The Analysis of Implementation of the Post Partum Family Planning (PFPP) Program Policy in Bekasi City in 2022: Based on BKKBN Regulation No. 18 in 2020

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ABSTRACT

Based on Presidential Regulation No. 18 Year 2020 about Plan Development Period Intermediate National (PDPIN) Year 2020-2024, development in Indonesia it is implemented to form Human Resources (HR) and empowered competitive and quality (Secretariat of the President of the Republic of Indonesia, 2020). Efforts to enhance HR quality among them are carried out by increasing degrees of health as well as level of education in the community (Ministry VAT / Bappenas, 2019). One of the indicators in measuring degrees of health is Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Mother and child health problems which are still a priority in Indonesia are its highest number of pain and deaths, especially in the group Mother pregnant, baby, and toddler. Reason its height MMR is wrong the only one is 4 (four) too or 4T, ie too old giving birth (age mother > 35 years), too young giving birth (age mother < 21 years), too near distance birth (< 3 years), and too Lots give birth to (give birth to more than 2 times). Four also give risky impact specifically for increasing Maternal Mortality Rate (MMR) and death of baby or can have bad impact on baby in her womb. Which it contains. The method used in this research is a qualitative method with design study form case studies. In this research, it is explored issues and more in-depth information regarding implementation of BKKBN Regulation No. 18 of 2020. Based on research results can be concluded as follows: Overall Postpartum family planning services are not fully compliant with BKKBN Regulation No.18/2020 still many do not understand about the definition and importance of post-natal family planning labor. So in implementation this policy is to improve the scope of Post Partum Family Planning services, to be supported by sources Power form sufficient funding to fulfill the need provide family planning for Couples of Childbearing Age (PUS) in the area. Apart from that, it needs to be supported by facilities form provision of Decision Making Tools (DMT/ABPK) , guidelines and IEC materials for power executor as well as increasing number of extension workers KB or equivalent who coordinates propulsion family planning participants to health centers and homes Sick.

Keywords: Post Partum Family Planning, Family Planning, Implementation Analysis

INTRODUCTION

Based on Regulation President No. 18 Year 2020 about Plan Development Period Intermediate National (PDPIN) Year 2020-2024, Development in Indonesia is carried out to form Human Resources (HR) and competitiveness and quality (Secretariat of the President of the Republic of Indonesia, 2020). Effort enhancement quality HR among them done with improve the health status and education level of the community (Ministry of VAT, 2019). One of the indicators in measuring the level of health is Mother Mortality Rate (MMR) dan Infant Mortality Rate (IMR).

Problem health Mother and child Which Still become priority in Indonesia is the height number pain And death, especially on groupMother pregnant, baby, And toddler. Reason the height MMR is wrong the only one is 4 (four)too or 4T, namely too old to give birth (mother's age > 35 years), too young giving birth (maternal age < 21 years), births too close together (< 3 years), andtoo Lots give birth to (give birth to more from 2 time). Four too giverisky impacts, especially for increasing the Maternal Mortality Rate (MMR) and death of baby or can have bad impact on baby in her womb..

According to the World Health Organization (WHO), providing care health Mother pregnant And baby new born in accordance Which recommended will reducing maternal mortality rates by 64%, to 112,000 per year, with assuming no change in contraceptive use or number of pregnancies which is undesirable. Newborn deaths will fall 76%, to 655,000. If maintenance in a way full to all Mother pregnant And baby new born combined with provision contraception modern For woman Which No want to get pregnant, then maternal deaths will fall from 308,000 to 84,000 per year and Newborn deaths will fall from 2.7 million to 538,000 per year. Besides that, according to WHO, contraception is a cheap and effective way to save lives. Results Studies by Cleland, et al (2006) have prove that arrangement distance between pregnancies more than two years apart through contraception can be prevented more than 30 percent of maternal deaths and 10% of child deaths. Besides , Gardiner in NRC & AIPI (2013) say use tools/methods KB proven contribute in prevent death Which relate with pregnancy risk as a result of 4 too (getting pregnant at too young or too old, getting pregnant too often, and too much) as well as unwanted pregnancies because there is no pregnancy planning, so it will indirectly happen impact to reduce MMR and IMR (NRC & AIPI (2013) . According to Frederick P et al.

