Family Planning Development at Coastal Areas in West Sulawesi Province

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Abstract
A condition that occurs in West Sulawesi Province based on SDKI result in 2012 is 3.6 it means that the average number of children born in a family is 3-4 children. The region of West Sulawesi Province has coastal areas and highland areas category. Improving service quality in coastal areas oriented to the fulfillment of reproductive rights, the implementation of family planning services that prioritizes safety, client satisfaction and service quality to reduce the unmet need of family planning and maternal and infant mortality. The study objectives were to determine the potential development of the family planning acceptors candidates and reproductive health in the coastal area of Majene District, Polewali Mandar District, Mamuju District West Sulawesi Province. This study type is quantitative research with a cross-sectional approach, and showing qualitative data. The population is all fertile age couples (EFA) at the research area, which is in the Bambu Village, Mamuju Subdistrict, Mamuju District; Rangas Village, Banggae Subdistrict, Majene District; Taka Tidung and Manding Village in Polewali Subdistrict, Polewali Mandar (Polman) District. The sampling technique used was multistage sampling by randomizing the villages /subdistrict in selected Polewali Mandar District. The study results indicate that in Polewali Mandar district on 212 respondents found that 70.8% were not using family planning, and 29, 2% were using family planning, the types of acceptors are: injecting of 18.9%, pill of 7.5% and implant of 2.8%. In Majene District on 175 respondents found that 70.8% were not using family planning, and 28.2% were using family planning, the types of acceptors are: pill of 47.4%, injecting of 29.7% and implant of 1,1%; and in Mamuju District on 147 respondents found that 68.7% were not using family planning, and 31.3% were using family planning, the types of acceptors are: injecting of 59.2% and pill of 8.8%. Suggested the involvement of all parties to improve the coverage of family planning acceptors through community empowerment programs.
Keywords: Acceptor, Family Planning, Coastal

I. INTRODUCTION

Family Planning Program is a program to invite the community to participate actively in institutionalizing and cultivating Happy and Prosperous Small Family Norm (NKKBS), in achieving prosperity supported by the optimal human resources quality. Family planning program that has been implemented since reformation era, the repercussion is now going weakened, it is marked by the unachieved childbirth target which projected that each fertile age couples have maximum two children. Preliminary calculation conducted by Bappenas align with Central BKKBN that National TFR population census in 2010 was 2.50. In this case, the number of children born to a family is 2-3 the children. The population growth at the macro level can not be separated from the number of children in a family. The birth rate reached the number of 4 million in a year was caused by the early marriage behavior, young marriage, pregnant before marriage, and lack of public awareness to do family planning program (KB). A condition that occurs in West Sulawesi based on SDKI results in 2012 is 3.6. It means the average number of children born in a family is 3-4 children. Based on the results of Population Census BPS in 2010 is about 1,018.569 people. Here are the details of the population and its composition by sex: 1) Mamuju district, male 173.4131 and female 163 560, (total 336 973 people); 2) Polman, Male 193 108 and Female 203 012 (total 396 120 people); 3) Majene, Male 73 673 and Female 77 434 (total 151 107people).

Target achievement of family planning acceptors in West Sulawesi province has been delayed due to cultural factors, where the community still believe that 'a lot of children, a lot of sustenance'. On the other hand, health personnel and family planning personnel are still limited and difficult to reach the community widespread in various regions. The coastal area is a region which vulnerable to poverty. Community employment in coastal areas are strongly influenced by the seasons. When storms and big waves season , so people do not have an income and they will be in debt to meet their basic needs. And if the people in coastal areas also have a large number of family members, it becomes a double burden due to their higher needs. Family Planning participation in coastal communities is a priority to revitalize the family planning program through family planning services optimally.

Improving service quality in coastal areas aims to the fulfillment of reproductive rights, the implementation of family planning services that prioritizes safety, client satisfaction and service quality to reduce the unmet need of family planning and maternal and infant mortality. To perform service in the coastal areas require specific

strategies. In coastal areas, we should pay attention to the weather condition, where the weather is not always friendly, in addition, service facilities, as well as service personnel are also limited. In addition, the coastal areas have relatively high poverty rates compared to other regions. The study purpose of Cultivation of Coverage Family Planning Acceptors Candidates In Mamuju, Polman, and Majene District is to determine the characteristics of family planning services and reproductive health, overview needs of population and family planning program implementation in coastal areas, and an overview steps of population and family planning program in coastal areas.

