

JNE 4 (1) (2018) 25-36

Journal of Nonformal Education



http://journal.unnes.ac.id/nju/index.php/jne

Motivation as Mediation Variable in the Effect of Knowledge Level and Socioeconomic Status to Participation of PUS (Couples of Reproductive Age)

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DOI: http://dx.doi.org/10.24914/pnf.v4i1.13571

Info Articles

Abstract

History Articles: Received 16 December 2017 Approved 19 January 2018 Published 27 February2018

Keywords: motivation; mediation; participation The aims of this study were: (a) to analyze the direct effect of knowledge on the motivation of Couple of Reproductive Age, (b) to analyze the direct effect of socioeconomic status on Couple of Reproductive Age motivation, (c) to analyze the direct effect of knowledge on Couple of Reproductive Age participation, (d) to analyze the direct effect of socio-economic status on Couple of Reproductive Age participation, (e) Analyzing the indirect effect of knowledge on the participation of PUS through motivation, (f) Analyzing the indirect effect of socioeconomic status on the participation of PUS through motivation. The research approach was quantitative. Data collecting technique was done by observation and questioner. The Couple of Reproductive Age population on the age of 30-45 years old in Juwiring is 3.086 and the number of sample was 248 respondents. The data analyzed by using Path Analysis test. The results of the study were: (a) There was significant effect of knowledge level to the motivation in Family Planning (26.10%), (b) There was significant effect of socioeconomic status to the motivation in Family Planning (24,10%), (c) There was significant effect of knowledge level on the participation of PUS in Family Planning (67%), (d) There was significant effect between socioeconomic status on PUS participation in Family Planning (19.60%), (e) Motivation was able to mediate the Effect of Knowledge Level on PUS Participation in Family Planning, (f) Motivation was able to mediate the effect of Socio-economic Status to Participation of PUS in Family Planning.

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p-ISSN 2442-532X e-ISSN 2528-4541

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INTRODUCTION

According to the Law of the Republic of Indonesia Number 52 Year 2009, Family Planning is an effort to increase public awareness and participation through the maturing age of marriage, birth control, fostering family resilience and improving family welfare to realize the norm of happy and prosperous small family (NKKBS)

In the implementation of family planning program, each person or family is provided with rational and actual information and arguments about the effects of uncontrolled population growth on the life of individuals, families and communities. Family planning in the meaning of birth control should be carried out in areas which are densely populated; whereas for large areas, KB means planning births for mothers and children health and family welfare. KB is one way to reach fair and prosperous society.

Family Planning (KB) is an important intervention to achieve Millennium Development Goals (MDGs). Family Planning Program investments could prevent 32% of maternal deaths and 10% of child deaths worldwide (Adebayo, 2012: 58)

Family planning is an important component of any strategy-based development aimed at improving the quality of life for both individuals and society (K Singh, 1988: 105)

Population growth problem is a national problem which is most important and certainly requires a serious and thoughtful handling. In this connection, the New Order government saw no alternative besides to consistently implement the entire Five-Year Development program, including one of the program, distribution of labor force and the employment capacity of agriculture, industry and services sectors was not as expected, 70% the agricultural sector, 10% in the industrial sector, 18% in the service sector, and 2% in other sectors. By the year of 2008, there would be a drastic shift of livelihoods from the agricultural sector to the industrial and service sectors. It needs to be prepared in seriously with an accurate anticipation, through nonformal education efforts (Joko Sutarto, 2017: 36-37)

The use of contraception has been associated in Asian countries including women's age, education, income, number of children, age at marriage, duration of marriage, number of children living, mortality, knowledge and availability of contraceptives (Melissa Withers, 2010: 549)

A strong Family Planning program can be functioned as a key ingredient in global and national efforts to improve the health and survival of children. These programs can contribute and or serve as the basis for the health infrastructure in developing countries (Wade Robert, 2009: 414). The Family Planning Program (KB) become a mainstay for the government to control the population which was growing faster every year. The success of family planning programs as an effort to regulate births in order to improve the welfare of mothers and children in Indonesia has been recognized by the society. The family planning program was considered to be successful in Indonesia, but in its implementation until now, it still meets some obstacles i.e. there is a number of Reproductive Age Couple (PUS) which had not become KB participant. The number of children from a woman is influenced by several factors including the level of education (delaying of marriage), age at first marriage, age at first birth, the number of children desired, and the use of contraceptive methods.

