

COMMUNITY BEHAVIOR IN FAMILY PLANNING WITH CONTRACEPTIVE METHOD IN SLUM, DENSELY, AND POOR POPULATED AREAS IN JAKARTA

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ABSTRACT

The aim of this research was to measure whether there was a relationship of knowledge, feelings or affection, and behavior towards family planning with Long Term Contraceptive Method (LTCM) and the practice of Family Planning and Small Family Happy Prosperous Norm (SFHPN). The method used in this research was the quantitative approach with 1501 respondents that comprised of Eligible Couple that aged 15-49 years. The findings of this study are as many as 62,9% respondents use modern contraceptives, and 39,7% from the total of participants use LTCM. Then 75% of respondents want to use LTCM in the future. Family Planning Behavior has the significant relation to Family Planning Attitude. Considerable influence attitude towards practice SFHPN is low. Likewise, attitude towards practice LTCM is still low, and the attitude towards LTCM to practice SFHPN is also still low. The recommendations need to increase of communication, information, and education to Eligible Couples (Elco) on feeling safe and comfortable to use contraception LTCM. Recommendation from analysis and result is expected to be input into strategies and policies on education related to the cultivation of the National Family Planning program in Jakarta.

Keywords: community behavior, family planning, contraceptive method

INTRODUCTION

Achievement of family planning programs in Jakarta based on International Demography and Population Survey Indonesia (IDHS) in 2012, has decreased from Family Planning Acceptors/Total Eligible Couples 63,2% in 2002/2003 to 57,3% in 2012. Similarly IDHS TFR (*Total Fertility Rate*) from 2:10 goes up to 2:30 children (IDHS, 2012). Whereas it is important that TFR maintained at 2:10 and still need to be lowered again as expected in 2013-1017 Medium Term Development Plan Capital Jakarta. Similarly, Family Planning active participants need to be increased from 60% of the total Eligible Couples (Elco) in particular total or the proportion of contraceptive users who have the use of a longer survival. TFR is *Total Fertility Rate* or total fertility rate children of married women's average age of 15-49 during her reproductive life, as measured per age group or *Age Specific Fertility Rate* (ASFR). It shows ASFR development and the TFR from 1991 to 2012. The International Demographic and Health Survey results can be seen in Table 1.

Tabel 1 Trends in Fertility Rates

ASFR and TFR married women aged 15-49 for a period of three years prior to the survey Jakarta IDHS 1991-2012						
Age child birth	IDHS 1991	IDHS 1994	IDHS 1997	IDHS 2002-2003	IDHS 2007	IDHS 2012
16-19	-	25	24	-	14	20
20-24	-	97	98	-	97	106
25-29	-	117	125	-	128	133
30-34	-	89	96	-	96	105
35-39	-	42	43	-	65	63
40-44	-	10	15	-	19	10
45-49		2	5	-	-	2
TFR 15-49	2:14	1.90	2:04	2:20	2:10	2:30

Note: the period 1-36 months prior to the interview, ASFR is per 1000 women

Source: CSA et al., 1992, CSA et al., 1994, CSA et al., 1998, CSA et al., 2003, CSA et al., 2008, CSA et al., 2012

Indication during the last two decades is still low of the achievement Family Planning Program in Jakarta especially slum areas, densely populated and thus poor. So far there is only the assumption that the awareness and participation in Family Planning families that living in a residential area of fixed and arranged is higher than those who live in neighborhood dirty, crowded and poor.

The percentage of the poor is 3,07% from 9.991.788 inhabitants of Jakarta population according to the Central Statistics Agencies 2012 (unpublished) so that the proportion of poor people still need to be assessed against the low achievement of the Family Planning program or Active Family Planning/Total Eligible Couples (AFP/TEC). Jakarta population growth rate in 2000-2010 is 1,4% per year and it goes up dramatically from 1990-2000 amounted to only 0,78%, which is thought to increase in-migration is heavily influenced (Source: Central Agency Statistics). The trend of a crude birth rate in Jakarta 1991-2012 by IDHS has decreased without ignoring the various factors and the influence of contributor to rising TFR allegedly. It is because the proportion of active Family Planning participants towards Eligible Couples (Elco) and continuity of using the contraceptive is decreased. The state achievement of the active Family Planning participants and TFR 1991-1997 IDHS results Jakarta had simulated if it is to achieve the TFR under 2. It should be able to seek survival rate of contraceptive use is high and AFP/TEC above 60%. But the last decade (IDHS 2002-2012) can be seen in Table 2 that the proportion of use contraceptive is actually decreased below 60% so that the TFR actually increases from 2:10 to 2:30. If the percent of AFP/TEC needs to be improved by intensifying the achievement of a new planning participants to target unmet need or eligible couple who want family planning but have not received the service (do not want more children, child spacing, etc.). The description of the development trend in using of tool or contraception in IDHS 1991-2012 as presented in Table 2.

