

Conference Paper

Village Funding Allocation for Improving the Use of Long-Acting and Permanent Methods of Contraception (LAPM) in West Nusa Tenggara Province

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Abstract

Indonesia has managed to control the rate of population growth through family planning programs, but the Total Fertility Rate (TFR) is still stagnant, even higher than ASEAN countries. LAPM was an effective method of delaying, distancing pregnancy recommended by the governments. West Nusa Tenggara was a province with high TFR, low Contraceptive Prevalence Rate (CPR) and low LAPM in family planning (FP). Decentralization should strengthen institutional support for family planning at the village level. John Hopskin University through University of Health Research Center and Yayasan Cipta Cara Padu (YCCP) has initiated advocacy of Village Law No. 6/2014 for the interest of family planning programs. This study aimed to see the effect of family planning allocation on village funding in increasing the use of LAPM in West Nusa Tenggara. This research was quantitative research, conducted by cross-sectional design by using chi-square bivariate analysis with secondary data of end line survey of Improving Contraceptive Method Mix Project (ICMM) held by Jhon Hopskin University in collaboration with Yayasan Cipta Cara Padu (YCCP) and Center for Health Research UI in 2016. The results showed there was the influence of village funding allocation for FP to increase the use of LAPM with p-value 0.028. The most significant districts were Sumbawa and West Lombok. From 7281 women studied, 6002 people (82.4%) used in LAPM, 1279 people (17.6%) used LAPM, most of them in villages with village funding allocation for FP above 7 million, i.e. 658 people (51.4%). The number of villages reaching LAPM target in Nusa Tenggara Barat (NTB) 2016 was (21.1%) 37 villages out of 121 villages (30.6%). Recommendation of this research, there should be village-level health advocacy intervention in various regions by allocating village fund above IDR 7,00,000, for the strengthening of the FP program to support the use of LAPM. Access barriers in the use of LAPM could be overcome by the use of funds other than for counseling, counseling, could also be used for acceptor transport, and transport cadres that deliver acceptors to health facilities.

Keywords: Village Funding, LAPM, Family Planning.

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1. Introduction

Indonesia had successfully attracted global attention in controlling the rate of population growth through Family Planning (KB) program. However, TFR Indonesia was relatively high compared to ASEAN countries' TFR [1]. World Population Data Sheet 2013, Indonesia was the fifth country with the most population that was 249 million with population rate 1.49% [2]. This means that every year the population of Indonesia increases 4.5 million people (almost equal to the population of Singapore). The increase in population and the high maternal mortality rate, greatly affect a high number of Total Fertility Rate (TFR). Indonesia tended to stagnate for ten years from 2002-2012 at 2.6 children per woman of childbearing age, far from the target of RPJMN 2014 (2.36) (Indonesian Demographic and Health Survey, IDHS, 2012). Contraceptive Prevalence Rate (CPR) only increased 1% for 5 years, i.e 61% in 2007 to 62% in 2012 [3].

BKKBN also showed more half of the labor is dominated by women of childbearing age. As many as 46-50 percents of total maternal mortality rate (MMR) due to pregnancy and childbirth, according to the Ministry of Health, donated by young age group. AKI once touched the number 228 per 100,000 live births. However, based on IDHS 2012, the number increased to 359 per 100,000 live births [3].

Long-Acting and Permanent Methods of Contraception (LAPM) was an effective method of delaying and excluding pregnancy and stopping fertility. Therefore, the government tried to increase the use of LAPM, but the use of Non-LAPM more than LAPM. Data of Population and Family Planning Agency called *Badan Kependudukan dan Keluarga Berencana (BKKBN)* in 2013 showed there were 8,500,247 Mature Age Couples of new family planning participants, more than half using Non LAPM 81.25% (injections 48.56%, pill 26.60%, Condom 6.09%, but only 18.75% using LAPM (IUD 7.75%, implant 9.23%, MOW 1.52% and MOP 0.25%) [2]. While West Nusa Tenggara, provinces with a high TFR rate of 2.82 in 2012 [3], it was higher than the national TFR 2.6 [4]. The new FP participant in 2015 used LAPM (IUD, MOP, MOW and implant) contraception as much as 26.84% and Non LAPM (injection, pill, condom) as much as 73.16% while active FP participants in 2015 using LAPM (IUD, MOP, MOW and implant) were as much as 31.15% and Non LAPM (injection, pill, condom) were as much as 68.85% [5].

