

Factors Related to Unmet Need for Family Planning in Couples of Reproductive Age in Kampung KB Banjarbaru City

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Abstract- Unmet need for family planning is the proportion of women of reproductive age in marital status who do not use contraceptives; and/or those who have an unmet need because of health risks and poor use of contraception. According to data from the Office of the Department of Population Control, Family Planning, Women's Empowerment, Community and Child Protection of Banjarbaru City in 2019, the average data of unmet need family planning in Kampung family planning of Banjarbaru City was as much as 14.14%. This research aims to analyze the factors related to the unmet need for family planning for couples of reproductive age in the Kampung family planning of Banjarbaru City. This research uses a cross-sectional with a total sample of 167 is taken proportional stratified random sampling. Data were analyzed using a descriptive statistic, chi-square, and multiple logistic regression. There was a relationship between financing ($p = 0.000$), availability of contraceptive drugs and devices ($p = 0.0001$), and information from field officers ($p = 0.034$) with unmet need for family planning. There was no relationship between knowledge ($p = 0.585$), husband support ($p = 0.147$), and unmet need for family planning. The factor most strongly associated with is the availability of contraceptive drugs and devices ($p=0.0001$) with $PR = 5.743$. There is a relationship between financing, availability of contraceptive drugs and devices, information from field officers, and unmet need for family planning. There is no relationship between knowledge, husband's support, and unmet need for family planning.

Index Terms- financing, availability of contraceptive drugs and devices, information of field office, unmet need family planning

I. INTRODUCTION

Efforts to accelerate the development targets of population control and family planning, can be directly in touch and provide benefits to the people of Indonesia at all levels of the region. The Kampung family planning was a program formed at the regional unit, citizen, or village where there is the integration of development programs between population programs, family planning, family development, and related sector development to improve the quality of life of families and communities (BKKBN,

2017)

The main problem of unmet need for family planning can be viewed from two perspectives, namely the provider and client, in this study, the perspective will be examined in terms of the client. Based on the 2019 BKKBN field officers report, the unmet need for family planning in South Kalimantan Province in 2018 amounted to 11.7%, down in 2019 to 11.1% above the program performance target of 3%. Whereas the unmet need for family planning in Banjarbaru in 2018 by 16.4% fell to 12.4% in 2019 above the unmet need for family planning in South Kalimantan Province and the program performance contract target. In Banjarbaru City, there are currently seven Kampung KB, namely: Pumpung, Cempaka Gunung Kupang, Ramania, Kuranji, Wengga Laura, Landasan Ulin Selatan, and Kemuning. The success indicator of Kampung KB program output is increasing the percentage of contraceptive use (contraceptive prevalence rate/CPR), and the declining percentage of the unmet need for family planning.

Data on the achievement of family planning in the field control report of the Population Control Office, Family Planning, Women's Empowerment, Community and Child Protection (DPPKBPMPPA) of Banjarbaru City in 2019 in each Kampung KB are: 1) Kampung KB Pumpung Kampung with a total couples of reproductive age of 1,869 with CPR of 74.21% and unmet need for family planning of 15.94%; 2) Kampung KB Cempaka Gunung Kupang with 2,200 couples of reproductive age with CPR of 70.64% and unmet need for family planning at 13.55%; 3) Kampung KB Ramania has 5,350 couples of reproductive age with CPR of 67.33% and unmet need for family planning of 11.68%; 4) Kampung KB Kuranji has 5,320 couples of reproductive age with a CPR of 60.47% and a unmet need for family planning of 14.49%; 5) Kampung KB Wengga Laura has 5,872 couples of reproductive age with a CPR of 74.85% with unmet need for family planning of 16.01%; 6) Kampung KB Landasan Ulin Selatan has 1,896 couples of reproductive age with CPR of 73.95% and unmet need of family planning of 12.45%; and 7) Kampung KB Kemuning has 1,544 couples of reproductive age with CPR of 69.49% and Unmet need for family planning of 15.09%. The number of couples of reproductive age (EFAs) in all

Kampung KB in Banjarbaru City was 24,051, with CPR of 69.14% and unmet need for family planning of 14.14%. Unmet family planning needs in the Kampung KB of Banjarbaru City are still high, so they have been chosen as research sites.

