



The Function of the Media on Family Planning on Community Perception and Participation in Sorong Papua

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ABSTRACT

Attention to the Family Planning (KB) program received priority during the New Order era. The family planning program had even become a government program at the beginning of that period. Before becoming a government program, Family Planning had begun to be socialized by several individuals or private institutions who had an interest in the program. The aim of this research is to find out information sources that provide family planning information to the public, differences in perceptions according to information sources, differences in participation according to perception, differences in participation according to sources of information, and to find out 5 differences in participation according to perception which are controlled by level of education, number of children they have and desire to have another child. The method used in this research is census. Data analysis was carried out using the chi-square statistical test using the SPSS program version 17.0. The research results showed that the majority of respondents obtained family planning information through television (58.2%), and there was an influence of information on perceptions and participation in family planning. This is proven by the differences in perception according to exposure to information, participation according to perception and participation according to exposure to information convincingly with a confidence level of 95%. In the control variables, there are significant differences in participation according to education level and number of children (95%), while there is no significant difference in participation according to the desire to have more children. Information determines





participation in family planning practices, but does not determine the desire to have more children. This is due to different perceptions of the value of children, so the desire to have more children does not influence participation in family planning practices.

Keywords: Media Functions, Family Planning, Perception and Participation, Community, Sorong Papua

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1. Introduction

The Family Planning (KB) program in Indonesia is an example of the most successful program in the world. Even so, it turns out that the growth rate and population are still high. If the level of family planning attainment decreases by just 0.5 percent, it is feared that in 2015 Indonesia's population will increase by 50 million people. Attention to the Family Planning (KB) program received priority during the New Order era. The family planning program had even become a government program at the beginning of that period. Before becoming a government program, Family Planning had begun to be socialized by several individuals or private institutions who had an interest in the program (Angraini and Martini, 2011).

The Family Planning (KB) program in Indonesia, especially during the New Order era, has been widely recognized for its success. One of the proofs of this success is shown by the reduction in population growth rates. Based on the population census in 1970-1980, Indonesia's population growth was 2.31 percent, this number decreased in the 1980-1990 period to 1.98 percent, this decline in population growth continued in the 1990-2000 period, namely 1.49 percent and population growth for the 2000-2010 period was 1.49. This phenomenon occurs in line with the government's great attention to population problems (Muhidin, 2012).

Over the last ten years the country has experienced failure in promoting and making family planning a success, a reality that cannot be denied. This failure was not caused by the cessation of TNI involvement in the family planning program. However, it is more





caused by violations committed by the government. Article 12 of the Convention on the Elimination of all forms of discrimination against women, which has been ratified by Indonesia through Law no. 7 1984, states that the state is obliged to eliminate discrimination against women in the field of health care. Health services include appropriate services related to pregnancy, before and after delivery, as well as free services including for family planning and providing nutritious food. However, since reform, the government has a debt bond with the IMF (International Monetary Fund) and is required to implement programs.

Structural Adjustment, one of which is required to eliminate free health service and family planning programs. Since then, family planning services for the community, especially the poor, have been neglected (Anggraini and Martini, 2011).

The occurrence of government political reform, which was followed by the implementation of regional autonomy, shifted the paradigm of implementing family planning programs in the field, which influenced the dynamic movement of the national family planning program. Currently, the implementation of family planning programs is very dependent on the strategic policies of regional office holders. This is reflected in the inadequate commitment of local governments in managing family planning programs, which can be seen from the variety of family planning institutional forms and the funds allocated. There are changes in the strategic environment and to be in line with the decentralization era, the government is reformulating family planning policies (BKKBN, 2017).

This study aims to analyze differences in participation in family planning practices according to perception and exposure to information. Specifically, the purpose of this research is to determine information sources that provide family planning information to the public, differences in perceptions about family planning according to sources of family planning information, differences in participation in family planning practices according to perceptions. about family planning, differences in participation in family planning practices according to sources of family planning information, and to find out differences in participation in family planning practices according to perceptions about





family planning which are controlled by level of education, number of children they have and desire to have more children.

Policy is a decision made by a state, especially the government, as a strategy to realize the goals of the state in question. Policy is a strategy to guide society in its early days, entering society in a transition period, towards the society they aspire to (Nugroho, 2018).

Family planning is one of the sustainable human resource development policies through increasing the marriage age, birth control, fostering family resilience and increasing family welfare to realize the norm of small, happy and prosperous families (BKKBN, 2018).

