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ORIGINAL RESEARCH

DETERMINANTS OF FERTILITY STAGNATION IN JAKARTA PROVINCE (DATA ANALYSIS OF PROGRAM PERFORMANCE AND ACCOUNTABILITY SURVEY (SKAP) 2019)

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ABSTRACT

The Total Birth Rate or Total Fertility Rate (TFR) is an important and strategic indicator to determine the success of a country or the entire country in controlling its population through the Family Planning program. Efforts made by the government, especially the BKKBN in reducing the TFR in Indonesia, yielded good results with the decline in the TFR in Indonesia in 2017 to 2.4 and has not reached the target of reducing the TFR to 2.1. The impact that will occur, if this stagnation cannot be reduced is the occurrence of a population explosion and has an impact on aspects of the economy, employment, health, and other population problems. The purpose of this study was to determine the relationship between the determinant variables of fertility stagnation in Jakarta. This study used a cross-sectional method with secondary data from the Program Performance and Accountability Survey (SKAP) Jakarta in 2019. The most determinants to cause stagnation are age 20 and >35 years, women of childbearing age not working and age at first marriage <20 and >35 years. This shows that the problems faced are diverse. It is necessary to enhance cross-sectoral cooperation to increase family planning coverage.

Keywords

Fertility, Women of childbearing age, Opinion on ideal number of children, Occupation, Age at marriage.

INTRODUCTION

The Total Birth Rate or Total Fertility Rate (TFR) is an important and strategic indicator to determine the success of a country or the entire country in controlling its population through the family planning program. Total Fertility Rate is the average number of children born to a woman during her childbearing age. Most countries in the world are very serious in their efforts to reduce TFR, the reason is the rapidly increasing number of population in the world which can cause various problems in various aspects of life.

Indonesia is a country with a very large population in the world, one of the largest population of all developing countries after China, India, and the United States. Based on data in the 2017 Indonesian Demographic and Health Survey (IDHS), the Family Planning program in Indonesia has stagnated in the last 15 years, several studies have stated that the lack of success in using contraceptives is influenced by several factors, including knowledge about contraception, contraceptive types, reproductive behavior, determining the decision to use family planning. According

to Yeni 2007, there was a significant relationship between parity and the husband's participation in the use of contraception, where the variable that has the strongest correlation in the use of contraception is the husband's participation (Yeni et al., 2017). According to the BKKBN (2009) in Yogo Aryo Jatmiko (2019), factors that significantly affect fertility in Indonesia include area of residence, religion, education, working status, number of children who died and level of wealth (Jatmiko & Wahyuni, 2019).

A large and quality population will become assets for the development of the country. On the other hand, a large and low-quality population will be a burden on the country's development. A large population that is not followed by quality human resources will have an impact on the emergence of various socio-economic problems of the population, such as poverty, low living standards, low education, and declining environmental status (Wicaksono et al., 2016).

Efforts made by the government, especially the National Population and Family Planning Agency (BKKBN) in reducing the fertility rates in Indonesia, yielded good results with the decline in the TFR rate in Indonesia in 2017 to 2.4. In this case, the TFR of 2.1 is the ideal standard of achievement for all countries (population grows in balance). With a TFR of 2.1, 2 children born will only replace their parents. In the long term, the population in a country with a TFR of 2.1 will experience zero population growth (Netral, 2019). With the declining number of TFRs, it is hoped that the country of Indonesia can achieve the demographic bonus. Demographic bonus is a condition where the composition of the population of productive age (aged 15-64 years) is greater than that of the population of unproductive age. The demographic bonus has a positive and beneficial value for the economy and increased welfare if it is managed professionally, therefore efforts and readiness are needed to be able to achieve the demographic bonus by developing the potential of abundant natural resources, developing the nation's character, and creating quality human resources.

Jakarta is the capital city of Indonesia which declared the city with the most populous population in Indonesia. The total population density in Jakarta currently reaches 16.704 people/km2. Based on the latest data from the Department of Population and Civil Registration, the total population of Jakarta in 2019 reached 11.063.324 people, this number includes 4.380 foreign citizens (Sectoral Statistics of Jakarta Province), whereas based on several urban observers, Jakarta is designed to only be inhabited by a maximum of seven million people. Based on the 2017 IDHS, the TFR in Jakarta Province has decreased from 2.4 to 2.2 but has not yet reached the target of 2.1(SDKI, 2017). If the TFR stagnation occurs in Jakarta, it can cause a population explosion and a burden on the economy, education, health, and employment. According to the Central Statistics Agency for the province of Jakarta, the poor population in Jakarta increased by 118.6 thousand people to 480.86 thousand people in March 2020. Jakarta became the region with the highest unemployment rate, at 10.95 percent, which reached 572,780 people, in 2020.

