Prevalence of Unmet Needs for Family Planning and It's Reasons for Women of Reproductive Age in Ogan Ilir

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Abstract— **The total birth rate of Indonesia's population in 2015 was 2.1, it is estimated that Indonesia's population in 2025 will increase to 282 million. The contraceptive method was one of the government's efforts to control the rate of population growth. The purpose of this study was to determine the prevalence of unmet need for family planning and the reasons for women of reproductive age in Ogan Ilir. This research design was cross sectional design with quantitative and qualitative approaches. Sample for this quantitative approach was women of reproductive age (15 - 45 years) and married. Samples in this study was around 185 of eligible women which selected by cluster random sampling. Sample for this qualitative approach was around 2 women of childbearing age who experience unmet need. Analysis of the data used descriptive analysis to determine the description of unmet need events and the results of in-depth interviews. The results showed that prevalence of unmet need Family planning in Ogan Ilir was 21.1%. The main reason for not use a contraceptive method in respondents who experienced unmet need was past experience related to previous side effects of contraception. Communication and education about the side effects of each contraceptive method including hormonal and non-hormonal contraception can help reduce the prevalence of unmet need for family planning.**

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I. INTRODUCTION

Population projection results show that in 2020 Indonesia's population will reach 27,106,6400 people [1]. One important indicator in the family planning program is a decrease in unmet need for family planning. In fact, the prevalence of unmet need family planning in Indonesia has not decreased. the results of the 2017 BKKBN performance accountability report show that the percentage of unmet need family planning events reached 17.5% [2]. In addition, the drop out rate for contraceptive use (drop out) in Indonesia is still quite high at 27.1 percent [3].

In addition, estimates of unmet need family planning also contribute to the government's intervention efforts in tackling the incidence of stunting in Indonesia. One of the interventions meant is that families with children under five and children understand the care and guidance of child development and participation in family planning with a budget allocation of 731.65 billion rupiah [4]. Previous research has shown that the biggest reason a woman does not use contraception is the fear of side effects from the contraception used [5][6]. Previous research shows that factors related to the use of contraception are education, discussion about family planning during ANC, history of previous contraceptive use, desire to space children and predictive of contraceptive use at future [7].

II. METHOD

This research used a quantitative and qualitative mix method approach. The study design used in this study was cross sectional. The sample for the quantitative approach is women of childbearing age that is 15 to 45 years who are married and live with their husbands. as for the minimum sample size for a quantitative approach of 185 people. Qualitative informants are women of childbearing age aged 15 to 45 years, married, living with husbands and unmet need for family planning. The number of informants used 2 people.

The sampling technique used is cluster random sampling. the cluster used is the village. The research was conducted in 6 villages in Ogan Ilir Regency, namely Tebing Gerinting Selatan Village, Beti Village, Mandi Angin Village, Meranjat 3 Village, Tanjung Sejaro Village and Lubuk Sakti Village. The definition of unmet need used in this study is distinguished according to the respondent's pregnancy status. Unmet need in women of childbearing age who are pregnant or in the period of postpartum amenorrhea (period not returned since last live birth in last 2 years) are respondents who want a birth or last pregnancy in the future or do not want any more children. in women of childbearing age who are not pregnant or not in the postpartum

amenorrhea period (last menstruation more than 59 months from the birth of the last child) are respondents who do not want any more children or want children after 2 years later or undecided if or when they want another birth [8].

III. RESULTS

The results of this study can be seen in the following table. The analysis showed that the majority of respondents are in the no-risk age group (21-35 years), namely 28.6%, low education level of 58.4%, low family income of 69.2%, respondents not working by 75.1 %, have health insurance by 56.8%, and not currently pregnant by 94.6%. In this study it was found that the prevalence of unmet need for family planning was 21.1% (table 1).

Table I.Description of characteristic respondent

Variable	Total (n)	Percent
Age		
At risk	53	28,6
No at risk	132	71,4
Education		
Low education	108	58,4
High Education	77	41,6
Family Income		
Low Income (< minimum salary for South Sumatera)	128	69,2
High Income (≥ minimum salary for south Sumatera)	57	30,8
Working status		
Unemployment	139	75,1
Employment	46	24,9
Types of health financing		
Health Insurance	105	56,8
Mandiri	80	43,2
Pregnancies status		
Pregnant	10	5,4
Not pregnant	175	94,6
Unmet need		
Unmet need	39	21,1
Met Need	146	78,9

In the age group at risk who experienced an unmet need for limiting by 18.9% while respondents who experienced an unmet need for spacing were 3.8%. In the age group that is not at risk respondents who experience unmet need for spacing more than unmet need for limiting that is equal to 16.7%. The respondents with low education level obtained that the most respondents experienced unmet need for limiting that is 11.1% while in the higher education group it was found that the most respondents who experienced unmet need for limiting was 18.2% (table 2).

