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Effect of Family Wealth and Attitudes toward Unmet Need for Family Planning Among Fertile Couples in Makassar, South Sulawesi, Indonesia

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Abstract

One of the problems generated by unmet need for family planning is the occurrence of unwanted pregnancies, that could impact on abortion. Unmet need for family planning affected by various factors, both from within and from outside the woman. This study aimed to analyze the influence of socio-demographic characteristics, knowledge and attitudes towards family planning unmet need in women of childbearing age couple in Makassar, South Sulawesi. This study is analytic observational research. Cross-sectional design was applied to take sample from a total of 246 spouses of fertile age of respondents, with Systematic Random Sampling technique. For bivariate test, analysis chi-square was applied and logistic regression analysis for multivariate analysis. Studies show that there is no correlation characteristics of socio-demographic variables, only the level of wealthy significantly related to the unmet need for family planning. poorest respondents and poorer levels of prosperity, risk unmet need for family planning is almost 3 times more than respondents with wealthy ≥middle level (OR = 2.451; 95% CI 1.302, 4.615).

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The tendency of mothers who have a negative attitude, unmet need for family planning is almost 22 time than mothers who have a positive attitude (OR = 21.934; 95%CI = 8.812, 54.596). To increase the awareness and participation of all government institutions and community agencies, including the cooperation and support of religious leaders. In an effort to disseminate family planning information in the context of religion, so that misconceptions about contraceptive use can be improved. Service increase and competence of health workers planning to create awareness and empower women, especially mothers of poor families, to make choices appropriate contraception.

Keywords: family wealth; attitude; family planning.

1. Introduction

Across the world it is estimated that 222 million women have unmet need for family planning. While the unmet need for family planning in developing countries is estimated at 26% [1], In 2010, over 84 million women in Asia experiencing unmet need, they are mainly from wanting to stop giving birth at all [2], and the proportion of unmet need for family planning around 12.8% Southeast Asia, especially in Indonesia around 11.4% in 2011 [3]. Figures are still considered high place needs unmet need be global public health agenda at the International Family Planning Summit London 2012. The role of the family planning program is very dominant in achieving the 5th Millennium Development Goals (MDGs), namely improving maternal health by realizing access to health reproduction by 2015. The target is more specific than the objectives that require special attention is the increase in contraceptive prevalence rate in a modern way and reducing the unmet need family planning. This condition requires the Indonesian government to make the population policy and family planning as an important objective to be synchronized with other development processes, including economic development and public health [4].

In addition to the achievement of family planning programs in reducing fertility rates, fertility still turned out to be the problems encountered in the implementation of development Population and family planning that the birth rate is still considered high. Indonesia is the fourth most populous in the world after China, India, and the United States. Based on the results of Indonesia Demographic and Health Survey (IDHS) in 2007 and 2012, the fertility rate in Indonesia stagnant since 2002 at around 2.6, and the fertility rate has not reached the ideal goal is TFR of 2.1. This shows the weakness of family planning programs in this period. The results of the 2010 Population Census data collection, showing the rate of population growth has increased from 1.47% in 2000 to 1.49% in 2010, with a population of 237.6 million, exceeded the projected figure Statistics Indonesia[4] of approximately 234 million people. This indicates that up to now the increase in the rate of population growth in Indonesia is still the main problems encountered. Similarly, the contraceptive prevalence rate. When viewed results IDHS 2002-2003 and 2012, Contraceptive Prevalence Rate (CPR) did not show a significant increase, respectively modern methods from 56.7 percent to 57.9 percent, and all the way from 60% to 61.9 percent [5].

The determinants that serves as the driving or inhibiting the use of contraceptives for ever-married women age 15-49 who are supposed to use contraceptives to achieve their reproductive goals are weak fertility preferences, consider a small risk pregnancies, lack of knowledge about how to avoid pregnancy including modern

contraception, the perception that the practice of contraception is socially and culturally unacceptable, fear of side-effects on health, family planning services are inadequate (inaccessible or poor quality), and the opposition of their husbands, relatives, and other community members [6,7]. Unmet need for contraception in women is a multidimensional issue, influenced by various factors, both from within and from outside the women themselves [8]. Concerning the factors of attitude and demographic variables, whereas external factors regarding socio-economic variables and access to services. Efforts to resolve it should be done comprehensively cover a wide range of factors that have a strong influence on women's unmet need [8,9].

