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SOCIO-ECONOMIC MAPPING OF VASECTOMY BIRTH PLANNING PARTICIPANTS IN THE SUBURBS OF SURABAYA

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Abstract

The purpose of this study was to find out the demographic results and mapping of socio-economic abilities, in fertile couples in vasectomy family planning (KB) participants. The approach used is a quantitative descriptive by collecting data through questionnaires and observations, which uses 21 prosperous family indicators from BKBN for socio-economic capabilities. The population of the study was fertile couples in vasectomy KB participants with 139 families. With a purposive sampling technique, it was obtained a study sample 50 families of vasectomy KB participants in the West Surabaya area. The results of mapping the socio-economic level for vasectomy KB participants is: 24% of pre-prosperous families, 40% of prosperous families I, 18% of prosperous families II, 4% of prosperous families III, 14% of prosperous families III plus. Thus, it can be concluded that the KB program has not directly improved the welfare of the family of vasectomy KB. The quadruple helix concept is needed by optimizing the role of the university and the private sector in running government programs.

Keywords: Mapping of Socio-Economic Ability, Fertile Couples, Vasectomy KB.

Preliminary

The study of human resources improving quality in Republic of Indonesia is carried out in various perspectives. In GBHN (1999), it was emphasized that efforts were needed to improve the quality of KB programs to realize a quality Indonesian population. Further explained by Noerdin (2002) that National Development Program (Propenas) stipulates that there are four main programs related to KB programs. The program are a family empowerment program, adolescent reproductive health programs, KB programs, and institutional strengthening programs and KB networks.

According to Noerdin (2002) in terms of family empowerment directed towards improving family welfare and resilience. It was explained, later, by Noerdin (2002) that the success of family empowerment programs was characterized by: a decrease in the number of families who were unable to fulfill their basic needs, an increase in the number of families who could access information and economic resources for improving their family welfare, in-creasing family capacity in parenting and decreasing disharmony and acts of violence in the family.

Noerdin (2002) further explained that in the field of family empowerment the results of the KB development program in 2001 included: around 580 thousand Family Income Improvement Business Groups (UPPKS) or around 10.3 million Pre-Prosperous Families (KPS) and Prosperous Families I (KS I) has obtained information and assistance in economic resources in the form of credit for the family welfare business (Kukesra). This activity is also supported by efforts to improve business know-ledge and skills, as well as the ability to access capital and marketing resources.

Based on the interview data with Mr Suharto Ahmad, Chairman of Community SIWALAN MESRA (Husband and Wife Must Protect Young People effective Simple and Save), found data relating to welfare level of vasectomy KB families in West Surabaya, especially in Pakal District (Village: Pakal, Benowo, Babat Jerawat, Sumberrejo). Further explained by Mr. Suharto Ahmad, that in SIWALAN MESRA community, there are some active cadres that socialize and promote vasectomy KB programs.

Theoretical Basis

Socio-economic Abilities

The UI Hag MaMahbud from the World Bank explained together with Grant from the Overseas Development Council (http://digilib.unila.ac.id/) saying that social economic life was focused on health, education, housing and healthy water services supported by decent work. So socio-economic capabilities are the ability of family to fulfill the basic needs of life, health, education, work and the future of the family, access to information and be able to actualize themselves. Socio-economic abilities are related to welfare too.

According to BKKBN that family welfare level are divided into 5 phase as

following: (http://aplikasi.bkkbn.go.id/mdk/BatasanMDK.aspx/) :

Pre-Prosperous Family (KPS)

KPS is a family that does not fulfill one of the six indicators of Prosperous Family I (KS I) or an indicator of basic family needs (basic needs). Pre-prosperous family categories is families that are not able to meet the basic needs indicator, like food needs in terms of the eating duration of family members, also at least 2 times a day or more; clothing needs, having different clothes for home, work or school and traveling; board needs, like the house occupied by the family has a good roof, floor and wall; health needs, like if a sick family member is taken to a health facility; family planning service needs, like if couples of childbearing age want to get a family planning visit to contra-ceptive service facilities; educational needs, namely all children aged 7-15 years in family go to school. So if there is one of these indicators that is not met, the family is declared a pre-prosperous family.