Table 2 Trends in use of the tool/method on Family Planning in Jakarta at 1991-2012

The percentage of married women aged 15-49 years who currently use contraception survey certain way.						
Tools / method of KB	IDHS 1991	IDHS 1994	IDHS 1997	IDHS 2002-2003	IDHS 2007	IDHS 2012
A Way						
Modern ways:						
Pill	56,0	59,7	58,9	63,2	60,1	57,3
IUD	11,9	14,5	13,8	12,6	13,8	13,0
Injectable	17,5	12,4	10,8	10,0	6,5	6,2
Condom	12,7	19,0	22,2	27,5	27,2	26,4
Implant	2,4	1,9	2,0	3,1	3,6	2,8
Female Sterilization	1,4	1,2	0,8	1,4	2,1	1,4
Male Sterilization	5,5	5,7	4,2	2,8	2,7	3,6
Traditional ways:						
Periodic Abstinence	0,4	0,0	0,1	0,1	0,4	-
Withdrawal sex	2,3	2,8	2,9	3,5	2,2	2,0
Other	0,9	0,7	0,9	1,4	1,4	1,8
Number of women	973	1,140	1,043	919	1,352	1,261

Note: the period 1-36 months prior to the interview, ASFR is per 1000 women
Source: CSA et al., 1992, CSA et al., 1994, CSA et al., 1998, CSA et al., 2003, CSA et al., 2008, CSA et al., 2012

Based on Table 1, we see at the last IDHS 2012 (IDHS periodically four years) that the prevalence of active Family Planning to total Elco is only 57,3%. And if only counting with modern methods, it is only 53,4% of which only 11,2% of the long-term contraceptive methods that IUD = 13,0%, Implant = 1,4%, Sterilization of Women or Women's Medical Operations = 3,6%. To maintain the birth rate Children Total Average Woman Married required the proportion of participants of Active FP least 60% from the total Elco is there, with survival figures the using of contraception (continuation rate/CR) close to 1 (one) issue. Next is how susceptible contraceptive users Non -LTM (Pil, condoms, Injection) especially in the traditional method to discipline the use of contraceptives continuously for over a year without a drop out (suspended). That is why the numbers CR Non-LTM only ranged from 0,500 to 0,600; it means only able to provide protection an average of between 0,550 and only suitable for space and delay pregnancy or contraception between. If already sure to not get pregnant again or the realization of the ideal number of children has been reached, it is advisable to use one of the methods LTM.

To consolidate and intensify the family planning program in Jakarta in the future, it needs to be clarified through research is important proved whether people and families in slums, congested and the poor are less concerned about the FP and Small Family Happy Prosperous Norm/SFHPN? Thus Implementation of Regional Work Units/IRWU concerned can formulate a better strategy, more systematic, more rational approach to the selection of strategic activities (Fred, 2011).

The problem that needs to be analyzed is that participation FP (LTCM), and Family Planning Attitude, Small Family Happy Prosperous Norm (SFHPN) behavior of family their still living in slum locations, poor and densely populated in Jakarta is still low. This study aims to determine the proportion of family planning practices and behavior (LTCM) and SFHPN of families in the slum area, densely and poor. We can know the practices from how much proportion of FP participant for each category. The result this study in the form of recommendations to Regional Work Unit to be considered as the input in the cultivation of strategy and policy of family planning and reproductive health programs in Jakarta. The expected impact is an increase in the proportion of active family planning participants to the Total Elco in the area of research, especially for Family Welfare and Family Welfare Pre-I (Poor). Family planning for poor families is prioritized gain access poverty

alleviation through economic empowerment and family planning participants that expected to the implemented area in Jakarta (Simanjuntak & Sunny, 2012).

A better use of family planning could reduce many of these mistimed and unplanned pregnancies, while at the same time it could reduce the number of unsafe abortions as well as the mortality related to childbirth (Campbell & Graham, 2006). The World Health Organization (WHO) has reported that in 2012, there are 287.000 maternal deaths occurred in 2010; sub-Saharan Africa (56%) and Southern Asia (29%) accounted for the global burden of maternal deaths (WHO, 2012). Indonesian target MDGs 2015 is 102 immortality per 100.000 child birth, but Indonesian Demographic and Health Survey as a part of International Demography and Health Survey 2012 amount 359 per 100.000 child birth. On the other hand, couples have a right to choose and decide upon the number of children they desire. This means that both partners have the right to be involved in fertility matters and as such husbands play a crucial role in fertility decision-making in most of the world (Becker, 1999). Men's fertility preferences and attitudes towards family planning seem to influence their wives attitudes towards the use of modern contraceptives (Levy, 2008). Therefore, programs that attempt to promote reproductive health through increasing the use of modern contraceptives need to target men specifically at all levels of the program. Similar research indicates that women's feelings about their partners and about involving men in contraceptive and reproductive decisions must always be taken into account (Levy, 2008).

