

How to Cite:

Asmidar, C., Masni, M., Stang, S., Salmah, U., Bustan, N. , & Wahiduddin, W. (2022). Influence of family planning program implementation on the level of family welfare in Wundulako District Kolaka. *International Journal of Health Sciences*, 6(S1), 8268–8282.
<https://doi.org/10.53730/ijhs.v6nS1.6848>

Influence of family planning program implementation on the level of family welfare in Wundulako District Kolaka

Cici Asmidar

Concentration in Reproductive Health Masters Program in Public Health, Faculty of Public Health, Hasanuddin University

Corresponding author email: ciciasmidar24@gmail.com

Masni

Concentration in Reproductive Health Masters Program in Public Health, Faculty of Public Health, Hasanuddin University

Stang

Concentration in Reproductive Health Masters Program in Public Health, Faculty of Public Health, Hasanuddin University

Ummu Salmah

Concentration in Reproductive Health Masters Program in Public Health, Faculty of Public Health, Hasanuddin University

Nadjib Bustan

Concentration of Epidemiology Masters Program in Public Health Sciences, Faculty of Public Health, Hasanuddin University

Wahiduddin

Concentration of Epidemiology Masters Program in Public Health Sciences, Faculty of Public Health, Hasanuddin University

Abstract--The Family Planning Program (KB) is an integral part of the national development program and aims to create economic, spiritual and socio-cultural welfare for the Indonesian population, but this solution cannot be implemented regularly and sustainably by the government concerned so that the problem is still not resolved. can be resolved. The purpose of this study was to determine the effect of implementing family planning programs on the level of family welfare in Wundulako District, Kolaka Regency. This research was conducted in KB Villages and Non Family Planning Villages in Wundulako District, Kolaka Regency. This research was conducted from September to October 2021. The population in this study were all

couples of childbearing age (PUS) in KB Villages and Non KB Villages in Wundulako District, Kolaka Regency as many as 609 couples of childbearing age obtained a sample of 86 people. The results showed that there was an effect of the implementation of the family planning program on the level of family welfare in the KB and non-KB villages based on age, education, occupation and economic status and it could be concluded that there was a significant effect of the implementation of the family planning program on the welfare level of underprivileged families, prosperous I, Prosperous II, Prosperous III and Prosperous Plus III in the KB and Non-KB Villages, Wundulako District, Kolaka Regency. It is recommended that the implementation of the family planning service program to the community or underprivileged families should be done better so that it will have a greater influence on improving the welfare of underprivileged families.

Keywords---Implementation, Family Planning Program, Level of Family Welfare.

Introduction

Indonesia is one of the big countries consisting of islands that stretch widely from the western end of Sabang City to the eastern end of Merauke City. Currently, Indonesia is listed as a country that ranks 4th with the largest human population with 255,993,674 people after China, India and America. Every year the population of Indonesia continues to grow and the population growth rate in our country is still high.

The main effort in overcoming the increasing number of population in Indonesia is by conducting socialization and directing the community through the Family Planning program. The Family Planning Program is a government program to suppress the rate of population growth by regulating the age of marriage, the spacing of pregnancies, and the ideal number of children in a family. The whole community must participate in this program, in addition to building public awareness of the importance of family planning (Kemenkes 2013).

The Family Planning Program (KB) is an integral part of the national development program and aims to create economic, spiritual and socio-cultural welfare of the Indonesian population so that a good balance can be achieved with national production capabilities. Family Planning (KB) has the meaning of regulating the number of children as you wish and determining when you will get pregnant, and you can use the Family Planning (KB) method that suits your desires and body conditions (Handayani, 2010).

The implementation of the family planning program was more encouraged in the era of President Soeharto, what was done in the program was to limit the amount of child support as regulated in Article 16 of Government Regulation Number 7 of 1977. Civil servants were only given allowances for a maximum of three children, so this program was relatively successful. After the reform and change of government, this family planning program did not seem to get serious attention

by the government. The implementation of the post-reform family planning program has not yet been able to optimally control the number of births. On the other hand. The implementation of the family planning program is expected to be able to support the welfare of the community through the programs contained therein.

