

PERCEPTIONS OF MARGINALIZED PEOPLE ON BIRTH RATE CONTROL

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ABSTRACT

The government's efforts to control population growth can be seen from their support for relevant agencies to optimize birth rate control. Fertility is the main component of population growth is closely related to infant mortality, education levels, and the economy. In 2019, Indonesia's total fertility rate is still 2.2 per woman, above the target value of 2.1 per woman to create a prosperous family. The Covid-19 pandemic, which has forced changes in all areas of life, including the government's large-scale social restriction (LSSR) policy, has again triggered an explosion in the birth rate. It is further exacerbated by the decline in the use of Contraceptives. Contraceptive implants decreased from 81,062 to 51,536, injectables from 524,989 to 341,109, birth control pills from 251,619 to 146,767, condoms from 31,502 to 19,583, MOP (vasectomy) from 2,283 to 1,196, and MOW (tubectomies) from 13,571 to 8,093. Public knowledge of contraceptives and the choice of long-term contraceptive methods (LTCM) can stimulate the optimization of birth control. Therefore, this research focuses on looking at the perception of marginalized people in Makassar City on birth control. This study is an analytical survey with four knowledge indicators, namely understanding birth control, prosperous families, risk of early marriage, and long-term contraceptive methods. The survey results show that 95 people, 6% understand well about birth rate control, 97.8% are good for prosperous families, and 100% are good for long-term contraceptive methods. Statistical analysis test proves that understanding birth rate control, the prosperous family, and long-term contraceptive method has a significant relationship with each p-value = 0.00 < 0.05.

Keywords: Birth control, prosperous family, LTCM, fertility

1) INTRODUCTION

The demographic challenge facing Indonesia is high population growth. Many attempts have been made to control this growth, primarily through fertility control or fertility rate. Through the National Population and Family Planning Agency (NPFPA), the government continuously strives to stem the increase in the birth rate. Government intervention in birth control and reducing mortality is a form of concern for the quality of life of many people. To support the birth rate control program, the government, through related agencies, seeks to create public awareness to control population growth. Psychologically, population density affects birth control. This condition leads to people's way of thinking in determining the number of children they want to have and their level of education (Severus, 2019). One of the many components that contribute to high population growth is fertility. Fertility is closely related to infant mortality, education level, and population density. Fertility is the power possessed by women in their childbearing age to produce children. World Bank data states that Indonesia's total fertility rate in 2019 is 2.2. World Bank data states that Indonesia's total fertility rate in 2019 is 2.2, where 10% of female adolescents aged 15-19 years have given birth or are pregnant with their first child (world bank, 2019). The desired condition is that the fertility rate and infant mortality rate decrease and the population are more evenly distributed, known as the Balanced Growth Population Condition (PTS) at 2.1 per woman. The ideal number of children (enough for two children) makes it easier to create a prosperous family (Maharani et al., 2020)

During the Covid 19 Pandemic from 2019 until now, the research found an increase in the birth rate. The Large-Scale Social Restriction Policy (LSSRP) has resulted in more community activities at home. As a result, the intensity of sexual activity between husband and wife increases, increasing pregnancy. Research also says the increase in birth rates is due to the decline in contraceptives during the pandemic. Contraceptive implants decreased from 81,062 to 51,536, injectables from 524,989 to 341,109, birth control pills from 251,619 to 146,767, condoms from 31,502 to 19,583, MOP (vasectomy) from 2,283 to 1,196, and MOW (tubectomies) from 13,571 to 8,093 (Yusita et al., 2020). In the city of Makassar itself, the decline also occurred in 2020, namely MOW/MOP users from 3.83% to 1.12%' MOP/Vasectomy from 0.55% to 0%; pin 20.83% to 18.02%; condom 0.59% to 0.84%; natural breastfeeding method 1.23% to 0%; and periodic abstinence from 0.81% to 0% (BPS, 2021a).

The fertility rate is determined by demographic factors (age structure and marriage status) and non-demographic factors (educational and economic levels). Education is related to women's knowledge. Knowledge is proven to have a substantial effect on a person's fertility. Women who have good knowledge have considerations b e f o r e giving birth to children according to their economic conditions. Knowledge plays a role in changing one's status, likes, and outlook on life. The knowledge that needs to be possessed to control the birth rate includes the risk of marriage at an easy age, contraceptives, and long-term contraceptive methods.