Bruce (1990) stated that providing information is an important element in the quality of family planning services and contributes to contraceptive acceptance and client satisfaction. Therefore, providing information and counseling is the best opportunity for clients to get help in making decisions about choosing contraceptives. Providing appropriate information and counseling can help increase the acquisition of new family planning participants and reduce the Drop Out rate.

Artana (2013) stated that information can be obtained in various ways, from conventional to using electronic devices.

Perception is very relative and is closely related to a person's opinion and assessment of an object. Perception really depends on the abilities of each individual and environmental conditions. Perception cannot be considered as something that is right or wrong because perception does not have a measure of right or wrong, this is because perception does not have a measure of truth. However, perception can be assessed as positive or negative (Sunarto, 2014).

Harvey and Smith (1997) state that attitudes, beliefs and behavior can be measured. Attitudes and beliefs can be measured or observed directly. A common way to find out attitudes or beliefs is to ask the person. Aiken (1970) added that attitude is a learned predisposition or tendency of an individual to respond positively or negatively with moderate and/or adequate intensity to objects, situations, concepts, or other people.





2. Research Method

The research method used in this research is research that uses a survey method for census and uses quantitative descriptive analysis techniques using the chi-square statistical test and the SPSS version 17.0 program is used to process the data. Statistical tests are used to determine how big the differences are between variables.

3. Results And Discussions

a. Result and Discussion

- 1) Exposure to family planning information based on sources of family planning information.

People who live in rural areas, especially areas that are far from access to information, make it difficult for some people to receive or obtain information from various media, unlike people who live in urban areas, to find out how many respondents received information and respondents who did not receive information. presented in table 1.

Table 1.

Frequency distribution of exposure to information about family Planning

Get Information About Family Planning	n	%
Not Receiving Family Planning Information	47	37,3
Get family planning information	79	62,7
Total	126	100

Source: Primary Data Processing 2019

In the frequency distribution table above, it can be seen that the majority of respondents, 62.7%, received family planning information, while the remaining 37.3% of respondents did not receive family planning information. Some respondents did not receive information about family planning because they did not have access to electronic media as a source of information at home, apart from that, respondents did not get information about family planning from local health workers because access to community health centers and midwives was quite far so that when they were sick or had complaints about their health, the community prefer to





seek treatment with what is available or even prefer to seek treatment from a local shaman. Because of this, some of the respondents really did not get any information about family planning from any source.

The table above shows that 37.3% of respondents did not receive information about, while 62.7% of respondents were exposed to or obtained information about family planning. It can be assumed that the majority of respondents received information about family planning, because as many as 62.7% of respondents had been exposed to information, but this cannot be concluded directly because respondents who were exposed to information did not necessarily all get information about family planning, while respondents who were not exposed to information did not necessarily also did not obtain information about family planning. This needs to be studied further in the analytical discussion regarding respondents' participation in family planning practices.

To see the sources of information about family planning obtained by respondents, see table 2.

Table 2.
Sources of exposure to family planning information

Exposure to Information	Sources of Family Planning Information	N	%
Exposed	Radio	13 (16,5%)	10.3
	TV	46 (58,2%)	36.5
	Health workers	20 (25,3%)	15,9
		79	62.7
Not Exposed		47	37,3
Total		126	100

Source: Primary Data Processing 2019

The table above shows that the majority of respondents were exposed to or obtained information, 58.2% of respondents received family planning information via television. This can be because television can deliver advertisements directly, where viewers can see shows on television and can listen to information conveyed





through television shows. So that through this broadcast it can attract more viewers who watch television. Therefore, communication media such as television should be able to contain various information needed by family planning participants. Then the information media is managed optimally by midwives, doctors, family planning officers, so that the media can answer the needs of each family planning participant.

Most respondents receive more family planning information through television because television is a medium that provides various entertainment that displays images and can produce sound and can be a medium for obtaining information from news broadcasts and advertisements on television so that television provides more information because of its advantages. is on television. Seeing the advantages of television as a medium that can display audio and visuals so that it is more attractive to people to watch television programs, it could be that television media is used more as a means to provide entertainment as well as information to the public.

