



The Quality of Family Planning (FP) Program through Family Information System in Banda Aceh City

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A B S T R A C T

This study aims to analyze the service quality of the Family Planning (FP) program through the family information system (SIGA) in Banda Aceh City. The problem in this study is how the quality of FP program services is implemented through a family information system and how the strategy is to improve family planning services in the Banda Aceh city government. The approach used in this research is qualitative. The data collection technique was carried out through interviews using interview guides as instruments. The informants were 20 people, determined by purposive sampling technique, consisting of officers providing contraceptive service data, leaders of health facilities (Public Health Center, Public Health Center Help, and private clinics), contraceptive users who received services at these health facilities, and local government civil servants working for the FP program. The analysis was carried out by categorizing words and classifying answers from interviews. Transcripts and voice recordings are sorted by source and interview date. This study found that there were 7 (seven) themes in the quality of FP services in Banda Aceh City, namely: 1) Easy access to health facilities; 2) Some small obstacles in the field; 3) The use of procedures in family planning services, especially contraceptive services; 4) The selection of contraceptives by the acceptors and the use of the ABPK flipchart in FP counseling have a good effect on the acceptors' decisions in choosing contraceptives; 5) The recording and reporting of contraceptive services is very adequate; 6) Good attitude of health facilities staff in providing FP.

INTRODUCTION

2014 nationally was the year the National Health Insurance System (SJKN) was launched. Family Planning Services is one of several focuses of health services in the program. The government issued Government Regulation Number 87 of 2014 concerning Population Development and Family Development, Family Planning, and Family Information Systems to regulate in more detail the mechanism for implementing the Population Program, Family Planning and various places, such as Community Health Centers, Government and Private Hospitals, Doctors' Practices and the Practice of Independent Midwives, as well as other KB Health Facilities which are carried out through the KKBPK Program Recording and Reporting Sub-System.

Furthermore, in Article 4 of Government Regulation Number 87 of 2014 concerning Population Development and Family Development, Family Planning, and Family Information Systems, the Government establishes a national policy on population development and family development as part of the long-term, medium-term development plans, and government work plans. According to the explanation of PP No. 87 of 2014, the government's duties and responsibilities in implementing Family Planning are carried out by the National Population and Family Planning Agency (BKKBN) which includes coordination between agencies, formulation of national policies, setting norms, standards, procedures and criteria, implementation of advocacy and coordination.

The problems that often arise in the provision of family planning services in the city of Banda Aceh are first, there are still several primary health facilities that do not have a special room

for family planning services, causing a lack of privacy for health workers to carry out family planning counseling and services including recording and reporting related to contraceptive services (BKKBN-Aceh) et al., 2018). Second, although the availability of midwives in contraceptive services in the city of Banda Aceh is adequate, the ratio of the number of contraceptive services in 2018 to the number of midwives and the number of administrative staff is 1/142 and 1/1352. (BKKBN-Aceh) et al., 2018), however, there is still a shortage of human resources for the KB Faskes staff who provide data on family planning services. This deficiency can be seen from the dual function of the officer as a registrar as well as a provider of family planning services. The high frequency of mutation in officers is another reason. The provision of data that should be carried out by administrative officers must be carried out by Midwives and Health Nurses where the two professions should only provide family planning services and counseling. Third, the competence of health facilities staff is another problem. One of them is the lack of mastery of the health facilities staff on how to provide data on family planning services by the technical guidelines provided. Next is the number of health facilities officers who have received training in recording and reporting family planning services (BKKBN-Aceh) et al., 2018) it was noted that there were only 7.77% of midwives, 1.46% of health nurses, and 21% of administrative officers had attended training in recording and reporting family planning services. (BKKBN-Aceh) et al., 2018). For example, a lack of understanding in recording, one of which is an error in recording family planning acceptors instead of the method registered as new family planning acceptors, which has an impact on the high number of

