East African Scholars Journal of Education, Humanities and Literature
Abbreviated Key Title: East African Scholars J Edu Humanit Lit
ISSN 2617-443X (Print) | ISSN 2617-7250 (Online) |
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-2 | Issue-11 | Nov-2019 | DOI : 10.36349/EASJEHL.2019.v02i11.005

Research Article

Determinant of Unmet Need Case on Fertile Age Couples at West Bulotadaa Urban Village, Gorontalo City

Mayangsari Kau[1*], Ummu Salmah[2] and Muhammad Arif Tiro[3]

[1]Department of Biostatistics, Faculty of Public Health, Hasanuddin University, Indonesia
[2]Department of Statistics, Faculty of Mathematics and Natural Sciences, State University of Makassar, Indonesia

*Corresponding Author
Mayangsari Kau

Abstract: The increasing population is a big problem for countries in the world, especially developing countries. One of the problems in managing family planning programs is the high number of unmet need for family planning in Indonesia. Unmet need is the number of couples of childbearing age who want to postpone pregnancy or do not want additional children but do not use birth control methods. This research aims to determine the determinants of the occurrence of Unmet Need case on fertile age couples at West Bulotadaa Urban Village, Gorontalo City. The study design was cross sectional with a sample of 146 fertile age couples selected by systematic random sampling. Data collection using questionnaires containing questions from the research variables. Data were analyzed by multiple logistic regression analysis through the SPSS for windows program. The results showed that the quality of family planning services affected the unmet need event with p-value = 0.021 (p <0.05) with OR = 3.037, and there were some variables that were not significant such as educational variables p-value = 0.693 (p> 0, 05), number of children p-value = 0.420 (p> 0.05), knowledge p-value = 0.885 (p> 0.05), and husband's support p-value = 0.389 (p> 0.05). It was concluded that the quality of family planning services affected the unmet need and education events, the number of children, knowledge, husband's support did not affect the unmet need incident in the West Bulotadaa Urban Village, Gorontalo City. It is expected that improvements in terms of quality of family planning services will be of concern to both health workers, Family Planning Field Officers (PLKB), and the government in order to prevent an increase in the prevalence of unmet need.

Keywords: unmet need, family planning, fertile age couples.

INTRODUCTION

The highest degree of maternal health is one of the development agendas covered by the health component's Sustainable Development Goals (SDGs) development goals, namely achieving universal access to reproductive health services (Temmerman, *et al.*, 2014). There are 4 parameters used to assess access to reproductive health services, namely active participation in family planning Contraceptive Prevalence Rate (CPR), birth rates in adolescent girls aged 15-19 years Age Specific Fertility Rate (ASFR) age 15-19 years, coverage of antenatal and unmet need services (Kemenkes, 2013).

The increasing population is a big problem for countries in the world, especially developing countries. Indonesia is the fourth most populous country after China, India and the United States (Rismawati, 2015). The decrease in the use of contraceptives in Indonesia is caused by an increase in unmet need. According to WHO in 2017 Unmet need is one of the factors causing 75% of maternal deaths in Indonesia and also the world. Worldwide, in 2015 around 830 women (216 per 100,000) died every day due to complications during pregnancy or childbirth. The need for contraception that was not met was still too high in 2016, as many as 77% of fertile age couples who needed modern contraception methods. an estimated 225 million women in developing countries want to delay or limit their births but do not use any contraceptive methods.

One of the problems in managing family planning programs is the high number of unmet need for family planning in Indonesia (Rismawati, 2015). Based on data from the results of the Indonesian Health Demographic Survey (IDHS) in 2017, Gorontalo province is one of the provinces with a greater percentage of provincial unmet needs than national

Quick Response Code

Journal homepage:
http://www.easpublisher.com/easjehl/

Article History
Received: 30.11.2019
Accepted: 11.11.2019
Published: 26.11.2019

unmet needs. Where the percentage of national unmet need is 10.6% which is divided into thinning categories by 6.5% and as much as 4.1% restrictions while the province of Gorontalo the percentage of unmet need is 12.9% which is divided into thinning categories by 3.9% and restrictions at 9.15%.

Based on data from the National Family Planning Coordinating Board (BKKBN) Gorontalo Province in 2019 regencies or cities with the highest unmet need figures are in Gorontalo City at 13.6%, then Pohuwato Regency at 11%, Bone Bolango Regency at 9.5%, North Gorontalo Regency at 9.1% , Gorontalo Regency was 8.8%, and the lowest was in Boalemo Regency with 5.8%. Furthermore, in Gorontalo City the highest unmet need figure was in Sipatana Subdistrict with 21.9% with the highest percentage of Unmet need Village occurring in West Bulotadaa Urban Village at 57.4% and the lowest was in Molosipat Urban Village at 4% (BKKBN Gorontalo Province, 2019).