The use of media in health and social promotion activities has a direct influence on changes in individual audience behavior. This also happens in the United States, where the media can influence individuals to have responsibility for cultural values. There are two main targets for communication activities whose target is behavior change. The first target is education whose aim is to create, maintain, knowledge and understanding of health issues. This education prioritizes cognitive processes. Television advertisements and pamphlets are appropriate media for education. The second target is motivation whose aim is to bring about changes in attitudes and behavior as well as real actions from individuals and groups. Motivation consists of cognitive and emotional processes (Donovan, et al., 2003).

Kim, et al., (2006) explained that effective communication can help family planning participants make decisions when they are faced with various family planning service options. From this explanation, it can be assumed that the media must convey information which includes an understanding of family planning, so that people who receive this information can apply it to their daily lives.





Adeokon, et al., (2002, in Susanti, 2011) said that the main priority for contraceptive promotion activities is the appropriate application of information system management. Implementation of information system management is better if it is adapted to the needs of family planning participants.

2) Differences in Perceptions about Family Planning According to Exposure to Family Planning Information

Sources of information that provided family planning information to respondents were obtained from radio, television and health workers, while there were also some respondents who did not obtain information from any source. However, respondents who received family planning information did not necessarily all have the perception that they agreed with family planning, whereas, conversely, people who did not receive family planning information did not necessarily all agree that they did not agree with family planning.

This is because each individual's views are different in responding to messages conveyed through information. Secord & Backman (1964) said that public perception is a process of forming impressions, opinions or feelings about something that involves the directed use of information, therefore the perception of each individual is different in responding to family planning information conveyed from various information sources. To see the differences between respondents who received and did not receive family planning information regarding their perceptions about family planning, can be seen in table 3.

Table 3.
Differences in perceptions of family planning according to exposure to family planning information

Perceptions About Family Planning	Get family planning information						χ^2
	Not		Yes		Total		
	n	%	n	%	n	%	
Don't agree	36	76,6	20	25,3	56	44,4	Value : 31.383 df : 1
Agree	11	23,4	59	74,7	70	55,6	





Total	47	100	79	100	126	100	Sig : 0,000
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Source: Primary Data Processing 2019

Table 3 above provides information that 76.6% of respondents who were not exposed to or received information stated that they did not agree with family planning, while a small number of respondents who were not exposed to or did not receive information on family planning, 23.4%, stated they agreed with family planning. Respondents who said they did not agree with family planning said that the lack of information about family planning meant that most respondents did not know the advantages and disadvantages of participating in family planning.

The table above shows differences in perceptions of family planning according to exposure to family planning information, showing that the more respondents who receive family planning information, the more respondents agree with family planning. However, it cannot be denied that not all respondents who received family planning information stated that they agreed to family planning and conversely, not all respondents who did not receive family planning information stated that they did not agree with family planning.

The statistical test results in table 3 above show that the p value = $0.000 \leq 0.05$ means there are differences in perceptions about family planning according to the respondent's exposure to family planning information. From the data above, it can be seen that the difference in the number of respondents who agree with family planning between those who received family planning information and those who did not receive family planning information is quite a high difference of 51.3%. Even though the family planning program has long been a government program and was a successful program at the beginning of the new order and a program that experienced a heyday during the new order, it needs to be re-socialized.

The delivery of family planning messages, which is used as a measure of exposure to family planning information, describes how messages can reach respondents so that they can have a positive impact on society in terms of family planning practices. That the use of media as a suggestion for conveying information,





messages and even promotions has a direct influence on behavior change. This is in line with the opinion of Roemer and Paxman (1985) who said that contraceptive advertising and promotion has an important role in conveying family planning messages and information.

Apart from that, research conducted by the Cameroon government with the assistance of experts from the John Hopkin University Center for Communication Programs in 1999 carried out the Gold Circle Family Planning promotional campaign program. Furthermore, it is better known as the Gold Circle campaign. The promotion of the Gold Circle campaign was published via television media. Furthermore, the Cameroon government conducted research in 2001 to find out whether the Gold Circle campaign was successful in increasing the prevalence of contraceptive use. The results of this study showed that the prevalence of contraceptive use increased from 24 percent to 80 percent, after the Gold Circle campaign was carried out via television media (Babalola, et al., 2001).

