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), penerimaan (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.

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 interruptus)*. 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.