until 2017, the number of active family planning acceptors again experienced a higher increase than the previous year, which was 132,222 people. Furthermore, in 2018 there were 134,476 people. (BPS Southeast Sulawesi; 2018). If we look at the data, the number of active family planning acceptors in North Konawe Regency is still fluctuating. So that we can see that the government's efforts to control the birth rate

continue to be carried out so that in 2016 the number of active family planning participants in North Konawe Regency showed a high increase, namely as many as 129,165 active family planning participants [6].

To suppress the rate of human growth, especially preventing the population explosion, a family planning program is needed, which is one of the media. In addition, the family planning program is the main need for families to form a small happy and prosperous family(8). Indonesia faces problems with the number and quality of human resources with the birth of 5,000,000 per year [9].

Specifically for the working area of the Lasolo Health Center, the number of active family planning based on monthly reports is recorded every year where in 2018 couples of childbearing age amounted to 1191 people with kb acceptors totaling 537 people where the total population was 5171 people, in 2019 couples of childbearing age amounted to 1224 people with kb acceptors totaling 439 people where the total population was 5243 people and in 2020 there was an increase with kb acceptors amounting to 578 people with PUS 1258 people and a population of 5417 people, in this case it is known that by its increasing number of acceptors does not suppress the number of population growth [10] [11] [12].

If you look at the comparison of the population and the number of heads of families, namely for the total population in 2018 which is 5171 people with the number of Heads of Families 1287 people or it can be concluded that there are approximately 5 people in 1 family head, in 2019 there are 5243 people with the number of Family Heads 1315 people or it can be concluded that there are approximately 4 people in 1 family head and in 2020 there are 5417 people with a total of 1346 family heads or it can be concluded that there are approximately 5 people in 1 family head, thus estimating if it is known the number of new families for each an average year there are 100 heads of families, thus the number of souls borne by the heads of families with couples of childbearing age exceeds the average of more than 6-7 people in one family or has 4 children for one family, so it can be concluded that there are ineffective family planning programs.

So based on the survey and initial data collection that was carried out previously with the problem of the number of people continuing to increase as happened in the Lasolo sub-district, North Konawe Regency with the second largest population in North Konawe Regency and increasing every year, so the authors are interested in conducting research

that entitled: "Effectiveness of Family Planning Programs in Suppressing Population Growth Rate in North Konawe Regency (Case Study of Lasolo Glasses, North Konawe Regency).

This research was carried out in the Lasolo Health Center Working Area from October to November 2021. By taking secondary data obtained from the annual report of the Family Planning program. The data presented in the form of a frequency distribution table is sorted by the types of variables studied, namely:

Results and Discussion

Univariate Analysis

Recapitulation of Population Increase in the last three years (in 2018, 2019 and 2020)

Table 1. Population Recapitulation in the Lasolo Health Center Work Area (2018, 2019 and 2020)

| No. | Village Name /Subdistrcit | Total Population (Years) | | | | | |
| | | 2018 | | 2019 | | 2020 | |
		Freq	%	Freq	%	Freq	%
1	Tinobu Subdistrict	856	16,55	870	16,59	897	16,84
2	Tinobu Estuary	502	9,71	522	9,96	539	10,12
3	Basule	752	14,54	758	14,46	765	14,36
4	Andumowu	714	13,81	720	13,73	728	13,67
5	Lalowaru	360	6,96	366	6,98	370	6,95
6	Waworaha	517	10,00	521	9,94	526	9,87
7	Larodangge	414	8,01	418	7,97	421	7,90
8	Otole	489	9,46	495	9,44	500	9,39
9	Watukila	567	10,96	573	10,93	581	10,91
	Sum	5171	100	5243	100	5327	100

Based on the table above, it can be interpreted that the largest population is in the Tinobu village with a total of 856 people (16.55%) in 2018 and 870 (16.59%) in 2019 and in 2020 there are 897 people (16.84%).

And the small number of residents in Lalowaru village is 360 people (6.96%) for 2018 and in 2019 there are 366 people (6.98%) and in 2020 there are 370 (6.95%).

Recapitulation of kb acceptor number in 2018, 2019 and 2020

Table 2. Recapitulation of the Number of Kb Acceptors in the Lasolo Health Center Work Area in 2018, 2019 and 2020

| No. | Village Name /Subdistrict | Number of Acceptors KB (Years) | | | | | |
| | | 2018 | | 2019 | | 2020 | |
		Freq	%	Freq	%	Freq	%
1	Tinobu Subdistrict	86	16,01	82	18,68	105	18,17
2	Tinobu Estuary	75	13,97	57	12,98	71	12,28
3	Basule	59	10,99	52	11,85	71	12,28
4	Andumowu	72	13,41	46	10,48	50	8,65
5	Lalowaru	28	5,21	21	4,78	25	4,33
6	Waworaha	54	10,06	50	11,39	80	13,84
7	Larodangge	44	8,19	28	6,38	39	6,75
8	Otole	58	10,80	50	11,39	76	13,15
9	Watukila	61	11,36	53	12,07	61	10,55
	Sum	537	100	439	100	578	100

Based on the table above, it can be interpreted that the largest number of people with KB Acceptors is found in Tinobu village with 86 people (16.01%) in 2018 and 82 (18.68%) in 2019 and in 2020 there were 105 people (18.17%).