Participation has direct contact with the involvement of the community in joining or supporting the family planning program. The low number of KB participants and the high number of children makes the population of Indonesia in 2030 estimated at 312, 4 million people (Kompas.com: 5-12-2012). Population growth rate rose at 4.3% in 2012, as well as couple of reproductive age which joined KB in 2012 was only 57, 9% (the number of family planning participants minimum 65% from the couple of reproductive age in 2015).

The knowledge of the couple in reproductive age on Family Planning (KB) involves the knowledge of family planning

Communication Education methods, Information (KIE) of KB and through mass media or personal contacts with family planning officers. Communication, education, and information (KIE) program in Indonesia is an activity of information dissemination and dissemination of KB program through various media. Media has an important role in socializing family planning (KB). Information on media exposure is important for program planners to determine effective population targets in the implementation of KIE in family planning (KB) programs. Both printed media (newspapers / magazines, pamphlets, posters) and electronic media (radio and television) were used to disseminate KB messages. KIE activities for television were conducted by government and private TV stations at the central and regional levels. KIE for radio is also conducted through government and private radio stations throughout Indonesia. Contact with family planning officers and other health officers as well as with religious leaders, teachers, and female group members was another channel which was also important for the dissemination of family planning information. The results showed that female and male respondents received the information of family planning (KB) mostly from television (46 percent). Poster was the second important source of information to socialize family planning messages. People in urban areas were more exposed to KB messages than those who were living in rural areas. For example, 55% of women in rural areas did not see or hear KB messages through one media source compared to 37% of women in urban areas. (SDKI 2012: 82)

Knowledge of birth control and family planning is a prerequisite of the proper use of contraceptive methods which was effective efficient. Information regarding and contraceptive use was required to measure the success of the Family Planning Program. Injections and pills were tools/methods of contraception which most widely known by women in Indonesia (96%). In general, men had less awareness of contraceptive methods than women, except for condoms where the knowledge of men was higher than women. (SDKI 2012: 80).

Public motivation in implement family planning focused on realizing the demand, rather than on the individual needs of its own, using a one-way communication and individual communication, group or mass. Motivation to follow family planning was the choice of the society (self-awareness), once they understand the benefits of family planning.

The level of income and economic conditions had a role in raising awareness in contraceptive. Family planning (KB) services had very affordable cost, according to Trussel who had charted the cost savings for five years related to a number of contraceptive used, such as IUDs, Implants and Injection. Family planning services provide two kinds of services, namely: provision of information and advice with contraceptive providers (D. Hughes & A. McGuire, 1996: 189)

Based on the cases described above, researchers are interested in conducting a study about the motivation as mediation variable in the effect of knowledge level and socioeconomic status to participation of the Couple of Reproductive Age in Family Planning (KB) in Juwiring, Klaten.

METHODS

The approach of the study was quantitative, data collection techniques were done by observation and questionnaires. The final aim of the study is to analyze the motivation, knowledge level, socio-economic status and participation of the Couple of Reproductive Age in the implementation of Family Planning in Juwiring, Klaten. Couple of Reproductive Age in the age 30-45 years old in the District Juwiring as population was 3.086 and the number of sample was 248 respondents with a sampling determination which developed by Isac and Michael (Sujarweni, 2014: 90). The sampling technique used in this study was probability sampling, Data collection technique that used was observation and interview. The analysis technique used was descriptive analysis and inference analysis. Hypothesis testing used SPSS (statistical program of Social Sciense) v.23 for windows.

RESULTS AND DISCUSSION

The Effect of Knowledge Level on Motivation of PUS

Table 1. Partial Test of Knowledge Level on Motivation

Coefficients^a

		Coefficients unstandardized		standardized Coefficients		
Model		В	Std. Error	beta	Т	Sig.
1	(Constant)	22 199	3,145		7,059	.000
	Knowledge level	.265	.062	.261	4,279	.000
	Socio-Economic Status	.237	.060	.241	3949	.000

Dependent Variable: Motivation

The results of SPSS counting obtained regression line equation was: X3 = 22.199 + 0,265X1. Based on the value of the tcount = 4,279 with the significant t 0,000. By using significance and α 0.05, value of ttable with df =n-k = 248-4 = 244 obtained ttable = 1,970. Then t count was obtained (4.279) > t table (1.970). This proved that there was significant influence between knowledge levels on the

motivation of the family planning in Juwiring, Klaten.