Therefore, if we look at the population density and various problems that arise due to the high population and population density in Jakarta, it is necessary to have a deeper study of the determinants of fertility stagnation in Jakarta. In this study, an analysis was conducted to determine the variables that have the closest correlation with fertility stagnation in Jakarta. The results of this study are expected to be used as an evaluation of the policies of the programs that have been implemented and the plan for making programs to achieve the predetermined TFR target.

METHOD

This research is an analytic observational study with a cross sectional approach. The samples used were all women

of childbearing age in the 2019 Jakarta Provincial SKAP data. The study took a total sampling of 1323 women of childbearing age in the 2019 SKAP data. The data were analyzed in three stages including descriptive, bivariate and multivariate analysis. Bivariate analysis using the Chi square test, multivariate analysis using logistic regression Wald test. The instrument used in this study is a raw table from the 2019 Jakarta Provincial SKAP data. Ethics in this study include researchers getting permission directly from the Center for Development and Training for Empowerment, Child Protection and Population Control and Family Planning for the Jakarta Province to analyze the Jakarta Provincial SKAP 2019 data. The researcher did not know directly the identity of the research sample in the SKAP survey data, so the confidentiality of the sample was guaranteed.

RESULTS

Results of Analysis of the Relationship between Characteristics, Reproductive Services and Reproductive Behavior on Fertility Stagnation in Jakarta Province based on SKAP 2019 data.

Table 1. Relationship of Respondents Characteristics to Fertility Stagnation in Jakarta Province based on SKAP 2019 data

Variables	Fertility ≤ 2 (n=904) *f* (%)	Fertility > 2 (n=419) *f* (%)	P Value
Age			
≤ 20 dan ≥35 years old	516 (57.1%)	352 (84%)	0.000*
20-34 years old	388 (42.9%)	67 (16%)	
Education			
≤High School	726 (80.3%)	353 (82.4%)	0.086*
≥ College	178 (19.7%)	66 (15.8%)	
Work			
Does not work	547 (60.5%)	296 (70.6%)	0.000*
Working	357 (39.5%)	123 (29.4%)	
Decision makers			
Women	260 (28.8%)	140 (33.4%)	0.087*
With spouse/partner	644 (71.2%)	279 (66.6%)	

Description: * *Chi-square tests*

Based on the data in table 1, it was found that there was a significant relationship between age and work characteristics with stagnation of fertility in Jakarta province (p value = 0.000), while the characteristics of the last education level and decision makers for family planning do not show a significant relationship (p value > 0.05).

Table 2. Relationship of Respondents' Reproductive Health Services to Fertility Stagnation in Jakarta Province based on SKAP 2019 Data

Variables	Fertility ≤ 2 (n=904) *f* (%)	Fertility > 2 (n=419) *f* (%)	P Value
Sources of Family planning services			
Advanced Health Facilities	64 (7.1%)	88 (21%)	0.000*
Primary Health Care	290 (32.1%)	142 (33.9%)	
Village midwife, PLKB, friends/relatives, family planning cadres	126 (13.9%)	47 (11.2%)	
Pharmacies/drug stores, Shops	95 (10.5%)	43 (10.3%)	
Forgot/Don't Know	329 (36.4%)	99 (23.6%)	
Media			
Exposed	560 (61.9%)	247 (58.9%)	0.298*
Not Exposed	344 (38.1%)	172 (41.1%)	

Description: * *Chi-square tests*

Based on the data in table 2, it was found that there was a significant relationship between reproductive health services based on the place/source of getting family planning and fertility stagnation in Jakarta province (p value = 0.000), while media exposure to family planning did not show a significant relationship (p value > 0. 05).

opinion about the ideal number of children (p value < 0.000).

