ARTÍCULO ORIGINAL

Characteristics of reproductive-aged women with unmet need for family planning

Características de mujeres en edad reproductiva con necesidad insuficiente de planificación familiar

Nadia Rochmaya[1*], Uning Marlina[2*•], Nova Primadina[3*]

SUMMARY

Introduction: *One factor that led to the increase in population was the unfulfilled need for family planning or unmet needs. The number of unmet needs in Indonesia is still high, at 10.50 %. This study aims to determine the differences between unmet needs in reproductive-aged women for family planning.*
Methods: *This study was descriptive-analytic conducted from December 2019 to January 2020 at Dr. Iskak Hospital, Tulungagung, Indonesia.*
Results: *There was a significant difference between the*

ORCID: 0000-0002-8868-558X[1]
ORCID: 0000-0001-5873-2210[2]
ORCID: 0000-0003-1726-2843[3]

[*]*Faculty of Medicine, University of Muhammadiyah Surabaya, Surabaya, East Java, 60113, Indonesia*

• Corresponding Author: Uning Marlina, MD
Faculty of Medicine, University of Muhammadiyah Surabaya, Surabaya, East Java, 60113, Indonesia
Sutorejo Street 59, Dukuh Sutorejo, Mulyorejo, Surabaya, East Java, 60113, Indonesia
Tel: +62822-3386-2962; Fax: +6231 3813096
E-mail: uningmarlina@gmail.com

unmet need classification of unplanned pregnancy and childbirth delivery of reproductive-aged women and unpregnant, unplanned and undetermined childbirth delivery of reproductive-aged women, including age (p= 0.030), number of children (p= 0.031), an education level (p= 0.030), spouse support (p= 0.016), history of family planning usage (p= 0.017), and history family planning's side effect (p= 0.001). However, the work status and income level results showed no significant differences between both groups (p= 0.615; p= 0.629; respectively).
Conclusion: *Most unplanned pregnancy and childbirth delivery of reproductive-aged women are poor educated with few children and do not have sufficient knowledge about contraception.*

Keywords: *Unmet need, family planning, reproductive aged women, pregnant.*

RESUMEN

Introducción: *Un factor que condujo al aumento de la población fue la necesidad insatisfecha de planificación familiar o las necesidades insatisfechas. El número de necesidades insatisfechas en Indonesia sigue siendo elevado, del 10,50 %. Este estudio tiene como objetivo determinar las diferencias entre las necesidades insatisfechas de planificación familiar en mujeres en edad reproductiva.*
Métodos: *Este estudio fue descriptivo-analítico realizado desde diciembre de 2019 hasta enero de 2020 en el Hospital Dr. Iskak, Tulungagung, Indonesia.*
Resultados: *Hubo una diferencia significativa entre la clasificación de necesidades insatisfechas de embarazo*

no planeado y parto de mujeres en edad reproductiva, no embarazado y parto no planeado e indeterminado de mujeres en edad reproductiva, incluida la edad (p= 0,030), el número de hijos (p= 0.031), nivel de educación (p= 0.030), apoyo del cónyuge (p= 0.016), historial de uso de planificación familiar (p= 0.017) y antecedentes de efectos secundarios de planificación familiar (p= 0.001). Sin embargo, los resultados de la situación laboral y el nivel de ingresos no mostraron diferencias significativas entre ambos grupos (p= 0,615; p= 0,629; respectivamente).

Conclusión: *La mayoría de las mujeres en edad reproductiva, con embarazos y partos no planeados, tienen una educación deficiente, tienen pocos hijos y no tienen suficientes conocimientos sobre anticoncepción.*

Palabras clave: *Necesidad insatisfecha, planificación familiar, mujeres en edad reproductiva, embarazadas.*

INTRODUCTION

Indonesia's population will continue to increase over the next years. Based on the projections, Indonesia's population in 2010-2035 will be rising from 238.5 million to 305.6 million in numbers (1). Balanced population growth can be seen from the Total Fertility Rate (TFR), but it is feared that the TFR figure in Indonesia will not match the population projection in 2020, with the TFR figure reaching 2.1 (2). One of the factors causing an increased population is the unfulfilled need for contraception or the unmet need for family planning (3). Unmet need is a term for reproductive-aged women who want to control their pregnancy but do not use any contraception (4).

