

Performance Description Of Counselor Family Planning In The Implementation Family Planning Program In Demak District

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Abstract. One of the problems in the management of family planning programs is still high unmet need. Unmet need is the pair of fertile age who need family planning service are not met. The impact of these conditions it will be too close distance pregnancies (<2 year) which is one of the indirect cause of maternal mortality. In 2014 from a total of as much as 278.732 that fell into the unmet need of 22.627 or 8.12%. The main reason women of fertile age not using contraception that is most is they require a more in-depth explanation of contraceptive methods (29.4 %). On the other side, BAPERMAS already empowers counselor of family planning to socialize about contraception but the results have not been maximal. **Purpose:** This study aims to describe the performance of counselor family planning in the implementation of family planning programs. **Method:** quantitative study using cross sectional approach. Respondents are counselor family planning some 65 people in the district. Data was collected through interviews using a questionnaire. Data analysis techniques by univariate analysis. **Results:** showed that the characteristic respondents (29-51 years of age, had an average of 4 village built, mostly already qualified higher education (DIII/ DIV/SI/S2) and working >10 years). Total of 53 respondents to approach the formal leaders, 36 respondents collection data and mapping, 55 respondents to approach informal leader, 53 respondents development of the agreement. Total of 55 respondents stabilization agreement, 34 respondents give counseling, information and education, 48 respondents formed a group pioneers, 57 respondents planning services. Total of 64 respondents provide information and coaching participants and 38 respondents do recording, reporting and evaluation. **Conclusion:** for BAPERMAS in Demak District increase the number of counselor family planning, hold training for recording and reporting the latest format, continuity guidance from Ka.UPT, develop creativity counseling and proportional division of duties.

INTRODUCTION

Nowadays, a family planning program (KB) in Indonesia is still facing some crucial problems in its aims to maintain a program momentum in which the program had been being done successfully recently. One of the problems in managing the family planning program is a high rate of unmet need. Unmet need is productive couples (PUS) who do not get service about family planning program. Unmet need is a problem in which a pregnant woman does actually not want to get pregnant. The unwillingness to get pregnant can trigger the health of pregnant mother and her infant.

Demak regency is one of cities in Central Java province which has a high rate of unmet need. In 2014, from the total 278.732 of productive couples, among 22.627 or 8, 12 percent belongs to the unmet need category.

Woman belongs to unmet need category has a big chance to get pregnant and, not to mention, has a big chance too in getting a complication during her pregnant, labor, and childbed period. Consequently, there are two alternative choices which can be taken when woman gets an unplanned pregnant. First, she can keep her pregnancy which leads to a close pregnancy interval. The close pregnancy interval is an indirect cause of maternal mortality. In 2014, there were 13 women got close pregnancy interval, i.e. less than 2 years interval in between the first and the next pregnancies.

Second, woman does not keep her pregnancy or even tries to do abortion. From the data gained from RISKESDAS 2010, the unplanned pregnant rate was 11,6% and the abortion rate was 7%. The unplanned pregnancy happened due to the woman limitation in getting a knowledge about reproduction health mainly dealing with pregnancy plan and prevention information.

Unmet need rate in Demak is caused mainly by a condition in which women do not have adequate information and understanding either about contraception and its side effects or about health information dealing with the use of contraception. Those condition triggers women not to use any contraception at all. Furthermore, unmet need happens due to uneven socialization regarding to contraception done by the official stakeholders. The lack of knowledge and understanding toward contraception lead to a lethargic society participation in joining family planning program.

The one that in charge of motivating society for joining the family planning program in regency level is the Agency for Community Empowerment of Women and Family Planning (BAPERMAS & KB). A board of BAPERMAS of Demak regency in cooperation with Demak regency's society had done the socialization in unmet need area in which they triggered women to join family planning program.

There are some problems faced by PKB in doing their jobs in Demak regency. The first problem is irregular socialization. Secondly, the partnership with the cadres are taken for granted in which the stakeholders do not seriously and wisely take advantage from the partnership relation. In addition, cadres are not being involved in the socialization activity but they just are in charge of taking and reporting the data achieved by the acceptors. Data collection methods were only done by using door to door data collection method and the rest of the data were taken from the Central Bureau of Statistics (BPS). Reporting format and procedure were only given once in the beginning of the program by PKB officers.

In doing their jobs, family planning tutors (PKB) face some obstacles due to the various working unit nomenclatures which lead the increase of family planning tutors' burdens. Family planning tutors (PKB) are not only taking in charge of managing family planning program (KB) but also taking in charge of managing other development programs in accordance with the institutional mission in their region. There are small number of family planning tutors (PKB) in Demak regency, i.e. 65 people in which the ratio show 1:4-5 meaning that one family planning tutors (PKB) must manage and run family planning program in 4-5 villages. That condition is not really ideal since the ideal condition requires 1:1 ratio meaning that 1 person of family planning tutor (PKB) must manage and run family planning program in 1 village only.

