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ORGANIZATIONAL BARRIERS IN REDUCING UNMET NEED FOR FAMILY PLANNING IN MAMUJU DISTRICT

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ABSTRACT

Unmet need for family planning is an indicator of the service performance of the Family Planning and Reproductive Health program. This condition indicates the desire of couples of childbearing age for a type of contraceptive that is not available so that they make the decision not to use a contraceptive method or device. The percentage of unmet need in Mamuju Regency based on 2021 is 23.65%, still far from the provincial target of 17.87%, and the national target of 8.30%. The purpose of this study was to find out as much information as possible about the reasons for the high number of unmet need for family planning in Mamuju District in terms of organizational barriers to service providers. This research method used qualitative methods with a case study approach. The informants in this study were the Head of Family Planning, the Head of the Family Planning Planning Subdivision, the Community Health Center midwives, PLKB, PPKBD/sub PPKB and cadres in the Mamuju District and Simboro and Islands Districts. The total number of informants was 17 people. Data collection techniques were interviews, focus group discussions and document studies. The results showed that the unequal distribution of human resources, the quality of human resources, limited operational budgets for PLKB, accessibility of health facilities that were difficult to reach, and not yet optimal cross-sectoral support were barriers to service providers in reducing unmet need. In addition, there are additional themes obtained related to the measurement of unmet need which is not yet comprehensive. Unmet need for family planning is multidimensional because it is influenced by various factors, therefore it requires a strong commitment from all parties and synergy between related sectors in optimizing the implementation of family planning programs.

Kata Kunci:

Unmet need;
Keluarga Berencana;
Hambatan penyedia layanan

ABSTRAK

Unmet need KB merupakan indikator kinerja pelayanan program Keluarga Berencana dan Kesehatan Reproduksi. Kondisi ini menunjukkan keinginan pasangan usia subur (PUS) terhadap suatu jenis alat kontrasepsi yang tidak tersedia sehingga mereka mengambil keputusan tidak menggunakan alat atau metode kontrasepsi. Persentase unmet need di Kabupaten Mamuju berdasarkan tahun 2021 sebesar 23,65%, masih jauh dari target provinsi sebesar 17,87%, dan target nasional sebesar 8.30%. Tujuan penelitian ini adalah mengetahui informasi sebanyak mungkin penyebab tingginya angka unmet need KB di Kabupaten Mamuju dari segi hambatan organisasi penyedia layanan. Metode penelitian ini menggunakan metode kualitatif dengan pendekatan studi kasus. Informan dalam penelitian ini adalah Kabid KB, Kasubag Perencanaan KB, bidan Puskesmas, PLKB, PPKBD/sub PPKB dan kader di wilayah Kecamatan Mamuju dan Kecamatan Simboro dan Kepulauan. Jumlah total informan sebanyak 17 orang. Teknik pengumpulan data dengan wawancara, focus group discussion (FGD) dan studi dokumen. Hasil penelitian menunjukkan bahwa distribusi sumber daya manusia yang tidak merata, kualitas sumber daya manusia, terbatasanya anggaran operasional PLKB, aksesibilitas fasilitas kesehatan yang sulit dijangkau, dan belum optimalnya dukungan lintas sektor menjadi hambatan penyedia layanan dalam menurunkan unmet need. Selain itu ada tema tambahan yang didapatkan terkait dengan pengukuran unmet need yang belum komprehensif. Unmet need KB bersifat multidimensional karena dipengaruhi berbagai faktor, oleh karena itu dibutuhkan komitmen yang kuat antara semua pihak dan sinergitas antara sektor terkait dalam mengoptimalkan pelaksanaan program KB.

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PENDAHULUAN

Population is an important capital in development. Indonesia has complex population problems, including a large population, high population growth, but this is not matched by the quality of human resources and the uneven distribution of the population (Triningsih, 2013). The cause of the high population in Indonesia is due to the high Total Fertility Rate (TFR) of 2.4 per woman of childbearing age (BPS, 2017), this figure has not met the target of 2.31 in 2018 and 2.1 in 2020 (BKKBN, 2022). One of the causes of the high TFR in Indonesia is the high unmet need for family planning. Based on the results of the 2017 IDHS, the number of unmet need for family planning in Indonesia is 10.6%, a decrease from the 2012 IDHS, which was 11.4%, but has not met the target set by the government of 9.91% in 2019. Unmet need for family planning in West Sulawesi Province experienced an increasing trend from the 2012 IDHS of 14.20%, to 14.60% in the 2017 IDHS, and based on the results of family data collection in 2021 it rose again to 22.41%. Of the 6 districts in West Sulawesi, Mamuju Regency is the district with the second highest proportion of unmet need for family planning in West Sulawesi after Polewali Mandar Regency, at 23.63% (BKKBN, Evaluasi dan Strategi Rencana Pelaksanaan Program Keluarga Berencana, 2022).

Unmet need for family planning or unmet need for family planning is a group of women of childbearing age who do not use contraception but do not want to get pregnant either to space out pregnancies or limit pregnancies. Unmet need for family planning increases the risk of unwanted pregnancies, which have the potential for abortion, the risk of complications in pregnancy, childbirth and postpartum due to too close spacing of pregnancies or too many pregnancies due to not using contraception (Mujiati, 2013).