Factors influencing the low use of contraceptives in West Nusa Tenggara (WNT) were the high number of dropouts and the lack of family planning officers in the field (6). The ratio of outreach cadre of family planning called *Petugas Lapangan Keluarga Berencana (PLKB)* to the village was 1: 4 while the ideal ratio was 1: 2. The number of *PLKB* WNT 2014 was 20,056 [4]. The low *PLKB* WAS due to post-regional autonomy, many mutated *PLKB*, promotion and retirement, while no new formation due to the moratorium. The impact of the socialization of Population, Family Planning and Family Development programs had become very much dependent on the media, while the existence of *PLKB* is urgently needed [6].

With the era of decentralization and Village Law No. 6 of 2014, the government proclaimed the development centered in the village. The allocation of village funds was recommended to be used for health [7]. However, the limited number of health experts at the village level would be very difficult to advocate for family planning programs

at the village level [8]. The Village Law had set the proportion of the use of funds for community empowerment by 25%, and empowerment for health by 10%, including for the family planning program. Advocacy efforts were required to influence local government and village level governments to allocate some village funds to support the strengthening of family planning programs through village *PLKB* teams. WNT as one of the provinces with the largest number of underdeveloped districts was based on Presidential Decree No. 131 of 2015, almost 100%, i.e. 9 out of 10 needed attention in the education of the use of village funds for health, one for *KB*. To support this, the Center for Communication Program of Johns Hopkins University (JHU-CCP) in collaboration with *Yayasan Cipta Cara Padu*, Health Research Center University of Indonesia (PPK-UI), Ministry of Health, and *BKKBN* through Improving Contraceptive Methode Mix (ICMM) initiated village funding advocacy for family planning in West Nusa Tenggara and East Java in 2013 [9]. Indicators of program success increased the budget for support family planning program, the achievement of family planning program especially LAMP [10].

This advocacy process had generated several *Bupati's* commitments on the Compulsory Program that Village Funding must be allocated to health programs which also included LAMP Program, such as East Lombok (Perbup No. 36 of 2014 on Guidelines for Village Financial Management Article 17, K) Supporting FP-LAMP Program); West Lombok (Perbup No. 10 Year 2015.); Sumbawa (Perbup No. 11 of 2015 to transport 10 LAMP acceptors and cadre referent incentives) [11]. Another achievement of Sumbawa was the existence of *Kampung KB* (read: FP village), one of them in Mapin Kebak Village which was known that 70.07% of the number of PUS June 2015 recorded had become FP acceptor [12]. This study aimed to determine the effect of village funding allocation for family planning in increasing the use of LAMP in West Nusa Tenggara Province.

2. Methods

This study was to examine effects of village funding on the effective LAMP and was conducted by using a quantitative method with cross-sectional survey design by using secondary data derived from data of Improving Contraceptive Methode Mix (ICMM) survey conducted by Center for Communication Program of Jhon Hopskins University (JHU-CCP) in collaboration with *Yayasan Cipta Cara Padu*, Health Research Center of University of Indonesia, Ministry of Health and *BKKBN* in 3 districts of West Nusa Tenggara (WNT) Province in 2016. LAMP data source was ICMM research data in 3 WNT districts of West Lombok, East Lombok, and Sumbawa while the data allocation of village funds for FP was obtained from advocacy YCCP in 3 WNT districts. The population in ICMM research was married women aged 15-49 years who lived in the area of West Lombok, East Lombok, Sumbawa. The selected sample for West Nusa Tenggara was 7281 married women in 121 villages. The 2016 ICMM data was collected by four stages of the cluster sampling method. The analysis used was univariate, bivariate analysis. The statistical test used for bivariate analysis was chi-square. Operationally, village funds were defined by percentiles 0.25%, 50%, 70% where the classification was 0. There were allocations, 1.1- <5 million, 2.5-7 Million and 3.> 7 million. To see the achievement of LAMP targets in

each village, the researchers used the 2016 LAPM target definition of BKKBN that was 21.1% [13].

3. Results

The result of the univariate analysis showed from total 7281 WUS studied, 6002 people (82.4%) using non-LAPM, 1279 people (17.6%) using LAPM. In detail, the classification of the use of village funds in each district was shown in table 1. Of the three districts studied in WNT, two districts showed significant effects between village budget allocation for family planning and increased use of LAPM, i.e., in West Lombok and Sumbawa regencies while one other district showed no significant influence that is East Lombok. In Lombok Barat, p-value of 0.012 showed that there was a relationship between village funds for family planning and LAPM improvement. In Sumbawa, the p-value of 0.005 meant that there was a relationship between village funds for family planning and increased LAPM. In Lombok Timur, p-value of 0.636 meant that there was no relationship between village funds for family planning and LAPM improvement.

