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## **Factors Associated with the Unmet Need for Family Planning in Couples of Childbearing Age in Masaloka Raya District, Bombana Regency**

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### **Abstract**

Unmet need for family planning (FP) is defined as a group of people whose contraceptive needs have not been met, including all men or women of childbearing age who are married or living together who are considered sexually active and do not use contraceptive methods, both those who do not want to have more children or who are postponing next birth. The purpose of the study was to determine the relationship between income, the role of Family Planning Field Officers (FPFO), and the availability of contraceptives with the incidence of unmet need for family planning in Masaloka Raya District, Bombana Regency. The type of research used is survey research using a cross sectional study design. The number of samples is 79 respondents. The technique of determining the sample size is by purposive proportional random sampling. Data collection techniques with interview and observation methods. The instrument used in data collection by using a questionnaire. Data analysis using chi square test. The results showed that there was no relationship between income and the incidence of unmet need for family planning with  $p$  value =  $0.211 > 0.05$ . There is no relationship between the role of FPFO and the incidence of unmet need for family planning with  $p$  value =  $0.135 > 0.05$ . There is a relationship between the availability of contraceptives and the incidence of unmet need for family planning with  $p$  value =  $0.039 > 0.05$ . Conclusion; There is no relationship between income, the role of FPFO with the incidence of unmet need for family planning and there is a relationship between the availability of contraceptives and the incidence of unmet need for family planning.

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Suggestion; It is hoped that the community will increase income, increase the role of officers to be more active in conducting socialization, counseling and education activities to the community and increase the availability of contraceptives in family planning service units.

**Key Words:** Unmet Need; Income; The role of FPFO; Availability of Contraceptives.

## **1. Introduction**

The increase in the population in Indonesia is still ongoing, the number from year to year continues to grow. High population growth will hamper the pace of development in various fields, therefore efforts to reduce the birth rate need to be increased [1]. Mortality and morbidity in pregnant and maternity women is a major problem for developing countries. One of the measures used to assess the good or bad state of health services in a country is the maternal mortality rate. According to statistical data released by the WHO in 2015 it was recorded that every day around 830 women died due to complications of pregnancy and childbirth. The risk of a woman in developing countries dying from pregnancy causes is 33 times higher than that of a woman living in developed countries [2]. Indonesia is a developing country that has problems in population. From the results of the 2015 census, Indonesia is ranked fourth in the world, with a population of 237,641,326 people with an increase of 1.49% annually [3]. The main problems in the population sector that arise are the large population with a relatively high population growth rate, uneven population distribution, the structure of the young population, the quality of the population that still needs to be improved [4] Unmet need for family planning is one of the important concepts used for the development of family planning policies, as well as the implementation and monitoring of family planning programs worldwide. Unmet need is the percentage of women who currently do not use contraceptive methods and do not want more children or delay birth, but do not use contraceptives any kind. The target for unmet need nationally is 6.5% [5]. The problem of unmet need for family planning indicates a gap between women's reproductive goals and their contraceptive behavior. This means that women have a desire to avoid pregnancy but do not take precautions to prevent pregnancy [6] The high number of unmet need is a population phenomenon which is an important aspect and needs to be considered in the development of the family planning movement in the future. Unmet need is not only a problem in family planning programs in Indonesia, but is also faced in every part of the world. It is estimated that the unmet need is between 5-33% in Asian countries, 6-40% in Latin America and the Caribbean, and 13-38% in Sub-Saharan Africa [7] In Indonesia, the number of unmet need is still high, namely 10.5 percent which if converted to the number of couples of childbearing age which reaches 36 million, then about 4 million couples who need services but are not served. And 2.8 million targets that will be lowered in 2020. Meanwhile, the percentage of modern contraceptive use is 54.97% of the 61.3% target. The dropout rate for contraception was 29.0% from the target of 24.6%, and the percentage of unmet family planning needs was 12.1% from the target 9.9% [8] The family planning program launched by the National Population and Family Planning Agency (NPFPA) is one of the efforts to support government programs in achieving the target of the Sustainability Development Goals (SDG's) indicators in 2030, namely ensuring comprehensive access to sexual health services, reproductive health and family planning. KB as one of the 5 pillars of Safe Motherhood, in the context of a strategy to reduce maternal mortality and morbidity. Demographically, the establishment of the family planning program is to control the rate of population growth so as not to cause overcrowding and population explosion in a country [9]. Unmet

