

Impact Of Characteristics And Knowledge Of Marginal Communities On Participation In The Use Of MKJP

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ABSTRACT

This study is intended to see the influence of education and knowledge of marginalized communities, especially in Makassar City, on their active participation in using MPJP family planning. The research was conducted in three selected districts in Makassar, with the most marginalized populations, namely Tallo, Tamalate, and Panakukkang districts. A total of 15 people represented each district, so the total respondents used were 45 people who filled out the questionnaire. Questionnaire data collected next processed and analyzed using smart pls application. This study showed that education has a significant influence on the active participatory attitudes of marginalized communities in using long-term contraceptive methods (MKJP) with a p-value = 0.03, and knowledge has a significant effect on the active participation of the community in using long-term contraceptive methods. The value of p-value-0.00 indicates this. So this shows that both education and knowledge positively influence the use of MKJP in the marginal communities of Makassar city.

Keywords: marginal society, education, knowledge, kb, mkjp.

INTRODUCTION

Indonesia's population growth is accelerating year after year. According to the National Statistics Agency data, Indonesia's population increased to 2.1 million people over the last four years (2018-2021). The government's family planning program aims to make population growth more manageable. Family planning attempts to postpone a child's birth by nesting the birth distance to have a prosperous family (White, 2019). In successful families, the risk of maternal death can be reduced by using contraception to prevent, delay, or limit pregnancy (Ganatra & Faundes, 2016).

During the covid-19 pandemic, which changed people's behavior due to the abolition of large-scale social restrictions (PSBB), birth and pregnancy rates increased, resulting in an increase in population in the middle of PSBB. Among the triggers are

domestic society and basic human needs for sexual activities (Caruso et al., 2020; Mathew et al., 2020)

According to the Guttmacher Institute, while short-term and long-term contraceptive use (LARC) decreased by only ten percent in 132 low- and middle-income countries, contraception remained unmet (Cappello, 2021). The average age of childbirth rose by 48.6 million years, resulting in 15 million unwanted pregnancies. Ironically, with the rise of clinic closures, reduced mobile family planning services, and a decrease in the number of clients seeking family planning services even in clinics that have begun services, this problem is becoming increasingly dire (Weinberger et al., 2020).

Government efforts to ensure public access to family planning services by preserving the integrity of existing service

delivery systems and providing adequate supply (Goniewicz et al., 2020; Maves et al., 2020). Conditions during the pandemic that altered the scope of contraception and the use of national programs in meeting urgent needs in contraception were feared to impede efforts to reduce contraceptive use. Encourage long-term use of contraceptives as an alternative solution for marginalized communities with marginalized environmental conditions (Abrah, 2021; Zacharias, 2021).

The use of long-term contraceptive methods (MKJP) can reduce the disruption or obstacles experienced by the community in the use of contraception, such as the problem of sticking to the pill schedule, the vulnerability of running out of stock at service providers, and the injection schedule period that can be missed. The use of MKJP in Indonesia is not particularly significant; data from 2017 showed a 2.5 percent increase over the previous five years. The low number of MKJP users is due to a lack of public awareness, relatively high costs, limited access to services, and husband support, which causes the wife to use MKJP (Kusuma et al., 2021; Sariyati & Paramita, 2020).

Government agencies' policies regarding the MKJP KB movement have not been optimized. The National Population and Family Planning Agency's (BKKBN) 2020 report mentions the problems and challenges of using KB MKJP, one of which is that not all provinces receive funds for the movement of KB MKJP, specifically for IUDs and implants, due to the limited budget available, so only regions with high unmet need numbers are prioritized (18 provinces excluding South Sulawesi). Increased effectiveness in preventing pregnancy without the worry of forgetting to take the pill or being late in injecting, so that MKJP becomes an alternative solution for family planning, which is the goal of the BKKBN's national strategy and priority to reduce adolescent birth rates by increasing active family planning participants who use MKJP (Keputusan Kepala Badan

Kependudukan Dan Keluarga Berencana Nasional, 2020).