Table 3. Relationship of Reproductive Health Behavior to Fertility Stagnation in Jakarta Province based on SKAP 2019 Data

Variables	Fertility ≤ 2 (n=904) *f* (%)	Fertility > 2 (n=419) *f* (%)	P Value *
Age of starting to live with the first partner			
≤ 20 and ≥ 35 years old	331 (36.6%)	234 (55.8%)	0.000 *
20-34 years old	573 (63.4%)	185 (44.2%)	
Contraceptive Method			
Long term contraception	113 (12.5%)	131 (31.3%)	0.000 *
Short term contraception	415 (45.9%)	181 (43.2%)	
No contraception, Pregnant	376 (41.6%)	107 (25.5%)	
Use of Health Insurance in contraception			
Yes	860 (95.1%)	386 (92.1%)	0.03*
No	44 (4.9%)	33 (7%)	
Opinion of the ideal number of children			
≤ 2 kids	625 (69.1%)	182 (43.4%)	0.000 *
>2 kids	279 (30.9%)	237 (56.6%)	

Description: * *Chi-square tests*

Based on the data in table 3, it was found that there was a significant relationship between reproductive health behavior based on age at the start of life with the first partner, the family planning method used, the use of health insurance in family planning and the respondent's opinion or

Table 4. Multivariate Analysis of Characteristics of Fertility Stagnation in Jakarta Province based on SKA 2019 Data

Variables	Coefficient	S.E	Wald	df	P Value *	OR	CI 95% Min	CI 95% Max
Age	1.415	0.151	83.333	1	0.000	4.116	3.064	5.528
Work	0.544	0.132	17.057	1	0.000	1.724	1.331	2.232

*Analysis with Wald Test logistic regression

Based on Table 4, statistical analysis shows that there is a significant relationship between the characteristics of age and occupation with stagnation of fertility (p value = 0.000). The Odd Ratio (OR) at the age is 4.116 (CI 95% 3.064-5.528), statistically means that women of childbearing age with age <20 years and >35 years in this group have the opportunity 4.116 times to have children >2. The OR at work is 1.724 (CI 95% 1.331-2.232), statistically means that women of childbearing age who do not work have the opportunity 1.724 times to have children >2.

Table 5. Multivariate Analysis of Reproductive Services on Fertility Stagnation in Jakarta Province based on SKAP 2019 Data

Variables	Coefficient	S.E	Wald	df	P Value*	OR	CI 95% Min	CI 95% Max
Sources for family planning services	-0.114	0.044	6.786	1	0.009	0.892	0.818	0.972

*Analysis with Wald Test logistic regression

Based on Table 5, statistical analysis shows that there is a significant relationship between the source (place) of family planning services and stagnation of fertility

(p value = 0.009). The OR value at age was 0.892 (95% CI 0.818-0.972), statistically means that women of childbearing age who access primary health facilities has a chance of having children >2 by 0.892 times.

Table 6. Multivariate Analysis of Reproductive Behavior on Fertility Stagnation in Jakarta Province based on SKAP 2019 Data

Variables	Coefficient	S.E	Wald	df	Nilai p^*	OR	CI 95%	
							Min	Max
Age	0.812	0.125	42.024	1	0.000	2.253	1.763	2.881
Contraceptive method	-0.225	0.071	9.966	1	0.002	0.799	0.695	0.918
Health Insurance	-0.336	0.254	1.743	1	0.187	0.715	0.434	1.177
Opinion of the ideal number of children	-1.132	0.126	80.488	1	0.000	0.322	0.252	0.413

* Analysis with Wald Test logistic regression

Based on Table 7, statistical analysis shows that there is significant relationship between age at first marriage, contraceptive method, and opinion about the number of children with stagnation of fertility (p value <0.05). The OR (odd ratio) value was obtained at the age of 2.253 (CI 95% 1.763-2.881), statistically means that women of childbearing age who married for the first time at the age of 20 years and > 35 years has a chance of having children > 2 by 2.253 times. The OR (odd ratio) value for the contraceptive method is 0.799 (CI 95% 0.695-0.918), statistically means that women of childbearing age who use short-term contraceptive has a chance of having children >2 by 0.799 times. The OR value obtained in the opinion of the ideal number of children in a group of family >2 fertility is 0.322 (95% CI 0.252-0.413). Statistically means that women of childbearing age who think that the ideal number of children is more than two children has a chance of having children >2 by 0.322 times.

DISCUSSION

The Relationship Between the Characteristics of Women of Childbearing Age and Fertility Stagnation in Jakarta

In the group of fertility >2, the majority age is in the 35-49 years (84%). Women are not advised to give birth at the age of 35 years and over, because pregnant woman at that age are at risk. Chi-square analysis in this study obtained a significant relationship between the age of women of childbearing age and fertility stagnation (p value = 0.000). The incidence of unmet need is significantly related to the age of women, where after the age of the mother is 35 years the unmet need tends to decrease (Nzokirishaka & Itua, 2018). Women aged between 40-44 years are 3 times more likely to use long-term contraceptive methods and steady contraception than women aged 15-19 years (Bulto et al., 2014).