II. RESEARCH METHOD

A. Type of Study
This study is a quantitative research with cross-sectional approach, and showing qualitative data.

B. Time and Location of Study
This research was conducted in November - December 2014 in Bambu Village Mamuju Subdistrict Mamuju District, Rangas Village Banggae Subdistrict MajeneDistrict, Taka Tidung and Manding Village in Polewali Subdistrict Polewali Mandar District (Polman).

C. Population and Sample
The population is all fertile age couple (EFA) at the research area, which is in the Bambu Village Mamuju Subdistrict Mamuju District, Rangas Village Banggae Subdistrict MajeneDistrict, Taka Tidung and Manding Village in Polewali Subdistrict Polewali Mandar District (Polman). The sampling technique was Multi-Stage Sampling, by performing the randomizing villages, after randomized, it was analyzed to determine the determine the problem in the selected villages whether having problems related to low coverage of family planning and are in coastal areas. In the selected villages searching for families who live in coastal areas. Target samples based on pre-defined criteria:

- fertile age couple (EFA) who live in coastal areas
- Willing to be interviewed

D. Data Collection
The data collection was collected by using a standardized questionnaire and performed prior to the field, in-depth interviews with mothers who included the category of fertile age couples and family planning workers and observations to coastal areas related to community lifestyle in the coastal areas.

E. Data Analysis
Descriptive analysis to see the measured variables overview in terms of frequency distribution. Cross-sectional analysis to see whether the interventions have an impact on the knowledge improvement performed a bivariate analysis. The analysis result is strengthened by the qualitative data support such as monitoring results during the intervention process and the post-intervention evaluation to the target groups such as managers, cadres, and families. Role analysis to determine the participation of family planning site workers (PLKB) and health workers, community leaders, and family members to increase family planning coverage acceptors.

III. RESULTS

A. Polman District
In the data collection in Polewali Mandar District on 212 respondents found that 70.8% were not using family planning, and 29, 2% were using family planning, the types of acceptors are: injecting of 18.9%, pill of 7.5% and implant of 2.8%. Table 1 below shows that based on the results of the statistical analysis no correlation between the Husband's job with the acceptor status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.473. No correlation between the Family Income with the Acceptor Status Takatidung and Manding Village Polewali Subdistrict with P value = 0.280. There is an association between the number children born with the acceptor status Takatidung and Manding Village Polewali Subdistrict with P value = 0.003. No correlation between the Maternal age of First Pregnancy with the acceptor Status In in Takatidung and Manding Village Polewali Subdistrict with P value = 0896. There is a correlation between the Distance Pregnancy with the acceptor Status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.010. There is a correlation between the Distance of Healthcare Facility with the Acceptor status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.000. There is no correlation between the knowledge of family planning advantages with the acceptor status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.279. There is a correlation between the information resources of family planning with the acceptors status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.010. There is a correlation between the attitudes with the Acceptor Status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.000. There is no

correlation between the reason for not using family planning with the acceptor status in Takatidung and Manding Village Polewali Subdistrict with P value = 0.000.

Table 1. Correlation between the Research Variables with the Acceptor Status In the in Takatidung and Manding Village Polewali Subdistrict Polman District, 2014

| Research Variables | Acceptor Status | | | | | | P Value |
| | Family Planning | | Non-Family Planning | | Total | | |
	n	%	n	%	N	%	
Husband's job							
Uncertain	1	100.0	0	0.0	1	100.0	
Fisherman	32	28.3	81	71.7	113	100.0	
Seaweed Farmer	2	28.6	5	71.4	7	100.0	
Ricefield Farmer	1	50.0	1	50.0	2	100.0	
Entrepreneur	13	27.1	35	72.9	48	100.0	
Private Employee	2	40.0	3	60.0	5	100.0	0.473
Government Employee	0	0.0	2	100.0	2	100.0	
Armed Forces	1	100.0	0	0.0	1	100.0	
Pedicab Driver	4	57.1	3	42.9	7	100.0	
Motorcycle Taxi Driver	0	0.0	1	100.0	1	100.0	
Construction Labor	5	29.4	12	70.6	17	100.0	
Driver	1	12.5	7	87.5	8	100.0	
Total	**62**	29.2	**150**	70.8	**212**	**100.0**	
Family Income							
250.000 - 500.000 IDR	2	66.7	1	33.3	3	100.0	
>500.000-1.000.000 IDR	52	32.2	141	67.8	193	100.0	0.280
>1.000.000-1.500.000IDR	6	54.5	5	45.5	11	100.0	
>1.500.000-2.000.000IDR	2	40.0	3	60.0	5	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Number of Children							
No Child	0	0.0	14	100.0	14	100.0	
1 Child	11	17.5	52	82.5	63	100.0	
2 Children	21	32.8	43	67.2	64	100.0	
3 Children	19	46.3	22	53.7	41	100.0	
4 Children	7	53.8	6	46.2	13	100.0	0.003
5 Children	3	30.0	7	70.0	10	100.0	
6 Children	0	0.0	4	100.0	4	100.0	
8 Children	1	33.3	2	66.7	3	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Maternal age at first pregnancy							
Less than 17 years old	4	26.7	11	73.3	15	100.0	
17 – 20 years old	32	28.8	79	71.2	111	100.0	
21 – 24 years old	18	30.5	41	69.5	59	100.0	
25 – 29 years old	6	35.3	11	64.7	17	100.0	0.896
30 – 33 years old	2	28.6	5	71.4	7	100.0	
34 – 37 years old	0	0.0	3	100.0	3	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Distance to Healthcare Facilities							
2 Km	3	8.1	34	91.9	37	100.0	
3 Km	39	39.0	6	61.0	100	100.0	0.000
4 Km	12	20.3	47	79.7	59	100.0	
5 Km	8	50.0	8	50.0	16	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Pregnancy Spacing							0.010
0 year	10	13.3	65	86.7	75	100.0	