TABLE 1: LAPM Using after Intervention of Village Funding for FP in 3 District, West Nusa Tenggara.

District	∑ Subdistrict	∑ Village	Village Funding for FP	Non LAPM		LAPM		p-value
				n	%	n	%	
Lombok Barat	10	37	0.No allocation	1152	57.9	224	58.3	0.012
			1. 1-<5 million	515	25.9	100	26	
			2.5-7 million	145	7.3	41	10.7	
			3. >7 million	178	8.9	19	4.9	
			Sum	1990	83.8	384	16.2	
Lombok Timur	17	45	0. No allocation	0	0	0	0	0.636
			1. 1-<5 million	178	8.1	19	6.7	
			2.5-7 million	695	31.8	95	33.7	
			3. >7 million	1312	60	168	59.6	
			Sum	2185	88.6	282	11.4	
Sumbawa	17	39	0. No allocation	63	3.4	36	5.9	0.005
			1. 1-<5 million	0	0	0	0	
			2.5-7 million	390	21.3	106	17.3	
			3. >7 million	1374	75.2	471	76.8	
			Sum	1827	74.9	613	25.1	
∑ WNT	44	121	7281 WUS	6002	82.4	1279	17.6	

In West Lombok district, LAPM users were 384 people (16.2%) while non-LAPM were 1990 people (83.8%) (Table 1). The distribution of village funds allocation is uniformly distributed, but the greatest effect on LAPM was 1- <5 million 100 people LAPM (26%). This was evident from the number of villages allocating village funds for family planning

of 1 to 5 million of 9 villages, more than 5-7 million (3 villages) and over 7 million (3 villages) (Table 2).

In Sumbawa, the number of LAPM users was 613 (25.1%), while non-LAPM accounted for 1827 people (74.9%) (Table 1). Most LAPM users were in the allocation of village funds above 7 million, 471 people (76.8%) while the lowest was 0% allocation <5 million 0% and no allocation of 36 people (5.9%). This was supported by the number of villages allocating village funds for family planning above 7 million i.e 28 villages, 5-7 million allocations of 9 villages, no allocation of 2 villages, but no villages allocated as much as 1- <5 million (Table 2).

TABLE 2: Achieving LAPM Targets Each Village in 3 District Interventions of West Nusa Tenggara Village Fund.

District	∑ Sub District	∑ Village	Village Fund allocation for FP	Achieving LAPM Goal 2016 (21.1)			
				No		Yes	
				n	%	n	%
Lombok Barat	10	37	0.No Allocation	16	59.3	6	60
			1. 1-<5 million	7	25.9	2	20
			2.5-7 million	1	3.7	2	20
			3. >7 million	3	11.1	0	0
				27	73	10	27
Lombok Timur	17	45	0. No Allocation	0	0	0	0
			1. 1-<5 million	4	9.3	0	0
			2.5-7 million	13	92.9	1	7.1
			3. >7 million	26	96.3	1	3.7
				43	95.6	2	4.4
Sumbawa	17	39	0.No Allocation	0	0	2	8
			1. 1-<5 million	0	0	0	0
			2.5-7 million	5	35.7	4	16
			3. >7 million	9	64.3	19	78
				14	35.9	25	64.1

In East Lombok, there were 282 LAPM users (11.4%) while non-LAPM 2185 were people (8.6%) (Table 1). The highest allocation of village funds increased LAPM that was above 7 million as many as 168 people (59.6%) (Table 1). However, the p-value did not show significant figures because all the selected intervention villages in the study had allocated village funds for family planning, meaning that no village comparison did not allocate village funds for family planning. The number of villages allocating over 7 million was 27 villages, 5-7 million allocations were 14 villages, while the allocation of 1- <5 million was four villages (Table 2).