Based on health demographic surveys, in countries where there is less of 10% of women using modern contraception the average infant mortality rate was 100 deaths per 1,000 live births, compared with 79 per 1,000in countries where 10-29% of women use contraceptive methods and 52per 1,000 in countries in where 30% or more do it.

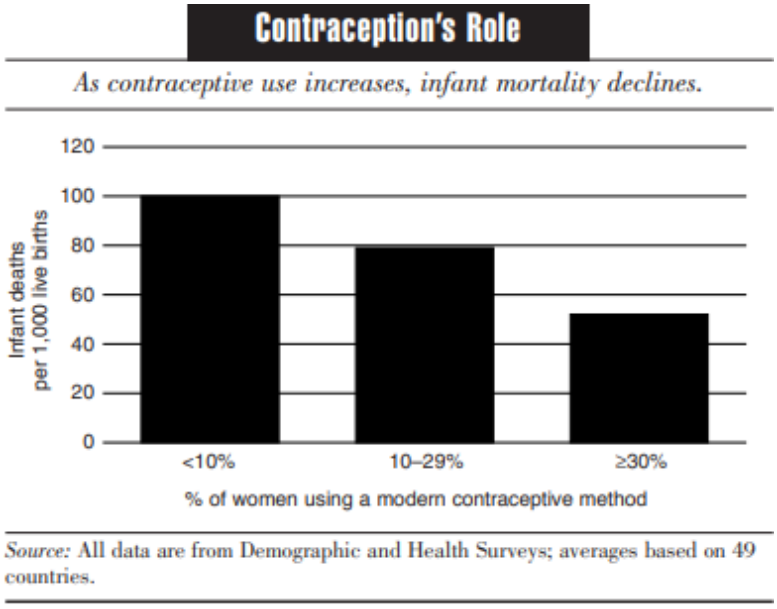


Figure 1. Percentage of Women Using Modern Contraception

This Maternal Mortality Rate (MMR) in Indonesia is still the highest in Southeast Asia and is still far away from target objectivedevelopment sustainable/Sustainable Development Goals (SDGs) to reduce MMR to 183 per 100,000 live births by 2024 and less than 70 per 100,000 live births in 2030 (Bappenas, 2020) (RI Ministry of Health, 2020) . Results of the Inter-Census Population Survey (SUPAS) in 2015 the MMR in Indonesia was still relatively high, namely 305/100,000 birth life. Based on data Indonesian Health Demographic Survey (IHDS) 2017, IMR (Infant Mortality Rate) in Indonesia was 24 deaths per 1,000 birth life with death neonate by 15 per 1,000 birthlife (BPS, BKKBN, 2017) . Whereas based on data from recording program family health-Ministry of Health, number of maternal deaths in 2021as big as 7,389 death in Indonesia. Amount this indicates enhancement compared to 2020 of 4,627 death (RI Ministry of Health, 2022) . On the other hand, on end implementation of the PDPIN, namely in 2024, it is hoped that the MMR will fall to 232 per 100,000 live births, while the IMR is 16 per 1,000 live births(Ministry VAT/Bappenas, 2019).

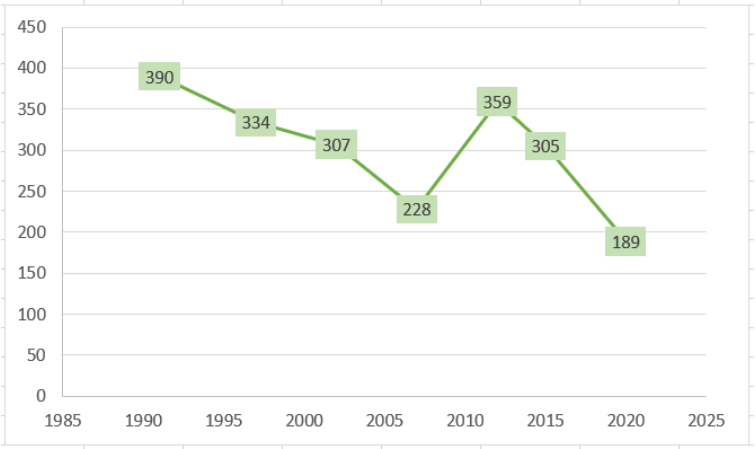
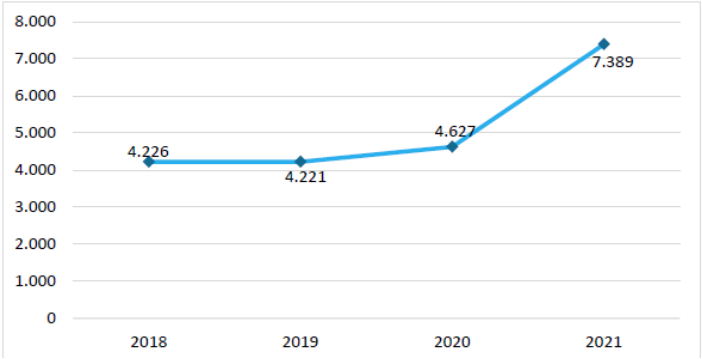