Research Variables	Acceptor Status						P Value
	Family Planning		Non-Family Planning		Total		
	n	%	n	%	N	%	
1 year	13	50.0	13	50.0	26	100.0	
1,5 years	2	40.0	3	60.0	5	100.0	
2 years	18	43.9	23	56.1	41	100.0	
2,5 years	0	0.0	1	100.0	1	100.0	
3 years	10	30.3	23	69.7	33	100.0	
4 years	5	29.4	12	70.6	17	100.0	
5 years	4	30.8	9	69.2	13	100.0	
6 years	0	0.0	1	100.0	1	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Knowledge of Family Planning Advantages							
Good	28	25.9	80	74.1	108	100.0	**0.279**
Not Good	34	32.7	70	67.3	104	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Family Planning Resource Information							
None	14	32.6	29	67.4	43	100.0	
Midwife	16	18.4	71	81.6	87	100.0	**0.010**
Family Planning Workers	0	0.0	3	100.0	3	100.0	
Midwife and Family Planning Workers	32	40.5	47	59.5	79	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Attitude							
Good	47	42.3	64	57.7	111	100.0	**0.000**
Not Good	15	14.9	86	85.1	101	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	
Reason for not using Family Planning							
To have more children	5	4.9	97	95.1	102	100.0	
Add children with specific gender	2	10.5	17	89.5	19	100.0	
Side Effect	55	100.0	0	0.0	55	100.0	**0.000**
Not Suitable	0	0.0	17	100.0	17	100.0	
Having No Children	0	0.0	13	100.0	13	100.0	
Afraid of Family Planning	0	0.0	3	100.0	3	100.0	
Prohibited By The Husband	0	0.0	3	100.0	3	100.0	
Total	**62**	**29.2**	**150**	**70.8**	**212**	**100.0**	

B. Majene District

In the data collection in Majene District on 175 respondents found that 70.8% were not using family planning, and 28.2% were using family planning, the types of acceptors are: pill of 47.4%, injecting of 29.7% and implant of 1,1%. No significant correlation between the Husband's job with the choice of using family planning with P value = 0.809. No significant correlation between the family income with the family choice of using family planning with P value = 0506. Based on the results of statistical analysis in Majene District found no significant correlation between maternal age at first pregnancy with the family choice of using family planning with P value = 0.068. There is a significant correlation between the pregnancy distance with the family choice of using family planning with P value = 0.000. No significant relationship between the distance of healthcare facilities with the family choice of using family planning with P value = 0.472. Based on the results of statistical analysis in Majene District found there is no significant correlation between the knowledge of family planning advantages to the family choice of using family planning with P value = 0.559. No significant relationship between the information resources with the family choice of using family planning with P value = 0255. Significant correlation between the attitudes of the contraception tools with the family choice of using family planning with P value = 0.000

Based on the results of statistical analysis in Majene District found a significant correlation between family reasons in determining to participate as family planning acceptors with P value = 0.000. The main reason for someone not to use family planning are as follows: belief reason, the beliefs that still attached to the Majene community is "Many children, Lots fortune" Economic reasons, reasons of having no children yet, reasons of wanting more children with a specific gender.