Welfare Family I (KS I)

KS I is a family that has been able to fulfill six KS I stage indicators, but does not fulfill one of the eight KS II indicators or an indicator of family psychological needs. Families that have been able to fulfill basic needs, but have not been able to fulfill their social psychological needs. The psychological social needs include worship in accordance with their respective religions and beliefs; food needs ie, once a week all family members eat meat / fish / eggs; clothing needs, namely all family members obtain at least one set of new clothes in one year; board needs, namely the floor area of at least 8 m2 for each occupant of the house; health needs, namely the last three months the family is in a healthy state so that they can carry out their respective duties or functions; family income, that is, there is one or more family members working to earn income. education, namely all family members aged 10-60 years can read Latin writing; family planning services, like fertile couples with children two or more using contraceptive drugs or drugs.

Welfare Family II (KS II)

KS II is a family that is able to fulfill six KS I stage indicators and eight KS II indicators, but does not fulfill one of the five KS III indicators, or developmental needs indicators from the family. Families that can fulfill all their basic needs and social psychological needs, but have not been able to fulfill their developmental needs, like religion, like families trying to increase religious knowledge; have savings that is part of family income saved in the form of money or goods; family habits of eating together at least once a week is used to communicate; participate in activities namely the family participates in community activities in the neighbor-hood, obtains information that is the family gets information from newspapers or magazines or radio or TV or the internet.

Welfare Family III (KS III)

KS III is a family that is able to fulfill six indicators of KS I stages, eight KS II indicators, and five KS III indicators, but does not fulfill one of the two KS III Plus indicators or indicators of family self-esteem. Families that can meet basic needs, psychological social needs, and development needs, but have not been able to meet indicators provide maximum contribution to society.

Welfare Family III Plus

KS III Plus is a family that is able to fulfill all of the six KS I stage indicators, eight KS II indicators, five KS III indicators, and two KS III Plus stage indicators. Families that can fulfill all needs, including basic needs, social psychology, and development, and can provide real and sustainable contributions to society

Family Demographics of Participants in Vasectomy KB

Demography according to Mujiatun (2003) is a study of everything from measurable human conditions and attitudes. Demographic factors were obtained from answers given by respondents to questions in the questionnaire and observations regarding: length of marriage, age of husband, education of husband, education of wife, work of husband, occupation / activity of additional wife, family income, and number of children. This study proposes the following hypotheses.

H1: Demographic data of vasectomy KB participants' family member

H2: The socio-economic Figure of the vasectomy KB participants' family

Materials and Methods

The research method implemented was descriptive narrative method by distributing questionnaires or questionnaires using a Guttman scale (Sugiyono, 2013). The data obtained from the questionnaire are strengthened and deepened by structured observation (Sugiyono, 2013).

Measures

The measuring instrument is a questionnaire with 21 prosperous family indicators from BKBN for socio-economic capabilities (http://aplikasi.bkkbn.go.id/mdk/BatasanMDK.aspx/).

KPS is a family that does not fulfill one of the six basic needs indicators. KS I is a family that has been able to fulfill six KS I stage indicators, but it does not fulfill one of the eight psychological family needs indicators. KS II is a family that is able to fulfill six indicators of KS I stages and eight KS II indicators, but it does not fulfill one of the five KS III indicators, or a family developmental needs indicator.

KS III is a family that is able to fulfill six indicators of KS I stages, eight KS II indicators, and five KS III indicators, but does not fulfill one of the two KS III Plus indicators, an indicator of

family self-esteem. KS III Plus is a family that is able to fulfill all of the six KS I stage indicators, eight KS II indicators, five KS III indicators, and two KS III Plus stage indicators.

Subjects

The subjects of study were 139 vasectomy KB participants. The sampling technique uses purposive sampling, namely the age of wife, 20 - 49 years, has been married for 5 years, has at least 2 children. And get 50 respondents from the family of vasectomy family planning participants.

Data Analysis

Analysis of quantitative descriptive data according to Sugiyono (2013) is the presentation of data, among others, through Tables, graphs, pie charts. Thus, this study presented the percentage data from the demographics and categories of the level of socio-economic welfare of the family of vasectomy KB participants.