Unmet need KB relates to two things, namely supply and demand. This is to assess the extent to which existing family planning programs can meet community needs. Estimation and proportion of unmet need for family planning is useful for evaluating family planning programs that are already running and planning further family planning and reproductive health programs according to needs (Listyaningsih, Sumini, & Satiti, 2016). Unmet need can also be seen from two perspectives, namely from the client side as a user and from the organization or service provider side. The government as a service provider is responsible and seeks to provide the contraceptives needed by the community as clients. Problems then arise when the contraceptives distributed in the community do not match the wishes or needs of the community. This is the underlying reason why the need for contraceptives in society has not been met. Another reason for the high number of unmet need in terms of service providers, is due to decreased public access to contraceptive services, possibly due to the distance to health facilities that are difficult for the public to reach, limited available contraceptives, poor quality of health services and other things. they decide not to use contraception even though they don't want to get pregnant or want more children (Listyaningsih, Sumini, & Satiti, 2016).

The causes of unmet need for family planning are influenced by various factors, both at the individual level such as for reasons of fertility (feeling infertile), side effects of the contraception used, concerns about long-term side effects, health reasons, against using contraception because of religious beliefs, lack of knowledge (FP methods/methods), feeling uncomfortable with several contraceptive installation procedures and other reasons (BPS, 2017). Barriers at the interpersonal level include prohibitions from partners (husbands) and families from using contraception, while barriers from organizations or service providers include difficult access to health services, limited health personnel, unavailability of the contraceptives needed and others. . Organizational barriers can be reviewed using 6 health system frameworks from WHO known as the Six Building Blocks to assess the implementation of a health program system. The framework consists of health services, health workers, health information systems, availability of medical device/vaccine/technology products, health financing and leadership or governance (Manyazewal, 2017).

Some research results show that the inhibiting factors for family planning programs from the service provider's point of view include the distance between health facilities, poor service quality, long waiting times but short services, lack of health workers, especially in family planning services, job overload and overlapping job desks among staff. thus making the division of tasks not optimal, lack of knowledge of health workers and low competence of officers. In addition, other obstacles from the organizational side include the lack of program accessibility, especially for men in the bere family program.

METHOD

Method of research

The research method used is a qualitative method with a case study approach. The case study approach is a type of approach that is used to investigate or understand an event or problem that occurs by gathering various kinds of information that will be processed to obtain a solution so that the problem can be resolved (Creswell, 2015).

The problems to be studied in this study are complex problems and are influenced by many aspects. Therefore, the researcher chose to use a qualitative research method with a case study approach to be able to better understand and dig up more information related to the still high number of unmet need, especially in terms of organizational barriers to service providers.

Location and Time of Research

Research location carried out in the Mamuju and Simboro and Islands Districts, Mamuju Regency during year 2022 .

Population and Sample

The number of informants was 17 people consisting of 1 Head of the Population Control and Family Planning Office, 2 midwives coordinator, 1 person from the Head of the Family Planning Planning Sub-division, 2 sub-district PLKB coordinators, 9 PLKB and PPKBD people, and 2 cadres .

Data collection

Collecting research data using interview techniques, *focus group discussions* and document studies as form triangulation method. The interviews lasted from 45 to 80 minutes for each informant. FGD participants were representatives from the Population Control and Family Planning Office of Mamuju District, midwives, PLKB , PPKBD / sub PPKBD and cadres in the working areas of Mamuju District and Simboro Kepulauan District, a total of 17 people participated in the FGD. Whereas For document studies, documents were used is data on family data collection in 2021 .

Processing and analysis of data

Data analysis on research This use analysis thematic with method identify patterned themes , themes _ This got from results identification in a manner inductive (transcript interviews, FGD results, and results studies document) or in a manner deductive (based on theory nor results other relevant research). As for the steps start from compile transcript results from interviews and FGD results, making coding / keywords from every relevant statements with focus research, grouping coding to in form category, interpretation coding to in theme, data clarification to informant, integrate results analysis in a manner descriptive (Afiyanti & Rachmawati, 2014).

RESEARCH RESULTS

Results of Research Data Analysis

The raw data from in-depth interviews and the results of *the Focus Group Discussion* were written in full into verbatim transcripts, then read repeatedly and understood as best as possible until the meaning of each informant's statement was found to support the research objectives. The meanings found become keywords/coding which are then grouped into categories so that they can form a theme as a result of research data analysis. Following a number of theme results research :

a. Obstacle Provider Service

1) Competence Human Resources

In terms of quantity, the availability of PLKB, PPKBD and sub PPKBD is sufficient in Mamuju Regency. The problem is the quality of existing human resources. Most PLKBs have diverse educational backgrounds, not all of them have educational backgrounds in the health or population fields, so that their scientific background is not in accordance with the main tasks and functions they carry out. In addition, most of the PLKBs are ASNs who have changed their functional positions to become PLKBs, the PLKBs said that they need adaptation in operate duties and roles, because different with task functional before. Lack of capacity building activities as well

obstacle especially for the PLKB that is transferred function position. Besides therefore, the role and duties of PLKB in the field moment This no only focus on the KB program alone but also other programs accordingly priority program of government, such as in the District Mamuj one of the main programs government area is a stunting prevention program, making PLKB not maximum do roles and tasks in the field especially for the family planning program, because lots of programs to do run .

Another problem is that many resources who have been trained and have certain competencies apply for transfers or move to other areas outside Mamuju Regency, so that the availability of trained and competent PLKB is decreasing.