In conducting the study, selected South Sulawesi Province as an area of research because of the number of unmet need that is equal to 14.3%, is above the national rate of 11.4% (Statistics Indonesia et al., 2012). In 2011, based on the results of data collection the family, the approximate level of unmet need for family planning in South Sulawesi Province amounted to 19.51%, above the national average of 16.08%. Of the 23 districts in South Sulawesi, city of Makassar South Sulawesi is a region in which the highest number of unmet need for family planning is amounted to 23.69% (NPFB, 2012). This study aimed to analyze the influence of socio-demographic characteristics, knowledge and attitudes to unmet need for family planning.

2. Materials and Method

This study is analytic observational research conducted cross-sectional design study. Samples were taken from the pair of Eligible total of 246 respondents. Sampling was in two locations of unmet rate districts with the highest need in the Makassar city.Each district selected two villages, with the highest number of unmet need. Samples obtained by: make a list of the population of married couples whose wives ages 15-49, where the list contains data acceptors and ever-married women age 15-49 who want to delay or do not want any more children. Of the population list, selected samples with Systematic Random Sampling technique.Bivariat used in Analysis chi-square test and logistic regression analysis for multivariate analysis.

3. Results

Information obtained on the age of respondents, where the average age of respondents was 34.1 years (range 18-49) and the average age of marriage was 21.2 years (range 13-33). Marriage age the youngest respondent was 13 years old. NPFPB recommend maturation age of marriage is an effort to increase the age at first marriage, so as to achieve a minimum age of 20 years for women and 25 years for men. Table 1 displays a description of unmet need family planning based on socio-demographic characteristics, knowledge and attitude of the mother. Nearly half of the respondents (44%) were in the age group of high-risk pregnancy and delivery (<20 and> 35 years).

Distribution of respondents by age of first marriage shows nearly half of the respondents were married at age ≤20 years (47%), 26% of respondents have only≤ primary school education. Almost all respondents (94%) have access to information about family planning, and 82% have a high degree of knowledge. About 45% of respondents have had the number of children living>2. The majority of respondents do not work (74%) and about 59% wealthy levelis the middle and the top. Percentage of unmet need for family planning among respondents with the upper middle wealth level is 53.4%, greater than 30% of respondents who unmet need for

family planning from poor families (p<0.001).

Table 1: Description of unmet need for family planning based on socio-demographic characteristics, mother's knowledge and attitude

Socio-demographic Characteristics	Unmet Need for Family Planning				Total		*p*-value
	Yes		No				
	f	%	f	%	f	%	
Age							
< 20 dan > 35	54	49.5	55	50.5	109	44.3	0.144
20 – 35	54	39.4	83	60.6	137	55.7	
Age at marriage							
≤ 20	49	42.6	66	57.4	115	46.7	0.799
> 20	59	45.0	72	55.0	131	53.3	
Education							
≤ Primary School	30	46.9	34	53.1	64	26.0	0.681
> Primary School	78	42.9	104	57.1	182	74.0	
Wealth							
Poorest and poorer	78	53.4	68	46.670.0	146	59.340.7	<0.001
≥ Middle	30	30.0	70		100		
Occupation							
Not working	80	44.0	102	56.0	182	74.0	1.000
Working	28	43.8	36	56.3	64	26.0	
Number of living children							
≤ 2	60	44.8	74	55.2	134	54.5	0.863
> 2	48	42.9	64	57.1	112	45.5	
Access to FP Information							
No	9	60.0	6	40.0	15	6.1	0.304
Yes	99	42.9	132	57.1	231	93.9	
Knowledge							
Low	34	45.3	41	54.7	44	17.9	0.873
High	74	43.3	97	56.7	202	82.1	
Attitude							

