The Factors Affecting the Unmet Need of Family Planning in Banten Province Year 2019

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Article Info

Abstract

The result of Program Accountability Performance Survey (SKAP) year 2019 showed that the data of unmet need of Family Planning comprised 13.9%. It was higher than the result of national SKAP year 2019 which was 12.1% and did not achieve the target of the Strategic Plan 2015-2019 which was 9.91%. The study aimed to investigate the factors affecting the unmet need of Family Planning in Banten Province year 2019. The research method used was quantitative approach with Cross-Sectional research design. The population consisted of all women of childbearing age who did not apply Family Planning listed in SKAP of National Department of Demography and Family Planning (BKKBN) of Banten Province year 2019. The number of samples was 343 respondents. The sampling technique used was total population. The data collection was done using secondary data obtained from the data in SKAP of BKKBN of Banten Province year 2019. The data analysis implemented was univariate, bivariate using chi square, and multivariate using Multiple Logistic Regression Test. The unmet need of Family Planning on the women of childbearing age was 14.0%. Most age of the respondents that was $\geq$ mean 37.78 years old was found in 182 (53.1%) respondents, married status in 341 (99.1%) respondents, middle family income in 185 (53.9%) respondents, rural residential area in 197 (57.4%) respondents, high-level knowledge $\geq$ mean 7.10 in 196 (57.1%) respondents. The result of bivariate analysis showed that age had effect on unmet need of Family Planning (p value = 0.000). The variable of marital status, family income, residential area, and knowledge had no effect on unmet need of Family Planning. The dominant factor affecting unmet need of Family Planning was age (p value = 0.000; OR = 6.397).

Introduction

Cases of maternal death that keeps increasing from year to year can be prevented by implementing Family Planning Program, especially for mothers with 4T conditions, namely too young when giving birth (younger than 20 years old), too often giving birth, too close interval of giving birth, too old when giving birth (older than 35 years old). Family Planning is an effort which is useful to plan the number of family members by limiting that can be done using contraception such as condoms, spiral, Intra Uterine Devices (IUD), and so on (Sahasrabuddhe et al., 2018). Family planning is also one of national priority programme to

decrease maternal and infant death and also it can helps improvement in maternal and child health (Asif & Pervaiz, 2019; Misnaniarti & Ayuningtyas, 2016). One of the obstacles in the implementation of Family Planning program is the unmet need of Family Planning on women of childbearing age. The decrease of the unmet need of Family Planning is one of the national development goals in National Medium-Term Development Plan (RPJMN) 2015-2019. Unmet need is an estimation of size and composition of women's population whom their contraceptive needs is not fulfilled. Women with unmet need for family planning include fecund women who do not use any kind of contraceptive but

who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting) (Misnaniarti & Ayuningtyas, 2016).

The problem of unmet need of Family Planning indicates the gap between women's reproductive goals and their contraceptive behavior. It means that women have a desire to avoid pregnancy but they do not take any actions to avoid pregnancy. Many aspects underly the conditions, such as women's disability access to family planning services, discomfort, restrictions or availability, and cost (Machiyama et al., 2017). Based on the result of Family SKAP year 2019, nationally the number of unmet need of Family Planning year 2019 was still the same as the previous year, namely 12%; consisting of 12% for purpose of birth thinning and 0.3% for restriction, decreased from the achievement in year 2018. The achievement of unmet need of Family Planning year 2019 was still far from the determined national target of strategic plan 2015-2019, i.e. 9.91 percent. There were 15 provinces with percentage of unmet need of Family Planning above the national (higher than 12.1 percent) including Aceh, Riau, South Sumatera, West Java, Banten, West Nusa Tenggara, East Nusa Tenggara, North Kalimantan, Central Sulawesi, South Sulawesi, Southeast Sulawesi, Maluku, North Maluku, Papua, West Papua. The result of SKAP 2019 showed the data on the unmet need of Family Planning of Banten Province for 13.9 percent, including the unmet need of Family Planning for birth thinning for 13.7% and the unmet need of Family Planning for birth restriction for 0.3%. The number of unmet need of Family Planning of Banten Province in 2019 tended to increase for 1.2% compared to the unmet need of Family Planning in 2018 for 12.7% (BKKBN, 2018).