Figure 2. Trends in Maternal Mortality Rates in Indonesia per 100,000

Live Birth (SDKI 1991-2012, SUPAS 2015, SP Long Form 2020)



Source: Directorate General of Public Health, Indonesian Ministry of Health, 2022

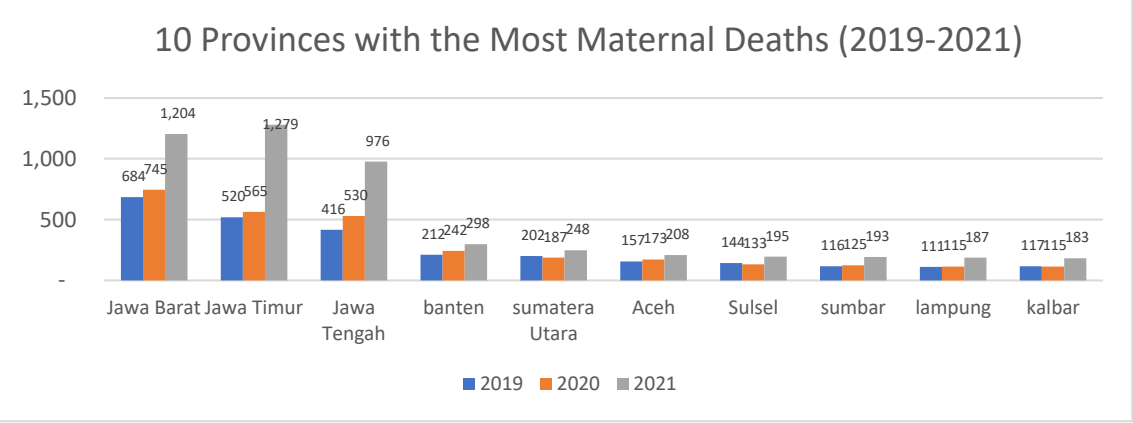
Figure 3. Number of Maternal Deaths in Indonesia 2018-2021

Postpartum Family Planning (PPFP) Services is an effort in accelerate the decline in MMR and has been planned in in the MPS (Making Pregnancy Safer) on date 12 October 2000. Four message key MPS services include 1). Each delivery assisted by trained health personnel, 2). Every neonatal and obstetric complication receives adequate services, and3). Every woman of childbearing age can prevent pregnancy unwanted and 4). In handing complications of miscarriage. Order MPS to three he is the message important increasing provision service KB (Indonesian Ministry of Health, 2019) .

Postpartum family planning services are an effort to prevent pregnancy through the use of drugs and contraceptives immediately after giving birth up to 42 days or 6 weeks after giving birth (BKKBN, 2020) . In order to encourage a mother uses contraception after giving birth, counseling activities KB as important because Mother Which new give birth to baby usually easier to get along with use contraception. Therefore time se has given birth as a very time

appropriate encourage mothers to use contraception. Several studies show that family planning services (one of which is KBPP) are can effectively minimize maternal deaths by reducing birth risks tall and minimalist pregnancy. Percentage of deceased mothers who gave birth at age in on 35 year and in lower 20 year is 33% from all over death Mother,Thus, if the family planning program can be carried out well again, it is possible 33% death Mother can be avoided by use contraception.

In accordance with the Regulation Head Head of National Population and Family Planning Board of the Republic of Indonesia (BKKBN) Number 18 of 2020 concerning Post Partum Family Planning (PPFP) Services, PPFP services have a goal For increase health reproduction and participation family in KB by implementing a strategy to improve PPFP services nationally . Improving strategy SPFP services are carried out with The target is to increase participation in family planning postpartum mothers or partners as much as 70% (seventy percent) in the year 2024 (BKKBN, 2020) . In reality, so far the scope of postnatal family planning services is limited not as expected . According to the 2020 contraceptive service results report shows that KBPP service coverage is still very low, namely only 29.96% and in 2021 it will reach 30.23% of total births, so There are still around 70% of birth mothers who have not used it PPFP (BKKBN, 2021) .