The family planning program is one of the priority activities in accordance with the instructions of the President of the Republic of Indonesia. In order to maximize this Family Planning program, it is necessary and urgently to take steps to coordinate across sectors, especially in the integration of activities that will be carried out in the KB Village. Family Planning Village (KB) is one way for the government to form examples and samples that are used as targets for this government program (Sulisyawati, 2014).

In the Law of the Republic of Indonesia Number 52 of 2009, a Prosperous Family is a family formed based on a legal marriage, able to meet the needs of a decent spiritual and material life, devoted to God Almighty, has a harmonious, harmonious and balanced relationship between members and between families with society and the environment (Law of the Republic of Indonesia Number 52 of 2009).

The main source of income for the Wundulako community in Kolaka Regency is the agricultural sector. The development of regions and economic centers has not significantly had a positive impact on the community, this can be seen from the large number of people who live in the poverty line category. In 2013, when East Kolaka Regency had not separated from Kolaka Regency, the number of people living in the poverty line was 45,682 people (BPS RI in Kolaka in Figures, 2019).

In order to map the poor population in Kolaka Regency, the local government makes a family classification based on their level of welfare. The division of classification of family welfare levels is assessed based on the ability to fulfill the three needs determined by the BKKBN, namely basic needs, which consist of the variables of clothing, food, housing, and health. Social psychological needs (social psychological needs), consisting of education, recreation, transportation, internal and external social interactions. Development needs include the variables of savings, special education, and access to information. (Sunarti, 2011)

Regarding the problems that occurred during the implementation of the family planning program, the researchers saw that the phenomena that occurred in the implementation of the family planning program led to the welfare indicators mentioned as representing the problems that occurred in the analysis in this study. The following is the initial phenomenon found by the author during direct observation in Wundulako District, Kolaka Regency as a pilot village for the KB village program. The first problem is the level of welfare of the population who is the target of the family planning program compared to other residents who do not participate in the family planning program while it is known that one of the objectives of implementing the family planning program is expected to be able to affect the level of family welfare, especially families who are the targets of the family planning program that has been set by the government. BKKBN.

In addition, the problems that exist in the KB Village, Wundulako Sub-district, are that there are still many pre-prosperous communities, low knowledge and community participation in the KB Village program, especially for couples of childbearing age (PUS), community welfare problems have not been fully resolved with the existence of the KB village. The purpose of establishing the UPPKS (Efforts to Establish a Prosperous Family Program) in the KB village has not been achieved to empower the community, especially the underprivileged community, as well as the limited number of cadres in the KB village, Wundulako sub-district, Kolaka district.

The solutions that have been carried out to overcome problems in the KB Village, Wundulako District, Kolaka Regency are making innovations to prevent boredom in the community, continuing to coordinate and collaborate with various parties so that the program is carried out, as well as adding facilities, especially experts. However, this solution still cannot be implemented regularly and sustainably by the government concerned so that the problem still cannot be resolved

Data obtained from Wundulako District, Kolaka Regency in 2019 the number of welfare levels in general was 7890 people. Based on the description above, the writer is interested in conducting research on the Effect of Family Planning Program Implementation on the Level of Family Welfare in Wundulako District, Kolaka Regency.

Research Methods

The type of research used in this research is quantitative research with a Cross Sectional Study approach, namely this type of research by connecting the independent variable (implementation of family planning programs) and the dependent variable (level of family welfare) at the same time conducting a study. The population in this study were all couples of childbearing age (PUS) in KB Village by distributing research instruments in the form of questionnaires and Non KB Village by distributing research instruments in the form of questionnaires in Wundulako District, Kolaka Regency as many as 609 couples of childbearing age. Based on the above sampling calculation using the Slovin formula, it can be seen that the sample used in this study was 86 respondents. The sampling technique in this research is to use Systematic Random Sampling or random sampling. The data collected in the study were analytically processed with the Chi Square test and the results were processed to determine the relationship between the independent variable (implementation of the family planning program) and the dependent variable (level of well-being).