Negative	55	90.2	6	9.8	61	24.8	<0.001
Positive	53	28.6	132	71.4	185	75.2	

In the socio-demographic variables, only the level of family wealth respondents were significantly correlated. There is no difference in unmet need for family planning based on knowledge, but found no differences based on attitude. Percentage of unmet need for family planning in women with a negative attitude was 90.2%, greater than the unmet need for family planning in women with a positive attitude 28.6% , the value of was (p<0.001). Some of the statements contradictory attitudes to family planning programs, such as "believe that the side effects of contraception would be dangerous to health", "many children a lot of luck" and "afraid to use modern family planning methods because of their side effects" of about 60% of respondents agree with the statement. Contradictory statements such as "the family planning program is contrary to religion", "use of family planning methods such as killing a child in the womb," and "using methods of family planning are doubts about God in giving sustenance", the majority of respondents (over 70%) do not agree with the statement. Respondents in responding to the statement of the pro-family planning programs, such as "if using contraception, then it is free to develop job or avocation" and "believe in following the family planning program, easier parenting", over 80% who agree with the statement. While statements favorable such as "although there are side effects, will continue to use family planning", "two children are enough, male or female same", and "prefer to use modern contraceptionthan natural", is still about 30% of respondents disagreed with the statement. Clearer respondents to the attitude of the family planning program can be seen in Table 2.

Table 2: Distribution of respondents regarding attitudes towards family planning

Statements regarding the attitude	Agree		Not agree	
	n	%	n	%
Believe that the side effects of contraceptives will harm health.	194	78.9	52	21.1
Afraid to use modern family planning methods, because the side effects. Many children have a lot of sustenance.	142	57.7	104	42.3
	152	61.8	94	38.2
The family planning program is contrary to religion.	73	29.7	173	70.3
If using contraception, then it is free to develop job or avocation.	213	86.6	33	13.4
Believe by following family planning program, easier parenting.	222	90.2	24	9.8
Two children are enough, men or women alike.	193	78.5	53	21.5
Using birth control methods such as killing of a child in womb.	21	8.5	225	91.5
Using the methods of family planning are doubts about God in giving sustenance.	53	21.5	193	78.5
Preferring to use modern family planning than natural.	176	71.5	70	28.5
Although there are side effects, will continue use birth control.	147	59.8	99	40.2

Modeling conducted to determine the effect on the incidence of maternal attitude unmet need for family planning, by selecting the variables entered into the multivariate and arrange them based on principles well Hierarchically Formulated. Variables entered into the logistic regression analysis is an attitude, a variable that is potentially as a confounder, namely: age and well-being (in the bivariate analysis; $p<0.25$), as well as variables that suspected interactions, in this case the interaction between the attitude with age (attitude*age) and interactionbetween attitude with wealth (attitude*wealth). Then analyze the interaction of variables and variable suspected confounder, by eliminating gradually, starting from the largest p value. From some of the variables expected as a confounder in the relationship between attitudes to the incidence of unmet need family planning, only the wealth variable is a confounder, because $p<0.05$ and change OR>10%. Thus the final model attitudes influence on the incidence of unmet need for family planning, shown in Table 3.

Table 3: Final model of multiple logistic regression analysis results

Variable	B	*p*-value	OR	95%CI
Attitude(1)	3.088	0.000	21.934	8.812-54.596
Wealth(1)	0.897	0.005	2.451	1.302-4.615
Constanta	-1.450	0.000	0.235	

Based on the final model of multivariate analysis, it can be said that women with more negative attitudes tend unmet need for family planning is almost 22 times compared with mothers with a positive attitude towards family planning after controlled the wealth level (OR = 21.934; 95%CI = 8.812, 54.596). Mother with the wealth of the poorest families and the poor, the more likely an unmet need for family planning is almost 3 times compared to women with the upper middle wealth, after controlling for maternal attitude (OR = 2.451; 95%CI = 1.302, 4.615).

4. Discussion

Studies show that there is no correlation characteristics of socio-demographic variables, only the level of prosperity significantly related to the unmet need for family planning. The study is in line with the results of this research is conducted by [11,12] suggests that age does not significantly affect the unmet need for family planning. Research prospective intervention study, women giving birth in Tanzania Muhimbili National Hospital, provide relevant results that is, there is no correlation between age at admission PPIUCD that IUD use immediately post partum. Research in Nepal by Gubhaju found that differences in the use of methods of injections and pills by the acceptor also did not differ significantly by age [10]. But in contrast to other studies showing significant age affect unmet need for family planning [13-16]. In a study determinants of unmet need for family planning among married women aged 15-49 years in 49 districts in Pakistan, said that the age of 26-30 years of unmet need 1.2 times the risk (OR = 1.19; 95% CI = 1.17, 1.22), aged 31-35 years was 1.4 times (OR = 1.36; 95% CI = 1.32, 1.39), age> 35 years 2 times the risk (OR = 2.05; 95% CI = 2.00, 2.10) compared to mothers aged ≤25 years [17].

