

Chronology of Contraception Distribution in North Buton Regency

Muhammad Rajab Rusman, Usman Rianse, Weka widayati, Nani Yuniar

Abstract: *The rapid rate of population growth in Indonesia led the Government to establish the National Family Planning Agency (BKKBN). One of the main task of the BKKBN is managing contraceptive device/medicine. Medicine distribution management is an activity which includes planning, procurement, storage, distribution, recording and reporting of the medicine used. The purpose of this research is to determine the distribution of contraceptives starting from the center to the region through the Population and Family Planning Control Office in North Buton District, in this case up to the couple of reproductive age, distribution to reporting and to evaluate the management of family planning medicine in the BKKBN.*

The method used is observation and interviews conducted directly on employees and staff involved. The results obtained indicate that the distribution and planning of contraceptive devices / medicine is still not maximal and effective because the form of reporting for needs still delays. So that the distribution of contraceptive devices / medicine can be done every three months or six months because of waiting for reports from the village midwife and clinic. Based on these results it can be concluded that the distribution of contraceptive devices / medicine to family planning acceptors, in this case couple of reproductive age (PUS) in North Buton District still has obstacles, namely distribution still delayed by PLKB officers due to slow reporting. Only on receiving reports from village midwives or clinic have delays so when the distribution of contraceptive devices / medicine have not been efficient because they always delays.

Keywords: *Distribution Flow, BKKBN, contraceptive devices / medicine*

Date of Submission: 24-12-2019

Date of Acceptance: 07-01-2020

I. Background

The National Population and Family Planning Agency (BKKBN) is mandated by the government to be responsible for achieving the indicators of population, family planning and family development programs within the 2014-2019 national medium term development plan (RPJMN). The target is in 2019 to reach 2.28 per female child per child of childbearing age. This number is influenced by one of them by the use of contraceptives or by participating in family planning (KB).

The population problem is the problem faced by all countries including Indonesia. At present the Indonesian population is approximately 264 million with an increase of 16.4% per year. The rapid rate of population growth is not matched by an increase in the quality of the population so that it affects the level of life and welfare of the population. In order to overcome this, the government has launched a population and family planning program as a national program (Handayani, 2010).

The family planning program is one of the government's policies to deal with population problems. The embodiment of the family planning program is by contraception, both naturally and using tools. The benefits of family planning are felt directly or indirectly for the health of mothers, babies and children, reproductive health, sexual life, family welfare and resilience. However, these benefits do not get maximum attention from the community, especially couples of childbearing age (Agha, 2010).

The implementation of family planning programs still faces several obstacles, one of the weakness of regional institutions in implementing family planning. One important issue for the continuity of family planning is decentralization. Accordance to Presidential Decree Number. 103/2001, which was later changed to Presidential Decree Number 9/2004, that part of the authority in the area of family planning was give to the local government.

In order to overcome of this, the government has launched a population and family planning program as a national program (Handayani, 2010). The Government of Indonesia through the National Population and Family Planning Agency (BKKBN) emphasizes the number of births by managing and implementing the Family Planning (KB) program. One of the main tasks of the National Population and Family Planning Agency (BKKBN) is to plan, coordinate, build up, supervise, control and evaluate Family Planning Services.

The implementation of its activities, such as monitoring the achievement of new KB participants, distribution and supervision of the availability of contraceptives to all KB clinics both at City and Regency level. To provide effective services to people participating in family planning programs, it is necessary to

support the presentation of data and information on reporting activities on a regular basis to help plan contraceptive distribution, monitoring and evaluation of family planning programs at the district / city level. To meet the information needed in the reporting, there must be a data supporting information. Like the KB achievement target report, data on coverage of new KB participants is needed per month. While information for the distribution and availability of contraceptive reports in each family planning clinic (KKB) is not possible without the preparation of contraceptive distribution plans (BKKBN, 2011).

II. Research Methods

The study was conducted at the North Buton District Population and Family Planning Office. This type of research is qualitative using an observational approach. This research is also evaluative in which monitoring activities are ongoing. Data collection methods used were observational interviews and data collection.

