HEALTHCARE SEEKING BEHAVIOR'S TREND OF FAMILY PLANNING IN INDONESIA

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ABSTRACT

Community participation in programs of Family Planning is determined by health service seeking behaviour, so the Ministry must be ensured the availability of family planning affordability, acceptability and quality of service. Hence the need to study of health service seeking behaviour's trends of family planning as an effort to improve public access to the services of family planning. The purpose of the research is to identify the trend of knowledge, information sources and choices of health service by family planning users.

Descriptive research cross-sectional design using secondary data. Research targets women and men getting married in Indonesia who become the respondents in Demographic Health Survey in 2007 and 2012. Variable trend changes in knowledge, information sources, and the choice of service of Birth Planner. Descriptive data analysis are presented using tables and graphs.

Research results Demographic and Health Survey in 2007 and 2012 in Indonesia shows that participation family planning program for 10 years a modern contraceptive method used was the syringe and pill, whereas traditional methods was coitus interuptus. Source of information from television, poster and pamphlet also obtained by family planning officers, doctors and midwives. The selection of the private hospitals improved on methods of hormonal contraception, sterilization (AKDR) by midwives and enough condoms in pharmacies and stores.

Increased health promotion, the role of the media and healthcare facilities that facilitate monitoring of the accuracy of understanding and related types of contraception chosen according to your needs and health condition of acceptors.

Keyword: Birth Planner, Knowledge.

ABSTRAK

Partisipasi masyarakat dalam program KB ditentukan oleh perilaku pencarian pelayanan kesehatan, sehingga pelayanan KB harus dipastikan ketersediaan *(availability),* keterjangkauan (accessibility), penerimaaan *(acceptability)* dan kualitas pelayanan *(quality).* Maka perlu kajian terhadap tren pencarian pelayanan kesehatan KB sebagai upaya untuk memperbaiki akses masyarakat terhadap layanan KB. Tujuan penelitian adalah mengidentifikasi kecendrungan pengetahuan, sumber informasi dan pilihan pelayanan KB.

Penelitian deskriptif desain *cross-sectional* menggunakan data sekunder. Sasaran penelitian wanita dan pria menikah di Indonesia yang menjadi responden dalam *Demographic Health Survey* pada tahun 2007 dan tahun 2012. Variabel kecendrungan perubahan pada pengetahuan, sumber informasi, dan pilihan pelayanan KB. Analisis data secara deskriptif yang disajikan menggunakan tabel dan grafik.

Hasil penelitian DHS *(Demographic Health Survey)* tahun 2007 dan 2012 di Indonesia menunjukkan bahwa keikutsertaan program KB selama 10 tahun Metode kontrasepsi modern yang digunakan adalah suntik dan pil, sedangkan metode tradisional adalah senggama terputus *(coitus interuptus)*. Sumber informasi dari televisi, poster dan pamphlet juga diperoleh melalui petugas KB, dokter dan bidan. Pemilihan rumah sakit swasta meningkat pada metode sterilisasi, kontrasepsi hormonal (AKDR) oleh bidan dan kondom cukup didapatkan di apotek dan toko.

Peningkatan promosi kesehatan, peran media dan fasilitas pelayanan kesehatan yang memudahkan pemantauan terkait pemahaman dan ketepatan jenis kontrasepsi yang dipilih sesuai dengan kebutuhan dan kondisi kesehatan akseptor.

INTRODUCTION

Population growth in 2000-2010 period in Indonesia amounted to 1.49% and shows trends increased by 0.14% of period in 1990-2000. Family planning programs in Indonesia in line with the target to 5 (five) of the Millennium Development Goals (MDGs) that improve the health of the mother. Maternal mortality (AKI) is one indicator of the assessment of the degree of the health and well-being of women. The results of the 2012 SDKI shows AKI of 359 per 100,000 live births.

Factors that contribute to the decrease of AKI is not only the availability of health care personnel to assist in childbirth, but the success of the achievement of universal access to reproductive health also supported the decline in Indonesia's BATTERY. The situation of family planning programs do not experience many significant progress, indicated by: 1) CPR modern way only 0.5% of the ride 57.4% to 57.9%; Unmet need 2) only 0.6% decline from 9.1% to 8.5%; 3) birth rate in teenagers 15-19 years only having a bit of a decrease of 51 per 1000 women aged 15-19 years be 48 per 1000 women aged 15-19 years (Directorate General of Community nutrition and maternal and child health, 2014). This be no significant changes (stagnant) Total Fertility Rate (TFR) in the last 10 years at number 2.6 and still high maternal mortality (SDKI 2007 and 2012).

Community participation in programs of Birth Planner is determined by search behavior health services, so the Ministry must be ensured the availability of Birth Planner (availability), affordability (accessibility), acceptance (acceptability) and quality of service (quality). Search health services improvement is very important especially in areas with limited social services and public health resources are limited (Wado, 2013). Thus, the need for study of search trends healthcare Birth Planner as an effort to improve public access to the services of Birth Planner.

Birth Planner have been able to lower the rate of population growth of 2.1 during 1961-1971 be 1990-2000 time in the twentieth century 1.97, however population in Indonesia increased from 119 million 1971 be 219 million in 2005. The decline of the population growth is inseparable from the success of the Indonesia lowered the birth rate from an average of 5-6 children per family in 1971 became the 2-3 children per family in 2003. The decline in birth rates closely related with the use of contraceptives. The increase in the use of modern contraceptive usage 1% per year and in 2015 the population will increase only Indonesia 18.8 million from 2005 (BKKBN, 2006).

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Various research shows contraceptive methods the most widely chosen by women in Indonesia are a type of injection and the second-most option is the pill (Pratiwi & Basuki 2014; Maula et al., 2014; Noviyanti et al. 2010). The number of communities that use the injection because of the ease factor Birth Planner and long usage. Birth Planner has a span of Injecting efficacy for up to 3 months and it is easy and practical (Pratiwi & Basuki 2014; Noviyanti et al. 2010). Supported by research Karwati (2008) as a method of contraception hypodermic option because getting information from friends and the explanation of the consultation of the midwife, besides injecting is considered practical, very suitable for mothers who breastfeed, the cost is still relatively cheap compared with other contraceptive and not at risk of forgetting because scheduled each month. Susuk also became the choice to three mothers in Indonesia due to the influence of local culture, e.g. for Madura ethnic usage pegs are believed to have adverse effects in addition to preventing pregnancy can also improve and further strengthen the wearer an aura of implant (Litbangkes, 2012).

