PROVISION OF FAMILY PLANNING SERVICES IN A PRIMARY HEALTHCARE CENTER DURING THE COVID-19 PANDEMIC

***Idris H*[1], *and Nazara APM*[1]**

[1]Department of Health Policy and Administration, Faculty of Public Health, Sriwijaya University, Indralaya, Ogan Ilir, South Sumatera 30662, Indonesia

Correspondence:
Haerawati Idris,
Department of Health Policy and Administration,
Faculty of Public Health,
Sriwijaya University, Indralaya, Ogan Ilir, South Sumatera 30662, Indonesia
Email: haera@fkm.unsri.ac.id

Abstract

During the Covid-19 pandemic, the National Population and Family Board in Indonesia recorded 400,000 unwanted pregnancies due to many contraceptive acceptors dropping out of family planning programs. This study aims to analyze communication, disposition, resources, and bureaucratic structure in the implementation of the family planning program policy during the Covid-19 pandemic in a primary healthcare center. This qualitative design study selected 18 informants selected through purposive sampling. Data were collected through in-depth interviews, observation, and document review. The data validity of the triangulation was described. The theory used was George C Edward III's Theory with components of communication, resources, disposition, and bureaucratic structure. The data collected were processed through content analysis. The results of this study indicated that the family planning program during the Covid-19 pandemic did not run optimally because there were still some obstacles in the variables. From the communication side, the clarity and consistency indicators were running well, but the transmission indicators were not optimal. Dealing with resource variables, human resources, information, and facilities were not optimally provided. From the disposition component, the attitude of implementers who perceive the program unfavorably failed to increase participant visits, hindering policy implementation. The bureaucratic structure, standard operating procedures, and coordination were run optimally. The policy implementation of family planning programs during the Covid-19 pandemic in primary healthcare center did not go well because several indicators, namely communication, resources, and disposition did not meet the target. We suggest the government massively disseminate information on social media during the Covid-19 pandemic.

***Keywords**:* Covid-19, Family Planning Program, Pandemic

Introduction

The rate of population growth is increasing day by day. In 2019, the world's population was recorded at 7.7 billion, which increased from the previous year by 1.08% (1). Indonesia occupies the fourth position as having the most significant population globally with 277,670,026 people as of Sunday, July 23, 2023, based on Worldometer elaboration of the latest United Nations' data (2).

Family planning was first established as a government program on June 29, 1970, along with the establishment of the National Family Planning Coordinating Board. The family planning program in Indonesia was generally started in 1957, but it was imposed on health issues, not population issues. With the increasing population of Indonesian people, the high maternal mortality rate, and the need for reproductive health, family planning programs are then used to suppress population growth and improve maternal and child health. According to the National Population and Family Planning Board, the primary obstacle in actualizing the target of family planning programs is the low participation of couples of childbearing age, especially husbands' participation in family planning programs (3).

Early March 2020 was the first case of Covid-19 in Indonesia which contributed to the decrease in individuals' participation in family planning programs. Covid-19 is a lung inflammatory disease caused by SARS-Cov-2 whose symptoms include headache, cough, cold muscle pain, sore throat, and even pneumonia transmitted through contact with the patient's respiratory droplets. Covid-19 has been declared a global pandemic by the World Health Organization because of its straightforward and fast transmission (4).

Declared a global pandemic in March 2020, Covid-19 has affected the lives of billions of people around the world.

Most governments have responded to the pandemic by introducing far-reaching policies, including behavioral changes aimed at limiting transmission and saving human lives. The policies have impacted a multitude of sectors, including sexual and reproductive health care, in which essential components such as the provision of safe, effective, affordable, and acceptable methods of contraception are needed. The Covid-19 crisis could leave significant numbers of women and couples without access to essential sexual and reproductive health care (5).

According to the National Population and Family Planning Board in 2020, a smaller number of people participated in family planning programs in March 2020 compared to February 2020. There were 36,155 intrauterine device disadvantages acceptors in February 2020. The number of implants, injections, and tablets acceptors ranged from 81,062 to 51,536; condom acceptors ranged from 251,619 to 146,767; male sterilization acceptors ranged from 2,283 to 1,196; and sterilization acceptors ranged from 13,571 to 8,093. The National Population and Family Planning Board and other related parties made every effort to ensure that couples of childbearing age continued using contraceptive methods and medications during the pandemic period since the data raised concerns about the emergence of a surge in baby births during the pandemic (6).