Source: Directorate General of Public Health, Indonesian Ministry of Health, 2021

Figure 4. Provinces with the Highest Number of Maternal Deaths (2019-2021)

No	Province	2020				2021			
		Number of Pregnant Women	Number of Maternity/Postpartum Women	Number of Maternal Deaths	Number of Neonatal, Infant and Toddler Deaths	Number of Pregnant Women	Number of Maternity/Postpartum Women	Number of Maternal Deaths	Number of Neonatal, Infant and Toddler Deaths
1	Aceh	126,085	120,354	173	1,069	114,929	109922	208	1,136
2	North Sumatra	329,118	314.158	187	765	305910	292,005	248	678
3	West Sumatra	119,518	114,086	125	937	114,533	109,327	193	935
4	Riau	170,854	163,088	129	632	144,236	137,184	180	621
5	Jambi	71,970	68,698	62	360	69,707	66,559	75	315
6	South Sumatra	174,076	166,164	128	580	171,905	164.131	131	532
7	Bengkulu	40,609	38,763	32	295	38,278	36,538	50	300
8	Lampung	162,463	155,079	115	561	158,593	151,387	187	511
9	Kep. Bangka Belitung	30,224	28,850	26	213	28,030	26,726	62	196
10	Riau islands	44,625	42,596	38	250	51,829	49,473	99	329
11	DKI Jakarta	179,452	171,295	117	455	189,437	180,826	129	380
12	West Java	955.411	922,883	745	2,959	897.215	856,433	1,204	2,988
13	Central Java	575,082	548,942	530	4,834	545,961	520,974	976	4,863
14	In Yogyakarta	59,422	43,775	40	324	62,352	59,518	162	306
15	East Java	618,207	590.106	565	3,864	592,735	565,793	1,279	3,575
16	Banten	261,628	249,736	242	1,230	245,304	234,154	298	1,284
17	Bali	70,859	67,638	56	383	71,917	68,648	125	417
18	West Nusa Tenggara	112,725	107.601	122	910	107,982	103,073	144	837

19	East Nusa Tenggara	154,663	147,633	151	1,063	131,245	125,280	181	1,074
20	West Kalimantan	109.316	104,347	115	712	100.213	95,657	183	653
21	Central Kalimantan	59,161	56,472	68	389	48,291	46,096	96	423
22	South Kalimantan	87,583	83,602	97	681	80,006	76,370	140	676
23	East Kalimantan	82,512	78,762	92	731	66,826	63,789	169	756
24	North Kalimantan	13,361	12,753	18	146	14,297	13,647	29	141
25	North Sulawesi	44,546	42,521	48	51	39,254	36,901	64	194
26	Central Sulawesi	68,716	65,592	81	445	64,598	61,661	109	406
27	South Sulawesi	183,791	175,437	133	843	158,487	151,283	195	892
28	Southeast Sulawesi	69,018	58,917	61	502	58,952	56,273	113	387
29	Gorontalo	26,283	25,089	56	264	22,166	21,159	51	250
30	West Sulawesi	36,337	34,686	46	325	29,940	28,579	60	274
31	Maluku	49,283	47,043	70	353	38,562	36,809	63	243
32	North Maluku	32,210	30,746	39	316	26,530	25,324	58	334
33	West Papua	24,189	23,090	48	293	22,377	21,360	49	132
34	Papua	78,487	74,920	72	423	72,114	68,836	79	528
Indonesia		**5,221,784**	**4,975,422**	**4,627**	**28,158**	**4,884,711**	**4,661,695**	**7,389**	27,566

Source: Directorate General of Public Health, Indonesian Ministry of Health, 2021

Figure 5. Number of Pregnant, Maternity/Postpartum Women, Maternal, Neonatal, Infant and Toddler Deaths According to Provinces in Indonesia, 2020-2021

Based on the data above, it can be seen that West Java is a provinceThe highest number of pregnant and postpartum women was 955,411 and 911,983 in 2020, while in 2021 it was 897,215 and 856,433 . Maternal Mortality Rate in Java Province West too recorded very high, that is reached 745 people on in 2020 and 1,204 in 2021 . Meanwhile, the number of under-five deaths was 2,959 in 2020 and 2. 988 people in 2021 (Indonesian Ministry of Health, 2021) . Post Partum Family Planning (PPFP) participation rates in West Java in 2021 amounting to 31.06% of the total PB (New Family Planning Participants) based on routine BKKBN statistics.