Community participation in the program less optimal Birth Planner can be affected by several factors, including:

1. Individual Factors

Education is one of the factors that largely determine a person's knowledge and perceptions of the importance of something, including the importance of participation in Birth Planner. Highly educated individuals will more broadly his views and more mudahmenerima ideas and procedures for a new life. The relationship between education with a mindset, perception and behaviour of society are indeed very significant, in the sense that the higher the level of education a person the more rational in making decisions. An increase in the level of education will produce a low birth rate due to negative perceptions will affect education of children and the existence of large families will hit (Kusumaningrum, 2009). Aninda research (2005) shows a mother who has a good knowledge of 4 times better at choosing the right birth control. Women with a good education also has strong relationships in the selection of health services and the use of modern contraceptives. Women with a good education is largely working to improve family income. Women who work also has a strong connection related search behavior reproductive health due to exposure to information, knowledge and attitudes of health service of modern workplace (Wado, 2013).

2. Government Factor

Declining membership community specifically the Productive periode women in using the Birth Planner, it is likely due to less family planning programs got priority of the Government, be it the Central Government and regions. It is visible from a number of budget cuts for family planning programs, the Elimination of the Ministry that handles the population so the difficulty coordinating with other ministries in the event of problems of the population. Option promotion program set out by the Government Birth Planner less precise using the theory of behavioral change. During this Government in the promotion efforts of many to use the theory of Green W Laurence (Pratiwi & Basuki 2014).

Behavior is an activity or human activities that can be observed are directly or indirectly. Behavioral health includes health maintenance behaviors, search behavior health and environmental health behavior. Behavior health search (Health Seeking Behavior) is an effort or action the search treatment while experiencing health problems (Notoatmodjo, 2012) there are lots of models that discuss the behavior patterns of the community to address health problems. The model gives an overview of the associated key factors that affect the search behavior of health.

3. Factors of health service

Access Ministry Birth Planner can affect society in the choice of contraceptives, as well as the availability of health care personnel and health facilities infrastructure. Health facilities are the most widely chosen by mother/woman for the installation of contraception, whether in rural or urban practice, while midwives for women in rural health centers is the choice of many health facilities were chosen after a midwife practice. Election midwives practice birth control installation possibilities due to its ease of access, equality of the sexes so cozy for mothers psychosocial. These findings are similar to results of the survey by the BPS in 2012. Public participation in urban Birth Planner better than rural communities. People in the countryside are more potentially facing difficulties of access to adequate health services. Posyandu that is supposed to be able to be facilities for servicing the nearby rural communities Birth Planner inadequate because of lack of infrastructure and trained personnel for the service of KB. The limitations of public access and limited health services towards health workers can also have an impact on the knowledge of the public about the Birth Planner (Pratiwi & Basuki 2014).

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1. the Health Belief Model (HBM)

This model explains that search behavior of individual health is determined by the individual's perception about the vulnerability itself against certain diseases, and refers to how vulnerable the individual sees himself can be exposed to the disease. Model HBM also identify factors such as perceptions about severity,; perceptions about the effectiveness of prevention/treatment efforts, as well as the cost of the perception of the existence of cues to action or internal and external motivations that influence individuals to Act (increasing awareness due to the campaign, read a newspaper, magazine; because of advice from health workers; the presence of symptoms of the disease are experienced or family/friends experienced an act of prevention or treatment recommended will likely

do if individuals see any advantage in acting; that overcome its perception of barriers to doing an Act (prevention or treatment). Thus, self-efficacy which refers to a person's confidence level to be able to perform the appropriate behavior; and menjembataninya factors such as demographic factors, structural characteristics, social, and psychological, is believed to have an influence indirectly by way of affecting trust and motivation of the individual (Rosenstock, 1974).

2. The Model of Social Learning Theory

The model was first popularized by Rotter and Bandura in Rosenstock, while this Bandura SLT then also known as Social Cognitive Theory (SCT). According to Bandura, behavior is determined by the expectations (expectancies) and incentives. Expectations can be seen in 3 types namely hopes against environmental cues or belief about how the events are connected; hope against the consequences of one's actions or opinions of how individual behavior can affect the outer/outcomes and expectations towards individual competence in performing the necessary behavior to influence external/outcomes (efficacy expectations). incentive or reinforcement is the value of a particular object or outcomes. These outcomes can be either health status, physical appearance, acceptance of others, the achievement of economic or other consequences (Rosenstock et al. 1988).

3. Model Theory Planned Behavior (TPB)

Social-psychological approach to understanding and predicting the deciding (determinants) of search behavior treatment. The focus of the TPB this is intensi behaviors arranged in 3 thing i.e. attitude toward the behavior, subjective norm, and perception of oversight/control behaviour. the decision to go to a health care if they are sick will be determined by how the culture of the health service (can or whether it gets the expected outcomes), normative beliefs (the hope of the family or friends), and perceptions about the things that support or hinder a behavior (Ajzen, 1991)

4. Model Good

Stressed the importance of "significant others" in the process of decision making in health care. This model is a less challenging HBM looks at the context of the social decision

making in negotiation and management of a disease. According to Good, the selection of a form of therapy is a complex process and involves considerations such as distance against certain health officers, the availability of and access to transportation, the stage of the disease, the attitude of certain health workers, the perception of tentnag value of the healer and the treatment given, and also the cost. Well they are literate or not will be looking for traditional health services especially if health conditions fail to respond to treatment of biomedical; or otherwise seeking traditional health services if biomedical treatment failed. The transfer of a therapy to other therapies are not only determined by knowledge of the patient and his family about the disease and its treatment, but also the deficiency of one form of health care to one another (Shaikh et al. 2008).

