

UNMET NEED FOR FAMILY PLANNING ON ELIGIBLE COUPLE IN INDONESIA: 2007 IDHS DATA ANALYSIS

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INTRODUCTION

In Indonesia, family planning program was succes . The successful achievement of Contraceptive Prevalence Rate (CPR) numbers can reduce the Total Fertility Rate (TFR) of Indonesia. In 1971 Indonesia TFR estimate of 5.6 (PSKK, 2004) and then decreased to 2.4 (in 2002) , fell further to 2.3 (in 2007) (Hull & Hartanto , 2009) . Unfortunately , the percentage of the unmet need for family planning (unmet needs KB) in Indonesia is still high . Based on data from Indonesian Demographic and Health Survey (IDHS) unmet need for family planning Indonesia reached 13% (1991) , 11 % (1994) , 9.2 % (1997) and 8.6 % (2002) (PSKK, 2004) . In 2007 unmet need for family planning by 9.1 % (BPS & Macro International , 2007), is still far from the target of Rencana Pembangunan Jangka Menengah Nasional (RPJMN) 2004-2009 , which limits the number unmet need for family planning in Indonesia is not more than 6 % (President RI 2006) .

Unmet need for family planning has a direct impact on a country's TFR . If unmet need family planning can be eliminated , there will be a sharp decline in birth rate, along only consider contraception factor alone (Mueller & Germain , 2007). Based on RPJMN 2004-2009, target of TFR Indonesia expects no more than 2.2 (Presiden RI , 2006) . Therefore , the handling of unmet need for family planning are strong reasons for the planning and implementation of effective family planning program (Bongaarts & Bruce , 1995; Sedgh et al. , 2007) .

Ashford (2003) describes when in the developing world, more than 100 million women, or 17% of all women married status unmet need for family planning. Because of the magnitude of unmet need family planning, so it is important to handling unmet need for family planning immediately. Unmet need for family planning caused unexected pregnancy (unintended pregnancy) (Haub & Herstad, 2002), which can lead to unsafe abortions (unsafe abortion) (Bizuneh et al., 2008). Unsafe abortion is responsible for 11% of maternal deaths in Indonesia and the world average of 13% (Wilopo, 2009). Seeing the magnitude of the unmet need for family planning, it is necessary to

research related to the incidence of unmet need for family planning on eligible couples in Indonesia.

METHOD

This study used survey data by the 2007 IDHS. This research was cross-sectional study design , where all the variables in the design of the observed and measured in the same time at the time of the study (Gordis, 2004). IDHS 2007, which was designed by the Central Statistics Agency (BPS), the National Family Planning Coordinating Board (BKKBN), the Ministry of Health (MOH) and Measure DHS Macro International Inc., is part of the international project "Demographic and Health Survey" (DHS). IDHS 2007 provides detailed data on fertility, family planning, child and adult mortality, maternal and child health, knowledge and attitudes about HIV / AIDS and sexually transmitted diseases (BPS & Macro International, 2007).

The study population was all monogamous married couples in IDHS 2007. The research sample that married men aged 15-54 years and women aged 15-49 have been married, which unmet need family planning and met need family planning. This study did not involve those who failed birth control, menopause couples, and couples who do not use contraception but claimed not to be pregnant anymore.

Criteria for unmet need family planning was a husband or wife or who do not want more children but are not using or implementing the method. Including those who mistimed pregnancy and those who did not use contraction but consider the problem in case of pregnancy. Criteria for met need family planning was a husband or wife or who do not want more children over a period of at least 2 years or more, so that the couple uses contraception, either modern or traditional methods.

BPS and Macro International (2007) mentions the 2007 IDHS when the sample frame derived from census block list National Labor Force Survey (Sakernas) 2007. Sakernas 2007 was set through a 2 stage stratification of 1,694 census blocks Sakernas. In each province, electoral census blocks in urban and rural areas is done by sampling

several stages (*multistage stratified sampling*). In urban areas, the census blocks selected by *systematic sampling*, where in each census block selected 25 households randomly. In rural areas, household selection begins with the selection of districts with consideration of the proportion of the number of households. Furthermore, the census blocks selected by systematic sampling to select 25 households randomly selected in each district. The total number of the selected households was 42 341, although only 41131 households were found. Of these, 40701 households successfully interviewed so found 34 227 women and 9716 men who deserve to be respondents. However, interviewed numbered 32 895 women and 8758 men. Furthermore, through data tracking 8758 men, found as many as 7,825 couples married monogamous. Referring to the inclusion and exclusion criteria for the study sample, totaled 7464 found married couples. This amount does not include couples who experience failure of family planning.

