



Determinant of unmet need family planning in Indonesia (PMA 2015)[☆]



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Abstract

Objective: This study was made to describe the effectiveness of family planning needs in married women in Indonesia and the factors that influence them.

Methods: This research is descriptive analytic study using the Cross-Sectional Study design. This research uses Performance Monitoring and Accountability (PMA2015/Indonesia-R1) data. The research subjects were 7672 women (married). Data were analyzed using SPSS.

Results: The results showed that married women who unmet need is 16% in Indonesia. On the sociodemographic characteristics of age, education and number of children significantly associated with the unmet need ($p=0.000$). This study recommended expected that policy makers of family planning programs and related agencies need to improve socialization of program implementation and ideal number of children planning and also require a comprehensive and systematic way to improve efforts and coverage of family planning acceptors, one of which is by making a renewal in the use of media.

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Introduction

Hundreds of thousands of women in developing countries die each year from complications of pregnancy, attempted abortion, and childbirth. In pregnant women there are several

health risks, including during labor. Therefore, pregnancy needs to be arranged so that there is no high risk of complications. In this context the Population and Family Planning program and especially family planning services have an important role.¹ Awareness of family planning methods, determining the potential demand for contraception, increasing access, and uptake are key interventions to improve maternal and child health and ultimately cut back maternal death.²

The Unmet Need for Contraception is one of the important concepts utilized for the development of family planning policies, as well as the implementation and monitoring of family planning programs throughout the world.

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Unmet need is the percentage of women who currently do not use contraceptive methods and do not want children anymore or delay birth, but do not use any type of contraception.³ Family planning is one of the four pillars of the Safe Motherhood Initiative to reduce maternal death in developing countries.⁴ Estimate the effect of contraceptive use on maternal mortality and the expected reduction in maternal mortality if the unmet need for contraception were met, at country, regional, and world levels.⁵

Method

Location and research design

The selection of research sites in Indonesia uses data from the PMA survey (Performance Monitoring Accountability), namely surveys conducted nationally using multi-stage cluster designs with provinces in the first stage and census blocks as the second stage, for each selected household held in 2015.⁶

This study is a descriptive analytic study using the Cross Sectional Study design approach. To obtain information about independent and dependent variables, measurements were taken together at the time of the study. This research is a study that uses secondary data from PMA data (Performance Monitoring and Accountability) 2015.

Population and sample

The population in this study were all women of childbearing aged 15–49 in Indonesia who were recorded in the PMA survey data of 10,600 people. The sample in this study were married women based on PMA data (2015) which were determined based on the criteria of the research variables (age, number of children, education, media exposure, visits to health facilities and visited by health workers). The number of samples in this study are summarized according to the criteria of the sample, which is 7672 people.

Data collection

The sample collection for further PMA 2015 analysis is total sampling by taking all the research samples collected in 2015 which are 15–49 years of fertile couples who are not using contraception. However, samples known to be missing in each variable were not included in the study sample.

Data analysis

Characteristic data of samples are processed using SPSS 21, while for each independent variable (age, education, number of children, media exposure, visit health facility and visited by health worker) and dependent variables (unmet need), then proceed with cross tabulation between dependent and independent variables with chi square test. The calculation of the relationship between each dependent and independent variable be presented in the form of a distribution table.

Results

Sample characteristics

Table 1 explains the distribution of characteristics were the sample of this study. Most of the respondent are ≤ 35 years old (52%) while only 48% are >35 years old, with the majority of respondents having elementary school education 33.7% and the smallest number are never attending at school (2.2%), the number of children >2 (66.7%) compared to respondents who had a number of children ≤ 2 (33.3%). In the media exposure variable, the results of this study show the distribution of respondents exposed to television media with the highest number (56.1%), compared to radio and newspapers/magazines. In the variables visiting health facilities the distribution of respondents had not visited health facilities in the last 12 months with a number (90.4%) while those who visited health facilities in the last 12 months were (9.6%).

Table 1 Characteristics of research respondents.

Characteristics	Distribution of respondents (n = 7672)	
	n	%
<i>Age</i>		
≤35	3989	52.0
>35	3683	48.0
<i>Education</i>		
Never	165	2.2
Elementary	2585	33.7
Junior High School	1847	24.1
Senior High School	2186	28.5
Diploma	254	3.3
University	633	8.3
<i>Number of children</i>		
≤2	5138	33.3
>2	2534	66.7
<i>Media exposure</i>		
<i>Radio</i>		
No	6851	89.4
Yes	821	10.6
<i>TV</i>		
No	3346	43.5
Yes	4336	56.5
<i>Newspaper / magazine</i>		
No	6198	80.8
Yes	7584	19.2
<i>Visit health facilities</i>		
No	6932	90.4
Yes	739	9.6
<i>Visited by health worker</i>		
No	2553	33.3
Yes	5118	66.7

Table 2 Results of bivariate analysis of factors that influence of unmet need in Indonesia.