5. Model Kroeger

Propose a model that emphasizes the kekompleksan variable-variables related to healthcare in developing countries. This model is a framework of interconnected eksplanatori factors that influence the perception of morbidity. The first is the eksplanatori variable factors predisposing to refer to the characteristics and individual characteristics such as age, gender, number of families, the status in the family, education, employment, ethnic origin and so on. This variable is also included in it is the "innovator" or the person who first choose a new health services, thus affecting the other members. The second factor is the characteristics of the patient's perception of the problems and the effect on the fact that the problem can be acute or chronic, heavy or not, and the factors that influence the response of humans against the disease. The enabling factor refers to the characteristics of health services including factor variable geography, attitudes and opinions towards different healers, and interest because of the quality of service and cost of treatment (Rosenstock, 1974). Kroeger contends that the interaction of all these factors will lead to a decision to go to a professional service, or choose do the treatment themselves, or will ignore the ailment.

Models that have been presented earlier shows similarities in seeing health search behavior. health search behavior is the result of interaction between the various factors such as individual characteristics, social networking and individual beliefs and beliefs about the disease,

the type of illness, access to medical services, medical expenses, as well as socio-economic status. The focus of the HBM is on the individual, is being focused on the SLT, the Young Model, a Model of Good and Kroeger is that perceptions of family and social networks and trust to disease is as important as individual beliefs in shaping the behavior of individuals. Individual approach is more in line with Western society while in developing countries, treating the disease is more of a family affair and individual approach is not able to predict the behavior of adequately

RESEARCH METHODS

This type of research is descriptive research design is cross-sectional. The data used are secondary data sourced from Demographic Health Survey Research Report 2007 and 2012. Analasis of descriptive data are presented using tables and graphs. The variables measured in this study include:

1. Variable Knowledge i.e. see trend change knowledge about KB between the women and men marry (in 2007 and the year 2012).
2. Variable source of information i.e. information sources changes trend see KB either through mass media and personal contacts (in 2007 and the year 2012).
3. Variable search behavior health services namely see trend change options service both Government owned, KB, private as well as other facilities by the Community (in 2007 and the year 2012).

This study uses secondary data from Demographic and Health Surveys Research Reports 2007 and 2012. The target in this research are the women and men get married in Indonesia who become the respondents in Demographic Health Survey in 2007 and the year 2012. This research see trend choice of contraception society, knowledge about contraceptive methods, sources of information about service options of Birth Planner.

RESULTS AND DISCUSSION

Public knowledge about Service in Indonesia of Birth Planner

The policy of family planning program was first implemented at the Government of President Soeharto in 1967 to suppress the population growth so as not to hinder economic

growth. Control of the population through family planning programs are one contraception pairing for PUSSY (Fertile Age Couples) to set the distance of the pregnancy. The trend of modern contraception choices by the public during the last 20 years still remains on the methods of hormonal pills and syringe. Trends in the use of contraceptives who continued to show increased rapidly until the year 2013 is the syringe, while use of the IUD indicates a downward trend over the last 20 years. Various research shows contraceptive methods the most widely chosen by women in Indonesia are a type of injection and the second-most option is the pill (Pratiwi & Basuki 2014; Maula et al., 2014; Noviyanti et al. 2010). The number of communities that use the injection because of the ease factor of Birth Planner and long usage. Birth Planner has a span of Injecting efficacy for up to 3 months and it is easy and practical (Pratiwi & Basuki 2014; Noviyanti et al. 2010). Supported by research Karwati (2008) as a method of contraception hypodermic option because getting information from friends and the explanation of the consultation of the midwife, besides injecting is considered practical, very suitable for mothers who breastfeed, the cost is still relatively cheap compared with other contraceptive and not at risk of forgetting because scheduled each month.

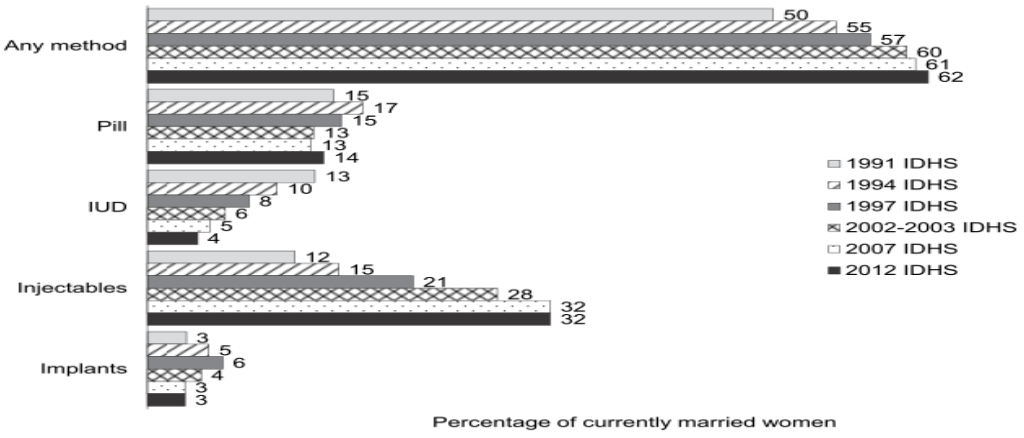

Figure 2. Trends in the use of Contraception in married women of the year 1991-2012

Community participation in a program is the embodiment of the behavior of matter. Factors that encourage community participation is knowledge. Based on the results of the study DHS (Demographic and Health Survey) in 2007 and 2013 in Indonesia of known public knowledge about contraceptive methods, both traditional and modern improved over the last 20 years. Modern contraceptive methods most widely known by women or married men is short

term hormonal methods, i.e. injection and pills, while knowledge about the IUD contraceptive method declined, both in women as well as men. The traditional method is the most widely known is interrupted intercourse (coitus interuptus) (see Figure 3 and Figure 4).

Education is one of the factors that largely determine a person's knowledge and perceptions of the importance of something, including the importance of participation in KB. Highly educated individuals will more broadly his views and more receptive to ideas and procedures for a new life. The relationship between education with a mindset, perception and behaviour of society are indeed very significant, in the sense that the higher the level of education a person the more rational in making decisions. An increase in the level of education will produce a low birth rate due to negative perceptions will affect education of children and the existence of large families will hit (Kusumaningrum, 2009). Aninda research (2005) shows a mother who has a good knowledge of 4 times better at choosing the right birth control. Women with a good education also has strong relationships in the selection of health services and the use of modern contraceptives. Women with a good education is largely working to improve family income. Women who work also has a strong connection related search behavior reproductive health due to exposure to information, knowledge and attitudes of health service of modern workplace (Wado, 2013).

