A Survey of Community Behavior in Family Planning Using Long Term Contraceptive Method in Slum, Poor, and Densely Populated Areas of Jakarta

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ABSTRACT

This research is aimed at measuring Family Planning (FP) Behaviour using Long Term Contraceptive Method (LTCM) on FP Practices and Small Happy Prosperous Family Norm (SHPFN) by employing a quantitative approach. The respondents were 1,501 women of Eligible Couple (Elco) aged 15-49 years living in poor, slum, and densely populated areas in Jakarta. The findings show that 62.9% of Elco use modern contraceptives and 39.5% of them use LTCM. All independent variables of FP have a significant linear relationship with FP Behavior with a coefficient of below 0.500 (weak). The influence of behavior on LTCM practice has a coefficient correlation below 0.500, with an exception for LTCM Attitude on LTCM Behavior at 53.3 %. The coefficient correlation of attitude and behavior on the practice of SHPFN is also still low. We recommend greater awareness via information dissemination, education, and communication (IEC) provided to the people and Eligible Couples that modern contraceptive methods including LTCM are safe and comfortable to use. There should also be collaboration between FP providers with health centres, clinics, hospital, and private services providers.

Keywords: Family planning behaviour, IEC, Long Term Contraceptive Method, practice of SHPFN

INTRODUCTION

The Indonesian government has realised in order to control its population growth, the country needs to decrease its total fertility rate (TFR) to ensure net reproduction rate is close or equals to one (NRR = 1). It means, every woman is expected to have one child in her lifetime.

The achievement of the Family Programme (FP) program in Jakarta, based on Indonesia Demographic and Health Survey (IDHS) in 2012, showed a decrease from 63.2% in 2002/2003 to 57.3% in 2012. However, its TFR (Total Fertility Rate) which was 2.10 children increased to 2.30 children (IDHS, 2012) during the same period. It is important to maintain TFR at around 2 and it still needs to be lowered based on the country's FP programme between 2013 and 2017. The TFR or Total Fertility Rate refers to the total children of married women during her reproductive period (15-49 years), as measured per age group or Age Specific Fertility Rate (ASFR). The survey result can be seen in the table below.

The total population of Jakarta was 10.075.300 with an annual growth rate of 1.4% during 2000-2010. It increased from the period of 1990-2000 to only 0.78%, influenced by migration (Source: Central Bureau of Statistics/CBS). The percentage of the poor is 3.07% of the total population. The birth rate trend in Jakarta by IDHS from 1991-2012 has decreased, without ignoring the various factors and the influence contributing to increasing TFR. But what happened in the last decade was different (IDHS 2002-2012). Table 1 shows that the proportion of Elco actively using a contraceptive method actually decreased to below 60%. So, the TFR actually increased from 2.10 to 2.30. The trend in terms of the use of the contraceptive method by IDHS 1991-2012 is shown in the following table.

In Table 2, it is seen that the last IDHS in 2012 (IDHS is conducted periodically every four years), the prevalence of active FP of total Elco is only 57.3%. If only modern methods are considered, it is only 53.4% and only 11.2% for the long-term contraceptive methods.

The problem is that the participation level of FP and LTCM in slum, poor, densely populated areas is low, and Family Planning behaviour and practice of Small

Table 1
Total fertility rate trends by age specific fertility rate (IDHS, 1991-2012)

ASFR and TFR married women aged 15-49 for a period of three years prior to the survey of IDHS in Jakarta 1991-2012						
Age Specific Fertility Rate	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: CBS et al., 1992, 1994, 1998, 2003, 2008, 2012

Table 2
Trends in tools/methods of FP in Jakarta (IDHS, 1991-2012)

