

Determinants of Unmet Need for Family Planning among Married Women in Lampung

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BACKGROUND

Despite the declining TFR in Lampung Province from 2.6 in 2012 to 2.3 in 2017, the unmet need for contraception was increasing from 7.9% to 8.4%. According to Moore et al (2013, in BKKBN 2017) contraception is very important for health and quality of life. Therefore, it is important to understand the unmet need profile that occurs in Lampung to improve the Family Planning program planning and implementation.

Women with unmet need are women of childbearing age (WUS) who are married or living with a partner who wants to delay having children, or does not want more children, but is not using a contraceptive method. Using data from IDHS 2017 data, this study aims to get the overview of Unmet Need in Lampung. The quest to understand unmet need for family planning will help us to comprehend the discrepancy between expressed fertility preferences and practice of contraception which is very important to enable Policymakers develop strategies that would satisfy growing family planning needs.

METHODS

The data used in this study is the 2017 IDHS data. The IDHS is part of the international Demographic and Health Survey (DHS) program, which was designed to collect data on fertility, family planning and maternal and child health. The data used in this study is data on family planning, namely the use of contraceptives by EFA and its characteristics to get the overview of the unmet need condition in Lampung in 2017.

According to DHS, unmet need in the Family Planning program is defined as the percentage of women of reproductive age either married or living with a partner who has an unmet need. Women with unmet need are women of reproductive age who are married or living with a partner who want to delay having children, or do not want more children, but are not using a contraceptive method.

$$\text{Unmet need for family planning} = \frac{\text{Women of reproductive age (15-49) who are married or in a union and who have an unmet need for family planning}}{\text{Total number of women of reproductive age (15-49) who are married or in a union}} \times 100$$

Figure 1. Formula to Calculate Unmet Need for Family Planning

Initially, we selected 930 married women of childbearing age that were drawn from 1228 women of childbearing age in Lampung. Furthermore, we found and eliminated one missing data hence 929 samples were taken further to be analyzed.

We performed descriptive analysis and bi-variational analysis using logistic regression to know which among the 10 independent variables are the determinants of unmet need in Lampung.

The independent variables of this study are Age, Residence, Education, Economic Status, Number of Living Children, Husband's Education, Employment Status, Knowledge of Any Contraception Method, Reasons Not Using Contraception Method, Fear of Side Effect for Contraceptives Use, and Exposure to Family Planning.

RESULT

Using the unmet need formula, we found that unmet need rate in Lampung is 8.4% which indicates that there are 78 unmet need cases. It consists of 3.1% unmet need for spacing and 5.3% of unmet need for limiting. The age characteristics of unmet need women in Lampung Province can be shown on the figure below.

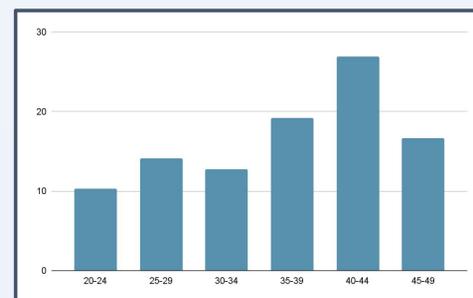


Figure 2. Age distribution of women with unmet need

Figure 2 shows that the women within 40-44 age category are the highest number with unmet need (26.9%) along with the group of 35-39 years old (19.2%).

Majority of women with unmet need condition are living in rural area (69.2%) and are happened to only have secondary education (51.3%).

In terms of economic status, women with unmet need condition are mostly living in poorer condition (25.5%), followed by the poorest and richest condition in 21.8% and 20.5% respectively.

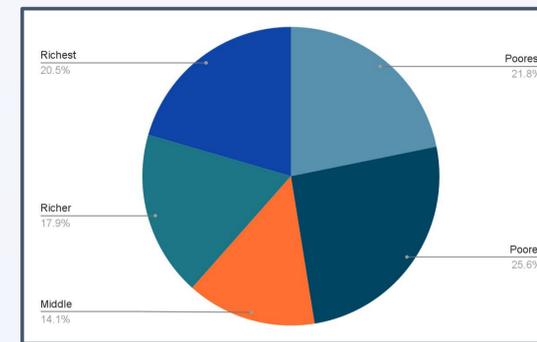


Figure 3. Women with Unmet Need based on Economic Status

Although all women with unmet need (100%) expressed that they have the knowledge about modern contraceptives, lack of access has become their main reason for not using contraception methods, health concern and fear of side effects appear as the second most reported among all of the main reasons for not using contraceptive methods. There is a slight difference in terms of lack of access in urban (45%) and rural areas (55%).

Interestingly, unmet need was found mostly among women who are employed (55.1%) than those who are not.

The result of Binomial Logistic Regression are presented in the table below.

Independent Variables	Variable Category	Binary Logistic Regression Odds Ratio (p-Value)
Age	15-19	1.378 (0.012)
	20-24	
	25-29	
	30-34	
	35-39	
	40-44	
	45-49	
Lack of Access/ Too Far	Yes	4.753 (0.02)
	No	

Table 1. Result of Binomial Logistic Regression

We found that there are 2 variables which significantly contribute to the unmet need among married women in Lampung. Age was a factor that significantly contributes 1.4 times (p-value: 0.12, 95%CI) to the unmet need cases. The older the married women in the province of Lampung, the more likely to experience unmet need.

Lack of access is also a factor that significantly contributes (p-value = 0.02, 95%CI) to the unmet need in Lampung province. Women who have limited access to family planning programs are 4.75 times more likely to experience unmet need.

CONCLUSIONS

Even though the unmet need was found to be quite small, exploring the determinants of unmet need for family planning is still important to formulate interventions that would help us to reduce the unmet need. This study has found that despite living in the urban area, some of the women still have lack of access to get contraception services. In this case, they might have a lack of access to the contraceptive they preferred. The family planning program managers should ensure that there is an effective supply-chain to provide the most preferred method among women in the area through primary healthcare facilities.

Furthermore, to solve the unmet need issue, the family planning program managers needs to target women from the age over 35 years old as well. They might be perceived as infecund/subfecund, but they are actually still in reproductive age and have possibilities to be pregnant. Therefore, the information, communication, and education (IEC) and family planning counselling have to provide sufficient information to help clients understand how the contraception is working including its accuracy and the possibilities of side effects or obstacles that may arise in the use of contraception. A good counselling should help the client to consider methods that suit their needs the most to prevent drop out and unmet need cases. Hence, the training of medical eligibility criteria for contraceptive use is highly needed to strengthen the counselling process.

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