According to the results of the 2017 IDHS, the average number of family planning methods known by married women is eight family planning methods compared to married men, which is six methods. Of all women and currently married women, 4% know all modern FP methods, and 5% married men know all modern FP methods. There are 84% of married women's family planning participants pay for family planning methods and services. As many as 57% of EFA women who use family planning methods are carried out with their husbands, 35% are done solely by women, and 7% are carried out by husbands. Sources of information about family planning at EFA were obtained from nurses/midwives at 24%, Family Welfare Education (PKK) at 12%, doctors 7%, and family planning officers 7%, and there was only 1% of women visited by family planning field officers.

Based on the results of the Program Performance and Accountability Survey (SKAP) conducted by the BKKBN South Kalimantan Province Representative in 2019, the percentage of EFA knowledge on all modern family planning methods was 13.6%; know at least 7 modern family planning methods by 43.4%; know at least 6 modern family planning methods by 73%; Knowing at least 5 modern family planning methods by 89.2%; knowing at least 4 modern family planning methods 95.1%; knowing at least 3 modern family planning methods by 98%; knowing at least 2 modern family planning methods by 99.3% and knowing at least 1 modern family planning methods by 99.7% (SKAP, 2019)

The results of the field control report BKKBN South Kalimantan Province Representative until December 2019 the number of private family planning participants in the City of Banjarbaru amounted to 49.70%, the presentation of the role of men in the family planning program in the City of Banjarbaru was 3.69% and the frequency of counseling conducted by the field officers in Banjarbaru City as much as 415 times in 1 year. The number of contraceptive drugs and devices supplies in all family planning facilities in Banjarbaru City at the end of December 2019 was 75 units of IUD, 9,026 gross condoms, 127 implants, 1,409 vials of family planning and 3,553 blisters of birth control pills.

The purpose of this study was to analyze factors related to the unmet need for family planning for couples of reproductive age in Kampung KB of Banjarbaru City.

II. RESEARCH METHOD

This study uses a quantitative research design method of cross-sectional. The population in this study were all couples of reproductive age who live in seven Kampung KB in Banjarbaru City. In this study, the sample that will be sampled are women of Fertile Age who are domiciled in seven Kampung KB in Banjarbaru City who meet the inclusion criteria according to the amount needed based on population calculation of the proportion of precision which is 167 samples. The method of taking samples is proportional stratified random sampling.

III. FINDINGS

Relationship of knowledge with unmet need for family planning

Chi-Square test results showed that there was no statistical relationship between knowledge with unmet need for family planning in Kampung KB of Banjarbaru City with a p-value on continuity correction of 0.585 ($p > 0.05$).

Relationship of financing with unmet need for family planning

Chi-Square test results showed that there was a relationship statistically between financing with Chi-Square test results showed that in Kampung KB of Banjarbaru City with value p-value on continuity correction of 0.000 ($p < 0.05$), the value of prevalence ratio (PR) of 5.700 (95% CI = 2.455-13.233). If seen from the prevalence ratio (PR), it is known that respondents with government funding will increase the chances of not having an unmet need for family planning by 5.7 times higher than respondents with self-financing.

Relationship between the availability of contraceptive devices and drugs with unmet need for family planning

Chi-Square test results showed that there was a relationship statistically between the availability of contraceptive devices and drugs with unmet need for family planning in Kampung KB of Banjarbaru City with a p-value on continuity correction of 0.0001 ($p < 0.05$), prevalence ratio (PR) value of 5.743 95% CI = 2.455-13.233). Judging from the value of the prevalence ratio (PR), it is known that the respondents who have available their availability will increase the chances of not having an unmet need for family planning by 5.743 times greater than those of respondents who do not have the availability of contraceptive devices and drugs.

Relationship between husband's support with unmet need for family planning

Chi-Square test results showed that there was no statistical relationship between husband support with unmet need for family planning in Kampung KB of Banjarbaru City with value p-value on continuity correction amounting to 0.147 ($p > 0.05$).

Relationship between the information of field officer with unmet need for family planning

Chi-Square test results showed that there was statistically relationship between the information of field officers with unmet need for family planning in Kampung KB of Banjarbaru City with value p-value on continuity correction of 0.034 ($p < 0.05$), Prevalence Ratio (PR) of 2.349 (95% CI = 1.127-4.894). If seen from the Prevalence Ratio (PR), it is known that respondents who get field officer information well will increase the chance to not get an unmet need for family planning by 2.349 times greater than respondents who do not get field officer information.