Respondent Demographic Data Analysis

Length of Marriage

From the length of the marriage data was obtained that the family of vasectomy family planning participants were 82% with 41 couples having a marriage age range above 21 years, while the remaining 18% numbered 9 couples aged under 20 years of marriage. Thus it can be concluded that the family of the vasectomy family planning participant has had a long marriage, as shown in Figure 1 below.

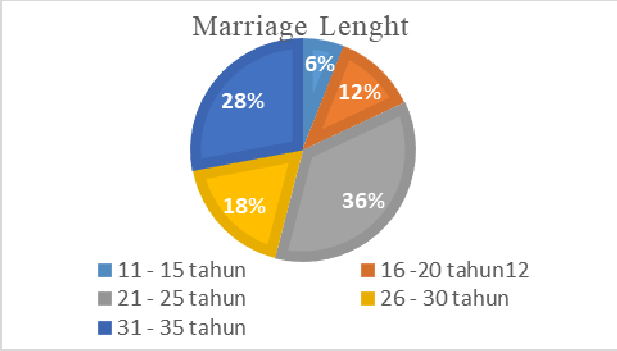

Figure 1. Marriage Length of Vasectomy KB participant

From observation and interviews, we obtain data that the families of vasectomy KB participants participated in this program after they had been married for more than 11 years because the family had previously: 1) had not attended a family planning program; 2) those who are active as KB acceptors are wives. The vasectomy KB planning participants family participated in a family planning program, especially a vasectomy through explanations and testimonials from

vasectomy KB motivators who came to visit homes. By participating in the Vasectomy KB program there will be facilities from the Surabaya city government.

Husband's Age

The age of the husband of the vasectomy KB participant family was dominated by the age of 41 years with a percentage of 92%, while the 8% aged between 31-40 years. The description of the husband age of the participant's family as shown in Figure 2 below.

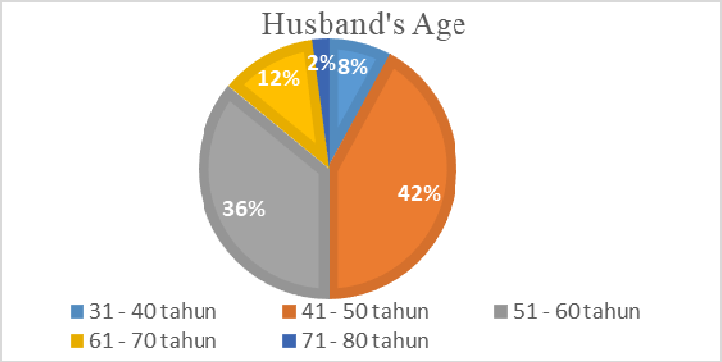

Figure 2. Husband age of vasectomy KB participant

Based on the information explorations through observation and interviews, data were obtained that with increasing age entering the final middle age the husbands realized to make a decision to follow a vasectomy family planning program for their own health and improvement of family life.

Age of wife

The age of vasectomy KB participants wife was dominated by the age of 41 years with a percentage of 84%, while the remaining 16% was below 41 years as shown in Figure 3 below.

Based on data from observation and further interviews that most of the family of vasectomy KB participants wife are middle-aged or psychologically developing adults who have a lot of activities. With a lot of activities, especially some doing business so that the mothers feel comfortable when the husbands become acceptors of vasectomy KB.

Husband's education

The demographic data of the husband educational background of the vasectomy KB participant were dominated by elementary school graduates with a percentage of 40% with a total of 20 people, while the rest were between junior high school and senior high school. You can see at Figure 4 below.