Characteristics	Meet need		Unmet need		p Value
	N	%	N	%	
<i>Age</i>					
≤35	3447	86.4	542	13.6	0.000
>35	3000	81.5	683	18.5	
<i>Education</i>					
Never	139	84.2	26	15.8	0.000
Elementary	2228	86.2	357	13.8	
Junior High School	1567	84.8	280	15.2	
Senior High School	1817	83.1	369	16.9	
Diploma	205	80.7	49	19.3	
University	491	77.6	142	22.4	
<i>Number of children</i>					
≤2	4384	85.5	744	14.0	0.000
>2	2051	81.0	480	19.0	
<i>Media exposure</i>					
<i>Radio</i>					
No	5772	84.3	1079	15.7	0.278
Yes	667	82.1	145	17.9	
<i>TV</i>					
No	2831	84.8	509	15.2	0.311
Yes	3611	83.5	715	16.5	
<i>Newspaper/magazine</i>					
No	5245	84.6	953	15.4	0.311
Yes	1201	81.5	272	18.5	
<i>Visit health facilities</i>					
No	5831	84.1	1101	15.9	0.362
Yes	615	83.3	123	16.7	
<i>Visited by health worker</i>					
No	2126	83.3	427	16.7	0.402
Yes	4320	84.4	798	15.6	

Descriptive analysis

Table 2 shows that there are 3 variables that significantly influence the incidence of unmet needs in Indonesia ($p < 0.005$), namely maternal age ($p = 0.00$), education ($p = 0.00$), and number of children ($p = 0.00$), while exposure the media, visiting health facilities and visiting officers did not have a significant effect ($p > 0.005$) on the incidence of unmet needs in Indonesia. This shows that the variables of age, education and number of children have a significant influence on unmet need in Indonesia.⁶⁻¹¹

Discussion

Maternal age factor is thought to be a determinant factor in the occurrence of health behavior as predisposing factors.¹² This can be explained, that maternal age factors have a lot of influence on knowledge and attitude in deciding contraceptive use. The reduction in the need for family planning to reduce births after reaching the age of 30 years

and family planning needs to limit births peaked at the age of 35–44 years. In other study younger providers were more knowledgeable, as were obstetrician/gynecologists, female providers and providers who provide contraception in their practice.¹³

The results of this study indicate that there is a relationship between age and incidence of unmet need in Indonesia ($p = 0.00$). The respondent majority is >35 years old (52%). The results of a study in Etopia found that one of the factors that influenced the incidence of unmet need was the age of the mother ($p = 0.01$). Age is related to organ structure, physiological function of biochemical composition and hormonal system of a woman.¹⁴

Differences in physiological functions, biochemical composition and hormonal systems will affect the use of contraception. Mother's decision to use family planning is very influential with the age of the mother.¹⁵ To delay pregnancy before the age of 20 years, the best is birth control pills because when stopped it will be easier to get pregnant, while the age range of 20–35 years, contraception functions to give a distance between two pregnancies. The choice of

contraceptives that can be used in the age range of 20–35 years includes IUDs, injection of birth control, birth control pills, implants and conventional.¹⁶

In general, a person with a higher education will have more knowledge than someone who has a lower level of education.¹² The description of the results of this study shows that the majority of respondents' education is elementary school level 33.7%. The results of the chi square test show that there is a relationship between maternal education on the incidence of family planning need in Indonesia ($p=0.09$).

In the study of Bradley in Ethiopia stated that there was a significant influence between maternal education and the incidence of family planning needs.³ A well-educated mother is easier to make decisions because of knowledge about her health. The ideal number of children is one of the fertility indicators that needs attention is one of the fertility indicators, as we know the ideal number of children nationally by the BKKBN, which is two children enough. The high level of universal need is found in the group of women who have more than five living children.¹⁷

The number of living children affects couples of child-bearing age in determining the method of contraception to be used. In couples with a number of living children there is still a slight tendency to use low effectiveness contraceptive methods, whereas in couples with a large number of living children there is a tendency to use high effectiveness contraceptive methods.⁷ Interest in family planning is high because there are too many children, not in setting birth spacing or family quality, but because they do not want to add more children. The increasing number of children shows a strong decision to take part in a family planning program.

Conclusion

Significantly affect to unmeet need of family planning in Indonesia are maternal age, education and number of children. Where each of the results chi square test shows the three variables have p value 0.000 ($p < 0.005$). Continuous health education to bring behavioral change specifically on prohibitive issue to use family planning, miss conception on side effect and planning the ideal number of children and a comprehensive and systematic solution for increasing efforts and coverage of family planning acceptors.

Conflict of interest

The authors declare no conflict of interest.

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