The result of Demographic and Health Survey in Indonesia year 2017 in showed that the percentage of married women with unmet need of Family Planning was highest in age group of 45-49 years old (14%). The unmet need of Family Planning on married women was not far different between groups. 11% of married women in cities had unmet need of Family Planning compared to 10% of women in village. The unmet need of Family Planning (%) reached 59.09% (Misnaniarti & Ayuningtyas, 2016). The causing factors included: communication, information, and education done so far could not respond to the main needs of the people, educative materials related to complication, side effect, and failure; the non-optimal service of mobile Family Planning in remote areas, border area, and the outermost islands; non-optimal supply chain; limitedness of information especially from field officers (Idris, 2019).

BKKBN tries to decrease the number of unmet need because it is one of the causes of 75% of maternal death in Indonesia and in the world. Maternal death in Indonesia is estimated to increase to be 359/100,000 live birth and if the unmet need is not handled immediately, the number will increase. Women of reproductive age who do not use Family Planning have a great chance of getting pregnant and suffering from complication during pregnancy, delivery, and childbirth. It can be caused by abortion due to unwanted pregnancy, close pregnancy interval, giving birth too many times, or complication of disease during pregnancy, complication during delivery, and complication during childbirth (Paulus & Lette, 2019). The study conducted by (Bhattathiry M Malini dan Ethirajan Narayanan, 2014) in the cities of Tamil Nadu showed the prevalence of unmet need of Family Planning for 39%. The main reasons of unmet need of Family Planning in the married were perception of low pregnancy risk (18%), fear of side effects of contraception (9%), lack of information about contraception (5%), opposing husbands (4%), and medical reasons (3%). The study conducted by Sedgh et al. (2016), stated that the 2 reasons for women of childbearing age who did not use contraception despite wanting no more children were irregular sexual activity and fear of side effect of contraception. In addition, they felt that there were only few options of contraception, inadequate counseling, and lack of knowledge about Family Planning.

Method

The method used in the study was quantitative approach. The type of the study was analytical survey, namely a survey or study trying to explore how and why a medical phenomenon occurred. Then it analyzed the dynamic of correlation between the phenomena or between the risk factor and the effect factor. The cross-sectional research design is a study to learn the dynamic of correlation between the risk factors with effect of approach, observation, or data collection at the same time (point time approach), it means that each research subject is only observed once and the measurement is done on the status of character or variable of subject during investigation.

The samples of the study were women of childbearing age who did not use Family Planning in the data of SKAP of BKKBN of Banten Province year 2019. The sampling technique was total population where the entire existing population in the data of SKAP of BKKBN of Banten Province in 2019 was taken as the samples. The inclusion criteria in the study were women of childbearing age and had complete data in SKAP of BKKBN of Banten Province year 2019. The exclusion criteria in the study were women of childbearing age who wanted to have children soon, could not get pregnant, and were not allowed to use Family Planning.

The samples that did not meet the inclusion criteria in the study were 343 respondents. The study was conducted in Banten Province in July-October 2020. The independent variables in the study were: Age, Marital status, Family income, Residential area, Knowledge of women of childbearing age about Family Planning methods. The instrument used in the study was the raw data of woman questionnaire and family questionnaire that was the result of SKAP of BKKBN of Banten Province in 2019, then the researcher selected some questions in the questionnaire in accordance with the variables to be studied. The data collection method in the study was by analyzing secondary data in the raw data of woman questionnaire and family questionnaire that was the result of SKAP of BKKBN of Banten Province year 2019. The data processing used editing and coding, and then the data were

analyzed using univariate analysis, bivariate analysis using Chi-Square test, and multivariate test using Multiple Logistic Regression.