In 2018, the scope of use of KB MKJP in South Sulawesi province was only 14.8%, falling far short of the national target of 22.3 percent. BKKBN cadres must actively socialize KB-MKJP with the community to meet this goal. Education as a means of acquiring formal knowledge will impact the community's ability to receive and absorb new information about MKJP. Up-to-date information can broaden their understanding, resulting in a shift in their attitude toward using MKJP.

This study aims to determine the impact of marginal community characteristics and knowledge on the use of KB-MKJP. The contribution of this research can be basic data for relevant agencies and government to develop a model of counseling or training based on the level of ability of marginal communities to understand information. The intended information is about birth rate control, with sub-topics such as using MKJP as the best contraceptive option. This study aims to determine the impact of marginalized communities' education and knowledge, particularly in Makassar City, on their active participation in using MPJP family planning.

METHODS

We selected three censuses located in Makassar City, South Sulawesi province, namely panakukang, Tamalate and Tallo districts, in 2021. All three are sub-districts with predominantly marginalized communities. Their jobs are generally anglers, scavengers, unemployed and odd jobs. Sample collection is taken by simple random sampling. As many as 15 people chose to represent one district, so the total number of respondents owned from the three districts is 45 people.

The approach used is a survey with a cross-sectional design. In October 2021, we gathered them to discuss the contraception they know with the forum group discussion (FGD) method. The data collected using questionnaires and observations were analyzed

by PLS (Partial Least Square) and structural equation analysis (SEM). SEM PLS is a variant-based statistical method designed for multiple linear regression solutions for samples with a small size and without having to be limited to the provisions of normal data distribution and multicollinearity.

Particular variables are education and knowledge as exogenous variables and participatory attitudes as endogenous variables. Results by the data are added in the form of tables and interpreted to conclude.

Table 1. Inner Model Test

ANALYSIS	X1	X2	Y	Q ²	NF1
R SQUARE			0,269		
PATH COEFFICIENT	0,506	0,23			
T STATISTICS (BOOTSTRAPPING)	3,984	1,901			
PREDICTIVE RELEVANCE				0,123	
PIT MODEL					0,25

After calculating the PLS algorithm, the value of the structural model line coefficient is done, the standard value of the path coefficient is between -1 and + 1. A positive and highly correlated value is close to +1. The closer the number 0, the weaker the relationship. Based on the matter in Table 1, the results show that the coefficient of path X1 is 0.506 getting closer to the number +1, which means that the effect is significant and positive. The path coefficient X2 is 0.23, pointing closer to +1, then X2 is interpreted as a substantial and positive influence.

Estimation of the coefficient in path analysis with 95% confidence obtained the results of resampling bootstrapping or T-statistics for exogenous variable characteristics

RESULTS

Evaluation of Structural Model

To ensure the constructs have good reliability and validity, structural models, including model predictions and relationships between constructs. Estimated model in five steps: (1) Assess path coefficients; (2) t statistics (bootstrapping); (3) assess the coefficient of determination (R²); (4) assess predictive relevance; then (5) assess predictive relevance (Q²).

worth $3.984 > 1.9$ which means it has a significant influence. While the exogenous variable of knowledge has a value of $1.901 > 1.9$ which means it has a considerable effect. The direction of the impact of both exogenous variables on exogenous is negative, which can be seen from the co-efficient value of both positive paths, namely 0.506 and 0.23.

The R-Square value of endogenous variables is 0.269, which means that all exogenous variables affect endogenous variables by 26.9%, and 73.1% are influenced by other endogenous variables that have not been studied. The observed model is good with the value of $Q^2 = 0.123$, and the fit model obtained is 0.250, which means that 25% of the models analyzed are good.