Healthy reproductive age group for women is 20-34 years, to achieve expected not to marry at a young age. The first marriage proportion of respondents Age was <20 years, nearly half (46.8%). Not much different from the Health Research Data in 2010 showed the prevalence of 15-19 Age at first marriage was 41.9 percent. Marriage <20 years in reproductive health is still too young and risky. Married at a young age without preventing pregnancy when they do not want a pregnancy, often looking for ways to have an abortion. Unsafe abortion is one of the major health problems in developing countries. In countries where abortion is illegal, they are likely to seek help from the people who are not competent unskilled or practice under conditions that are not clean. Unsafe abortion occupy a high proportion of the maternal deaths [18]. NPFPB recommend maturation age of marriage is an effort to increase the age at first marriage, so as to achieve a minimum age of 20 years for women and 25 years for men. Previous research supporting the results of this research is [19], stating that there was no significant effect of age of first marriage with the incidence of unmet need for family planning.

Respondents who have ≤primary education school, have behavioral percentage of unmet need for family planning is slightly higher (46.9%) compared to respondents who educated> primary school (42.9%), but the difference is not significant (p> α0,05). But unlike the following research, the research noted that there is a significant relationship between educational factors with unmet need for family planning. Respondents with lower education, tend to have unmet need for contraception [13, 15, 17, 20, 21, 22]. In research [23] in urban slums Karad, Maharashtra, said the percentage who are good at reading of 8.5% is much lower than experiencing unmet need for family planning are illiterate (91.5%) (p <0.001). Then also research in Ghana, those who had elementary education (OR = 0.57; p <0.05) and junior high school (OR = 0.48; p <0.01) smaller chance than not schools had unmet need for family planning [12].

Furthermore, analysis of unmet need for family planning is based on family wealth, produce information that there is a relationship with the family wealth unmet need family planning. Percentage of unmet need for family planning in the respondents coming from the poorest and poorer families was 53.4%, greater than the unmet need for family planning among respondents from middle to top (30.0%). OR value obtained, it can be stated that the respondents coming from the poorest and poorer, risk unmet need for family planning is almost 3 times more than respondents from ≥middle (OR = 2.451; 95%CI1.302, 4.615), after being controlled with variable mother's attitude. In contrast to research conducted by [12] in Ghana, which states that the rate does not significantly affect the wealth of the unmet need for family planning. Other studies claim that the household wealth index does not affect the incidence of unmet need for family planning, but their most significant rich tend to be lower unmet need [20]. In the group of mothers with high parity, socioeconomic status did not significantly affect the use of contraceptives, but the group of all mothers and low parity, the higher the socioeconomic status, increasing the use of contraceptives [24].

In a study conducted in Indonesia also be concluded thatthe fertility couples different medium to the top wealth level are less likely to experience the incidence of unmet need than those who live at the level of middle and bottom [25]. Neither study by [14], states that there is significant influence between the level of well-being, to the unmet need for family planning in Indonesia. The likelihood of unmet need is greater at lower wealth levels. Some other studies also showed a significant influence of economic factors or wealth of the unmet need for

family planning. Increasing wealth or well-being index, then decreasing the incidence of unmet need for family planning. The study is research conducted by [13, 15, 17, 19, 22, 26, 27].

The study is in line with the results of this study which states that no employment relationship with the unmet need for family planning is research by [11, 20, 21, 23, 27]. Similarly with other relevant research that states that the results of this study revealed that the number of children living does not significantly affect the unmet need for family planning [12,21]. Number of children born does not become a factor that is important in determining participation in the program. Intention and practice of family planning is almost the same among many couples who have children with a partner who has a little child. In other words, the use of contraceptives is not influenced by the increasing number of children. A wife using contraceptives is not influenced by the amount of a particular child. Research supporting this research result that access to family planning information does not affect the unmet need for family planning is [20] state that access to the information through the media does not have significant influence on the incidence of unmet need for family planning. Reference [19] which revealed that the radio media did not significantly affect the incidence of unmet need for family planning. The lack of access to the information of exposure does not significantly affect the elimination of the use of contraceptives [10].