need for family planning is a group of women who no longer want to have children or want to space their pregnancies up to 24 months but do not use contraception to prevent pregnancy [10] The number of contraceptive use and unmet need is projected to be relatively stable worldwide between 2015 and 2030. The number of unmet need is projected to increase from 142 million in 2015 to 143 million in 2030. Based on data from the National Population and Family Planning Agency, unmet need contributes 75% of the causes of maternal mortality in Indonesia and affects population growth rates. The tendency for the high number of unmet need to be the focus of the government because it also affects the family planning program. The high number of unmet need is the cause of the high Total Fertility Rate and unwanted pregnancies [11]. The NPFPA of Southeast Sulawesi Province and the Regional Governments of 17 Regencies and Cities, as well as related partners, Electronic and Print Media have worked well in synergistically in supporting the Program, so that in general the achievements of the Family Planning Population and Family Development program in Southeast Sulawesi Province have been This can be seen from the results of the 2017 Indonesian Demographic and Health Survey (IDHS) report that Southeast Sulawesi Province has succeeded in reducing the Total Fertility Rate (TFR) from 3.0 from the 2012 IDHS to 2.8. However, this is still above the National TFR 2.0 [12] Based on the results of a preliminary study conducted on the people of Masaloka Raya Subdistrict, Bombana Regency, it was found that many people experienced an unmet need for family planning, this was caused by several factors including the distance to the place of family planning services, availability of contraceptives, husband's support, appetite for contraceptives, the role of officers and busy work. The purpose of this study was to determine the relationship between income, the role of PFO, and the availability of contraceptives with the incidence of unmet need for family planning in Masaloka Raya District, Bombana Regency.

**2. Material and Method**

The type of research used is survey research using a *cross sectional study design*. The number of samples is 79 respondents. A technique of determining the sample size by way of *purposive proportional random sampling*. Data collection techniques with interview and observation methods. The instrument used in data collection by using a questionnaire. Data analysis using *chi square* test.

**3. Results**

**Bi variate Analysis**

**Relationship between Income and Unmet Need for Family Planning**

**Table 1:** The relationship between income and the incidence of unmet need for family planning

Income	Unmet incident				Amount		P- value	α
	Unmet Need		Met Need		n	%		
	n	%	n	%				
High	6	46	7	54	13	100	p = 0.211	=0.05
Low	44	67	22	33	66	100		
Total	50	63	29	37	79	100		

Source: Primary Data, 2021

Based on the data in table 1, it is found that from 13 respondents (100%) who have high income, there are 6 respondents (46%) experiencing Unmet Need and 7 respondents (54%) experiencing meet need. Meanwhile, of the 66 respondents (100%) who have low incomes, there are 44 respondents (67%) experiencing the Unmet Need and 22 respondents (33%) experiencing the met need. Based on the statistical test, it was found that the Expectation value was  $> 20\%$  so that the results of the Bi variate analysis using the Fisher's Exact Test were found to have a p value of 0.211, thus  $H_0$  was accepted and  $H_a$  was rejected. The second hypothesis ( $H_0$ ) which states that there is no relationship between income and the incidence of unmet need for family planning in Masaloka Raya District, Bombana Regency is accepted. The results of the analysis using Chi Square obtained P Value = 0.211 or P value  $> 0.05$ . Thus,  $H_a$  is accepted and  $H_0$  is rejected, meaning that there is no relationship between income and the incidence of unmet need for family planning in Masaloka Raya District, Bombana Regency.

**The Relationship between the Role of FPFO and the Unmet Need for Family Planning**

**Table 2:** The relationship between the role of FPFO and the incidence of unmet need for family planning

Role of FPFO	Unmet incident				Amount		P- value	$\alpha$
	Unmet Need		Met Need					
	n	%	n	%	n	%		
Good	47	66	24	34	71	100	$p = 0.135$	$=0.05$
Less	3	38	5	62	8	100		
Total	50	63	29	37	79	100		

Source: Primary Data, 2021

The table above shows that most respondents consider the role of FPFO to be good, as many as 47 respondents to unmet need consider the role of FPFO to be good, and 3 respondents consider the role of FPFO to be lacking. Meanwhile, respondents with met need who considered the role of FPFO to be good were 24 respondents. And as many as 5 respondents met need consider the role of FPFO is still lacking. Based on the data in table 2, it is found that from 71 respondents (100%) who have a good FPFO role, there are 47 respondents (66%) experiencing Unmet Need and 24 respondents (34%) experiencing meet need. Meanwhile, of the 8 respondents (100%) who had less FPFO roles, there were 3 respondents (38%) experiencing the Unmet Need and 5 respondents (62%) experiencing the met need. The results of the analysis using Chi Square obtained P Value = 0.135 or P value  $> 0.05$ . Thus,  $H_a$  is accepted and  $H_0$  is rejected, meaning that there is no relationship between the role of FPFO and the incidence of unmet need for family planning in Masaloka Raya District, Bombana Regency.