Previous studies have mentioned that Covid-19 impacts women's ability to use contraception in many ways. It disrupted the supply chain, distribution, and availability of contraceptive commodities, resulting in stock-outs (7); some healthcare facilities reduced services (8); health-care providers were redirected from providing family planning services to responding to Covid-19 treatment; and many women were unable to visit healthcare facilities due to lockdowns or fear of exposure to Covid-19. When women's and couple's needs for family planning are not met, the number of unintended pregnancies certainly rises, with life-long impacts on women and their families (9). Studies rarely explored the provision of family planning services in primary healthcare center during the Covid-19 pandemic. This study aims to analyze communication, disposition, resources, and bureaucratic structure in the implementation of the family planning program policies during the Covid-19 pandemic in Puskesmas Sako, a primary healthcare center of Palembang City.

Materials and Methods

This study was qualitative research using a descriptive design that aims to analyze the implementation of family planning program policies during the Covid-19 pandemic in a primary healthcare center in Palembang, South Sumatera. This study used Edward's theory (10), which discusses four factors of policy implementation, namely communication, resources, disposition, and bureaucratic structure. Eighteen informants were selected purposively. They include eight policy implementers (heads of the primary healthcare center, midwifery healthcare center, family planning workers, and family planning center operator) and ten family planning participants as policy acceptors. This study used primary data and secondary data. The data were obtained through interview, observation, and documentation study methods. Data collection tools used in this study were interview guides, observation sheets, writing instruments, voice recorders, and cameras to validate the data using source, data triangulation, and method triangulation processes. Then, the data were analyzed through content analysis.

Results

The family planning program is part of the maternal and child health services - family planning in primary healthcare center. The results of this study showed some factors affecting the implementation of the family planning program. Eighteen informants were successfully interviewed, and they were eight policy implementers and ten policy acceptors. Generally, the characteristics of the informants are shown in Table 1. Meanwhile, Table 2 shows the results of the study based on interviews and observations done.

Table 1: The characteristics of the informants

No.	Informant Initials	Age (year)	Gender	Informant Position
1	(KA01)	41	Female	Head of the primary healthcare center
2	(TO01)	32	Female	Physician
3	(ZE01)	55	Female	Midwife
4	(HY01)	53	Female	Midwife
5	(SR01)	27	Female	Midwife
6	(DS01)	52	Female	Coordinator of family planning field Family planning field officer
7	(AT01)	54	Female	Family planning field officer
8	(JA01)	33	Female	Family planning field officer
9	(DY02)	25	Female	Family planning participants
10	(DA02)	31	Female	Family planning participants
11	(UC02)	39	Female	Family planning participants
12	(ID02)	44	Female	Family planning participants
13	(NS02)	38	Female	Family planning participants
14	(MY02)	52	Female	Family planning participants
15	(SM02)	36	Female	Family planning participants
16	(MT02)	36	Female	Family planning participants
17	(NR02)	24	Female	Family planning participants
18	(EA02)	36	Female	Family planning participants

Table 2: Results of in-depth interviews and observations of policy implementation