Table 2. Correlation Between Research Variables With The Acceptor Status In Rangas Village Banggae Subdistrict Majene District 2014

| Research Variables | Acceptor Status | | | | | | P Value |
| | Family Planning | | Non-Family Planning | | Total | | |
	N	%	n	%	N	%	
Husband's job							
Fisherman	119	79.3	31	20.7	150	100.0	
Ricefield Farmer	1	50.0	1	50.0	2	100.0	
Entrepreneur	10	83.3	2	16.7	12	100.0	
Pedicab Driver	1	100.0	0	0.0	1	100.0	
Motorcycle Taxi Driver	1	100.0	0	0.0	1	100.0	**0.809**
Conrstruction Labor	1	100.0	0	0.0	1	100.0	
Driver	2	50.0	2	50.0	4	100.0	
Honorary	2	66.7	1	33.3	3	100.0	
Ship Plumber	1	100.0	0	0.0	1	100.0	
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Family Income							
250.000 - 500.000 IDR	68	69.3	25	30.7	93	100.0	
>500.000 - 1.000.000 IDR	63	64.3	12	35.7	75	100.0	
>1.000.000 -1.500.000 IDR	4	100.0	0	0.0	4	100.0	**0.506**
>1.500.000 -2.000.000 IDR	2	100.0	0	0.0	2	100.0	
> 2.000.000-2.500.000 IDR	1	100.0	0	0.0	1	100.0	
Jumlah Anak							
No Child	3	23.1	10	76.9	13	100.0	
1 Child	14	50.0	14	50.0	28	100.0	
2 Children	37	78.7	10	21.3	47	100.0	
3 Children	36	97.3	1	2.7	37	100.0	
4 Children	28	93.3	2	6.7	30	100.0	**0.000**
5 Children	13	100.0	0	0.0	13	100.0	
6 Children	4	100.0	0	0.0	4	100.0	
7 Children	1	100.0	0	0.0	1	100.0	
8 Children	2	100.0	0	0.0	2	100.0	
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Maternal age at first pregnancy							
Less than 17 years old	1	100.0	0	0.0	1	100.0	
17 – 20 years old	88	80.7	21	19.3	109	100.0	
21 – 24 years old	43	81.1	10	18.9	53	100.0	
25 – 29 years old	6	60.0	4	40.0	10	100.0	**0.068**
30 – 33 years old	0	0.0	1	100.0	1	100.0	
34 – 37 years old	0	0.0	1	100.0	1	100.0	
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Distance to Healthcare Facilities							
2 Km	22	71.0	9	29.0	31	100.0	
3 Km	101	80.2	25	19.8	126	100.0	**0.472**
4 Km	15	83.3	3	16.7	18	100.0	
Jumlah	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Pregnancy Spacing							
0 year	8	29.6	19	70.4	27	100.0	**0.000**
1 year	10	90.9	1	9.1	11	100.0	

Research Variables	Acceptor Status						P Value
	Family Planning		Non-Family Planning		Total		
	N	%	n	%	N	%	
1 - 2 years	41	93.2	3	6.8	44	100.0	
2 years	53	82.8	11	17.2	64	100.0	
2 - 3 years	16	94.1	1	5.9	17	100.0	
3 years	10	83.3	2	16.7	12	100.0	
Jumlah	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Knowledge of Family Planning Advantages							
Good	124	79.5	32	20.5	156	100.0	**0.559**
Not Good	14	73.7	5	26.3	19	100.0	
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Family Planning Resource Information							
None	7	58.3	5	41.7	12	100.0	
Midwife	58	77.3	17	22.7	75	100.0	**0.255**
Family Planning Workers	41	83.7	8	16.3	49	100.0	
Midwife and Family Planning Workers	32	82.1	7	17.9	39	100.0	
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Attitude							
Good	119	86.9	18	13.1	137	100.0	
Not Good	19	50.0	19	50.0	38	100.0	**0.000**
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	
Reason for not using Family Planning							
To have more children	38	63.3	22	36.7	60	100.0	
Add children with specific gender	6	66.7	3	33.3	9	100.0	
Side Effect	93	95.9	4	4.1	97	100.0	**0.000**
Having No Children Yet	1	14.3	6	85.7	7	100.0	
Prohibited By The Husband	0	0.0	2	100.0	2	100.0	
Total	**138**	**78.9**	**37**	**21.1**	**175**	**100.0**	