The strongest factors associated with unmet need for family planning

The results of the multiple logistic regression analysis show that the results of the analysis of financing variables and the availability of a contraceptive have a value of $p < 0.05$. The availability of contraceptive devices and drugs is the most significant variable related to unmet need for family planning in

couples of reproductive age in Kampung KB of Banjarbaru City with a p-value of 0.0001.

IV. DISCUSSION

Relationship of knowledge with unmet need for family planning

Based on the calculation of the Chi-Square test about the relationship of knowledge with the unmet need for family planning showed no relationship obtained p-value of 0.585 ($p > 0.05$). Based on the results of the study, in the group of respondents with good knowledge of the unmet need for family planning. The results of observation in the field, respondents with good knowledge but unmet need for family planning caused by the parity by less than two as many as 47.8%. The number of children influencing someone to use contraception. For respondents who have only one child, the reason for not using contraception is because they want to add more children. Whereas for other respondents, the reason for wanting to add children is because they want to have a son (Astuti et al., 2014).

Another thing that affects respondents with good knowledge but unmet need for family planning is the level of education, respondents with good knowledge but unmet need for family planning by 79% with high school education and PT. Some of these respondents were afraid of side effects when using contraception methods so that respondents were reluctant to use any contraceptive methods. Education is an essential factor that influences contraceptive use (Marliana, 2013).

In line with the results of Dewi RF's research, et al. p-value = 0.702, which means there is no significant relationship between wife's knowledge and the unmet need for family planning events. The unmet need for family planning in this study occurred in wives with poor knowledge (44.7%). Most respondents have good wife knowledge (60%), respondents know the intent, purpose, and side effects of contraception in family planning. However, there are still many respondents who do not know the kinds of solid/sterile contraception, the types of natural contraception, and the minimum distance of pregnancy according to health. (Dewi RF, et al. 2018).

Relationship of financing with unmet need for family planning

Based on the situation analysis in the field, this is based on the EFA awareness of the need for family planning and reinforced with good knowledge. Out of 59.14% of respondents who paid for family planning services, 69% had good knowledge about family planning. Extensive knowledge about family planning can influence one's thinking in choosing attitudes to use birth control. (BKKBN, 2015).

Whereas in the group of respondents with government funding or free as much as 10.81% unmet need for family planning and 89.19% unmet need for family planning. Based on the analysis of the situation in the field of 10.81% with government funding but unmet need for family planning is still related to the number of children owned by 62.5% having several children less than 2, respondents assume that even if there is a pregnancy, it will not be anything. Another thing that affects is if the funding is borne by the government, there is not much choice of contraceptive devices and drugs chosen for use.

In line with research conducted by Ardhika, 2018 amounted to 66.29% of EFA women not having family planning because of the high cost of contraceptive services. In line with the research of Pastuti R et al. (2007), the results of the analysis based on the costs incurred to obtain contraception used with the use of an IUD showed a significant relationship ($x^2 = 3581.71$; $p < 0.001$).

Relationship between the availability of contraceptive devices and drugs with unmet need for family planning

There is a statistical relationship between the availability of contraceptive devices and drugs and the unmet need for family planning with p-value on continuity correction of 0.0001 ($p < 0.05$), Prevalence Ratio (PR) value of 5.743 (95% CI = 2.455-13.233). Judging from the value of the Prevalence Ratio (PR), it is known that the respondents who have available the availability of their ingredients will increase the chance of not having unmet need for family planning by 5.743 times greater than those of respondents who do not have available their availability.

The analysis of the situation in the field from 16.4% of respondents provided the availability of contraceptives but unmet need for family planning occurred because 75.7% paid for family planning services, in addition there were respondents who were not facilitated by the husband for the cost and did not have a guarantee card so the mother decided not to family planning. Another thing is caused by the status of the work of 94.7% of respondents not working, so they think they will be able to take care of their children at home so that there is no problem if adding children. Others, there have been family planning events but have failed. Some are experiencing side effects from family planning, so they afraid to use birth control again because it is considered uncomfortable.

In line with research conducted by Rizali MI et al (2013) from the statistical test results obtained ($p=0.016$) which means there is a relationship between the availability of contraceptives and the choice of injection contraceptive methods. In line with the research of Setiasih S et al (2016) with the statistical test results obtained p-value=0.049 so it was concluded there is a relationship between the availability of contraception and the choice of long-term contraceptive methods..