The increasing rate of unmet need will affect population explosion and affect Maternal Mortality Rate (MMR) in Indonesia (5). The reproductive-aged woman who is not using a family plan might have a high chance of getting pregnant and experiencing complications during pregnancy. This can be caused by the existence of abortion because of unwanted pregnancy, having too many deliveries, and complications after birth (6).

Indonesia has a program called Keluarga Berencana (KB) or family planning in handling unmet needs (7). The implementation of the family planning program and must be carried out comprehensively and through collaboration between sectors including cadres (8). However, according to the 2017 IDHS, the number of unmet needs in Indonesia is still quite high, at 10.50 percent, and has not met the strategic target, which refers to 10.26 percent for the unmet need number in 2017, so the concept of unmet need with such figures which are difficult to be reduced needs to be debated continuously through more effective and efficient breakthroughs (9). A study about forecasting of unmet need percentage in East Java, Indonesia using the Autoregressive Integrated Moving Average (ARIMA) method show that from December 2019 to February 2020, there was an increase in the number of unmet needs in East Java, Indonesia (10).

The category of reproductive-aged women of unmet need is divided into two, namely unplanned pregnancy and childbirth delivery of reproductive-aged women and unpregnant, unplanned, and undetermined childbirth delivery of reproductive-aged women. Those two categories relate to Communication, Information, and Education (IEC) interests on family planning issues to communities (11,12). Considering that Indonesia is currently experiencing population explosion threats and resulted for its high and far away targeted number of unmet needs, simple research that involves the perception of each no use of contraceptive and reproductive-aged women is needed. This study aims to determine the differences between unmet needs in reproductive-aged women for family planning.

METHODS

This research is a descriptive-analytic study with a cross-sectional design to see the characteristic of unmet need respondents by collecting data simultaneously. This research was conducted from December 2019 to January 2020. The populations in this study were policlinic patients and their escorts in Dr. Iskak Hospital, Tulungagung, Indonesia. The research samples consisted of 70 respondents of reproductive-aged women. The research instrument was arranged in the form of a questionnaire using Chi-Square test data analysis.

RESULTS

Table 1 displays differences in the distribution of age, number of children, education level, income level, spouse support, family planning history, and unpleasant history of using family planning factors. They indicated a homogenous and uniform on the observed samples. The samples which were examined on the employment status factors were significantly different from both the respondents who worked and did not work, with the result that the dominant respondents had employed.

Table 1

Distribution of respondents

Factor	Category	n	%	p
Age	≤ 35	39	56	
	>35	31	44	0.339
Number of	≤ 2	37	53	
Children	>2	33	47	0.633
Education Level	≤ High School	39	56	
	>High School	31	44	0.339
Employment	Yes	46	66	
Status	No	24	34	0.009*
Income Level	≤ Regional Minimum Wage	40	57	
	>Regional Minimum Wage	30	43	0.232
Spouse Support	Yes	40	57	
	No	30	43	0.232
History of Family	Yes	36	51	
Planning	No	34	49	0.811
History of Family	Yes	30	83	
Planning's Side	No	6	17	0.811
Effect				

Description: Superscript shows a meaningful difference

According to Table 2, receiving H0 probability was very low. Therefore, H0 was denied on ages, number of children, education level, spouse partner history of family planning usage, and unpleasant history of family planning's side effect factors. It means that there were fundamental differences between unplanned pregnancy and childbirth delivery of reproductive-aged women and unpregnant, unplanned, and undetermined childbirth delivery of reproductive-aged women in terms of age, the number of children, education level, spouse support, family planning history, and unpleasant side effect of family planning history. However, the results of the p-value on work status and income level showed that H0 was accepted, indicating no significant difference between unplanned pregnancy and childbirth delivery of reproductive-aged women with unpregnant, unplanned, and undetermined childbirth delivery of reproductive-aged women towards the employment status nor the income level.

