

Reducing Unmet Need for Family Planning in Indonesia: A Policy Analysis Report

Mengurangi Kebutuhan yang Tidak Terpenuhi untuk Keluarga Berencana di Indonesia: Laporan Analisis Kebijakan

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Tanggal submisi: 19 Oktober 2023; Tanggal penerimaan: 27 November 2023

Abstract

The Indonesian government has already initiated many policies to reduce the unmet need for Family Planning (FP), which is one of the three zeros commitment. It is crucial to understand whether a regulatory perspective is sufficient to solve the unmet need for family planning in Indonesia. This report explores the policy response to the unmet need of FP in Indonesia. It draws from two sets of data. First, a document review contained 45 policies. The second set of data was qualitative interviews with the key informants collected as part of the policy analysis process of the unmet need of FP. Forty five policies identified in the form of decrees, government regulations, and presidential regulations related to the unmet need for FP. Three themes emerged from the analysis: demand creation, supply side, and socio-demographic factors related to women. In the demand creation, we found varying commitments of the Provincial and District Governments in managing the FP programs. On the supply side, the government guaranteed the availability of contraceptives for all public and private health facilities, as long as they are registered in the BKKBN reporting system. However, there are still problems in distributing contraceptives, especially at the district level to the facilities. The last factors related to the unmet need for FP are the socio-demographic factors, such as fertility and socio-economic factors. In conclusion, at the national level, the policy covered has been adequate to address the demand creation and supply side, but not many about couple factors. The success of FP programs depends on the local government's strong commitment to including the unmet need of FP as their strategic plans

Keywords: Family Planning; Indonesia; Policy Analysis

Abstrak

Pemerintah Indonesia telah mengeluarkan banyak kebijakan untuk mengurangi kebutuhan yang tidak terpenuhi (*Unmet Need*) untuk Keluarga Berencana (KB). *Unmet Need KB* merupakan salah satu dari komitmen tiga nol (*three zeros*). Penting untuk memahami apakah perspektif peraturan cukup untuk mengatasi kebutuhan keluarga berencana yang belum terpenuhi di Indonesia. Laporan ini mengeksplorasi respons kebijakan terhadap belum terpenuhinya kebutuhan KB di Indonesia. Laporan ini diambil dari dua set data. Pertama, telaah dokumen berisi 45 kebijakan, berikut adalah wawancara kualitatif dengan informan kunci yang dikumpulkan sebagai bagian dari proses analisis kebijakan mengenai kebutuhan KB yang belum terpenuhi. Empat puluh lima kebijakan teridentifikasi dalam bentuk keputusan, peraturan pemerintah, dan peraturan presiden terkait unmet need KB. Tiga tema muncul dari analisis ini: peningkatan permintaan, sisi penawaran, dan faktor sosio-demografis yang terkait dengan perempuan. Dalam peningkatan permintaan, kami menemukan komitmen yang bervariasi dari pemerintah daerah dalam mengelola program KB. Dari sisi penawaran, pemerintah menjamin ketersediaan alat kontrasepsi bagi seluruh fasilitas kesehatan milik pemerintah dan swasta, sepanjang terdaftar dalam sistem pelaporan BKKBN. Namun, masih terdapat permasalahan dalam pendistribusian alat kontrasepsi, terutama di tingkat kabupaten hingga fasilitas. Faktor terakhir yang berhubungan dengan *unmet need* KB adalah faktor sosio-demografis, seperti faktor fertilitas dan faktor sosio-ekonomi. Kesimpulannya, di tingkat nasional, kebijakan yang diambil sudah memadai untuk mengatasi sisi penciptaan permintaan dan penawaran, namun belum banyak mengatasi faktor-faktor yang berpasangan. Keberhasilan program KB bergantung pada komitmen kuat pemerintah daerah untuk memasukkan kebutuhan KB yang belum terpenuhi ke dalam rencana strategisnya.

Kata kunci: Keluarga Berencana; Indonesia; Analisis Kebijakan

INTRODUCTION

Reducing the number of unmet need for Family Planning (FP) has been a global concern. High unmet need for FP can lead to maternal deaths in countries, including Indonesia (1). Ahmed et al. (2012) demonstrated that identifying of a strategy

to reduce the unmet need for family planning can reduce maternal mortality globally by 29% (2). In Indonesia, the government has initiated many policies to strengthen FP services. The National Medium Term Development Plan IV 2020-2024 demonstrates the commitment of the Indonesian

government to improving the welfare of women and children to achieve the Sustainable Development Goals (3). One of them is reducing the unmet need for FP from 10.6% in 2017 to 7.4% in 2024. As with the Total Fertility Rate (TFR) in Indonesia, the number of unmet needs for FP has also experienced a downward trend, even though it had stagnated for a decade. The data shows that the unmet need for FP at the district level varies widely, indicating disparities in the implementation of family planning programs in various regions (4). Some determinant factors causing unmet needs in Indonesia are first women's involvement in decision-making (5), demographics of the women, education level, employment status, and their knowledge of contraceptives (6). It is crucial to understand whether a regulatory perspective is sufficient to solve the unmet need for family planning in Indonesia. This report explores the policy response to the unmet need of FP in Indonesia.