C. Mamuju District

In the data collection in Mamuju District on 147 respondents found that 68.7% were not using family planning, and 31.3% were using family planning, the types of acceptors are: injecting of 59.2% and the pill of 8.8%. Based on the results of statistical analysis in Table 3 in Mamuju District found a significant correlation between the Husband's job with the family choice of using family planning with P value = 0.001. No significant correlation between the family income with the family choice of using family planning with P value = 0.135. There is a significant correlation between maternal age at first pregnancy with the family choice of using family planning with P value = 0.000. There is a significant correlation between the Pregnancy Spacing with the family choice of using family planning with P value = 0.017. There is a significant correlation between the distance of health-care facilities with the family choice of using family planning with P value = 0.000. There is a significant correlation between the knowledge of family planning advantages with the family choice of using family planning with P value = 0.000. Based on the results of statistical analysis in Mamuju District found a significant correlation between the information resources with the family choice of using family planning with P value = 0.000. There is a significant correlation between attitudes toward contraception with the family choice of using family planning with P value = 0.000. There is a significant correlation between family reasons in determining the choice to participate as acceptors with P = 0.000. The main reason for someone not to use family planning are as follows: belief reason, the beliefs that still attached to the Majene community is "Many children, Lots fortune" Economic reasons, reasons of having no children yet, reasons of wanting more children with a specific gender.

Table 3. Correlation Between Research Variables With The Acceptor Status In Rangas Village Banggae Subdistrict Mamuju District 2014

Research Variables	Acceptor Status						P Value
	Family Planning		Non-Family Planning		Total		
	n	%	n	%	N	%	
Husband's job							
Fisherman	24	39.3	37	60.7	61	100.0	
Entrepreneur	4	28.6	10	71.4	14	100.0	
Security	6	85.7	1	14.3	7	100.0	0..001
Honorary	4	44.4	5	55.6	9	100.0	
Government Employee	1	16.7	5	83.3	6	100.0	
Labor	7	14.0	43	86.0	50	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	
Family Income							
250.000 - 500.000 IDR	17	24.9	35	75.1	52	100.0	
>500.000 - 1.000.000 IDR	10	14.7	13	85.3	23	100.0	
>1.000.000 -1.500.000 IDR	7	10.2	12	89.8	19	100.0	
>1.500.000 -2.000.000 IDR	9	13.2	11	86.8	20	100.0	0.135
>2.000.000 -2.500.000 IDR	3	100.0	0	0.0	3	100.0	
>2.500.000 -3.000.000 IDR	7	89.8	3	10.2	10	100.0	
>3.000.000 -3.500.000 IDR	2	2.9	7	97.1	9	100.0	
>3.500.000 -4.000.000 IDR	4	97.1	2	2.9	6	100.0	
>4.000.000 -4.500.000 IDR	0	0.0	2	100.0	2	100.0	
>4.500.000 -5.000.000 IDR	2	98.6	1	1.4	3	100.0	
Total	**61**	**31.3**	**86**	**68.7**	**147**	**100.0**	
Number of Children							
None	15	93.8	1	6.2	16	100.0	
1 – 5	20	19.4	83	80.6	103	100.0	0.000
6 – 10	11	39.3	17	60.7	28	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	
Maternal age at First Pregnancy							
14-18 years old	8	27.6	21	72.4	72.4	100.0	
19-23 years old	17	23.6	55	76.4	76.4	100.0	
24-28 years old	6	22.2	21	77.8	77.8	100.0	0.000
29-33 years old	2	40.0	3	60.0	60.0	100.0	
None	13	92.9	1	7.1	7.1	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**68.7**	**100.0**	
Distance to Healthcare Facilities							
1 Km	39	41.5	55	58.5	94	100.0	
4 Km	7	13.2	46	86.8	53	100.0	0.000
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	
Pregnancy Spacing							
0	25	48.1	27	51.9	52	100.0	
1 – 2 years	10	18.5	44	81.5	54	100.0	
3 – 4 years	9	27.3	24	72.7	33	100.0	0.017
5 – 6 years	2	33.3	4	66.7	6	100.0	
7 – 8 years	0	0.0	2	100.0	2	100.0	
Total	**46**	**31.3**	**27**	**68.7**	**147**	**100.0**	
Knowledge of Family Planning							
Good	24	54.5	20	45.5	44	100.0	0.000
Not Good	22	21.4	81	78.6	103	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	
Family Planning Resource Information							0.000
None	33	89.2	4	10.8	37	100.0	

Research Variables	Acceptor Status						P Value
	Family Planning		Non-Family Planning		Total		
	n	%	n	%	N	%	
Midwife	13	13.0	87	87.0	100	100.0	
Family Planning Worker	0	.0	1	100.0	1	100.0	
Midwife and Family Planning Worker	0	.0	9	100.0	9	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	
Attitudes							
Good	23	18.7	100	81.3	123	100.0	**0.000**
Not Good	23	95.8	1	4.2	24	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	
Reason for not using Family Planning							
To Have More Children	38	79.2	10	20.8	48	100.0	**0.000**
Setting Birth Distance	3	3.2	91	96.8	94	100.0	
Not Suitable with Family Planning	5	100.0	0	0.0	5	100.0	
Total	**46**	**31.3**	**101**	**68.7**	**147**	**100.0**	

In qualitative information searching to the informants who come from families, community leaders, and health workers, researchers have conducted data reduction and make categorization.