Previous studies indicated that acceptance of children as God's will, attitudes towards preventing pregnancy, knowledge on different method choice and the understanding of the side effects of different methods are among the factors related to contraceptive use (Frost, Singh, & Finer, 2007). Moreover, studies on perception of spousal approval and opposition from husbands are positively associated with low contraceptive use (Kulczycki, 2008). Ability of a woman to start a successful, continuous and appropriate contraceptive method is influenced by many different factors; for example the access to the health care, community, cultural attitudes and personal attitude can all be considered as obstacles to applying correct use and effective method of the women to family planning objectives (Singh, Frost, Jordan, Wells, 2009). Beekle in a study on awareness and determinants of family planning practice has shown that knowledge and access to the services alone could not be adequate for acceptance of contraceptive devices. Furthermore, in developing countries, where women are dependent upon old traditions and social constraints, knowledge and awareness about family planning acceptance would not be the only decisive factor as well as the reduction in reproductivity rate (Beekle & McCabe, 2006). A study in the United States shows that there are a series of complicated factors for non-use or ineffective use of contraceptive methods among Hispanic women. Although economic factors and access to the health care are important factors, it has been proven that knowledge, attitude, and cultural values impact on reproductivity behavior (Sangi-Haghpeykar, Ali, Posner, Poindexter, 2006). Ozgoli et al. also in their study shows that the proponents of vasectomy start sterilization with poor awareness and positive attitude and eligible individuals that did not undergo it with neutral attitude (Ozgoli, Ahmadi, Goli, Akbarzadeh Baghban, 2004). Provided with being aware of people's attitudes, their behavior would be predicted and be controlled, and as we all know, predicting and controlling the behaviors is of high importance for many people like community health practitioners (Karimi Y. Tehran, Virayesh, 1998).

METHODS

This research is quantitative data collection using the closed questionnaire. Data are analyzed by cross tabulation to determine the frequency distribution of respondents, and the participation of family planning. Additionally, it will be done the analysis of the relationship between the dependent and independent variables concerning birth control stance, attitude and practice of SFHPN and LTCM.

Quantitative research conducted in Jakarta to investigate the independent variable of the role of the Relationship Manager or Executive FP Program, availability of extension workers and cadres as well as the readiness of the means of family planning services to the dependent variable. Namely the interaction of the managers/implementers FP and then to the achievement of family planning programs in Jakarta. We conclude that there is the influence a significant relationship simultaneously between the role of managing or implementing family planning programs and Readiness means of family planning services. The interaction (James. M. Henslin, 2002) between managers and implementers and further to the success of family planning programs in Jakarta based on quantitative data processing results with the regression equation interpretation LISREL output (Simanjuntak & Sarjono, 2013).

This study starts from the hypothesis: $H_0 \neq H_a$, and H_0 stated that there is no relationship between variables, and if proven to be statistically significant relationship will be declared as H_a accepted. If there is a relationship between variables, further analyzed of the meaning relationship in the behavior and attitude of birth, the attitude of LTCM and practice SFHPN are the couple is living at the location of slums area, congested and poor.

The relationship between variables in question is between variables FP information, FP knowledge, FP feelings, FP behavior, attitudes, and practices Small Family Happy Prosperous Norm (SFHPN), Family Planning of the couple that living in slum dense and poor locations. The same is applied to determine the relationship between independent and dependent variables LTCM Knowledge, LTCM Feelings, Behavior LTCM, LTCM attitude. The research location is in the region of Jakarta, which the data collection is in 75 villages at the slum location, poor, and densely populated. According to BPS (Badan Pusat Statistik/Central Bureau of Statistic) data sources, Jakarta is representative at 2011. The sample year is the wife of couples reproductive (Elco) that aged around 15-49 years by 1501. This survey sampling with proportional cluster technique takes a sample of a population group that has same characteristics of every location previously designated as Sub-Village research. Proportionally, it is taking one location called *Rukun Tetangga* that is a group of 50 to 100 household at slum village in the Region Municipal/District Administration. Cluster sampling technique that chose is not based on the individual, but rather is based on the group, area, or group of subjects that naturally come together. By using this cluster technique, it can save costs and effort in meeting the respondents who are the subject or object of the survey. Total sample of this study is 1501 respondents from the group of household at slum, poor, and densely populated of the 75 urban villages in Jakarta. Questionnaire is a guide for the interviewer and respondents who will answer the question. This study aims to examine the relationship between variables of information, knowledge, feelings and behavior towards of couple, family planning attitudes, and practices SFHPN respectively to two different groups. The same is done for the LTCM knowledge, feelings LTCM, behavior, the attitudes and practices SFHPN, LTCM. Figure 1 shows framework of this research modification model.

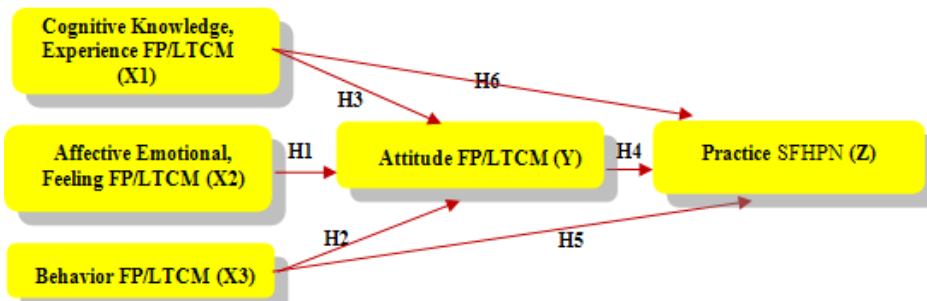


Figure 1 Framework of Research Modification Model

The model at Figure above is modification model from Fishbein and Ajzen model as a scheme of the relationship of knowledge, attitude, intention and behavior (Fishbein & Ajzen, 2010). The attitude that we take as the dependent variable, the other side attitude and behavior as the independent variable to the dependent variable practice of SFHPN.