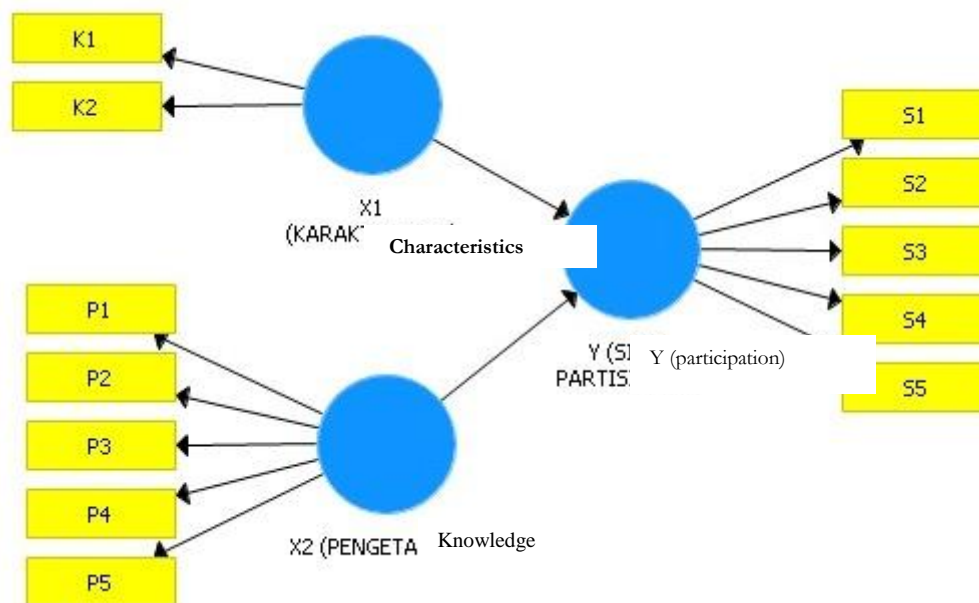


Figure 1. Structure of the influence of characteristics and knowledge with participatory attitudes

Figure 1 shows the relationship between exogenous variables X1 (characteristic) and X2 (knowledge) with endogenous variables Y (participatory attitude). The first exogenous variable (X1) is the characteristics of respondents, namely age and education. The second exogenous variable (X2) is knowledge. Endogenous variables are participatory attitudes (y)

DISCUSSION

Marginal Community Education

Marginalization is the process and experience resulting from unequal power relations in which the dominant group in society is given preferential treatment over other groups. (Miller, 2017; Robards et al., 2018), those who are "distinguished" are pushed to the periphery or periphery of mainstream society. This process can involve various forms of exclusion, resulting in low participation in education, employment, access to health care, and poor health and social outcomes. (Robards et al., 2020).

The development of a country is not separated from the problems of education and health that affect its economy (Busemeyer

& Lober, 2020). Public education has a very important role in controlling health problems. Various studies have mentioned that educated individuals have better awareness (Hasanov et al., 2018). Prosperous citizens' behavior is generally motivated by personal attention, such as education (Busemeyer & Lober, 2020). The level of education affects the decisions in his life (Amega, 2018).

The social conditions of the poorest people limit their expectations and make them vulnerable to low education, which triggers them to become anti-social. Many feels challenged to acquire skills to support competence in getting a job, such as through a course or other training process (Morgan et al., 2021).

Education as a human right has been understood globally, as mentioned below.

Everyone... should have access to lifelong learning opportunities that help them acquire the knowledge and skills needed to seize opportunities and participate fully in society. The spread of information and communication technologies and global interconnectedness has great potential to accelerate human progress, bridge the digital

divide, and develop a knowledge society (Lopez-Claros et al., 2020).

However, marginal communities are still experiencing obstacles to obtaining these rights.

Long-term contraceptive methods MKJP

Population density has been a topic of debate over the past few decades. Reducing population growth and controlling fertility is the best option to address social, political, or environmental damage (Bognar, 2019). Compliance and the correct use of contraceptives play an important role in preventing pregnancy. Long-term contraceptive methods such as transdermal patches and vaginal rings can be used to reduce the risk of irregular or forgotten pill use (Terry, 2021).