Tools / method of FP	IDHS 1991	IDHS 1994	IDHS 1997	IDHS 2002-2003	IDHS 2007	IDHS 2012
The percentage of married women aged 15-49 years who currently use a contraceptive method.						
Modern methods:	56	59.7	58.9	63.2	60.1	57.3
Pill	11.9	14.5	13.8	12.6	13.8	13
IUD	17.5	12.4	10.8	10	6.5	6.2
Injectable	12.7	19	22.2	27.5	27.2	26.4
Condom	2.4	1.9	2	3.1	3.6	2.8
Implant	1.4	1.2	0.8	1.4	2.1	1.4
Female Sterilisation	5.5	5.7	4.2	2.8	2.7	3.6
Male Sterilisation	0.4	0	0.1	0.1	0.4	-
Traditional ways:	2.3	2.8	2.9	3.5	2.2	2
Periodic Abstinence	0.9	0.7	0.9	1.4	1.4	1.8
Withdrawal sex	-	-	-	-	-	-
Other	0.1	1.5	1.1	0.9	0.1	0.1
Number of women	973	1140	1043	919	1352	1261

Note: the period of 1-36 months prior to the interview, ASFR is per 1000 women
Source: CBS (2012)

Happy, Prosperous Family Norm (SHPFN) behaviour are still low.

The aims of this study are to determine the proportion of family planning practices of the eligible couples in slum, poor, and densely populated areas and to examine the relationship between variables of information, knowledge, feelings, and attitude of Elco on Family Planning Behavior and the practice of SHPFN.

LITERATURE REVIEW

The continuous use of the contraceptive method is influenced by many different factors, one of them is access to the healthcare (Singh, Frost, Jordan, & Wells, 2009). Okwaraji, Cousens, Berhane, Mulholland and Edmond (2012) noted that community, cultural attitude, and personal attitude can be considered as obstacles for women in applying the correct use and effective method of family planning objectives. Every day, nearly 800 women across the globe die due to complications during pregnancy and childbirth (World Bank, 2013). The global maternal mortality rate fell by nearly 50% between 1990 and 2010. This decline is in line with the goal set in the Millennium Development Goals (MDGs). In Sub-Saharan Africa, where maternal mortality is the highest, the w fell by 48% in between 1990 and 2013 (UNDP, 2014). One of the most basic methods of avoiding maternal deaths is by preventing pregnancy, particularly unplanned and unwanted pregnancies (Campbell & Graham, 2006).

For decades, family planning programmes have worked to reduce the number of such pregnancies.

The factors associated with contraceptive choice or the effectiveness of its use include the woman's personality and her childbearing goals (Nettleman, Chung, Brewer, Ayoola, & Reed, 2007); sexual relationship characteristics and partner influences (Harvey, Beckman, & Wright, 1997); social and economic characteristics (Raine, Minnis, & Padian, 2003); community, family and peer relationships (Unger & Molina, 1998); service access and provision; (Forrest & Frost, 1996); and method-specific experiences and attitudes (Polaneczky, Guarnaccia, Alon, & Wiley, 1996). Beekle and McCabe (2006) stated that 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 in reducing fertility rate.

A study in the United States (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006) showed that there are a series of complicated factors for non-use or ineffective use of contraceptive methods among Hispanic women. Estimated perfect-use failure rates and typical-use failure rates differ widely. For example, oral contraceptives have a perfect-use failure rate of 0.3% and a typical-use failure rate of 8%; the failure rates of condoms are 2% and 15% (Hatcher & Nelson, 2007). Contraceptive discontinuation is also common although the rates vary among countries (Barden-O'Fallon & Speizer, 2011). On average, 38% of women discontinue using a reversible method by the 12th month. The discontinuation of any modern contraceptive is 13% (IUCD) to 50% (condom) within the first 12 months of its use (Cleland & Shah, 2012). Although failing to adhere to a medication's requirement can reduce its effectiveness, roughly half of people taking medication do not take it as prescribed (Playle, 2000). This is consistent with prior results showing a strong association between women's motivation to avoid pregnancy and gaps in contraceptive use (Frost, Singh & Finer, 2007). Although economic factors and access to the healthcare are important, it has been proven that knowledge, attitude and cultural values impact on reproductive behavior (Ozgoli, Ahmadi, Goli, & Baghban, 2004). The tendency to use a contraceptive method as well as any other desired methods depends on an individual's general attitude towards using that method. According to experts, the four relationships of the concept are: Relationship of Knowledge, Attitude, Intention, and Behavior (Fishbein & Ajzen, 2010). Behavior is an action that can be observed directly and estimated by others. A behaviour is specifically aimed at a particular target. Consumer behavior is related to the physical act of consumers that can be directly observed and measured by others (Peter & Olson, 2010; Simamora, Jerry, & Hartono, 2016). Attitude is when someone is doing a thorough evaluation of a concept (Allan & Burridge, 1991). A concept or object that is being evaluated, whether good or bad for, whether pleasant