III. Results And Discussion

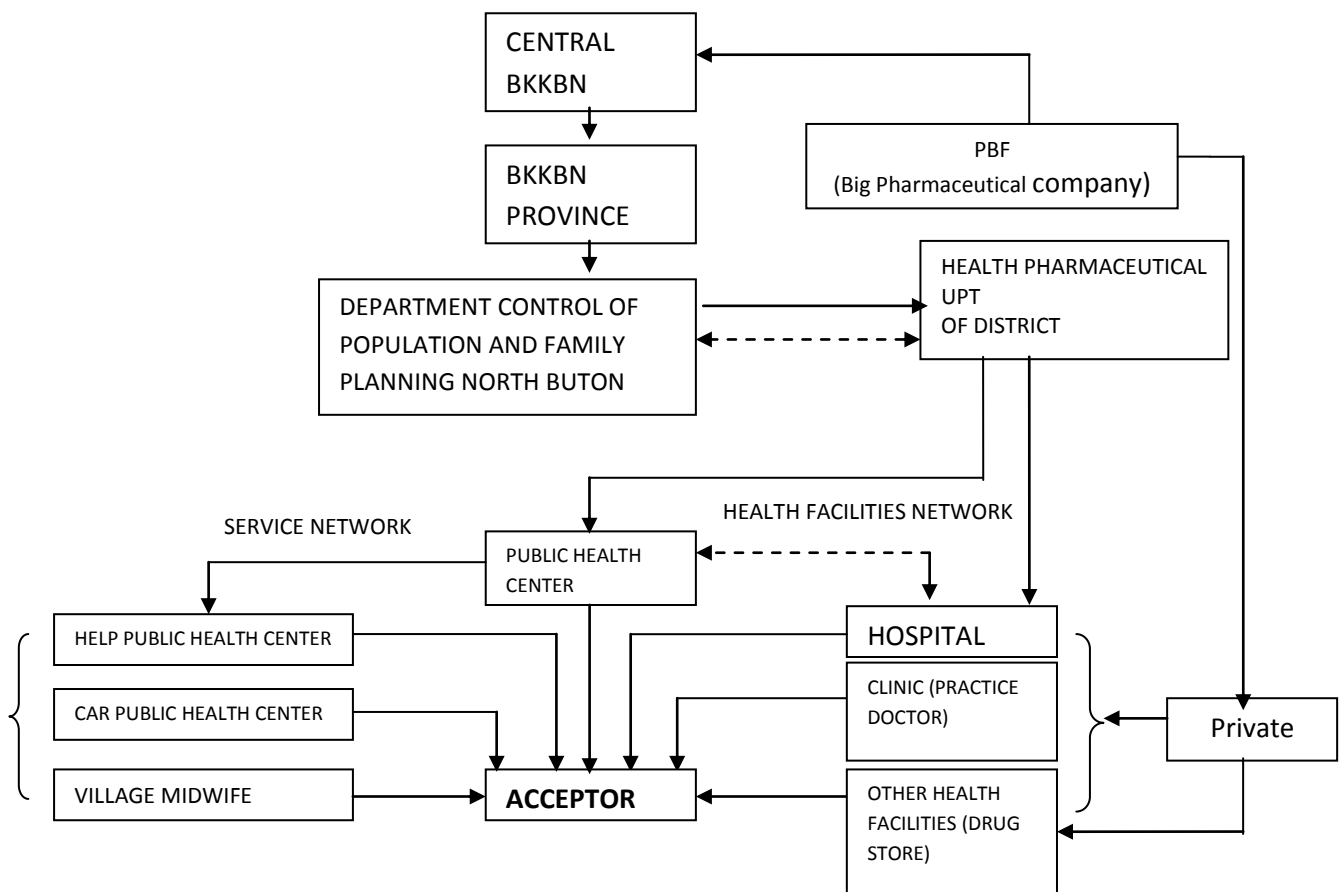
The distribution channel for contraceptive devices / drugs in this study is to determine the distribution process of contraceptive management tools / drugs carried out by the government starting from the central BKKBN to the regions. Prior to the distribution of contraceptives is to process data based on reports coming from the province. This is done to be able to estimate the number of contraceptive devices / drugs that will be planned. In this report, we can estimate the number of contraceptive devices / medicines ordered at the provincial level.

At the central level, as a distributor, the process of distributing contraceptives is carried out by providing provision of contraceptive support services carried out by BKKBN, BKKBN provincial representatives, and local governments by appointing regional apparatus and KB health facilities (Regulation of the Head of the National Population and Family Planning Agency Number 3 of 2017 About Provision of Support Facilities for Contraception Services in Population, Family Planning and Family Development Programs).

The Department of Population and Family Planning Control proposes the need for medical equipment and supporting facilities for family planning services to the Provincial BKKBN Representative Office according to the number and type needed. Planning of family planning services at the district level is prepared based on a situation analysis including the results of previous year family planning services proposed by the health facilities. The need for district-level allocon is continued by the provincial BKKBN to the central BKKBN.

Contraceptive devices and medicines are sent from the Central BKKBN to the Provincial BKKBN Representative, then to the SKPD of the North Buton Regency Population and Control Agency. The resident control and KB office sends allocations according to the request from the Clinic at the Puskesmas and the village midwife. Then the department of population control and family planning to distribute to the health center and its network in accordance with the proposed needs. Channeling can be done with a pull distribution system (request system) and push distribution system (Dropping). At the time of distribution of the Puskesmas service network (Pustu, Pusling and village midwives) received an allocation from the Puskesmas and PLKB in their area.