And the small number of people as acceptors of kb is found in lalowaru village, which is 28 people (5.21%) for 2018 and in 2019 there were 21 people (4.78%) and in 2020 there were 25 (4.33%).

Recapitulation of the Number of Sibur Age Couples (PUS) in the Lasolo Health Center Work Area in 2018, 2019 and 2020

Table 3. Recapitulation of the Number of Sibur Age Couples (PUS) in the Lasolo Health Center Work area in 2018, 2019 and 2020

No	Village Name /Subdistrict	Number of Couples of Childbearing Age (Years)					
		2018		2019		2020	
		Freq	%	Frek	%	Freq	%
1	Tinobu Subdistrict	119	9,99	122	9,97	126	10,02
2	Muara Tinobu	185	15,53	188	15,36	194	15,42
3	Basule	157	13,18	159	12,99	163	12,96
4	Andumowu	178	14,95	182	14,87	184	14,63
5	Lalowaru	56	4,70	61	4,98	63	5,01
6	Waworaha	163	13,69	167	13,64	172	13,67
7	Larodangge	138	11,59	141	11,52	143	11,37
8	Otole	104	8,73	109	8,91	115	9,14
9	Watukila	91	7,64	95	7,76	98	7,79
	Total	1191	100	1224	100	1258	100

Based on the table above, it can be interpreted that the largest number of people with Couples of Childbearing Age is found in MuaraTinobu with a total of 185 people (15.53%) in 2018 and 188 (15.36%) in 2019 and in 2020 there were 194 people (14.42%).

And the small number of people as acceptors of kb is found in lalowaru village, which is 46 people (4.70%) for 2018 and in 2019 there were 61 people (4.98%) and in 2020 there were 63 (5.01%).

Bivariate Analysis

Data Normality Test

The normality test of the data was carried out to find out whether the sample distribution was included in the normal distribution or not, thus the One-Sample Kolmogorov-Smirnov Test was carried out, which can be interpreted in the table below accompanied by an explanation.

Table 4. Distribution of Data Normality Test Results of Each Variable

Tests of Normality						
	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Number of Population_2018	.192	9	.200*	.939	9	.572
Number of Population_2019	.198	9	.200*	.941	9	.590
Number of Population_2020	.192	9	.200*	.946	9	.645
*. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

It is known from the results of the normality test of population data in 2018 with the value of Asymp. Sig. (2-tailed) i.e. 0.572 greater than α 0.05 which can be concluded that having a normal sample distribution, the regression model has met the assumption of normality. It is known from the results of the data normality test for the number of residents in 2019 with the value of Asymp. Sig. (2-tailed) i.e. 0.590 greater than α 0.05 which can be concluded that having a normal sample distribution, the regression model meets the assumption of normality, and It is known from the results of the data normality test for the number of inhabitants in 2020 with the value of Asymp. Sig. (2-tailed) i.e. 0.645 greater than α 0.05 which can

be inferred that having a normal distribution of samples, the regression model meets the assumption of normality.

Statistics Test

Dependent t-test

The results of the statistical test in this study are to see the influence of free variables on bound variables and can be described in the form of a table attribution which is accompanied by a brief explanation, for more details will be reviewed in the following table.

Table 5. Distribution of Effectiveness of Family Planning Programs against population growth rate suppression

Paired Samples Test									
		Paired Differences						t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	Number of Population_ 2018 - Number of Population_ 2019	-8.00000	5.38516	1.79505	-12.13940	-3.86060	-4.457	8	.002
Pair 2	Number of Population_ 2019 - Number of Population_ 2020	-9.33333	7.79423	2.59808	-15.32451	-3.34216	-3.592	8	.007

The summary results of descriptive statistics from both data have increased with an average of -8.00000, t count = -4.457, Sig. 0.002 < 0.05 Ha is accepted which means there is an Effectiveness of the Family Planning Program on the population growth rate from 2018 to 2019 with a negative correlation. And the results of the summary of descriptive statistical data have increased with an average of -9.33333, t count = -3.592, Sig. 0.007 < 0.05 Ha is accepted which means there is an Effectiveness of the Family Planning Program on the population growth rate from 2019 to 2020.

Independent sample t-test is a type of statistical test that aims to compare the averages of two groups that are not paired or unrelated. Unpaired can mean that the research was conducted for two different sample subjects. In this study, the Independent t-test was used to identify differences in the increase in the number of residents each year by considering the results of the family planning program.