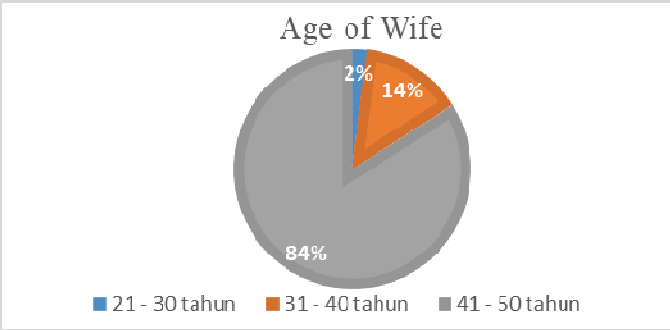

Figure 3. Vasectomy KB participant wife age

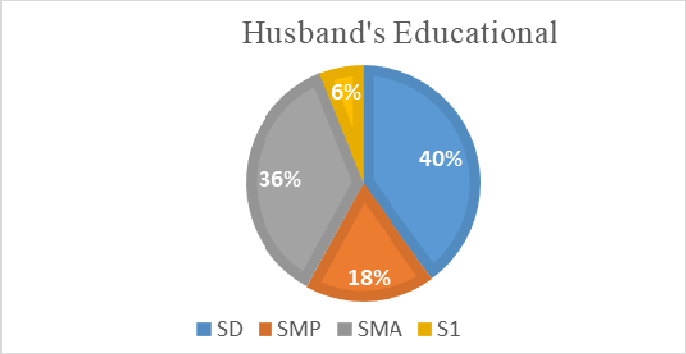

Figure 4. Husband educational background of Vasectomy KB participants

Additional data from observation and further interviews about the level of education that husbands have that most of them have only basic education because of the limited economic factors for continuing education and preferring to work in order to earn income with limited ability.

Wife Education

For the wife background of vasectomy KB participant, it is dominated with elementary school graduates with a percentage of 42% and 21 people. It can be concluded that the wife's educational background who participated in the vasectomy KB had basic education as shown in Figure 5 below.

Based on the observations result and depth interviews, we find data about the education level owned by the wife of vasectomy KB family. Most of them attended basic education because of limited economic factors to continue their education and prefer to work to obtain limited ability, or get married.

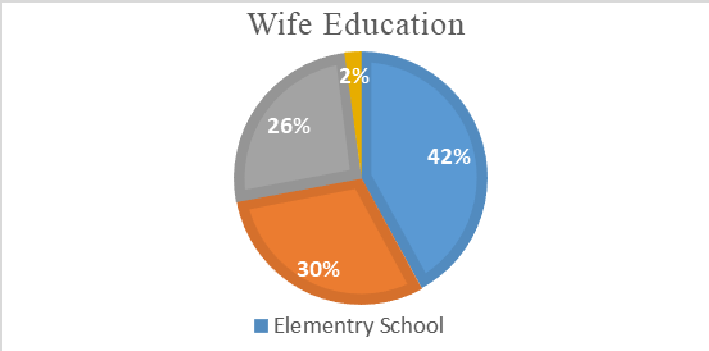

Figure 5. Wife background of vasectomy KB participant

Husband's job

For the Husband's job, as head of household for vasectomy KB participants, the largest percentage is 62% of which 31 people are informal sector workers, below that with a percentage of 24% with 12 employees or private employees, 14% with 7 people as an entrepreneur, and no one becomes a state apparatus or civil servant with a percentage of 0%. Thus, it can be concluded that the husband's main job, as the head of the household for vasectomy KB participants is dominated by informal sector workers with a total of 31 people whose percentage is 62% as shown in Figure 6 below.

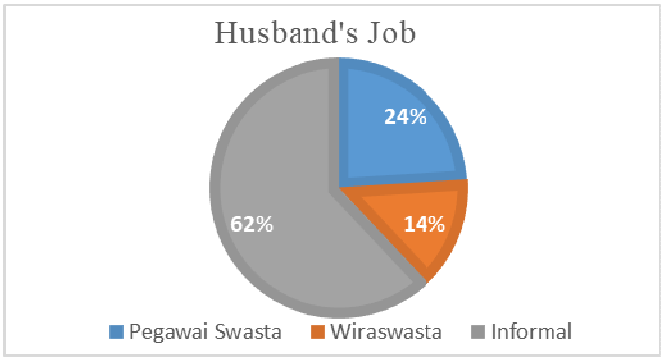

Figure 6. Husband's Job of vasectomy KB participant

Based on observation and depth interview data, the data found that informal sector work from the household head of the vasectomy family planning participant included: 1) masons, 2) builders, 3) pedicab drivers, 4) masons, 5) motorcycle taxi drivers, 6) factory workers, 7) public transportation drivers, 8) farm laborers, 9) odd jobs, 10)

selling mobile fruit, 11) housing security guards.

Additional wife's work / activities

The wife's activity of 70% vasectomy KB participants was pure housewives and the remaining 14 wives with 30% were housewives who had other activities. As such, the wife's domination of the vasectomy family planning participant is as a pure housewife, as shown in Figure 7 below.