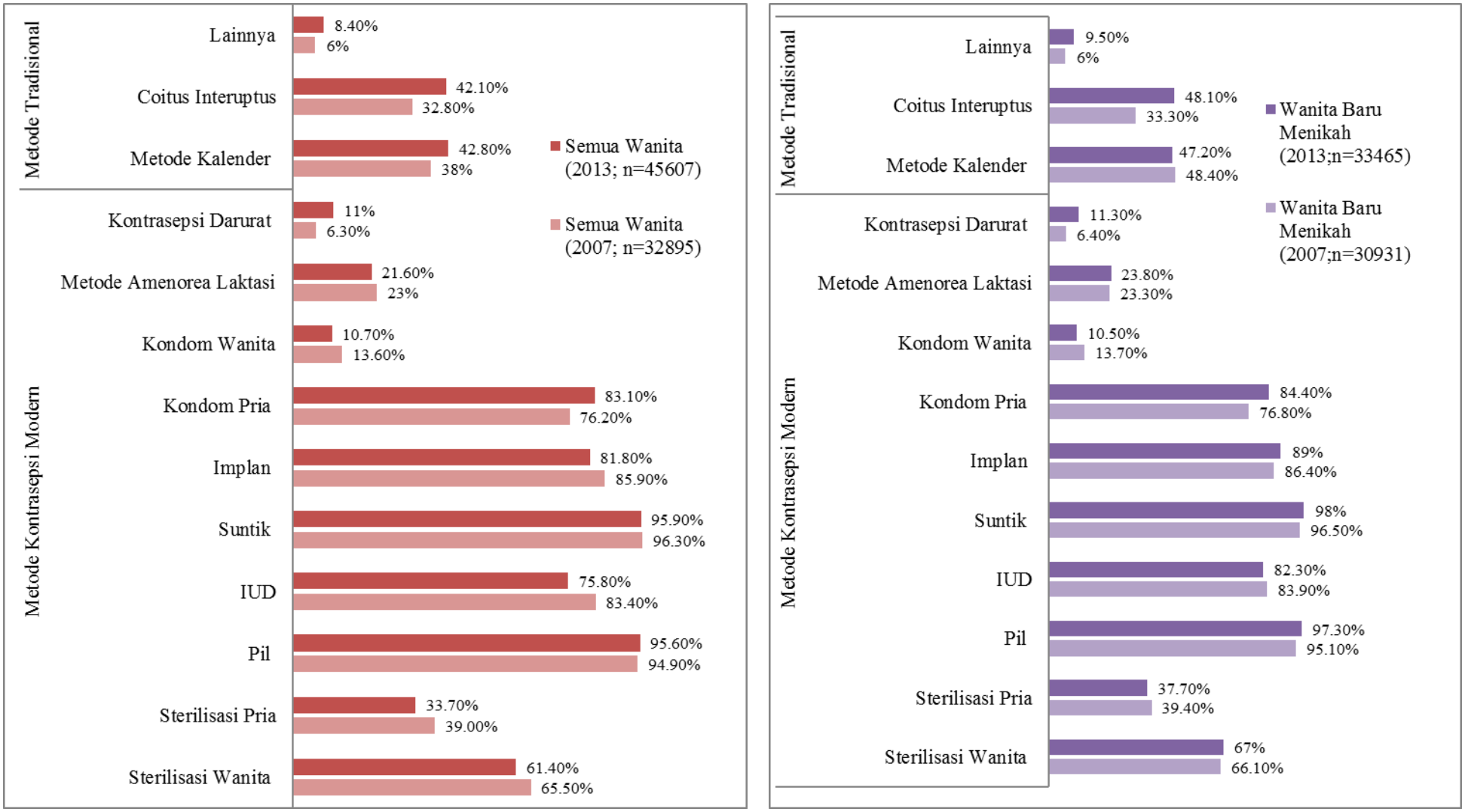

Figure 3. Trend of knowledge Women against contraceptive method in Indonesia in 2007 and the year 2012