or unpleasant, whether like or dislike, determines the future decision (Hui & Bateson, 1991). Albert Bandura views the self-system in the reciprocal system (Bandura, 1986). It turns out that, in addition to the behaviour, there are still elements of affection, cognition, and environment (Izard, Kagan, & Zajonc, 1984) which mutually affect each other, and also affect a person's attitude.

Research Model

To measure and test the relationship between variables of information, knowledge, feelings, and attitude towards of Elco, Family Planning behavior and practices of SHPFN, the same method was done with the LTCM knowledge, feelings LTCM, the attitudes, behavior, and practices of FP, LTCM and SHPFN and the model of relationship whose variables drawn as Figure 1.
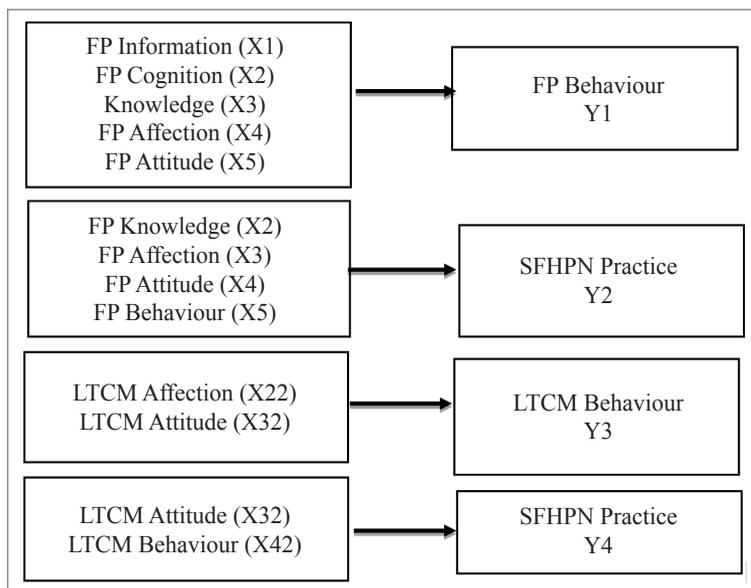

Figure 1. Research model

MATERIALS AND METHODS

The study employed quantitative approach and questionnaires were distributed to select sample. The responses were measured according to Likert Scale measurement (1-5). The survey was conducted in Jakarta Province. Data was collected from 75 villages included in the category of the slum, poor and densely populated areas (CBS, 2011). A proportional cluster technique was used as a survey method. The total sample of this study was 1,501 married women aged between 15 and 49 years. Data was imported into Excel for Windows and it was processed using IBM SPSS V.20. All the tests utilised test parametric measurement ranging from the interval, ratio, and analysis matching the parametric analysis begun with data test

regarding the reliability, normality, validity, homogeneity and then Fisher (F) Test ANOVA and t-test in coefficient correlation. All tests must be based on the hypothesis of H0 and Ha with a given significant level. The test of the linearity between the dependent variable and independent variables used the regression equation (Levin & Rubin, 1994) with the following formula:

$$\acute{y}= a + b_1X_1 + b_2X_2+ b_3X_3…b_nX_n$$

RESULTS AND DISCUSSION

The 1501 respondents in this study were married women aged between 15 and 49 years. Seventeen respondents or 1.1% of Elco were under 20 years of age. Most of the respondents were from Elco group aged between 30 and 39 (678 respondents or 45.2%), followed by those in the age group between 20 and 29 years (473 respondents or 29.1%) as shown in Table 3.

From Table 3, it is shown that most of the respondents graduated from high school (689 or 45% of respondents). There was 18.5% respondent who did not complete primary school and there is only 4.1% of them who had a higher education degree. Based on data processing, there are 944 respondents (62.9%) who actively use one method of modern family planning, and the remaining 557 respondents or 37.1% did not use it. The number of participants using LTCM (Implants, IUDs, Vasectomy, and Tubectomy) was 374 persons or 24.1% and those using simple contraceptive method or Short-Term Contraceptive Method (pills, injections, and condoms) was 38.8%.

