

Relationship between education level and women's participation in family planning programs (case study in Kampung KB, Ungaran Village, Kutowinangun Subdistrict, Kebumen Regency)

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ABSTRACT

Uncontrolled population growth has consequences for the increase in birth rates in a region. One of the causes is low community participation, especially among women in family planning programs. This study aimed to analyze the relationship between education level and women's participation in family planning programs. The method used in this study was descriptive with a quantitative approach. The subjects of this study were all women in the fertile age couple category in Kampung KB, Ungaran Village, totaling 63. Research data were obtained through observation, questionnaire distribution, interviews, and documentation. Furthermore, the data were analyzed using descriptive analysis and the chi-square statistical test. The results of the analysis showed that there was no significant relationship between education level and women's participation in the family planning program ($p = 0.069 > 0.05$). These findings indicate that education is not a major determinant of women's decisions to participate in family planning programs. Most respondents with high levels of education were young PUS who had not yet planned to use contraceptives. Education continues to play an important role in increasing awareness and understanding of reproductive health, but its influence does not directly determine participation in family planning programs.

Keywords: women's participation, education level, family planning programs

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1. INTRODUCTION

Government efforts to control population growth through the Family Planning (KB) program, which began in the 1980s, have shown increasingly tangible results in recent years. In the period 1971–1980, Indonesia's population growth rate was still relatively high at around 2.33%. However, this figure declined significantly to 1.44% during 1990–2000. This decline was influenced by a decrease in the birth rate due to increased community participation in the KB program. Nevertheless, in the following decade, particularly between 2000 and 2010, or the beginning of the reform era, the population growth rate rose slightly by approximately 0.05% (Badan Pusat Statistik, 2015).

In general, Indonesia's population growth rate shows a downward trend during each census period. However, the growth rate of 1.4% is still not ideal, as the expected rate is below 1%. (Devi et al., 2016). The relatively high growth rate is influenced by various factors, such as the fertility rate of married couples, the proportion of babies who survive to a productive age, and the practice of early marriage. These factors contribute to an increase in the number of births and have a direct impact on population growth, which ultimately puts pressure on the social and economic aspects.

In the regional context, the Kebumen Regency Government continues to strive to control population growth rates to avoid future social problems. One of the main strategies pursued is the Family Planning (KB) program. This program not only serves to regulate birth rates but also plays a role in improving the quality of life of the community through the formation of small, healthy, and prosperous families (Kursani et al., 2023). In addition, the family planning program aims to strengthen the quality of human resources, especially for women, by raising awareness of the importance of family planning.

As an innovation of this program, the government developed the Kampung KB program. Kampung KB is a village or sub-district level unit where there is a combination and centralization of family empowerment and strengthening programs, all of which are useful for improving the quality of human resources, families, and communities. As a universal development approach, and to improve the quality of human resources and optimize the implementation of family empowerment and strengthening, it is necessary to encourage the implementation of Kampung KB in every village/sub-district (Nofianti, 2023). Kampung KB is also one of the government's new 'secret weapons' in addressing population issues, especially in areas that are rarely seen by the government. In addition to curbing the growth rate, this program is also one of the government's efforts to bring underdeveloped areas on par with other areas (Wibowo et al., 2024).

One of the areas in Kebumen Regency that has been designated as a Pilot Family Planning Village is Kutowinangun Subdistrict, specifically in Ungaran Village. The main factor behind the selection of Ungaran Village as a Family Planning Village was the low number of family planning participants, which was only around 50% of the total number of couples of childbearing age (PUS) recorded in the area. There were 63 couples of childbearing age, 33 of whom were active family planning participants (Table 1).

Table 1. Comparison of Family Planning Participants (users/acceptors) in the Kampung KB Ungaran Village

No.	Criteria	Total PUS	Percentage (%)
1.	Active Family Planning Participants	33	52%
2.	Not a Participant	30	48%
Total PUS		63	100%

Source: Data House of Kampung KB, Ungaran Village, 2024

Family planning programs cannot be implemented properly without community participation. The success of this program greatly depends on the extent to which the community is willing and able to participate in its development and implementation. According to Mawarni (2021), the success of a program or policy greatly depends on the level of community involvement in it. Participation is defined as the involvement of individuals and groups in contributing to the achievement of common goals. In the context

of the family planning program, Hasan Gaffar and Sasap Abao (2021) say that the level of participation is influenced by a number of factors, including a lack of coordination between agencies, limited extension workers, infrastructure constraints, as well as cultural and educational factors.