The dependent variable in this study is the need for family planning by categories of unmet need and met need family planning. The independent variables studied were aged husband and wife, the number of children living, perception wife nor the husband, wife and husband discussions about family planning, family planning knowledge gaps. This study aims to measure the relative risk (prevalence ratio) incidence of unmet need for family planning each variable, with a confidence interval (CI) of 95% with a significance level of $p < 0.05$.

RESULT

From 7464 monogamous married couples obtained results when unmet need for family planning was found 9.77% (n = 729) and met need family planning was found 90.23% (n = 6735). Category unmet need for family planning is formed from a husband or wife or the unmet need family planning. Variable age distinguished the age of husband and wife, are grouped into age 15-29 years, 30-44 years and 45 years and older. The age distribution found in the age group of 31- 45 years is 57.8% (husband) and 55.2% (wife). Discovered by 48.4% partner with the number of children between 2-3 children live. The study showed that there are no gaps or formal education gap between husband and wife. Of the total 7464 found 58.2% spouses have the same educational strata. Most couples (52.2%) are a couple who work and earn. Variable working here interpreted as an economic activity that produces something to support daily life. The results also suggest when 82.8% of couples never discuss family planning.

There is a family planning knowledge gap married couple, where the knowledge of wife has a higher knowledge of the husband . Family planning knowledge that includes understanding the purpose of the definition and calculation of fertility period and contraceptive methods . This study calculating the ratio of incidence prevalence of unmet need in family planning independent variables of this study , as shown in Table 1.

Table 1. Prevalence Ratio Unmet Need KB with Research Variables According SDKI 2007

Variabels	Unmet Need KB	Met Need KB	RP CI 95%
Age of Husband			
15-29 year old	85(5,8)	1387(94,2)	1
30-44 year old	319(7,4)	3997(92,6)	1,3(1,02-1,61)*
+45 year old	325(19,4)	1351(80,6)	3,4(2,67-4,22)*
Age of Wife			
15-29 year old	155(5,8)	2527(94,2)	1
30-44 tahun	407(9,9)	3710(90,1)	1,7(1,43-2,04)*
+45 tahun	167(25,1)	498(74,9)	4,3(3,55-5,32)*
Number living child			
0-1	159(6,3)	2374(93,7)	1
2-3	300(8,3)	3313(91,7)	1,3(1,09-1,59)*
+4	270(20,5)	1048(79,5)	3,3(2,71-3,92)*
Education gap			
Uneducated	29(22,8)	98(77,2)	2,5(1,76-3,43)*
Same education	403(9,3)	3938(90,7)	1
Husband more educat	198(10,5)	1684(89,5)	1,1(0,96-1,33)
Wife more educat	99(8,9)	1015(91,1)	0,9(0,78-1,18)
Husband perception			
Wife agree	102(12,9)	692(87,2)	1,4(1,12-1,66)*
Wife not agree	627(9,4)	6043(90,6)	1
Persepsi istri			
Suami tdk setuju	77(19,6)	315(80,4)	2,1(1,72-2,64)*
Suami setuju	652(9,2)	6420(90,8)	1
Husband discus			
No discus	673(10,3)	5881(89,7)	1,7(1,28-2,17)*
Discus	56(6,2)	854(93,9)	1
Wife discus			
No discus	652(10,6)	5528(89,5)	1,8(1,40-2,21)*
Discus	77(6,0)	1207(94,0)	1
Knowledge gap			
No knowledge	19(44,2)	24(55,8)	4,4(2,99-6,53)*
Same knowledge	88(9,9)	793(90,0)	1
Husband more	183(7,4)	2298(92,6)	0,7(0,58-0,94)
Wife more	439(10,8)	3620(89,2)	1,1(0,87-1,35)
	729	6735	

Source : 2007 IDHS data analysis, RP= Ratio Prevalence, CI = Confidence Interval, *= Significance ($p < 0,05$)

Table 1 shows that compared husbands aged 15-29 years, then in the category of age 45 years or older husband, was found 3.4 times more in the incidence of unmet need for family planning couples. This study also indicates if there is an increased prevalence of unmet need for family planning in line with the increasing number of children are living. This study suggested that the couple were never formal education was found 2.5 times more on unmet need family planning. The analysis finds when compared with the wife who judge he agreed KB, then the wife who thought he disagreed KB was found 2.1 times more on unmet need family planning. The prevalence of unmet need for family planning are greatest among husband and wife who have never had a discussion. Most prevalent unmet need for family planning is found in couples who do not have knowledge of family planning.