family planning participants. Fourth, family planning extension workers (hereinafter abbreviated as PKB) and KB Field Officers (hereinafter abbreviated as PLKB) as liaison officers between the practice of doctors and independent practice midwives, which are networks of family planning health facilities, have not been able to fully carry out their functions as liaison officers so that the coverage of service results from the network is not recorded properly (BKKBN-Aceh et al., 2018). For example, the reported lack of results from family planning services on the network resulted in the unrecorded new family planning acceptors at the family planning health facilities. In addition to the problems mentioned above, there are still independent practicing doctors and midwives who do not report the results of their services because the contraceptive tools and drugs used are not from the family planning health facility (BKKBN-Aceh et al., 2018). Fifth is the question of Informed Consent (Medical Action Take Approval Sheet) as an important instrument in the system for providing family planning service data which is used to protect doctors and midwives as KB Fasje's officers who carry out long-term contraceptive methods (hereinafter referred to as MKJP) and injections. However, there are still 42% of injection family planning acceptors and 25% of MKJP family planning acceptors who received medical treatment without being recorded on the Informed Consent sheet (BKKBN-Aceh et al., 2018).

In addition, the use of the Family Information System (SIGA) in practice has several obstacles in the field. Delays in the distribution of reports often occur in several districts/cities in Aceh Province, including Banda Aceh City. There are often delays from the health facilities and family planning clinics so that PKB/PLKB and SKPD in the sub-districts do not receive reports. This hinders the distribution of reports to data managers in districts/cities. Another thing is the lack of supporting facilities in data management, such as the internet network and computer equipment that are no longer adequate, affecting the utilization of SIGA by field staff. This is certainly very hampering the monthly reporting process of PKB/PLKB who still do not understand how to make detailed and accurate reports.

In line with the above problems, this study aims to 1) analyze the quality of the family planning program services implemented in the city of Banda Aceh; 2) Analyze the supporting and inhibiting factors of family planning services through the Family Information System (SIGA) in Banda Aceh City; 3) Analyzing strategies that can be proposed to local governments in improving family planning program services in Banda Aceh City.

METHOD

This research is a descriptive study using qualitative methods. Suhasini Arikunto stated that descriptive studies are studies that do not have initial assumptions (hypotheses). (Arikunto, 2006). Meanwhile, Hadari Nawawi added that the descriptive study design is "procedures for solving problems that are investigated by describing the current state of the subject/object of research based on the facts that appear or as they are" (Nawawi, 2001).

The informants in this study were 20 people consisting of 6 main informants, data provider officers (doctors/midwives/nurses) in charge of providing data on contraceptive services in government and private health facilities, 6 leaders of primary health facilities such as health centers, private clinics and The Pustu where the main informant works and 6 family planning acceptors from the community who receive

services like family planning acceptors at the health facility. The last two informants interviewed were government officials working for health and family planning services, namely from the 1) Office of Women's Empowerment, Child Protection, Population Control, and Family Planning in Banda Aceh City; and 2) Banda Aceh City Health Office.

In this study, the data collection method was carried out through interviews through 18 questions to obtain data and information related to the research problem. Interviews were conducted face-to-face with informants regarding the object of the research. This study aims to describe the performance of health facility workers related to the provision of family planning service data at government and private clinics in the city of Banda Aceh. The analysis is done by categorizing words and classifying the answers from the interviews. Interview transcripts and voice recordings were sorted according to the type of data, source, and date of interview activity. Coding is important in this qualitative analysis process.

RESULTS AND DISCUSSION

The research, which was conducted in Banda Aceh City, involved 20 informants in total, consisting of 6 health facilities officers who served as data providers for contraception services at government and private health facilities in Banda Aceh City as main informants, 6 leaders at these health facilities and 6 family planning acceptors who received contraceptive services at these health facilities. The last two informants are officials who work in local government agencies related to health and family planning services.

Interviews began in mid-February 2020 with 4 informants. The implementation of the protocol for the Covid-19 Pandemic in Aceh Province requires that field interviews be temporarily suspended from mid-March to the end of June 2020. Field interviews were continued with 14 other informants in the period July 2020 to November 2020. Live interviews were recorded with the help of an audio recorder, which is then transcribed in written verbatim form. Meanwhile, interviews with 2 informants of Banda Aceh City government officials were conducted in August 2021.

The results of the coding of interview transcripts, this study found that there were 7 (seven) themes in the quality of Family Planning services in Banda Aceh City, namely: 1) Access to health facilities was easy; 2) Some small obstacles were still found in the field; 3) Family planning services, especially contraceptive services, have been carried out by the following procedures: 4) The selection of contraceptives by the acceptors and the use of ABPK in family planning counseling have a positive effect on the acceptors' decisions in choosing contraceptives; 5) The recording and reporting of contraceptive services have been very adequate; 6) Health facilities staff show a good attitude in providing family planning services, and 7) Several communication strategies have been developed by local governments to attract new prospective family planning acceptors.

