

Determinant of Unmet Need for Family Planning in East Java Province Analysis of 2015 Inter-Census Population Survey Data

Lutfi Agus Salim

*Associate Profesor in Department Biostatistic and Demography, Faculty of Public Health,
Universitas Airlangga, Surabaya, Indonesia*

Abstract

One of the government's efforts to control population growth is Family Planning program and one indicator of its performance is unmet need for contraception. Based on 2015 Inter-Census Population Survey Data, East Java is one of the provinces with high unmetneed events in Indonesia. Unmet need for contraceptive in East Java is 16.3 percent. This study examines factors that correlate with unmetneed in East Java. Chi-square test used to find correlation between independent variables and unmetneed. The data used is the 2015 Inter-Census Population Survey Data - East Java Province. The results showed age, area of residence, work status, education, and number of children are related to unmetneed events. Interventions that should be undertaken are improving counseling, communication, information and education, fulfilling demand of contraception and making it easier to access family planning.

Keyword: *Demographic Characteristics, Unmet Need for Family Planning*

Introduction

Unmet need occurs in many countries, especially developing countries. In many developing countries 105.2 million married women are classified as unmet need, including Indonesia, with 4.4 million women⁽¹⁾. One from ten women of childbearing age in Indonesia who do not want to become pregnant, do not use contraception⁽²⁾. As a result, many cases of unwanted pregnancy end in abortion. abortion cases in Indonesia are quite high, namely 1,500,000 to 2,000,000 abortions every year⁽³⁾. sadly, most abortions are performed in an unsafe manner, in an unhealthy environment, and not according to health service standards.

One of the government's efforts to control population growth is the Family Planning (FP) program and one indicator of its performance is the unmet need for contraception. Unmet need is defined as the percentage of women of childbearing age (15-49 years

old) who are married who want to spacing or stopping, but do not use⁽²⁾.

The National Population and Family Planning Board makes unmet need for family planning an indicator of the performance of family planning programs, because the condition for unmet need is a sign that there are couples of childbearing age who want certain types of modern contraception but are not available, so they decide not to use modern contraception. The availability of modern types of contraception is the main key to the successful distribution of contraceptives by the central National Population And Family Planning Board. From contraception providers, they have limitations in providing contraception because of the expiration date in each contraceptive device so that the contraceptive provider cannot make a large amount. In addition, inconsistency of contraceptive users to a type of contraception so that the contraceptive provider cannot predict the need for contraception in the future⁽³⁾.

The number of family planning needs and uses in Indonesia is quite high. Unmet need trends have increased over the past two decades, namely 17 percent in 1991, 15.3 percent in 1994, 13.6 percent in 1997, 13.2

Corresponding author:

Lutfi Agus Salim,

E-mail: lutfi.as@fkm.unair.ac.id

percent in 2002, 13.1 percent in 2007 and 11.4 percent in 2012. The results of several surveys indicate that lack of knowledge and information about contraceptive methods, health reasons, fear of side effects, low accessibility, rarely having sexual relations, husband or family opposing, customary restrictions, etc. are the causes of women of childbearing age experiencing unmet need⁽⁴⁾.

The high case of unmet need will also have an impact on three things: 1) increasing TFR; 2) decrease in the prevalence of family planning; and 3) an increased risk of maternal death because it often causes unintended pregnancies which end in unsafe abortions. The Guttmacher Policy Review report shows that the use of modern contraceptives has reduced many abortion cases in many countries, and will be able to reduce far more abortions if family planning needs are met⁽⁵⁾.

Factors that are assumed to contribute to the unmet need are: 1) individual internal factors (social, economic, demographic characteristics); 2) factors related to family planning behavior (family planning knowledge, attitudes towards family planning, family history of family planning use), and 3) factors of family planning services (availability of family planning logistics, ease of accessing family planning services, and family planning staff performance). These conditions can cause maternal and child health problems as well as an increase in the population if efforts are not made immediately to meet the needs of unmet need groups for rational, effective and efficient contraception. Therefore, this study contains information about the description of the condition of unmet need in East Java Province according to socio-demographic characteristics, and the test of the relationship between independent and dependent variables.