> *"..if in terms of numbers, the number of human resources is sufficient in Mamuju, the problem is in quality, the quality is still lacking, especially certain competencies, due to a limited budget, so HR capacity building activities are also limited.." (P1)*

> *"..the educational background is also very different. I am governmental, some are economics, accounting, not connected..." (P6)*

> *"..I was transferred to a functional position, with a different previous job..besides that, our task is not only to focus on family planning but also other programs such as stunting, actually overloaded with tasks, because there are so many activities.."(P16)*

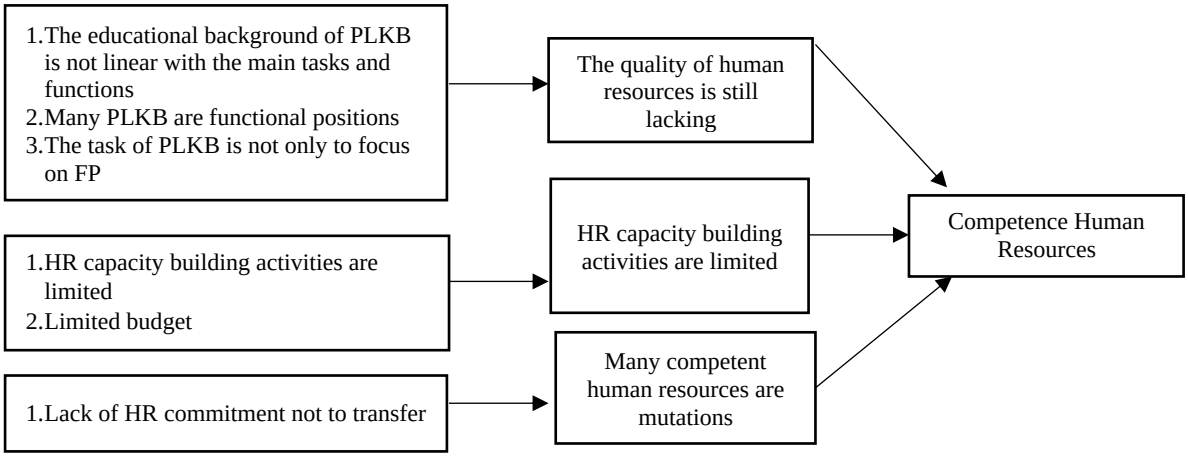

Figure 1. Schematic of Themes and Categories Human Resources

2) Financing Limited

Based on the results of the FGD and in-depth interviews with informants, it was obtained information that one of the obstacles in the family planning program is the limited budget, especially the incentive budget for PLKB and PKKBD / sub-PKKBD at the village and sub-district levels. Some PKKBD have complained about limited budgets, especially if they have to collect data in remote and remote locations. There is a transportation budget but the amount is still limited and not sufficient. Besides Therefore, the amount of transportation costs provided is the same, meaning that it does not know how far the location is, between location in town or in the village the number of transports is the same. Often they use personal costs to be able to access remote and difficult areas. For example, transportation costs to the Kalumpang area can cost 3 or 4 times as much from the existing transport budget for one way, this cost does not include the cost of boat transportation on the river to be able to reach the people around the river, another example is the cost of transportation to Balabalakang Island which is located in the Sulawesi Sea which is the border with the East Kalimantan region, transportation costs there Can many times over, considering the location of the island which is very far away.

For anticipating this, the government actually has do efforts, in order to budget existing transportation can sufficient, ie by choosing a PLKB that is in accordance with their regional

domicile so that a limited budget can be minimized by placing the PLKB according to their domicile. However, in reality, not all PLKB are placed according to their domicile. Several PLKB who were considered competent and had been provided with adequate training and were placed in several remote areas in Mamuju, chose to transfer to other areas.

> *"..there is no difference in transportation between PLKB in the village and in the city, they are all the same, so it's better to be in the city, it's far closer to the transportation fee, it's a pity those who get far away..." (P11)*

> *"..PLKB should live in the same area as their domicile, so transportation between cities and villages is the same, only the problem is not all PLKB live in their area, not to mention those who were previously placed in the area then transferred..." (P15)*

> *"..incentives are also lacking, we often pay ourselves.." (P11)*

> *"..because the budget is limited too, there is a lot of efficiency especially during a pandemic..." (P1)*