First, the theme shows that acceptors are now easy to reach health facilities because most of the health facilities are located in strategic locations. This is as stated by AY (48 years old, Head of Health Facilities):

"This health facility is easily accessible to patients who want to get family planning services. This may be because the location of this health facility is located in a strategic area"

t's just that some other obstacles are still found in the field following the findings in the second theme, such as the reluctance of acceptors to install IUDs during the month of Ramadan due to religious factors, the lack of spotlights that are urgently needed by officers in installing contraceptives, and the lack of availability of free injections from the government when people need them. One of them is as stated by EM (48 years old, Head of Health Facilities):

"I understand the community's needs but I can't do anything when their complaints are related to the unavailability of injections that are available free from the government"

The results of the study found that family planning acceptors' access to contraceptive services in Banda Aceh was easy to reach through the Posyandu, home visits, service scheduling, strategic location of health facilities, and activities close to the community that showed empathy from family planning service officers. In getting services, acceptors also feel the effectiveness of time as a form of responsiveness from officers where they don't have to wait too long and the availability of night services by private health facilities. This is supported by previous research which states that good access can occur due to several factors including the distance of the acceptor's residence which is relatively close to the health facility and the presence of Posyandu around the acceptor's residence (Kesuma, 2020). This study found that the use of online applications as infrastructure support by data officers was also very minimal due to the busyness of taking care of patients and assuming that entry for contraceptive services could be carried out by PKB. The officers prefer to use the form manually because of the technical instructions and ease of use. In the recording and reporting system, the lack of use of online facilities can also be caused by several things, including the lack of supporting facilities such as computers that can be used specifically and the lack of clear division of tasks between human resources to perform online data entry (Handayuni, 2019).

Third, they explained that the family planning service itself had been carried out by the procedure. The use of routine informed consent is mainly given for MKJP such as IUD and KB implants. Infrastructure facilities to support contraceptive services are also adequate in almost all health facilities in Banda Aceh City. The provision of services is not hampered by time constraints, which are by the procedures applied at the health facilities concerned. For example, the installation of IUDs and Implants has a special time, namely in the afternoon. Health workers who are mostly trained and alert in providing services also have a good impact on the enthusiasm of couples of childbearing age to use contraception. In addition, paid contraceptive services are only for services at private health facilities while services at government health facilities are free.

"My partner and I have signed a spiraling action-taking consent form. When you get these family planning services, you don't have to wait long for them to be implemented MOW/Tubectomy. After registering for family planning services, acceptors are immediately served according to the schedule and provisions of the health facility." (IP, 29 years old, family planning acceptor)

"I try to provide the best service for patients. Even if there are patients who come to my Pratik Mandiri, I still direct them to Puskesmas so that the services are free." (SB, 52 years old, PKM leader)

Method Hormonal methods such as injections and pills are more preferred by couples of childbearing age in Banda Aceh City compared to non-hormonal methods such as IUDs and KB

implants. Health facilities in Banda Aceh are also not too difficult to get new acceptors every month with around 5 acceptors for private midwife clinics and around 10 acceptors for primary health facilities. The tendency of couples of childbearing age to want to become acceptors and prefer the use of hormonal contraceptives is due to several things, including the positive attitude of EFA towards the effects of hormonal contraception, ease of use, and recommendations from partners (Liwang et al., 2018). The use of ABPK Flip Sheets can affect the knowledge and attitudes of acceptors to prefer non-hormonal contraceptives over hormonal contraceptives (Saraswati, 2019). However, this is not the case in Banda Aceh City, although the results of this study found that the use of ABPK and informed consent had been applied in every contraceptive selection counseling to assess assurance of the quality of public services. This is supported by previous research which found that the low use of MKJP was caused by the high cost of financing MKJP services in the JKN era (Rodiani et al., 2020). Although this study found that acceptors need to pay for services provided at private health facilities and do not need to pay for services by government health facilities, the research by Rodiani et al. (2020) states that family planning services, especially after childbirth, do not only include the installation of contraceptives but also include the use of contraceptives. consultation fees, ultrasound, laboratory, and consumables, all of which are not covered by BPJS.