Based on the results of the test, it obtained coefficients standardized beta value of the variable of knowledge level on the motivation of 0.261 or the value of effect was 26.10%.

The Effect of Socioeconomic Status on PUS Motivation

Table 2. Partial Test Table of Socio-Economic Status on Motivation

Coefficientsa

	Coefficients unstandardized			standardized Coefficients		
Model		В	Std. Error	beta t		Sig.
1	(Constant)	22 199	3,145		7,059	.000
	Knowledge level	.265	.062	.261	4,279	.000
	Socio-Economic Status	.237	.060	.241	3949	.000

a. Dependent Variable: Motivation

The results of SPSS count were obtained the regression line equation was: X3 = 22.199 + 0.237 X2. Based on the value of t count= 3.949 with significant t = 0.000. By using significance and α 0.05, value of t table with df = n-k = 248.4 = 244, it obtained t table = 1,970. Then it was obtained t count (3.949) > t table (1.975). This proved that there is a significant effect of socioeconomic status on

the motivation of the family planning in Juwiring, Klaten.

Based on the test results, it was obtained the coeffisients standarized beta value of variable socioeconomic status on the motivation of 0.241 or the number of the effect was 24.10%.

The Effect of Knowledge Level on PUS' Participation

		Co	efficients ^a			
- Model		Unstandardized Coefficients		Standardized Coefficients		
		В	Std. Error	Beta	t	Sig.
1	(Constant)	608	2.421		251	.802
	Tingkat Pengetahuan	.722	.045	.670	16.023	.000
	Status Sosial Ekonomi	.176	.043	.169	4.052	.000
	Motivasi	.145	.045	.136	3.226	.001

Table 3. Test Results of Knowledge Level on PUS' Participation

The results of SPSS count were obtained regression line equation was: Y = -0.608 + 0.722 X1. Based on the value of t count = 16.023 with the significant t = 0.000. By using significance and α 0.05, the value of t table with df =n-k = 248-4 = 244 obtained t table = 1,970. Then it was obtained tount (16.023) > t table (1.970). This proved that there was significant effect between knowledge levels on the participation of PUS in Juwiring, Klaten.

Based on test results, it was obtained coeffisients standarized beta value of variable knowledge level on PUS' participation was 0.670 or the number of effect was 67.00%.

The Effect of Socioeconomic Status on PUS Participation

Coefficients ^a								
		Unstandardized Coefficients		Standardized Coefficients				
Model		В	Std. Error	Beta	t	Sig.		
1	(Constant)	608	2.421		251	.802		
	Tingkat Pengetahuan	.722	.045	.670	16.023	.000		
	Status Sosial Ekonomi	.176	.043	.169	4.052	.000		
	Motivasi	.145	.045	.136	3.226	.001		

Table 4. The Effect of Socioeconomic Status

a. Dependent Variable: Partisipasi PUS

The results of SPSS count were obtained regression line equation was: Y = -0,608+0.176 X2. Based on the value of t count = 4.052 with significant t = 0.000. By using significance and α 0.05, the value of t table with df = nk = 248-4 = 244, it was obtained ttable 1,970. Then it was obtained t count (4.025) > t table (1.970). This proved that there was a significant effect of socioeconomic status on the participation of PUS in the Juwiring, Klaten.

Based on the test results, it was obtained coefficients standardized beta value of variable socioeconomic status towards PUS participation was 0.196 or the number effect was 19.60%.

Motivation was able to Mediate the Effect of Knowledge Level on PUS Participation

				standardized Coefficients		
Model		В	Std. Error	beta	Т	Sig.
1	(Constant)	608	2,421		251	.802
	Knowledge level	.722	.045	.670	16 023	.000
	Socio-Economic Status	.176	.043	.169	4,052	.000
	Motivation	.145	.045	.136	3,226	.001

Table 5. Partial Test of Motivation on PUS Participation

Coefficientsa

Dependent Variable: Participation PUS

The results of SPSS count were obtained regression line equation was: Y = -0.608 + 0.145X3. Based on the value of t count= 3.226 with significant t of 0.001. By using significance and α 0.05, ttable value with df = n-k = 248-4 = 244 it was obtained ttable 1,970. Then it was obtained t count (3.226) > t table (1.970). This proved that there was an effect of motivation on the participation of Couples in Reproductive Age (PUS) in Juwiring, Klaten.

