

# Identify factors related to the unmet need for family planning in women of childbearing age

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## ABSTRACT

Unmet family planning needs in women of childbearing age (WCA) are known to increase fertility and mortality rates in mothers and children. Prepositioning, enabling, and reinforcing factors related to unmet needs have been widely studied, but have not found consistent results. This study aims to determine the relationship between predisposing, enabling, and reinforcing factors with the incidence of unmet needs in WCA. The cross-sectional study was conducted at WCA in West Denpasar District. A total of 120 participating WCA were selected using the multistage method. Data was collected by structured interviews. Women of childbearing age who met the inclusion and exclusion criteria were interviewed at their respective homes. Univariate analyses were performed to obtain the proportion of unmet need incidence in women of childbearing age. Logistic regression tests are performed to determine factors related to unmet need events. The results of the study found the incidence of unmet need FP in WCA at 59.2%. Unmet need events in WCA are associated with predisposing factors consisting of age, ability in decision making, enabling factors, namely the distance of family planning service places to home and reinforcing factors, namely officer support and history of family planning use. This study suggests increasing access to family planning services and dissemination of information about the use of family planning in WCA to reduce the incidence of unmet need FP in WCA.

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## INTRODUCTION

Unmet need family planning (FP) is women of childbearing age (WCA) who need family planning services but are not fulfilled (WHO, 2024). The unmet need for birth control shows a gap between women's reproductive intentions and contraceptive behavior. Until now, the unmet need for family planning is still a global public health problem. Nearly 923 million women worldwide want

to avoid or delay pregnancy, and about three-quarters of these women currently use modern contraceptive methods. Half of sexually active women of reproductive age (818 million) in developing countries report not wanting to get pregnant. About 17% or as many as 140 million women who do not want to get pregnant also do not use contraceptive methods (Darroch & Gilda, 2024).

The problem of unmet needs is also found in Indonesia. Studies show that around 10-12% of family planning needs for women of childbearing age have not been met since early 2000 in Indonesia (Nuryana, 2023). Based on Indonesian Demography Health Survey (IDHS) data in 2017, it was found that the incidence of unmet need for birth control in Indonesia was 10.6%, consisting of 4.1% to reduce births, and 6.5% to limit births (Ministry of Health Indonesia, 2018). The unmet need for family planning in provinces in Indonesia is in the range of 5.6% to 23.%. The highest percentage is found in West Papua at 23.6% while the lowest percentage is in Bangka Belitung Islands at 5.6% (Ministry of Health Indonesia, 2018; Nabila et al., 2022).

Bali is one of the provinces with a high unmet need for family planning in Indonesia. Bali Province has a total fertility rate (TFR) of 1.9 and is the lowest in Indonesia. However, based on data from the 2021 Family Data Collection (PK-21), the percentage of unmet family planning needs has only been realized at 17.90% of the target of 7.94% (BKFPN, 2022). Based on PK-21 data, it is also reported that Denpasar Kodya has the highest number of unmet needs in Bali Province. The number of unmet needs in Denpasar City in 2022 is reported to reach 26.3%. This figure is much higher than the number of unmet needs in Bali Province (BKFPN, 2022).

Referring to the theory proposed by Lawrence Green (1991) in (Azissah & Wulandari, 2018), it was found that WCA behavior in using contraceptives is influenced by three main factors, namely predisposing factors (knowledge, attitudes, beliefs, traditions, values, education, socio-economic), enabling factors (availability of resources, access, health facilities) and reinforcing factors (family support, health workers and community participation). Various studies on factors that influence unmet need behavior in WCA have been carried out, but have not found consistent results.

Based on the literature search, the relationship between predisposing, enabling and reinforcing factors with unmet need has not been found to be consistent, so it requires re-research. Factors affecting unmet contraceptive needs include age, education, employment status, wealth index, place of residence (urban or rural), region, parity, birth interval, husband's consent to contraceptive use, and mass media exposure (Harzif et al., 2022). Research conducted on WCA in Africa found that factors related to the incidence of unmet need for birth control were socioeconomic status, age, marital status, parity, occupation, gender, and accessibility to mass media/newspapers (Ahinkorah et al., 2020). Similar results were also found in WCA in Kumun Debai District, Jambi Province, where age, education, knowledge, and husband support were found to be associated with unmet need events (Annur, 2022) Husband support is the most dominant factor related to unmet need for family planning in WCA in the working area of the Bungus Health Center in Padang City. Factors such as the number of children, husband support, and the role of midwives were also found to be associated with unmet needs (Annur, 2022). Factors associated with the unmet need for contraception among postpartum women include age, parity, knowledge of family planning methods, ANC visits, education level, wealth level, and residence outside Java and Bali (Wilopo et al., 2017).