The fourth theme shows that new acceptors choose contraception on their conscience after receiving counseling from family planning officers and generally couples of childbearing age prefer to use Pill and injectable contraceptives. The following interview excerpt is one example.

"I use the ABPK flip sheet to help with counseling so that the acceptor has a better understanding of the tools of contraception. After being counseled, they consciously choose their Alcon. The most injections and pills." (AF, 38 years old, health facility officer)

The fifth theme shows that the recording and reporting of contraceptive services are of particular concern in this study. Almost all Health Facilities Officers who served as Data Managers have received Training and Reporting (RR), especially manually by filling out the form provided by the BKKBN. The RR was controlled manually by the Health Facility staff according to the technical instructions. Validation of data obtained from the field is also carried out by officers before filling out the RR form manually. Although some officers have received training for data entry online, they prefer to do it manually which will then be entered online by the PKB in charge of the working area of the Health Facility. Health facilities staff themselves are not aware of the legal basis for using online applications for recording and reporting family planning services. The following interview excerpt is one example.

"I have never used an online application for family planning reporting entry. Usually, the data manager for this health facility will manually provide data to the PKB for this health facility area. If an online application has been implemented, the data manager is willing to use it following the applicable rules." (MZ, 48 years old, Health Facility Officer)

"The recording and reporting of family planning services at these health facilities will be documented in a book related to family planning services." (NI, 51 years old, Head of the Pustu).

The results of the study also showed that the health facilities' data management officers had documented and used the contraceptive service form by the technical guidelines provided

by the BKKBN. This is to the findings by Istri and Fitriani (2017) that good cooperation between the BKKBN and health facilities officers in terms of providing education and training can improve the performance of health facilities related to recording and reporting of family planning programs in the field (Bartini, 2017).

The sixth theme explained that the attitude of the health facilities staff was considered good in providing family planning services in the form of providing support and information on contraceptive services for postnatal mothers with the aim that these women could immediately use postnatal contraceptives. The officer is responsive to the needs of the acceptor and provides KIE KB according to the situation and condition of a couple of childbearing age themselves.

"This health facility is easily accessible to patients who want to get family planning services. This may be because the location of this health facility is located in a strategic area. Every mother who gives birth at this health facility will be given detailed information about family planning, childbirth will return to this health facility to carry out contraceptive services."(AY, 48 years old, Head of Health Facilities)

An interesting finding from this research is some of the results of the analysis that show the opposite condition of the problems described in the background. The lack of service providers due to the low ratio of the number of health workers and couples of childbearing age, which was initially a problem in several health facilities, did not appear to be a finding in this study. This can be caused by several things because the role of PKB is to advocate and communicate to the community by going directly to the grass-root. Lette (2018) also found that PKB was able to carry out its function as a liaison task well and replaced the role of health workers on duty at the clinic in terms of recording and reporting online. Thus, the problems that started at the beginning were not found in this study.

The last theme namely the seventh theme obtained in the results of this study is that the Banda Aceh City Government has implemented special strategies in attracting the interest of new family planning acceptors. Communication, Information, and Education (KIE) of family planning services is carried out through social media, as well as message delivery through family planning advertisements using local languages to attract couples of childbearing age. The City Government also often organizes competitions related to family planning to disseminate information related to family planning. Equitable distribution of training in the use of ABPK for Health Care Officers at the Puskesmas and the Pustu is also a strategic step to increase the interest of couples of childbearing age in the working area of Health Facilities using contraceptives. In addition, an approach with religious leaders and community leaders is also an important thing that is applied by the city government, in addition to the introduction of contraceptives for prospective brides and the provision of health workers in each village who are trained in providing IUD and implant installation services. The following interview excerpt explains the above information.