All family planning tutors (PKB) in Demak regency has already joint the general basic training and competency training. Family planning tutors (PKB) do not get any neither incentive nor compensation for the jobs they did but the compensation is only given based on their functional position. The lack of guidance and supervision from the authority make them feel conscious whenever they face problematic cases dealing with family planning program. Rarely does the authorized person for example a director of family planning program give a guidance and supervision for the family planning tutors because the authorized person assume that all of family planning tutors are capable to do their jobs. Structurally, the organization in which family planning tutors (PKB) are working in is under the head of the board of society empowerment and family planning program (BAPERMAS & KB) of Demak regency. However, in fact, the the family planning tutors (PKB) works under the head of regional technical implementation unit (UPTD). In the hierarchy of the organizational structure and family planning program of BAPERMAS Demak region, family planning tutors (PKB) is not solely responsible to the head of UPTD but directly responsible to the head of the board of society empowerment and family planning program (BAPERMAS& KB) of Demak regency. Information obtained by the head of technical implementation unit (UPT) from the family planning tutors (PKB) will be reported and submitted to the board of society empowerment and family planning program (BAPERMAS& KB) of Demak regency, and vice versa.

RESEARCH METHODOLOGY

This research is a qualitative research in which cross sectional approach was implemented in this research. This study aimed to describe the performance and the role of the family planning tutors (PKB). Thus, the population in this research were 65 family planning tutors (PKB) who are working in sub districts of Demak regency. The sample gained by employing total sampling method. The data collection was done by implementing structured questionnaires. And, the data were analyzed by using univariate (frequency distribution) method.

FINDINGS

The 69.2% of respondents are 29-51 years old in which 90.8% of respondents worked in 4 village, 81.54% of respondents have been working more than 10 years, and 61.5% of respondents are highly educated people with diploma, bachelor, or master degree (DIII / DIV / SI / S2).

Approaching the formal figure had been done well which was indicated by the action of 81,5% of respondents who had visited the formal figure before mapping and collecting the data. The first step that must be done by the family planning tutors (PKB) in one new area or in a new developed program is meeting the head of the village to tell their presence, share visions of the family planning program as one of the government programs. In addition, they must ask a permission and support to the head of the village for conducting data collection and mapping activities with cadres of Institutions Rural Communities (IMP) in his or her official working area. All of the family planning tutors (PKB) involved in this research had already visited some formal figures such as the head of the village (Kades), official officers of the village or sub district like midwifery working in the village, religious leader, etc. For the second step, collecting and mapping the data had been done well in which 55,4% respondents did the data collection and mapping. For the sake of recognizing their working area, the family planning tutors (PKB) identified their working area including the identification of the border of the working area, citizenship identification, etc. which are relevant with the family planning program and a new program which would be developed by both the formal and informal figures in each area of community group (RW) or neighbourhood group (RT). The results of those identification activities were being mapped as those are the important data to support the operational activity in the future. Data collection and mapping had been done well supported by the answers of the respondents showing that 92.3% of respondents planning prior to data collection activities at the village level. Planning is the process of defining the purpose of data collection, create strategies to achieve goals and develop a plan of work activities of the organization. To be able to identify and take advantage of the potential of existing support in the working area, the family planning tutors (PKB) should conduct data collection and mapping of the area. Through data collection, PKB is able to control all planning activities and be able to calculate the amount of the acceptors increased in each month and can count the number of users of contraceptives. The total amount obtained can be used as a benchmark for the success of family planning programs each month.

Before collecting the data, there were 83,1% respondents had already evaluated the large of the area. The previous collected data can be used as the basic step in developing the next program namely for deciding the target participants, approaching the important society leaders, etc. Then the results of the data collection are used for the reference in creating a policy deals with a decision in choosing the target participants so that the maximum results of family planning program activity can be achieved. For example, in one area, there is still found a low rate family planning program acceptors and many unmet needs, then the priority program must be done is doing door to door personal approach to the important community leaders.

In the third step, there are 84,6% respondents have been doing a regular meeting with the community leaders. The meeting with community leaders was done regularly once a month (84,6%). The approach was done for the sake of explaining the benefits of family planning program for the society in general. Then, the family planning tutors (PKB) asked the community leaders to actively involved in this program. The fourth step was also done well (81,5%), for it was proven by the consensus results reported to the stakeholders. The community leaders who were still being confused whether or not support this program, were invited by the head of the village to come to the villagers conference agenda (MMD). Technically, the family planning tutors (PKB) explained the description and benefits of the program which would be implemented. On the other side, the fifth step had not done well since the result showed that 84,6% respondents did not require to make a schedule to discuss the results of the consensus. The implementation of villagers' conference agenda was followed by asking the community leaders to realize the KIE that had been scheduled.