The results of this study can be described in the form of a table and given a brief explanation as a description of the table as follows:

Uji t-test Independent

Table 6. Distribution of differences in population increases in 2019 and 2020 with the effectiveness of family planning programs

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Difference	Equal variances assumed	.662	.428	-.422	16	.678	-1.33333	3.15788	-8.02775	5.36108
Difference	Equal variances not assumed			-.422	14.220	.679	-1.33333	3.15788	-8.09648	5.42982

The output of the different test results is Independent-Sample t Test. There are two t values and their significance level, namely Equal Variance assumed and Equal Variance not

assumed. Equal Variance assumed means that the two population variants are identical and Equal Variance not assumed that the two population

variants are not identical. To determine it, the F test was used.

Sig level. F is 0.662 meaning Ho is accepted that the two population variants are identical (Equal Variance assumed). Because sig F has an Equal Variance assumed decision, the t test uses Equal Variance assumed.

The assumed t value of Equal Variance is 1,422 with Sig. (2-tailed) is 0.678 or greater than 0.05 so it is decided that there is no significant difference in changes from 2019 and the increase in population to 2020. It can be interpreted that the percentage increase in population from year to year is considered normal.

Effectiveness of Family Planning Program With Emphasis on Population Growth Rate in The Working Area of Lasolo Health Center, North Konawe District

The summary results of descriptive statistics from both data have increased with an average of -8.00000, t count = -4.457, Sig. 0.002 < 0.05 Ha is accepted, which means that there is an Effectiveness of the Family Planning Program on the population growth rate from 2018 to 2019 with a negative correlation. And the results of the summary of descriptive statistical data have increased with an average of -9.33333, t count = -3.592, Sig. 0.007 < 0.05 Ha is accepted which means that there is an Effectiveness of the Family Planning Program on the rate of population growth from 2019 to 2020.

Rapid population growth will encourage economic change and confidence in the control of the surrounding environment which leads to institutional changes. According to Boserup, population growth will force farmers to work harder and use land more intensively. Of the three arguments which state that population growth is not a problem in population, economic, social, and development. However, as for the argument that population growth is the real problem [13].

However, there are several opinions that have emerged stating that the real population problem is not a population growth problem. However, underdevelopment, depletion of human resources, and unequal distribution of the population. Population as a population problem is just a deliberately created issue, basically created by rich countries to prevent or hinder the development of developing countries by maintaining a status that is in accordance with the interests of the rich countries. Population growth is not a problem, but rather an element that will spur economic development [1]. .

In the working area of the Lasolo Public Health Center, it is known that from the results of the study there is an effect of the family planning program on the rate of population growth where there is an increase in the number of residents and in line with the increase in the number of acceptors and the number of increases is considered normal.

Thus the researcher assumes that the family planning program is part of an effort to suppress the rate of population growth and not hamper the rate of population growth, in the sense that there is an alignment of population growth with economic stability in which the solution in this case is the family planning program.

Differences in the Effect of the Effectiveness of the Family Planning Program on Increasing population in the Working Area of the Lasolo Health Center, North Konawe Regency

The assumed t value of Equal Variance is 1,422 with Sig. (2-tailed) is 0.678 or greater than 0.05 so it is decided that there is no significant difference in changes from 2019 and the increase in population to 2020. It can be interpreted that the percentage increase in population from year to year is considered normal.

The rate of population growth is determined by the birth and death rates. The improvement in health services causes a low mortality rate, while the birth rate remains high, this is the main cause of the population explosion (Prawiroharjo, 2010 in Sitopu, 2012). To suppress the rate of human growth, especially to prevent a population explosion, a family planning program is needed which is one of the media (Ratnaningtyas, 2009). In addition, the family planning program is a family's main need to form a happy and prosperous small family (BKKBN, 2013).

High population growth can be a serious problem if it is not immediately resolved, the high and uncontrolled population growth rate will affect the decreasing level of community and family welfare. This is like an increase in the number of residents in Tamalate District, Makassar City which has increased every year (Ratnaningtyas, 2009).

From the results of the study, it is known that there is an increase in the number of residents every year but there is no difference in the increase from the previous year or it can be concluded that population growth is considered normal.

Thus the researcher assumes that the family planning program in Konawe district, especially in the working area of the Lasolo Public Health Center is considered stable enough to implement

the family planning program, and the need for regular evaluations in the implementation of the family planning program to be able to detect early in an effort to prevent uncontrolled population growth.

Research Limitations

The limitations faced by researchers when conducting research include; (1) The data obtained by skunder data and only the scope of the work area of the lasolo health center were studied; (2) Time and cost limitations in research experienced by researchers so that sampling has limitations.

Conclusion

health center from October to November 2021, it can be concluded that; (1) There is an effectiveness of the family planning program in suppressing the rate of population growth; (2) There is no difference in the effect of the family planning program in suppressing the rate of population growth from 2019 and 2020.

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