Based on the test results, it was obtained the standardized coefficients beta value of the variable motivation towards PUS participation was 0.136 or the number of the effect was 13.60%.

The testing of the knowledge level effect through motivation of PUS participation was an indirect effect test. The testing of indirect effect was using Path Analysis. Effect of mediation which was shown by the multiplication coefficient (P3 x P5) of 0.035; to prove that it was significant or not, it were tested by using sobel test which used statistical calculators online, that was Sobel Test Calculator for the Significance of Mediation. Based on the test results, it could be seen that the value of t count= 2.455 was greater than t table with significance level of 0.05 was equal to 1,970, so it can be concluded that the twotailed probability of 0.014 < 0.05, which means there was the effect of mediation.

From those results, it can be concluded that knowledge level affects the PUS participation and influence indirectly through motivation on PUS participation.

Motivation was able to mediate the Effect of Socioeconomic Status on PUS Participation

The testing of knowledge level effect through motivation towards participation of PUS was a test of indirect effect. The testing of indirect effect used Path Analysis. Effect of mediation was shown by the multiplication coefficient (P4 x P5) of 0.032, to indicate it was significant or not, it was tested with Sobel test which used online statistical calculator, which was Sobel Test Calculator for the Significance of Mediation. Based on the test results, it can be known because of the value of t count = 2.414 was greater than t table with significance level of 0.05 was 1,970, so it can be concluded that the two-tailed probability of 0.015 < 0.05 was significant which means there was a mediating effect.

From those results, it can be concluded that socioeconomic status affects the PUS participation and influence indirectly through motivation towards participation of PUS.

DISCUSSION

The participation of society in family planning programs including (Muhammad Febriansyah, 2015: 880-882): (a) Community interest, Community participation in development was interpreted as public support with the size of public willingness to bear the development costs in the form of cash or labor. Things which affecting communities who have an interest in family planning programs, were the officers (Extension of KB).

The public interest was required every time, due to the success of family planning programs was depend heavily on community participation. In order to make public reduce the number of births and arrange the birth spacing. While society or the mother in 40 days after maternity or childbirth, they need to adjust the space of first, second and the next pregnancy, and also to carry out the BKKBN program with the slogan "two children are enough" so that the children could be learned maximally until adults, so that human resources are also developing well. (b) Community liveliness is the community activity or bustle.

The activity level which intended was the level of community participation activities or the bustle of the cadre of family planning programs. KB active cadres were cadre who was vigorous and diligent in make efforts or work. Moreover, the society's activeness in family planning programs was the activity or bustle of KB cadres. Health of the cadre was the manifestation of active participation of community in integrated services, which also known as the village health promoters who was elected by local people voluntarily to participate in the development of public health.

The active society who involved in running family planning program was exist, but the lack of the cadres' knowledge of the family planning program, make cadres could not take an action to the objectives of the program. So it can be said that the cadres could not directing the public due to the lack of knowledge. This makes community participation was still low. The society was so active in using contraceptives such as IUDs, implants, pills, syringes and other contraceptives. The availability of family planning programs to reduce the number of children birth and the birth spacing, and it was the aim of family planning programs.

Community contribution can improve family health because it provides sufficient time to restore his health after giving birth and raising children. The society was checked by doctor or midwife regularly to determine the condition of the family planning program that followed and controlling the womb condition. Whether in the use of contraceptives or other family planning program activities; in the use of contraceptive can come directly and use contraception at clinics or health centers. After giving birth to the first child and wedding ceremony, as a way to delay the birth or birth spacing.

Community participation is necessary to reduce the number of births and birth spacing. Most of the people questioned about the function of the tools of family planning. Because people still did not understand the mechanism, the preparatory phase, the phase of the service, as well as post-implementation phase and attempts to prevent pregnancy. Contributions from the community was also needed as volunteers in carrying out the family planning program, contributions can be given in several fields that help people's mindset, energy, financial and others. Community contribution is a donation, sponsorship or support to some activities.

