



## Service Quality and Unmet Need for Family Planning in Childbearing-Age Women at Jambesari Darus Sholah Sub-District, Bondowoso Regency

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### Abstract

*The unmet need for family planning in Bondowoso Regency is the third highest in East Java. Jambesari Darus Sholah Subdistrict is the sub-district with the highest number of unmet needs in Bondowoso Regency. This study aims to analyze the relationship of service quality with unmet need for family planning in Jambesari Darus Sholah District, Bondowoso Regency. This was an analytic study with cross sectional design. The sample of this research was 149 married women who were selected by simple random sampling technique. Collecting data of this study through structured interview methods using a questionnaire. Data analysis used chi-square test and logistic regression test with backward method with a significance level of 95%. The results showed that respondents who experienced unmet need for family planning were 20.1%. If reviewed based on the type of unmet need for family planning, 83.3% do not want more children and 16.7% want children to be postponed. Women who are older, have children > 2 and have low education are at greater risk of unmet need for family planning. The quality of family planning services was related to unmet need for family planning. Women who receive poor quality family planning services are at risk of unmet need for family planning 3.3 times greater than good quality family planning services. Thus, increasing the quality of family planning services becomes important to reduce the number of unmet needs for family planning.*

### INTRODUCTION

Data from the United Nations Department of Economic and Social Affairs shows that Indonesia has the fourth largest population in the world with a population growth rate of 1.3% in 2017. The Family Planning Program is expected to reduce the population growth rate to 1.21% in 2019 through the achievement of contraception needs (Anggraeni, 2017), but based on the 2012 SDKI in 2012 and 2017 that the number of unmet need for family planning does not change by 11%. These figures indicate that the target of the 2014-2019 RPJMN is feared not to be achieved.

Rismawati (2014) defines unmet need as a

group whose contraceptive needs have not been met, including all men or women of childbearing age who are married or living together and are considered sexually active who do not use contraceptive methods, both those who do not want to have more children or who want to delay next birth. Women of reproductive age whose contraceptive needs are not met are most likely to cause an increase in unwanted pregnancy which ends with maternal death due to unsafe abortion (Usafitri et al., 2015). Globally, Unmet need is one of the causes of maternal death (Antarini et al., 2017).

Unmet need is a multidimensional prob-

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lem because it is influenced by various factors (Katulistiwa et al., 2014). There are three factors that influence contraceptive use, namely socio demographic factors, psychology and service factors (Betrand, 1995). Age, education, employment status, number of children born and knowledge of family planning are significantly related to unmet need. Research in Nigeria found that unmet need is higher in women with educational status and low economic status. Women with higher economic status are found to have a higher demand for contraception and want a smaller number of families (Fagbamigbe, et al., 2018). Fertile age couples (PUS) who unmet need reasoned not to participate in the Family Planning program due to lack of access to services, lack of family planning services, prohibitions from family use, and lack of information about contraception (Fatimah, et al., 2017).

One of the effective ways to reduce the number of unmet family planning needs is through improving the quality of family planning services. Bruce (1990) describes the quality of service into six components namely the choice of contraceptive methods, information provided to clients, the technical abilities of service personnel, interpersonal relationships, follow-up mechanisms and appropriateness of services.

Yideta, et al. (2017) states that service quality is positively related to the continued level of contraceptive use. Women who get poor service quality are 1.87 times more likely to stop using contraception than those who get quality family planning services. Obstacles in the use of family planning services cause couples of childbearing age not to use contraception, when in fact they need (Usman, et al., 2013). Improving the quality of family planning services is very important for clients as the first party to feel the benefits of the service and who will be more motivated to meet their reproductive needs (Sari, 2012).

Based on data from the Performance Monitoring and Accountability (PMA) survey, for indicators of Indonesia's service quality in 2015 showed that the provision of information from providers regarding contraceptive side effects was 49.4%, notified of other methods 56.8%, and 35.9% were will continue to use the provider again and recommend it to friends or relatives. This shows that the quality of Family Planning services in Indonesia is still low and needs to be improved.

The evaluation results of the KKBPK program in East Java in 2017 informed that Bondowoso Regency was the third highest unmet need area in East Java, amounting to 14.39%. Jambesari Darus Sholah Subdistrict is the sub-district with the highest number of unmet need, which is 30.71% after jumping from the previous 6.97% in 2015 and 6.12% in 2016.