**Relationship between Availability of Contraceptive Devices with Unmet Need for Family Planning**

**Table 3:** The relationship between the availability of contraceptives and the incidence of unmet need for family planning

Availability Contraception	Unmet incident				Amount		P- Value	α
	Unmet Need		Met Need					
	n	%	n	%	n	%		
Good	46	63	27	37	73	100	p = 0.039	=0.05
Less	4	67	2	33	6	100		
Total	50	63	29	37	79	100		

Source: Primary Data, 2021

The table above shows that most respondents consider the availability of contraceptives to be good, 46 respondents to unmet need consider the availability of contraceptives to be good, and 4 respondents consider the availability of contraceptives to be insufficient. Meanwhile, respondents with met need who considered the availability of contraceptives to be good were 27 respondents. And as many as 2 respondents thought that met need was still lacking. Based on the data in table 3, it is found that of the 73 respondents (100%) who have the availability of contraceptives in the good category, there are 46 respondents (63%) experiencing the Unmet Need and 27 respondents (37%) experiencing the met need. Meanwhile, of the 6 respondents (100%) who had the availability of contraceptives in the category of less, there were 4 respondents (67%) experiencing the Unmet Need and 2 respondents (33%) experiencing the met need. The results of the analysis using Chi Square obtained P Value = 0.039 or P value < 0.05. Thus, Ha is accepted and H0 is rejected, meaning that there is a relationship between the availability of contraceptives and the incidence of unmet need for family planning in Masaloka Raya District, Bombana Regency.

#### 4. Discussion

##### 4.1 Relationship between Income and Unmet Need for Family Planning

Currently, the Indonesian people are still faced with a fairly large population problem, especially birth control. In connection with this, the government has implemented a family planning program since 1970. The family planning program is carried out with the aim of improving reproductive health, with the hope that families can regulate the time, number and spacing of children ideally voluntarily. The method of implementing the family planning program is the use of contraceptives for the entire population. Implementation of the use of contraceptives as an effort to control the birth rate and suppress population growth as a whole. To ensure this, the implementation is carried out through the provision of contraceptives and offers to the public through education, counseling and information as well as handling complaints about unsatisfactory services. Conceptually, the determinant of the choice of contraceptive method or device is determined by various factors, both internal and external to the acceptor itself. From the internal aspect, the use of contraceptives is based on the interests and tastes of the acceptors. From the side of family planning service providers, the role of FPFO is to carry out Communication, Information and Education so that it continues to be encouraged to increase

motivation, independence and sustainability of active family planning acceptors in the community. Other factors that influence the use of contraceptives include economic factors, in the form of family income of the acceptor. Income is the result/wages/salaries/rewards received by a person for the activities he does. The amount of income received by the family is a measure of the family's welfare. The higher the family income, the more prosperous the family, so that the opportunity to meet household needs including family planning will be more easily fulfilled compared to families with low incomes. The frequency distribution shows that respondents who earn above Rp.2.552,014 totaling 13 respondents with a percentage of 16.5%, while respondents who have income below Rp.2.552,014 dominated in this study amounted to 66 respondents with a percentage of 83.5%. Income is related to family needs, high and regular income has a positive impact on the family because all the needs of clothing, food, housing and transportation as well as health can be met. However, this is not the case with families with low incomes, which will result in families experiencing vulnerability in meeting their life needs, one of which is health care. The results showed that there was no relationship between family income and the incidence of unmet need in Masaloka Raya District, Bombana Regency. This study is in line with the results of research [18] which said that there were 7 factors that were not significantly related to the incidence of unmet need, namely education, income, occupation, knowledge, husband's support, attitudes and family planning services. There is no relationship between unmet need and wealth quintile [19]. There is no relationship between income and unmet need for family planning [20]. However, the results of this study are not in line with the findings [13] which said that there was a significant relationship between knowledge and income with the use of subcutaneous contraceptives at BPM Habiba, Mesat Jaya Village in 2020. There was a significant relationship between husband's support and husband's income with the use of family planning. 1 month injection at BPM Murtina Wita Pekanbaru [14]. There is a close relationship between socioeconomic status and the use of IUD contraception in Bugangan Village, East Semarang District [15]. There is a relationship between family income and the choice of contraception [16]. The results showed that family income and wife's working hours had a significant positive effect on family planning period [17]. The size of the income of the acceptor family can have an influence on the fulfillment of family needs. The acceptor's high income is expected to have a positive impact on family life because it will increase purchasing power for clothing, food, board and transportation needs as well as fulfilling family planning needs. On the other hand, if the family income tends to be less, it will have an impact on the vulnerability of the family in fulfilling their life needs, especially health problems. Based on the findings of interviews and observations to the community, it was found that their average job was as fishermen. The income earned was mostly used for primary needs. Meeting the needs for reproductive health has not become a top priority, due to the lack of income and the uncertainty in the amount of their income. This condition is one of the reasons why people with low incomes still experience many unmet need for family planning. The level of income which is still below average is sufficient because most of the husbands of the respondents are fishermen and the respondents themselves have jobs as housewives. Respondents who only expect income from their husband's work are also required to be able to manage their household expenses every month, so that in fulfilling their life needs they prioritize primary needs and educational needs for their school children. The results of the study [21] said that there were about 2.7% of women who stated that they did not use contraception because the cost of services was not affordable by the income of the fertile age couple. The reason is that household consumption expenditure does not always have to be the same as the amount of income received. Sufficient income makes a person able to meet other needs. Economic ability greatly affects a person's