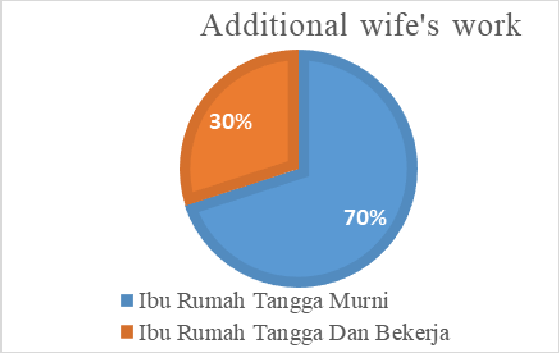

Figure 7. Wife activity of vasectomy KB participant

Based on data from observation and depth interviews, additional activities of the wife of the family of the vasectomy family planning participant include childcare, traders, food product makers and workers in the laundry.

Family Income

It was found that the family income of the vasectomy KB participant was 88% as many as 44 families who had the main income and additional husband and wife under Idr 3,000, 000.00, while the remaining 12% as many as 6 families earn more than Idr 3,000,000.00 as shown in Figure 8 below.

which was Idr. 3,296,212.50 (East Java PerGub No. 121/2016)

Number of Children

From the marriages undertaken by vasectomy KB participants, the data showed that the percentage was 44% with 22 families having 2 children, for those who had 3 children, 15 families were 30%, with 20% with 10 families having 4 children, and 6% with 3 families having 5 children. So it can be concluded that the family of the vasectomy family planning participant is 56%, dominated by more than 2 children, as shown in Figure 9 below.

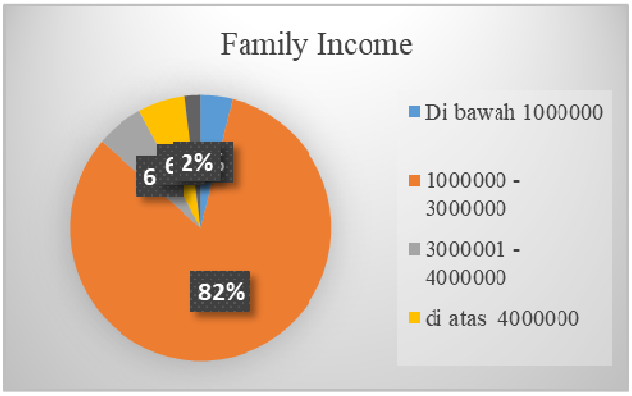

Figure 8. Family Income of vasectomy KB participant

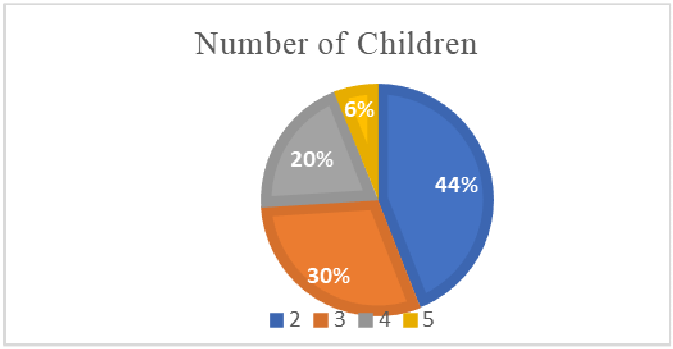

Figure 9. Number of vasectomy KB participants' children

Based on data from observation and depth interviews, it was found that most of the 56% of family members of vasectomy KB participants had more than two children. Because they participated in family planning after they felt economic difficulties by having more than two children, and the couple was already old. Socio-economic description of family members of vasectomy KB participants. Based on the data analysis, the data obtained for mapping the category of the socio-economic welfare level of the vasectomy KB participants' family as in Table 1 below.

From Table 1 below, it can be concluded that the results of mapping the level or socio-economic category for families of vasectomy KB participants are: 24% of pre-prosperous families, 40% of prosperous families I, 18% of prosperous families II, 4% of prosperous families III, 14% of families prosperous III plus.