RESULTS AND DISCUSSIONS

Respondents in this study are aged 15-49 years by Elco with 1.501 respondents. There is a total of 17 respondents or 1.1 percent of EFA, who are aged under 20 years. Most respondents are of the Elco group 30-39 years as many as 678 or as much as 45,2 percent, followed by 20-29 year Elco as 473 or 29,1%, as shown in Table 3.

Table 3 Education of Eligible Couple Respondents by Age Group

		Education				Total	
		Primary /Elementry School	Midle-High School	Hight School	Bachelor		
Elco age group(Year)	< 20	Count	4	9	4	0	17
		% Of Total	0,3%	0,6%	0,3%	0,0%	1,1%
20-29	Count	56	162	206	13	437	
		% Of Total	3,7%	10,8%	13,7%	0,9%	29,1%
30-39	Count	125	191	328	34	678	
		% Of Total	8,3%	12,7%	21,9%	2,3%	45,2%
40-49	Count	93	111	151	14	369	
		% Of Total	6,2%	7,4%	10,1%	0,9%	24,6%
Total		Count	278	473	689	61	1501
		% Of Total	18,5%	31,5%	45,9%	4,1%	100,0%

When it is viewed from education's respondents, most of them are pass the high school education as much as 689 or 45%, some of them are not graduate or complete primary school by 18,5% and educated scholar of 4,1%. Based on data collected as many as 944 or 62,9% of the respondents who are actively using one way or modern methods of family planning, and the remaining 557 or 37,1% are not taking part of family planning. FP participants who use LTCM (implants, IUDs, MOP/MOW) as many as 374, or 24,1% and simple contraceptive users or non-LTCM (pills, injections, and condoms) have amounted to 38,8%. The data shows that the planning participants who use non-LTCM are still dominant, even so, that the percentage of use of LTCM is much larger than surveys that have been done by Indonesia Demographic and Health Survey, which are not separated by a densely populated slum arranged area. The complete data patterns of family planning in poor densely populated slums in Jakarta are presented in Table 4.

Table 4 Number and Percentage of Eligible Couple Respondents, Active FP, and Not User / Not Active Family Planning Method that is Being Used

			FP Method						Total	
			Not Active FP	Pill	Injectable	Condom	Implants	IUD		
FP	FP	Count	0	132	422	16	120	178	76	944
		% Of Total	0,0%	8,8%	28,1%	1,1%	8,0%	11,9%	5,1%	
Non-Active FP	Active FP	Count	557	0	0	0	0	0	0	557
		% Of Total	37,1%	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%	
Total		Count	557	132	422	16	120	178	76	1501
		% Of Total	37,1%	8,8%	28,1%	1,1%	8,0%	11,9%	5,1%	

Signaled the use of LTCM in slum areas Signaled the use of LTCM in slum areas, densely populated, and poor is still lower than with the use of Non-LTM, but the distribution of users across the region including the LTCM orderly environment also needs to be taken into account. Long-term use of contraception method (LTCM) is Implant as much as 8%, Intra Uterine devise (IUD) or an intrauterine device (IUD) of 11,9% and Operation Method for Man (Vasectomy) and Operation Methods for Women (Tubectomy) of 5,1% then the total users of LTCM. While the use Non-LTCM of contraceptives like Injectable is dominated at 28,1%, followed by 8,8% use of pills and condoms are 1,1% of the total respondents of this survey. Table 5 shows the participants of family planning according to the method or means used.

Table 5 Participants of Family Planning According to the Method / Means Used

	FP Method						Total
	Pill	Injectable	Condom	Implant	IUD	MOP / MOW	
Count	132	422	16	120	178	76	944
% Of Total	13,9%	44,7%	1,7%	12,7%	18,8%	8%	100%

If the calculation of Family Planning is separated from total respondents, as would normally be the most visible proportion of usage each way/method of Family Planning. A total of 422 or 44,77% of the participants of Family Planning to use injections and pills are 132 or 13,9%, condoms are only 16 or 1,7%, Non-LTCM is 60,3%, while LTCM has amounted to only 39,7% that is higher than the proportion of LTCM IDHS 1991 by 25%. It is much higher than the IDHS in 2012, which only amounted to 11,2% at Jakarta area evenly. It is not separated use of the methods of operation between men and women, which amount is not far away from the use of condoms by 1,7%. The participation of men in using one of the ways/methods of Family Planning is still low.

The weaknesses and shortcomings of Non-LTCM among others that the users forget to take the pill, forget to wear a condom, forget to obtain repeat injection. It is considered that the continuity of the use of the third method is lower than LTCM because the user of LTCM should never forget without fear of getting pregnant again. It has often been pointed out that in terms of cost of use contraceptive Non-LTCM is more expensive in the long run than LTCM unless the government gives subsidies on contraceptive services. Subsidies have been offered since the beginning of the Family Planning program launched in Indonesia (1970), except for those that are considered to be independent and able to acquire its services.