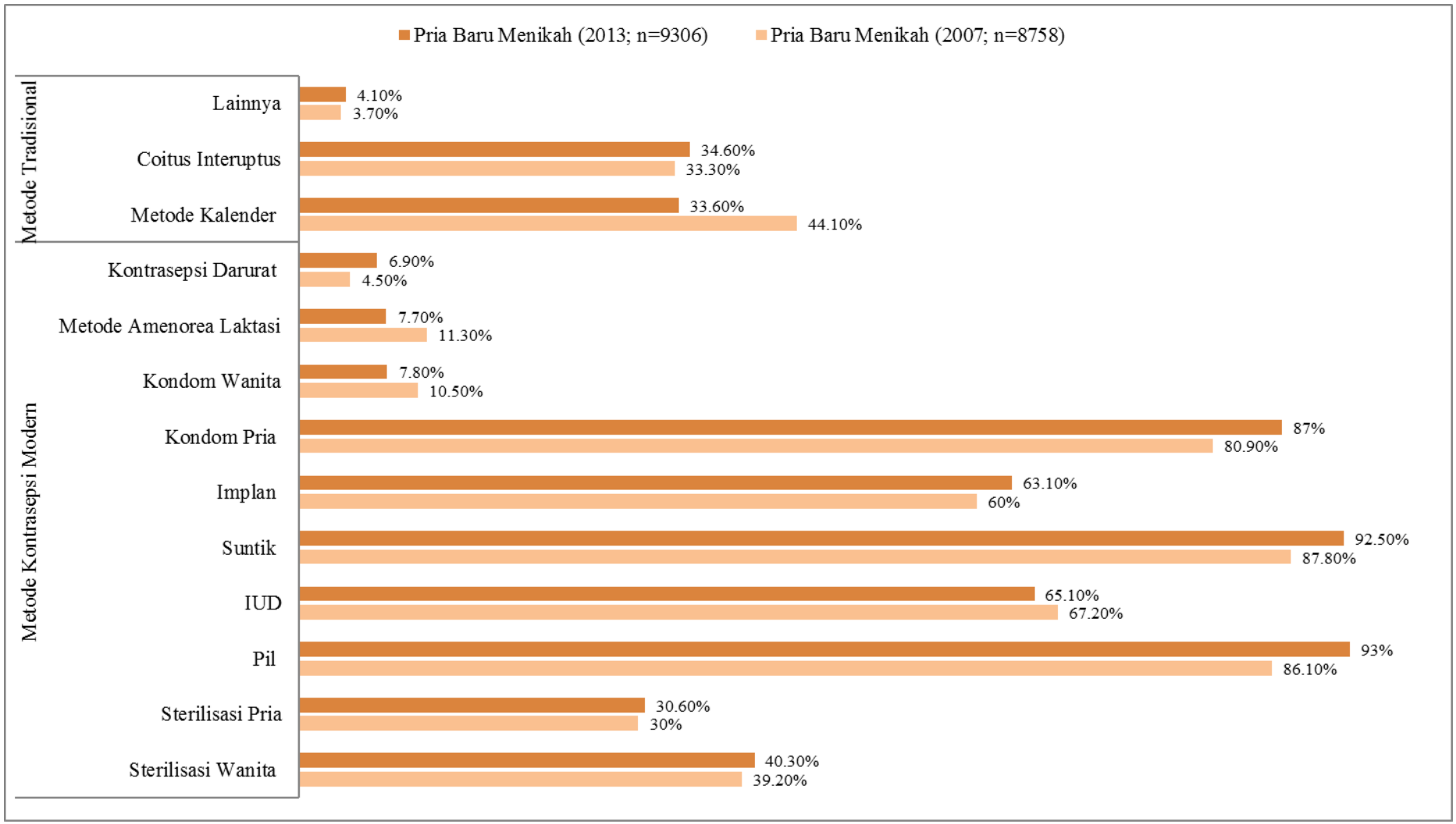

Figure 4. Trend of knowledge Men Marry against the contraceptive method in Indonesia in 2007 and the year 2012.

The Source of the information Ministry of Birth Planner in Indonesia

Information plays an important role in shaping the knowledge society to participate in the program of Birth Planner. Exposure to information through the mass media is larger in men than in women. The trend of mass media exposure during the last 5 years continues to increase mainly through television, posters and pamphlets, while exposure information via radio. Access to the mass media that increasingly easy cause during the last 5 years the society that are not exposed by the media fell over 20% (see Figure 5). Exposure to information about Birth Planner through the mass media on women and men marry more at adult age group, urban areas and increased along with the increased economic status (see table 2 and table 3). Information about the Birth Planner can also be obtained through personal contacts. Information about Birth Planner in 2007 more done by Birth Planner and health workers such as Midwives and doctors. The party's ever-increasing role in 2013 in giving information about the Birth Planner in the community. The role of community leaders, teachers, religious figures and local government in spreading information about the Birth Planner has increased the last 5 years. The biggest improvement in women's group (see table 4).

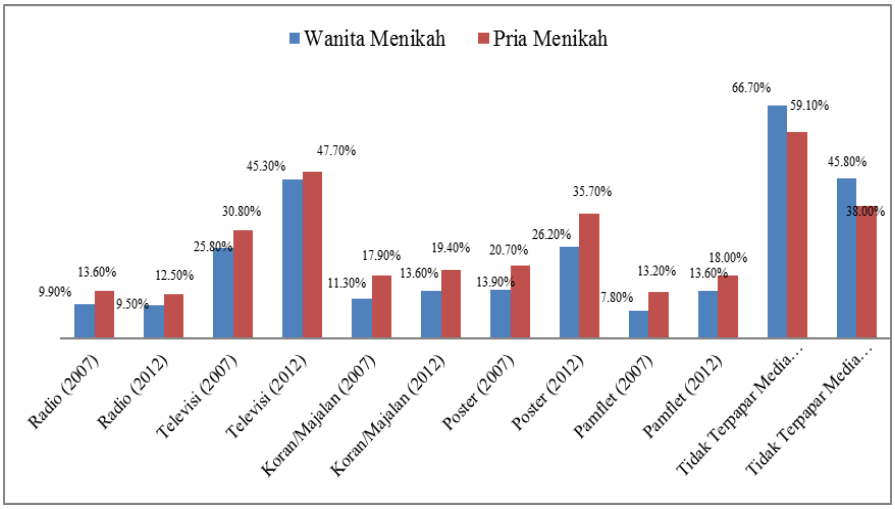

Figure 5 Trends in exposure to Mass Media about the KB on the women and men get married in Indonesia in 2007 and the year 201

Table 2 Trend Choice source of information through the Mass Media by married women about family planning services in Indonesia in 2007 and the year 2012

Respondent Characteristic	Type of Mass Media (%)										Unexposured mass media (%)	
	Radio		Televisi		Newspaper/Magazine		Poster		Phamflet			
	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012
Age												
15-19 Years	6,7	10,20	22,20	46,50	6,30	7,30	11,2	21,0	4,10	8,50	70,40	45,30
20-24 Years	8,8	9,20	25,50	48,80	9,50	11,50	13,40	25,90	6,60	12,30	66,60	42,10
25-29 Years	10,40	9,00	28,50	49,60	13,60	14,90	17,10	29,10	9,20	15,90	62,30	41,10
30-34 Years	11,40	9,70	29,4	47,20	13,20	15,50	16,30	28,70	9,00	14,80	62,20	42,10
35-39 Years	10,70	9,60	28,60	47,20	13,60	16,40	14,70	28,80	8,30	15,00	64,20	44,30
40-44 Years	10,00	10,60	23,10	40,90	10,60	12,80	12,00	24,30	7,50	13,40	70,30	49,70
45-49 Years	7,70	8,80	18,60	36,90	6,60	9,60	9,00	18,50	5,60	9,50	76,00	57,50
Residence												
Urban	12,5	11,3	34,0	52,9	18,6	19,9	20,6	33,4	12,5	18,4	56,3	36,6
Rural	8,0	7,8	20.,0	37,9	6,1	7,9	9,1	19,2	4,3	8,9	74,1	54,7
Wealth Quintil												
Lowest	5,4	5,7	10,5	24,5	2,4	3,6	4,7	13,1	2,0	5,3	84,5	67,9
Second	7,5	6,6	19,5	38,2	4,3	6,3	8,1	17,9	3,8	7,8	75,2	54,6
Middle	8,7	9,8	24,3	46,4	7,4	10,5	10,9	24,1	5,7	12,2	69,7	45,8
Fourth	10,8	10,4	31,1	53,3	13,0	16,6	16,4	30,2	8,4	15,9	60,2	36,8
Highest	16,6	14,6	42,6	60,7	28,9	29,6	28,6	43,4	18,5	25,5	45,0	27,4
Total	9,9	9,5	25,8	45,3	11,3	13,6	13,9	26,2	7,8	13,6	66,7	45,8