Results

This research was conducted in KB Villages and Non Family Planning Villages in Wundulako District, Kolaka Regency. This research was conducted from September to November 2021.

Table 1
Distribution by characteristics of respondents

Characteristics of Respondents	Village KB		Village Non KB	
	n	(%)	n	(%)
Age (Years)				
<20	7	16,3	10	23,3
20-35	17	39,5	20	46,5
>35	19	44,2	13	30,2
Education				
SD	5	11,6	8	18,6
SMP	9	20,9	9	20,9
SMA	25	58,1	23	53,5
Collage	4	9,3	3	7,0
Profession				
IRT	7	16,3	6	14,0
Wiraswasta	22	51,1	13	30,2
PNS	7	16,3	21	48,8
Honorer	7	16,3	3	7,0
Economic Status				
Good	31	72,1	18	41,9
Not Enough	12	27,9	25	58,1
Total	43	100,0	43	100,0

Source: Primary Data 2021

Based on table 1, it shows that in the age group, the dominant respondents in family planning villages are >35 years old (44.2%) and non-family planning villages are aged 20-35 years (46.5%). While the education group, the dominant respondents in the family planning village had high school education (58.1%) non-family planning village had high school education (53.5%). For the occupational group, the dominant respondent in the KB village worked as an entrepreneur (51.1%) in the non-family planning village working civil servant (48.8%) and economic status, the dominant KB village respondent had a good economic status (72.1%) non-family planning village had poor economic status (58,1%).

Table 2
Distribution of respondents based on family planning program implementation

Implementation of the Family Planning Program	Village KB		Village Non KB	
	n	%	n	%
Ber KB	34	79,1	17	39,5
Not Having KB	9	20,9	26	60,5
Total	43	100	43	100

Source: Primary Data 2021

Based on table 2, it shows that in the implementation of family planning programs, the dominant family planning villages are in the good category (79.1%). While non-village KB are in the poor category as much as (60.5%)

Table 3
Distribution of respondents based on welfare level

Prosperity level	Village KB		Village Non KB	
	n	%	n	%
Pre-prosperity	5	11,6	27	62,8
Prosperous I	12	27,9	10	23,3
Prosperous II	19	44,2	4	9,3
Prosperous III	4	9,3	1	2,3
Prosperous III Plus	3	7,0	1	2,3
Total	43	100	43	100

Source: Primary Data 2021

Based on table 3, it shows that at the level of welfare, the dominant KB village in the prosperous category II is (44.2%). Meanwhile, non-village family planning groups were categorized as underprivileged (62.8%).

Table 4
Implementation of the family planning program on the level of welfare

Implementation of the Family Planning Program	KB Village Welfare Level				Total	Welfare Level of Non KB				Total
	Pre Prosperous	%	Prosperous	%		Pre Prosperous	%	Prosperous	%	
Well	9	56,2	25	89,3	34	11	42,3	6	35,3	17
Not enough	6	43,8	3	10,7	9	15	57,3	11	64,7	26
Total	15	34,9	28	65,1	43	26	60,4	17	39,6	43
P Value	0,000					0,000				

*Uji Chi Square

Table 4 shows that the welfare level of the family planning village (89.3%) is better than that of the non-family planning village (35.3%). By using the ChiSquare Test, the p value = 0.000 means that there is an effect of the implementation of the family planning program on the level of family welfare in the family planning village area, Wundulako district, Kolaka district.