access to health services. Those from high- and middle-income households have lower income scores than those with low incomes. Family income in this study is divided based on the 2018 Southeast Sulawesi Provincial Minimum Wage (Rp. 2,552,014). Respondents are said to have high income if their monthly income is more than the Southeast Sulawesi Province Minimum Wage in 2018 (Rp.2,552,014), on the other hand, respondents have low income if their monthly income is less than Rp.2,552,014. Thus the possibility of experiencing unmet need in families with high incomes is smaller than in families with low incomes. Families with high incomes have sufficient economic capacity to choose effective contraception. Conceptually in meeting basic and additional needs, family income with sufficient economic status. It is easier for them to provide funds for the purchase of contraceptives because there is an excess of income funds remaining, compared to families with less or low incomes, due to insufficient funds, they will delay buying contraceptives and prioritize buying primary needs such as food, drink, clothing, clothing and housing. The fulfillment of contraceptive needs is closely related to the ability of the community to purchase contraceptives. A person needs sufficient funds to obtain contraceptive services, including the amount of funds that must be provided and issued by the community to reach family planning services. The more a person's income is, the more capable a person is to get contraceptive services. People who do not have enough money to eat will prioritize their primary needs over secondary needs, in this case the fulfillment of family planning contraceptives. However, the decision to fulfill the need for contraceptives is also influenced by social, cultural, and government policies.

#### ***4.2 The Relationship between the Role of FPFO and the Unmet Need for Family Planning***

FPFO is a Regency/Municipal State Civil Apparatus placed in a village or village area assigned the task of managing, mobilizing, empowering communities, raising and developing partnership functions with various parties in the implementation of the National Family Planning program. In general, FPFO has functions in program planning activities, organizing, implementing, mobilizing, developing, controlling, monitoring, evaluating programs, reporting and sustainability of future family planning programs in order to increase human resources in the community. The existence of FPFO as the main spearhead in the successful implementation of the national family planning program. The duties and functions of FPFO are directed to be implementing pawns in the field in terms of service, education, socialization, information, complaint handling and active family planning for the community. Prospective acceptors and acceptors in the community will continue to interact with FPFO to communicate about family planning programs, program obstacles, problem solving programs and future program sustainability. Family planning field officers are health technical personnel or family planning officers who have expertise and competence in the field of family planning, To improve the quality of the national family planning service program, FPFO is assigned the following tasks: (1). Prepare consolidation with all related parties to prepare plans for implementing National Family Planning program activities at the field level. (2). Conduct field assessments to obtain data and information through collecting and processing data on social, population, economic, community culture, geographical conditions, religion/beliefs, population characteristics, community structure, and community participation that can be used as a family planning program implementation plan in the work area which will be held. (3). Implementation of communication activities, education, socialization of relevant stakeholders. (4). Implementation of community mobilization to encourage community involvement and role in the National Family Planning program in their working areas. (5). Collaborating with related parties at the village level through coordination of family planning programs at

the village level. (6). Identify and seek alternative solutions to problems encountered in the implementation of family planning programs. (7). Prepare and carry out family planning program reporting activities to related parties for program sustainability. Based on the findings of the research, it was found that most of the respondents stated that the role of FPFO was good by 71 respondents, or 89.9%, while the respondents who stated that the role of FPFO was still lacking were 8 respondents or 10.1%. This indicates that the presence of FPFO has played a major role in supporting family planning programs in the community. Likewise, the community has also responded positively to their participation in the national family planning program. Based on statistical test data, it shows that there is no relationship between the role of FPFO and the incidence of unmet need for family planning. This is in line with the results of research [22] that there is no relationship between the support of health workers and access to family planning services with unmet need for family planning. The results showed that 97.5% of nightlife workers used contraception but there was no relationship between the role of the officer and the use of contraception [23] The results of in-depth interviews found that one of the causes of the high number of unmet need in community groups who consider the role of FPFO to be good is caused by other factors that affect environmental aspects in the form of access to services and husband's support. Generally, respondents are less interested in using contraceptives because of the low support from their husbands, this is because the husband's work is mostly fishermen, so they don't have enough time to communicate the use of family planning either with their wives, FPFO or the opportunity to take their wives to counseling sites. There is no relationship between the role of FPFO on the incidence of unmet need for family planning, this is because the role of FPFO is not yet optimal in providing counseling, counseling and also information about family planning to the community, therefore it is necessary to increase the active role of health workers so that they are active in coordinating, educating, provide information, and establish communication with the community so that the incidence of unmet need can be reduced Based on the results of in-depth interviews, it was found that the FPFO arrived on time at the time of socialization but got the lowest score, this is because the facilities for going to the extension center are very limited, to reach the counseling place the FPFO must use sea transportation which is quite difficult to pass so that often the schedule is too long been set are often delayed due to inadequate transportation. However, the availability of facilities provided by FPFO in conducting counseling is adequate. The facilities used by FPFO at the time of counseling were in the form of pamphlets and other media that made respondents interested in participating in the counseling. FPFO's knowledge, ability, and communication are also factors that influence the success of FPFO in the field. FPFO's ability regarding the material presented is in accordance with community expectations. Extension tools in the form of pamphlets and brochures are always used by FPFO when conducting counseling. FPFO's ability in mastering the material very good, and received a good response from the community. The ability to master IEC is considered good by the respondents. The existence of a high response from the community to the performance of FPFO, can affect the incidence of unmet need for family planning, but some respondents who assess the performance of FPFO are good, but do not use contraceptives, this is caused by several other factors, such as attitudes and environmental factors. In terms of support from relevant agencies to improve the performance of FPFO, it also plays a very important role, for example in terms of providing more complete extension facilities, because Masaloka Raya District is located in an archipelago. The role of superiors is also highly expected for the success of the family planning program, for example in providing support to FPFO when faced with technical constraints while in the field. According to the researcher's assumption, the community will be more