It is proven that the participants of LTCM in the slum, poor and densely populated areas are fewer than the participants of Non-LTM. Nonetheless, the distribution of users across the region, including the LTCM, also needs to be taken into account.

Table 3
Education of Eligible Couple (Elco) respondents by age group

			Education				Total
			Primary / Elementary School	Middle-High School	High School	Bachelor	
Elco age group (Year)	<20	Number	4	9	4	0	17
		% Of Total	0.3	0.6	0.3	0.0	1.1%
	20-29	Number	56	162	206	13	437
		% Of Total	3.7	10.8	13.7	0.9	29.1%
	30-39	Number	125	191	328	34	678
		% Of Total	8.3	12.7	21.9	2.3	45.2%
	40-49	Number	93	111	151	14	369
		% Of Total	6.2	7.4	10.1	0.9	24.6%
Total		Number	278	473	689	61	1501
		% Of Total	18.5%	31.5%	45.9%	4.1%	100.0%

Source: Output processing data IBM SPSS V.20

Table 4

Number and percentage of Elco, Active FP and Not Active FP

			FP Method							Total
			Not Active FP	Pill	Injectable	Condom	Implants	IUD	Vasectomy/ Tubectomy	
FP	FP Active	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%	62.9%
	Non-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%	37.1%
	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%	100.0%

Source: Output processing data IBM SPSS V.20

The percentage of Implant users is 8%, Intra Uterine Device (IUD) is 11.9%, and Operation Method for Man (Vasectomy) and Operation Methods for Women (Tubectomy) is 5.1%. The weakness or shortcoming of using Non-LTCM (Pill, Injectable, Condom) is that participants might forget to take the pill, forget to use a condom, forget to obtain repeat injection which means the continuity of these three methods is lower than LTCM (Barden-O'Fallon & Speizer, 2011).

Statistical Analysis

According to the validity test, data in this research are 100% valid. Reliability was tested using Lambda Test and the data was reliable as all values of the variables are above 0.500 and close to 1. All the variables are normally distributed and there is no hegemony and heterogeneity among them. Pearson Correlation shows the relationship between these variables.

Multiple Linear Regression

A multiple linear regression test was conducted to test the effect of the independent variables on the dependent variable simultaneously. The hypothesis H0 says that there is no linear correlation between independent variables and the dependent variable. If there is a linear relationship between them, Ha is accepted and H0 is rejected. ANOVA or Fisher (F) test was also conducted to test the relationship between independent variables and the dependent variable. To test the linearity between the dependent variable and independent variables, the following regression equation is used:

$$\acute{y} = a + b_1X_1 + b_2X_2 + b_3X_3 \ldots b_nX_n$$

In this analysis, there are four regression equations to measure and test the relationship between independent variables and dependent variables. They are as follows:

Relationship between Independent Variables and FP Behaviour as Dependent Variable

It is found that the value of R² is 49.2 %. From the ANOVA analysis, the F-calculated value is 333.337 which is larger than t-table of 3.36. Thus, Ho is rejected and Ha is accepted. Coefficient correlation also explains the relationship strength between the linearity of each independent variable on the dependent variable. This is shown in Table 5.

The equation obtained from table 5 is as follows:

$$Y1 = 0.441 + 0.192X1 + 0.163X2 + 0.145X3 + 0.399X4$$

It means every increase in variable X will increase variable Y. The t-test was conducted with a confidence level of 95% or significance at 5%. All t-calculated values are more than t-table of 2.576 and significant at p=0.000. Nonetheless, the effect of all independent variables is weak as shown by the values which are below 0.500.