Table 5
The effect of family planning program implementation on the level of family welfare by age in the KB village area

Age (Years)	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
<20	Well	2	9,5	3	13,6	5	0,003
	Not Enough	5	23,8	5	22,7	10	
20-35	Well	4	19,0	3	13,6	7	0,002

	Not Enough	6	28,6	5	22,7	11	
>35	Well	2	9,5	1	4,5	3	0,006
	Not Enough	2	9,5	5	22,7	7	
Total		21	21	100	22	100	43

*Uji Chi Square

Table 5 shows the age group <20 years, the pre-prosperous group is dominant (23.8%). Meanwhile, aged 20-35 years, the pre-prosperous group was dominant (28.6%) and age >35 years, the prosperous group was dominant (22.7%).

Table 6
The effect of family planning program implementation on family welfare levels based on age

Age (Years)	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
<20	Well	5	12,8	0	0,0	5	0,008
	Not Enough	8	20,5	1	25,0	9	
20-35	Well	3	7,7	1	25,0	4	0,001
	Not Enough	10	25,6	1	25,0	11	
>35	Well	5	12,8	0	0,0	5	0,003
	Not Enough	8	20,5	1	25,0	9	
Total		26	39	100	4	100	43

*Uji Chi Square

Table 6 shows the age group <20 years, the pre-prosperous group is dominant (23.1%). Meanwhile, aged 20-35 years, the dominant group is the prosperous group (35.8%) and age >35 years, the dominant group is the poor (26.9%).

Table 7
The effect of family planning program implementation on family welfare levels based on education

Education	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
SD	Well	1	5,3	2	8,3	3	0,001
	Not Enough	3	15,8	5	20,8	8	
SMP	Well	3	15,8	3	12,5	6	0,032
	Not Enough	4	21,1	5	20,8	9	
SMA	Well	1	5,3	1	4,2	2	0,029
	Not Enough	2	10,5	2	8,4	4	
Perguruan Tinggi	Well	4	21,1	4	16,8	8	0,021
	Not Enough	1	5,3	2	8,4	3	
Total		19	19	100	24	100	43

*Uji Chi Square

Table 7 shows that respondents with elementary school education are dominant in the prosperous group (20.8%). Meanwhile, with junior high school education, the pre-prosperous group is dominant (21.1%). SMA is dominant in the underprivileged group (10.5%) and tertiary education is dominant in the underprivileged group (21.1%).

Table 8
Effect of family planning program implementation on family welfare levels based on education

Education	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
SD	Well	3	8,3	1	5,6	4	0,001
	Not Enough	5	13,9	1	5,6	6	
SMP	Well	3	8,3	1	16,7	4	0,041
	Not Enough	4	11,1	0	11,2	4	
SMA	Well	6	16,7	2	27,8	8	0,023
	Not Enough	4	11,1	1	5,6	5	
Perguruan Tinggi	Well	4	11,1	0	11,2	4	0,043
	Not Enough	7	19,4	1	16,7	8	
Total		25	36	100	7	100	43

*Uji Chi Square

Table 8 shows respondents with elementary school education, dominant in the underprivileged group (20.0%), junior high school education, dominant in the prosperous group (16.7%) and high school, dominant in the prosperous group (27.8%) and tertiary education, dominant in the underprivileged group (20, 0%).

Table 9
Effect of family planning program implementation on family welfare levels based on work

Profession	Implementat ion of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
IRT	Well	3	17,6	1	3,8	4	0,000
	Not Enough	2	11,8	1	3,8	3	
Wiraswasta	Well	1	5,9	1	3,8	2	0,002
	Not Enough	2	11,8	3	11,5	5	
PNS	Well	3	17,6	4	15,4	7	0,102
	Not Enough	1	5,9	5	19,2	6	
Honorer	Well	1	5,9	3	11,5	4	0,028
	Not Enough	4	23,5	8	30,8	12	
Total		17	17	100	26	100	43

*Uji Chi Square

Table 9 shows that respondents work as household workers, dominant in the underprivileged group (17.6%), working as entrepreneurs, dominant in the prosperous group (11.5%). Meanwhile, those who work as civil servants are dominant in the prosperous group (19.2%) and honorary workers are dominant in the prosperous group (30.8%)

Table 10
Effect of family planning program implementation on family welfare levels based on work