interested if their superiors and FPFO jointly conduct counseling in the field, this can be a separate reason for the community to be more interested in participating in the family planning program, because the community will be more confident if the superiors together explain with the FPFO about the importance of health reproduction. This is in line with research conducted by Junita who said that the support of health workers affects the use of contraceptives. Health workers play a role in providing information, counseling and explaining contraceptives [24]. Health workers are one of the most responsible parties in campaigning for the program independent family planning to the community. There is a relationship between the role of health workers and the use of the IUD [25]. It is proven that the perception of family planning counseling services has an effect on the unmet need for family planning [26]. There is a relationship between the role of health workers and the use of contraceptives [27]. There was a 15% reduction in the incidence of unmet need through group counseling [28]. The results of the study [29], explained that the information obtained by married women from visiting health workers also influenced the decision to unmet need for family planning. FPFO competence can affect the information submitted by FPFO. FPFO information can affect the understanding of information about contraceptives and methods of effective family planning acceptors. The role of FPFO as a Facility Provider in Sukodono District is to provide scheduled guidance and socialization, and a place for meetings or socialization even though the location is in the District. Meanwhile, the role of the village family planning assistant is to provide a place for services such as the posyandu, the elderly post and the Building Family Well Being association where it is located at the house of the village family planning assistant, and provides scheduled socialization [30]. FPFO is the spearhead of family planning management in the field. Law of the Republic of Indonesia No. 52 of 2009 concerning Population Development and Family Development and Presidential Regulation no. 62 of 2010 concerning the National Population and Family Planning Agency states that the NPFPA has the task of carrying out government duties in the field of population control and family planning management, so that the mandate can be implemented, it is necessary to stipulate Standard Procedures and Criteria in the field of population control and family planning implementation [31]

#### ***4.3 The Relationship between Availability of Contraceptive Devices and Incidence of Unmet Need for Family Planning***

The incidence of unmet need can occur at young reproductive age or old reproductive age. In this study, unmet need mostly occurred at the age of < 20 years and > 35 years. They think that there are those who want to have more children, and there are those who think that they are old, so there is a very small pregnancy. [32]. Research [33] explains that Unmet need is one of the things that causes an unwanted pregnancy so that it can trigger an abortion. The act of abortion contributes to the number of maternal and child deaths, for that we need a method that can be used to regulate the number and distance of children desired. Contraceptive devices are devices or equipment with certain methods used to prevent fertilization so that pregnancy does not occur. Generally, contraceptives are used by married couples of childbearing age with the aim of predicting and planning their pregnancy. By using contraception, it can prevent sperm cells from meeting the egg cells so that fertilization does not occur. With the contraceptive device will help prevent and stop contact by separating the egg and sperm, and stop egg production. In developing countries such as Indonesia, the use of contraceptives is used to control population growth and to improve family welfare. To obtain contraceptives, the public can obtain them at public health centers or health services, private clinics, doctors, private practice, and

