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Factors related to unmet needs for family planning amongst reproductive-age women in Indonesia: A literature review

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Abstract

Unmet need for family planning remains a significant public health concern. According to the 2017 Indonesian Health Demographic Survey (IDHS), 10.6% of women of childbearing age experienced unmet contraceptive needs with the highest incidence found in women aged 45-49, despite many being in menopause age, highlighting the persistent risk of unwanted pregnancies. The aim of this study is to identify the factors associated with the occurrence of unmet need for family planning. The method used is a literature review that includes results from five articles meeting the criteria. Significant findings indicate relationships between age, family income, media exposure, education, parity, women's authority, husband's support, and visits to healthcare providers regarding pregnancy planning and unmet need for family planning.

Keywords: Unmet need; Family planning; Reproductive-Age Women; Factors Related; Reproductive Health; Contraceptive Use

1. Introduction

Unmet need becomes something most married couples experience about the decision to build a family, mainly in terms of the ideal number of children, readiness, and when to have children. The concept of unmet need or unfulfilled contraceptive need highlights the constriction between the behavior of regulating pregnancy and the desire to have a child, either to delay, delay the gestation, or not want to have another child [1,2]. The decision to have children such as the above condition is not supported by the use of contraceptives in married women during their childbearing age [3]. Pregnant women whose pregnancy is untimely or unwanted are also categorized as unmet need contraceptives. Lack of attention in efforts to obtain reproductive health services, especially family planning services can cause unwanted pregnancies that later result in unsafe abortion practices, morbidity, and even mortality in women during pregnancy and childbirth [4,5].

Unmet need for family planning in women of childbearing age is still a public health issue, in Indonesia. The Indonesian Health Demographic Survey (IDHS) 2017 data source said that 10.6% of unmet needs occurred with more than half a percent occurring in WUS who wanted to limit births. This figure is relatively stagnant with the 2012 SDKI data. However, the proportion has increased from 8.6% in the 2003 SDKI to 9.1% in 2007. In fact, the decline has not reached RPJMN 2015-2019 of 9.91%. The highest age group experiencing unmet need is in 45-49 years, although in this age range many women are already in the period of menopause, but the fact becomes the risk of unwanted pregnancy. Having a pregnancy or even unwanted pregnancy at that age increases the risk of morbidity and death for baby and mother. [11]

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2. Material and methods

This research is a type of qualitative research that uses a descriptive analysis approach with literature review based. The literature search uses the online Google Scholar database, with the criteria of articles are national scientific journals studied between 2019-2024. The keywords used are “unmet need”, “family planning”, “related factors”, and “contraception”

3. Results and Discussion

Here are the articles that have been collected and analyzed.

Table 1 List of articles

No.	Author	Method	Result
1.	Anindita et. al (2022) [6]	Cross-sectional	There is a link between husbands' perceptions and their support for their wives' use of modern contraception amongst 159 couples needing family planning.
2.	Fitrianiingsih & Deniati (2022) [7]	Cross-sectional	The study found a link between age, family income, death of a child, number of living children, decision-making power of women, and media exposure for having unmet need.
3.	Amraeni, Y., et. al (2020) [8]	Cross-sectional	Women who have more authority in their lives, especially regarding finances and contraception are less likely to face unmet needs.
4.	Rahayu, S., et. al (2023) [9]	Cross-sectional	Different levels of man involvement, like actively discussing family planning, directly participating, and simply approving wife contraception used, were linked to significant reductions in unmet need among women, ranging from 10% to 35%.
5.	Yadav et. al (2020) [10]	Cross-sectional	There is a significant link between interaction with a health care provider, specifically an Auxiliary Nurse Midwife (ANM), woman and his husband educational level towards unmet family planning needs.

The factors listed below are linked to unmet need family planning amongst women in reproductive age at 15-49 years old, according to the table above:

Mothers' age. Women aged 35 and above face a 1.8 times higher risk of encountering unmet family planning needs compared to those under 35. Additionally, older married women in their reproductive years are more likely to experience this need for limiting, with the risk increasing as they age [7].

Family income. The study revealed a clear disparity in meeting contraception needs based on economic access. Women facing economic barriers were at a higher risk of experiencing unmet family planning needs compared to those without such obstacles. Economic access emerged as a significant predictor of one's family planning status. Other research shows the same results, indicating that economic factors, along with employment status and access to affordable services, influence contraception decisions. This is primarily due to the financial burden associated with accessing contraception services, even when they are ostensibly free, as transportation costs can pose challenges for economically constrained households [7].

Parity. Women with lower parity, who typically have 1-2 children, are less prone to experiencing unmet needs in family planning compared to those with higher parity (3+ children) [7]. Higher parity women often exhibit a heightened demand for family planning to space births but may encounter obstacles in accessing or utilizing family planning services. This correlation between parity and unmet needs in family planning likely stems from the indication that lower parity often signifies a higher probability of already reaching the desired family size, thereby diminishing the necessity for family planning methods.

Education. Higher levels of education, such as completion of high school or university, were found to significantly reduce the likelihood of experiencing unmet needs for family planning among women, additionally women with educated husbands were less likely to have unmet needs than those with illiterate husbands (COR: 0.46, CI: 0.210.96) [10]. This

connection is likely attributed to education enhancing access to information regarding family planning techniques and services, thereby increasing the likelihood of effective method utilization. Moreover, education plays a critical role in empowering women with enhanced decision-making capabilities and autonomy, enabling them to make informed decisions regarding their reproductive health [12].

Husband's support. Support from husbands correlates with a reduced likelihood of encountering unmet needs in family planning [6]. Couples who receive spousal support tend to utilize contraceptives, whereas those lacking support are more prone to facing unmet family planning needs. The influence of husbands can sway women's choices regarding family planning methods, especially in societies where traditional gender roles prioritize male dominance in familial decision-making [9].

Wife's authority. Women who lack decision-making power in family planning are more prone to experiencing unmet needs compared to those empowered to make such choices. Empowered women have a stronger voice in their reproductive health decisions, enhancing their ability to utilize family planning methods effectively and reducing the risk of unmet needs [8].

Media exposure. The findings revealed a higher prevalence of unmet needs among those unexposed to media (32.6%), with the odds ratio indicating a 2.3 times higher risk of unmet family planning needs among this group compared to those exposed to media [7]. These results align with previous research highlighting the substantial impact of media exposure on family planning requirements and contraceptive utilization in developing countries.

Child death. The research findings showed a significant disparity in unmet needs among married women of childbearing age, particularly among those affected by child mortality. According to the odds ratio, this demographic faced a 4.7 times higher risk of experiencing unmet family planning needs compared to their counterparts of similar age without child deaths. The phenomenon suggests that women tend to desire another child following the loss of a child, especially if the deceased child played a significant role in fulfilling familial expectations [7].

Interaction with a health care provider especially in family planning. Engaging more frequently with family planning health workers can play a role in decreasing unmet needs, as it facilitates a deeper understanding of contraceptive options, contraceptive side effects, and other pregnancy control. These interactions are designed to empower couples with the knowledge necessary for effective fertility preference towards decision-making regarding pregnancy and their family size [10].

4. Conclusion

Based on the analysis of the findings and discussions above, it can be concluded that several factors influence the occurrence of unmet need. When categorized, these factors are inherent in women (age, education, and parity), social factors (family income, husband support), cultural factors (woman's authority), and external factors (media exposure and intensity of visits to family planning services). Another significant factor contributing to unmet need is influenced by child mortality and spousal support for pregnancy planning and contraceptive use.

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