The facts in the implementation of family planning at three different district. For more details can be seen in the matrix below.

IV.   DISCUSSION

A.   *Correlation Between The Husband's job With The Acceptors Status*
In Polewali Mandar and Majene District found no significant correlations between the Husband's job with the family choice of using family planning, and in Mamuju District found a significant correlations between Husband's job with the family choice of using family planning. The main job in Polewali Mandar community are fishermen and seaweed farmers. Generally, fishermen leave their families to sail between 12 hours to 1 month. But in certain months when the wind and waves season, they did not go to sail.

Table 4. Correlation Between The Husband's job With The Acceptors Status

District	Needs
Polewali Mandar District	1. People are more oriented to not using family planning 2. Husband less support to use of contraceptives
Kabupaten District	1. People are willing to use family planning and prefer to use the pill 2. The use of the Pill is only done 1-2 days before having sex, so the failure rate is high
Kabupaten District	1. The community has accepted the family planning well, but only in spacing the births 2. The community uses family planning not to plan the number of children

There is a difference about the correlation pattern above that in Mamuju District, the fishermen have exposure to a variety of social layers diversity. This was driven by the position of Mamuju District which is the capital of West Sulawesi so that the power of cultural beliefs no longer dominates. It very different in Polewali Mandar and Majene District which still strong uphold the values regardless of their job. Recognition of the mothers who met in information qualitative searching is: "If the husband to sail up to 1 month, they were not taking the pill, later

on towards husband returning, they take the pill" (Rohani, Polman). Many families are not registered as regular acceptor, but they consume more pills when their husband at home. This habit often leads to pregnancy, because they often forget to consume the pill. Many families are also not using the family planning due to economic reasons, as well as the recognition of the following informant: "Many children, Lots fortune. If we had a child there who helped his father" (Harapiah, Polman). Children who have reached the age of 14 years (or have completed primary school) have been married. Families thought that the children who biologically have been able to reproduce should be married in order to help their families who generally work as fishermen. Pre-transition is a traditional agrarian society, its characteristic is agriculture-based economy with low incomes, crop failure, high prices, hunger and durability down resulting in death. The transition is a decrease in birth and death rates, death rate is lower than the birth rate so that the population growth is medium and high.

B. Correlation Between The Family Income With The Acceptors Status

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District found that there is no significant correlation between family income with the family choice of using family planning. No tendency to choose family planning to those who have a high income or low income. Many families with low income are using family planning and many families with high income are using family planning program. Otherwise, determine not to choose using family planning is no difference to those who have a certain level of income. Although there is an opinion that high incomes generally have a tendency to family planning. Regarding the review that high incomes give more space to plan welfare more freely in the future, beside that high income background is followed by high activity so they do not want too many children because it would be inconvenient. But the families in the research areas are generally housewives, and see that the big family will provide greater fortune opportunities.

C. Correlation Between The Number Of Children With The Acceptor Status

Based on the results of statistical analysis in Polewali Mandar and Majene District found that there is no significant correlation between the number of children with the family choice of using family planning and in Mamuju District found that there is a significant correlation between the number of children with the family choice of using family planning. When particularly analyzed found that when the number of children exceeds 3 children, it encouraged families in using family planning. But the motive of using family planning was never initiated by the husband. All decisions to use family planning comes from his own wife. Therefore it needs to optimize the socialization about the husband's responsibilities to determine and plan the number of children expected.

The number of children which more than 2 children that recommended to use family planning, but this is not what encountered in the research area. A large number of children doesn't encourage mothers to use family planning. Families already known about health risks from the impact of having too many children, but the fact they remain to continue to add more children to a variety of reasons. Economic reasons, belief, and because of wishing to have a specific gender child. Wider population studies of demographics are also understand the characteristics of the population in a region and non-demographic factors also taken into consideration. For example, to see the fertility trend is not only reviewed the number of WUS (women of fertile age) but socio-cultural factors are also considered. For example community where the people who want a complete gender of children (male and female) then the amount of children is determined by the gender completeness. In Mamuju found many families using family planning is just to set the birth spacing, but the number of children remains big. For them, the number of children still be their basic principle according to their cultural patterns. For the Mandar people, a large number of children will not be a consideration for their food sufficiency in the family. Even more they believe that with a large number of children that will provide better economic strength. With this condition, it needs to conduct socialization by using religious and cultural approach and not the economy and poverty approach.