On The table below shows that the achievement rate for the city of Bekasi is 10.92%, the lowest in Java West.

NO	KABUPATEN / KOTA	PESERTA KB BARU		
		PP		
		TOTAL PB	PENC.	%
(1)	(2)	(3)	(4)	(5)
3201	KAB. BOGOR	134,536	61,376	45.62
3202	KAB. SUKABUMI	95,813	49,447	51.61
3203	KAB. CIANJUR	93,202	28,076	30.12
3204	KAB. BANDUNG	66,973	20,267	30.26
3205	KAB. GARUT	82,413	21,276	25.82
3206	KAB. TASIKMALAYA	42,714	18,997	44.47
3207	KAB. CIAMIS	28,747	11,641	40.49
3208	KAB. KUNINGAN	37,646	11,966	31.79
3209	KAB. CIREBON	72,080	16,487	22.87
3210	KAB. MAJALENGKA	36,839	12,106	32.87
3211	KAB. SUMEDANG	17,606	13,860	78.75
3212	KAB. INDRAMAYU	89,441	10,386	11.61
3213	KAB. SUBANG	57,241	36,161	63.17
3214	KAB. PURWAKARTA	35,196	8,219	23.35
3215	KAB. KARAWANG	114,203	12,531	10.97
3216	KAB. BEKASI	131,026	28,266	21.57
3217	KAB. BANDUNG BARAT	32,996	13,324	40.38
3218	KAB. PANGANDARAN	7,892	3,413	43.25
3271	KOTA BOGOR	15,441	1,921	12.44
3272	KOTA SUKABUMI	4,970	1,472	29.62
3273	KOTA BANDUNG	31,682	9,284	29.30
3274	KOTA CIREBON	4,290	994	23.17
3275	KOTA BEKASI	46,994	5,031	10.92
3276	KOTA DEPOK	38,428	13,891	36.15
3277	KOTA CIMAHI	3,752	1,154	30.76
3278	KOTA TASIKMALAYA	20,564	5,389	26.21
3279	KOTA BANJAR	3,234	873	26.99
	PROV. JAWA BARAT	1,345,005	417,806	31.06

Source ; Routine Statistics, BKKBN 2021

Figure 6 . Postpartum PB Achievement of Total PB as of December 2021

The success of policy implementation can be influenced by several variables such as the existence of clear standards and measures, resources, disposition of the implementer, characteristics of the implementing agency, communication and the influence of the economic, social and political environment (Van Meter & Van Horn, 1975). Research related to implementation includes processes, implementing organizations or institutions, as well as leadership in implementing policies (Nugroho, 2014). By carrying out policy implementation analysis, it is hoped that it can provide input for policy makers. This policy-related research includes research on processes in the form of formulation, implementation, performance and the policy environment.

MATERIALS & METHODS

The method used in this research is a qualitative method with a research design in the form of a case study. In this research, deeper issues and information regarding the implementation of BKKBN Regulation No. 18 of 2020 on postpartum family planning services which includes standard variables and policy objectives, communication between organizations, resources, implementing agencies, implementing dispositions as well as the economic, political and social environment. Research was conducted through in-depth interviews and document review. Before the research was carried out, the research ethics review stage was first carried out by the FKM UI ethics committee . This research was carried out at the Bekasi City Population Control and Family Planning Service (DPPKB), Bekasi

City Health Service, Ciketing Udik Community Health Center with PPFP coverage of 107.26 percent, Community Health Center Bekasi Jaya with scope PPFP as much as 1.08 percent, and hospital Jati Sampurna Kota Bekasi. (Health Service Bekasi City, 2020) Reasons for choosing the two health centers as locations The research is to look at the highest and lowest coverage in the implementation of PPFP. Time study done on month October until with December 2023.