Method

This research is a cross-sectional study and used 2015 Inter-Census Population Survey Data. Unmarried women and individuals with missing data were excluded from the analysis. After weighed, this study was on 7,534,541 currently married women aged 15-49 years.

According to the definition, a woman is considered as unmet need if she:

1 Married status and still classified as reproductive age (15-49 years)

2 Have physiological and biological abilities to get pregnant

3 Stopping or spacing up to 2 years or more,

4 Not currently using modern or traditional contraceptive methods

5 Pregnant women or newborns from unintended pregnancy or mistimed pregnancy⁽⁵⁾.

Causes of Unmet Need

Survey research in several developing countries has found that there are a number of reasons that explain why many women want to delay or prevent pregnancy but do not use contraception⁽⁴⁾. Some reasons that prevent them from using contraception include:

1. Lack of information and knowledge about contraception;

2. Healthy reasons and fear of side effects;

3. Low accessibility to get quality family planning services (expensive fee, limited resources, far from service facilities);

4. Conflict from individuals, husbands, families, religions, cultural customs; and others, such as rarely having sex, the perceived risk is relatively small to get pregnant.

Determinants of Unmet Need for Family Planning

Attitudes toward family planning, social access, access to the type and quality of health services, and access to information have a significant influence on the incidence of unmet need for family planning⁽⁶⁾. Husband support also has a relationship with the unmet need for family planning, but there is no relationship between wife's knowledge and wife's attitude with the unmet need⁽⁷⁾.

Studies in Ethiopia show that unmet need for family planning is influenced by communication between a woman and health workers, women's age, decisions regarding the number of children, and the type of previous contraception⁽⁸⁾. studies in Saudi Arabia show that women who are unmet need are women who are very young and very old, women who have a bad experience of the side effects of using previous contraceptives, women who have certain religious beliefs, and women who are forbidden by their husbands⁽⁹⁾.

From some of these studies, determinant factors that influence fertile age couples choose not to use birth control even though they no longer want children are maternal age, maternal employment status, women's education level, number of children born alive, number of male sex children, and number female child.

Data were analyzed descriptively and using chi-square test for univariate analysis. Statistical analysis were performed using SPSS version 21.0; p <0.05 indicated statistical significance⁽¹⁰⁾. There are seven independent variables that are suspected as determinants

of unmet need for family planning on married women. The seven variables include: mother's age⁽⁸⁾, area of residence, maternal work status⁽¹¹⁾, woman educational attainment⁽¹²⁾, number of boys born alive, number of girls born alive, and total number of children born life⁽⁸⁾.

Result

Unmet need is the gap between women's fertility preferences and contraceptive use. This gap is the focus of attention for the government to avoid unwanted pregnancy in the community. The percentage of unmet need will be presented in Figure 1.