"We are also introducing what contraception is to the bride and groom, with the hope that later they will become family planning acceptors after they give birth to their first child. Then, our midwives at the Public Health Center and the Pustu are also required to know how to use the ABPK. Using it makes it easier for them to introduce contraceptives to the community and they become easier to know the side effects. We also approach community leaders to support this family planning program. Advertisements are also long. We participate in providing various competitions with elements of family

planning. The most important thing is that in every village there are already trained midwives to install the IUD/implant. They've been trained. I guarantee that."(BP, 55 years old, ASN at Banda Aceh City Health Office)

"Our agency has its funds to conduct training for family planning service officers. They are also expected to be able to carry out their duties in the field by service technical instructions. We also have a car lighting unit that is used to broadcast family planning counseling. There are also advertisements on the radio. Likewise, billboards with messages that use the Acehnese language so that people can understand easily. Oh yes, we also often do competitions such as writing essays, interesting posting competitions on social media, and others related to family planning messages. Oh, one more thing, the PKB who work in villages in the Banda Aceh area, is also now promoting the family planning program through their social media in an interesting way, targeting each couple of childbearing age in their respective work areas."(IN, 55 years old, ASN at DP3APPKB Banda Aceh City)

In terms of the local government strategy in improving family planning services in Banda Aceh City, this study found that the Banda Aceh City government through primary health facilities had carried out certain strategies to improve the quality of family planning services, namely by improving the quality of human resources through training as a form of creating Tangible services, in this case, are reliable (trusted) in carrying out service tasks. Although this study also found that there were still trained clinicians who still did not understand some of the procedures for using online applications, this training had been provided. The local government, in this case through primary health facilities, has also implemented standard operating procedures by conducting pre-contraception counseling first and documenting the history of acceptors' health records. This is by what was stated by Aritonang (2018) that the technical ability of officers in counseling services, installation of contraceptives, documentation of medical history, and delivery services greatly affects people's trust to continue to use the services of health workers in their family planning needs (Aritonang, 2018). The strategy carried out by the Banda Aceh City government through IEC with a local language approach is also in line with the results of research conducted in Central Java which found that providing understanding to the community by coordinating with extension officers, midwives, or cadres in villages with using leaflets, billboards, and information in the local language is considered very effective on the community's ability to receive information (Utami & Alawiya, 2021).

The seven themes obtained from the results of the analysis generally show that the quality of family planning services in Banda Aceh City is quite good, which is indicated by easy access to contraceptive services, contraceptive services that are by procedures, selection of contraceptives by acceptors preceded by counseling sessions, recording and very adequate reporting of contraceptive services as well as the development of attractive communication strategies by local governments in attracting new prospective family planning acceptors.

CONCLUSION

The results of this study have provided an explanation of the three problem formulations that have been discussed in Chapter I, namely: 1) Quality Family planning program services are implemented in Banda Aceh City, and 2) supporting and inhibiting factors for family planning services through the Family Information System and 3) Local government strategies in improving family planning services in Banda Aceh City. First, in

terms of the quality of family planning program services, it was found that public access to health facilities was easy, contraceptive services were carried out according to procedures, and the use of the ABPK flipchart in family planning counseling had a good effect on acceptors' decisions in choosing contraceptives and Health Facilities Officers showed good attitudes and responses. good in providing family planning services. Second, the use of the Family Information System has been quite good in helping to improve the quality of service for the Family Planning program in Banda Aceh City. This was found by the very adequate recording and reporting of contraceptive services by health facilities in the field. Third, this study also found that several communication strategies have been developed by local governments in promoting family planning programs, especially to attract new prospective family planning acceptors. Among them are strategies for using social media, advertisements, approaches with religious and community leaders, and KIE in regional languages.

From the results of the research, the authors can convey several suggestions which are summarized as follows: 1) Several health facilities in Banda Aceh City want additional supporting tools such as floodlights, queue chairs and separation of family planning service rooms from other polyclinics; 2) Training on Recording and Reporting and Socialization regarding online applications for health facilities staff managing data in health facilities to be further improved so that officers become more competent in their use for work effectiveness considering that mastering online applications will increase the effectiveness and efficiency of work when compared to reporting that paper-based; 3) It is important for the government in this case the National Population and Family Planning Agency to better educate and provide information to the public regarding the use of Long-Term Contraceptive Devices to get new participants using MKJP because there are still many couples of childbearing age who prefer short-term contraceptive methods; 4) For the next similar research, it is hoped that it will involve male acceptors to enrich the perspective on contraceptive services. In addition, a document review can also be added for further research. It is hoped that it will involve male acceptors to enrich the perspective on contraceptive services. In addition, a document review can also be added for further research. It is hoped that it will involve male acceptors to enrich the perspective on contraceptive services. In addition, a document review can also be added for further research.

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