West Denpasar is one of the sub-districts in Kadya Denpasar. Based on data on the population projection of Denpasar City according to the District in 2018-2020, it was found that West Denpasar District has the second largest population after South Denpasar. The population of West Denpasar in 2020 is projected to reach 278 020 residents, South Denpasar of 311,590 residents, East Denpasar of 162,220 residents and North Denpasar of 211,070 residents (BPS Denpasar City, 2024). Based on metadata from the Office of Women's Empowerment and Child Protection, Population Control and Family Planning of Denpasar City in 2022, it was found that the number of

unmet needs in West Denpasar District also occupies the first position of 30.36%, followed by South Denpasar District of 30.06%, North Denpasar of 23.48% and East Denpasar of 17.9% (DP3AP2FP of Denpasar City, 2023).

The high incidence of unmet needs in West Denpasar District requires further investigation of the influencing factors. Meanwhile, reports or publications related to factors related to the occurrence of unmet needs in West Denpasar District are still limited. Based on this, research to determine the factors associated with the incidence of unmet needs in WCA in West Denpasar District is important.

## RESEARCH METHOD

An analytical observational cross-sectional study was conducted at WCA in West Denpasar District. This location was chosen due to the high incidence of unmet need FP in WCA in West Denpasar District compared to other sub-districts in Denpasar City. The sample size is calculated by the formula of difference between two proportions. The  $Z_{\alpha}$  value of 95% used is 1.96 and  $Z_{\beta}$  is 95%. The P1 value is calculated based on the proportion of unmet need FP WCA with good knowledge is 0.41 and P2 is 0.59 (Sumiati et al., 2019).

A total of 120 WCA participated in this study selected by multistage sampling. The first stage was selected for Tegal Kerta village with a purposive sampling method based on the highest incidence of unmet need FP in the West Denpasar District. Stage 2 was carried out the selection of banjars using the lottery method and Banjar Tegal Sari and Banjar Bhuana were selected. Furthermore, WCA domiciled in Banjar Buana and Tegal Sari were selected by consecutive sampling methods where WCA was visited to their respective homes. WCA that met the inclusion criteria were selected and asked for their willingness to be sampled in this study. The inclusion criteria of this study were married women, not pregnant, and willing to be participants by signing informed consent. The exclusion criterion for this study is WCA which was not found during the data collection.

Data collection will be carried out from November to December 2023. Data were collected by structured interview method. Data collection was carried out by visiting WCA from house to house. The questionnaire used was in the form of structured questions modified from Alimatul Huda's (2016) research (Huda et al., 2016). The data collected are data on unmet need FP events, predisposition facts, and enabling and reinforcing. Predisposing factors consist of age, education, knowledge, occupation, family income, parity, attitude, and decision-making ability. Enabling factors consist of the distance of the family planning service place to the house, and the type of financing. Reinforcing factors include receipt of birth control information, officer support, husband support and family planning history. The hypothesis of the relationship between prediposition, enabling and reinforcing factors to the incidence of unmet need is compiled based on behavioral theory by Lawrence Green (Azissah & Wulandari, 2018).

Unmet need FP is categorized if WCA is married and does not use contraceptives. Education data is categorized into "high" if you have undergraduate education, "sufficient" if WCA has the same high school education level, and "low" if WCA has a junior high school education or below. The level of knowledge is categorized into "high" if the answer score is >75, "sufficient" if the score is 50-75 and "low" if it has a score of <50. Parity is categorized into "nullipara", "primipara" and "multipara". Jobs are categorized into "work" and "no". Revenue is categorized into "≥ UMR" and "< UMR". Attitudes are categorized into "positive" and "negative". Decision-making ability is categorized into "capable" and "not". Information receipt, family planning history, spousal support, and health worker support are categorized into "yes" and "no". The distance of family planning services is categorized into "near", "medium" and "far". Financing is categorized into "private insurance", "BPJS" and "own expense".