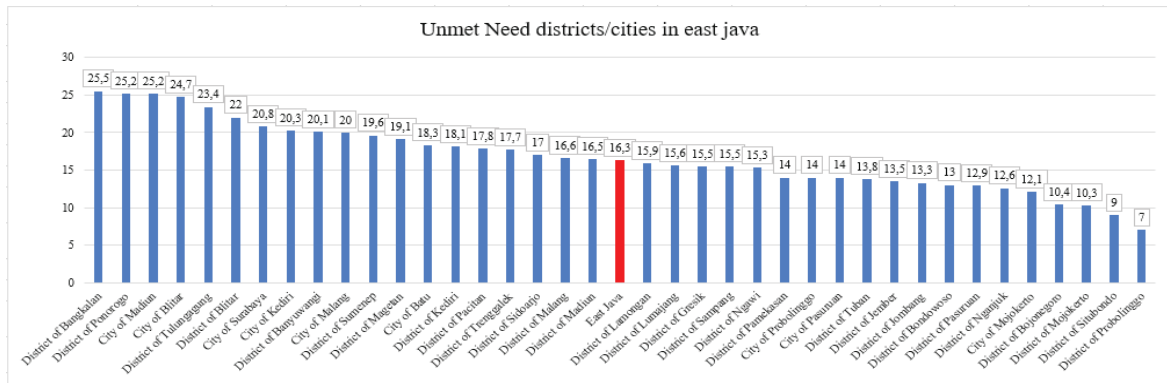


Figure 1. Percentage of Unmet Need in East Java Province

Unmet need for contraceptive in East Java is 16.3 percent. There are 19 districts / cities that have a percentage of unmet need exceeding the percentage of East Java, three of which are three districts / cities that have the lowest CPR, namely District of Bangkalan, District of Sumenep, and City of Blitar. District of Bangkalan was the priority location because the lowest location was using contraception and the highest location was the unmet need, which was 25.5. While the lowest unmet need is District of Probolinggo, which is 7.0.

Table 1. Factors Associated With Unmet Need

Characteristics	Family Planning Needs Fulfilled		Unmet Need		TOTAL	p
	N	%	n	%		
Age						< 0.001*
15 – 19	142.411	87,9	19.531	12,1	161.942	
20 – 24	710.437	89,9	79.432	10,1	789.869	
25 – 29	1.105.670	89,7	127.381	10,3	1.233.051	
30 – 34	1.252.290	89,5	147.566	10,5	1.399.856	
35 – 39	1.194.309	87,4	172.548	12,6	1.366.857	
40 – 44	1.085.699	82,4	232.634	17,6	1.318.333	
45 – 49	812.675	64,3	451.958	35,7	1.264.633	
Residence						< 0.001*
Urban	3.062.399	82,5	650.556	17,5	3.712.955	
Rural	3.241.092	84,8	580.494	15,2	3.821.586	
Employment Status						< 0.001*
Currently Working	2.875.286	83,2	580.425	16,8	3.455.711	
No Work	3.428.205	84,0	650.625	16,0	4.078.830	
Educational Attainment						< 0.001*

Cont... Table 1. Factors Associated With Unmet Need

No Education	174.931	68,5	80.291	31,5	255.222	
Incomplete Primary	428.744	76,9	128.631	23,1	557.375	
Complete Primary	1.970.666	84,2	369.032	15,8	2.339.698	
Complete Secondary	3.244.169	85,9	531.392	14,1	3.775.561	
Higher	484.981	79,9	121.704	20,1	606.685	
Number of Boys						< 0.001*
0	2.389.543	86,6	369.108	13,4	2.758.651	
1-2	3.698.112	82,4	788.416	17,6	4.486.528	
3-4	211.827	75,1	70.064	24,9	281.891	
≥ 5	4.009	53,7	3.462	46,3	7.471	
Number of Girls						< 0.001*
0	2.505.941	86,7	384.317	13,3	2.890.258	
1-2	3.623.986	82,2	783.129	17,8	4.407.115	
3-4	170.652	73,6	61.312	26,4	231.964	
≥ 5	2.912	56,0	2.292	44,0	5.204	
Number of Living Children						< 0.001*
0	619.899	94,6	35.712	5,4	655.611	
1-2	4.659.359	84,2	872.539	15,8	5.531.898	
> 2	1.024.233	76,0	322.799	24,0	1.347.032	

* significance ($p < 0.001$)

Table 1 shows the relationship between mother's age, area of residence, mother's education level, mother's employment status, number of boys born, number of girls born, and total number of children born, with unmet need.

Based on the mother's age, the cross tabulation results show a unique pattern, namely the older the mother's age, the greater the percentage of unmet need events, and produces a sig value. <0.001 means that there is a relationship between maternal age and unmet need.