This statement is a suggestion thrown interviewer spontaneously to all respondents before entering a question concerning cognition, affect, behavior, and attitude respondent to Family Planning and LTCM. Answer this statement yes or no are also spontaneously answered the respondents who knew, and the reaction of some of the respondents who do not know the shorthand term is certainly asked back to the interviewer and explain what tools/methods LTCM, and interviewer simply replied: Implants, IUD and the MOP/MOP. Special MOP/MOW often known as Vasectomy and Tubectomy or terms/other names in the local understanding of the meaning similar to the way or method of contraception LTCM. The proportion of respondents that stated yes is 75%, which is almost evenly from all age groups between 13% up to 17% of the total respondents. It is the contrast to stating no smaller at 25% and almost evenly from all age groups.

All the test related to data, variable survey FP Behavior LTCM in the slum area, densely population, and poor in Jakarta are using test parametric measurement range interval, ratio, and analysis that matches the parametric analysis. It begins with test data regarding the reliability, normality, validity, homogeneity, and then made T-Test, Fisher (F) Test, ANOVA, Correlation (Pearson, Spearman, and Kendall), Multiple Correlation, Regression (Multiple Regression proceed by SPSS.20). This survey data collection is not only concerned about the accuracy and precision in catching qualitative answers, then respondents qualitative instrument is then poured into quantitative data that according to measurement Likert scale (1-5).

The validity of the data matches with procedures, and it is declared 100% valid, as many as 1501 respondents. Nothing is erased through the process of using listwise because its validity is correct. Then, Table 6 shows the test of reliability data that contained in the variables, such as Family Planning information, Family Planning Knowledge, Family Planning Feeling, Family Planning Behavior, Family Planning Attitude, and Practice of SFHPN with Test Lamda. It is declared that reliable or unrealistic all of the variable data is above the value 0,500 until close to 1 as shown in Table 6.

Table 6 Reality Testing Data

Reliability Statistics		
Lambda	1 FP Information	0,695
	2 FP Knowledge	0,838
	3 FP Feelings	0,834
	4 FP Behavior	0,781
	5 FP Attitudes	0,816
	6 SFHPN Practice	0,825
N of Items		6

All variables of Family Planning and SFHPN practice are tested whether all the variables X and Y, in this case, are the independent variables FP Information, FP Knowledge, FP feeling as a variable X1, X2, and X3 in the equation FP first with the dependent variable Y FP Behavior, and in turn FP Behavior becomes independent variables with the dependent variable Y X4 FP Practice. To be tested is whether all the data of each of these variables does have a normal distribution or not. This process is carried out from the class interval, range, long-classes (data) in this case the 1501 data, determination of the average (mean), standard deviation, frequency list, then look for the results of Chi-Square and comparing the results (χ^2 count) with (χ^2 table), for all the variables X and Y. After going through the computing process, it is obtained significant asymptotic 0,000 for all variables. Then $\alpha = 0,01\%$ (0.000) has obtained the results of at least 5 frequency distributions, each of which has a minimum value of 300,2 is the result for 1501: 5 variable = 300,2, as presented in Table 7.

Table 7 Table Normality Test FP Variables

Test Statistics					
	Information FP	Knowledge FP	Feeling FP	Behaviour FP	Practice SFHPN
Chi-Square	1220,556 ^A	1213,367 ^A	1270,203 ^A	1290,789 ^A	1360,156 ^A
df	4	4	4	4	4
Asymp. Sig.	0,000	0,000	0,000	0,000	0,000
Monte Carlo Sig.	Sig. 99% Confidence Interval	Lower Bound Upper Bound	0,000 ^B 0,000 0,003	0,000 ^B 0,000 0,003	0,000 ^B 0,000 0,003

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 300.2.

b. Based on 1501 sampled 334 431 365 tables with seed starting.

Tests *Chi-Square Monte Carlo* shows that the test results are significant (0,000) at 99% degree of confidence $\alpha = 0,01\%$. Then comparing the count $X\hat{\chi}^2$ with $X\hat{\chi}^2$ table at $df = 4$, then for variable information obtains 1220,556 FP Information $X\hat{\chi}^2$ count 1220,556 X^2 counts $\geq X^2$ 13,277 table, it means that the data distribution is not normal. Some data variables have normal of data distribution, while the other variables have not normal data distribution because there have deviated to the left, and there has deviated to the right. From hypothesis test summary table is stated in addition to the data are not homogeneous due to significant $< 0,05$. Based on the independent sample analysis testing, the hypothesis that has the independent variable of LTCM Knowledge, LTCM Behavior has expressed significant homogeneity with Dependent Variable Attitude LTCM as significant p values $> 0,05\%$, the H_0 accepted the decision variables has a normal distribution. That variable gets rejected because the LTCM significant $< 0,05$, then the variable is declared not to have homogeneity with Attitude dependent variable of FP.