METHODOLOGY

This report draws from two sets of data. First, a document review to obtain a list of national policies related to unmet needs for FP. Policy identification was carried out by tracing various types of documents both online and offline in various forms of documents, including regulatory documents, strategy documents, technical guidelines, and monitoring and evaluation documents of the implementation and results of various national policies.

The second set of data was qualitative interviews with the key informants collected as part of the policy analysis process of unmet needs of SP. We did interviews with the representatives from BKKBN or the National Population and Family Planning Agency representatives at the national and provincial level, the ministry of health and health staff in Yogyakarta and Papua province, and representatives of women empowerment population control and child protection Yogyakarta and also UNFPA. We used the thematic analysis approach for the study.

RESULTS

Forty-five policies were identified, including 3 Laws of the Republic Indonesia, 2 Government Regulations, 3 Presidential Regulations, 1 Regulation of the National Development Ministry, 2 Regulations of the Minister of Health, 28 regulations from BKKBN, 1 regulation of the Minister of

Women's Empowerment and Child Protection, and 5 guidelines. The regulations generally target the central government, the related ministries, and local governments. In addition, regulations from the Ministry of health target health facilities through the provincial and district health offices. As structurally, BKKBN does not have its branches in the district and community levels; its regulations only target the provincial BKKBN and District Government Organizations for Population Control and FP (table 1).

The policy content analysis was strengthened by interviews with key informants, which then narrowed down to the three main factors, namely: demand creation, supply side and individual factors. In demand creation, there are two main things, namely strengthening the advocacy of BKKBN representatives to local governments and communities and increasing the intensity of IEC activities and family planning activities. On the supply side, it is important to pay attention to the equal distribution of contraceptive devices and drugs and also to increase the competence of family planning service implementers. In addition, attention needs to be paid to increasing access to comprehensive sexual and reproductive health education for adolescents.

Using these 3 factors, the results of the policy content analysis get 6 important findings, namely:

Finding 1: Varied commitments from provincial, district/city governments in handling family planning programs

The Law of Republic of Indonesia No. 52 of 2009 on Population Growth and Family Development shows the government's commitment in terms of creating a quality population, one is through birth control, including ensuring guaranteed access to family planning services, as well as acknowledgment of Right Based Family Planning.

The target for unmet need for family planning is included in Presidential Regulation number 59 of 2017 on the Implementation of the Achievement of Sustainable Development Goals (9.91% in 2019) and Presidential Regulation number 18 of 2020 on the National Medium-Term Development Plan for 2020-2024 (7.4% in 2024). Meanwhile, family planning financing is guaranteed by the government, as mentioned in Presidential Regulation No. 12 of 2013 on Health Insurance. From this series of regulations, it shows that governance regulations regarding family planning programs nationally are strong enough.

Table 1. The Government's Body Actor's interests, position, and influences on implementation of FP programs

Institution	Roles in the program	Interest	Level of Power	Position
BKKBN in National level	Formulate National Family Planning program policies; Plan and procure the contraceptive devices and drugs and supporting facilities; Distribute tools and drugs as well as contraceptive support facilities to the provincial allocation warehouse; - Establishment of sub-system of recording and reporting Develop policies to increase the capacity of health workers Update data on contraceptive services at the national level; Monitor and evaluate the implementation of FP programs.	High	High	Supportive
Ministry of Health	Formulate policies in the area of FP services Prepare the standard of FP services – Monitoring and evaluation of FP services. Coordinate with other sectors in national level improve access and quality of family planning services	High	Medium	Supportive
Kementerian Pemberdayaan Perempuan dan Perlindungan Anak	(Not documented in the document) But this ministry also responsible in achieving target related to gender equality and family planning	Low		
BKKBN in provincial level	Elaborate the technical aspect of national FP program policies Plan and distribute the IEC media, tools and drugs and supporting facilities for FP services to districts/cities; Implement the efforts to increase the capacity of health workers Manage the data collection on contraceptive services at the provincial level; Coordinate, monitor and evaluate the FP services at the provincial level.	High	Medium	Supportive
FP agency in the district level (They are embedded with DGO for Population control, women empowerment and child protection)	Implement the advocacy, communication, information and education or population control and family planning in accordance with local cultural wisdom. Utilization of family planning extension workers/KB field officers (PKB/PLKB). Control and distribute the need for contraceptive devices and drugs as well as the implementation of FP services in the district level	High	Low	Supportive
Provincial department of health	Responsible in the implementation of policies and standard of FP services Prepare guidelines based on the standard Coordinate, monitoring and evaluate the FP services at the provincial level.	Medium	Medium	Supportive
District department of health	Coordinate the implementation of policies standard of FP services at the district level Prepare guidelines based on the standard Plan and distribute the IEC media, tools and contraceptive drugs as well as supporting facilities for FP services to health facilities Coordinate, monitoring and evaluate the FP services at the district level	Medium	Medium	Supportive
Local Government (Governors and Majors)	Set targets for FP coverage and services as a regional action plan Advocacy to other institutions	Vary within the provinces and districts	High	Vary within the provinces and districts