Description: n = the number of respondents; (%) = Percentage of female respondents n; 2007 = 32,895; n = 2013 women respondents 33,465

Table 3 Sources of information through the Selection Trend of Mass Media by Marrying Men about family planning services in Indonesia during 2007 and 2012

Respondent Characteristic	Type of Mass Media (%)										Unexposured mass media (%)	
	Radio		Televisi			Radio		Televisi				
	2007	2012		2007	2012		2007	2012		2007	2012	
Age												
15-19 Years	(*)	5,6	(*)	33,1	(*)	9,8	(*)	22,8	(*)	1,7	(*)	43,3
20-24 Years	10,9	17,6	28,6	50,2	10,8	15,9	16,5	32,2	11,2	14,6	64,3	33,9
25-29 Years	11,0	11,3	35,8	48,1	17,1	21,3	22,5	38,1	14,3	19,9	54,9	36,8
30-34 Years	16,8	14,1	36,1	55,7	23,5	19,3	25,9	41,9	16,8	20,0	51,8	30,5
35-39 Years	14,6	12,7	31,6	49,6	17,9	22,7	21,8	38,8	11,9	21,3	56,5	35,1
40-44 Years	14,0	12,8	31,9	47,9	20,4	21,7	23,4	37,1	15,1	19,0	57,8	36,8
45-49 Years	13,0	10,9	27,4	42,7	16,7	18,6	17,5	31,3	11,7	15,0	63,5	44,3
50-54 Years	11,9	11,4	22,3	39,1	12,8	12,4	13,2	25,4	9,3	12,7	70,1	48,6
Residence												
Urban	15,7	14,7	39,0	53,7	26,8	26,8	29,4	44,7	19,1	23,5	47,6	28,8
Rural	12,0	10,3	24,7	41,4	11,3	11,8	14,3	26,4	8,8	12,4	67,6	47,5
Wealth Quintil												
Lowest	9,1	7,6	14,9	29,1	5,8	7,1	7,4	15,2	3,1	6,0	79,5	61,6
Second	11,6	9,1	26,3	37,9	9,1	9,2	12,0	26,4	6,6	11,8	67,2	48,9
Middle	11,0	11,5	28,2	50	13,3	16,2	17,0	35,6	9,6	18,5	62,7	36,1
Fourth	15,3	14,1	37,2	56,1	21,4	23,8	26,3	43,4	16,2	21,3	50,9	28,0
Highest	20,2	19,6	45,7	62	37,8	38,9	39,0	54,4	28,6	30,6	37,7	19,5
Total	13,6	12,5	30,8	47,7	17,9	19,4	20,7	35,7	13,2	18,0	59,1	38,0

Description: n = the number of respondents; = The percentage (%); n = men of 2007 respondents 8,758; n respondents men 2013 = 9,306

Table 4 Source Selection Trend information about family planning services in Indonesia through Personal Contacts in 2007 and the year 2012

Respondent Characteristic	Personal Contact (%)															
	Family Planning Officers		Teacher		Religious Leader		Doctor		Nurse/ midwife		Village leader		Woman's Group		Pharmacist	
	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012	2007	2013
Age																
15-19 Years	3,9	7,8	0,6	0,9	0,5	0,7	3,9	4,0	12,4	24,9	0,6	1,1	1,0	0,9	0,1	0,2
20-24 Years	5,9	11,1	0,6	0,8	1,1	0,9	4,2	7,3	16,5	29,4	1,3	1,6	2,4	3,2	0,5	0,4
25-29 Years	8,1	10,9	0,7	0,4	1,3	1,6	5,5	7,0	17,2	27,7	1,1	1,8	3,8	5,4	0,5	0,7
30-34 Years	9,2	10,7	0,4	0,6	1,2	1,4	4,9	6,4	16,4	25,7	1,9	1,7	4,7	6,4	0,5	0,8
35-39 Years	8,9	11,0	0,5	0,8	1,6	2,1	5,1	6,6	16,2	24,5	2,3	2,5	6,0	7,7	0,5	0,9
40-44 Years	7,1	11,1	0,5	0,5	1,7	2,5	4,1	6,0	11,5	20,7	1,9	2,2	5,8	8,0	0,3	0,4
45-49 Years	5,4	7,9	0,7	0,4	1,6	2,2	3,0	4,2	8,2	13,5	2,5	2,5	5,9	5,7	0,5	0,2
Residence																
Urban	7,2	9,5	0,6	0,5	1,6	1,7	6,1	7,3	15,4	23,5	1,6	1,5	5,5	7,0	0,5	0,8
Rural	7,7	11,3	0,5	0,6	1,3	1,8	3,4	5,1	13,7	23,9	2,0	2,6	4,2	5,3	0,4	0,4
Wealth Quintil																
Lowest	6,3	0,4	0,3	0,4	1,0	1,4	2,4	3,0	11,7	19,1	1,6	2,0	2,3	3,0	0,2	0,4
Second	7,3	0,4	0,5	0,4	1,4	1,1	2,8	3,9	13,3	22,9	1,8	2,0	3,5	4,9	0,2	0,4
Middle	7,4	0,5	0,4	0,5	1,2	1,9	3,9	5,9	13,1	25,8	1,9	2,2	4,8	6,7	0,3	0,6
Fourth	7,8	0,5	0,7	0,5	1,5	2,0	5,0	6,5	17,0	24,2	1,9	2,1	5,8	6,7	0,6	0,3
Highest	8,5	1,0	0,7	1,0	1,9	2,4	8,4	11,3	16,8	25,9	1,9	1,8	7,2	8,9	0,8	1,2
Total	7,5	10,4	0,6	0,6	1,4	1,8	4,5	6,2	14,4	23,7	1,8	2,0	4,8	6,1	0,4	0,6