Result And Discussion

Based on the result of data processing, the following result of the study was obtained:

Table 1. Distribution of Respondents' Characteristic

Variable	n	%
Age		
≥ Mean 37.78 years old	182	53.1
< Mean 37.78 years old	161	46.9
Marital Status		
Married	341	99.4
Living together with partner	2	0.6
Family Income		
Low	115	33.5
Middle	185	53.9
High	43	12.5
Residential Area		
Village	197	57.4
City	146	42.6
Knowledge		
Low, < Mean 7.10	147	42.9
High, ≥ Mean 7.10	196	57.1
Unmet Need of Family Planning	48	14.0
Met Need of Family Planning	295	86.0

Between age on unmet need of Family Planning on women of childbearing age, it was found that among the respondents of age ≥37.78 years old, 41 of them (22.5%) had unmet need of Family Planning, while among the respondents of age <37.78 years old, 7 of them (4.3%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.000 and there was a significant difference between the proportion of unmet need of Family Planning on women of childbearing age of ≥37.78 years old and <37.78 years old, so age had an effect on unmet need of Family Planning on women of childbearing age. From the result of analysis, it obtained value of OR = 6.397; it means that the respondents of age ≥37.78 years old had a chance of unmet need of Family Planning 6.3 times as much as the respondents of age <37.78 years old.

Between marital status and unmet need of Family Planning on women of childbearing age, it was found that among the married respondents, 48 of them (14.1%) had unmet need of Family Planning, while among the

respondents who lived together with their partners, 0 of them (0%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 1.000 and there was no difference of unmet need of Family Planning between the married respondents and the respondents who lived together with partner, so marital status had no effect on unmet need of Family Planning.

Between family income and unmet need of Family Planning on women of childbearing age, it was found that among the respondents with low family income, 13 of them (11.3%) had unmet need of Family Planning, among the respondents with middle family income, 30 of them (16.2%) had unmet need of Family Planning, and among the respondents with high family income, 5 of them (11.6%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.438 and there was no difference of unmet need of Family Planning among the respondents with low, middle, and high family income, so family income had no effect on unmet need of Family Planning.

Between residential area and unmet need of Family Planning on women of childbearing age, it was found that among the respondents who lived in village, 23 of them (11.7%) had unmet need of Family Planning, while among the respondents who in city, 25 of them (17.1%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.200 and there was no difference of unmet need of Family Planning between the respondents who lived in village and the respondents who lived in city, so residential area had no effect on unmet need of Family Planning.

Between knowledge and unmet need of Family Planning on women of childbearing age, it was found that among the respondents with low knowledge <mean 7.10, 22 of them (15.0%) had unmet need of Family Planning, while among the respondents with high knowledge ≥mean 7.10, 26 of them (13.3%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.770 and there was no difference of unmet need of Family Planning between the respondents with low knowledge and the respondents with high knowledge, so knowledge had no effect on unmet need of Family Planning.

Table 2. Bivariat Analysis

Variable	Unmet Need of Family Planning				Total		OR (95% CI)	P Value
	Unmet Need		Met Need					
	n	%	n	%	N	%		
Age								
≥37.78 years old	41	22.5	141	77.5	182	100	6.397	0.000
<37.78 years old	7	4.3	154	95.7	161	100	(2.780-14.722)	
Marital Status								
Married	48	14.1	293	85.9	341	100	0.859	1.000
Living together with partner	0	0	2	100.0	2	100	(0.823-0.897)	
Family Income								
Low	13	11.3	102	88.7	115	100	-	0.438
Middle	30	16.2	155	83.8	185	100		
High	5	11.6	38	88.4	43	100		
Residential Area								
Village	23	11.7	174	88.3	197	100	0.640	0.200
City	25	17.1	121	82.9	146	100	(0.347-1.180)	
Knowledge								
Low, < Mean 7.10	22	15.0	125	85.0	147	100	1.151	0.770
High, ≥ Mean 7.10	26	13.3	170	86.7	196	100	(0.623-2.124)	

Table 3. Multivariate Analysis of Multiple Logistic Regression

	No.	Variable	P Value	OR	Change of OR
I	1.	Knowledge	-	-	-
	2.	Age	0.000	6.369	-0%
	3.	Residential area	0.183	0.650	0.1%
II	1.	Residential area	-	-	-
	2.	Age	0.000	6.397	-0.4%