The significant increase in the number of unmet need in Jambesari Darus Sholah District in 2017 is an issue that must be addressed immediately. This study aims to analyze the relationship between service quality and unmet need for family planning among women of childbearing age in Jambesari Darus Sholah Subdistrict, Bondowoso Regency, so that information can be used to formulate strategies to reduce unmet need through increasing the quality of contraceptive services.

## METHOD

This research is analytic with cross sectional design because it aims to analyze the relationship between service quality and unmet need for family planning. The population in this study were all women of childbearing age who had married in Jambesari Darus Sholah Subdistrict, Bondowoso Regency in 2017, totaling 6,795 women. The sample size was calculated using the binomunal proportion formula, obtained as many as 149 samples. The research sample was taken by simple random sampling technique.

This study uses primary data obtained through interviews using a questionnaire that has been tested for validity and reliability. The results of the validity and reliability test of the service quality instrument show that all items of questions have a rpbis value  $> 0.25$  which means that all questions on the quality planning instrument of Family Planning services meet the validity requirements. In the reliability test results, the KR-20 value of  $0.69 \geq 0.6$  was obtained. So it can be concluded that the quality of family planning service instruments used meet the reliability requirements.

The data obtained were then analyzed using descriptive statistical analysis for univariable analysis. Bivariable analysis using the chi-square test and multivariable analysis using the logistic regression test of the backward LR method with a significance level of 95% using data processing software.

## RESULTS AND DISCUSSION

Respondents in this study were mostly included in the age of healthy reproduction (59.0%), number of live children 1-2 (71.1%) and low education level (70.5%). Most of the respondents did not work (61.7%) and had less income than minimum wage rate (MWR) of Bondowoso

District (64.4%).

Most respondents said that the quality of family planning services in Jambesari Darus Sholah Subdistrict was poor (63.1%). Only 36.9% of respondents stated that the quality of family planning services received was good. Based on the six elements of family planning service quality, the majority of respondents (73.8%) stated that the choice of contraception was fully available, the provision of information on contraceptive methods was incomplete (57.0%), interpersonal relations were well established (96.6%), officers competent in providing services (74.5%), the follow-up mechanism has been implemented well (88.6%) and family planning services received are in accordance with what is needed (94.0%).

Based on the results of the study it was found that respondents who experienced unmet family planning need fewer (20.1%) compared to respondents who met family planning needs (79.9%). If reviewed based on the type of unmet need for family planning, 83.3% do not want more children and 16.7% want children to be suspended. Reasons for respondents experiencing unmet need include fear of side effects (40.0%), no support from husband or family (13.3%), fear of infertility (10.0%), feel the reproductive peri-

od is over because they are old (10.0%), there are personal health problems (6.7%), rarely get together with the husband (6.7%), do not know (6.7%) and others (6.7%).

Relationship between Socio-demographic Characteristics and Unmet need for family planning

One of the demographic characteristic variables that is thought to influence contraceptive use is age because the older a person will affect physical and psychological changes which then will also affect the more mature level of thinking. Unmet need can occur at various ages both at young and old reproductive ages. Based on Table 1 it is known that unmet need for family planning is more common among respondents of old reproductive age (11.4%). The analysis showed that respondents with young and old reproductive ages had a risk of 3 and 1.4 times higher to experience unmet need than respondents with healthy reproductive age. This is in line with research by Hassan (2017) and Sariyati (2015) which shows the most unmet need occur in women in the age group > 35 years because it is no longer reproductive and women in this age group consider themselves to be old so that it is likely to occur pregnancy is very small.