The research data were analyzed by univariate, variate and multivariate. Univariate analysis is performed to obtain the frequency distribution of each variable. Bivariate analysis was

performed with the chi-square test to determine the difference in proportion between the two variables. Multivariate analysis was performed with a binary logistic regression test to determine the factors associated with unmet need FP. Variables with p values < 0.25 in bivariate analysis were carried out in multivariate tests with backward stepwise methods. The relationship between independent and dependent variables is seen from the p-value < 0.05.

This research has received ethical information from the Ethics Commission of the Faculty of Medicine, Udayana University with letter number: 248/UN.142.2VII.14/LT/2023.

## RESULTS AND DISCUSSIONS

In Table 1, it is shown that the incidence of unmet need FP in WCA is 59.2%. Most of the proportion of WCA at the higher education level (55.8%), high knowledge level (67.5%), have a job (69.2%), family income  $\geq$ UMR (94.2%), multipara (70.9%), positive attitude (61.6%), able to make decisions (76.6%), distance of family planning services close (67.5%), using own expenses (56.7%), have officer support (63.3%), do not have husband support (50.8%), and have a history of using family planning (59.2%).

**Table 1.** Unmet needs FP frequency distribution, predisposition factors, enabling and reinforcing in WCA

Variables	N= 120	Percentage (%)
Age		
<38	60	50.0
$\geq$ 38	60	50.0
Education		
High	67	55.8
Middle	43	29.1
Low	10	15.1
Knowledge		
High	81	67.5
Middle	39	32.5
Occupation		
Work	83	69.2
No	37	30.8
Family Income		
$\geq$ UMR	113	94.2
$\leq$ UMR	7	5.8
Parity		
Nulipara	4	3.3
Primipara	31	25.8
Multipara	85	70.9
Attitude		
Positive	74	61.6
Negative	46	38.4
Decision-Making		
Able	92	76.6
Not Able	28	23.4
The distance of family planning services from home		
Near	32	26.6
Enough	81	67.5
Far	7	5.9
Financing		
Private insurance	11	9.1
BPJS	41	34.2
Own Cost	68	56.7
Officer Support		
Yes	76	63.3
No	44	36.7
Husband Support		
Yes	59	49.2

Variables	N= 120	Percentage (%)
No	61	50.8
Contraception Usage History		
Yes	71	59.2
No	49	40.8
Unmet need for family planning		
Yes	71	59.2
No	49	40.8

Table 2 shows that the incidence of unmet need family planning is more common in WCA with the age of  $\leq 38$  years (65.0%), higher education level (61.2%), sufficient knowledge level (74.4%), work (60.2%), family income  $\leq$ UMR (85.7%), nulipara parity (100%), positive attitude (59.8%), able to make decisions (64.1%), not receiving family planning information (80.0%), distance from family planning service places (85.7%), using private insurance (72.7%), did not have support from officers (70.5%), received husband support (61.0%), and had no history of family planning use (98.0%).

**Table 2.** Differences in the proportion of unmet need FP with predisposing, enabling and reinforcing factors

Variables	Proportion of Unmet Need Family Planning		p
	Yes	No	
Age (years)			0.194
$\leq 38$	39 (65.0)	21 (35.0)	
$> 38$	32 (53.3)	28 (46.7)	
Education			0.853
High	41 (61.2)	26 (38.8)	
Middle	24 (55.8)	19 (44.2)	
Low	6 (60.0)	4 (40.0)	
Knowledge			0.019
High	42 (51.9)	39 (48.1)	
Middle	29 (74.4)	10 (25.6)	
Occupation			0.720
Work	50 (60.2)	33 (39.8)	
No	21 (56.8)	16 (43.2)	
Family Income			0.141
$\geq$ UMR	65 (57.5)	48 (42.5)	
$\leq$ UMR	6 (85.7)	1(14.3)	
Parity			0.002
Nulipara	4 (100.0)	0 (0.0)	
Primipara	25 (80.6)	6 (19.4)	
Multipara	42 (49.4)	43 (50.6)	
Attitude			0.934
Positive	44 (59.5)	30 (40.5)	
Negative	27 (58.7)	19 (41.3)	
Decision-Making			0.045
Able	59 (64.1)	33 (35.9)	
Not Able	12 (42.9)	16 (57.1)	
Receipt of Information			0.333
Yes	67 (58.3)	48 (41.7)	
No	4 (80.0)	1 (20.0)	
The distance of family planning services from home			0.109
Near	58 (54.4)	48 (45.3)	
Far	6 (85.7)	1 (14.3)	
Financing			0.600
Private insurance	8 (72.7)	3 (27.3)	
BPJS	24 (58.5)	17 (41.5)	
Own Cost	35 (56.5)	27 (43.5)	
Officer Support			0.628
Yes	40 (52.6)	36 (47.4)	
No	31 (70.5)	13 (29.5)	