Table 3 shows that the variable firstly excluded was the variable of knowledge because the variable of knowledge had the highest value of p among the other variables (value of p > 0.05). After the variable of knowledge was excluded, it turned out that the change of OR <10%. Therefore, the variable of knowledge was excluded forever from the model. The modeling of the second stage excluded the variable of residential area because the variable of residential area had the highest value of p. After the variable of residential area was excluded from the model, it turned out that the change of OR <10%. Therefore, the variable of residential was excluded forever from the model. After the analysis by excluding the variable with value of p >0.05 one by one, it obtained a variable with value of p <0.05, namely age, so the final modeling of multivariate was obtained as the following.

The result of multivariate analysis obtained that the variable affecting unmet need of Family Planning on women of childbearing age in Banten Province in 2019 was age. OR of age was 6.397, it means that women of childbearing age ≥37.78 years old had a chance of unmet need of Family Planning 6.3 times as much as women of childbearing age <37.78 years old. Based on the final result of multivariate analysis, it was found that the factor most dominantly correlating to unmet need of Family Planning on women of childbearing age in Banten Province in 2019 was age with the highest value of OR 6.397.

Unmet need of Family Planning on women of childbearing age in Banten Province in 2019 was 48 (14.0%). The result of the study was higher that the result of national SKAP survey in 2019 in where the unmet need of Family Planning was 12.1%; so the result of the study could not achieve the target of Strategic Plan 2015-2019, i.e. 9.91%. The result of the study was also higher than the result of showing that married women with unmet need of Family Planning were 11%. The study by Khalil et al. (2018) in Abha, Aseer Region in Saudi Arabia, showed that the prevalence of unmet need of Family Planning was 32.6%. The main reason of not using contraception were inaccessible Family Planning methods (68.0%), lack of knowledge (59.5%), religious belief (49.6%),

fear of side effects of contraception experienced in the past and opposing husbands (42.7%). The result of Demography and Health Survey in 52 countries between in 2005 and 2014 revealed the most common reason why married women avoided pregnancy, 26% of the women stated their fear of side effects of contraception and health risk; 24% stated that they rarely had sex or not at all; 23% stated that they or people close to them opposed contraception; and 20% stated that they were breastfeeding and/or did not have their period after giving birth yet (Sedgh et al., 2016).

According to BKKBN, (2018), unmet need of Family Planning was the percentage of married women who did not want any more children or wanted to restrict the number of next childbirths but did not use contraception. There were some reasons for not using Family Planning methods, among others were fertility including premenopausal and hysterectomy, desire to have many children, side effects of contraception used, and fear of side effects (Worku et al., 2019). For men, the reasons for not using Family Planning were related to fertility and related to Family Planning methods. Other reasons included the respondents who opposed the use of contraception (the individuals refused, husbands refused, other people refused, religious prohibition), lack of knowledge (Family Planning methods, source), far distance from place of service, expensive price of contraception, and discomfort (Kabagenyi et al., 2014; Kassa et al., 2014).

The concept of unmet need of Family Planning referred to fertile women (fecund) of age 15-49 who were married and wanted to postpone having children or wanted to restrict the number of childbirths (did not want any more children), but did not use contraception method (Bradley & Casterline, 2014; Misnaniarti & Ayuningtyas, 2016). In addition, pregnant women or women who just gave birth, if the pregnancy was unwanted or they actually did not want any more children, were included in the category of unmet need of Family Planning. The great level of unmet need of Family Planning not only would become the cause of population explosion, but also would affect the great number of maternal deaths in Indonesia, since it was one of the causing

factors of 75% of maternal deaths in Indonesia and in the world. Women of reproductive age who did not use Family Planning had a great chance of getting pregnant and suffering from complication during pregnancy, delivery, and childbirth. It could be caused by abortion due to unwanted pregnancy, close pregnancy interval, giving birth too many times, or complication of disease during pregnancy, complication during delivery, and complication during childbirth (Bongaarts, 2014).