However, It should be noted that since decentralization, local governments have the authority to regulate their regions. One of the local government affairs is population control and family planning. From the interviews, it is necessary to admit that the success of the regions in reducing the number of unmet needs for family planning

is due to collaborative work between relevant agencies that focus on the scope of family planning services. Efforts in partnering, synergizing, and collaborating from the national, provincial, district to sub-district and village levels are one of the key factors for strengthening family planning programs, in addition to variables such as geographical factors

of the area. This is supported by Listyaningsih et al. (2021) who argued that central and provincial population policies have a similarity of objectives and targets, but the program implementation has differed at provincial levels (7).

Finding 2: Insufficient number of FP field officers to expand IEC activities and family planning mobilization is an obstacle in reducing unmet need for family planning.

Mapping the BKKBN regulations shows that one of BKKBN priorities is to strengthen the front workers of the family planning programs including mobilization of Family Planning Services. The regulations are to ensure that the community has the right and reliable source of family planning information.

In Indonesia, there are two types of family planning field workers, voluntary community workers and civil field officers. These family planning community workers exist at the community network level, starting from the village or sub-district called PKBD to the smallest community group. Good cooperation between field officers and community workers is a strong influential factor in mobilizing the community.

Family planning field officers have several functions, including ensuring the distribution of contraceptive devices and drugs, collaborating with health facilities providing family planning services, and advocating for family planning at the sub-district and village levels. This is because the family planning program require intense collaboration between stakeholders and regional leaders. Ideally, one field officers should handle one village, so that the handling of family planning programs can be more effective and intensive. However, overall there is still a shortage and gaps in the distribution of FP field officers in Indonesia. Although, FP volunteers and field workers have been widely acknowledged since long time to give significant contribution on FP programs(8).

Finding 3: Uneven Distribution and Management of Contraceptives

Through BKKBN Regulation No. 9 of 2019 on Fulfilling the Need for Contraceptive Devices and Drugs for Couples of Childbearing Age in Family Planning Services, the Government has guaranteed the availability of contraceptives not only for health facilities in collaboration with BKKBN but for all health facilities, both government and private, from primary cares until hospitals, as long as they are

registered in the BKKBN recording and reporting system.

The distribution of contraception from the province to the districts is currently one of the tasks of the agency at the district level. However, the FP district agency was mostly facing a shortage of resources. From an institutional perspective, there is an imbalance, because the family planning division in the district generally consists of five staff who must be responsible for all the programs in the district including the management of contraceptive devices and drugs. Therefore, some areas also have difficulty in terms of accessing contraceptives and tools. Not to mention, the sub-district or village does not have enough field officers who can specifically monitor the availability of contraception at health facilities. Previous studies also pointed out the challenges of the distribution of contraceptives in health facilities in Indonesia (9).

Finding 4: Need to Increase the quality of Family Planning Service Providers

Some of the regulations concerning health workers providing FP services include the regulations and guidelines from the Minister of Health. This is to support FP services in the field, because of the large role of health human resources in expanding FP services. A study conducted by Ekoriano and Ardiana (2020) shows that the unavailability of various types of contraception coupled with the lack of competent health service providers ultimately limits the contraceptive options offered to FP users(10). This creates a state where the client is in the most vulnerable position to passively accept any available method or remain unprotected. Unfortunately, specific information about side effects and their management is still rarely obtained by Indonesian women who receive FP services.

Education about family planning is very important during the pre-pregnancy, pregnancy, delivery, and postnatal period. It is stated in the BKKBN regulation No. 18 of 2020 regarding Post-Partum family planning (PPFP) to reduce the unmet need for FP, with a fairly high target of 70% use of PPFP, compared to the National Health Research 2018, where the use of PPFP is still at 38%. In this case, strengthening the capacity of health workers in providing counselling to pregnant women up to the time of delivery is very important so that mothers or their partners within 42 days after delivery have received family planning services.