Receipt or distribution must be done by using a Letter of Outgoing Goods (SBBK) signed by the treasurer of goods and the sender. Distribution / distribution of allocon must follow the principle of First in First Out (FIFO) is the process of dispensing the allocon based on time, if the first entry must be issued earlier. It also uses the principle of First to expire date First Out (FEFO), is the process of removing allocon and non-allocon based on expired limits, if the allocon whose limit is expired earlier must be issued earlier (Kemenkes RI, 2004) As in the distribution mechanism chart below:

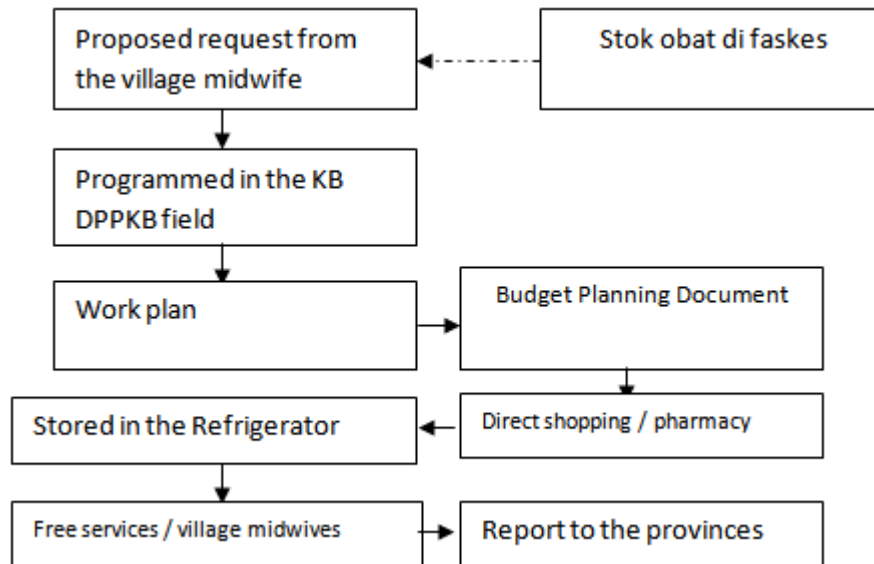


Tools and medicines can also be provided by the North Buton District through the APBD of the Population and Family Planning Control Office that we are familiar with with the Request for Community Participation (PPM), both new KB participants (PB) and active KB participants (PA), BKKBN (2008) . Procurement is carried out in the district of North Buton based on requests from acceptors of fertile age couples for those who want to try injection contraceptives. Procurement is done itself by shopping directly by the department. Therefore, the department is trying to hold a one-month injection allocation to be tried at EFA through regional budget planning. This was done because only three types of contraceptive devices and drugs were provided by the center for three months.

Until the using of family planning acceptors in this case couples of fertile age couples through village midwives obtained from clinics in their respective puskesmas in North Buton District. The distribution of its use is carried out on every daily service performed at the puskesmas and free services every three months or six months carried out by the Department of Population and Family Planning Control. But there is a problem that occurs every time the distribution always delays, as a result of reporting requests from village midwives who are always late. Therefore, the acceptor sometimes usually takes his own alternative by buying outside in this case the nearest drugstore or pharmacy.

Whereas in fact distribution based on existing rules that we can use for the distribution of contraceptives is only in the office of the Population and Family Planning Control, village midwives and district level KB counselors. Based on the flow of contraception is according to the level of need in each district to village level.

After arriving at each clinic in the subdistrict or puskesmas, the next task is PLKB and village midwives who will be in direct contact with couples of childbearing age as acceptors. In the distribution must use the registration form to find out how many need pills, implants, IUDs, condoms. Following the distribution flow:



Primary data from interviews and observations, 2019

Focusing more on this research, the most important thing is that the distribution flow is conducted regularly every month, which is distributed directly in every clinic in the Puskesmas with the midwife in charge of the clinic itself. Furthermore, it will be distributed again to every midwife, Pustu, and doctor.

Because of the limited time and place to expedite family planning acceptors to get services they usually tend to practice midwives in villages.

Whereas the distribution and marketing relationship in this study is fertile age couples as active acceptors are more dominant in getting directly at puskesmas and midwives practice in villages and sub-districts. Acceptors are more active in puskesmas than must order and then be delivered at their respective homes by officers. Or ask for the service of put contraceptives at home, all acceptors are aware to do in the health service.

All fertile age couples who become family planning acceptors prefer to the puskesmas to have both injectable and implantable contraceptives or uterine contraceptives (IUDs).