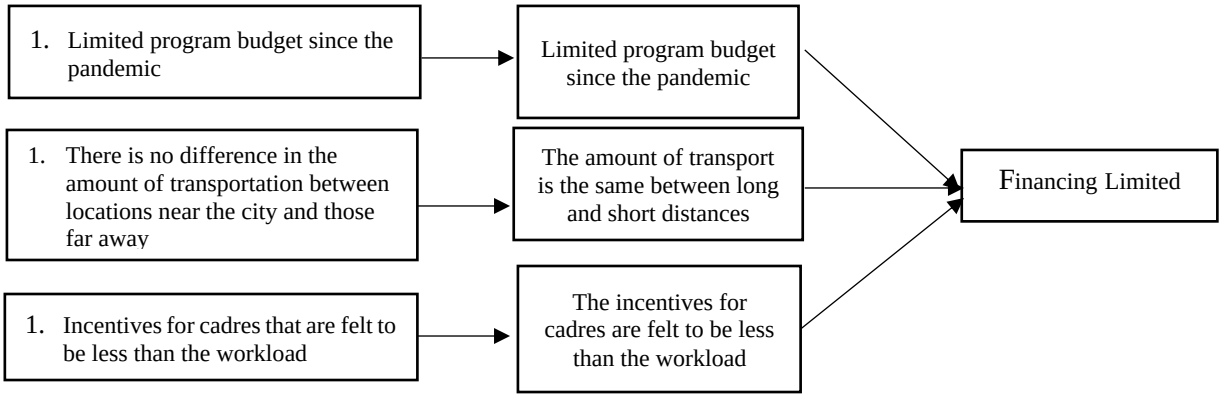

Figure 2. Schematic of Themes and Categories Financing

3) Long Distance to Health Facilities

The geographical condition of the Mamuju area which consists of hills and the coast, and not all of them are connected with adequate transportation routes, has made it difficult for some PLKB officers to collect data and provide services. Especially in areas with geographical difficult like Kalumpang and Balabalakang Island. While some health facilities are located in the city center, especially including existing health facilities at the sub-district level. This long distance to health facilities is one of the obstacles for program providers in optimizing their functions. One of the efforts made is by picking up the ball, which means officers visit people who live in remote areas and have difficulty accessing health facilities. However Because limitations specifically limitations budget operational, effort pick up the ball as effort service the No can done in a manner periodically.

> *..in Kalumpang, on the Mamasa border, the terrain is difficult, the mountains, we arrive at the city of Kalumpang where cars can pass, the rest is by motorbike, then also by water, river. For health facilities there is a puskesmas but it's in the city, far away, the PLKB is very tired, because you have to pick up theml, the salary is not much, even though there is remuneration it's not enough, let's just count from here how much has not been transported there again, three hundred just got there, not yet PP, six hundred is just for transport, but that's for the motorcycle taxi if you have to cross that's another thing, the terrain is so extreme, the mountains are constantly steep. Access is the main reason…" (P17)*

..Then there is also Tomo, the area cannot be passed by vehicles, the house is in the middle of the forest, we have to go through the forest to get there, the achievement is low, the average officer has to pick up them.." (P16)

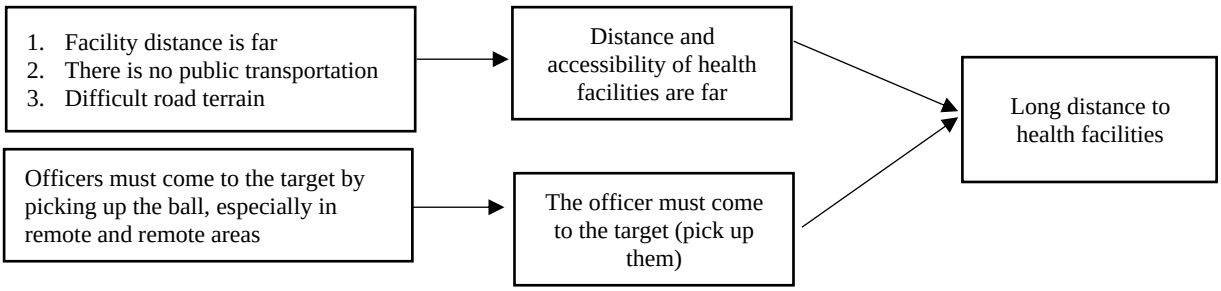

Figure 3. Schematic of Themes and Categories Accessibility Health Facilities

4) Lack of Support from Across Sectors

Based on the results of in-depth interviews and strengthened by the results of the FGDs, there are several areas where the government does not support the implementation of the family planning program, on the grounds that the population there is still small, so the regional leaders there want population growth for future regional development there. The family planning program is not one of the priority programs there. Several times the family planning officers who came to provide counseling and services were refused.

In addition, the cadres who collect data at the forefront are cadres recruited by the village government, in practice these cadres double as posyandu cadres, the incentives given are felt to be less than the workload, especially if they get more than one task. This is due to the village government's lack of attention to the existing family planning program, because it is not considered the main village program.

"..there is an area where the achievement is zero this month, because the village government does not support the family planning program, the reason is because the population is small, they say if the family planning program is implemented here how can this village develop, we have been rejected many times, but we still go in to provide counseling .." (P9)

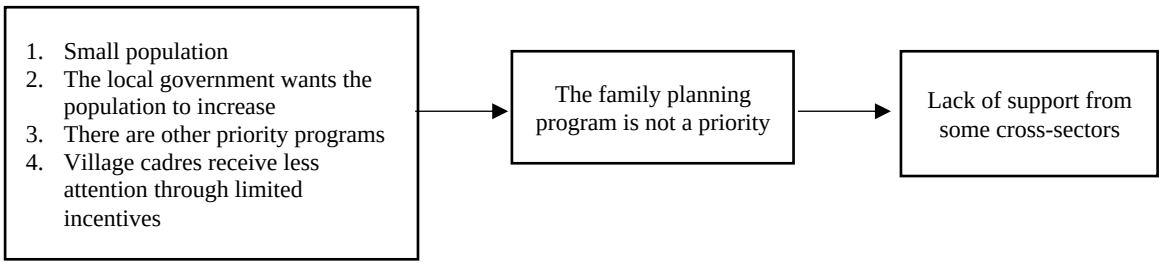

Figure 4. Schematic of Themes and Categories Cross Sector Support

b. Additional theme

1) *Unmet need* measurement is not yet comprehensive

In addition to the theme that answers the research objectives, several facts related to the research problem were found that support and complement the research results, namely the measurement of unmet need which is not yet comprehensive. This was revealed from the in-depth interviews conducted with the local coordinating midwives, PLKB, PKKBD and cadres that the unmet need data collection had not fully adjusted to the predetermined standard indicators of unmet need. Unmet need data collection was carried out at the time of family

data collection which was held starting in April, this activity was a program of the Population and Civil Registry Office and was funded by the provincial BKKBN.