Among the respondents of age ≥37.78 years old, 41 of them (22.5%) had unmet need of Family Planning, while among the respondents of age <37.78 years old, 7 of them (4.3%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.000, so age had effect on unmet need of Family Planning on women of childbearing age. The result of multivariate analysis obtained that the variable affecting unmet need of Family Planning on women of childbearing age in Banten Province in 2019 was age. Age was the variable most dominantly affecting unmet need of Family Planning on women of childbearing age. OR of age was 6.397, it means that the women of childbearing age ≥37.78 years old had a chance of unmet need of Family Planning 6.3 times as much as the women of childbearing age <37.78 years old. The result of the study is in line with the study conducted by Zulhijriani et al, On the sociodemographic characteristics of age, education and number of children significantly associated with the unmet need (p = 0.000) (Zulhijriani et al., 2020).

The highest percentage of married women with unmet need of Family Planning was in the group of age 45-49 years old (14%). The greatest number of unmet need of Family Planning was found in the respondents of age >35 years old. After interview, based on the result of the study, it was found that the reasons why they did not use contraception were because the thought that their age was not reproductive anymore and they thought that they were too old, so there was only a small chance of getting pregnant. Women's age affected the aspect of experience psychologically and physiologically in using contraception and it did not only affect women's motivation to control their fertility. The development of mistaken assumption

about fertility, namely the older age of someone, the lower chance for her for getting pregnant, was in line with the argument stating that the occurrence of unmet need of Family Planning was caused by a mistaken perception on the ability to get pregnant. The perception of the respondents that the age >35 years old was the period when women's reproductive age stopped was mistaken, but actually during the age pregnancy could happen, the age where women could reproduce was 15-49 years old (Sahasrabuddhe et al., 2018). Age was one of the factors affecting someone's behavior including when they determined their choice to use contraception. It is in line with stating that the people's assumption that women of age >35 years old were too old and there was only a small chance of getting pregnant had effect on unmet need of Family Planning (Harlow et al., 2017). There was a tendency that the older age of women and the more parity, the lower level of use of contraception. Older age did not seem to cause women to be more viable to use contraception. It was because the older the women, the closer they were to menopause. Therefore, women felt that they did not need contraception. In addition, the older age of women, the lower level of education received due to the effect of the era, the more difficult for them to accept new knowledge, including the knowledge about Family Planning.

Among the married respondents, 48 of them (14.1%) had unmet need of Family Planning, while among the respondents who lived together with their partners, 0 of them (0%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 1.000, so marital status had no effect on unmet need of Family Planning. According to Asif research, in Pakistan marital status was not only defined as valid marriage by law (custom, religion, state, and so on), but also those who lived together and considered husband and wife by local people (Asif & Pervaiz, 2019). Married status means women of childbearing age bound by marriage, through government institution (valid by law) or in religious way or custom way; either living together with or separately from the spouse; while living together with partner means women of childbearing age lived together with partner as husband and wife

without registered in civil registry and religion. The result of the study is not in line with the study conducted by Oginni et al. (2015), in Nigeria showing that there was a significant correlation between marital status and unmet need of Family Planning (p < 0.05).

Among the respondents with low family income, 13 of them (11.3%) had unmet need of Family Planning, among the respondents with middle family income, 30 of them (16.2%) had unmet need of Family Planning, and among the respondents with high family income, 5 of them (11.6%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.438, so family income had no effect on unmet need of Family Planning. The study by Hailemariam in Ethiopia showed that there was difference based on economic access in meeting the need of contraception. Women who had economic obstacle had risk to have unmet need of Family Planning than women who did not have economic obstacle. Economic access became a significant predictor on someone's status of unmet need of Family Planning. The result of other studies also stated that economic factor was included into the factors affecting someone in selecting contraception besides work status and affordable contraception service. It happened because people needed to provide fund to obtained contraception service. Although there was free contraception service, it required costs in form of transport supported by no economic activities of household. Income included someone's wage, salary, reward received upon activity or work done that if the salary, reward, or income in the family is sufficient to meet someone's basic needs, the needs will increase in accordance with the level of income obtained so there might be changes of basic needs, clothes, food, house, and other needs (Sedgh et al., 2016). Husband's income mostly affects the pattern of activities and mindset, including the chance to utilize the potential and facility available to meet the life needs. The data on consumption expense were used as an approach to measure the distribution of community income, although it was recognized that there were many weaknesses because it could give underestimated income (Khalil et al., 2018).