D. Correlation Between Maternal Age At First Pregnancy With The Acceptor Status

Based on the results of statistical analysis in Polewali Mandar and Majene District found that there is no significant correlation between maternal age at first pregnancy with the family choice of using family planning,and in Mamuju found that there is a significant correlation between maternal age at first pregnancy with the family choice of using family planning. This no-correlation is caused by many mothers of early pregnancy age, normal age, and old age who are not using family planning. Though it recommended for the young or the elderly mothers should use the family planning. The maternal age is very important to know due to the age is a risk factor for health. The ages who are at risk to the mother is too young, ie at the age less than 17 years old, and more than 35 years old. Normal pregnancy age is at 21-34 years old. Age factors of maternal pregnancy contribute to maternal death rate during pregnancy and childbirth. Moreover, it also greatly affects the baby health itself. If found any marriage at the young age, it should be intervened by the use of contraceptives or to delay pregnancy until the age of risk not being met. If the age is too old, it is advised to no longer pregnant, even if it happens, it can be done with the strict supervision of health professionals and encouraged to do a cesarean delivery.

E. *Correlation Between Pregnancy Spacing With The Acceptor Status*

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju found a significant relationship between pregnancy spacing on the choice of family to family planning. Distance pregnancy is a factor that is considered a person doing a subsequent pregnancy. Birth spacing is ideal for mothers is between 1- 2 years, although according to the health advise is the spacing should be 5 years to provide opportunities for children to get through the crisis and psychological growth. Every year approximately 20,000 women in Indonesia die due to childbirth complication. Childbirthing should be a happy event but often turned into tragedy. Actually, almost all of these deaths could be prevented. Because of that, the fifth Millennium Development Goal focused on maternal health, to reduce "maternal death". While everyone agrees that the maternal death rate is too high, often some doubt appears about the exact number.

F. *Correlation Between The Distance To Healthcare Facility With The Acceptor Status*

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District found that there is a significant correlation between the distance of health-care facilities with the family choice of using family planning. Healthcare facilities in the community in the research areas are available, but the distance varies between 1-10 Km. Means of transportation is available but not all families have the ability to access transportation every day due to the cost. For most people considered to be mild but poor families in the coastal areas, the transportation costs are often become an obstacle, although the amount is relatively not large. Nonetheless, people have the awareness to access healthcare in spite of it's hard. Actually, the central government has trained many midwives, and send them to all Indonesia areas. However, it seems, the local government did not regard this as a priority, and not employ the midwives when their contracts with the health department ended. In addition, there are problems regarding quality. The midwives may not get enough training or perhaps a shortage of equipment. If they work in small communities, they may not face a lot of childbirth, so they don't get enough experience. But one of the main problems is when the people should choose, many families prefer traditional childbirth personnel. But today both in Mamuju, Polewali Mandar and Majene District traditional childbirth personnel already has a partnership with the midwives.

G. *Correlation Between The Knowledge of Family Planning Advantages With The Acceptor Status*

Based on the results of statistical analysis in Polewali Mandar and Majene District found that there is no significant correlation between the knowledge of family planning advantages to the family choice of using family planning; and the results of statistical analysis in Mamuju found that there is a significant correlation between the knowledge of family planning advantages with the family choice of using family planning.

Family Planning is the development sector which is more advanced than other sectors. In the health sector, public health programs have been carried out intensively, almost in every subdistrict already has a health center, in addition, nutrition improvement for children under five is also implemented.

F. *Correlation Between The Information Resource of Family Planning With The Acceptor Status*

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District found that there is a significant relationship between the information resources of family planning with the family choice of using family planning. Information resources of family planning more given by local midwives family planning workers. Although a lot of other information media, but the level of public trust is more conventional. The Community needs detailed verification of the person who is considered to have competence. The method of delivering information more effectively when the officer made contact intrapersonal, interpersonal instead. Because people prefer to maintain the quality of information when they make emotional closeness. Moreover, KB regarded as an information society that can not be vulgar to talk about.

G. *Correlation Between The Attitudes Toward Contraceptive With The Acceptor Status*

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District found that there is a significant correlation between attitudes toward contraception with the family choice of using family planning. Contraception which is accessed by the family depends on the habits of the other family, and the advice of local midwives. Contraceptives that many families choose are the pills and injecting, although it is also found some using implant. The use of contraceptives of pills encounter many failures, but this contraceptive is the most widely used by the family. The failure of using contraceptive of pills is because many of the forget to consume at the required time.