Unmet need data collection is carried out by cadres at the village level divided according to RT and RW areas, from cadres recapitulated by the PKKBD or PLKB at the village level and submitted to the PLKB coordinator at the sub-district level. In this process it can be seen that it is the cadres who carry out the data collection directly to the community.

The results of in-depth interviews with cadres show that there is a lack of understanding from cadres about the concept of unmet need, especially in identifying PUS who fall into the category of unmet need or not. The results of interviews with several family planning cadres illustrate that there are misperceptions regarding the meaning and understanding of unmet need, all PUS who do not use family planning are perceived to be in the unmet need category.

"... unmet need, no use birth control.. .." (P 10)
".. yes (unmet need) which is not use contraceptionl .." (P17)

In the family data collection form, PUS who do not have family planning are divided into three criteria, PUS who want to have children soon, PUS who want to delay having children (at least two years or more) and PUS who no longer want to have children again. The unmet need criteria only includes PUS who want to delay having children or PUS who no longer want to have children, PUS who want children soon are not included in the unmet need category, the results of this data collection will become the final data on the percentage of unmet need.

In addition, when carrying out data collection, participation as family planning acceptors must be demonstrated by ownership of a family planning card obtained through a visit to the health center. who use condoms or pill contraception, and get it not at a health facility, so that some acceptors who actually use modern contraception are identified as unmet need because they do not have a family planning participant card or do not visit a health facility.

"..yes, only those who came to the health center and had a card were recorded..if they didn't come to the health center they couldn't get it, those who bought family planning outside were hard to record..." (P17)

This led to inaccuracies in measuring the actual magnitude of unmet need, the researchers themselves experienced difficulties when determining informants because a lot of data identified unmet need in the family data, but after conducting a deeper study it turned out that they did not fall into the unmet need category, one of which was because they did not have family planning participant cards but actually they use condom contraception, which is included in modern contraception.

Apart from identifying unmet need, measurement of unmet need is not yet comprehensive because several indicators of unmet need have not been included in the family data collection form. One of the criteria for unmet need is that the woman is in a fecund state (fertile and has the possibility of getting pregnant). At the time of data collection, the fecund criteria were only seen based on age.

"..if that (fertile category) is seen based on age, according to what is on the form, for example if the age is more than four and nine years, it means that it is not of childbearing age.." (P13)

Findings related to unmet need measurements that were not yet comprehensive were reinforced by document studies conducted, in the annual family data sheet the measurement of unmet need was only seen based on history of use of family planning, fertility choices and reasons for not using family planning, no measurement of fecund/infecund criteria, and age youngest child.

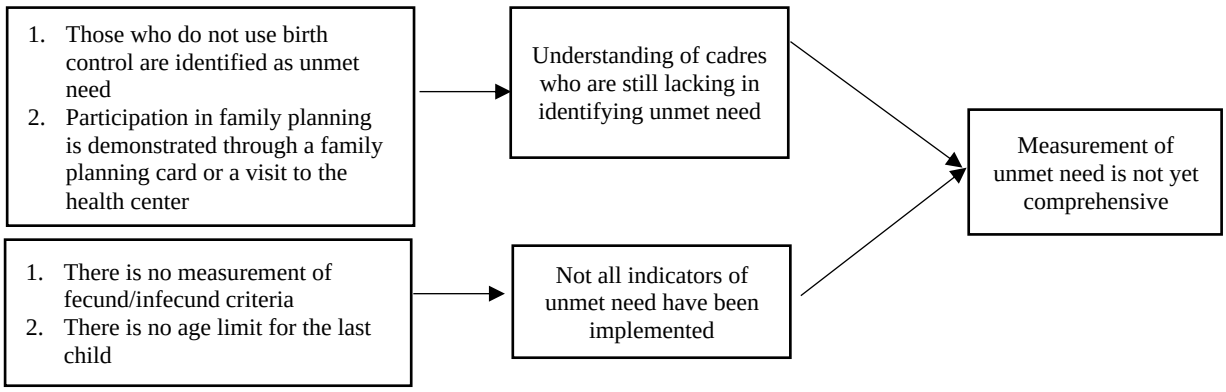

Figure 5. Schematic of Themes and Categories Measurement Unmet Need

2) *Unmet need* indicator update

The family survey conducted in 2021 has not included natural or traditional contraception as an indicator for measuring unmet need. If previously the indicators for measuring unmet need only included modern contraception such as IUDs, implants, injections, MOW, MOP, pills, condoms and MAL, family data collection in 2022 will include natural contraception such as the calendar method and coitus interruptus. This can significantly reduce the number of unmet need and increase indicators of program success, considering that almost all unmet need WUS informants interviewed used natural family planning methods as a pregnancy prevention strategy.

> *"...for the unmet need data, we are now using data from the SDKI, and taking data from the latest IDHS, namely data for 2017, the unmet need data for 2021 is taken from family data collection data, it has not included natural family planning in its indicators, but starting this year data collection the family has included family planning as an indicator, while the data collection is ongoing.." (P6)*

> *"... yes, starting this year we have included natural birth control, hopefully the data produced will be more valid, and the percentage of unmet need can be reduced. In the past, it was not included because the failure rate was high, but now many are successful, so it's an effective strategy to prevent pregnancy. ." (P1)*

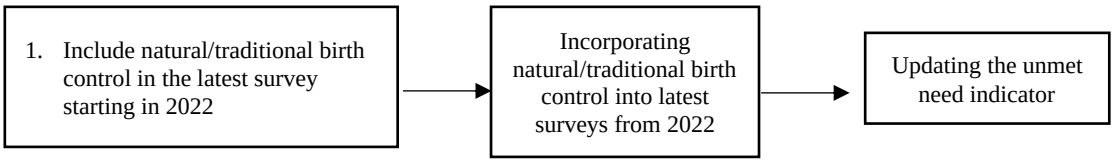

Figure 6. Schematic of Themes and Categories renewal Indicator *Unmet Need*

3) Hope for the existing program

Several informants expressed their hope that existing programs could optimize efforts to reduce unmet need, one of which is by strengthening the male family planning program. Husband involvement needs to be increased because both men and women have the same reproductive rights and the realm of family planning is not just the domain or women's only domain.