Cross tabulation analysis between the residence and the unmet need event results in sig. <0.001 means that there is a relationship between the area of residence and the occurrence of unmet need. The results of this analysis are corroborated by cross tabulation analysis between work status and unmet need events that produce sig values. <0.001 means that there is a relationship between work status and unmet need.

Discussion

Unmet need is mostly experienced by mothers who are in the age range, which is more than 40 years of age. Society considers that age >40 years is old age and near menopause so that the possibility of pregnancy becomes very small. This perception has an impact on the occurrence of unmet need⁽²⁾. Another cause is the

older age of women the greater the risk of health during pregnancy and childbirth so that more need of family planning to spell or stop having children⁽¹³⁾.

Based on the area of residence and employment status, unmet need is mostly experienced by mothers who live in urban areas and working mothers. This is closely related to the mobility of urban communities. The term city is identified with modern and advanced. Not a few people think that the city is a place to work. The busy work has an impact on the occurrence of unmet need⁽²⁾. 2015 Inter-Census Population Survey also examined the respondent's employment status to determine whether differences in urban and rural conditions were caused by work or not. Some of the results of previous studies indicate that the area of residence is closely related to employment status⁽⁵⁾.

Women who live in urban areas are less likely to experience unmet need. This can be seen from the percentage of unmet need incidents in urban areas. Easy access to family planning sites and the ease of family planning tools are found, making women living in cities less opportunities for unmet need. Women who work more need contraceptives for spacing or stopping births⁽⁶⁾.

Women who work have an impact on income every month. Women who are working have better income. Women who have better income will find it easier to

access information and use family planning, on the other hand, women who have income have the right to manage their income⁽¹³⁾.

Completed education is related to unmet need. It is hoped that the higher the education that is received by the woman, the woman will be better able to understand the physiology of her body, so that the assumptions about when the time of menopause and the ability to get pregnant are known precisely. The data shows that the majority of women who experience unmet need have a low level of education, so even the information available is small. One of them is information about contraception. This increases the chance for them to experience unmet need for family planning^(6,11).

When viewed based on the number of children, unmet need is mostly experienced by mothers who even have more than 2 children. Couples who have many children tend to experience unmet need than couples who have fewer children or do not have children. Couples who already have many children tend not to want more children, but there are other factors such as the choice of kb devices, the availability of tools, and the ease of obtaining kb tools⁽¹⁴⁾. Couples who already have many children are also more aware to have more children. So they decided to stop having more children⁽¹⁵⁾. In indonesia, some residents still believe that if they do not have children of male or female sex, then the family is not yet perfect. This husband and wife has a big dilemma, that they do not want more children with the same sex as those already born, but if they are blessed with children with the opposite sex then they are very happy.

The following are some suggestions that can be used as input for efforts to reduce unmet need cases, especially in east java province.

1. In addition to contraception services, family planning program managers also need to improve the quality of family planning and counseling services for:

a. Help couples of childbearing age in choosing and using contraception that is rational and suitable to their condition,

b. Help to reduce women's fear of contraception by providing clear and accurate information about complaints that are felt in order to fight incorrect beliefs or negative attitudes towards family planning,

c. Show the target program how to deal with the

possible side effects.

2. Increasing access to family planning program targets for adequate contraception and counseling services, for example by increasing the number of cadres, expanding the reach of mobile family planning service units, and the availability of logistical supplies that respondents want. These efforts are expected to:

a. Accommodate more program target needs for effective and affordable contraceptive services,

b. Responding to complaints about contraceptive use

Conclusion

The Government, in this case National Population And Family Planning Board, must be able to follow the dynamics of community inconsistency choices, as contraceptive users, so that modern contraception can be distributed appropriately, both on target and on time.

Thus, all obstacles for women who do not want to become pregnant to access effective family planning methods in accordance with the conditions themselves and their families can be met. Thus, every pregnancy that occurs is expected to be a pregnancy that is desirable, healthy, and continues with adequate pregnancy care and examination.

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