This is in accordance with Syahmida's 2016 research, which stated that the proportion of women who have 1-2 children will increase in line with the increasing age of giving birth to their first child, starting from the age group of 15-29 years, and this figure decreases in women who give birth for the first time in the age group of 30 years or more. It means, those who have relatively few children, appear in those who are young. While the proportion of women who have more than two children is highest in those who gave birth to their first child aged 30 years or older (Arsyad, 2016). According to the Ministry of Health (2010), based on the view of maternal health, giving birth at the age of <20 years or >35 years is a non-reproductive age and is included in high risk (both anatomically and physiologically of the reproductive organs). Age also affects the readiness of a woman to

accept responsibility as a mother so that she can care for and raise her child well.

Characteristics based on SKAP data in 2019, the education of respondents in the group of fertility <2 majority of ≤ high school graduates (80.3%) and (82.4%) in the group of fertility >2. In this study, there is no significant relationship between education and fertility stagnation p=0.086. According to Paskasius 2019, stated that higher education participation has a significant influence on fertility rates in Indonesia(Severus, 2019). Access to higher education does have a role in reducing fertility rates by looking at and measuring through the number of children born and the number of children desired, then higher education can influence women in deciding to have children(Tequame & Tirivayi, 2003).

Woman of childbearing age with high education, will understand about family welfare in creating a happy and quality small family. The use of contraception to space pregnancies will be higher used by highly educated couples. Nowadays, awareness about education is getting better, so that many of the population in adulthood will receive higher education, especially women will be increasingly aware of the need for education, which then indirectly women practically make trade-off for their free time to pursue education. Higher education which also indirectly affects fertility rates because women tend to delay marriage and limit the number of children, they have in order to work.

There is significant relationship between work and fertility stagnation (p=0.000). In both groups, most respondents as housewives (60.5%) in group of fertility <2, and (70.6%) in group of fertility >2. Work is generally a time-consuming activity, and it will have an influence on the family. Women who are not working will tend to have more than two children when compared to working woman, so that it will indirectly affect their status in using contraception. Women of childbearing age who do not work, have a high risk of experiencing unmet need compared to working mothers (Nurjannah & Susanti, 2017). Women's participation in the work has an important role in reducing fertility, but certain types of work are not affecting the amount owned child (Hana Anita, Nugroho Joko, 2012)

There is no significant relationship between the decision-making variables for family planning with stagnation of fertility (p=0.087). To determine the choice of contraception method, most use deliberation between husband and wife. The decision to use contraception is indeed a husband's decision, regarding the partner's reproductive health and having children or not is the joint responsibility of the partner (Ginting, 2018)

Relationship between reproductive services and fertility stagnation in DKI Jakarta

Reproductive services in this study are divided into sources of family planning services and information media for family planning services.

The largest sources of contraceptive services in Jakarta Province are in primary health facilities such as public health center, mobile family planning units, Poskesdes, private clinics, general practitioner clinic, obstetrics and gynecology specialist, midwives and Polindes. The choice of a place to get family planning services can be influenced by various things. Satrianegara, in 2019 stated that the availability of health services is about the completeness of equipment contraception, contraceptive services, design of rooms, and transportation to the place of family planning services. If the facilities and infrastructure are comfortable, complete equipment, good service, the public's interest in contraceptive services can increase (Sri Setiasih, Widjanarko Bagus, 2013)

There was a significant relationship between sources of family planning services and fertility stagnation in Jakarta Province (p value = 0.000), this is in accordance with Nilawati 2020 which states that there is a significant relationship between family

planning services and contraceptive use (p value = 0.014) (Umboh & Tendean, 2020). The multivariate analysis obtained that there was a significant relationship between the source (place) of family planning services and fertility (p value = 0.009). The OR (odd ratio) value for family planning services was 0.892 (95% CI 0.818-0.972). This means that women who access primary health facilities could have children >2 by 0.892 times. Nilawati (2020) states that female respondents aged 15-24 years who had access family planning services through the private sector will be 4.000 times more likely to use contraception (OR 4.000) compared to women who choose services in the government sector (Umboh & Tendean, 2020).