Collection data done Good in a way direct nor No direct (on line). Collection data in a way direct with meet informant on study . Type of data collected in the form of data primary and data secondary. Data obtained furthermore done interpretation. Collection data primary obtained through *in-depth interview or* interview deep with DPP KB parties Bekasi City, Service Health Bekasi City, Insurer Answer Program KB Post Labor in Public health center, Insurer Answer program KB Post Labor in House Sick, Providers or Power Health executor KB Post Labor, Counselor KB (PKB/PLKB), and KB Acceptor Postpartum. There is also some information obtained by observing, among other things, facilities and infrastructure Postpartum family planning services at Community Health Centers and Hospitals. From the results of observations It is hoped that this will provide a realistic picture of the condition of the facilities and infrastructure service KB Post labor in facility Health. Data secondary obtained with do search or study document Whichrelating to the implementation of postpartum family planning in Bekasi City, City Health Profile Bekasi Which obtained on site web Which nature public domain And documents Good document written nor picture Which related with study.

RESULTS & DISCUSSION

Policy standards and objectives greatly determine the success of achieving the objectives of policy implementation. It is important for implementers to understand the intent of the standard and the objectives of the policy. With clear standards and policy objectives, it will be easier for implementers to implement the policy. Policy implementation can fail when implementers do not fully understand what the policy standards and objectives are.

postpartum family planning service policy as stated in BKKBN Regulation No. 18/2020 has a clear objective, namely reducing MMR and IMR , one of the efforts of which is through providing contraceptive services. Implementation of this policy involves relevant ministries, institutions and work partners in accordance with their respective duties and functions. The understanding of implementers in the field regarding policy standards is quite good.

Resource

Financing

One of the determinants of the success of implementing a policy is the adequacy of policy input, especially the budget. A policy or program will not be able to achieve its goals and objectives without adequate budget support. Wildavsky (1979) stated that the size of the budget allocated to a policy or program shows how big a government's political will is towards the problem that the policy will solve. The size of the budget can illustrate how committed the government is to implementing the policy (Purwanto & Sulistyastuti, 2015).

In BKKBN Regulation No.18/2020, it is stated that it is the government's responsibility to provide funding either from the APBN, APBD or other sources in accordance with statutory regulations. However, currently the financing for postpartum family planning services is only through the APBN and other sources, namely JKN, although this is not optimal enough. The following is an excerpt from the interview:

> "Funding for tubectomy comes from BKKBN funds, there are no independent ones. Yes, the one from the family planning instructor "

> "I get free birth control, ma'am, I use my KTP, I don't pay at all"

> "The family planning services here in Bekasi are free, because according to the mayor 's regulations , including health services, as long as you bring your Bekasi ID card, it's free."

This policy will not work well if it is not supported by adequate funding. The limited available budget means that the quality of public services that must be provided to the community is also limited (Widodo, 2018). Through sufficient budget support, family planning participants can receive postpartum family planning services comfortably because the costs for contraceptive services have been provided.

Facility

As one aspect of supporting successful implementation, quality facilities must be available (Agustino, 2020). Postnatal family planning services are provided to family planning participants at health facilities according to the type of contraceptive method chosen. The following is an excerpt from the interview:

> "The hospital has good, complete facilities. The service is also good. During counseling, just chat , don't use pictures or posters. "

Currently, not all health facilities have sufficient Decision Making Tools (ABPK), but there are other tools that can be used in implementing counseling such as the SKATA application and balanced family planning counseling. Counseling is not just conveying information, but the client gets encouragement, sympathy and assistance by considering the client's feelings, situation and condition so that the implementation of counseling requires skills in delivery, for this reason it is necessary to re-organize training or orientation using ABPK (Kristiana et al., 2020).

Incentive

Incentives from the government so that the post-natal family planning service policy can be implemented are available, in the form of medical service financing packages for all contraceptive services, starting from providing counseling, medical screening, providing family planning procedures to post-service counseling. This support comes from Family Planning Operational Assistance (POA) funds or through JKN, of course in accordance with existing regulatory provisions. Excerpts from the interview can be seen as below:

> "Usually, if there is a momentum event, and there is a mobilization of cadre services to receive acceptors, then new cadres will receive mobilization costs, from BKKBN."

Incentives for policy implementers and the cost of post-natal family planning services need to be considered so that the implementation of this policy runs optimally. It is necessary to review the size of the financing package for post-natal family planning services, considering that in 2022 there will be price increases in several sectors which will also have an impact on the health sector.