Description: n = the number of respondents; (%) = Percentage of female respondents n; 2007 = 32,895; n = 2013 women respondents 33,465

Healthcare Seeking Behaviour of Family Planning in Indonesia

Behavior is an activity or human activities that can be observed are directly or indirectly. Behavioral health includes health maintenance behaviors, search behavior health and environmental health behavior. Behavior health search (Health Seeking Behavior) is an effort or action the search treatment while experiencing health problems (Notoatmodjo, 2012). Search behavior health services for service requires monitoring to prevent KB elections inappropriate health services according to the type of contraception to be used. The selection of the health service by the community in accordance with the type of contraception is used is just right and the better subs last 5 years. The selection of health service to get birth control has its own patterns, i.e. the community choose the Government owned health facilities for contraceptive method which is invasive like sterilization and implants, while private health facilities are an option for people who use a hormonal contraceptive method, such as injection and pills as well as AKDR (IUD). Community who choose to use a contraceptive method condom prefer private health services mainly in Pharmacies and stores. Health facilities are the most widely chosen for the use of contraceptives is the midwife, midwives, village midwives, as well as both private practice. Community choice to decline to perform sterilization in government-owned hospitals and the increase in private hospitals (see table 5).

Access Ministry KB can affect society in the choice of contraceptives, as well as the availability of health care personnel and health facilities infrastructure. Health facilities are the most widely chosen by mother/woman for the installation of contraception, whether in rural or urban practice, while midwives for women in rural health centers is the choice of many health facilities were chosen after a midwife practice. Election midwives practice birth control installation possibilities due to its ease of access, equality of the sexes so cozy for mothers psychosocial. These findings are similar to results of the survey by the BPS in 2012. Public participation in urban KB better than rural communities. People in the countryside are more potentially facing difficulties of access to adequate health services. Posyandu that is supposed to be able to be facilities for servicing the nearby rural communities KB inadequate because of lack of infrastructure and

trained personnel for the service of KB. The limitations of public access and limited health services towards health workers can also have an impact on the knowledge of the public about the KB (Pratiwi & Basuki 2014)

Table 5 Trend Choice health services by users of Modern Contraceptives in Indonesia in 2007 and the year 2012

Health Facility	Type of contraceptive device (%)											
	Female Sterilization		Pill		IUD		Injection		Implant		Male Condom	
	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012
Public Sector	**68,2**	**57,4**	**21,9**	**18,7**	**44,0**	**40,0**	**19,4**	**16,5**	**54,4**	**59,4**	**7,8**	**5,1**
Government hospital	64,3	54,3	0,2	0,2	7,0	10,1	0,5	0,4	3,7	2,8	0,6	0,0
Government health center	2,3	1,4	11,3	7,9	33,6	27,6	14,8	11,9	44,0	46,1	4,0	1,9
Government clinic	1,0	1,3	0,3	0,1	1,2	0,8	0,1	0,2	0,2	1,0	0,2	0,0
FP fieldworker	0,0	0,0	1,4	2,5	0,5	0,3	0,1	0,1	1,1	0,9	1,1	0,9
FP mobile clinic	0,0	0,1	0,1	0,1	0,1	0,1	0,4	0,1	1,00	0,6	0,0	0,0
Village health post	(*)	0,0	(*)	0,4	(*)	0,1	(*)	0,9	(*)	1,2	(*)	0,0
Delivery post	0,0	0,0	1,1	0,8	0,5	0,4	2,1	2,0	0,8	2,1	0,2	0,2
Health post	0,0	0,0	4,9	4,7	0,7	0,3	1,3	0,9	2,6	1,4	0,4	2,1
FP post	0,0	0,0	2,5	1,4	0,2	0,0	0,1	0,0	0,5	0,5	0,0	0,0
Other public sector	0,6	0,5	0,1	0,7	0,2	0,3	0,0	0,0	0,5	2,9	1,3	0,0
Private Sector	**31,6**	**41,4**	**62,8**	**68,2**	**55,3**	**59,4**	**79,8**	**83,1**	**41,3**	**37,3**	**79,9**	**81,1**
Private hospital	23,4	28,8	0,2	0,1	5,9	6,5	0,4	0,3	1,3	0,8	0,1	0,0
Private clinic	0,9	1,2	1,1	0,9	2,3	3,3	1,5	2,3	0,4	1,2	0,5	0,2
Private doctor	0,6	0,5	1,0	0,5	1,5	0,4	2,2	2,0	1,0	0,6	0,3	0,2
Midwife	0,0	0,0	14,6	14,8	24,2	30,0	40,2	45,7	20,5	16,7	5,0	2,4
Village midwife	0,0	0,0	12,2	10,3	5,6	5,7	28,2	26,9	14,7	15,4	1,5	0,9
Pharmacy/drug store	0,0	0,0	30,4	39,4	0,1	0,0	0,1	0,2	0,0	0,0	71,4	77,0
Maternity hospital	(*)	7,2	(*)	0,1	(*)	2,6	(*)	0,2	(*)	0,3	(*)	0,0

Description: (%) = Percentage; Percentage; IUD = Intra Uterin Device; (*) = no data

Table 5 Trend Choice health services by users of Modern Contraceptives in Indonesia in 2007 and the year 2012
(Continued)

Health Facility	Type of contraceptive device (%)											
	Female Sterilization		Pill		IUD		Injection		Implant		Male Condom	
	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012	2007	2012
Private Sector (Continuation..)												
Maternity home	(*)	0,9	(*)	0,1	(*)	0,2	(*)	0,2	(*)	0,0	(*)	0,0
Obstetrician	(*)	1,5	(*)	0,1	(*)	9,2	(*)	0,3	(*)	0,2	(*)	0,2
Nurse	(*)	0,0	(*)	1,7	(*)	1,1	(*)	4,8	(*)	1,5	(*)	0,1
Private mobile unit	(*)	0,0	(*)	0,0	(*)	0,0	(*)	0,0	(*)	0,0	(*)	0,0
Other private sector	6,8	0,0	3,4	1,2	15,8	0,4	7,3	0,2	1,2	0,5	1,2	0,1
Others Source	**0,1**	**0,0**	**15,3**	**10,4**	**0,5**	**0,2**	**0,5**	**0,1**	**4,1**	**0,0**	**10,7**	**13,0**
Friends/relatives	0,0	0,0	1,5	0,9	0,0	0,2	0,2	0,1	0,2	0,0	0,9	0,4
Shop	0,0	0,0	11,4	9,5	0,0	0.0	0,0	0,0	0,0	0,0	8,7	12,7
Other	0,1	1,1	2,4	2,4	0,0	0,2	0,3	0,1	3,9	2,9	1,1	0,6