Domain knowledge is very important for the formation of a person's actions. In other words, knowledge has influence as the primary motivation for a person in the act. According to [28], behavior based on knowledge will be more lasting than the behavior that is not based on knowledge. A good knowledge can influence behavior change. With good knowledge, is expected to be more receptive to anything related to health, in this case about the importance of the use of contraceptives in women who are useful to manage a pregnancy in order to reduce the risks that can be caused by closely spaced pregnancies distance. Research has ever proved the influence of knowledge on the occurrence of unmet need for family planning. The likelihood of unmet need is greater in women with low knowledge about contraception [14, 20]. Study of harmony is the research conducted by Okech et al. Respondents who have knowledge of family planning, are more likely to use family planning services in 26% higher than that of respondents who do not have knowledge of birth control ($p < 0.10$; 95% CI = .02, .53).

Studies also indicate that there is no correlation between knowledge with unmet need family planning. Other research supports the claim that there was no significant relationship with the occurrence of knowledge about contraception unmet need[11], and knowledge does not significantly affect unmet need for limiting [21]. Number of family planning methods are known to the wife does not significantly affect unmet need, as well as knowledge of the husband [29]. Number of family planning methods are known to an average of 6.9 has no effect on the incidence of unmet need for family planning. Relevant research expressed by Amos (2007), also found that there was no influence of knowledge on the use of contraceptive methods. The results in this study showed that the proportion of unmet need family planning behavior in less knowledgeable respondents did not differ significantly with behavioral unmet need for family planning among respondents with enough knowledge. Knowledge is not always followed by good behavior. Knowledge is not a major factor behavioral changes. Knowledge necessary, but not enough for behavioral change. Changes knowledge does not always lead to changes in behavior, although a positive relationship between the variables of knowledge and behavior has been

demonstrated [30].

Percentage of unmet need for family planning among respondents with a negative attitude is 90.2%, greater than the unmet need for family planning among respondents with a positive attitude (28.6%) (<α0.05). Based on multivariate analysis were obtained stating that the tendency of mothers who have a negative attitude, unmet need for family planning is almost 22 time than mothers who have a positive attitude (OR = 21.934; 95% CI = 8.812, 54.596), after controlling for wealth variables. The negative attitude most respondents to contraception is believed that the side effects of birth control would jeopardize the health, many children a lot of sustenance, and fear using modern family planning methods. In addition, there is still the belief that mothers do not support the use of contraceptives such as birth control programs against the religion, using it like to kill children in the womb, and doubt of God in giving sustenance.Different research with the results of this study stated that the attitude does not affect the unmet need for family planning is research by [29], states that mothers who do not agree with the contraception does not significantly affect unmet need. Neither study [20] in Rwanda showed that mothers who do not agree family planning program does not significantly affect unmet need. Another study proved the influence attitudes toward research unmet need in the city of Surabaya stated that women's attitudes about family planning affect the unmet need for family planning [31]. In Central Tanzania modern contraceptive users increased significantly in women who have positive attitudes toward modern contraception (OR = 8.5; P <0.05) [32]. Attitude is one of the predisposing factors that are driving the behavior of a person to act [30]. A positive attitude towards the program supported by the motivation that provide greater opportunities for someone to use contraception. In other research states that women have unmet need for contraceptive reasons not using contraception due to the psychosocial barriers. The psychosocial barriers include attitudes of those who do not agree to family planning, their perceptions of the husband stance against birth control, opposed to contraception, and the fear of side effects to the use of contraception [33]. Their fear is clearly based on information about other people's experiences both actual experience or simply issue.

5. Conclusion

Government focus on positive attitude improvement mother through the provision of family planning information accompanied by quality counseling. In connection with the use of barrier contraceptives relating to the acceptance of social, cultural, and religious, need to increase awareness and participation of all government institutions and community agencies, including the cooperation and support of religious leaders. In an effort to disseminate family planning information in the context of religion, so that misconceptions about the use of contraceptives can be improved. In addition importance, increasing family planning staff competency in the field during create awareness, Motivation empower women, especially from poor families, to decide the appropriate contraception choice.