Finding 5: Program Implementation Leads to Rights-Based Family Planning. However, the Narrative of Rights-Based Family Planning has not been widely stated in the regulations.

In the Strategy for the Implementation of the Rights-Based Family Planning Program to Accelerate Access to Integrated Family Planning and Reproductive Health Services in Achieving Indonesia's Development Goals, it is explained that the rights-based approach aims to ensure the fulfilment of human rights principles so that the community gets family planning services and information and reproductive health they need to lead a healthy and safe reproductive life.

Rights-based family planning has been regulated in Law Number 52 of 2009 on Population Growth and Family Development, in article 24. The government has made efforts to ensure this right-based family planning. For instance, to bring family planning services closer to the community through financing to the midwife's independent practice.

A study by Spagnoletti, et al (2019) emphasised that women's reasons for choosing contraception are complex decisions. Most are concerned about the safety and side effects associated with hormonal and biomedical contraception; others are ideologically opposed to fertility control (11). The women's choice is still influenced by other agencies, for example partners, health workers, and the environment. To ensure that family planning services in Indonesia are rights-based, it is important to include indicators of satisfaction and needs of family planning service users in the evaluation of the expansion of family planning programs that have been carried out. This is still lacking in terms of documentation of service quality from the user's side. Apart from that, another thing that can be improved is to ensure the participation of partners/men in contraception, so that the burden on regulating the number of families does not only rest on women.

Finding 6: Lack of regulations governing the expansion of access to reproductive health in adolescents and comprehensive sexual education.

One factor contributed to the high unmet need for family planning is the lack of public knowledge and awareness about family planning and reproductive health. Knowledge about reproductive health can actually be given since adolescence. In Law number 36 of 2009 on Health in article 73 it is stated "*The government is obliged to ensure the availability of information facilities and reproductive health*

services that are safe, quality, and affordable to the community, including family planning".

Several BKKBN programs have targeted youth, such as the Generation Planning program in schools. In addition, several local/national/international agencies and NGOs also have programs related to reproductive health education. However, there are no regulations or guidelines that are strongly binding on the expansion of comprehensive sexual and reproductive health education. As a result, quality information about health and sex has not been shared equally by all teenagers in Indonesia.

A study from Taukhit (2014) with UNFPA and BKKBN indicates that the number of abortion cases in Indonesia reaches 2.3 million per year with 20% of them carried out by teenagers. Unsafe abortion can be detrimental to adolescent reproductive health (12). One way to prevent abortion is to delay pregnancy or even delay sexual intercourse. This is reinforced by research by Pinandari et al. (2015) which examined the effect of formal reproductive health education on delaying premarital sexual relations in Indonesian adolescents and young adults. This study proves that receiving reproductive health information at the formal education level can delay the occurrence of premarital sexual relations (13). It shows that the expansion of access to health education for adolescents and children is very important to avoid the dangers of the risk of free and unsafe sexual behaviour.

Conclusion and recommendation

At the national level, the policy covered has been adequate to address the demand creation and supply side, but not many about the couple factors. The success of Family Planning programs depends on the local government's strong commitment to including the unmet need of FP as their strategic plans. Based on the results of policy mapping related to the unmet need for family planning, regulations related to the unmet need for family planning are felt to be sufficient in several important areas such as regulations concerning family planning advocacy, IEC, family planning mobilization, family planning services and distribution of contraceptive devices and drugs, but the implementation of these policies still varies in each country area.

Based on the analysis in the conclusions above, the following are recommended:

Recommendation 1: Develop family planning advocacy materials that can be used by regions

to explain and convince the relationship between contraceptive use and population development and community welfare.

Recommendation 2: The government should provide the regional needs related to the lack of PKB, and conduct advocacy to district/city governments to villages for budgeting for the operations of family planning cadres in the community, as well as increasing cross-sectoral and community collaboration for family planning mobilization and services;

Recommendation 3: Strengthen the management system, monitoring and evaluation of the distribution of contraceptives, among others by ensuring effective communication channels between district/city OPD KB and health facilities;

Recommendation 4: Increase the capacity of service providers in terms of family planning counselling and family planning placement, including affirming the authority to increase capacity for midwives, and reviewing policies related to implant and IUD services as the basic competencies of midwives;

Recommendation 5: Ensure that all policies use the concept of rights-based family planning both in determining activities and monitoring-evaluation processes;

Recommendation 6: Even distribution and alignment of comprehensive adolescent reproductive health and sexual education programs throughout Indonesia are tailored to the context and needs of the targeted groups, by increasing synergies from related sectors.

Acknowledgement:

This policy analysis report is part of the collaboration between the authors and UNFPA Indonesia in 2020-2021.

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