They implant a capsule under the skin (an implant) that will release hormones to prevent pregnancy. It may persist as a safe and reliable birth control method with no side effects (Bognar, 2019). Some women admit to having fear and dissatisfaction with the long-term use of contraceptives such as implants and IUDs. Some of their reasons are problems with side effects, changes in mental health, negative impact on sexuality, anxiety about future fertility, menstrual anxiety, etc (Le Guen et al., 2021).

Research conducted by (Holton et al., 2016) found that the public already has a high awareness of the use of MKJP; it is just that certain groups are limited in using it because of their group views. 3,225 of the 6903 women who participated in the survey provided information about their current main contraceptive methods. 16% used the MKJP method, and 64% of women used short-term contraception before switching to MKJP. According to (Faustmann et al., 2019), 56–84 percent of MKJP users are very satisfied with their current contraceptive method.

The effect of respondents' characteristics on participatory attitudes in the use of MKJP

(Green & Kreuter, 2005) theory says that the age of women influences the use of contraceptive methods after childbearing, education, employment, availability of facilities, access, and support. It is estimated that about 40% of pregnancies worldwide are unwanted. Pregnant women at the age of 25 years have the highest occurrence of unwanted pregnancies. Easier women with a high fertility rate are more likely to use contraceptives based on use alone, do not comply with the conditions, or do not use them (Faustmann et al., 2019). As a result, the pregnancy rate is higher in women over 35. This age factor can be considered to see its influence on participatory attitudes in using KB, especially MKJP.

Exogenous variables in this study are the characteristics of people or objects that differ in the values found in the person or object. In this study, the characteristics taken are the age and education of the respondents. This characteristic provides an overview of the object of study to see the consequences caused by it. The results of the data analysis showed that the characteristic variables have a significant influence on the attitude of active participation of marginal communities and the use of long-term contraceptive methods (MKJP).

Age is the length of time used to measure an object's presence. Age affects the number of children born. Growing age should increase a person's maturity in thinking and behaving (Wado et al., 2019). Nesting is recommended for women over 20 to prevent pregnancy, so a long-term contraceptive method (MKJP) is the best option (Wemakor et al., 2020).

The age characteristics of marginal communities in this study were 2.2% under 20 years old; 17.8% were between 21-30 years old; 57.8% were between 31-40 years old, and 22.2% were over 40 years old. The results of the data analysis showed that underage has a significant influence on the active participatory attitude of the community in using MKJP. This study is in line with other studies that say that

age influences long-term contraceptive use (Wado et al., 2019).

Long-term contraceptive methods, or MKJP, are the most effective alternative to eliminate the need for user compliance and are associated with unwanted pregnancy rates (Faustmann et al., 2019). The desire for contraception in modern women aged 15–49 to delay and limit pregnancy influences their contraceptive choice. The decision of women of childbearing age to choose and use contraceptives was also influenced by gender behavior and the dynamics of their partners (Chanthakoumane et al., 2020; Ekholuenetale et al., 2021; Lasong et al., 2020).

Education affects a person's ability to receive new ideas or information, including long-term contraceptive use (MKJP). A person who has a higher level of education will be more receptive and apply the information provided, more independent, and rational in making the best decision in choosing contraception. They will choose to nest or prevent pregnancy using the appropriate contraceptive, MKJP, based on the effectiveness and long-term benefits for their own and their family's health.

This study showed that education has a significant influence on the active participatory attitudes of marginalized communities in using long-term contraceptive methods (MKJP) with a p-value of 0.03. These results are relevant to (Putri & Widati, 2020) research, which found that highly educated women tend to choose MKJP, a type of IUD, for their contraception.

The still low level of education in marginal communities causes their ability to receive new information to be slow (Marston & Samuels, 2019). It also affects their negative way of viewing and acceptance of new things. About active participation in the use of MKJP, the majority of them are already familiar with this method of contraception. However, the non-basic fears caused by common understanding resulted in low participation (Ahinkorah, 2020; Weldemariam et al., 2019).