Table 2

Characteristics of reproductive-aged women of Unmet Needs

Factor	Unplanned pregnancy and childbirth of reproductive aged women		Unpregnant, unplanned, delivery and undetermined childbirth delivery of reproductive aged women		p-value	OR
	n	%	n	%		
Age (years)					0.030*	2.909
≤ 35	24	62	15	38		
>35	11	35	20	65		
Number of children					0.031*	2.837
≤ 2	23	62	14	38		
>2	12	36	21	64		
Education Level					0.030*	2.909
≤ High school	24	62	15	38		
>High school	11	35	20	65		
Employment Status					0.615	0.776
Yes	22	48	24	52		
No	13	54	11	46		
Income Level					0.629	1.263
≤ Regional Minimum Wage	21	53	19	48		
> Regional Minimum Wage	14	47	16	53		
Spouse Support					0.016*	0.300
Yes	15	38	25	63		
No	20	67	10	33		
History of family planning						
Yes	13	36	23	64	0.017*	0.308
No	22	65	12	35		
History of Family Planning's Side Effect						
Yes	11	31	25	69	0.001*	0.183
No	24	71	10	29		

Description: Superscript shows a meaningful difference

DISCUSSION

This study found that age, number of children, education level, spouse support, history of family planning usage, and history of family planning's side effects had significant differences between the unmet need factors. However, there is no significant difference in work status and income level. The level in age risk during pregnancy and childbirth makes the tendency for women to choose the unmet need attitude of contraception, especially at high risk (>35 years). This is in line with several existing studies which show a relation between age and the unmet need for contraception (13,14). The most unmet need respondents were over 35 years of age because respondents did not use contraception due to the developed traditional assumption in society, which suggested that women are not reproductive

or were no longer fertile at that age. Moreover, the respondents thought that they are old and very unlikely to get pregnant. In addition, unmet need reproductive-aged women were more likely to have less than two children compared to those who have more than two children due to limited access to information about contraceptives on women with fewer children (15). Another study also revealed that women with one child have a lower need for contraception than women with more children (16).

For the education level factor, this study also explains the symptoms in society that the lower the education level, the lower the knowledge, awareness, and birth management level to the importance of contraceptives. In the end, the majority ignores the use of contraceptives to regulate births. This study strengthens the conclusions of the existing report that highly educated mothers have sufficient knowledge about family planning (KB) information. Therefore, the higher the education, the greater the chance of experiencing unmet needs because reproductive-aged women understand better about the impact and the risks, which will occur when using contraceptives (15,17).

Several studies have also revealed a link between spouse support and reproductive-aged women's decision to do unmet needs for family planning. A report showed a significant relationship between husband's support and the incidence of unmet need family planning in reproductive-aged women (18). There are several reasons for husbands prohibiting their wives from using contraceptives, mostly because of the side effects of family planning usage, such as impaired wife's health after using family planning. Besides, the husband's lack of information about family planning results in no directions for wives to use contraception because he wants a certain number of children. A study stated that several other reasons for unsupportive husbands in using contraceptives are religious reasons, high costs, and their side effects (18,19). Another report also revealed that many women say that their husbands are the main reason for not using contraceptives (20).

This study confirms that the reason for preventing reproductive-aged women from using contraceptives is because they have a history of using family planning in the past. This is in line with a report in East Java, Indonesia, that one factor that has a relationship with unmet needs in the history of family planning usage (21). Moreover, respondents who have a history of family planning have experienced side effects from contraceptive usage. the most frequent side effects experienced by the respondents are weight gain, menstrual cycles change, headache, nausea, and leg swelling (20).

Employment status has less impact on the choice of using unmet need family planning. The findings on the variable of employment status are consistent with the results of earlier studies. A report found that there was no significant relationship between work status and unmet need (22). However, this finding contrasts with the results of a study that mothers with working status have a more significant influence on the occurrence of unmet needs than those who are not working (14). Besides, the finding of this study indicates a bias in the opinion that the income level of reproductive-aged women is not related to the decision in using unmet need family planning. A report found that family income did not associate with the incidence of unmet need because families with incomes both below and above the Regional Minimum Wage experienced unmet need incidents (23). Income level is not a significant benchmark for the occurrence of unmet needs.

CONCLUSION

There was a significant difference between the characteristics of reproductive-aged women with unmet need for family planning regarding age, number of children, level of education, partner support, history of use of family planning, and unpleasant history in using family planning. However, there was no significant difference between reproductive-aged women's characteristics and the unmet need for family planning based on work status and income level.

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Conflict of Interest

No relevant disclosures.

REFERENCES

1. Badan Pusat Statistik. Proyeksi Penduduk Indonesia 2010-2035. BPS. 2013:24.

2. BKKBN. Peran BKKBN Di Balik Gerakan Penanggulangan Stunting. J Kel. 2018;1(1):44.

3. Bhusal CK, Bhattarai S. Factors Affecting Unmet Need of Family Planning Among Married Tharu Women of Dang District, Nepal. Beydoun HA, editor. Int J Reprod Med. 2018;2018:9312687.