Based on the analysis above, it is important for women of childbearing age to have access to permanent and appropriate contraceptive services at health facilities, both government and private. The efforts to increase contraceptive coverage for contraceptive service providers, both government and private are carried out by evaluating the ongoing family planning program, because the success of the family planning program is also determined by the contraceptive services that provided to clients. According to Affandi Biran (2011), quality contraceptive services in family planning programs include services tailored to client needs, clients are served professionally with quality, maintain confidentiality and privacy, short waiting times, officers provide information about various contraceptive methods available, contraceptive materials and devices are available in sufficient quantities, have a dynamic supervision system to help resolve problems that may arise in the service (Biran, 2014).

The results of the bivariate analysis on the 2019 SKAP data, both showed that there was no significant relationship between media exposure to family planning information and fertility stagnation (p value> 0.05). Karmiah's research (2017) shows that there was a significant relationship between the provision of information and the use of family planning contraceptive services (p value = 0.036)(Karmiah, 2017). Badrun Munandar's (2017), states that 58.2% of respondents receive more family planning information through television, because television is a media that presents information by displaying interesting audio and visuals, so that it becomes a source of information about family planning that can be obtained by the public (Munandar, 2017).

Bruce (1990) stated that the provision of information is an important element in the quality of family planning services and contributes to contraceptive acceptance and client satisfaction (Munandar, 2017). Information about adequate family planning methods will help clients to make choices in determining the right method of contraception. Providing adequate information will increase the knowledge and understanding of clients starting from indications, contraindications, side effects and access to services that will assist clients in overcoming problems that arise due to the use of contraception. Access to information provided through the media can increase knowledge and awareness which in turn can affect a person's attitude and behavior in family planning.

According to researchers based on the description above, the use of media in family planning promotion activities and programs has a direct influence on changes in individual behavior in deciding whether to use family planning and family planning methods. 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 sources. However, respondents who received family

planning information did not all agree about family planning, while on the other hand, people who did not receive information about family planning did not all agree with family planning. This is because the views of everyone are different in responding to messages conveyed through an information. Secord & Backman (1964) in Badrun Munandar (2017) say that public perception is a process of forming impressions, opinions, or feelings about something that involves the use of information in a directed manner, therefore everyone's perception is different in responding to family planning information conveyed from various sources (Munandar, 2017). Providing information about family planning from various sources of information and media is something that is really needed by all women of childbearing age. The use of electronic media in providing information about family planning must be supported by the provision of information by health workers, cadres, and families so that they can increase women's knowledge about family planning and can determine the choices in choosing a family planning method.

Relationship between female reproductive behavior and fertility stagnation in Jakarta

Based on statistical results, there was a significant relationship between age ≤ 20 years and > 35 years with stagnation of fertility in Jakarta province (p value <0.05). The multivariate test found that the OR at the age of starting life with the first partner was 2.253 (95% CI 1.763-2.881), statistically means that women of childbearing age who married for the first time at the age of ≤20 years and > 35 years had the opportunity to have children > 2 by 2.253 times. Based on the data above, the researcher assumes that the age factor of living with the first partner is one of the determinants of the occurrence of stagnation of fertility in Jakarta and the chance is greater at the age of ≤20 years and >35 years. Yuridista Putri Pratiwi (2012) in an analysis of the 2012 IDHS data found that the married age factor <18 years had a 2.5 times risk of having more than two children (Y. P. Pratiwi, 2014). Syahmida (2016) found a significant relationship between the age of giving birth to the first child < 20 years and the number of children he had with more than two children (p value = 0.001) (Arsyad, 2016). Research by Zulwida Rahmayeni (2016) states that there is a longer chance of a woman who married at an early age to give birth more, due to a longer reproductive period (estimated 35 years before entering the menopause phase) (Rahmayeni, 2016). Women who marry before age of 20, has a risk in terms of women's reproductive health (physical aspect) and the risk of marriage readiness. In Nita Astuti (2020) it is stated that maturity is needed in terms of age to prepare for marriage. Men and women of childbearing age who are less than 20 years old, need to think carefully about the concept of a household that will be undertaken both in terms of mental readiness, economic, and physical preparation, and health, including the concept of the number of children and the quality of parenting.