> *"..strengthening male family planning, men also need to be involved in family planning programs.." (P3)*

"...we have facilitated MOP, we have delivered it to the hospital, but the demand is still lacking..." (P1)

In addition, appropriate and effective counseling was also expected by several informants because each woman has different conditions and needs, thus requiring effective counseling in identifying needs and providing the right informed choice to prospective acceptors so they can determine the best family planning options according to their needs. conditions and needs. In addition, the emphasis on counseling on the management of side effects is also very much needed, so that acceptors or potential acceptors can understand which side effects are normal and do not require intervention and which side effects require further treatment, so as to reduce acceptors' worries due to discomfort caused by KB side effects. and increase the use of family planning in the long term.

"...counseling, not all midwives have attended training, so they can provide quality counseling so that when women can really know their condition, which family planning is suitable, the impact if they don't use family planning. If women are sure that family planning is suitable, it can reduce the drop-out rate..." (P3)

Another hope for the field family planning officers is to increase incentives, both for cadres from the village government and PLKB incentives, so that they can increase their motivation to work, bearing in mind that the tasks assigned to them do not only focus on one program.

"..the incentives can be increased especially the incentives for cadres, the workload is a lot so that the enthusiasm also works.." (P3)

Informants' expectations of existing programs are illustrated in the following scheme.

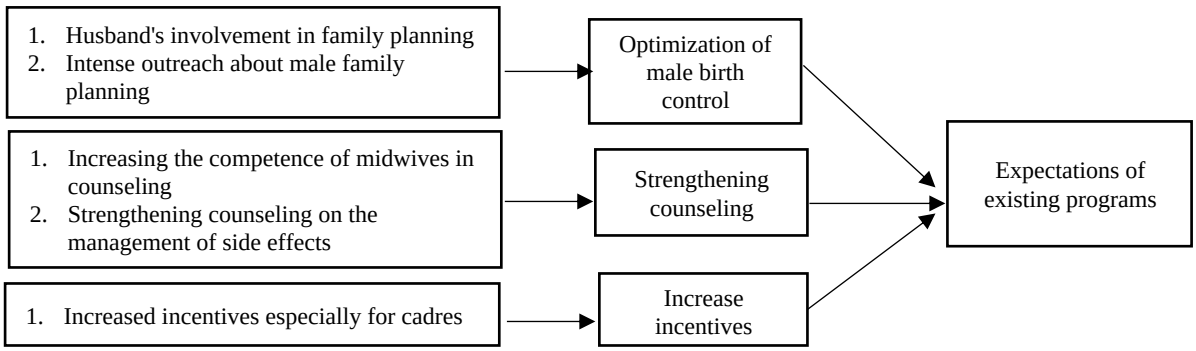

Figure 7. Schematic of Program Themes and Expectations Categories

DISCUSSION

Human Resources

The results of the study illustrate that the resources owned by the Mamuju Regency government (Population Control and Family Planning Office) are sufficient in quantity, the resources in question are the number of PLKB and PPKBD, the problem is in the quality and competence of these human resources and their unequal distribution. The low quality and competence of human resources is caused by several factors, among others, diverse educational backgrounds, not linear with the science of their functional tasks, and several PLKBs are functional positions transferred from other functionals, such as financial analysts, archivists, data analysts who then to become a PLKB. Coupled with the limited capacity building activities, so that the competence of existing human resources is still not optimal.

Another problem is the uneven distribution of human resources, especially in remote and remote areas, many resources are placed in certain areas and have been trained and have good competence applying for mutations or moving to other areas outside Mamuju Regency, so that the distribution of

resources is uneven and the availability PLKB who have been trained and competent are decreasing. Apart from that, another obstacle is that currently the focus of PLKB work is not only on the family planning program, but also on other programs in accordance with the priority programs of the local government, such as the stunting prevention program which makes PLKB performance not optimal due to the extra workload.

Various policies and programs have been developed to reduce the number of unmet need, one of which is by providing PLKB workers in the field. PLKB as the executor of family planning operations at the field level has a strategic role in carrying out family planning programs, especially in increasing knowledge, changing attitudes and behavior of families to create quality families, and capturing family planning program targets in the community. Because of the important role of PLKB as one of the spearheads of the program, it is necessary to have certain competencies and knowledge in carrying out their duties, especially in providing counseling to the community.