Among the respondents who lived in village, 23 of them (11.7%) had unmet need of Family Planning, while among the respondents who in city, 25 of them (17.1%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.200, so residential area had no effect on unmet need of Family Planning. The result of the study was different from the study conducted by Nzokirishaka & Itua, (2018), in Burundi showing that there was a correlation between residential area of village and city and unmet need. It did not conform to the statement of Silumbwe et al. that the distance of Family Planning service and residence affected unmet need of Family Planning. Residence that was far from Family Planning service could increase the obstacle affecting Family Planning participation on Family Planning acceptors (Paulus & Lette, 2019). Public perception on Family Planning program mostly did not support because of living in the village. Inviting them to participate in Family Planning program, it means inviting them to leave their old norms. The old values are the assumptions that children are old-age benefits, especially in agrarian community, more children more beneficial for the family in providing workforce in agricultural field; the position of sons as the successors is still dominant, because not having sons in certain communities means breakup with community (Silumbwe et al., 2018).

Among the respondents with low knowledge <mean 7.10, 22 of them (15.0%) is had unmet need of Family Planning while among the respondents with high knowledge ≥mean 7.10, 26 of them (13.3%) had unmet need of Family Planning. The result of Chi-Square statistic test obtained value of p = 0.770, so knowledge had no effect on unmet need of Family Planning. The result of the study is not in line with the study by Bhusal et al. in Nepal showing that there was significant correlation between women knowledge and unmet need of Family Planning (value of p = 0.04). However, it is support the study by Bongaarts et al. that showing there was a correlation between knowledge about Family Planning and unmet need of Family Planning where the factor of knowledge about Family Planning was the most influential factor on unmet need of Family Planning on women of childbearing

age (Bongaarts & Bruce, 1995). The study by (Chafo, 2014) in Misha Region, South Ethiopia, showed that knowledge about contraception methods had positive correlation with unmet need.

Based on the respondents' knowledge about contraception methods, it was found that the number of respondents who knew about pill contraception method was 321 respondents (99.7%) and the number of respondents who knew about intravaginal/diaphragm contraception method was 15 respondents (4.7%). It is in line with the statement of Misnaniarti et. Al. that knowledge about Family Planning methods was common in Indonesia. 90% of women knew at least a type of contraception methods, while almost 100% of married women knew at least a type of the contraception methods. However, 96% of unmarried women knew at least a type of the contraception methods (Misnaniarti & Ayuningtyas, 2016).

Activities of communication, information, and education about Family Planning in Indonesia were socialization and information through various media. Media had an important role in socializing about Family Planning. Information about media exposure was important for program planner to determine effective target population in implementation of communication, information, and education about Family Planning, both mass media and outdoor media. Mass media are the media that could reach wide community, including television, radio, internet, and newspaper/magazine. Outdoor media can reach less than mass media. Outdoor media include pamphlet, leaflet/brochure, flipchart, poster, banner, billboard, exhibition, mobile Family Planning service, and so on. Contact with field officers of Family Planning and other health personnel, as well as teachers, religious figures, public figures, doctors, midwifes/nurses, village apparatus, and PPKBD/Sub-PPKBD also played a great role in distribution of information and socialization about Family Planning program.

Conclusion

The factor dominantly affecting unmet need of Family Planning was age. OR of age was 6.397, meaning that women of childbearing age ≥37.78 years old had a chance of unmet need of Family Planning 6.3 times as much as women of childbearing age <37.78 years old. BKKBN was expected to keep making efforts to attract Family Planning participants by increasing the quality of Family Planning Counseling and Field Officers of Family Planning as well as Family Planning service especially in Banten Province.

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