Variable	Interview Results	Observation Results
Communication		
a. Transmission	In terms of transmission, the policy implementers were aware of a family planning service policy during the pandemic, while some family planning participants did not know about the policy.	During the pandemic, officers informed family planning services, but not all family planning participants were informed.
b. Clarity	The implementors and the family planning participants clearly knew what must be done, the implementation procedures, and the types of services they would obtain.	Family planning officers already understood their duties and the types of permissible services. Family planning participants also followed the implementation procedures and carried out health protocols while accessing family planning services.
c. Consistency	Administrative services run consistently, as usual. Family planning services were provided free of charge. Prescribing contraceptive devices and drugs was based on the reports of needs. The use of personal protective equipment (PPE) for maternal and child services was consistent during the pandemic.	The administrative requirements were not complete. The service was not provided. There were no family planning services other than paying the registration fee for general patients. There was no contraceptive devices and drugs piling. All implementers were obedient in implementing health protocols from the time they came home.
Resource		
a. Staff	The number of family planning officers at the primary healthcare center was sufficient, but few staff was assigned to family planning programs. All staff had good competence and participated in family planning service training during the Covid-19 pandemic.	Family planning officers at the primary healthcare center assigned three midwives for maternal and child health – family planning services, and the number was sufficient for serving the family planning participants. However, there were only two officers for family planning services, and this number was considered lacking. All family planning officers had good competence because they had experience of and participated in virtual family planning service training during the pandemic.
b. Information	Information about standard operating procedures (SOP) and family planning services provided by the primary healthcare center was given to every family planning officer during the pandemic. Further, pamphlets and social media were verbally distributed to all family planning participants.	The information was available in the SOP for family planning services, banners about contraceptive options, and on social media group such as WhatsApp. However, the family planning participants did not fully know the information.
c. Authority	The division of tasks and authorities was regulated in the job descriptions for each family planning officer.	Each officer was given job descriptions which contain their duties and authorities. The officers had appropriately implemented their job.
d. Facilities	Family planning services such as contraceptive tools and drugs, funds, and PPE during the pandemic were sufficient and complete. However, community access to the primary healthcare center was limited.	Adequacy and completeness of facilities were good. Contraceptive tools and drugs, as well as funds were provided by the Family Planning Board and operational health funds. PPE used was according to standards, ensuring the safety of family planning officers. However, the primary healthcare center was not accessible because it was not located on the verge of a major road with minimal directions.
Disposition		
a. Attitude towards implementation	The officers gave support to the implementation of family planning services during the pandemic. However, some respondents thought that family planning services during the pandemic were not effectively run.	Each officer agreed with the policy and implement the policy. Some officers perceived that family planning services were less effective during the pandemic based on complaints from family planning participants.
b. Participants' enthusiasm	The enthusiasm of family planning participants was good because the services provided were free, and they had no complaints about the services.	It can be seen that people used free family planning services and were satisfied with them, but the visits from family planning participants decreased.
Bureaucratic Structure		
a. Standard operating procedures (SOP)	The SOP for family planning services before and during the pandemic were not much different. The slight difference is that officers prioritized non-long-acting reversible contraceptive services with compliance with health protocols.	Based on the five question items about SOP, the respondents considered the SOP implementation good. SOP guidelines for family planning and reproductive health services were available during the Covid-19 pandemic.
b. Fragmentation	The primary healthcare center coordinated with its family planning workers and cadres during the pandemic.	Based on the field research results, health workers, cadres, and the Family Planning Board coordinated through monitoring and evaluation every month to find new contraceptive users.

Discussion

Based on the current research, the communication variable on the implementation of the family planning program policy was not well executed. This finding is supported by the results of interviews and observations at the primary healthcare center. The communication between the officers and family planning participants was vaguely transmitted although the information was clear and consistent. Good communication will be able to transmit clear information consistently (10).

Edward's theory (10) suggests that everyone involved must know and understand the information in the implemented policy. Information transmission was analyzed using seven questions for policy implementers and four questions for family planning participants. The policy target groups, namely family planning participants, are still unaware of the existence of family planning program services during the Covid-19 pandemic at the primary healthcare center. This is due to limited access to information and consultation with health workers, as well as the high Covid-19 morbidity rate which makes people reluctant to visit the primary healthcare center.

Information consistency is crucial in policy implementation to avoid confusion between policy implementers, target groups, and interested parties (11). Based on the results of the interviews and field observations, the information consistency regarding family planning program services during the pandemic was quite good as seen from administrative services, contraceptive services, and consistent use of personal protective equipment. Establishing good communication during policy implementation helps policy implementers be more consistent in implementing policies for their target groups (10). Standard operating procedures (SOP) for family planning services had been explained to each officer, but community access to such information was not fully known. Limited policy information causes public reluctance to report inconveniences and complaints they feel (10).

It turns out that a well-rated resource in this study was authority. Policy implementers can only give instructions when they have formal authority. The respondents in this study had their job descriptions and duty books. This is supported by the results of the interviews and field observations which showed that the number of staff, the dissemination of information, and facilities were not yet optimal. Edward III asserts that the resource variable is an important factor for successful policy implementation (10).