Relationship between husband's support with unmet need for family planning

Based on the results of the study, in the group of respondents who did not get the support of the husband experienced an unmet need for family planning by 35.85%, but in the group of respondents who received the support of the husband, there was still an unmet need for family planning by 23.68%. Husband's Support is a form of social support that is defined as verbal or non-verbal information, advice, a tangible help, or behavior provided by people who are familiar with the subject in their social environment and things that can provide emotional benefits or affect behavior (Gottlieb 1983 in Hani 2014).

In line with the study of Aidayasari N (2017), the results of calculations with statistical tests using chi-square can be obtained p-value=0.747, so that it can be concluded that there is no relationship between husband's support and unmet need events. The results of this study indicate the majority of respondents have husband support, husband support as a motivator, especially in the

case that the husband allows the mother to use family planning by 11.3%. The husband's support as an educator in the case of the husband advising the mother if he wants to use family planning is 17.7%. The husband's support as a facilitator is in the case that the husband provides time if the mother wants to have a family planning of 51.61%.

Relationship between the information of field officer with unmet need for family planning

There is a statistical relationship between field officer information and unmet need for family planning with a p-value on the continuity correction of 0.034 ($p > 0.05$). If seen from the Odds Ratio (OR), it is known that respondents who get field officer information well will increase the chance to not get an unmet need for family planning by 2.349 times greater than respondents who lack field officer information. Based on an analysis of the situation in the field of respondents with unmet need for family planning of 58.7% lacking information from the field officer relating to the delivery method, amounting to 91.6% said they never had a home visit from field officer.

Although most people have received information about family planning from various media, most people have not yet received information directly from family planning officers, they only listen to short information from their relatives so that the information obtained is inaccurate and in the end makes respondents hesitate to use contraception. Family planning participants need information that is adjusted to the needs of each family planning participant, usually in the form of procedures for using the contraception method, risks that can be incurred and side effects that can be felt when using one of the contraceptive methods. With the provision of family planning information by officers it is hoped that it can provide changes in behavior and actions so that they consciously become family planning acceptors so that it will reduce the possibility of unmet need family planning (Karmiah, 2017).

In line with the results of Kholida Zia's research (2017) chi square analysis shows that field officer information has a significance of 0.048 which means there is a relationship between field officer information and the unmet need for family planning events in East Java. Based on the results of the study concluded that the information obtained by married women from health workers who visited also influenced the decision to unmet need for family planning. Field officer information can influence the understanding of information about contraceptive devices and methods in effective family planning acceptors.

Relationship between knowledge, funding, availability of contraceptive drugs and devices, husband support and field officer information with unmet need for family planning

Based on the final results of the multiple logistic regression test to determine the independent variable that is most strongly associated with the dependent variable, from the test results it is known that the variable availability of contraceptive drugs and devices is the strongest risk factor associated with unmet need for family planning in couples of reproductive age in Kampung KB in Banjarbaru City with a p-value of significance of 0.0001. The final result of the multiple logistic regression test shows that the unavailability of contraceptive drugs and devices has a risk of

unmet need occurring 5.743 times compared to the people who are available.

Guaranteed availability of contraceptive drugs and devices is to create conditions so that each EFA can easily and safely choose, obtain and use contraceptive devices and drugs in accordance with their choice whenever needed. Provision of contraceptive devices and drugs is also directly related to the function of BKKBN on behalf of the government as stipulated in Presidential Regulation Number 12 of 2013 on Health Insurance that provision of contraceptive devices and drugs are the responsibility of the government or local government. (BKKBN, 2014)

In accordance with Lawrence Green in Nurmala (2018) and Kurt Lewin in Alhamda (2015) one of the factors that affect behavior are enabling factors, is the factor that makes a behavior continued or discontinued, which is included in enabling factors in the occurrence of the unmet need for family planning are availability of drugs and device and financing.

V. CONCLUSION

There is a relationship between financing, availability of contraceptive drugs and devices, and field officer information with unmet need for family planning in couples of reproductive age in the Kampung KB of Banjarbaru City. There is no relationship between husband's knowledge and support with the unmet need for family planning in couples of reproductive age in the Kampung KB of Banjarbaru City.

Availability contraceptive drugs and devices are a risk factor most strongly linked to the unmet need for family planning on Kampung KB of Banjarbaru City. Kampung KB's manager can coordinate with the network health facilities and networks that have been registered with the BKKBN and PBM that are registered with the BKKBN in the family planning village to be able to ensure the availability of supplies is always available to prevent the unmet need for family planning.

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