Table 1. Socio-economic Level Mapping on Vasectomy Family Planning Participants' Family

No	Kategori	Kriteria	Indikator	Result	
				Amount	%
1.	Pre-Prosperous Family (KPS)	Indicator 1 – 6 not fulfilled.	Basic Need of family not fulfilled.	12	24
2.	Wellfare family (KS I)	1. Indicator 1 – 6 fulfilled. 2. One of indicator 7 – 14 not fulfilled.	Basic Need of family fulfilled.	20	40
3.	Wellfare family (KS II)	1. Indicator 1 – 14 fulfilled. 2. One of indicator 15 – 19 not fulfilled.	Psychological Needs of family	9	18
4.	Wellfare family (KS III)	1. Indicator 1 – 6 not fulfilled. 2. One of indicator 19 – 21 not fulfilled.	Developmental Needs from family.	2	4
5.	Wellfare family (KS III) Plus	1. Indicator 1 – 21 fulfilled.	Self Esteem of family.	7	14
Total				50	100

Discussion and Implications

From the results of descriptive narrative research from demographic data, it was found that the husband and wife of the family of vasectomy KB participants' family were dominated by more than 41 years, namely 92% for husbands and 84% for wives. According to Hurlock (2002) that early middle age extends from 40 years to 60 years and advanced middle age between 50 years to 60 years. According to Santoso and Mubarak (in Wulandari, 2012) that older individuals experience more and feel more feasible to provide new ideas for the development of their work while those who are younger have little experience in work. But the results of the research from Santoso and Mubarak (in Wulandari, 2012) are not in line with the results of research on demographic data on family work of vasectomy KB participants. Because the husband's work in the vasectomy KB participants' family is mostly in the informal sector because of basic education and wife as a housewife and assist to work.

Thus, the income owned by the family of vasectomy family planning participants is also below the MSE of the city of Surabaya. On the other hand, the number of members of each family of vasectomy family planning participants was dominated by more than five individuals, so that 24% or as many as 12 families of vasectomy KB participants

included pre-prosperous families or below the poverty line. The results of these studies have not been in line with the objectives of the Government of the Republic of Indonesia to launch the BKKBN function (2016) as follows: development of the design of family development programs through fostering resilience and family welfare; empowering and increasing national level community participation in family development through family security and welfare. It hopes that the BKKBN funfi will form a norm of small, happy and prosperous families in accordance with religious and socio-cultural values that are entrenched in personal, family and community, oriented to prosperous life with the ideal number of children to realize birth welfare and inner happiness.

Based on the analysis of the results of the above research, it can be concluded that the government program, namely family planning (KB) through optimization of the BKKBN function has not been able to touch the grassroots family of vasectomy KB participants' family in improving their social economic well-being. Thus it is necessary to improve the family's socio-economic well-being of the private and tertiary components and to optimize the role of the community or community in this case the family community of vasectomy KB participants' family. This is in accordance with Carayannis and Campbell's opinion (in Praswati, 2017) which states that the importance of policies and practices of government, universities, industry or the private sector and civil society interacts intelligently, effectively and efficiently in the quadruple helix concept.

The assistance that will be carried out in the quadruple helix concept also needs to pay attention to the demographic data from the research, namely the dominance of middle age in the married couples of family members of the vasectomy family planning is also indicated by the couple's marriage age of 82% over 21 years. With the demographic data of the age, the length of the marriage, the husband and wife of the vasectomy family planning participant experienced a crisis or pressure. This is reinforced by the opinion by Hurlock (2002) that stress in middle age includes stress, cultural stress, economic stress and psychological stress.

Conclusions

For the mapping or socio-economic level mapping, there are still families of vasectomy KB participants who are in the pre-prosperous level who are reinforced by demographic data, observation and depth interviews that support that even though they are in the vasectomy family planning program, the family is still in the poverty line poverty. Thus the effort or participation of many parties is needed - government - private - universities - community communities to implement a model for improving the socio-economic welfare of families of vasectomy KB participants with the quadruple helix concept.

Limitations and Future Studies

The research conducted was limited in describing the demographics and mapping of the level of socio-economic welfare of families of vasectomy KB participants by distributing questionnaires, observation and depth interviews. With data from descriptive narrative research, it is expected that further research will make a model for improving the socio-economic family of vasectomy KB participants.

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