Since the change in the era of centralization to the era of decentralization or regional autonomy, it has had an impact on revitalizing the role of PLKB in the field. The current role of PLKB cannot be as focused as its role in the era of centralization, where the focus was only on family planning services, but in accordance with the different commitments of each region. The current form of family planning organizations varies in each region, some are in the form of agencies, offices or agencies, and some are amalgamations with other fields that do not only focus on family planning programs. All of these changes resulted in the role of PLKB in this era of regional autonomy not being carried out optimally. The workload carried out by PLKB is also increasing, in addition to increasing the achievements of family planning acceptors, through IEC and counseling activities, PLKB also conducts outreach and counseling to groups of youth, provides guidance to prosperous families, carries out counseling and IEC on family resilience and welfare programs, empowers families, conducting women's empowerment activities, assisting in administrative activities in the office, and coaching residents who experience Domestic Violence (KDRT), as well as tackling stunting and other work programs (Putri, Hubeis, & Sarwoprasodjo, 2019). Changes in the organizational structure in the form of decentralization have resulted in PLKB not being able to work according to the field of work and needs. This causes the target to recruit family planning acceptors cannot be achieved according to what has been stated in the government's target.

Financing

Funding sourced from the APBD of Mamuju Regency for the family planning program has so far focused on procuring drugs and contraceptives, and the amount is quite adequate because it was supplied by the West Sulawesi Provincial BKKBN, but the budget for operational funds, including PLKB incentives, and others is limited. Budget allocations are also widely used for other regional priority programs, namely stunting prevention, which is one of the priority programs in West Sulawesi, considering that West Sulawesi is the province with the second highest prevalence of stunting in Indonesia. Not to mention the previous pandemic which required budget efficiencies at several posts, which were diverted to handling COVID-19, limiting the budget used especially for operational funds for the family planning program.

The results of this research are supported by other research which shows that the readiness and management of the Family Planning Program so far is not like before, which still gives a large post to the Family Planning Program. The reason is that the family planning program in districts/cities has now become the responsibility of the local regional government (decentralization of regional autonomy). So the financing is of course adjusted to the budget and regional capabilities. During the centralized system, each city/regency in Indonesia received its own supply of funds from the central BKKBN, but now everything is centralized in the regions. The source of financing for the management of family planning programs in the City/Regency is the APBD from the City/Regency Government and the APBN, namely from the Provincial BKKBN. Therefore, the process of preparing the funds required for the management of the family planning program is simply stated in the budget proposal for family planning through the City/Regency APBD (Asnawi, 2013).

The research results are supported by Bunu (2018), which states that there is still a low budget in the regions allocated for the implementation of the family planning program. This is due to local government have other programs that are more urgent to be completed compared to the family planning

program, which is considered that the family planning program has been handled directly by the center. Local governments allocate more budget for poverty alleviation programs, community empowerment, education, infrastructure development, improving employee welfare, and other programs (Bunu, 2018). In some areas, budgeting for family planning programs is very minimal, only around 1% the entire budget. This is certainly not comparable to the many activities that must be carried out in support of the program launched by the central government, so of course, the amount of the budget is not sufficient, especially for operational funds.

It is important to pay attention to the allocation of operational funds, especially for PLKB and PPKB, considering that PLKB and PPKB are the front lines in the field for the success of family planning programs, especially in recruiting family planning acceptors. PLKB and PPKB are also responsible for program implementation starting from planning, organizing, developing, reporting to evaluating the National Family Planning program and other development programs at the village/sub-district level.

Accessibility Health Facilities

The geographical condition of Indonesia, which is made up of islands, is one of the obstacles in running the program and achieving the targets of the family planning program. Not to mention the disparity in the number of health facilities in villages and cities, which is an obstacle for couples of childbearing age, especially those who live in remote and remote areas, to be able to access family planning services, due to the difficulty of access and the long distance to the nearest health facility, according to the results of this study. The results of the FGD showed that it was difficult for PLKB and other health workers to reach remote areas far from health facilities, so they made efforts to "pick the ball up" by visiting the target directly to provide counseling and services to run the program.

The percentage of unmet need in central and eastern Indonesia is generally higher than the percentage of unmet need in western Indonesia. The results of the study stated that health facilities based on area were related to unmet need for family planning in Indonesia. The higher the ratio of health resources including health facilities per 1,000 km2, the lower the number of unmet need for family planning, and the lower the ratio of health resources, the higher the percentage of unmet need. This occurs due to the uneven distribution of health resources and health facilities, so that several health resources including health facilities in several regions have large work areas (Amraeni, Kamso, Sabarinah, & Purwantyastuti, 2021).

Several studies support the results of research showing that distance and difficulty accessing health facilities affect the utilization of health services. Long distances limit the ability and willingness of women of childbearing age to seek family planning services, especially if available means of transportation are limited, and access to health facilities is far away. One of the difficulties encountered by women of childbearing age who will use contraception is having to travel to health facilities that are far away and encounter many difficulties on the way, not to mention the difficult means of transportation and coupled with inadequate road conditions, so it requires more costs to get there. to a health facility. This is the main obstacle for women of childbearing age who live in remote areas so that in the end they decide not to use family planning (Asnawi, 2013). The results of other studies also show the same factor, namely the lack of access to health services. Difficult accessibility in reaching health facilities, long distances to health facilities, long travel time, lack of adequate transportation, high transportation costs and poor road conditions are the reasons women of childbearing age do not use contraception (Elewonibi, et al., 2020).

Support From Across Sectors

The results of the study show that village governments in several regions are less supportive of the implementation of family planning programs, because they have other priority programs as the main programs in their villages. Some PLKB were rejected by local officials when they were going to collect data and provide family planning counseling. The reason for the refusal was because the population in the village was small, so the government wanted to increase the population so that the village could develop and the regional economy could run. However, after digging deeper into the factor of the small number of residents in the area because most of the population, especially those of productive age, migrate outside the area to work, most of the residents who survive are the elderly.