Table 1 Results of Analysis of Sociodemographic Characteristics and Unmet Needs of Family Planning

Characteristics of Sociodemo-charts	Unmet Need of Family Planning				p-value	OR (95% CI)
	Yes		No			
	n	%	n	%		
<b><u>Ages</u></b>						
Old reproductive age	17	11.4	36	24.2	0.018*	3.0 (1.33-6.85)
Healthy reproductive age	11	7.4	77	51.7		1
Young reproductive age	2	1.3	6	4.0		1.4 (0.26-7.02)
<b><u>Number of children alive</u></b>						
>2	13	8.7	23	15.4	0.023*	3.4 (0.37-31.34)
1-2	16	10.7	90	60.4		1.1 (0.12-9.46)
0	1	0.7	6	4.0		1
<b><u>Level of education</u></b>						
Low education	27	18.1	83	55.7	0.043*	3.9 (1.11-13.70)
higher education	3	2.0	36	24.2		1
<b><u>Job status</u></b>						
Do not work	19	12.8	73	49.0	1.000	1.1 (0.46-2.49)
Work	11	7.4	46	30.9		1
<b><u>Family Income</u></b>						
< MWR Bondowoso	22	14.8	74	49.7	0.354	1.7 (0.68-4.07)
≥ MWR Bondowoso	8	5.4	45	30.2		1

\*= Significance at  $p \leq 0.05$  (*Chi-square Test*)

Based on the results of the study note that most unmet need occurs in respondents who have 1-2 children (10.7%). The analysis shows that respondents who have children > 2 and who have 1-2 children are more at risk of unmet need, respectively 3.4 and 1.1 times than respondents who do not have children. Katulistiwa et al. (2014) and Paramita et al. (2017) in his study found the same thing that unmet need for family planning increased with the increasing number of live children owned.

The pattern of contraceptive use differs between women with high parity and low parity. Use of contraception is increased in women with high parity. The decision to have a number of children is a choice in which the choice is strongly influenced by the value that is considered as an expectation of every desire chosen by parents (Mahmudah and Indrawati, 2015). Every child owned by a husband and wife will give consideration about whether they want to limit or narrow the birth spacing (Sariyati, 2015).

At the level of education shows that respondents with low education risk 3.9 times to experience unmet need compared to respondents with higher education. This result is also supported by research by Baroya (2011) and Ajong et al. (2016) who found that statistically the level of education was negatively related to unmet need. Women with secondary or higher education have a lower chance of experiencing unmet need than women with primary education and those without education. Education will affect a person's attitude in decision making because the higher the level of education will be more rational in decision making (Mahmudah and Indrawati, 2015). This will also affect better knowledge about contraception, how to use it and where to get it. Thus, they can determine the Family Planning tools they want to use, so they can better avoid the possibility of unmet need (Suseno, 2011).

Table 1 informs that the majority of respondents who experience unmet need do not work (12.8%). The analysis shows that the job status is not related to unmet need for family planning. This is because most respondents do not work and earn less than MSEs. The low education of women in Jambesari District is related to the knowledge and skills possessed so that it will be difficult for them to get access to more established jobs as well as jobs accessed by women with higher education. Similar results were found in the study of Fadhila et al. (2017) which revealed that there was no significant relationship between job status and unmet need for family planning. Women who work have higher

motivation to meet their family planning needs so that they are less likely to experience unmet need (Paramita et al., 2017).

Based on the results of the study it was found that respondents who experienced more unmet need had less family income than MWR in Bondowoso District (14.8%). The analysis shows that there is no relationship between family income and unmet need for family planning. This is not in line with the results of Baroya (2011) and Suseno (2011) research which found that there was a relationship between family income and the unmet need for family planning. This is because most of the respondents, both met need and unmet need, earn less than MWR in Bondowoso Regency. The economic status of the family is very influential on the use of contraception. This is because respondents need to provide funds to obtain contraceptive services that are needed. Some contraceptives are provided free by the government free of charge, but to get other methods such as women's surgery methods require substantial costs for accommodation to hospital, care and control of contraception after installation (Mahmudah & Indrawati, 2015).

#### **Relationship between Service Quality and Unmet need for Family Planning**

The quality of family planning services is composed of 6 elements, namely the choice of contraceptive methods, provision of information to clients, interpersonal relations, the technical capabilities of officers, follow-up mechanisms and suitability of services. Table 2 shows that the first element, namely the choice of contraceptive methods, found that there was no significant relationship to the unmet need for family planning, but the majority of respondents both unmet need and met need stated that the choice of contraceptive method was available. This shows that service providers have provided various and complete choices of contraceptive methods. By giving a choice of methods it is expected that service providers can provide alternative choices of contraception by considering the needs and choices of clients in providing the type of contraception and providing the type of contraception that is in accordance with individual and partner desires (Nuryati, 2016).