When viewed from the achievement of 2016 LAPM targets (21.1%) in each study village of each district of WNT, then seen the highest achieving regency of Sumbawa with the

number of villages, it reached LAPM target in 2016 (21.1%) as many as 25 villages. From 39 intervention villages (64.1%), villages that did not meet the target were only 14 villages (35.9%). The highest achievement of LAPM in Sumbawa was in the village with village budget allocation for family planning above 7 million that was 19 villages (78%). While in West Lombok, the number of villages reaching the 2016 LAPM target (21.1), it was only ten villages from 37 villages studied (27%), while those that did not reach the target of LAPM were 27 villages (73%). In East Lombok, the number of villages reaching the 2016 LAPM target (21.1) was only two villages (4.4%) of the 45 villages, while the non-targeted villages were 43 villages (95.6%) (Table 2).

At the Provincial level of WNT, the results of the research showed that p-value of 0.028, showing that there was a relationship between village funds for family planning and LAPM improvement. The highest influence of LAPM was shown in villages with village budget allocation for family planning above 7 million that was 658 LAPM users from 1279 LAPM users (51.4%). When viewed from the achievement of 2016 LAPM targets (21.1%) in each study village of WNT Province, it turned out that from 121 villages in WNT, the villages reaching the target of LAPM in WNT 2016 were 37 villages from 121 villages (30.6%), Not reaching LAPM target were 84 villages (69.4%). The highest achievement was in the village with the allocation of village funds for family planning above 7 million i.e. 20 villages (54.1%). The use of village funds was generally directed to mobilization activities (counseling, counseling, transport acceptor, and transport of cadres that lead acceptors to health facilities, coordination meetings, and others).

TABLE 3: Distribution of Target Achievement of each Village LAPM in WNT Province.

Village Fund allocation for FP (n=121)	Achieving LAPM Goal 2016 (21,1)				p value
	No		Yes		
	n	%	n	%	
0. No allocation	16	19	8	21.6	0.028
1. 1-<5 million	11	13.1	2	5.4	
2. 5-7 million	19	22.6	7	18.9	
3. >7 million	38	45.2	20	54.1	
	84	69.4	37	30.6	

TABLE 4: Results of Bivariate Analysis of Village Fund allocation for Family Planning on the Use of LAPM in WNT.

Village Fund allocation for FP (n=121)	LAPM				p value
	Non		LAPM		
	n	%	n	%	
0. No Allocation	1215	20.2	260	20.3	0.028
1. 1-<5 million	693	11.5	119	9.3	
2. 5-7 million	1230	20.5	242	18.9	
3. >7 million	2864	47.7	658	51.4	

4. Discussion

Based on the results of the research, it's known that village funding variables for family planning at the village level had high leverage in increasing LAPM family planning in Nusa Tenggara Barat. The higher the allocation of village funds for family planning programs, the higher the use of family planning LAPM. The most significant influence was shown in villages with village budget allocations for family planning above IDR.7.000.000,-. This was in accordance with research that villages had a very strong impact on promoting social change, facilitating access to services, and improving health [14]. Family planning programs succeed in Indonesia because of family planning networks at the village level [15]. Utomo (2006) said family planning programs at the village level were very effective through strengthening cadres [16]. Bratt (2002) also explained that the cost was a barrier in family planning services. In this study, village funds were also intended for accelerator transport activities and cadre transport that leads acceptors to health facilities, meaning that there were steps to reduce the cost of acceptors in accessing KB LAPM [17].

5. Conclusions

The era of decentralization and village law shows the focus of development at the village level is very influential in increasing the success of the development, especially development in the field of health. The results of this study prove that the allocation of village funds for family planning at the village level has high leverage in increasing the use of LAPM, which is expected to reduce the rate of population growth in West Nusa Tenggara. The most significant influence was shown in villages with village budget allocations for family planning above IDR.7.000.000,-. Therefore, it needs to be the replication of village-level health advocacy interventions in different regions with the aim of increasing the allocation of village funds above IDR.7.000.000, - for the strengthening of family planning programs in support of the use of LAPM. The limitations of this study were unable to elaborate detail the use of budgets for family planning at the village level, thus failing to assess the most effective forms of health promotion activities in increasing the use of LAPM. However, in general, funds need to be directed to counseling mobilization activities, counseling and can also be used for acceptor transport, and transport cadres that deliver acceptors to health facilities. So, further analysis to multilevel level to compare data at the individual level and village level data is needed.

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Ethical Approval

This study has been received ethical approval from Ethics Commission Faculty of Public Health Universitas Indonesia number Ref:13/H2.F10/PPM.00.02/2016 and obtained a statement of written consent from the respondents.

Conflict of Interest

The authors declare that they have no conflict of interests.

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