The lack of village government support for family planning programs is supported by research by Trianziani (2018). PLKB complained that it was difficult to collect data due to a lack of support from cadres, heads of RT/RW and community leaders in the local area, a form of lack of support, especially in preparing basic data and regular meetings for the implementation of the family planning program. The reasons for village officials, heads of RT/RW are still reluctant to support the family planning program and actively participate because of the lack of support from above and the family planning program is not a priority program in the area (Trianziani, 2018).

Since the family planning program was handed over to the local government, the implementation of family planning programs in the regions has not fully become a commitment and priority in each region. The decentralization of the Family Planning Program affects regional authorities including program priorities and budget management in program priorities. Local governments have great authority in managing their household affairs. The existence of decentralization has an impact on the implementation of family planning programs carried out by each region to be less effective because not all regions make it a program priority so that the implementation is not optimal (Artisa, 2017).

Measurement and Update Concepts and Indicators Unmet Need

The high unmet need is an indicator of the failure of the family planning program in providing family planning services to the community. Contraceptives available in service units do not meet the wishes of the community or the quality of contraceptives is below the community's expectations. The government must modify contraceptives that are user-friendly or have minimal side effects so that people have no reason to refuse.

Several studies related to unmet need have been carried out, both through secondary data analysis from family data collection and survey research. One of them is the result of research by Listyaningsih (2016) which examines the concept of unmet need, whether it still needs to be established as an indicator of an institution's performance. The research was carried out in the form of quantitative and qualitative analysis through interviews with family planning field officers (PLKB) as well as women of childbearing age who are classified as unmet need. It was found that the existing concept of unmet need still needs to be studied more deeply, especially when unmet need is used as an indicator of the performance and success of family planning programs. This is related to the fact that unmet need does not always end in pregnancy. Based on the results of the 2020 Long Form Population Census of West Sulawesi Province, it is noted that the TFR rate for West Sulawesi Province is 2.5, a decrease from 2018 of 2.6, meaning that the average number of children born alive by a woman in West Sulawesi until the end of her reproductive period is as many as 2.5 (assuming the woman survives to the end of her reproductive period).

Based on the results of interviews with midwives at the Rangas Health Center, until November 2022 there were no cases of abortions due to unwanted pregnancies due to not using contraception, even if there were cases of unwanted pregnancies due to pregnancies outside of marriage. If you look at the birth rate in West Sulawesi Province, there has been a downward trend from 151,664 in 2019 to 138,394 in 2020 (Sulbar, 2021). It should be noted that high unmet need is not always accompanied by high TFR or birth rates. The existing unmet need will not necessarily end with pregnancy or birth.

Based on the results of the study, all WUS informants who were interviewed and triangulated from several other sources, preferred to use natural family planning as the strategy that was considered the most effective and safe for avoiding pregnancy without any intervention to the body which is at risk to health due to side effects, and proven can effectively prevent pregnancy.

In family data collection activities used before 2022, natural birth control is not included in the contraceptive category. This is because although according to some communities, traditional contraceptive methods are quite effective in preventing pregnancy as long as they are carried out in a disciplined manner. However, from the government's point of view, as the operator of the population control program, this method still has a high chance of failing and ending in pregnancy, so it is not included in the program. but starting in 2022, natural/traditional contraception has entered the contraceptive category in family data collection, this can implicatively reduce the number of unmet need.

Another thing that needs to be understood in defining unmet need is the age of the last child. The results of Listyaningsih's research in the Special Region of Yogyakarta (2016) found that as many

as 18 percent of the last unmet need WUS children were over 15 years old or in other words PUS had not used contraception since the last 15 years and had not experienced pregnancy. It can be said that infecund (infertile) PUS have a strategy to manage their pregnancy. Meanwhile, those who are not included in the unmet need group are women who are infertile or infertile, such as those who have been married for a long time (more than five years) or more, but do not have children (Listyaningsih, Sumini, & Satiti, 2016).

Another problem arises when the concept of unmet need is not well understood by family planning cadres when conducting family data collection. As the results of this study show, some cadres do not have a good understanding of the concept and identification of unmet need, so they are unable to identify PUS who fall into the category of unmet need or not. The results of interviews with several family planning cadres illustrate that there are misperceptions regarding the meaning and understanding of unmet need. PUS who do not use family planning are considered to be in the unmet need category, whereas in the concept of unmet need identification of unmet need can be seen from the fertility options of PUS who do not have family planning, including being pregnant, want to have children soon, want to postpone children (at least two years or more) and who no longer want to have children again. The unmet need criterion only includes PUS who want to postpone having children or PUS who no longer want to have children, or are women

CONCLUSIONS AND RECOMMENDATIONS

The results showed various obstacles to service providers in reducing unmet need numbers, namely the distribution of human resources, especially in remote and remote places, the low quality and competence of existing human resources, limited budgets, long distances to health facilities, and lack of support from across sectors in the success of the KB program.

Recommendations for policy makers from the results of this study include increasing the capacity of PLKB through intensive training in conducting counseling and family planning counseling so that they can attract family planning participants, structuring an even distribution of health workers, especially in remote areas, reviewing mutation regulations, increasing budget allocations, especially for logistics and incentives for family planning officers in the field, as well as a joint commitment from all sectors to make the family planning program a success.

Recommendations for further research are the need for an in-depth study of the concept of unmet need as a performance indicator and family planning programs, especially in adjusting the concept, such as classifying the age of the woman and the age of the last child to determine whether the WUS is categorized as infecund or not, including evaluating the effectiveness of traditional methods as one of the a strategy of choice in preventing pregnancy.

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