IV. Conclusion

Based on the research that has been done, it can be concluded:

1. The distribution of contraceptive devices / medicine to family planning acceptors, in this case fertile age couples (PUS) in North Buton District, are still have obstacles, namely the delay of distribution from PLKB officers due to slow reporting from puskesmas clinics and village midwives.
2. Management and reporting carried out in the Department of Population Control and Family Planning in North Buton District have not been maximized, so that the distribution in the storage and reception of contraceptives is still has delays.

V. Suggestion

1. The Department of Population and Family Planning of North Buton Regency should pay attention to all provisions stipulated in the Regulation of the Head of the National Population and Family Planning Agency in the guidelines for planning, receiving, storing and reporting and distributing contraceptive devices / medicine by increasing the quality of personnel through knowledge training and Skills.
2. The Department of Population and Family Control in North Buton Regency should pay more attention to the supply of contraceptive devices / drugs in the warehouse to avoid accumulation of contraceptive devices / drugs so that EFAs do not buy outside and also avoid the expiry of contraceptive devices and drugs.

References

- [1]. Agha, S. (2010). Intentions to use contraceptive in Pakistan: Implications for Behavior change campaigns. BMC Public Health, 10 (450), 1-13. Doi : 10.1186/1471-2458-10-450.
- [2]. BKKBN. 1998. Increased male participation in family planning and reproductive health.
- [3]. BKKBN, 2007. Gender in the KB and KR programs. <http://gemapira.bkkbn.go.id/artikel02-21.html>.
- [4]. Handayani, Sri. 2010. Textbook on family planning services. Yogyakarta: Rihana Reader.
- [5]. Handoko, Hani, 2001, Management of Personnel and Human Resources Seventh Edition, Yoyakarta, BPFE Publisher.
- [6]. Joshua Oyeniyi Aransinola. 2014. Journal International Women's perceptions and reflections of male partners and couple dynamics in family planning adoption in selected urban slums in Nigeria: a qualitative exploration, BMC Public Health.

- [7]. Kabagenyi, Allen. 2014. Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda, *Journal Reproductive Health*.
- [8]. Ministry of Home Affairs. (2016). Population research has to do with recording population data.
- [9]. RI Ministry of Health. 2015. The strategic plan of the Ministry of Health in 2015-2019 RI Minister of Health Decree Number HK.02.02 / Menkes / 52/2015.
- [10]. Ministry of Health Republic of Indonesia 2014, Guidelines for Management of Family Planning Services. Directorate General of Mother Health Development Directorate General of Mother and Child Health Development.
- [11]. Irwansyah, Ekawati, R., Ernungtyas, N.F. (2016). Effects of television advertising on family planning programs. *Journal of Communication*, 8 (1), 12-24.
- [12]. Notoatmodjo, Soekidjo. 2007. *Public Health, science and Art*, Jakarta: Rineka Cipta.
- [13]. Notoatmodjo (2012) *Health Behavioral Sciences*. Jakarta: PT Rineka Cipta.
- [14]. Notoatmodjo (2012) *Health Research Methodology*. Jakarta: Rineka Cipta
- [15]. Nurfaizah. Sitti , Wasir Thalib, Andi Asmawati and Gufran Darma Dirawan. 2016. Participation of Men Fertile Age Couple Poor Family in the Family Planning Program City of Makassar the Year 2015. *International Journal of Applied Environmental Sciences* ISSN 0973-6077 Volume 11, Number 4 (2016), pp. 1091-1103. Makassar State University, Makassar, Indonesia.
- [16]. Paulo Lino Kidayi At all, 2015, Determinants of Modern Contraceptive Use among Women of Reproductive Age in Tanzania: Evidence from Tanzania Demographic and Health Survey Data, Institute of Public Health, Department of Epidemiology and Biostatistics, Kilimanjaro Christian Medical University College, Moshi, Tanzania.
- [17]. Schiffman, L. G., *et al.*, 2007. *Consumer Behavior*. 9th ed. New Jersey: Prentice Hall.
- [18]. Suratun. S. 2009. *Reproductive Health and Contraception*. Trans Info Media. Jakarta.
- [19]. Kotler, P. and G. Armstrong. 2004. *Fundamentals of Marketing*, Ninth Edition. Jakarta: Index Publisher
- [20]. Kotler, P. 2005. *Marketing Management*. Jakarta: Media Group Index
- [21]. Lay B, Hastowo, S. 1992. *Publisher Microbiology CV Rajawali*. Jakarta.
- [22]. Lesmana, M. 2003. *Enterobacteriaceae Salmonella & Shigella*. Trisakti University, Jakarta.
- [23]. Notoatmodjo, S. 2003, *Health Education and Behavior*. Rineka Cipta Jakarta.

Muhammad Rajab Rusman. "Chronology of Contraception Distribution in North Buton Regency." *IOSR Journal of Sports and Physical Education (IOSR-JSPE)* 6.6 (2019): 46-50.