Correlation or relationship between variables FP Information, FP Knowledge, FP Feelings, Behavior, and Attitudes needs to be examined whether the relationship between variables is significant, with test correlation *Pearson*, *Kendall* and *Spearman*. Hypothesis analysis of this relationship is still referring to the common definition: If H_0 stating there is no relationship between certain variables with other variables hence H_0 refused and H_1 accepted, and vice versa if it turns out that there is a relationship, and the relationship is found to be significant ($p = 0,00$), then H_0 is rejected and H_1 accepted. Then whether it is meaningful relationship depends percentage generated, if it is getting close to 1 (one) is said to be significant or strong connection to each other. Tabel 8 is the result of data processing IBM SPSS v.20.

Table 8 Pearson Correlations

		FP Information	FP Knowledge	FP Feeling	FP Behavior	FP Attitude
FP Information	Pearson Correlation	1	0,564**	0,323**	0,439**	0,351**
	Sig. (2-tailed)		0,000	0,000	0,000	0,000
	N	1501	1501	1501	1501	1501
FP Knowledge	Pearson Correlation	0,564**	1	0,439**	0,472**	0,403**
	Sig. (2-tailed)	0,000		0,000	0,000	0,000
	N	1501	1501	1501	1501	1501
FP Feeling	Pearson Correlation	0,323**	0,439**	1	0,427**	0,378**
	Sig. (2-tailed)	0,000	0,000		0,000	0,000
	N	1501	1501	1501	1501	1501

Table 8 Pearson Correlations (continued)

		FP Information	FP Knowledge	FP Feeling	FP Behavior	FP Attitude
FP Behavior	Pearson Correlation	0,439**	0,472**	0,427**	1	0,631**
	Sig. (2-tailed)	0,000	0,000	0,000		0,000
	N	1501	1501	1501	1501	1501
FB Attitude	Pearson Correlation	0,351**	0,403**	0,378**	0,631**	1
	Sig. (2-tailed)	0,000	0,000	0,000	0,000	
	N	1501	1501	1501	1501	1501

**. Correlation is significant at the 0:01 level (2-tailed).

Proceed by IBM SPSS v.20

Based on Table 8, the relationships between all the variables declare significant at 0:01% level (2-tailed) that means there is a relationship between variables, so H_0 is refused and H_1 is accepted. Pearson Correlation between the relationship and these variables is a fairly strong relationship. Variables of FP Knowledge with FP Information for 0,564 and the relationship with FP Attitude and FP Behavior of 0,631. The relation among other variables declare indeed significant, but that relationship is weak or is under 0,500, because if new closer 1 is expressed strongly.

Multiple linear regression tests also starts from the hypothesis that says H_0 has no significant correlation independent variables with the dependent variable and vice versa if there is a relationship of linearity states that H_a accepted that there is a connection. Testing the linearity between the dependent variable and independent variables that will be used in the regression equation with the following formula:

$$Y = a + b_1x_1 + b_2x_2 + b_3x_3 + \dots + b_nx_n \quad (1)$$

There are as many as four equations to be presented in this analysis, namely: 1). FP Attitude (Dependent Variable) with FP Environmental Information, FP Knowledge, FP Feelings and FP Behavior as Independent Variable. 2). Practice SFHPN (Dependent Variable) with the Environmental FB Information, FB Knowledge, FB Feeling, FB Behavior and FP Attitudes as Independent Variable. 3). Attitude LTCM (Dependent Variable) with LTCM knowledge, feelings and LTCM behavior as Independent Variable. 4). Practice SFHPN (Dependent Variable) with LTCM Knowledge, LTM Feelings, LTCM Behavior and LTCM Attitudes as Independent Variable.

Linear regression equation and simultaneously obtain Correlation Coefficient (*Correlation Coefficients*) also explain the relationship between the linearity of each independent variable FP Information, FP Feelings, FP Behavior attitude on the dependent variable. Based on the hypothesis H_0 reveals no linear relationship between the independent variables with the dependent variable that is not proven, then H_a is accepted by the statement that there is a relationship between the variables of linearity that presented in Table 9.

Table 9 Coefficient Multi-Variable Linear Regression Independent Variable with Dependent Variable FP Attitude

Model	Coefficients ^a				
	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	0,527	0,120		4,397	0,000
Informasi_KB (X1)	0,047	0,032	0,036	1,478	0,140
Pengetahuan_KB (X2)	0,104	0,031	0,087	3,363	0,001
Perasaan_KB (X3)	0,121	0,027	0,101	4,430	0,000
Perilaku_KB (X4)	0,592	0,027	0,531	22,308	0,000

a. Dependent Variable: FP Attitude

Then the equation is:

$$\begin{aligned} Y &= a + b_1x_1 + b_2x_2 + b_3x_3 + b_4x_4 \\ Y &= 0,527 + 0,047 X_1 + 0,104X_2 + 0,121 X_3 + 0,592 X_4. \end{aligned} \quad (2)$$

It means that each additional value of one variable X with a note that other constant dependent variables will provide additional value to Y. The value of the effect of each variable on the Y performed by t-test with a confidence level of 95% or a significant level of 5% to the value of 2,576 tables. Variable FP Information does not affect the value of r (correlation coefficient) of 0,036 to (Y) FP Attitude value p of 0,140 and with a calculated value $1,478 < 2,576$ value table. Meanwhile, FP Knowledge variables have a significant association with the calculated value $3,363 > 2,576$ (the table value) at the level of $p = 0,001$, but the effect is very low with the r value of 0,087. Furthermore, variable feelings against FP also has a significant correlation (0,000) between the attitude of FP with the calculated value $4,430 > 2,576$ value table, but the effect is still very low with $r = 0,101$. FP Behavior relation to the FP Attitude significantly (0,000) with the calculated value $22,308 > 2,576$ (table) with considerable influence by 0,531, as seen Table 10.