Research conducted by (Weldemariam et al., 2019) also found that educational problems that result in incorrect understanding in certain communities can reduce their participation in using contraceptives and cause discontinuation of contraceptives. Discontinuation of contraceptive use that is not for the desire to become pregnant risks the reproductive organs. This is increasingly vulnerable in marginalized communities with high social interaction and a belief in common myths or rumors about contraceptive use.

(Somera & Ross, 2013) suggest that low levels of education lead to a decrease in contraceptives (condoms) and decreased compliance with contraceptive use.

The influence of knowledge on participatory attitudes actively using MKJP.

(Terry, 2021) suggests that one of the many elements that distinguish a person's behavior in health is knowledge. Well-being can be improved if knowledge is also developed. Experts often echo the premise that more evidence-based practices are needed to increase participation in these evidence-based health behavioral practices. A focused approach is needed to the target object to bridge knowledge with real practice (Fink Chorzempa et al., 2019; Terry, 2017; van Hennik, 2021).

Knowledge about contraception has become a lively research topic in the society of developing countries. However, it was identified that the need for potential users of contraceptives is to increase knowledge to understand the effective contraception they use (Osa-Izeko et al., 2016). The use of safe and effective contraception requires its users to have sufficient knowledge regarding available options, proper administration, and common and serious side effects (Zyl et al., 2019). The Indonesian government has sought affordable access to contraceptives for the community (Farida & Salim, 2020; Paulus & Lette, 2019). To increase the scope of use, the availability of contraceptive variations to product formulations for specific purposes such as

preventing acne, reducing dysmenorrhea, and long-term contraceptive methods.

This study showed that knowledge has a significant influence on the active participation of people in using long-term contraceptive methods. The lack of education in marginalized communities makes their understanding also low. This is indicated by the value of $p = 0.00$.

A lack of knowledge will result in a misunderstanding of the meaning of contraception. Important sexuality education will also affect the low quality of teaching so that the safety and effectiveness of its use are low (Phongluxa et al., 2020). (Somera & Ross, 2013) show that knowledge of contraceptive methods helps women determine the selection of contraceptives. However, they also have the anxiety of contracting venereal diseases if they do not use multiple contraceptives (Somera & Ross, 2013). Research conducted (Osa-Izeko et al., 2016) conducted a study of pregnant women who reported knowing about the use of contraceptives but were still unable to prevent their pregnancy. The reasons for the failure of its use vary among problems of insufficient knowledge and lack of proper understanding. He also affirmed the need for knowledge-enhancing strategies and the use of contraceptives sensitive to vulnerable populations such as marginal communities.

This study is relevant to the study (Zyl et al., 2019), where the respondent is aware of MKJP but lacks special knowledge. More than 61 percent of the total study population had heard of an IUS, but 90 percent did not understand how it worked or the difference between an IUD and an IUS.

CONCLUSION

This study collects information from marginalized communities, especially about the level of education and knowledge of long-term contraceptive methods (MKJP). The research results on its effect on their participation in long-term contraception (MKJP). Their education level influences their ability to receive long-term use information. The

education of marginalized communities, which is still lacking, impacts the lack of absorption of information. The basis for using the long-term method is sufficient knowledge to weigh the effectiveness and benefits that MKJP can obtain. The results of this study make it clear that education affects the tendency of people to participate in the use of long-term contraceptives (MKJP). Lack of education will be accompanied by insufficient knowledge as well. It impacts the understanding of marginalized communities who are not comprehensive about the extra benefits offered by long-term contraceptive methods. If you understand the available options well and provide the right ones, and the effect is minimal, people will be sure to participate. The results of this study significantly affect the active participation of marginalized communities in using long-term contraception. The obstacle faced in increasing the understanding of long-term methods in marginalized communities is that there are no tools available that cover the community's information needs and are on their level of education. The socialization method that has been used so far is still focused on the lecture method, which makes marginalized people understand it well. Future research can try to develop tools that suit the needs of marginalized communities to increase knowledge to the stage of awareness to participate in using long-term contraceptive methods actively. The thing that needs to be considered is the equal distribution of education and initiatives to increase awareness and access to MKJP.

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