Based on this research, the results show that more than half of respondents, both met need and unmet need, said that the provision of information about contraceptive methods is incomplete. This is because not all family planning service officers provide information about the advantages and disadvantages selected by clients (42%),



other than that family planning of service officers rarely use IEC (Information, Education, and Communication) tools (58%) or props (89.3%) in providing information. The analysis shows that providing information to clients is significantly related to unmet need for family planning. Respondents who get incomplete information are 3 times more likely to experience unmet need than respondents who get complete information. Prospective family planning acceptors who are given complete information about family planning will be able to choose appropriate, effective, efficient and rational methods of contraception, including increasing the use of contraception. Indicator of providing information is also important to reduce the anxiety of clients who experience side effects (Nuryati, 2016).

Interpersonal relationships are not significantly related to unmet need, but respondents with less likely interpersonal relationships experience unmet need 6.5 times than respondents with good interpersonal relationships. The majority of respondents in this study said that interpersonal

relationships were well established. Respondents felt treated kindly (91%) and given explanations that were easy to understand (96%), even though there were respondents who did not get adequate counseling time (18%). By fostering interpersonal relationships, it is expected that it can make prospective family planning acceptors more confident and talk openly about the needs of their contraceptive devices so that they can help provide information and appropriate method choices for prospective family planning acceptors (Nuryati, 2016).

In the fourth element, the results of the study indicate that the technical capabilities of family planning services personnel are significantly related to unmet need for family planning. Respondents who received services from officers with technical abilities were 7.4 times less likely to experience unmet need than respondents who received services from officers with good technical abilities. Most respondents considered that technical staff were able to provide family planning services, although based on the results

Table 2 Results of Analysis of Elements of Service Quality and Unmet Need for Family Planning

Quality Elements of Family Planning Services	<i>Unmet Need</i>		<i>Met Need</i>		<b>p-value</b>	OR (95% CI)
	n	%	n	%		
<b>Choice of contraceptive methods</b>					0,219	
Available	19	12.8	91	61.1		1
Less available	11	7.4	28	18.8		1.9 (0.80-4.42)
<b>Information given to clients</b>					0.026*	
Complete	7	4.7	57	38.3		1
Less Complete	23	15.4	62	41.6		3.0 (1.21-7.58)
<b>Interpersonalrelationships</b>					0.056	
Good intertwined	27	18.1	117	78.5		1
Less intertwined	3	2	2	1.3		6.5 (1.04-40.82)
<b>The technical ability of family planning service officers</b>					0.000*	
Able	12	8.1	99	66.4		1
Less able	18	12.1	20	13.4		7.4 (3.09-17.79)
<b>Follow-up mechanism</b>					0.460	
Implemented	26	17.4	106	71.1		1
Less Implemented	4	2.7	13	8.7		1.3 (0.38-4.17)
<b>Service suitability</b>					0.081	
Appropriate	26	17.4	114	76.5		1
Less Appropriate	4	2.7	5	3.4		3.5 (0.88-13.97)

\* Significance in  $p \leq 0.05$  (*chi square Test*)

of interviews, most respondents were not asked about their medical history (69%) and menstrual history (50.3%). Technical ability includes clinical skills from service providers such as doctors and paramedics, anesthetists, infection prevention, protocol compliance, pre and post-operative care, follow-up and others (Ekarini, 2008). Poor technical service skills can affect clients in the form of pain, infection, side effects and even death (Bruce, 1990).

The follow-up mechanism aims to ensure the sustainability of services. The results of the analysis show that the follow-up mechanism is not related to unmet need, but respondents who lack a follow-up mechanism have 1.3 times the chance to experience unmet need. The majority of respondents considered having obtained a follow-up mechanism at the Family Planning service place, even though almost half of the respondents (48%) said they were not told what to do in case of side effects. The follow-up mechanism makes it possible to eliminate concerns about side effects and complications that might occur when choosing a contraceptive method (Nuryati, 2016). According to Ekarini (2008), a follow-up mechanism influences the continuity of contraceptive use. Follow-up is done through periodic post-examination checks, home visits and so on.