Profession	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
IRT	Well	3	10,3	1	7,1	4	0,003
	Not Enough	4	13,8	1	7,1	5	
Wiraswasta	Well	5	17,2	1	7,1	6	0,002
	Not Enough	3	10,3	2	14,2	5	
PNS	Well	3	10,3	3	21,4	6	0,009
	Not Enough	1	5,9	2	14,2	3	
Honorer	Well	6	20,7	1	7,1	7	0,011
	Not Enough	4	13,8	3	21,4	7	
Total		29	29	100	14	100	43

*Uji Chi Square

Table 10 shows that respondents work as household workers, dominantly in the underprivileged group (13.8%), working as self-employed, dominantly in the underprivileged group (17.2%). While those who work as civil servants, the dominant group is the prosperous group (21.4%) and the pre-prosperous group is dominant (20.7%)

Table 11
Effect of Family Planning Program Implementation on Family Welfare Levels Based on Economic Status

Economic Status	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
Well	Well	4	26,7	10	35,7	14	0,005
	Not Enough	2	13,3	1	3,6	3	
Not Enough	Well	3	20,0	13	46,4	16	0,025
	Not Enough	6	40,0	4	14,3	10	
Total		15	15	100	28	100	43

*Uji Chi Square

Table 11 shows that in good economic status, the prosperous group is dominant (35.7%) and the poor economic status is dominant to the prosperous group (46.4%).

Table 12
Effect of family planning program implementation on family welfare levels based on economic status

Economic Status	Implementation of the Family Planning Program	Family Welfare Level				Total	P
		Pre-prosperity		Prosperous			
		n	%	n	%		
Well	Well	9	25,7	3	20,0	12	0,033
	Not Enough	6	17,1	1	10,0	7	
Not Enough	Well	15	42,8	2	50,0	17	0,029
	Not Enough	5	14,3	2	20,0	7	
Total		23	35	100	8	100	43

*Uji Chi Square

Table 12 shows that in good economic status, the pre-prosperous group is dominant (34.8%) and the poor economic status is dominant in the prosperous group (50.0%).

Discussion

The effect of the implementation of the family planning program on the level of family welfare

The results showed that from 43 people who were used as samples, 43 respondents were used as family planning villages, there were 3 people (3.5%) in the underprivileged category and 40 people (46.5%) in the prosperous category. Meanwhile, in the implementation of the KB village, 38 people (44.2%) were in the pre-prosperous category and 5 people (5.8%) were in the prosperous category. By using the Chi Square test, the value of $p = 0.000$ is obtained, which means that there is an effect of the implementation of the family planning program on the level of family welfare in the family planning village area, Wundulako District, Kolaka Regency.

In order to map the poor population in Kolaka Regency, the local government makes a family classification based on their level of welfare. The division of classification of family welfare levels is assessed based on the ability to fulfill the three needs determined by the BKKBN, namely basic needs, which consist of the variables of clothing, food, housing, and health. Social psychological needs (social psychological needs), consisting of education, recreation, transportation, internal and external social interactions. Development needs include the variables of savings, special education, and access to information. (Sunarti, 2018)

The results of this study are in line with that carried out by Rizkia Rukmana (2016) with the title of the effect of implementing family planning service programs (KB) on the level of family welfare in the Malalayang District, Manado City that the implementation of the family planning service program has a high positive correlation with the level of family welfare. The magnitude of the influence or determining power of the variable implementation of the family planning service program on the level of family welfare is indicated by the value of the

coefficient of determination (r^2) of 0.745. This figure means that the implementation of the family planning service program has a determining power of 74.5% on the development of the family's standard of living; in other words, that the level of family welfare is 74.5% depending on or determined by the variables of the implementation of the family planning service program, and the remaining 25.5% is determined by other variables.