Table 10 Coefficient Multi-Variable Regression Independent Variable with Dependent Variable SFHPN Practice

Model	Coefficients ^a					95.0% Confidence Interval for B	
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.		
	B	Std. Error	Beta		Lower Bound	Upper Bound	
1 (Constant)	1,028	0,099		10,379	0,000	0,834	1,222
FP_Information	0,035	0,027	0,033	1,295	0,196	-0,018	0,087
FP_Knowledge	0,297	0,026	0,304	11,494	0,000	0,247	0,348
FP_Feeling	0,157	0,023	0,161	6936	0,000	0,113	0,201
FP_Behavior	0,124	0,025	0,136	4,890	0,000	0,075	0,174
FP_Attitude	0,164	0,021	0,201	7668	0,000	0,122	0,206

a. Dependent Variable: SFHPN Practice

Almost all of the variable X to Y relationship is significant at FP Information p. 0,000 unless X1 is not significant with p = 0,196. Nevertheless, that correlation coefficient values between variables X which have a significant relationship is low. Influence value of each variable X to Y performed by t-test with a confidence level of 95% or a significant level of 5% to the value of 2,576

tables. Variable FP Information does not affect the value of r (correlation coefficient) of 0,035 to (Y) SFHPN Practice with the value p for 0,196 and the value t_counted 1,295 < 2,576 value T_tables. Meanwhile, FP Knowledge variables have a significant association with t_counted value 11,494 > 2,576 (t_tabel value) at the level of p = 0,000, but its influence is still low with an r value of 0,297. Furthermore, variable Feelings or Affection against FP also has a significant correlation (0,000) against FP Attitude with t_counted value 6,936 > 2,576 t_table value, but the effect is still very low with r = 0,157. FP Behavior relation to the significant FP Practice (0,000) with a calculated value 4,890 > 2,576 (Table) with the effect of very low value r = 0,124. Similarly relationship FP Attitude towards practice SFHPN only at r = 0,164 to 7,666 t_counted values > 2,576 t_table. Multiple regression equations generated as follows:

$$Y = a + b_1x_1 + b_2x_2 + b_3x_3 + b_4x_4 + b_5x_5 \quad (3)$$

$$+ 0,035 Y = 1,028 X_1 + 0,297 X_2 X_3 + 0,124 + 0,157 + 0,164 X_5 X_4.$$

That is if there is additional value of one variable X with the record of other X variables constant would add value to the Y effect, by increasing the SFHPN Practice. Departing from the understanding of the relationship between independent variables LTCM Knowledge (X1), feeling LTCM (X2), and LTCM Behavior (X3) are tested against the linear relationship Dependent variable Y LTCM Attitudes. In the test with a 95% degree of confidence and $\alpha = 5\%$, then the relationship of all the variables declare independent LTCM significant p = 0,000, then Ho stating there is no linear relationship that rejected, Ha accepted that there is a positive linear relationship, as seen in Table 11.

Table 11 Multi Linear Regression Coefficients Independent Variables Dependent with Variable Attitude LTCM

Model	Coefficients ^a						
	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std.Error	Beta			Lower Bound	Upper Bound
1 Constant)	0,994	0,071		14,060	0,000	0,856	1,133
LTCM_Knowledge	0,101	0,021	0,116	4,920	0,000	0,061	0,141
LTCM_Feeling	0,232	0,021	0,257	10,981	0,000	0,190	0,273
LTCM_Behavior	0,355	0,023	0,403	15,538	0,000	0,310	0,400

a. Dependent Variable: LTCM_Attitude

Nevertheless, all of the values of *coefficient correlation* variable X independently is still low below 0,500, and it remains significant in a linear regression equation. Every 1% increase in the value of one independent variable value will be an impact on the value of YLTCM Attitudes records other variables constant. Then the resulting linear regression equation is as follows:

$$Y = a + b_1x_1 + b_2x_2 + b_3x_3 \quad (4)$$

$$Y = 0,994 + 0,10X_1 + 0,232 X_2 + 0,355 X_3$$

Based on the value t_counted variable Knowledge of LTCM by 4,920 > 3,182 value table with r values lower by = 0,101. Then value t_counted variable feeling of LTCM by 10,981 > 3,182 value_tabel with r = 0,232, and the variable LTCM Attitude t_count amounted to 15,538 > 3,182 t_table with r = 0,355 is still low to LTCM Practice, although significant at p = 0,000.