Education plays an important role in raising awareness and increasing participation in family planning programs. People with higher levels of education tend to have a better understanding of the benefits of family planning programs and the importance of population control, thereby increasing their likelihood of contraception use (Zaen, 2022). Conversely, communities with low education levels are often bound by myths and misconceptions about family planning. Therefore, increased community participation, especially among women, must be balanced with ongoing socialization and education.

Based on the above description, this study focuses on the relationship between education levels and women's participation in family planning programs in Kampung KB, Ungaran Village, Kutowinangun Subdistrict, Kebumen Regency. This study is expected to provide an empirical understanding of the role of education in supporting the success of family planning programs at the village level, as well as serve as evaluation material for local governments in strengthening sustainable family planning development strategies.

2. METHOD

This study was a descriptive study with a quantitative approach and a cross-sectional design, which was conducted at a specific time to observe the relationship between variables in the population being studied. Descriptive research aims to systematically describe and explain phenomena based on existing facts (Tika, 2005). Quantitative analysis was used because the data obtained were numerical and processed using statistical techniques to test the formulated hypotheses (Sugiyono, 2022). The approach used in this study is a socio-demographic approach, which views participation in the family planning program as the result of interactions between individual factors (such as education level) and social conditions in the community. This approach is considered relevant for understanding the relationship between social characteristics and reproductive behavior in the local community.

2.1 Informants and Research Locations

The population in this study consisted of all women of childbearing age in Kampung KB Desa Ungaran, Kutowinangun Subdistrict, Kebumen Regency, totaling 63. Due to the relatively small population size, this study used a census technique in which the entire population was included as research respondents. The research location was selected purposively because Kampung KB Desa Ungaran is a pilot village in Kebumen Regency with a family planning participation rate that is still relatively low compared with other areas.

2.2 Data Collection Techniques

Data were collected through three main techniques: observation, structured interviews, and documentation. Observations were conducted to obtain a general picture of the social and environmental conditions of the community in the Kampung KB area. Structured interviews were conducted with respondents using a closed-ended questionnaire instrument compiled based on research variable indicators, namely, education level and participation in the family planning program. Documentation was carried out by examining secondary data obtained from the Kampung KB Data House in Ungaran Village and the archives of the Kebumen District Family Planning Agency (BKKBN). The questionnaire was compiled based on theory and previous research results related to community participation in family planning programs.

2.3 Data Analysis Techniques

Data analysis was conducted descriptively and inferentially. Descriptive analysis was used to describe the distribution of respondents based on their level of education and participation in family planning programs. Furthermore, to test the relationship between the two variables, a chi-square test with a significance level of 0.05 was performed. The independent variable in this study was women's education level, which was categorized into three levels: low (elementary to junior high school), intermediate (high school), and high (university level). The dependent variable was participation in the family planning program, which was categorized as active or inactive. The analysis was conducted using SPSS statistical software to ensure the accuracy of the results and correct interpretation of the relationship between the variables studied.

3. RESULT AND DISCUSSION

3.1 Descriptive Results

Table 2. Relationship between Education Level and Women's Participation in Family Planning Programs

Highest Level of Education	Family Planning Participation		Total	Percentage
	No	Yes		
Elementary School	1	2	3	4,76%
Junior High School	4	12	16	25,40%
Senior High School	16	17	33	52,38%
Diploma	5	1	6	9,52%
Bachelor's Degree	4	1	5	7,94%
Total	30	33	63	100%

Source: Primary Data 2024

The data in Table 2 show that most women of childbearing age (PUS) in Kampung KB, Ungaran Village, Kutowinangun District, Kebumen Regency, have a high school diploma or equivalent as their highest level of education, with a percentage of 52.38%. The majority of residents who participate in family planning are high school graduates, with a total of 17 out of 33 people. Meanwhile, 14 out of a total of 19 people with an education level below high school participated in family planning, while 2 out of a total of 11 people with an education level above high school participated in family planning. This indicates that a higher level of education does not necessarily mean that a person will participate in the family planning program because, based on the data above, the higher the level of education, the lower the level of participation in family planning. This pattern indicates that increased education does not always correlate with increased family planning participation.

3.2 Inferential Results

Table 3. Chi-Square Test Between Women's Participation and Education Level in Family Planning Programs

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.707 ^a	4	.069
Likelihood Ratio	9.252	4	.055
Linear-by-Linear Association	7.175	1	.007
N of Valid Cases	63		
a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is 1.43.			