The tradition of early marriage in Makassar is still rife. This tradition can be triggered by imitating the closest person, the view of Siri (embarrassment) is said to be unsold, or the site is called *silariang* (run away) with her lover or betrothed. The immature psychological and physical condition contradicts the reality that women in marriage face. Young age with a low level of education affects knowledge and attitudes in delaying pregnancy, using contraceptives, and choosing long-term contraceptive methods. Researchers are concerned to see marginalized communities in Makassar on birth control.

2) METHODS

This research is an analytical survey using a questionnaire as a research instrument. The number of respondents used is 45 women. The questionnaires that have been validated and tested for consistency are distributed to 3 sub-districts in Makassar city, namely the Tallo, Panakukang, and Tamalate sub-districts. The age of the respondents consisted of 2.2% under 20 years old, 17.8% between 21-30 years, 57.8% between 31-40 years, and 22.2% over 40 years. Most of their education is in high school (37.8%), and only 11.1% have higher education than others.

3) RESULTS

| F | % |
|----|------|
| 43 | 95.6 |
| 2 | 4.4 |
| 45 | 100 |
| | 43 2 |

Table 1. Birth Rate control

Table 2. Prosperous Family

| Prosperous Family | F | % |
|-------------------|----|------|
| Good | 44 | 97.8 |
| Not good | 1 | 2.2 |
| Amount | 45 | 100 |

Table 3. LTCM

| LTCM | F | % |
|--------|----|-----|
| Good | 45 | 100 |
| Amount | 45 | 100 |

4) **DISCUSSION**

A large and qualified population becomes the capital in developing a country, but if the quality is lacking in large numbers, it is an obstacle in development. Community development as a modernization approach fails to fulfill the prerequisites of human civilization, namely the need to live in harmony with the environment and harmony with others. The trickle-down effect theory of growing the economy has also not been realized. It causes inequality and inequality in the distribution of development results in marginalized community members. Marginalized people or vulnerable groups are marginalized by the social order, both in the economy, politics, and culture, which is not on their side. Generally, their occupations are laborers, poor farmers, fishermen, small traders, women, children, and the urban poor. BPS data on the poor in Makassar city has increased from 2019 to 2020, from 65,120 to 69,890. in 2021 it will increase from 8.72% in 2022 to 8.78% (BPS, 2021b).

Poverty is a complex effect of economic growth that is not accompanied by population control. Population control can be done by controlling the birth rate, such as using the correct contraceptive method to encourage the realization of a prosperous family (Kofiudin, 2020). Socio-economic factors such as education, knowledge, and age affect the survival of couples of childbearing age, contributing significantly to the soaring birth rate. (Wahab et al., 2018). Public knowledge about the use of contraceptives, the risk of early marriage to becoming a prosperous family is essential to support the government's efforts to control the birth rate.

The data shows that 95.6% of respondents know well about birth control, 97.8% are good about prosperous families, and 100% are good about LTCM. The three indicators proved to affect their knowledge of birth control efforts with a p-value = 0.00 < 0.05. The population growth rate in Makassar increased in 2019 at 8.79% from 8.42% in 2018 ((BPS, 2021b). The marginalized people of Makassar city have good knowledge about the existence of a birth control program by the government to inhibit the rate of population growth. The majority of respondents agree that marriage at an early age will increase the

birth rate. The condition of women who are still manageable and fertile can give birth to large numbers of children. Marginalized conditions do not hinder their desire to become a prosperous family, although there are varying answers regarding the indicators of two children to become a prosperous family. In addition, long-term contraceptive methods (LTCM) are still rarely used even though they know this method is more effective in preventing pregnancy for a long time.

Other research suggests that LTCM has not become the main choice because public knowledge about LTCM is not comprehensive regarding its benefits, effectiveness, indications, and side effects. Knowing is not enough, but they need to understand, apply, analyze, synthesize and evaluate it. External factors that also can influence their knowledge are age, intelligence, environment, socio-culture, education, information, and experience (Sari & Rodiani, 2015). Other things that affect the use of LTCM are the husband's support, lack of health information, and primipara (Entoh et al., 2021).

The scope of this research still revolves around the knowledge of marginalized communities in general. Further, it is necessary to update knowledge on birth control. More in-depth research on their knowledge up to the evaluation level is needed to provide them with comprehensive knowledge. Thus, they can encourage birth control and make LTCM the primary choice of contraception to create a prosperous family.

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