Based on SKAP data in 2019, most of the fertility group >2 used short-term family planning (pills, injections) by 43.2% and most of the fertility group ≤2 children also used short-term family planning methods at 45.9%. Based on statistical results, there is a significant relationship between family planning methods and fertility stagnation in Jakarta Province. The multivariate test obtained a significant relationship (p = 0.002) with the OR value for the current family planning method of 0.799 (95 % CI 0.695-0.918), statistically means that woman of childbearing age who use short-term contraceptive methods could

have children >2 by 0.799 times. Pratiwi (2019) found a significant relationship between the use of injectable (short-term) contraception on the number of children, with an average of 2-3 children being born. Hadiyanto's research in 2017 (in Pratiwi, 2019) found that the use of short-term contraceptive methods had more influence on society than long-term contraceptive method (D. Pratiwi, 2019).

Descriptively, it was found that respondents who use long-term contraceptive methods on average had 4-5 children, and this method was only used for older women (age more than 35 years). Setiasih's research (2016) found that the most influential factors in the selection of long-term contraceptive methods were attitudes, knowledge, availability of family planning services, and support from family planning service officers (Sri Setiasih, Widjanarko Bagus, 2013). The attitude factor describes a positive acceptance of their choice for choosing long-term contraceptive methods. This is also indirectly influenced by the knowledge (both formal and informal) of the respondents, the support of family planning service officers, and the availability of family planning tools and services in the respondent's area of residence.

Based on statistical results, there was a significant relationship between not using health insurance in family planning services and fertility stagnation in Jakarta Province.

The Central BKKBN research (Oktriyanto, 2016) on the Implementation of Family Planning Services in the National Health Insurance found that respondents' knowledge about JKN was relatively high, but the status of BPJS card ownership still low and the utilization of BPJS Health insurance are low(Oktriyanto, 2016). Lusia's research (2019) found a significant relationship between the use of health insurance and the selection of long-term contraceptive methods. Winner et al, 2012 (in Lusia 2019) stated that family planning acceptors who do not have health insurance, tend to choose short-term family planning methods (predominantly choose injectable family planning). Oesman's research (2017), states that the utilization of BPJS health insurance for family planning services is very low at 11.6% (Oesman, 2017). Another result is that by utilizing BPJS health insurance, it can encourage family planning acceptors 4 times to use long-term contraception. By using long-term contraception, the fertility rate can be suppressed.

Based on statistical results, there was a significant relationship between the opinion of the ideal number of children in the family and stagnation of fertility in Jakarta Province. The OR value in the opinion of the ideal number of children in the group of family >2 is 0.322 (IK95% 0.252-0.413), statistically means that woman of childbearing age who think the ideal number of children is more than two children could have children >2 by 0.322 times.

Mestika's research (2015), found that support from family and community is a factor that influences couples of childbearing age in determining the number of children they will have. This research was conducted in rural areas, where public opinion is still seen as a moral support for newly married women (Mestika, 2016). Oktriyanto's research (2015) found that families who living in rural locations with the characteristics of getting married at a young age, low income, have many children, and few who received visits from family planning officers resulted in the number of desired children being more than families in urban areas (Oktriyanto et al., 2015).

This study was conducted in Jakarta Province with the type of location of urban

residence. SKAP data showed that the majority respondents only graduated from high school in the fertility group >2 children (82.4%) and the fertility group ≤2 children (80.3%). Characteristics of education of women of childbearing age in this study statistically significant correlation with fertility stagnation in Jakarta Province, so the researcher's perception is that the characteristics of education in Jakarta are not evenly distributed up to universities. There are other things that can affect it, such as variations in the characteristics of respondents in Jakarta are immigrants from outside Jakarta, still adhere to eastern culture who listen more to the advice of parents and customs from the area where they live and other factors that require more in-depth research.

CONCLUSIONS

The determinants of fertility stagnation in Jakarta are very diverse, thus requiring cross-sectoral collaboration in efforts to increase family planning coverage to achieve replacement fertility levels. It is very important to make innovation on social media to inform the purpose of marriage and parenting patterns, especially in shaping the perception/mindset of the ideal number of children and is associated with the goals and benefits of family planning.

This study used secondary data from the 2019 Jakarta SKAP data using a questionnaire that has been tested, calculating the number of accurate respondents that related to the stagnation of TFR in Jakarta. Recommendations for health workers in an effort to reduce TFR in Jakarta are consistency and innovation in conducting education, communication and counseling efforts about the reproductive system, the benefits and goals of family planning, the purpose of marriage, and knowledge of parenting. The researcher hopes that there will be further research using qualitative methods in exploring the root cause of the stagnation of TFR in Jakarta.

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