Table 2. The prevalence of unmet need bycharacteristic respondent

Variable	Met need, n (%)	Unmeet need for limiting, n (%)	Unmeet need for spacing, n (%)
Age			
At risk	41 (77,4)	10 (18,9)	2 (3,8)
Not at risk	105 (79,5)	5 (3,8)	22 (16,7)
Education			
Low	86 (79,6)	12 (11,1)	10 (9,3)
High	60 (77,9)	3 (3,9)	14 (18,2)
Family Income			
Low income (< minimum salary for south sumatera 2019)	101 (78,9)	10 (7,8)	17 (13,3)
High income (≥ minimum salary for sout sumatera 2019	45 (78,9)	5 (8,8)	7 (12,3)
Working status			
Unemployment	110 (79,1)	12 (8,6)	17 (12,2)
Employment	36 (77,5)	3 (6,5)	7 (15,2)
Types of health financing			
Health Insurance	84 (80)	4 (3,8)	17 (16,2)
Mandiri	62 (77,5)	11 (13,8)	7 (8,8)

The respondents with family income below the minimum salary obtained that the most respondents experienced unmet need for spacing of 13.3% and the respondents with family income above the minimum salary obtained that respondents who experienced unmet need for spacing of 12.3%. Based on the working status, there was an unmet need for spacing occurrence in the unemployment group at 12.2% and in the employmeny group at 15.2%. Based on the type of health financing owned, it was found that in the group that had health insurance more experienced unmet need for spacing that was 16.2% and in the group that did not have health insurance more experienced unmet need for limitting by 13.8% (table 2).

Based on the respondent's pregnancy status it was found that the unmet need for limitting incident all occurred in respondents who were not pregnant. The same thing happened for unmet need for spacing events where the majority of unmet need for spacing events occurred in respondents who were not pregnant, namely 91.7% and only 8.3% in women who were pregnant (table 3).

The results of the qualitative analysis show that the majority of informants did not use contraception because of the experience of side effects on previous use of contraception. Informant 1 said that the menstrual cycle became irregular as a result of using contraception. The same thing was expressed by the second informant. the second informant said that besides irregular menstrual

cycles, the respondent also experienced headaches and weight gain.

Table 3. The prevalence of unmet need by the respondent's pregnancy status

Variable	Pregnancies Status		Total (n=185)
	Pregnant (n=10)	Not Pregnant (n=175)	
Met need, n (%)	8 (5,5)	138 (94,5)	146 (100)
Unmeet need for limiting, n (%)	0 (0)	15 (100)	15 (100)
Unmeet need for spacing, n (%)	2 (8,3)	22 (91,7)	24 (100)

IV. DISCUSSION

The results of this study indicate that the prevalence of unmet need at Ogan Ilir is higher than the prevalence of unmet need at the national level which is 21.1%. These results support previous research which shows that the incidence of unmet need for family planning occurs more in rural areas than urban areas [9]. Many factors encourage unmet need, especially in rural communities, such as the characteristics of the research respondents.

Nearly two-thirds of the respondents are in the no-risk age group (21 - 35 years). Based on the category of unmet need, it is known that respondents with an age at risk experience more unmet need for limiting. Whereas respondents with age are not at risk of experiencing more unmet need for spacing. Previous research shows that there is a relationship between age and the incidence of unmet need for spacing. Women between the ages of 21 and 35 are more at risk of unmet need for spacing than women over 35 [10]. The more you age, the less the potential for someone to be able to get pregnant and give birth to a child. So some people assume that they will not get pregnant even if they do not use contraception during sexual intercourse. They no longer want to have children but do not use contraception. Therefore, a woman in the age group at risk especially above 35 years has more unmet need for limiting than women in the no-risk age group.

There is a relationship between the level of education with the unmet need for family planning [11][7]. The results of this study found that women with low levels of education experienced more unmet need for limiting than unmet need for spacing. This result is inversely proportional to higher education groups where they experience more unmet need for spacing than unmet need for limiting.

Based on family income it is found that the prevalence of unmet need between respondents with income below the minimum wage is almost the same as respondents who have an income above the minimum wage. Previous research has shown that there is a relationship between monthly family income and the use of modern contraceptive methods. The higher a person's income, the greater the allocation of funds for health services as well as the allocation of funds for contraceptive use [12].

There is a significant relationship between the respondent's work status and the unmet need for family planning. Based on the category of unmet need for KB obtained results in the group that worked more experienced unmet need for spacing than the group that did not work. This is different from previous research which shows that respondents who do not work are more at risk of experiencing unmet need for family planning than those who do not work [13]. Women who work tend to have less time with family compared to women who do not work. As a result the intensity to meet, especially partners is also reduced which in turn also affects the frequency of sexual activity between partners. Couples in which the female worked rotating shifts had lower sexual intercourse frequency [14]. This can be one of the reasons a working woman wants to spacing birth but choose not to use contraception.

Based on the type of health financing owned, it is known that almost one fifth of respondents who have health insurance experience unmet for spacing. While respondents who did not have health insurance or independently funded more experienced unmet need for limiting. Respondents with mandri financing types usually have a high economic level and a high level of education. Respondents with a high economic level tend not to want to have many children so there is a lot of unmet need for limiting. Previous research shows that there is a relationship between wealth status and the unmet need for family planning [15].

V. CONCLUSION

The prevalence of unmet need in Ogan Ilir Regency is quite high at 21.1%. The majority of unmet need for limiting events occur in groups and risk factors while the majority of unmet need for spacing events occur in groups without risk factors. Communication and education about the side effects of each contraceptive method including hormonal and non- hormonal contraception can help reduce the prevalence of unmet need for family planning.

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