DISCUSSION

By definition, unmet need for family planning showed KAP-gap or mismatch between the knowledge (knowledge), attitude (attitude) and practice (practice) in women who attempt to regulate birth to the practice of contraception (Westoff, 1988). Measures of unmet need of women KB done by estimating group fecund status of married women and sexually active do not want more children or wanting to delay childbearing for at least two years or more, but not using contraception (Bhusan, 1997).

Category unmet need divided over unmet need for family planning to space and limit the unmet need for family planning. Family planning unmet need for spacing is obtained when the desire to postpone the child for 2 years or more, but not with the intention to use contraception. Known unmet need for family planning to limit births (limiting) when married women of childbearing age, not pregnant, not being amenorrhea or not being abstain from sex (abstain) after birth, were in the fertile period and do not want any more children but are not using contraception (traditional and modern methods) (Mueller & Germain, 1992).

In this study, the categorization of unmet need and met need family planning is not only limited to the unmet needs of individuals or couples contraceptive measured with the use of methods or means of family planning, but more emphasis on information how someone attempts to fulfill his desire for the birth or the pregnancy is going, or birth in the future and well-planned. That is, someone who does not use remain classified meth kontrasesipun need family planning, all can answer and determine exactly when she wanted

another child. Unmet need for family planning can occur because of contraception (Freedman, 1987) and non-contraceptive factor (Bongaarts & Bruce, 1995).

Bizuneh et al. (2008) mentions the nearest factors related unmet need for family planning is planning knowledge, attitudes towards family planning, approval and discussion KB couples. It is also evident in this study. Associated with knowledge of family planning, is produced when the incidence of unmet need for family planning is more common in couples who do not have knowledge of family planning (Table 1). It is also in line with the review Casterlin (1997), which explains when enough information about contraception at least includes the kinds of family planning methods, where to get contraceptives, then how much it costs to get contraceptives and information about how to use contraception. Information about side effects and the impact of contraception on health, where the information is incomplete, it will be able to cause a person to carry out the attack to use contraception.

This study also produced when the prevalence of unmet need for family planning is more common in spouses perceive when their partners do not approve family planning (Table 1). Approval husband an entrance for women to use contraception (Lasse & Becker, 1997). Various studies show when the husband's consent is a major determining factor for the wife to family planning. Contributions man is so important because it can make changes in female fertility behavior without having to involve women in decision-making and without mutual communication (Sciortino, 1999).

Associated with variable age of husband and wife, if the ratio of this study resulted in the prevalence of unmet need for family planning even more prevalent in the age group 45 years and above (Table 1). This is possible because of a false assumption in the pair associated with the ability to get pregnant at age 45 years and over. Women aged 45 years and above are considered can no longer get pregnant.

Table 1 also explained if the ratio of the prevalence of unmet need for family planning is greater in pair with the number of children over 4. This is possible because the couple is expecting a child with a specific gender that they have not had, although the number of children owned had more than 4. Differences in fertility in couples desire can cause unmet need family planning (Dodoo & Tempenis, 2002; Short & Kiros, 2002). The desire fertility can be interpreted as an option to the number and sex of the child to be desired.

CONCLUSION AND RECOMMENDATION

This study found the unmet need for family planning amounted to 9.77% (n = 729), and met need family planning was found to be 90.23% (n = 6735). The prevalence of unmet need for family planning is more common in the age of husband and wife over 45 years, the number of children up to 4 people, couples who are not educated, married couples who do not have knowledge of family planning, as well as couples who do not conduct discussions about family planning and the husband and wife who have perceive their partners do not agree with family planning. Some recommendations include dissemination of knowledge of family planning are not only place emphasis on methods of contraception, but directed to the provision of clear information about the side effects and the impact of contraception. KB Knowledge motivate couples decide exactly whether the couple will berKB or not. Unmet need for family planning in pair with the number of children over 4, can be addressed with gender selection methods or in vitro fertilization.

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