4. Salim LA. Determinant of Unmet Need for Family Planning in East Java Province Analysis of 2015 Inter-Census Population Survey Data. Indian J Forensic Med & Toxicol. 202;14(3 SE-):1989-1994.

5. Safitri H, Siregar KN. Access, Quality of Family Planning Service, and Unmet Need: A Systematic Review. In: 6th International Conference on Public Health. Sebelas Maret University; 2019.p.368-376.

6. BKKBN. Survei Demografi dan Kesehatan Indonesia 2012. SDKI. 2013;16.

7. BKKBN. Laporan Akuntabilitas Kinerja Instansi Pemerintah Badan Kependudukan dan Keluarga Berencana Nasional Tahun 2017. Jakarta; 2018;1.

8. Risniawati, Kusumaningrum T, Nastiti AA. Factors related to cadre perceptions and behavior in promoting family planning at community health centers based on the Health Promotion Model (HPM). Eur J Mol Clin Med. 2020;7(5):741-745.

9. Listyaningsih U, Sumini S, Satiti S. Unmet Need: Konsep YANG Masih Perlu Diperdebatkan. Populasi. 2016;24(1).

10. Styaningsih F. Forecasting of Unmet Needs Percentage in East Java Province Using Autoregressive Integrated Moving Average (ARIMA) Method. J Biometrika dan Kependud. 2020;9(1):53-61.

11. BKKBN. Kesehatan Reproduksi Dan Keluarga Berencana. 2016.

12. Devi RA, Sulistyorini Y. Gambaran Kepesertaan Keluarga Berencana (KB) di Provinsi Jawa Timur Tahun 2018. Media Gizi Kesmas. 2019;1(2):62-71.

13. Nzokirishaka A, Itua I. Determinants of unmet need for family planning among married women of reproductive age in Burundi: A cross-sectional study. Contracept Reprod Med. 2018;3:11.

14. Asif MF, Pervaiz Z. Socio-demographic determinants of unmet need for family planning among married women in Pakistan. BMC Public Health. 2019;19(1):1226.

15. Porouw HS. Faktor-Faktor yang Berhubungan dengan Kebutuhan Keluarga Berencana yang Tidak Terpenuhi (Unmet Need) di Kecamatan Sipatana Kota Gorontalo. J Ilmu Kesehat Masy UNSRAT. 2015;5(4):1-6.

16. Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W, et al. Family Planning Knowledge, Attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a Qualitative Need Assessment Study. Beydoun HA, editor. Int J Reprod Med. 2015;2015:190520.

17. Zia HK. Hubungan Tingkat Pendidikan, Tempat Tinggal dan Informasi Petugas Lapangan Keluarga Berencana (PLKB) terhadap Unmet Need KB pada Wanita Kawin. Indones J Public Heal. 2019;14(2):150-159.

18. G/Meskel AT, Desta HO, Bala ET. Factors Associated with Unmet Need for Family Planning among Married Reproductive Age Women in Toke Kutaye District, Oromia, Ethiopia. Roy V, editor. Int J Reprod Med. 2021;2021:5514498.

19. Wilonoyudho S, Salim LA, Muhtaram A. The perspective of Puritan moslem on the family planning program: The case of Salafi movement in Semarang, Central Java, Indonesia. Indian J Forensic Med Toxicol. 2020;14(4):3452-3456.

20. Dansereau E, Schaefer A, Hernández B, Nelson J, Palmisano E, Ríos-Zertuche D, et al. Perceptions of and barriers to family planning services in the poorest regions of Chiapas, Mexico: A qualitative study of men, women, and adolescents. Reprod Health. 2017;14(1):129.

21. Herowati D, Listyawardani D, Prihyugiarto TY. Unmet Need and its Reasons for Nonuse Contraceptive in East Java Province. Int J Public Health. 2016;5(3):313-319.

22. Nurjannah S. Faktor – Faktor Yang Mempengaruhi Unmet Pada Pasangan Usia Subur (PUS) Di Kelurahan Patehan Yogyakarta. Universitas 'Aisyiyah Yogyakarta. 2017.

23. Permatasari DI, Silvi AM. Compensation and Social Working Environment Influencing Unmet Needs of Family Planning. J Adm Kesehat Indones. 2019;7(2):178-184.