3) Differences in participation in family planning practices according to perceptions about family planning

In the previous analysis, it was found that the majority of respondents who received family planning information had a perception that they agreed with family planning, but from the respondents' agreement with family planning, not all of the respondents participated in participating in family planning practices, while respondents who stated they did not agree with family planning also not all of them are against participating in family planning practices. There are still some respondents who state that they do not agree with family planning but still use contraceptives. This is related to the problem of individual perception of something. Kayam (1985, in Sugiyanto, 1996) said that perception is a person's view of an object so that the individual gives a certain reaction resulting from the ability to organize observations and relate to acceptance. The results of these differences can be seen in table 4.





Table 4.

Differences in participation in family planning practices according to perceptions about family planning

KB participation	Perceptions of Family Planning						χ^2
	Don't agree		Agree		Total		
	n	%	n	%	N	%	
Not taking birth control	38	67,9	10	14,3	48	38,1	Value : 37.861 df : 1 Sig : 0,000
Take birth control	18	32,1	60	85,7	78	61,9	
Total	56	100	70	100	126	100	

Source: Primary Data Processing 2019

Table 4 explains the differences in participation in family planning practices according to perceptions about family planning. It is known that 67.9% of respondents who had a perception of disapproval of family planning stated that they did not participate in family planning practices and another 32.1% who had a perception of disapproval of family planning stated that they participated in family planning practices. From these results it can be assumed that the more people have a perception that they do not agree with family planning, the more people will not participate in family planning practices. Of all the respondents who stated they do not agree with family planning, there are still respondents who participate in family planning practices.

The table above provides information that respondents who stated they did not agree with family planning and decided not to participate in family planning practices were lower when compared to the graph of respondents who stated they agreed with family planning and decided to participate in family planning practices. From the statistical test results in table 4 above, the p value = $0.000 \leq 0.05$ means there is a difference in participation in family planning practices according to perceptions about family planning. This can also be seen in Figure 3 above, that the graph of respondents who have the perception that they agree and participate in





family planning practices is higher than the graph of respondents who disagree and decide not to participate in family planning practices.

Based on the results of the analysis, it shows that there are differences in participation in family planning practices according to perceptions about family planning. The difference shows quite a large comparison, namely 53.6%, meaning that the more people agree with the family planning program, the more likely they are to participate as family planning participants by using contraceptives or even providing information to other people to also participate in family planning practices.

Based on the results of the analysis, it shows that there are differences in respondents' perceptions of the family planning program and their participation in family planning. The difference shows quite a large comparison, namely 71.4%, meaning that the more people agree with the family planning program, the more likely they are to participate as family planning participants by using contraceptives or even providing information to other people to also participate in family planning practices.

4) Differences in Participation in Family Planning Practices according to Exposure to Family Planning Information

Respondents who received information about family planning from various sources and had their own perceptions of family planning will then see how many respondents received information about family planning and participated in family planning practices. Because not all respondents who received information about family planning participated in family planning practices and it does not necessarily mean that respondents who did not receive information about family planning did not participate in family planning practices.

Whether many respondents decided to participate in family planning practices was also due to a lack of information. Information can be conveyed through interpersonal channels such as: face-to-face communication, home visits,





group discussion training and counseling, and also through broadcast and print media. Providing complete and accurate information using pictures or leaflets is more helpful in understanding clients in making decisions about choosing a contraceptive method (Kim, et al., 1997), to see how many respondents who received family planning information or who did not receive information participated in family planning practices. can be seen in table 5.

Table 5.

Differences in participation in family planning practices according to Exposure family planning information

KB participation	Get family planning information						χ^2
	Not		Yes		Total		
	n	%	n	%	n	%	
Not taking birth control	33	70,2	15	19,0	48	38,1	Value : 32.789 df : 1 Sig : 0,000
Take birth control	14	29,8	64	81,0	78	61,9	
Total	47	100	79	100	126	100	

Source: Primary Data Processing 2019

From the analysis of table 5 that has been carried out, information is obtained that 70.2% of respondents who were not exposed to or did not receive information decided not to participate in family planning practices, while another 29.8% of respondents who were not exposed to or did not receive information on family planning decided to participate in family planning practices. From this table it can be assumed that respondents who do not receive or are not exposed to family planning information do not necessarily not participate in family planning practices.

The statistical test results in table 5 show a value of $p=0.000 \leq 0.05$, meaning there are differences in participation in family planning practices according to exposure to family planning information. Based on the results of the analysis, it shows that there are differences in participation in family planning practices based on respondents who received family planning information and respondents who did not receive family planning information. The difference in the number of respondents





who received family planning information and who stated they participated in family planning and respondents who did not receive family planning information and stated they participated in family planning showed quite a difference, namely 51.2%. So it can be said that the more people who receive family planning information, the more people will participate in family planning practices.