Description: (%) = Percentage; Percentage; IUD = Intra Uterin Device; (*) = no data

SUMMARY AND ADVICE

SUMMARY

Based on research results and discussion, then it can be concluded that the community's participation in the program last year for 20 KB. Modern contraceptives are most widely chosen community for the last 20 years is the type of syringe, while options against the IUD became a community choice in 1991 showed a decline over the last 20 years. Modern contraceptive methods most widely known by the public, whether women or men are a syringe and pill, whereas traditional methods the most widely known is interrupted intercourse (coitus interuptus). Mass media plays an important role in increasing public knowledge about the KB. The dominating mass media as a source of information about KB is television, poster and pamphlet that shows an improvement of access to the mass media by the public. Access the public against radio experienced a decline during the last 20 years. Access to the mass media in most of the adult age group, urban communities and economic medium to top the group. Information about KB is also obtained through personal contacts. Officers, doctors and midwives, KB is the party that dominates in the giving of the information society, but in KB during the last 5 years the role of the health workforce is increasing along with the enhancement of the role of the other party, such as a teacher, religious figures, local governments and community groups. The biggest improvement in providing information about KB is a group of women. A selection of wellness facilities in the service depends on the type of KB contraception to be used. The use of contraceptives that requires invasive action encourages people to choose fasilitis advanced health, i.e. the hospital. The selection of the private hospitals increased by 2013 for sterilization. Hormonal birth control options are short-term and AKDR encourage people choose a midwife and condom users prefer pharmacies and stores.

SUGGESTION

1. Methods of hormonal kontrasespi still be the choice of the people, so the Government is collaborating with health care personnel and related service seeks to encourage community participation using a long-term contraceptive methods through improvements in health promotion to communities that can be initiated through health education, and perform assessment and improvement against the factors restricting the participation of the community to use long-term contraceptive methods
2. the community's Access to health facilities for obtaining services or contraception needs to be kept in the evaluation, especially on election facilities for non health to obtain contraceptives. Contraceptives are obtained from health facilities facilitate the monitoring of the user's accuracy and precision related types of contraception chosen in accordance with the health condition of the user.

BIBLIOGRAPHY

Ajzen, I., 1991. The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50(2), pp.179–211.

Aninda. 2005. Gambaran Tingkat Pengetahuan Akseptor Pil KB Kombinasi tentang Penggunaan Pil KB Kombinasi di Desa Tuban Karang Anyar

Direktorat Jenderal Bina Gizi dan Kesehatan Ibu dan Anak, 2014. *Pedoman Manajemen Pelayanan Keluarga Berencana*, Jakarta: Kementrian Kesehatan RI. Available at: http://kesga.kemkes.go.id/images/pedoman/Pedoman Manajemen Pelayanan KB.pdf.

Hartanto, H.2004. KB dan Kontrasepsi. Pustaka Sinar Harapan: Jakarta.

Kusumaningrum, R., 2009. *Faktor-Faktor yang Mempengaruhi Pemilihan Jenis Kontrasepsi yang Digunakan pada Pasangan Usia Subur*. Universitas Diponegoro.

Maula, A., Maulida, I. & Mutiarawati, 2014. Faktor–Faktor yang Berhubungan dengan Pemilihan Alat Kontrasepsi pada Akseptor KB Wanita di Tuwel. *E-Journal Poltek Tegal*, 2(2). Available at: http://download.portalgaruda.org/article.php?article=447729&val=9478&title=FAKTOR%C3%A2%E2%82%AC%E2%80%9CFAKTOR YANG BERHUBUNGAN DENGAN PEMILIHAN ALAT KONTRASEPSI PADA AKSEPTOR KB WANITA DI TUWEL.

Notoatmodjo, S., 2012. *Promosi Kesehatan dan perilaku Kesehatan* Edisi Revi., Jakarta: Rineka Cipta.

Noviyanti, Astuti, I. & Erniawati, S., 2010. Faktor-Faktor yang Berhubungan dengan Pemilihan KB Hormonal Jenis Pil dan Suntik pada Akseptor KB Hormonal Golongan Usia Resiko Tinggi di Puskesmas Cipageran Cimahi Utara Bulan Juli-Agustus 2010. *E-Journal Stikes Jenderal A. Yani Cimahi*, pp.1–10. Available at: http://stikesayani.ac.id/publikasi/e-journal/files/2012/201208/201208-001.pdf.

Pratiwi, N.L. & Basuki, H., 2014. Health Seeking Behavior dan Aksesibilitas Pelayanan Keluarga Berencana di Indonesia. *Buletin Penelitian Sistem Kesehatan*, 17(1), pp.45–53.

Kementrian Kesehatan RI, 2013. Situasi Keluarga Berencana (KB) di Indonesia. *Buletin Kesehatan Reproduksi*, 2(2).

Rosenstock, I.M., 1974. The Health Belief Model and Preventive Health Behavior. *health Education and Behavior*, 2(4). Available at: http://journals.sagepub.com/doi/abs/10.1177/109019817400200405?journalC

ode=heba.

Rosenstock, I.M., Strecher, V.J. & Becker, M.H., 1988. Social Learning Theory and The Health Belief Model. *Health Education Quarterly*, 15(2), pp.175–183.

Shaikh, B.T., Haran, D. & Hatcher, J., 2008. Where Do They Go, Whom Do They Consult, and Why? Health Seeking behaviors in The Northern Areas of Pakistan. *Qualitative Health Research*, 18(6).

Wado, Y.D., 2013. Women's Autonomy and Reproductive Healthcare-Seeking Behavior in Ethiopia. *DHS Working Papers No. 91*, (91). Available at: http://dhsprogram.com/pubs/pdf/WP91/WP91.pdf.