Inter-Organizational Communication

The success of implementing a policy is greatly influenced by the delivery mechanism, namely how the policy output can reach the target group (Purwanto & Sulistyastuti, 2015). The communication factor also greatly influences the acceptance of policies by the target group, so that a poor communication process will be a weak point in achieving effective implementation of state policies. The role of communication media is very important in disseminating policy content so that a good communication process occurs and will influence the effectiveness of policy implementation (Tachjan, 2006). Tezera (2019) in his study shows that communication is one of the important variables that strongly determines the achievement of public policy goals. Submission of information must be carried out in order to carry out decisions or the

contents of the policy in accordance with the objectives of the policy being formed. Socialization or dissemination of postnatal family planning service policies in Bekasi City is still not optimal. There are still family planning implementers who have not been informed in detail about BKKBN Regulation No. 18 of 2020 as a revision of the previous regulation.

Information dissemination can be done repeatedly so that implementers can read and understand the policy. Socialization carried out in the form of meetings, both offline and online, can help implementers understand the content and implement policies well. Socialization can also be done using online media in the form of flyers or short videos. This socialization makes it easier for this policy to reach policy implementers. In this way, information related to the policy is conveyed thoroughly and has the same perception.

Characteristics of the Implementing Agency

Human Resources (HR)

Goggin (1990) stated that the number of human resources possessed by an organization that is mandated to implement a policy will influence the organization's capacity to carry out its mission to achieve its goals. The amount of human resources that must be provided by an organization really depends on the tasks it has to carry out. The more complex a policy is, the greater the number of human resources that must be provided to implement the policy. Meanwhile, if the policies that must be implemented are simple, the number of human resources needed is reduced (Purwanto & Sulistyastuti, 2015).

Edward III (1980) emphasized that the effectiveness of policy implementation depends on the human resources who are responsible for implementing the policy. Even though the policy rules are clear and have been transmitted appropriately, if human resources are limited both in terms of numbers and expertise, the policy will not run effectively. So HR must have the skills needed to carry out the tasks and functions for which they are responsible (Widodo, 2018).

In this research, the policy implementing staff complies with the provisions of BKKBN Regulation No. 18/2020. Providing IEC to couples of childbearing age (PUS) is carried out by family planning cadres and counselors. Postpartum counseling and family planning procedures are carried out by medical personnel, namely doctors or midwives. The number of family planning instructors and cadres is still not ideal.

Although the current shortage of human resources can be overcome by regulating the proportion of the target area, if it is allowed to drag on, it will cause the implementing staff to

have an excess work load, thus hampering the implementation of their duties, as found in Pramesthi et.al's research at the Yogyakarta Cooperative and SME Service. Workload has a significant negative effect on employee performance. This direct effect shows that the higher the workload, the lower performance will be (Pramesthi et al., 2020).

Increasing capacity periodically and continuously is very necessary because the competence of human resources really determines the performance of a policy (Agustino, 2016). Often staff who are poorly trained and overworked hamper the implementation of policies (Winarno, 2014).

To increase the number of policy implementers, in this case namely family planning instructors or equivalent employees, it is necessary to submit a request for the need for family planning instructors by the Population Control and Family Planning Service Bekasi City (PCFPS). With a proportional work area load, the performance of family planning instructors will increase. Providing training support or refreshing the capacity development of implementers (family planning instructors and cadres) periodically and continuously needs to be carried out. In this way, policy implementers have knowledge and expertise that is in accordance with implementation instructions and the latest scientific conditions in implementing this policy.

Standard Operating Procedure (SOP)

SOPs are routine procedures or activities that are planned to enable human resources implementing policies to carry out their duties in accordance with the standards established in implementing policies (Nuryanti, 2015). SOPs will facilitate and standardize the actions of policy implementers in carrying out their duties. Work standards are needed for uniformity in the functioning of complex and widespread organizations (Winarno, 2014). Having work standards (standard operational procedures) enables implementers to carry out daily activities in accordance with established standards or minimum standards required so that quality is maintained (Agustino, 2016). The following is an excerpt from the interview:

> "The SOP is in the document, archived, from family planning services all contraceptive methods are available" (IF 8)

In this research, health facilities have SOPs for family planning services per method and in accordance with the stages of contraceptive services as stated in BKKBN Regulation No.18/2020. Prospective family planning participants are given counseling and medical screening first, then a health examination is carried out, informed consent is signed and then

contraceptive services are provided. Then, post-service monitoring and visits by family planning instructors to family planning participants' homes were carried out. The implementation of postpartum family planning policies has gone well in accordance with the SPOs of each health facility.