Unmet need and CPR will affect TFR, which in turn will affect AKI. Unmet need can have an impact on the occurrence of KTD, which is high in Indonesia. It is estimated that around 6% -16% of maternal deaths are caused by unsafe abortion practices that are carried out in tackling the problem of CERD. The high number of unmet need influences the distance of birth spacing and the number of children born so that there is a high risk of maternal and infant mortality (Fadhila *et al.*, 2016). Based on the problem and some data that has been presented above, so the writer feels interested to know the determinants of the unmet need incident in the West Bulotadaa Urban Village, Gorontalo City.

METHODOLOGY

Research Design

This type of research is an observational analytic study with the research design used is cross sectional study. This research was conducted from October to November 2019 in Bulotadaa Barat Urban Village, Sipatana District, Gorontalo City.

Population and Sample

The population in this research were all couples of childbearing age aged 15-49 years and recorded at the Family Planning Center of West Bulotadaa Urban Village in 2019 totaling 705 couples of childbearing age. The sample of this research is 146 couples of childbearing age Data Collection.

Data collection was carried out by distributing questionnaires containing questions related to the research variables given to respondents selected as research samples in the West Bulotadaa, Sipatana Urban Village of Gorontalo City.

Data Analysis

The data analysis technique of this research used univariate analysis, bivariate analysis with Chi-Square test and multivariate analysis with multiple logistic regression in the SPSS For Windows Program.

RESULTS

Table 1. Characteristics of Respondents

Characteristics	N	%
Age of Respondents		
<20 years	5	3,4
20-35 years	70	47,9
>35 years	71	48,6
Education of Respondents		
Elementary school	50	34,2
Junior high school	34	23,3
Senior high school	43	29,5
3-year diploma	1	0,7
Bachelor	16	11,0
Master	2	1,4
Occupation of Respondents		
Private	13	8,9
Housewife	105	71,9
Trader	15	10,3
Civil servants	10	6,8
Labor	2	1,4
Farmer	1	0,7
Total	**146**	**100**

Table 1 shows the characteristics of respondents consisting of age, education, occupation. Most respondents in the age group> 35 years were 71 respondents (48.6%), while 5 respondents (3.4%) were in the age group <20 years. For education variables, the most respondents were elementary school education by 50 respondents (34.2%), while the fewest respondents with 3-year diploma education were 1 respondent

(0.7%). Job variable shows that most respondents are non-working/housewife respondents, namely 105 respondents (71.9%), while the least number of respondents who work as farmers are 1 respondent (0.7%).

Table 2. Distribution of Respondents Based on Research Variables

Variable	Amount (n)	Percentage (%)
Genesis Unmet Need		
Unmet Need	55	37,7
Met Need	91	62,3
Total	**146**	**100**
Education		
Low	84	57,5
High	62	42,5
Total	**146**	**100**
Number of children		
Many	47	32,2
Slightly	99	67,8
Total	**146**	**100**
Knowledge		
Less	27	18,5
Enough	119	81,5
Total	**146**	**100**
Husband's Support		
Does not support	23	15,8
Support	123	84,2
Total	**146**	**100**
KB Service Quality		
Not good	25	17,1
Well	121	82,9
Total	**146**	**100**

Table 2 shows the distribution of respondents based on research variables. Distribution of respondents based on unmet need events, the majority of respondents who met met need were 91 (62.3%) while respondents with unmet need were 55 (37.7%). Distribution based on education of the majority of respondents who had low education was 84 respondents (57.5%) while respondents who had higher education were 62 respondents (42.5%). Distribution of respondents based on the number of children, the more the number of children is 99 respondents (67.8%) while the number of children is 47 respondents (32.2%). Distribution of respondents based on knowledge, more knowledge is enough, as many as 119 respondents (81.5%) while respondents who lack knowledge are 27 respondents (18.5%). Distribution of respondents based on husband's support, more people received husband support as many as 123 respondents (84.2%) while respondents who did not get husband's support were 23 respondents (15.8%). Distribution of respondents based on the quality of family planning services, more of which have good service quality as many as 121 respondents (82.9%) while the service quality is not good as many as 25 respondents (17.1%).