References

[1] Darroch, J. E., & Singh, S. 2013. Trends in contraceptive need and use in developing countries in 2003, 2008, and 2012 : an analysis of national surveys. The Lancet, 381(9879), 1756–1762. http://doi.org/10.1016/S0140-6736(13)60597-8.

[2] Cleland, J., Harbison, S., & Shah, I. H. 2014. Unmet Need for Contraception: Issues and Challenges. Studies in Family Planning, 45(2): 105–122.

[3] United Nations (UN). 2013. World Contraceptive Patterns 2013. United Nations, New York, 11–12. http://doi.org/10.1016/S0140.

[4] National Development Planning Agency (NDPA/Badan Perencanaan Nasional-Bappenas). 2010. Report on the Achievement of the Millennium Development Goals Indonesia 2010. Jakarta, Indonesi: NDPA.

[5] Statistics Indonesia (Badan Pusat Statistik—BPS), National Population and Family Planning Board (BKKBN), and Kementerian Kesehatan (Kemenkes—MOH), and ICF International. 2013. Indonesia Demographic and Health Survey 2012. Jakarta, Indonesia: BPS, BKKBN, Kemenkes, and ICF International.

[6] Westoff, C.F. and Bankole, A. 1995. The Potential Demographic Significance of Unmet Need. International Family Planning Perspectives, 22: 16-20.

[7] Sedgh, G. and Hussain, R. 2014. Reasons for Contraceptive Nonuse among Women Having Unmet Need for Contraception in Developing Countries. Studies in Family Planning, 45(2), 151-169.

[8] Bhushan, I. 1997. Understanding Unmet Need.Baltimore : Johns Hopkins University School of Public Health, Center for Communication Programs, Working Paper No.4, (Online), (http://pdf.usaid.gov/pdf_docs/Pnacg563.pdf, accessed on 15 September 2013).

[9] Casterline, J.B. and Sinding, S.W. 2000. Unmet Need for Family Planning in Developing Countries and Implications for Population Policy. The Policy Research Division from the Rockefeller Foundation, the Mellon Foundation, and the Hewlett Foundation, (http://www. populationcouncil.com/uploads/pdf, accessed on 19 September 2013).

[10] Gubhaju, B. 2009. Barriers to Sustained Use of Contraception in Nepal: Quality of Care, Socioeconomic Status, and Method-Related Factors. Biodemography and Social Biology, 55(1), 52-70.

[11] Kandel, N.R. 2012. Unmet Need for Contraception and its Associated Factors among Married Women of Reproductive Age in Simichaur VDC of Gulmi District.Health Prospect, (Online) 11: 11-14, (http://www.nphss.org.np/archive_2012/11-14.pdf, accessed on 9Februari 2014).

[12] Machiyama, K. and Cleland, J. 2014. Unmet Need for Family Planning in Ghana: The Shifting Contributions of Lack of Access and Attitudinal Resistance. Studies in Family Planning, 45[2]: 203–226 (http://onlinelibrary.wiley.com/doi/10.1111/j.1728-465.2014.00385.x/ pdf, accessed on6 Agustus 2014).

[13] Hukin, E.F. 2012. Contraception in Cambodia Explaining Unmet Need.London : the London School of Economics and Political Science, (Online), (http://etheses.lse.ac.uk/, accessed on 9 Februari 2014).

[14] Qie, H. 2011. DeterminanPenyebabTerjadinya Unmet Need Program KB di Indonesia (Analisis Data SurveiDemografidanKesehatan Indonesia Tahun 2007). Unpublished thesis. Yogyakarta: GadjahMada University's Graduate.

[15] Beaujot, R. 2011. Currently Married Women With An Unmet Need For Contraception In Eritrea: Profile And Determinants. Canadian Studies in Population, 38(1–2):61–81.

[16] Paudel, I.S. and Budhathoki, S.S. 2011. Unmet Needs For Family Planning In Sunsari, Eastern Nepal. Unmet Needs For Family Planning. 9 (3),148-151.