H. *Correlation Between The Reasons of Not Using Family Planning With The Acceptor Status*

Based on the results of statistical analysis in Polewali Mandar District found that there is a significant correlation between family reasons in determining their choice to participate as family planning acceptors. The main reason for someone to not use family planning are as follows: beliefs reason, the belief that is still attached to the Mandar

people is "many children lots of fortune"; Economic reason, the reason of having no children yet, or wanting a child with a specific gender; the results of statistical analysis in Majene District found that there is a significant correlation between family reasons in determining their choice to participate as family acceptors. The main reason for someone not to use family planning are follows: beliefs reason, the belief that is still attached to the Majene people is "many children lots of fortune"; Economic reason, the reason of having no children yet, or wanting a child with a specific gender; and the results of statistical analysis in Mamuju District found that there is a significant correlation between family reasons in determining their choice to participate as family planning acceptors. The main reason for someone to not use family planning are as follows: beliefs reason, the belief that is still attached to the Mamuju people is "many children lots of fortune"; Economic reason, the reason of having no children yet, or wanting a child with a specific gender; The main reason for someone to not follow the KB as follows:

a) Beliefs reason for confidence
   The belief that is still attached to the Mandar people is "Many children, lots of fortune"
b) Economic reasons.
c) The Reason of Having no children yet .
d) The Reason of wanting a child with a specific gender.

V.   CONCLUSION

Based on the results of statistical analysis in Polewali Mandar and Majene District found that there is no significant correlation between the Husband's job with the family choice of using family planning and the results of statistical analysis in Mamuju District found that there is a significant relationship between Husband's job with the family choice of using family planning. Based on the results of statistical analysis in Polewali Mandar, Majene, and Mamuju District found that there is no significant correlation between family income with the family choice of using family planning.

Based on the results of statistical analysis in Polewali Mandar and Majene found no significant correlation between the number of children on the choice of the family to family planning, and the results of statistical analysis in Mamuju found a significant relationship between the number of children to a family choice for family planning.

Based on the results of statistical analysis in Polewali Mandar and Majene District, found that there is no significant correlation between maternal age at first pregnancy with the family choice of using family planning, and the results of statistical analysis in Mamuju District found that there is a significant correlation between maternal age at first pregnancy with the choice of family to family planning.

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District found that there is a significant relationship between pregnancy spacing with the family choice of using family planning. Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District, found that there is a significant correlation between health-care facilities distance with the family choice of using family planning. Based on the results of statistical analysis in Polewali Mandar and Majene District, found that there is no significant correlation between the knowledge of family planning advantages to the family choice of using family planning; and in Mamuju District found that there is a significant correlation between the knowledge of family planning advantages with the family choice of using family planning. Significant correlation found between the information resources with the family choice of using family planning; in Polewali Mandar, Majene, and Mamuju District

Based on the results of statistical analysis in Polewali Mandar, Majene and Mamuju District found that there is a significant correlation between attitudes toward contraception with the family choice of using family planning. In Polewali Mandar District found a significant correlation between family reasons in determining to participate as family planning acceptors. The main reason for someone not to use the family planning are as follows: Belief reason, the belief that is still attached to the Mandar people is "many children lots of fortune"; Economic reason, the reason of having no children yet, or wanting a child with a specific gender; the results of statistical analysis in Majene District found that there is a significant correlation between family reasons in determining to participate as family planning acceptors. The main reason for someone not to use the family planning are as follows: Belief reason, the belief that is still attached to the Majene people is "many children lots of fortune"; Economic reason, the reason of having no children yet, or wanting a child with a specific gender; and the results of statistical analysis in Mamuju District found that there is a significant correlation between family reasons in determining the choice to participate as family planning acceptor. The main reason for someone not to use the family planning are as follows: Belief reason, the belief that is still attached to the Majene people is "many children lots of fortune"; Economic reason, the reason of having no children yet, or wanting a child with a specific gender

VI.   SUGGESTION

It is necessary for all parties to be involved in improving the coverage of family planning acceptors through community empowerment programs, changing people's belief about the 'many children lot of fortune' with the involvement of cultural and community leaders, Organize a working group concerned with reproductive health of juvenile and young couples family, need to involve a cross-sectoral, especially education stakeholder. Need to involve the humanists to enlighten the public about the belief of 'many children, lots of fortune', involving cross-sector to encourage families to be no hurry to marry off their children and strengthen community empowerment and partnership to the midwives in family planning socialization.

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