The same thing was done by Anindya Wayan Pramithasari (2016) with the title of implementing a family planning program (KB) in the Jeruk Village, Lakarsantri Sub-district, Surabaya City that the implementation of the Family Planning Program in Jeruk Village, Lakarsantri District, Surabaya City is still not optimal because it is not supported by the SOP. From a resource point of view, it is also not optimal because the selection of IMP Cadres is not based on their abilities. Communication between organizations, lack of socialization to citizens. The characteristics of implementing agents are in accordance with their respective fields. Social, political and economic conditions do not support this program. The disposition of the implementor went as it should, the implementing agent gave a positive response with the program

Effect of family planning program implementation on family welfare levels based on age

The results showed that of the 86 people who were used as samples, the age category <20 years in the family planning village, there were 5 people (71.5%) in the poor category and 2 people (28.5%) in the prosperous category. While in non-family planning villages there are 10 people (100%) in the pre-prosperous category. Meanwhile, in the age group of 20-35 years in the KB village, there are 17 people (100%) in the prosperous category. While in non-family planning villages, 12 people (60.0%) were in the poor category and 8 people (40.0%) were in the prosperous category and the age group >35 years in the family planning village, there were 19 people (100%) in the family planning category. prosperous. Meanwhile, in non-family planning villages, there were 5 people (38.5%) in the pre-prosperous category and 8 people (61.5%) in the prosperous category. So it can be concluded that there is a difference in the level of welfare between family planning villages and non-family planning villages based on the age of the respondents in Wundulako District, Kolaka Regency.

The purpose of the family planning movement in general is to create a happy and prosperous small family that forms the basis for the realization of a prosperous society through birth control and population growth. According to Aputra (2004), the purpose of the Family Planning Movement (KB) is to reduce the birth rate by including all levels of existing potential, develop efforts to help improve the welfare of mothers and children, extend life expectancy, reduce infant and child mortality rates and reduce child mortality. maternal mortality due to the risk of pregnancy and childbirth, increasing public awareness of population problems that lead to the acceptance of NKKBS as a proper and responsible way of life

The effect of the implementation of the family planning program on the level of family welfare based on education

The results showed that from 86 people who were used as samples, in the category of family planning village education, there were 5 people (100%) in the underprivileged category. Meanwhile, in non-family planning villages, 8 people (100%) were in the pre-prosperous category. While those with junior high school education in the KB village, there are 9 people (100%) in the prosperous category. Meanwhile, in non-family planning villages, 6 people (66.7%) were in the poor category and 3 people (33.3%) were in the prosperous category. While those with high school education in the family planning village were 25 people (100%) in the prosperous category and non-family planning villages there were 13 people (56.5%) in the underprivileged category and 10 people (43.5%) in the prosperous category and those with higher education there are 3 people (100%) in the prosperous category. So it can be concluded that there is a difference in the level of welfare between family planning villages and non-family planning villages based on the education of respondents in Wundulako District, Kolaka Regency.

According to Mulyadi (2015), implementation refers to actions to achieve the goals that have been set in a decision. This action seeks to turn these decisions into operational patterns and seeks to achieve major or minor changes as previously decided. Implementation is essentially an effort to understand what should happen after the program is implemented

The husband's high level of education will be able to determine the quality of work with the rewards obtained. According to Tarigan (2018), the higher the education, the more opportunities are open to get a better job, which of course will affect the level of welfare. The husband's educational status affects the husband's level of knowledge or understanding of family planning which can have a positive impact on family planning implementation, which can mean supporting a male family planning acceptor or supporting his wife as an acceptor. Purwoko (2018) suggests that education is one of the factors that can influence knowledge and attitudes about contraceptive methods, people with higher education will give a rational response than those with low education, are more creative and more open to reform efforts and are also more adaptable. Themselves to social changes, information about the side effects of using contraception is absorbed more quickly by people with higher education so that it will influence them in making decisions on the type of contraception to be used.