From the table above, it can be assumed that the intake of information and messages from the media will have a media effect on individual behavior. These results are in accordance with the theory put forward by Fleur and Ball-Rokeach (Bungin, 2013) that one of the effects of media is on individual behavior. This behavioral effect is related to the expansion of cognitive and affective effects that will shape individual attitudes. This is in line with changes in attitudes proposed by Hovland (Azwar, 2017) that communication messages conveyed either verbally or in writing in the media are able to change the attitudes and behavior of other people depending on the extent to which these communication messages are paid attention to, understood and accepted.

Exposure to family planning information which is discussed in this research is not only limited to conveying family planning messages through mass media, but also conveying family planning messages through discussions or other interpersonal communication. In line with Kim, et al., (2016) explain that effective communication can help family planning participants in making decisions when they are faced with various family planning service options. increase contraceptive use. Differences in Participation in Family Planning Practices according to Perceptions about Family Planning Controlled by Education, Number of Children Owned and Desire to Have More Children.

The results of the statistical test for the education level variable show that the p value = $0.015 \leq 0.05$, so it can be concluded that there are differences in perceptions about family planning between respondents with low education and respondents with medium or high education. The results of the analysis carried out showed that the majority of respondents with low education, 53.1% of respondents stated that they did





not agree with family planning, while 46.9% of respondents said they agreed with family planning, while 80% of respondents with secondary education stated they agreed with family planning. and highly educated respondents all said they agreed with family planning. In accordance with research results from Nepal (2015), educational status has a positive relationship with high knowledge, good habits and family planning practices (Kim, et al., 2016).

The statistical test results of the variable number of children they have, obtained a value of $p=0.004 \leq 0.05$, from this value it can be concluded that there is a difference in the number of children the respondents have regarding participation in family planning. It can be assumed that the majority of respondents who have less than 2 children take part in family planning to delay pregnancy or space out previous births (spacing), while respondents who have 4 or more than 4 children decide to take part in family planning to limit the number of children so that they do not there is another birth or a birth that is no longer expected to be delayed (limiting).

Research conducted by Karnadi Sigit (2000, in Sumariati, 2011), states that there is an influence between the number of children born and the use of contraceptives, meaning that increasing the number of children born to a married woman will increase the use of long-term contraceptives. So it can be assumed that women who have three or more children have a 1.78 times increased risk of using long-term contraception compared to those who have 0-2 children. One of the things that drives someone to decide to use contraception is if they feel the child was born alive. and the child is still alive, the desired amount is sufficient. (Soeradji, 1986 in Susanti, 2011).

The statistical test results of the variable desire to have another child, obtained a value of $p=0.353 \geq 0.05$, so it can be concluded that there is no difference in participation in family planning practices according to the desire to have another child. From the results of the analysis it is known that there is no difference in participation in family planning practices between respondents who want another child and respondents who do not want another child, and from the results of the





analysis it is known that the majority of 65.7% of respondents who stated that they participate in family planning practices want another child. , while the small number of respondents who said they did not participate in family planning practices was 34.3% who wanted no more children to participate in family planning.

In research conducted by Sumariati (2011), it is related to the desire to have more children, it is seen that the desire to increase the number of children is due to different people's understanding of the value of children. In the view of Easterlin (1976) in Sumariati (2011) the value of children is related to a country's income, the value of children will be higher in countries with low income so there is a tendency not to practice family planning, on the contrary, in countries with high income the value of children will be lower, so there is a tendency for them to practice family planning to regulate birth. Easterlin's view is almost the same as the opinion of Caldwell (1991) who concluded that there is a positive relationship between children's grades and fertility, if the child's grades are high then fertility is also high.

4. Conclusion

This is proven by the differences in perception according to exposure to information, participation according to perception and participation according to exposure to information convincingly with a confidence level of 95%. In the control variables, there are significant differences in participation according to education level and number of children (95%), while there is no significant difference in participation according to the desire to have more children. Information determines participation in family planning practices, but does not determine the desire to have more children. This is due to different perceptions of the value of children, so the desire to have more children does not influence participation in family planning practices.

Compliance with ethical standards

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Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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