Based on the results of the chi-square test conducted to determine the relationship between education level and women's participation in the Family Planning program in Table 3, a significance value of 0.069 (>0.05) was obtained, indicating that there is no significant relationship between education level and women's participation in the Family Planning program in Kampung KB, Ungaran Village. This implies that educational attainment is not a major determinant of women's participation in the program. In other words, differences in educational attainment do not significantly influence a person's decision to participate in a family planning program. This may indicate that other factors, such as knowledge, attitudes, or environmental support, may play a greater role in determining women's participation in family planning programs.

In couples of childbearing age, higher levels of education typically encourage more open communication between husbands and wives and more in-depth discussions about contraceptive use. Couples with higher educational backgrounds generally have a stronger awareness of the importance of family planning, maternal and child health, and long-term economic well-being, making them more likely to motivate each other to participate in family planning. Furthermore, research shows that highly educated mothers tend to have better knowledge about contraception, understand the risks of side effects, and consult more actively with health workers about contraceptive options (Widhiawati et al., 2025).

The findings of this study are interesting because they show that formal education is not a dominant factor influencing women's participation in family planning programs. Theoretically, education plays an important role in shaping individuals' awareness and cognitive abilities to understand the benefits of family planning (Purwati et al., 2024). However, as explained in social behavior and rational choice theories, an individual's decision to participate in public health programs is not only determined by knowledge but also by social, cultural, economic, and local value considerations (Becker, 1991).

In Kampung KB Desa Ungaran, women with high levels of education are young and newly married. They are more oriented towards wanting to have children as a means of fulfilling local social and cultural expectations, where the success of marriage is measured by the birth of the first child. Conversely, women with low levels of education are generally mature couples of childbearing age who already have two or more children; therefore, their motivation to use contraception is stronger because they are aware of the higher economic burden and health risks. These results are in line with the research of Babalola et al. (2015), which states that the level of education of women in the fertile age group has no significant relationship with their intention to use contraception or participate in family planning programs.

These findings are also consistent with the research by Devi et al. (2016), which confirms that age, family experience, and socioeconomic status have a greater influence than formal education. In addition, access to information and trust in family planning services play important roles in the decision to participate in family planning programs. Tyandi et al. (2023) also found that women with higher education tend to be more selective in choosing contraceptive methods because they have easy access to various sources of information, including opinions on social media and experiences from online communities. This can lead to doubts about government family planning programs, which are perceived as having limitations in terms of services, variety of tools, and side effects. Conversely, women with lower levels of education tend to be more receptive to recommendations from family planning field officers or village midwives because their digital literacy is lower.

This phenomenon also illustrates the disparity in the perceptions of government programs. For some highly educated groups, participation in family planning programs is often seen as a pragmatic choice that does not have to be done through formal government programs or policies. They prefer natural methods or private services because they are considered more flexible and in line with their personal preferences. Meanwhile, for the low-education groups, involvement in family planning programs is a means to obtain more affordable healthcare and services.

Thus, the results of this study reinforce the view that education influences reproductive knowledge and awareness but does not always encourage participatory action. Other factors, such as age, social norms, cultural values, and perceptions of health risks, have been shown to be more decisive. These results have important implications for local governments, particularly in strengthening a more contextual

and community-based approach to family planning socialization. Reproductive health education needs to be directed not only at increasing knowledge but also at changing attitudes and social norms through interpersonal communication and family empowerment. With this strategy, the success of family planning programs will depend not only on the level of education but also on the community's understanding and acceptance of the importance of population control.

4. CONCLUSION

Overall, the results of this study confirm that the success of family planning programs needs to view education as one of the supporting factors (not the main factor) and place a socio-cultural approach at the core of participatory policies at the local level to be successful. The results show that the level of education has no significant relationship with women's participation in family planning programs ($p = 0.069$). This indicates that women's decisions to participate in family planning programs are more influenced by other factors such as age, number of children, economic conditions, and cultural values and norms that exist in society. Education plays an important role in increasing awareness and understanding of reproductive health, but its influence does not directly determine participatory actions. Therefore, family planning policies and interventions should be designed by considering the local social and demographic context, strengthening health literacy, and involving community leaders and health workers as agents of change.

Ethical Approval

Ethical approval was not required for this study

Informed Consent Statement

Not Applicable

Authors' Contributions

APW contributed to the conceptualization, research design, supervision, and served as the corresponding author during the manuscript submission process. AN was responsible for the data collection. E and F contributed to data analysis and interpretation. KZ assisted with manuscript editing for publication.

Disclosure statement

No potential conflict of interest was reported by the authors.

Data Availability Statement

The data presented in this study are available on request from the corresponding author due to privacy reasons

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