The research results of Kurnia, et al (2008) showed that the PUS knowledge about family planning based on age, education level and occupation affects the low participation of PUS to KB. Factors which can affect the PUS to follow KB include: (a) Knowledge. Knowledge is the result of "know" and this occurs after a person performs sensing to a particular object. Knowledge is a very important determinant for the formation of a person's actions. Knowledge can also form a certain belief that someone is behaving in accordance that belief. Knowledge of a person is usually influenced by the experience of both information from the mass media, friends or leaflet.

In the study of Kusumaningrum (2009: 49) knowledge can affect a person's to follow KB and the low knowledge can make a person did not want to use KB, (b) Level of education. Education is one that can influence knowledge and attitudes towards contraception methods. Highly educated people will respond more rational than those who less educated, more creative and more able to adjust themselves to social change.

According to Imam Shofwan and Sodiq Aziz (2014: 51) Education is the most strategic element for the development of a nation. The role of education will affect their human resources in quality and quantity, so as to improve the welfare and prosperity of people in a country and ultimately elevate and dignity of the nation itself. A nation or state can be said to be increasingly developed and improved, when in the construction of education field it is given the fullest attention with efforts to provide facilities, equipment and infrastructure to fulfill the education of the community. The most effective efforts in overcoming the limitations of the ability of people which are ready to participate in the development process are through the role of education.

According to the theory of Lawrence Green

(ilmukesehatanreproduksi.blogspot.co.id) the person's behavior to use contraception by Precede factors are Predisposing, Enabling, Reinforcing, where one factor of Predisposing is education. (c) Economic factors. Economy is daily needs which is required by humans, in doing daily activities, humans have to require a tool to get a desire, a tool that comes from the the economy state of that person, a person who has less or low economically is difficult to have the tools to achieve that desire. (d) Age factor, Age of a person in a marriage can affect family life.

Matured age will provide comfortability in taking a decision and resolving problems. It also affects the selection of KB acceptors, matured age will be easy to choose a good contraceptive.

Effect of Knowledge level on PUS Motivation

According to the analysis results of Destyowati Mita (2011: 37) which stated that there is a relationship between the knowledge level of mothers about IUD with an interest in the use of IUD Contraception in Harjobinangun, Grabak, Purworejo. Knowledge of the IUD affects the mindset of mother in choosing contraception the accordance with the conditions and needs, and one reflection can be in form of the interest in the use of IU.

The results of the analysis according to a research conducted by Rozi (2017: 414) stated that it was obtained p = 0.000 which means that there is a relationship between the level of knowledge on the motivation of male contraception use in Mulyorejo, Ngantang, Malang. Based on the results of cross tabulations, the relationship off knowledge level on the motivation of men contraceptive use in Mulyorejo, Ngantang was 49 people (54.4%) the less of knowledge make 31 people (34.4%) less motivation in men of PUS. The less of knowledge level will affect the drive and motivation to become men KB acceptors. The better a person's knowledge, then it will be better the motivation to become KB acceptors man.

Results showed that the level of knowledge affect the motivation of Couple in Reproductive Age in Juwiring, Klaten significantly. Couples of Reproductive Age in Juwiring has an average of 2 children, this awareness was good enough in Family Planning (KB). Their knowledge to delay pregnancy or birth spacing due to the motivation of themselves and the surrounding environment (in this case the husband, family, neighbors, midwives, family planning officer) to implement the family planning program. External motivation derived from Cadre of KB, community leaders, religious leaders.

Effect of Socioeconomic Status on PUS Motivation

Social economy was everything related to community needs for clothing, food, housing, education, health and others. The fulfillment of the requirements related to income. It is adapted to the research to be conducted. To see the state of socioeconomic Melly G Tan said employment, education and income. Based on those, the communities can be divided into high and low socioeconomic status (Koentjaraningrat, 1981: 35)

Analysis results of Endang Edy Rahayu (2009: 64) stated that Variable outpouring of hours of work, socio-economic status, and age at first marriage have a significant impact on the number of children desired by couples of reproductive age (PUS) work.

Results showed that the socioeconomic status significantly affect the motivation of Couples of Reproductive Age participation in family planning in Juwiring, Klaten. Couples of Reproductive Age did not want to be burdened with the expensive education cost, rising household needs, parenting in families so that they have the motivation to join KB for their future planning. As well as PUS which limited the birth spacing, they can customize it with their socioeconomic conditions well.