Based on the results of analysts about the appropriateness of services that are not related to unmet need for family planning, however respondents with a suitability of services who are less likely to experience unmet need 3.5 times than respondents with good service suitability. The majority of respondents have received family planning services that meet their needs (94.0%) although a small proportion of respondents said that they require a long waiting time for services (39%) and do not want to reuse these family planning services (9.4%). One important indicator in quality family planning medical services is the suitability of services. Service suitability is a service that is organized, comfortable, acceptable to clients, accessible (time, price, distance) and integrity (Rahma, 2015).

Based on Table 3 it can be seen that more

than half the respondents get poor quality family planning services. This is because more than half of the respondents (57.1%) were not given complete information, there was still a lack of contraceptive method choices (26.2%) and there were still technical staff who were less able to provide family planning services (26,%). The analysis shows that the quality of service is related to unmet need for family planning. Respondents with poor quality of family planning services have 3.6 times the opportunity to experience unmet need compared to respondents with good quality family planning services.

The results of this study are in line with research from (Yideta et al., 2017) which states that the quality of family planning services is positively related to the continued level of contraceptive use. This indicates that the higher the quality of contraceptive services perceived by clients, the longer the continuity of use of contraception. A good quality of family planning services is an important means of increasing client knowledge about contraception and the acceptance of effective methods, as well as influencing the choice of contraceptive methods.

**Relationship between Service Quality and Unmet need of Family Planning based on Sociodemographic Characteristics**

Multivariable analysis using logistic regression with the Backward method produced three models of the analysis of quality of family planning services to the unmet need based on the sociodemographic characteristics of the variables that were eligible for multivariable analysis ( $p \leq 0.25$ ), namely age, number of children and level of education. The most ideal model is model III which shows that there is a significant relationship between the quality of family planning services and unmet need for family planning based on age. Model III has a Overall Percentage value on the Classification Table of 79.9% which shows that the level of accuracy between the prediction results and the actual observations for the quality of family planning services and age as an independent variable to describe the dependent

Table 3 Results of Analysis of Service Quality and Unmet Need of Family Planning

Quality of family planning services	Unmet need		Met need		p-value	OR (95% CI)
	n	%	n	%		
	Bad	25	16.8	69		
Good	5	3.4	50	33.6		

\*= Significance in  $p \leq 0.05$  (chi square Test)

variable that is unmet need for Family Planning is 79.9%.

The results of multivariable analysis in the study of Masita & Puspita (2013) also found a significant relationship between the quality of family planning services and the absence of family planning among women of childbearing age. In addition, Usman et al. (2013) and Paramita et al. (2017) in his research found that age also affects the unmet need for family planning when analyzed multivariately. The most common unmet need occur in women in the age group > 35 years because it is no longer a reproductive period and women in this age group consider themselves to be old so the possibility of pregnancy is very small (Sariyati, 2015). The 2012 *SDKI (Survei Demografi dan Kesehatan Indonesia* or Indonesian Health and Demographic Survey) results suggest that the reasons for women of childbearing age not to use contraceptives vary by age. Women under the age of 30 tend to want to have more children (15%), whereas older women have fertility-related reasons (22%), and another 25%, namely younger women have reason to be concerned about contraceptive side effects. Bruce (1990) states that the quality of family planning services is a factor that influences the desire to use contraception to use certain methods and is the main key in efforts to reduce the termination and failure of contraceptives that contribute to decreased fertility. The higher the quality of contraceptive services is perceived by clients, the longer the continuity of use of contraception. The good quality of family planning services is an important means of increasing client knowledge about contraception and acceptance of effective methods for women, and influencing the choice of contraceptive methods (Suseno, 2011).

## CONCLUSION

The quality of family planning services in Jambesari Darus Sholah Subdistrict, Bondowoso Regency is generally considered to be poor, so the number of family planning needs in Jambesari Darus Sholah Subdistrict, Bondowoso Regency is still 20.1%. Women who receive poor quality family planning services are at risk of unmet need for family planning 3.3 times greater than good quality family planning services. Thus, improving the quality of family planning services becomes important to reduce the number of unmet needs for family planning, especially in the aspect of providing information to clients and the technical capabilities of family planning services officers.

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