Table 5
Coefficient of multiple linear regression of independent variables and FP behaviour as dependent variable

Coefficients [a]						
Model		Unstandardised Coefficients		Standardised Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.441	.102		4.302	.000
	FP Information	.192	.027	.169	7.179	.000
	FP Knowledge	.163	.026	.155	6.217	.000
	FP Affection	.145	.024	.137	6.132	.000
	FP Behavior	.399	.020	.444	20.204	.000

a.   Dependent Variable: FP Behaviour
Source: Output processing data IBM SPSS V.20

Relationship between Independent Variables and the Practice of SHPFN as the Dependent Variable

ANOVA analysis shows that the F-calculated value is 257.813, larger than t-table 3.06. The R² is 42.8 %, meaning that the independent variables can explain the dependent variable at 42.8%.

From Table 6, it is shown that all independent variables are significant at 0.0.000. Nevertheless, t-test with a confidence level of 95% or a significance of 5% with p = 0.000 show the influence of variable X on Y is weak. All the independent variables have a significant linear relationship with the practice of SHPFN. The multiple regression equation generated is as follows:

$$Y2 = 0.979 + 0.293 X2 + 0.165 X3 + 0.170X4 + 0.158 X5$$

That equation shows that Ho is rejected, and Ha is accepted, meaning there is a positive linear relationship between the independent variables on the dependent variable.

Table 6

Coefficient of multiple linear regression of independent variables on SHPFN practice as dependent variable

		Coefficients [a]				
	Model	Unstandardised Coefficients		Standardised Coefficients	t	Sig.
		B	Std. Error	Beta		
2	(Constant)	.979	.094		10.443	.000
	FP Knowledge	.293	.024	.300	12.115	.000
	FP Affection	.165	.024	.168	6.974	.000
	FP Attitude	.170	.022	.204	7.684	.000
	FP Behaviour	.158	.026	.169	6.028	.000

a. Dependent Variable: SHPFN Practice
Source: Output processing data IBM SPSS V.20

Relationship between LTCM Independent Variables and the LTCM Behavior as Dependent variable

ANOVA analysis shows that the F-calculated value is 376.476, larger than F-table of 3.02. The relationship between independent variables [LTCM Knowledge (X1), LTCM Feeling (X2) and LTCM Attitudes (X3)] and Dependent variable [LTCM Behaviours] was tested with a 95% degree of confidence and $\alpha = 5\%$. It is shown that significance is p=0.000, thus H0 is rejected. Therefore, Ha is accepted. The positive linear relationship is shown in Table 7.

The coefficient correlation of all independent variables is weak (< 0.500) but they remain significant in a linear regression equation. The LCTM Knowledge (X12) is removed from the equation, resulting in R^2 = 45.8 % and F-calculated value of 182.989 which is larger than t-table of 3.36 with sig p=0.000.

The linear regression equation obtained is as follows:

$$Y3 = 0.990 + 0.283\ X3.2 + 0.553\ X4.2$$

The t-calculated value of the variable of LTCM Feeling is 11.758, larger than t-table of 3.182. The value of r is 0.283 or 28.3 %. The t-calculated value of the variable of LTCM Attitude is 19.975, larger than t-table of 3.182. The value of r is 0.533 or 53.3 %, meaning that it has a moderate linear relationship with LTCM Behavior with significance p = 0.000. Thus, H0 is rejected and Ha is accepted.

Table 7
Coefficient of multiple linear regression of independent variables on LTCM behaviour as dependent variable

		Coefficients [a]			T	Sig.
Model		Unstandardised Coefficients		Standardised Coefficients		
		B	Std.Error	Beta		
3	(Constant)	.990	.076		13.026	.000
	LTCM Affection	.283	.024	.279	11.758	.000
	LTCM Attitude	.533	.027	.474	19.975	.000

a. Dependent Variable: LTCM_ Behavior
Source: Output processing data IBM SPSS V.20

Multiple linear regression of LTCM Independent Variables with the Practice of SHPFN

ANOVA analysis shows that the F-calculated value is 182.989, larger than t-table of 3.36. From the summary, we the value of $R^2 = 21\%$. The data processing also produces a linear regression equation as shown in Table 8.

In table 8, it is shown that LTCM Attitude and LCTM Behavior variable have t-calculated values higher than t-table value.