independent practice midwives. Contraceptives in the form of condoms can be obtained easily by buying them at supermarkets or pharmacies. The close distance of health services will have a positive impact on EFAs who want to use family planning. In order for a contraceptive method to be achieved, it must first be available and the place of service is easily accessible by the community. The distance of contraceptive services is based on the criteria made by the Central Statistics Agency in classifying the shortest average distance (km) from households to public facilities, which is categorized by if the distance from home to the puskesmas is 2.5 km and far if the distance from home to the puskesmas  $> 2.5$  km [34] According to Notoatmojo [35] the factors that influence the reasons for choosing a contraceptive method include economic level, employment and the availability of affordable health services. The existence of a link between income and the ability to pay is clearly related to economic problems, while the ability to pay can depend on non-economic variables in terms of individual tastes or perceptions of an item or service. The availability of contraceptives is manifested in physical form, whether or not facilities or health facilities are available (places for contraceptive services). To be used, a contraceptive method must first be available and easily available. Promotion of these methods – through the media, through direct contact by family planning program officers, by doctors and so on – can significantly increase the choice of contraceptive methods. Providing medical consultation may be considered as a promotional effort. Besides, the purchasing power of individuals can also affect the use of contraception. Indirectly, the purchasing power of individuals is also influenced by the presence or absence of subsidies from the government. Respondents are not hampered in accessing the type and quality of health services. Variables access type and quality of health services indicate an influence on the incidence of unmet need. as many as 12 EFA (20.3%) and 47 PUS (79.7%) unobstructed. Meanwhile, in the met need group, all respondents were not hampered by access to the type and quality of health services. [34] The findings obtained from the results of the study indicate that the majority of respondents who consider the availability of contraceptives to be good are 73 respondents with a percentage of 92.4%, while respondents who consider the availability of contraceptives to be insufficient are 6 respondents with a percentage of 7.6%. Based on the results of statistical tests, it was found that there was a relationship between the availability of contraceptives and the incidence of unmet need for family planning. There are several reasons expressed by respondents who have never visited family planning services around their place of residence because of geographical conditions, the distance from where they live to health care facilities makes the distribution of medical devices hampered, respondents are busy as housewives, do not get husband's support, and there is an assumption that family planning needs are not so important to them. Another finding obtained, some of the reasons that respondents expressed about the number of unmet incidents related to the availability of contraceptives in good categories, namely the presence of respondents who did not come to visit the family planning service place around their place of residence because the respondents had done family planning counseling in hospitals with more complete facilities. People who have done counseling directly at the hospital, think that the counseling done at the hospital is sufficient for their reproductive health needs. Another finding also found that respondents would not look for family planning services elsewhere because of the busyness of housewives and the long distance to visit the family planning service at the sub-district office. Therefore, it is necessary to increase the availability of facilities in accordance with the increasing number of contraceptive needs in one area. Another finding was that some respondents who they sometimes had difficulty getting one of the contraceptives they wanted, this was the cause or reason for them not to use contraceptives, because they were reluctant to change contraceptives. Thus, the availability of contraceptives in accordance with the needs of

the community is important to be prioritized and it is the responsibility of the government to realize the success of the national family planning program. Several other reasons stated by respondents related to the availability of contraceptives in terms of readiness and continuity of the availability of long-term contraceptives which are difficult to find in their area. Likewise, the respondent's busyness in taking care of the household is one of the reasons for respondents to make visits to more complete health facilities, such as hospitals, rather than to family planning service facilities at the local sub-district office. In addition, the geographical condition of the Masaloka Raya Sub-district which is located in the area is one of the causes of the frequent delays in the distribution of contraceptive needs programmed by the government, because the source of transportation only relies on ships which are not always available to cross to the island, so that delays are increasingly frequent distribution to family planning service facilities, the higher the risk of unmet need. The availability of contraceptives for men is also still lacking, on average health facilities provide contraceptives only for women's needs, causing a lack of interest in husbands to use contraceptives. This is one of the causes of the high number of unmet need in Masaloka Raya District. Respondents asked FPFO to educate husbands to support their wives, or to participate in family planning programs. The number of unmet contraceptive needs can be reduced if the government fulfills all contraceptive needs for each acceptor, both active and new acceptors. These needs include the contraceptive method desired by each acceptor, especially the procurement of contraceptive needs for poor families, family planning facilities for both health workers and facilities and infrastructure, and facilitating access to reach these facilities. The limitations of this study are the high level of activity of the respondents in their daily work so that they do not have sufficient time to collect data/information, and the distance and access to the research location is difficult.

## **5. Conclusions and suggestions**

Conclusion; There is no relationship between income, the role of FPFO with the incidence of unmet need for family planning and there is a relationship between the availability of contraceptives and the incidence of unmet need for family planning. Suggestion; It is hoped that the community will increase income, increase the role of officers to be more active in conducting socialization, counseling and education activities to the community as well as increasing the availability of contraceptives in family planning service units