Executor's Disposition

The attitudes or tendencies of policy implementers are the third aspect or factor that has an influence on the implementation of a policy. If policy implementers provide support and implement the policy as expected by policy makers, the policy can be implemented (Abdoellah & Rusfiana, 2016). Tendency conflicts can occur when implementers reject the stated policy objectives (Winarno, 2012). The disposition or attitude of policy implementers is an important factor in implementing policies.

PPFP has committed to implementing the post-natal family planning program in its area, as have family planning counselors and cadres in the field. Policy implementers know their respective duties and roles in policy implementation well. Every time there is a policy related to family planning, they will inform other implementers according to their respective duties and functions so that coordination is well established. Age Couple Fertile (PUS) as the target of the policy felt helped by the facilitation support provided by each implementer. It is hoped that this good understanding of the implementers will have a positive influence/facilitate the implementation of the program so that it is hoped that it can achieve performance indicators in accordance with the desired targets and objectives.

Economic, Political and Social Environment

Stich & Eagle (2005) emphasize that the implementation of a policy or program is not carried out in a vacuum. Implementation occurs in an area where there are various factors including geographical, economic, social and political conditions. All of these factors have an important contribution to policy implementation (Purwanto & Sulistyastuti, 2015). The economic, political and social environment influences the characteristics of implementing agencies, implementing dispositions and implementation performance.

BKKBN Regulation No.18/2020 requires health workers who provide postnatal family planning services to comply with SOPs. Family planning participants with a good economic level will easily decide and access family planning services because they have sufficient costs. Having support from the families of postpartum family planning participants really helps make

the decision to use postpartum family planning easier. With all this support, policies can be accepted and implemented by implementing staff according to their main duties and functions.

In addition, the economic, political and social environment is influenced by resources. With sufficient budget support, adequate facilities and incentives, it is easier for family planning participants to get postpartum family planning services. The political commitment of the Mayor of Bekasi in the form of regulations regarding the implementation of post-service family planning services will require implementing staff to provide good services. Sufficient incentives will motivate implementing staff to help family planning participants get postpartum family planning services. In Bekasi City there is already Bekasi Mayor Regulation no. 96 of 2021 concerning Health Services for People with Bekasi City Population Identification Numbers, which states that health services (including family planning or postpartum family planning services by showing a population identification card will receive free services. This is of course very beneficial for prospective family planning participants Postpartum.

CONCLUSION

Based on the research results, it can be concluded as follows:

1. BKKBN Regulation No.18/2020 clearly states the objectives, while the policy standards are clarified in the technical guidelines for postpartum family planning services published by the BKKBN. Policy standards and objectives are not yet fully understood by policy implementers.
2. Resources for policy implementation in the form of funding and facilities are in accordance with Agency Regulation No.18/2020. However, it is necessary to increase funding support for service implementation and incentives for policy implementers.
3. Communication of Agency Regulation No.18/2020 policy to policy implementers is still not optimal, however communication of family planning policies in general at the policy implementer level is quite optimal.
4. The characteristics of the policy implementing agency in the form of human resources and SPO for postpartum family planning services are in accordance with BKKBN Regulation No.18/2020. However, the number of family planning instructors who are considered implementers is still insufficient and requires training or *refreshing* for health workers, family planning instructors or cadres to increase their knowledge and skills.

5. Implementers of policies related to postpartum family planning services are positive in accepting and implementing BKKBN Regulation No.18/2021. Executors implement policies in accordance with their respective duties and functions.
6. The social environment in the form of characteristics of family planning participants is in accordance with BKKBN Regulation No.18/2020. However, support from the political environment is needed in implementing this policy, considering that the economic conditions of Postpartum Family Planning participants are mostly from the lower middle class and live in densely populated areas.
7. Overall, Post Partum Family Planning services are not fully in accordance with BKKBN Regulation No.18/2020, there are still many who do not understand the definition and importance of post-natal family planning, so in implementing this policy to increase the coverage of post-natal family planning services, they must be supported by resources in the form of funding. which is sufficient to meet the family planning needs of PUS in their area. Apart from that, it needs to be supported by facilities in the form of providing ABPK, guidelines and IEC materials for implementing staff as well as increasing the number of human resources for family planning instructors or equivalent who coordinate the movement of family planning participants to community health centers and hospitals.

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