Departing from the understanding of the relationship between independent variables LTCM Knowledge (X1), LTCM Feeling (X2), LTCM Behavior (X3), and LTCM Attitude (X4) test linear relationship to the Dependent variable Y SFHPN Practice. In the test with a 95% degree of confidence

and $\alpha = 5\%$, then the relationship of all the variables is declared independence LTCM significant $p = 0,000$. Then H_0 states there is no linear relationship that rejected, H_a accepted that there was a positive linear relationship. The data processing conducted a linear regression t-test and also produces linear regression equation, as shown in Table 12.

Table 12 Linear relationship with the LTCM variable 2 Independent with SFHPN Practice

Model	Coefficients ^a						
	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
1 (Constant)	2,483	0,070		35,298	0,000	2,345	2,621
LTCM_Knowledge	0,173	0,019	0,246	8943	0,000	0,135	0,211
LTCM_Feeling	-0,037	0,021	-0,051	-1827	0,068	-0,078	0,003
LTCM_Behavior	0,120	0,023	0,169	5227	0,000	0,075	0,165
LTCM_Attitude	0,173	0,024	0,214	7174	0,000	0,126	0,221

a. Dependent Variable: SFHPN_Practice

Based on the results of processing the data in the table above shows the value of t_{counted} each independent variable. Knowledge variables LTCM shows the value $8,943 > 2,776$ t_{counted} value significant at $p = 0,000$. While the value of the variable t_{counted} feeling LTCM $-1,827 < 2,776$ value_tabel and it is not significant $p = 0,68 > 0,05$. Furthermore FP Behavior variable with a value of $5,227 > 2,776$ t_{table} with value significant at $p = 0,000$. LTCM final value of the variable attitude toward practice SFHPN is still lower by $0,173$ with t_{counted} of $7,174 > 2,776$ t_{table} value significant at $p = 0,000$. Then the resulting linear regression equation is as follows:

$$\begin{aligned} Y &= a + b_1 X_1 + b_2 X_2 + b_3 X_3 + b_4 X_4 \\ Y &= 2,483 + 0,173 X_1 + (-0,037) X_2 + 0,120 X_3 + 0,173 X_4 \end{aligned} \quad (5)$$

Understanding this equation shows that the addition of positive value to each variable X will record other X values constant, it will increase the value of Y SFHPN Practice. The value of the correlation coefficient in the equation below the value of 0,500.

CONCLUSION

Based on data collected, as many as 944 respondents or 62.9 % of the respondents who are actively using one way or modern methods of Family Planning and the remaining 557 or 37,1% are not taking part in Family Planning. Family Planning participants who use LTCM (implants, IUDs, MOP/MOW) as many as 374 or 24,1%, and simple contraceptive users or non-LTCM (pills, injections, and condoms) have amounted to 38,8%.

Respondents' knowledge about Family Planning and the LTCM of the value of the correlation coefficient regression equation multi linear show that aspect of information, knowledge, feelings and attitudes of Family Planning and Practice SFHPN are still very low. It turns out those aspects that measured both the relationship and influence between these variables exist and significant, although it is still weak. Special variable adequate knowledge of Family Planning, but the variable aspect Family Planning Feelings including LTCM that has the effect of very low value (-0,037) and insignificant ($0,068 > 0,05$).

When compared with all the variables, including attitudes towards Family Planning as independent variables SFHPN, it is lower than all measurements independent variables of this survey either the correlation between variables. The feeling is still resistant to Family Planning and against LTCM be deductible against Family Planning Attitudes and Family Planning practices LTCM SFHPN. While aspects of the linear equation Family Planning Behavior (0,592), as well as the correlation between variables, show considerable value, because it amounts to 62% of respondents who are pro-birth fully understand their participation in Family Planning. This condition is more intensive that is not only IEC (Information, Education, and Communication) or information and motivation that needed, but it also requires face to face communication and diligent visiting groups. Elco range of possible resistance against LTCM includes lack of information and the right knowledge so that they are easier to catch a variety of negative effects and rumors surrounding the LTCM.

From the analysis and conclusions, the research team agreed to recommend the following: (1) The operational strategy of the National Family Planning Program in Jakarta in order to continue to make the slum area, densely populated, and poor as a priority target, because there is still potential to increase the proportion of participants worked in FP LTCM. (2) The addition Family Planning New LTCM needs to be improved to keep the rhythm of services constantly to mobilize all facilities that owned Jakarta Government and Family Planning Office Regional Municipality/District by coordinating with the ministry (Hospitals, Clinics family planning, health centers and Mobil Unit Roving). (3) Adolescent Reproductive Health Education needs to be increased in scope as the original objectives of the National Family Planning Programme Budgeting in the long term provide a major contribution to the decline in TFR in the future. (4) Various forms of Family Planning and LTCM of Information, Education and Communication (IEC) needs to be improved frequency and also the quality, and it does not only rely on electronic media, but also by home visits, face-to-face, visit group activities, and activate public institutions. (5) It is recommended that family planning managers and implementers need to go back improved knowledge and skills mastered IEC materials, including medical care consultations. (6) Further research is needed on the effectiveness of IEC and effectiveness of planning services in Jakarta to know the various determinants of operational success of Family Planning programs in Jakarta.

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