The effect of family planning program implementation on family welfare levels based on work

The results showed that of the 86 people who were used as samples, in the family planning household household category, there were 5 people (71.4%) in the underprivileged category and 2 people (28.6%) in the prosperous category. Meanwhile, in non-family planning villages, 6 people (100%) were in the pre-prosperous category. While entrepreneurs in the KB village, there are 22 people (100%) in the prosperous category. Meanwhile, in non-family planning villages, 9 people (69.2%) were in the pre-prosperous category. Meanwhile, there are 7 civil servants in the family planning village (100%) in the prosperous category and in

the non-KB village, 12 people (57.1%) in the underprivileged category and 9 people (42.9%) in the prosperous category and 7 people on honorary fees (100%) in the prosperous category and in non-village family planning there are 3 people (100%) in the prosperous category. So it can be concluded that there is a difference in the level of welfare between family planning villages and non-family planning villages based on the respondent's occupation in Wundulako District, Kolaka Regency.

One of them is Marjo (2018) who said that family planning is to space/regulate pregnancies in the hope of calculating the economic balance, both for children's education and others, and this is done by using contraceptives. Furthermore, Mukti (2017) stated that family planning is an effort to provide health insurance, for both the child and the mother, education is a very valuable provision for later life in society, to fulfill the welfare and prosperity of the family physically and mentally.

Effect of family planning program implementation on family welfare levels based on economic status

The results showed that of the 86 people who were used as samples, the economic status was good in the KB village, there were 5 people (16.1%) in the poor category and 26 people (83.9%) in the prosperous category. Meanwhile, in non-family planning villages, 16 people (88.9%) were in the pre-prosperous category and 2 (11.1%) were in the prosperous category. While the economic status of the KB village is not good, there are 12 people (100%) in the prosperous category. Meanwhile, for non-family planning villages, there were 11 people (44.0%) in the pre-prosperous category and 14 people (56.0%) in the prosperous category. So it can be concluded that there is a difference in the level of welfare between family planning villages and non-family planning villages based on economic status in Wundulako District, Kolaka Regency.

The BKKBN formulates the definition of a prosperous family as a family that can meet the needs of its members, including clothing, food, housing, social and religious needs, a family that has a balance between family income and the number of family members, a family that can meet the health needs of family members, and live together with the surrounding community. , worship fervently in addition to the fulfillment of basic needs. The latest definition of what family planning is, has been issued by the BKKBN, saying that family planning is an effort to create a quality family through promotion, protection, and assistance in realizing reproductive rights as well as providing services, arrangements and support needed to form a family at an older age. ideal marriage, regulate the number, distance, and ideal age of childbearing, regulate pregnancy and foster child resilience and welfare

The results of this study are in line with those carried out by Ridwan Ridwanto (2018) with the title of implementing family planning (KB) programs on the level of community welfare in Pacet District, Bandung Regency, West Java Province that the family planning program has not been maximized in improving community welfare, the occurrence of overlapping family planning programs and programs from the Ministry of Social Affairs, and there are still many people who have old-

school thoughts, then high rates of early marriage. So that the efforts made by the Government are to provide socialization, coordination, and assistance. The definition of part of the family's income being saved in the form of money or goods is part of the family's income that is set aside for savings either in the form of money or in the form of goods (for example, buying livestock, rice fields, land, jewelry, rented houses and so on). The definition of the family habit of eating together is the habit of all family members to eat together, so that the time before or after eating can be used for communication to discuss problems faced in one week or to communicate and deliberation among all family members.

Conclusion

Based on the results of the study, it can be concluded that there is an effect of implementing family planning programs on the level of family welfare in the KB Village and Non KB Villages in Wundulako District, Kolaka Regency.

Suggestion

Implementation of family planning service programs to the community or underprivileged families should be done better so that it will have a greater influence on improving the welfare of underprivileged families. In order to improve the implementation of the family planning service program, effective coordination is needed between relevant agencies such as the BKKBN, the Health Office and other relevant agencies and to the family planning village so that they are even more active in campaigning for family planning programs to improve family welfare.