The sixth step, it was found that 52,3% respondents had done the KIE. The socialization had been done was not only dealt with the unmet need but also the socialization of the important to increase and enrich knowledge about family planning program. The socialization is important for the sake of enriching and increasing knowledge about family planning program. By the socialization, is hoped that the women know and aware about unmet need. In addition, it is hoped that they can be the family planning program acceptors and actively participate in the family planning program.

In the seventh step, the establishment of a pioneer group had done well (73,8%). The establishment of a pioneer group is the activity in which the tutors motivate a family to become a model or cadre. Not to mention, the establishment of a pioneer group activity is aimed for motivating a family to participate actively in managing the national family planning program. Soon as KIE had implemented, the family planning tutors (PKB) did a data collection activity to record the data which families were willing to be participants in family planning program. It is matched with the respondents' responses in which 84,6% established the pioneer group to motivate the unmet need groups and not to mention to give live socialization (84,6%). The example of the establishment of pioneer group is the establishment of MOP. MOP was established for providing a good model for the society on how to participate on the family planning program. However, the establishment of MOP did not give any immediate impact meaning

that the number of childbirths caused by unmet need was still high. The high number of childbirths is in fact not only caused by the unmet need but also the awareness of the husbands, for husbands have a significant role in the family program planning too.

The eighth step had done successfully. There were 87,7% respondents served family program planning. It was proven by the data collected in which 76,9% of unmet need women understood the given socialization; 81,5% of women responded that they could easily keep in touch with the family planning program tutors; and 73,8% of participants did the program naturally as they are. According to Wiriaatmadja (1997), a good socialization method is a method which is suitable with the condition of the targeted participants, has a good number of participants, timely and targeted, consists of acceptable and understandable content or materials, and affordable. The ninth step, the respondents gave an information and guidance to the participants. It was proven by the data as follows: 73,8% felt that they only have a responsibility toward the unmet need women. The activity of the family planning tutors (PKB) only deals with establishing demand creation of the family program planning by persuading productive couples (PUS) to participate family planning program. It is matched with the respondents' respond dealing with the attempt to persuade the unmet need women to join family planning program (73,8%). In this program, the family planning tutors (PKB) in accordance with the official stakeholders in the village review the service given, provide a comprehensive service on post service program, and also take a decision needed if something happened dealing with medical and psychological problems, etc.

The tenth step, 58% respondents did recording, reporting, and evaluating the program. Unmet need data was recorded in PK 2015 forms. Beside recording the the data, the family planning tutors (PKB) reported the activity to the authorized party or the director of family planning program. Reporting is a process which is done by the family planning tutors (PKB) to the director or other related authorized party as the information to be followed up and done periodically and continuously in a system which has been standardized. It is matched with the data in which 76,9% respondents in 21 October reported the data to the district office. There were 81,5% respondents reported the data of unmet need to the director of family planning program, and 86,2% respondents did evaluation through the staff meeting. The staff meeting activity done once a week up to once a month that will be indicated in the meeting journals. Furthermore, 76,9% respondents recorded the results to the provided forms. Choosing a proper and suitable method can exactly help the society in understanding the given information so that the family planning tutors can successfully trigger the society in general to join and participate actively in the family planning program.

A good working performance will actually support the national family planning program to be successful. The success of the family planning tutors in carrying out their duties must be supported by their capability in understanding the family planning program comprehensively and in managing the unstable condition both environmentally and socially. The results of this study show that 61,5% of the family planning tutors (PKB) have a good capability in carrying out their duties. However, the respondents' response show that 44,6% of the family planning tutors (PKB) did not do the recording and mapping the data well. Furthermore, 84,6% of the family planning tutors (PKB) did not make a well-structured schedule to discuss the consensus; 47,7% respondents did not do the KIE well; 41,5% respondents did not do a good recording, reporting, and evaluating activities.

CONCLUSION

Fifty three (53) respondents conducted an approach to the formal figure, there are 36 respondents who did a reporting and mapping, 55 respondents did an approach to informal figure, 53 respondents dealt with an agreement, 55 respondents strengthened the agreement, 34 respondents did KIE, 48 respondents built a pioneer group, 57 respondents served family planning program. Finally, 64 respondents gave information and guidance to the participants, 38 respondents did the recording, reporting, and evaluating the program.

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