## **Reference**

- [1]. Rismawati and Sariesty., "Unmet Need: Tantangan Program Keluarga Berencana dalam Menghadapi Ledakan Penduduk Tahun 2030," *J. Mhs. Magister Kebidanan Fak. Kedokt. UNPAD Bandung*, vol. 3, no. 2, pp. 10–17, 2014.
- [2]. Alkema, Chou, Hogan, Zhang, Moller, and Gemmill, "Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenariobased projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *Lancet*," 2016.
- [3]. BPS, "Indoensia Dalam Angka," Jakarta, 2015.
- [4]. Septianingrum, Wardani, and Kartini, "Faktor-Faktor yang Mempengaruhi Tingginya Akseptor KB Suntik 3 Bulan," *J. Ners dan Kebidanan*, vol. 5, no. 1, pp. 15–19, 2018.
- [5]. Mujiati, Budijanto, and Khairani, "Situasi Keluarga Berencana di Indonesia," *Bul. Jendela Data dan*

- Inf. Kesehat., vol. 2, no. 2, pp. 1–12, 2013.
- [6]. Khatulistiwa, “Determinan unmet need KB pada wanita menikah di Kecamatan Klabang Kabupaten Bondowoso,” <http://www.gajahmada.ac.id>, vol. 2, no. 2, pp. 14–22, 2014.
- [7]. Yarsih, “Hubungan Sociodemografi, Sikap dan Dukungan Suami dengan Unmet Need Keluarga Berencana di Desa Amplas Kecamatan Percut Sei Tuan Kabupaten Deli Serdang,” Universitas Sumatera Utara, 2014.
- [8]. BKKBN, Rencana Rancangan Strategis BKKBN 2020 – 2024. Jakarta: BKKBN, 2020.
- [9]. Wakhidah, Cahyo, and Indraswari, “Faktor-Faktor yang Berhubungan dengan Praktik Antenatal Care pada Remaja dengan Kehamilan Tidak Diinginkan (Study di Wilayah UPT Puskesmas Ponjong 1 Kabupaten Gunungkidul),” *J. Kesehat. Masy.*, vol. 5, no. 5, pp. 958–968, 2017.
- [10]. Ratnaningsih, “Analisis Dampak Unmet Need Keluarga Berencana Terhadap Kehamilan Tidak Diinginkan di Rumah Sakit Panti Wilasa Citarum Semarang,” *Kebidanan*, vol. 7, no. 2, pp. 61–68, 2018.
- [11]. BKKBN, Pemantauan Pasangan Usia Subur Melalui Mini Survei Indonesia. Jakarta: BKKBN, 2016.
- [12]. A. Huda, “Faktor – Faktor Yang Berhubungan Dengan Kejadian Unmet Need KB Di Kelurahan Bandarharjo Kecamatan Semarang Utara,” *Kebidanan*, vol. 5, no. 6, p. 3, 2016.
- [13]. L. Hartini, “Pengetahuan Dan Pendapat Akseptor KB Dengan Penggunaan Alat Kontrasepsi Bawah Kulit,” *Kesmas Asclepius*, vol. 2, no. 1, pp. 54–63, 2020.
- [14]. S. Herlina, S. Qomariah, and W. Sartika, “Dukungan Suami Dan Pendapat Suami Terhadap Penggunaan Kb Suntik 1 Bulan Di BPM Murtina Wita Pekanbaru,” in *Prosiding Seminar Nasional Hasil Riset dan Pengabdian. Seminar Nasional Hasil Riset dan Pengabdian Ke-III (SNHRP-III 2021)*, 2021, pp. 43–49.
- [15]. I. A. Nita, Dharminto, F. Agushybana, and Y. Dharmawan, “Hubungan Sosial Ekonomi Akseptor KB Dan Ada Tidaknya Tokoh Panutan Dengan Penggunaan IUD,” *J. Kesehat. Masy.*, vol. 6, no. 4, pp. 114–124, 2018.
- [16]. Komsari, A. Supyan, and T. Hartiningsih, “Hubungan Antara Pendapatan Keluarga Dengan Penggunaan Metode Kontrasepsi Pada Pasangan Usia Subur Di Desa Lengkong Kecamatan Garawangi Kabupaten Kuningan,” *J. Ilmu-Ilmu Kesehat. Bhakti Husada Kuningan*, vol. 1, no. 1, pp. 17–24, 2012.
- [17]. N. G. A. P. Nuryati and I. G. W. M. Yasa, “Peran Masa Ber KB Dalam Memediasi Pengaruh Faktor Ekonomi, Sosial Dan Demografi Terhadap Jumlah Anak Pada Pasangan Usia Subur Di Kabupaten Badung,” *E-Jurnal Ekon. dan Bisnis Univ. Udayana*, vol. 4, no. 10, pp. 683–702, 2015.
- [18]. D. Yolanda and N. Destri, “Faktor Determinan Yang Mempengaruhi Kejadian Unmet Need KB Pada Pasangan Usia Subur Di Kelurahan Campago Ipuah Kecamatan Mandiangin Koto Selayan Kota Bukit tinggi Tahun 2018,” *Menara Ilmu*, vol. 8, no. 3, pp. 10–15, 2019.
- [19]. R. Utami and N. Nasution, “Unmet Need Keluarga Berencana Di Provinsi Kepulauan Riau Berdasarkan Data SDKI 2017,” *Kebidanan2*, vol. 3, no. 1, pp. 85–91, 2020.
- [20]. K. Uljanah, S. Winarni, and A. Mawarni, “Hubungan Faktor Risiko Kejadian Unmet Need KB Di Desa Adiwerna, Kecamatan Adiwerna, Kabupaten Tegal, Triwulan III tahun 2016,” *J. Kesehat. Masy.*, vol. 4, no. 4, pp. 204–212, 2016.
- [21]. Usman and Lisdyanti, “Faktor yang Berhubungan Dengan Kejadian Unmet NeedKB Pasangan Usia