[17] Hameed, W., Azmat, S.K., Bilgrami, M., Ishaqe, M. 2011. Determining the factors associated with Unmet need for family planning: a cross-sectional survey in 49 districts of Pakistan. PJPH, 1 (1), 21-27, (Online), (http://mariestopespk.org/wp-content/, accessed on 16 Agustus 2014.

[18] Uddin, J., Muzhar, A., Suma, M.A., Yanggo, H.T., Anwar, S., Nasution, K., Cawidu, H., Shiddiq, A., danYunus, A.R. 2007. ReinterpretasiHukum Islam tentangAborsi.Jakarta: UniversitasYarsi.

[19] Tiwari, S. 2012. Factors Influencing Unmet Needs for Family Planning Among Currently Married Women in Nepal. Norway: Faculty of Health Science, University of Tromso.

[20] Ndaruhuye, D.M., Broekhuis, A. and Hooimeijer, P. 2009. Demand and Unmet Need for Means of Family Limitation in Rwanda.International Perspectives on Sexual and Reproductive Health, 35(3): 122–130, (Online), .[21] Hailemariam, A. and Haddis, F. 2011. Factors Affecting Unmet Need For Family Planning In Southern Nations, Nationalities and Peoples Region, Ethiopia. Ethiop J.Health Sci. (21) 2: 77-89.

[22] Sengupta, R. and Das, A. 2012. Contraceptive Practices and Unmet Need Among Young Currently Married Rural Women in Empowered Action Group (EAG) States of India. The Journal of Family Welfare, 58 (1).

[23] Patil, S.S., Durgawale, M.P., and Patil, S.R. 2010. Epidemiological Correlates of Unmet Need for Contraception in Urban Slum Population.Al Ameen J Med Sci. 3(4), 312-316 (http://ajms.alameenmedical.org, accessed on 6 Agustus 2014).

[24] Samandari, G., Speizer, I.S., and O'Connell, K. 2010. The Role of Social Support and Parity on Contraceptive Use in Cambodia.International Perspectives on Sexual and Reproductive Health. 36(3):122–131.

[25] Prihastuti, D. dan Djutaharta, T. 2004. Fertility Preferences tendency, Unmet Need, and Unwanted

Pregnancy in Indonesia: Further Analysis 2002-2003 IDHS. Jakarta: Centre for Research and Development of KB and KR.

[26] Barman, S. 2013. Socio-economic and Demographic Determinants of Unmet Need for Family Planning in India and its Consequences.Research on Humanities and Social Sciences, (Online), 3 (3), 62-75, (http://www.iiste.org, accessed on 12 April 2014).

[27] Kumar, A. and Singh, A. 2013. Trends and Determinants of Unmet Need for Family Planning in Bihar (India): Evidence from National Family Health Surveys. Advances in Applied Sociology, 3 (2), 157-163. (Online), (http://www.scirp.org/journal/, accessed on 11Pebruari 2014).

[28] Rogers, E. M. 1983. Diffusion of Innovations. New York: A Devision ofMacmillan Publishing Co. Inc.

[29] Omwago, M.O. and Khasakhala, A.A. 2006. Factors Influencing Couples' Unmet Need for Contraception in Kenya.African Population Studies 21 (2), 75-94. (Online), (www.bioline.org.br/pdf, 8 Pebruari 2014).

[30] Green, L. W., Kreuter, M.W., Deeds, S.G., Partridge, K.B., Bartlett E. 1980.Health Education Planning, A diagnostic Approach. Palo Alto, California: Mayfield Publishing.

[31] Novitalia, A.A.S.D. 2009. Analysis Behaviour Factor of Family Planning and Gender Relations in Unmet Need for Contraception in Women in Surabaya. Unpublished thesis. Surabaya: the Graduate School of Public Health Airlangga University.

[32] Lwelamira, J., Mnyamagola, G., and Msaki, M.M. 2012. Knowledge, Attitude and Practice (KAP) Towards Modern Contraceptives among Married Women of Reproductive Age in Mpwapwa District, Central Tanzania. Current Research Journal of Social Sciences 4(3): 235-245.

[33] Triana, V., Wilopo, S.A., danSumarni. 2011. Psychosocial Barriers and Family Planning Intentions on Women's Contraception Unmet Need in Indonesia (Data Analysis IDHS 2007). Jurnal Kesehatan Masyarakat Andalas, (Online), 6 (1), 28-35.

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