Bibliography

- Abdul Wahab, Solichin. 2002. Policy Analysis: from Formulation to Implementation. State Policy. Jakarta: Sinar Graphic.
- Anwar Sanusi, 2011, Business Research Methods, Jakarta: Salemba Empat.
- Aputra. 2004. Family Planning Education Resource Book. Jakarta: BKKBN.
- BKKBN. 2005. Family Planning and Reproductive Health. Jakarta.
- Cozby, P., & Bates, S. (2011). Methods in Behavioral Research. New York: McGraw-Hill.
- Ghozali, Imam. 2012. Application of Multivariate Analysis with IBM SPSS Program. Yogyakarta: Diponegoro University
- Handayani, S. 2010. Textbook of Family Planning Services. Yogyakarta: Rihama Library.
- Hartanto. 2014. Family Planning and Contraception. Jakarta: Rays of Hope
- Hetty. 2019. Public Health Administration. Jakarta: Depublish.
- Hidayat, S., Yuliatin, Y., & Fuhaidah, U. (2019). Implementation of Government Regulation No. 87 YEAR 2014 concerning the Implementation of Family Planning (Case Study in Desa Kota Karang, Kab. Muaro Jambi) (Doctoral dissertation, UIN Sulthan Thaha Saifuddin Jambi).
- Indonesian Ministry of Health. 2013. Kespro Bulletin, Health Information and Data Window Bulletin. November 2013. Indonesian Ministry of Health. Jakarta.

- Lemeshow, Stanley., 1990. *Sample Size in Health Research*, Yogyakarta: Gadjah Mada. University.
- Muhadjir, Noeng, 2011, *Research Methods*, Yogyakarta: Rake Sarasin.
- Mulyadi, Deddy. 2015. *Study of Public Policy and Public Service*, Bandung: Alfabeta.
- Notoatmodjo, S. 2010. *Health Research Methodology*. Jakarta : Rineka Cipta.
- Rama Rao, S., & Mohanam, R. (2003). The quality of family planning programs: concepts, measurements, interventions, and effects. *Studies in family planning*, 34(4), 227-248.
- Ridwanto, R. (2018). *Implementation of the Family Planning Program (KB) on Improving Community Welfare in Pacet District, Bandung Regency, West Java Province. Implementation of the Family Planning Program (KB) on Community Welfare in Pacet District, Bandung Regency, West Java Province.*
- Now, um. (2010). *Edition 5. Research Method For Business: A. Skill Building Approach*. John Wiley Sons, New York.
- Sinha, N. (2005). Fertility, child work, and schooling consequences of family planning programs: Evidence from an experiment in rural Bangladesh. *Economic Development and Cultural Change*, 54(1), 97-128.
- Sugiyono. 2013. *Qualitative Quantitative Research Methods and R&D*. Bandung : Alfabeta.
- Sujarweni, V. Wiratna. 2014. *Research Methodology*. Yogyakarta: new press library.
- Sunarti. 2011. *The relationship between motivation and level of knowledge of acceptors with the choice of tubectomy contraception*. Sebelas Maret University, Surakarta. 20
- Supartono, et al. 2011. *Health Promotion with Behavioral Theory Approach, Media, and Its Application*. Jakarta: Rajawali Press.
- Martyrdom. 2014. *Theory and Implementation*. Revised Edition. Yogyakarta : Publisher Andi.
- Taufik, Mhd. and Israel. 2013. *Implementation of Village Consultative Body Regional Regulations*. *Journal of Public Policy*, Volume 4, Number 2.
- Todaro, Michael, P. 2000. *Economic Development in the Third World*. The Seventh Edition was translated by Haris Munandar. Erlangga Publisher. Jakarta.
- Law No. 11 of 2009, concerning Community Welfare.
- Law Number 10 of 1992 concerning Population Development and Development of Prosperous Families
- Law Number 52 of 2009 concerning Population Development and Family Development as the basis for implementing the Population and Family Planning Program.
- Widyastuti, Y. 2009. *Reproductive Health*. Yogyakarta: Fitrimaya