Variables	Proportion of Unmet Need Family Planning		P
	Yes	No	
Husband Support			0.628
Yes	36 (61.0)	23 (39.0)	
No	34 (56.7)	26 (43.3)	
Family Planning Usage History			0.001
Yes	23 (32.4)	48 (67.6)	
No	48 (98.0)	1 (2.0)	

Table 3 shows that the incidence of unmet need birth control is related to age (AOR= 0.198; CI 95%=0.055-0.719; p=0.014), decision-making ability ( AOR= 0.283; 95% CI=0.045-0.911; p= 0.037), FP service access (AOR= 0.618; 95% CI= 0.034-11.340; p= 0.0370, officer support (AOR= 0.239; 95% CI=0.074-0.775; p= 0.017) and FP usage history (AOR=0.005; 95% CI= 0.000-0.046; p= 0.000).

**Table 3.** Factors associated with unmet need FP in WCA

Variable	AOR	95% CI	p
Age	0.198	0.055-0.719	0.014
Knowledge	0.283	0.077-1.036	0.057
Parity	1.923	0.382-9.674	0.42
Household Income	0.146	0.013-1.588	0.114
Decision-making ability	0.203	0.045-0.911	0.037
Distance of family planning Service place	0.618	0.034-11.340	0.037
Officer Support	0.239	0.074-0.775	0.017
Family planning usage history	0.005	0.000-0.046	0.000

The incidence of unmet need FP in WCA in West Denpasar was found at 59.2%. This figure is in the very high category when compared to the results of other researchers about the incidence of unmet need FP in WCA. Other researchers found that the incidence of unmet needs in WCA in Indonesia varies from 10.6% - to 17.5% (Nisak, 2021; Widyatami et al., 2021; Zaluchu et al., 2022). The proportion of unmet need birth control in female WCA in 56 low- and middle-income countries between 2011 and 2019 was reported to be only 12.2% (Canning & Karra, 2023). The high proportion of unmet need FP also found in Kumun Debai District, Jambi Province that is 55% (Guspianto et al., 2021). Most of the couple in Gasaribu Village did not participate in the family planning program that is 72.97% (Munarni, 2021). This difference is made possible by the size of the sample and the area of research in each study. This study was only conducted in 1 sub-district with a sample of 120 WCA, while other studies used data from the results of the Indonesian Health Demographic Survey (IDHS) in 2017 with an area of all provinces in Indonesia and a sample size of 29,189 WCA (Nisak, 2021).

Unmet needs for family planning in WCA are associated with education level, birth order, and desired number of children (Tareke et al., 2022). The desire to conceive and have children is also a major factor in unmet family planning needs in Guinea and Nepal (KC et al., 2023; Momo et al., 2023). In this study, it was found that the proportion of unmet need for birth control was more common in the WCA group who did not have children and had one live child. While WCA who have > 1 child prefer to use birth control to limit the number and distance of births. This is in line with the results of a study on couples of childbearing age in Shanghai which found that couples of childbearing age with one or two children had a low intention to give birth to a second or third child (Zhu et al., 2022). Women living in urban areas with >1 child are associated with low income, education, and social support (Elkhouli, 2023; Liu, 2022).