Table 3. Determinants of Unmet Need Events in Fertile Age Pairs in West Bulotadaa, Gorontalo City in 2019

Variable	Unmet Need Family planning (KB)						*P value*
	Unmet Need		Met Need		Amount		
	N	%	N	%	N	%	
Education							
Low	30	35,7	54	64,3	84	100,0	
High	25	40,3	37	59,7	62	100,0	**0,693**
Total	**55**	**37,7**	**91**	**2,3**	**146**	**100,0**	
Number of Living Children							
Many	15	31,9	32	68,1	47	100,0	
Slightly	40	40,4	59	59,6	99	100,0	**0,420**
Total	**55**	**37,7**	**91**	**62,3**	**146**	**100,0**	
Knowledge							
Less	11	40,7	16	59,3	27	100,0	**0,885**

Enough	44	37,0	75	63,0	119	100,0	
Total	**55**	**37,7**	**91**	**62,3**	**146**	**100,0**	
Husband's Support							
Does not support	11	47,8	12	52,2	23	100,0	**0.389**
Support	44	35,8	79	64,2	123	100,0	
Total	**55**	**37,7**	**91**	**62,3**	**146**	**100,0**	
KB Service Quality							
Not good	15	60,0	10	40,0	25	100,0	**0,021**
Well	40	33,1	81	66,9	121	100,0	
Total	**55**	**37,7**	**91**	**62,3**	**146**	**100,0**	

Table 3 shows the distribution of respondents based on research variables on the occurrence of unmet need. Unmet need is more common in lower education respondents, which is 30 respondents (35.7%) compared to higher education respondents, which is 25 respondents (40.3%). Chi-Square test results showed the value of p (0.693)> α (0.05). Unmet need is more common in the group of small numbers of children namely as many as 40 respondents (40.0%) compared to the group of large numbers of children namely as many as 15 respondents (31.9%). Chi-Square test results showed the value of p (0.420)> α (0.05). Unmet need is more common in the knowledge group, which is 44 respondents (37.0%) compared to the knowledge group that is less than 11 respondents (40.7%). Chi-Square test results showed p value (0.885)> α (0.05). Unmet need is more common in the group of respondents who have the husband's support as many as 44 respondents (35.8%) compared to the group of respondents who do not have the husband's support that is as many as 11 respondents (47.8%). Chi-Square test results showed the value of p (0.389)> α (0.05). Unmet need is more common in the group with good KB service quality, as many as 40 respondents (33.1%) compared to the group of respondents whose KB service quality is poor, namely as many as 15 respondents (60.0%). Chi-Square test results show the value of p (0.021) <α (0.05).

Table 4. Multivariate Analysis

Variable	B	Df	P Value	OR	95% C.I.for Exp(B)	
					Lower	Upper
KB Service Quality	1,111	1	0.014	3,037	1,253	7,632
Nagelkerke R^2 = 0,057						

Table 4 shows the conclusions of multivariate analysis with multiple logistic regression. of the 5 independent variables included in the test simultaneously only the quality of family planning services (KB) has a consistent significance. So it can be concluded that the quality of family planning services with an OR value of 3.073> 1 is a risk factor with a lower-upper value = 1,253-7,632, which means that fertile age couples who get poor service quality have a 3073 times greater chance of unmet need KB compared to couples of age fertile who get good quality service.

DISCUSSION

This research shows that the quality of family planning services in the West Bulotadaa Urban Village has an influence on the unmet need incident. The quality of good family planning services is one of the important tools for increasing acceptor knowledge about contraception and acceptance of effective methods for women, as well as influencing the choice of methods (Ramarao, & Mohanam, 2003). Family Planning Services in the West Bulotadaa Urban Village are centered at the Sipatana Community Health Center. In terms of family planning services received good ratings from respondents, but for reasons of fear of side effects and the lack of willingness of respondents to use contraceptives to be a supporting factor for the unmet need in the Urban Village of West Bulotadaa. This study is also in line with research conducted by Bajracharya & Bangdel (2016) in Nepal which states that the quality of family planning services is significantly a factor of unmet need for family planning (84.4%, p = 0,000) Other research conducted by Tessema *et al.,* (2016) in Africa which suggests that the role of staff with quality of care in family planning services is associated with contraceptive use in Africa.

This study also showed that education, number of children, knowledge and support of husbands in the West Bulotadaa Urban Village did not affect the unmet need. For the education variable, respondents who experienced more unmet need were found among respondents with low education because this was based on the characteristics table of the respondents who were mostly elementary school graduates. Fertile Age couples with low education do not necessarily have a lack of understanding of the FP information they receive, but lack of self-awareness and reasons for fear of side effects are supporting factors for unmet need in West Bulotadaa Urban Village. This research is in line with research conducted by Anthony *et al.,* (2009) in Nigeria which states that the level of education does not have a significant effect on unmet need.