Effect of Knowledge level on PUS Participation

According to the analysis results of Aprilianto Suminar (2016: 7), there was a significant relationship between knowledge about family planning to the activeness of KB participant. In which, the respondents in low category knowledge about family planning (KB) was more inactive, while the mother whose in good category of knowledge was more active. These results indicate that the mother whose low knowledge of KB tend to be inactive, while respondents which have high knowledge of KB tend to be active.

According to the research results of Rosmadewi (2015: 22), it found that from the 118 respondents who had high knowledge, 77 respondents (65.3%)of them used a long term contraceptives. While the 257 respondents who had low knowledge, 92 respondents (35.8%) of them used long-term contraceptives. It was obtained statistically that p value was 0.009, so the p value < (0.05), it means statistically there was no significant relationship between knowledge with the use of long-term contraceptives in the Regional Health Center of Sekampung, East Lampung in 2012.

Results showed that knowledge level had significant effect on the participation of couples of reproductive age (PUS) in Juwiring, Klaten. The knowledge level of Couple of Reproductive Age in Juwiring about Long Term Contraception Method (MKJP) was still low, because the PUS feel scared or uncomfortable so they did not want to participate in KB. In contrast to the shortterm KB that was dominant to be used by PUS because of practical reason; even though there were some side effects. Their participation was more increase in the shortterm contraception method.

Effect of Socioeconomic Status on PUS Participation

According to the analysis results of Rosmadewi (2015: 22-23) which stated that according to the researchers, economic level affected on the search of public health care, where families with low economic level had limitations in the contraceptives choice, especially long-term contraceptives because their income was just enough to meet the needs of daily living.

The analysis result of Rafika, et al (2015: 68-69) showed that economic status affected the level of participation as KB acceptors, the middle-high socioeconomic status showed a higher participation rate than the middle-low socioeconomic status. So, there were differences in the level of participation as KB acceptors by middle-high socioeconomic status and middle-low socioeconomic status.

Results showed that socioeconomic status affected the participation of couples of reproductive age (PUS) significantly, in family planning in Juwiring, Klaten. Socioeconomic status which included factors level of education, occupation, income and economic activities affecting PUS participation in Juwiring. The income aspect, such as spending on KB injecting (one or three months) made inefficient, spent cost, so it can make less participation of PUS. In contrast if PUS used long-term contraceptives, it would be more effective in cost and time, with the use period of contraceptives 3-5 years.

Motivation was able to mediate the Effect of Knowledge level on PUS Participation

Results showed that the knowledge level was also significantly affected to motivation. The better of knowledge level implemented, it would improve motivation. Motivation variables significantly influence couple of reproductive age participation in family planning in Juwiring, Klaten.

Good knowledge level was equipment, implementation and family planning purposes. If motivation increased, the PUS participation tend to be increase, so as the knowledge level increased an early age couples participation in family planning. Thus, the motivation made a positive contribution towards participation.

Motivation was able to mediate the Effect of Socioeconomic Status on PUS Participation

According to Fitra, et al (2013: 121-122) factors in the choice of contraceptive were, costs, and socio-cultural factors. Similarly, the factors that influence on the choice of contraceptive methods, according to WHO (1994) were individual factors including age, young age, economic factors and the ease of acquiring and cultural factors. Factors which influence the choice of contraception were factors associated with age of the couple, number of family desired, factors of contraceptive methods which associated with minor side effects, loss, potential complications, and costs.

Results showed that the motivation was able to mediate Effect of Socioeconomic Status to PUS Participation. Couples of Reproductive Age in Juwiring with better socio-economic conditions were assumed would provide positive support which marked by the participation of KB.

CONCLUSION

Based on the results of research on motivation as mediation variables in the effect of knowledge level and socioeconomic status to couple of reproductive age participation in family planning in Juwiring, Klaten, can be concluded as follows:

Knowledge level significantly affect the motivation of couple of reproductive age in Juwiring, Klaten by 26.10%.

Socioeconomic status significantly affect the motivation of couples of reproductive age participation in family planning in Juwiring, Klaten of 24.10%.

The knowledge level significantly influence the participation of couples of reproductive age (PUS) in of Juwiring, Klaten by 67%.

Socio-economic status affects the participation of couples of reproductive age (PUS) significantly, in family planning in Juwiring, Klaten of 19.60%.

Motivation mediate the effect of the knowledge level on the participation of couples of reproductive age in family planning.

Motivation mediate the effect of Socio-Economic Status to the Participation of young age couples in family planning.

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