

INTISARI

Latar Belakang: Salah satu masalah dalam program Keluarga Berencana (KB) di Indonesia adalah masih tingginya kebutuhan KB tidak terpenuhi (*unmet need*) yaitu 11,4%. Tingginya *unmet need* dapat meningkatkan tingginya kehamilan yang tidak diinginkan, kejadian aborsi tidak aman dan persalinan yang beresiko sehingga berpengaruh pada meningkatnya kesakitan dan kematian ibu.

Tujuan: Tujuan penelitian yaitu menganalisis hubungan ketersediaan sumber daya kesehatan (dokter, bidan, klinik KB dan PLKB) dengan *unmet need* setiap provinsi di Indonesia tahun 2012

Metode: Menggunakan data Survei Demografi dan Kesehatan Indonesia (SDKI tahun 2012), laporan Riset Fasilitas Kesehatan tahun 2011, laporan pelayanan kontrasepsi 2012 dan laporan Badan Pusat Statistik tahun 2012. Jenis penelitian *observational* dengan rancangan *cross sectional*. Sampel penelitian ini adalah seluruh provinsi di Indonesia. Hubungan ketersediaan sumber daya kesehatan dengan *unmet need* dianalisis menggunakan regresi linear.

Hasil: Secara statistik, tidak terdapat hubungan antara rasio sumber daya kesehatan berdasarkan 10.000 penduduk dengan *unmet need* KB, tetapi berbeda jika dilihat berdasarkan luas area. Terdapat hubungan antara rasio sumber daya kesehatan berdasarkan luas area dengan *unmet need* KB artinya semakin tinggi rasio sumber daya kesehatan per 1.000 km², maka persentase *unmet need* KB semakin rendah. Sampai saat ini masih terjadi kesenjangan distribusi sumber daya kesehatan antar wilayah di Indonesia.

Kesimpulan: Ketersediaan (jumlah dan distribusi) sumber daya kesehatan berdasarkan luas area lebih berperan dalam dalam pencapaian program KB khususnya kebutuhan KB tidak terpenuhi. Perencanaan penyediaan sumber daya kesehatan seharusnya tidak hanya berdasarkan rasio per 100.000 penduduk tetapi harus juga mempertimbangkan luas area layanan.

Kata Kunci: dokter, bidan, klinik KB, PLKB, *unmet need* KB

ABSTRACT

Background: One of remaining problems in Indonesian Family Planning (FP) is the high demand of family planning unmet need, which is 11.4%. Higher unmet need increase the accident of unwanted pregnancy, unsafe abortion, high risk childbirth and therefore contributes to the increased risk of maternal morbidity and mortality.

Objective: The purpose of research is to analyze the relationship between the availability of health resources (doctors, midwives, family planning clinics and field officers) and percentage of unmet need every province in Indonesia.

Methods: Method research was cross sectional design. The research using secondary data of Indonesian Demographic and Health Survey (IDHS 2012), Health Facilities Research report in 2011, BKKBN contraceptive services report in 2012 and reports from Indonesian Central Bureau of Statistics in 2012. The sample was all provinces in Indonesia. Linear regression test were used to examine relationship between the availability of health resources and unmet need for family planning

Results: Statistically, there was no correlation between the ratio of health resources by 10.000 population with unmet need for family planning. Otherwise the result of analysis ratio based on area is different. There was correlation between the ratio of health resources based on the area with unmet need for family planning. The higher ratio of health resources by 1.000 km², the lower unmet need percentage for family planning. Until now, there was distribution gap of health resouces among the region in Indonesia

Conclusion: Availability (quantity and distribution) health resources based on the area plays an important role on family planning programs especially *unmet need* for family planning. Planning of health resources provision should not based on the ratio by 100.000 populations, but also consider the area of services.

Keywords: doctors, midwives, family planning clinics, field officers, unmet need for family planning