Furthermore, in the variable number of children, the number of children is not a factor related to the occurrence of unmet need, this is due to the fact that when they were interviewed they were young or had only children 1 or 2. And there were also those who were not young anymore but their children were still 1 or 2 due to fertility factors which are rather difficult and indeed there are also respondents who have recently been married and have only had 1 or 2 children. still alive with unmet need events.

For the variable of knowledge, the results of this study obtained more respondents with good knowledge with unmet need. This can be influenced by some respondents who are afraid of side effects when using contraceptives / methods, so that respondents reluctance to use contraceptives / methods based on information obtained either through family planning staff visits or information from the internet related to side effects of contraceptive use. This research is not in line with research conducted by Nanlohy (2017) in Makassar City which suggests that knowledge is related to the unmet need for family planning in Makassar City.

In the husband's support variable, the results of the study show that the husband's support is limited to agreeing that the wife uses a contraceptive tool but is not accompanied by an action in the form of preparing a vehicle for the wife to place a family planning service, because the husband considers that family planning matters are not their concern and leaves the family planning choice to the wife . In addition, the absence of discussion about family planning from husband and wife also affects the unmet need. This study is not in line with research conducted by Genet *et al.,* (2015) in Dangila Town which suggests that women whose partners have an unsupportive attitude for family planning use [OR = 3.34 (1.26-8.90)] are more likely to have unmet needs (unmet need) KB. Other research conducted by Asep Novianto *et al.,* (2018) in Yogyakarta suggested that husband's support affected 15% of the opportunities for Unmet Need.

CONCLUSION

The quality of family planning services affects the unmet need in West Bulotadaa Kelurahan, and education, number of children, knowledge, husband's support does not affect the unmet need in West Bulotadaa Kelurahan, Gorontalo City. It is expected that the kelurahan government, Family Planning Field Officers (PLKB) and health workers will work together to improve the quality of services that can reach all aspects needed by the community, especially in meeting the needs of contraception for fertile age couples.

REFERENCES

1. Anthony, O. I., Joseph, O. U., & Emmanuel, N. M. (2009). Prevalence and determinants of unmet need for family planning in Nnewi, south-east Nigeria. International Journal of Medicine and Medical Sciences, 1(8), 325-329.
2. Bajracharya, J., & Bangdel, R.D. (2016). Factors Associated With Unmet Need For Family Planning Among Muslim Married Women Of Reproductive Age Group. International Journal of Recent Scientific Research. 7(10), pp. 13560-13563.
3. BKKBN. (2019). Laporan Pendataan Keluarga. Provinsi Gorontalo. Kantor Perwakilan BKKBN Provinsi Gorontalo.
4. Fadhila, N. H., Widoyo, R., & Elytha, F. (2017). Unmed Need Keluarga Berencana Pada Pasangan Usia Subur di Kecamatan Padang Barat Tahun 2015. Jurnal Kesehatan Masyarakat Andalas, 10(2), 151-156.
5. Genet, E., Abeje, G., & Ejigu, T. (2015). Determinants of unmet need for family planning among currently married women in Dangila town administration, Awi Zone, Amhara regional state; a cross sectional study. Reproductive health, 12(1), 42.
6. Kemenkes. (2013). Rencana Aksi Nasional Pelayanan Keluarga Berencana, Jakarta: Ditjen KIA Kementerian Kesehatan Republik Indonesia.
7. Nanlohy, S. (2017). Determinan Kejadian Unmet Need Keluarga Berencana di Kecamatan Panakkukang Kota Makassar. Thesis, Faculty of Public Health, Hasanuddin University.
8. Novianto, A., Emilia, O., & Dasuki, D. (2018). Unmet need KB pada pasangan usia subur di kecamatan Kraton Yogyakarta. Berita Kedokteran Masyarakat, 34(1), 33-36.
9. Ramarao, S., & Mohanam, R. (2003). The quality of family planning programs: concepts, measurements, interventions, and effects. Studies in family planning, 34(4), 227-248.
10. Rismawati, S. (2015). Unmet Need: Tantangan Program Keluarga Berencana Dalam Menghadapi Ledakan Penduduk Tahun 2030. Bandung: Fakultas Kedokteran UNPAD.
11. Temmerman, M., Khosla, R., & Say, L. (2014). Sexual and reproductive health and rights: a global development, health, and human rights priority. The Lancet, 384(9941), e30-e31.
12. Tessema, G. A., Gomersall, J. S., Mahmood, M. A., & Laurence, C. O. (2016). Factors determining quality of care in family planning services in Africa: a systematic review of mixed evidence. PLoS One, 11(11), e0165627.