- Subur terhadap Kehamilan yang Tidak Diinginkan,” Universitas Hasanuddin, 2013.
- [22]. M. Azzahra, A. Fitriangga, and Darmanelly, “Determinan Unmet Need KB pada Wanita Pasangan Usia Subur di Wilayah Kerja Puskesmas Gang Schat Kota Pontianak,” *J. Cerebellum*, vol. 4, no. 1, pp. 971–985, 2018.
- [23]. H. C. Ningrum and N. A. Tianingrum, “Peran Petugas Kesehatan Terhadap Pemakaian Kontrasepsi Pada Pekerja Tempat Hiburan Malam Di Wilayah Kerja Puskesmas Harapan Baru Samarinda,” *Borneo Student Res.*, vol. 1, no. 2, pp. 914–919, 2020.
- [24]. Junita, “Faktor-faktor yang mempengaruhi Pemakaian Alat Kontrasepsi pada Istri PUS di Kecamatan Rambah Jamo, Kabupaten Rokan Hulu tahun 2009,” Universitas Sumatra Utara, 2009.
- [25]. R. Pitrian, “Hubungan Pendidikan, Pengetahuan dan Peran Tenaga Kesehatan dengan Penggunaan Kontrasepsi Intra Uterine Device (IUD) di Wilayah Kerja Puskesmas Rawat Inap Muara Fajar Pekanbaru,” *J. Kesehat. Komunitas*, vol. 3, no. 1, pp. 25–28, 2016.
- [26]. N. B. Dewi Febrina Paramita, Thohirun, “Hubungan antara Otonomi Perempuan dan Persepsi terhadap Pelayanan Konseling KB dengan Unmet Need KB pada Pasangan Usia Subur di Kecamatan Sumberjambe Kabupaten Jember,” *e-Jurnal Pustaka Kesehat.*, vol. 5, no. 2, pp. 214–222, 2017.
- [27]. T. Sundari and P. F. Wiyoko, “Hubungan Peran Tenaga Kesehatan dengan Perilaku Penggunaan Alat Kontrasepsi di Puskesmas Samarinda Kota,” *Borneo Student Res.*, vol. 2, no. 1, pp. 221–227, 2020.
- [28]. L. Mertasari, N. K. Sulyastini, and L. N. Armini, “Pendampingan PLKB Dalam Upaya Menurunkan Unmet Need KB Melalui Konseling Kelompok Di Desa Pegayaman Kecamatan Sukasada Kabupaten Buleleng,” in *Prosiding SENADIMAS ke -4*, 2019, pp. 204–210.
- [29]. K. K. Zia, “Hubungan Tingkat Pendidikan, Tempat Tinggal Dan Informasi Petugas,” 2019.
- [30]. E. Setyowati, Arsiyah, and A. R. U. Balahmar, “Peran Petugas Lapangan Keluarga Berencana Dan Pembantu Pembina Keluarga Berencana Desa Dalam Mensosialisasikan Alat Kontrasepsi (Studi Di Desa Kebonagung Kecamatan Sukodono Kabupaten Sidoarjo),” *JKMP*, vol. 4, no. 2, pp. 117–234, 2016.
- [31]. R. Presiden, *Undang-Undang Republik Indonesia No. 52 tahun 2009 tentang Perkembangan Kependudukan dan Pembangunan Keluarga*. Indonesia: Sekretariat Negara RI, 2009.
- [32]. A. Huda, “Faktor – Faktor Yang Berhubungan Dengan Kejadian Unmet Need KB Di Kelurahan Bandarharjo Kecamatan Semarang Utara,” 2016.
- [33]. N. Huda and H. Muhammad, “Faktor-Faktor yang Mempengaruhi Kejadian Obesitas pada Remaja,” *J. Gizi Klin. Indones.*, vol. 5, no. 3, pp. 179–190, 2015.
- [34]. Wahyu and Kartika, “Faktor yang Mempengaruhi Unmet Need Keluarga Berencana,” *J. Biometrika dan Kependud.*, vol. 4, no. 1, pp. 70–75, 2015.
- [35]. S. Notoatmodjo, *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta, 2014.