Staff or human resources are the most important resource for policy implementation. The results demonstrated that the policy implementation officers had sufficient team and competencies with equal educational background. To boost the human resource competencies, midwives, for example, should communicate any information, education, and counseling by utilizing online media and applying standard service protocols during the Covid-19 pandemic. Anticipation made to reduce the baby boom during the pandemic has been done by ensuring the availability of contraceptives by family planning boards in health service facilities, including private midwifery practice, and by involving health cadres in the family planning programs (12including family planning services. 54,6% of the total family services planned by midwives are conducted at the private midwifery practice. The purpose of this study was to analyze family planning service visits at the private midwifery practice in Yogyakarta. This study used article quantitative descriptive research method. The population in this study is midwives who have private midwifery practice in the Special Region of Yogyakarta. The results showed that almost all methods of contraception experienced a decrease in service in the private midwifery practice, but the method of family planning through progestin injection did not decrease. As many as 44,7% of midwives provide family services planned through the post placenta Intrauterine Device (IUD). Adequacy of human resources important in policy implementation (13).

The completeness of facilities is one of the factors supporting community decisions in choosing a health service (14). This study found that the facilities owned by the primary healthcare center were complete and adequate. It had enough supplies of contraceptive tools and drugs, laboratories, funds, and a well-maintained clean physical building. However, the concern is that the location of the primary healthcare center was less strategic as it was not on the side of the road, making patients unable to access this facility.

Regarding another variable, disposition in the implementation of family planning program policies at the primary healthcare center did not go well. Some implementers who supported the program thought that the program was less effective due to the pandemic. As a result, the number of visits by family planning participants declined. Disposition is the attitude of policy implementers towards the policy implementation. It counts for how enthusiastic and supportive the community is in accessing the family planning program (10). A democratic attitude will increase the impression of the implementors and the policy they make in front of the target groups. It will reduce resistance from the community and foster a sense of trust from the target groups towards implementers and programs/policies (15). In this study, health workers at the primary healthcare center and cadres showed their disposition by giving a good opinion on the implementation of the family planning program during the Covid-19 pandemic. However, some policy implementers perceived that the implementation of family planning services was less effective during the pandemic as the community wanted measures to minimize direct contact instead. The policy implementers strongly supported family planning programs in the midst of a pandemic. They provided family planning services, conducted socialization, and complied with the use of personal protective equipment and health protocols to prevent population infection. Pregnancy rates probably increased during the pandemic, and this condition might put mothers at risk of infection and unstable financial support.

With free family planning services held by National Population and Family Planning Board, the government tried to attract the society to use contraceptives to reduce the population explosion during the Covid-19 Pandemic. However, as seen from the visit rate, there was no significant increase from the beginning of 2021. No matter how good the policy is, if the community and implementers do not have congruent support, the policy implementation will not be optimal.

The bureaucratic structure in Edward's III theory is related to SOP and fragmentation. There are eight questions for interviews and five observation assessment lists to assess the bureaucratic structure. SOP is a reference for officers to implement family planning services for family planning participants. From the results of the study, it is known that the primary healthcare center already had SOPs that regulate contraceptive services of high quality and standards. It provided the guidelines for family planning and reproductive health services in the Covid-19 pandemic according to proper procedures. Good SOP implementation relates to patient satisfaction, thus affecting the performance of the healthcare services (16).

Striving for good services, family planning field officers at the National Population and Family Planning Board had routine coordination with other stakeholders and with health post cadres for services outside the primary healthcare center. The procedural implementation of their coordination follows the Minister of Health Regulation No. 43 of 2019 (17) which states that coordination can be carried out by the sub-district field officers and the community across sectors. Leaders provide support and play their role in achieving effective and efficient program implementation. If a policy is arranged and executed clearly, staff will be committed to it (18).

Conclusion

Family planning programs were not run optimally during the Covid-19 pandemic. Based on the communication variable, only information transmission to policy target groups was not well implemented, while the clarity of implementation for officers and consistency of service went well. Based on the resource component, the adequate number of human resources (cadres), the availability of information regarding policy implementation, and the access to facilities were not adequate, while the implementation of authority went well. Based on the disposition component, some implementers had good feedback on the policy implementation, but others considered it less effective. Although the family planning participants seemed enthusiastic about the program, the participation level decreased from the beginning of 2021. Based on the bureaucratic structure component, the SOP indicator was implemented well, and fragmentation was running quite well as seen from the coordination between the implementors and family planning participants.

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Competing interests

The authors declare that they have no competing interests in this study.

Ethical Clearance

The Research Ethics Committee approved this study with an ethics research number: 049/UN9.FKM/TU.KKE/2021 from the Faculty of Public Health, Sriwijaya University.

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