In addition, unmet family planning needs are more common in WCA who do not receive information about family planning, distance from home to remote service places, do not receive support from health workers and do not have experience using family planning. Ignorance of

results shows that married women of reproductive age are predisposed This is supported by a study conducted at WCA in North Sumatra in 2019 which found that unmet need FP is more likely to be found in WCA with junior high school education level/equivalent. (A. A. Saputri & Rahani, 2022) So to reduce the incidence of unmet need FP in WCA, it is recommended to improve access and quality of family planning services.

The incidence of unmet need FP is found to be related to the age of WCA. Younger WCA age tends to have unmet needs compared to older age. Similar results were found in a study conducted at WCA in North Sumatra where young age is 18.3 times more likely to have unmet needs compared to old age. (N. A. Saputri et al., 2020) Different results were reported in a study conducted in Jambi. WCA with the age of > 35 years has a risk of almost 3 times greater unmet need compared to WCA aged < 35 years. (Ariesta & Nugraha, 2020)

Age differences in contraceptive use are associated with WCA perceptions of family planning programs (Kurniati, 2023; Putri & Widiantari, 2022). Older women decide not to use birth control due to the perception of a low probability of pregnancy at a non-reproductive age. Meanwhile, WCA at a young age chooses not to use birth control devices in connection with the perception of side effects from the use of contraceptives. Another reason that arises is incompatibility with the type of birth control tool, cost, and convenience of using birth control tools (Guspianto et al., 2021).

In this study, it was also found that decision-making ability in WCA is related to the incidence of unmet need FP. WCA who can make more decisions decides to unmet needs compared to WCA who cannot make decisions. This result is in line with the results of the scoping review which concluded that women of childbearing age with low decision-making autonomy in a family tend to be dominant in influencing the incidence of unmet need for birth control (Aprillia et al., 2023). The decision-making power of women is also proven to have a role in the incidence of unmet need FP (Fitrianiingsih & Deniati, 2022; Utami et al., 2020).

The distance of the place of service is related to the Unmet need incident at WCA. WCA who is domiciled remotely with a contraceptive service place tends to unmet need for birth control. This result is supported by other studies that conclude that less access to family planning services tends to increase the incidence of unmet needs in WCA (M Karjono & zilvia, 2023; Safitri et al., 2021; Yuliati & Wijayanti, 2023). Low access increases the chances by 2.27 times to choose unmet need behavior compared to WCA who have good access (M Karjono & zilvia, 2023). Thus, efforts to bring family planning services closer to WCA domiciled in difficult areas are highly recommended.

Women of childbearing age who receive the support of birth control officers tend not to unmet need for birth control. In this study, WCA was found that did not get the support of officers tended to unmet need. The relationship between officer support and the incidence of unmet need FP is also found in a study conducted at WCA in the city of Solok (Effendy et al., 2021) Health workers function in providing quality family planning services and providing information about the use of family planning in WCA . Based on the results of the scoping review, it was found that the provision of insufficient information caused low acceptor intention in family planning (Mardiya et al., 2022). So, it is recommended to increase the role of officers in providing quality family planning services and increase socialization about family planning.

Women of childbearing age who do not have a history of birth control use tend to have unmet needs. Although the chance of unmet need is small in WCA that does not have a history of birth control, it is statistically found that the history of FP use is related to the incidence of unmet need FP in WCA. The same results were found in a study using the results of the IDHS in 2017. Studies have found a history of birth control use associated with birth control unmet needs. History of family planning use is found to be the dominant factor influencing the occurrence of unmet need FP in WCA(Nisak, 2021). Woman of childbearing age that does not have a history of FP use is 2.4 times more likely to unmet needs compared to WCA that has used FP before (Utari et

al., 2022). Experience in using birth control will reduce the level of anxiety in the use of birth control. To reduce WCA concerns, especially those who have never used family planning, it is recommended to provide socialization about the use of family planning.

## CONCLUSION

The incidence of unmet needs in WCA is associated with predisposing factors consisting of age, ability in decision making, enabling factors, namely the distance of family planning service places to homes, and reinforcing factors, namely officer support and family planning usage history. The results of this study provide an understanding of unmet needs risk of increased health problems in WCA women. The limitation in this study is the use of the convenience method in the selection of WCA as a sample may be less representative. This study suggests increasing access to family planning services and disseminating information about the use of family planning in WCA evenly to reduce the incidence of unmet need FP in WCA. For further researchers, it is recommended to maintain sample representation using the probability sampling method.

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