The relationship values or *r* are 17.7% and 20.6 % respectively, and significant at p = 0.000. Thus, Ha is accepted stating that there is a positive linear relationship. The linear regression equation obtained is as follows:

$$Y4 = 2.683 + 0.177\ X3.2 + 0.206\ X4.2$$

The linear regression relationships are shown in Figure 2.

Table 8
Coefficient of multiple linear regression of independent variables with SHPFN practice as dependent variable

		Coefficients[a]			t	Sig.
Model		Unstandardised Coefficients		Standardised Coefficients		
		B	Std. Error	Beta		
4	(Constant)	2.683	.068		39.365	.000
	LTCM Attitude	.177	.025	.220	7.201	.000
	LTCM Behavior	.206	.022	.288	9.418	.000

a.   Dependent Variable: SHPFN_Practice
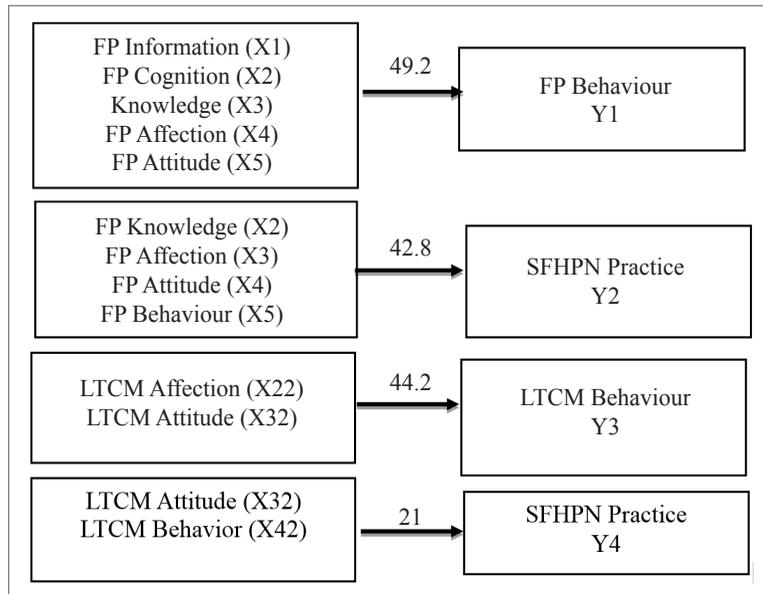*Source:* Output processing data IBM SPSS V.20

FP Information (X1) FP Cognition (X2) Knowledge (X3) FP Affection (X4) FP Attitude (X5)	49.2 →	FP Behaviour Y1
FP Knowledge (X2) FP Affection (X3) FP Attitude (X4) FP Behaviour (X5)	42.8 →	SFHPN Practice Y2
LTCM Affection (X22) LTCM Attitude (X32)	44.2 →	LTCM Behaviour Y3
LTCM Attitude (X32) LTCM Behavior (X42)	21 →	SFHPN Practice Y4

Figure 2. Output research model

CONCLUSION

About 25 % (from total Elco) of FP participants still use LTCM while 62.9% of them use modern methods. So, the argument that the number of users FP modern method in a slum, poor and densely populated areas in Jakarta is low must be rejected.

There is a linear relationship between FP information, knowledge, affection, and attitude as independent variables on FP behavior, but the relationship is weak (below 0.500). Without FP information, all of the independent variables of FP have a relationship with the practice SHPFN as the dependent variable.

There are linear relationships of LTCM affection and attitude on LCTM Behavior, and LTCM attitude and behavior in the practice of SHPFN, but the relationship is also weak (below 0.500).

Recommendation

Family Planning (FP) officers and managers in Jakarta should strengthen collaboration with FP service providers such as Health Centre's, Clinics, Hospital and private service providers to improve people's knowledge of FP and motivating eligible couples to be active participants in using a modern method of Long Term Contraceptive Method (LTCM).

Family planning managers and participants need to improve their knowledge and skills to master Information, Education, and Communication (IEC) materials, including reproductive healthcare through training, development programme, and their implementations, and develop the IEC and manage it through virtual media, etc.

Future research should examine the relationship between FP, especially LTCM

attitude, behavior, religions, cultures, customs, and the other social and economic aspects on Small Happy Prosperous Family Norm.

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