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Associated Factors Regarding Unmet Need of Family Planning in Kawo Village, Lombok Regency West Nusa Tenggara Province



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Abstract

Background; Unmet Need of Family Planning was a multidimensional issue due to it is influenced by various factors, unlike demographic characteristics, education and knowledge level, socio-economic and cultural, low society participation as well as access and quality of service. Research methods; Analytical Survey with a Cross-Sectional design. The location of the study was determined purposively. The sample was couples of reproductive age (PUS) with Unmet Need of Family Planning as much as 150 PUS. The sampling was taken using Simple Random Sampling technique. Results and Discussion; The analysis result of knowledge factor of PUS had significant relationship with *Unmet Need* for Family Planning (p <0.05), socio-cultural factors significantly related to *Unmet Need* for Family Planning (p <0.05), and there was a significant relationship of husbandry support factor with *Unmet Need* of Family Planning (p < 0.05). Conclusion; Knowledge Factor of PSU on Contraception, Socio-Cultural and Husbandry Support, has a significant relationship with *Unmet Need* for Family Planning (p <0.05). Suggestion; The continuity of active Family Planning acceptors and decreasing in Unmet Need can be done with Communication, Information, and Education regarding Family Planning, as well as the society-based approach of local wisdom.

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1. Introduction

Family Planning aims to look after a small family in accordance with the socio-economic condition by maturing the age of marriage and arranging the birth of children to be happy and welfare family. Unmet Need is defined as couples of reproductive age (CRA), the women who do not want to have more children or want to infant pregnancy up to 24 months, however, not use contraception to prevent pregnancy. The concept is widely used to identify women who need to use contraception due to they do not want children any more or want to postpone pregnancy (BKKBN, 2003). Unmet Need of Family Planning is a multidimensional issue due to it is influenced by various factors, unlike demographic characteristics, education and knowledge level, socio-economic and culture, public participation and access as well as a quality of service. (DepKes, 2012). Unmet Needs is the proportion of childbearing women in marital status who do not use contraception even if they declare to delay or exclude children; and/or those who are "unmet need" because of health risks and poor use of contraceptives have a bad effect on additional children (BKKBN, 2005).

The group of an eligible woman both youth and adult are high risk for experiencing Unmet Need of Family Planning due to they are unaware that have potential complications during pregnancy (BKKBN, 2011a). This is due to the demographic factor, if a woman is younger or lower the average age of her first marriage it will have an impact on the reproductive age length and fertility rate will be higher as Easterlin's (1975) analysis framework that the more children will be likelihood has exceeded her desired fertility preference, unlike she has experienced Unmet Need of Family Planning. The one reason for the reluctance to use contraception is the lack of access to contraceptive services (BKKBN, 2011b).

The statistical data of Central Lombok Regency in 2015, is recorded 215,502 for CRA. The active participant of Family Planning acceptors is 141,214 (65,53%) of CRA, while Unmet Need of Family Planning is 74.288 (34,47%). The data from Pujut Sub-district is recorded 25,715 of CRA, an active participant of Family Planning acceptor 16,853 (65,54%), while Unmet Need of Family Planning 8,862 (34,46%). The data from Kawo Village is recorded 2,229 of CRA, an active participant of Family Planning acceptor is 1,251 (56,12%) CRA, while Unmet Need of Family Planning 978 (43,88%) CRA. The data shows the issues that related to Unmet Need of Family Planning. This study is intended to determine the factors of knowledge of CRA, Social Culture and Husband Support related to Unmet Need of Family Planning.

2. Materials and Methods

The present study is an analytic survey research with a Cross-Sectional design. The study location is determined purposively meanwhile, the sample is CRA who experienced Unmet Need of Family Planning about 150 couples. The sample is taken by using Simple Random Sampling technique. The study was conducted from October to December in 2016.

3. Results and Discussions

Based on normality test results using Chi Square test are obtained; (1) Unmet Need of Family Planning with *Chi-Square*_{arithmetic} is 101,720^a and *Chi-Square*_{table} is 12,592, value of Sig = 0,000, (2) Knowledge of CRA with *Chi-Square*_{arithmetic} value is 64,200^f and *Chi-Square*_{table} is 9,488, value of Sig.= 0.000, (3) Social Culture with *Chi-Square*_{arithmetic} is 54,120^a and *Chi-Square*_{table} is 12,592, value of Sig = 0,000, (4) Supporting of Husband with *Chi-Square*_{arithmetic} is 74,933^h and *Chi-Square*_{table} is 16,919, value of Sig. = 0,000. In aggregate independent and dependent variables obtained *Chi-Square*_{arithmetic} > *Chi-Square*_{table} and obtained the value of Sig. is 0,000 $<\alpha$ = 0,05, it can be stated that all research variables are normally distributed.

Based on Output Test of Homogeneity of Variances between Independent and Dependent variables are obtained; (1) Knowledge of CRA and Unmet Need of Family Planning within F value = 2,055 whereas value of Sig = 0,062, (2) Social Culture and Unmet Need of Family Planning within F value = 1,296 while value of Sig = 0,233, and (3) Supporting of Husband and Unmet Need of Family Planning with F value = 0,414 while value of Sig. = 0,956. In aggregate obtained value of Sig. > α = 0,05. This means that the variant of research data is statistically homogeneous.

In order to know the relation between independent with dependent variables then is conducted a Multivariate Tests. The analysis results of data unlike in table 1.

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Table 1 Multivariate test results

Multivariate Tests ^a							
No.	Variable Effect		Value	F	Hipotesis df	Error Df	Sig.
1	Knowledge of CRA	Pillai's Trace	0,110	1,222	12,000	252,000	0,000
		Wilks' Lambda	0,892	$1,223^{b}$	12,000	250,000	0,000
		Hotelling's Trace	0,118	1,223	12,000	248,000	0,000
		Roy's Largest Root	0,092	1,926 ^c	6,000	126,000	0,000
2	Socio-cultural	Pillai's Trace	0,104	1,155	12,000	252,000	0,000
		Wilks' Lambda	0,897	$1,169^{b}$	12,000	250,000	0,000
		Hotelling's Trace	0,115	1,184	12,000	248,000	0,000
		Roy's Largest Root	0,107	$2,239^{c}$	6,000	126,000	0,000
3	Supporting of Husband	Pillai's Trace	0,103	1,141	12,000	252,000	0,000
		Wilks' Lambda	0,898	$1,147^{b}$	12,000	250,000	0,000
		Hotelling's Trace	0,112	1,153	12,000	248,000	0,000
		Roy's Largest Root	0,095	1,999 ^c	6,000	126,000	0,000

Based on the analysis results of Multivariate Tests shows the relationship between independent variables with dependent variable as follows:

3.1 Knowledge Relationship of Couple of Reproductive Age towards on Unmet Need for Family Planning

The statistical analysis result shows the value of Pillae Trace, F = 1,222 and Sig = 0,000, Wilk Lambda value is $F = 1,223^b$ and value of Sig = 0,000, Hotelling Trace value is F = 1,223 and Sig = 0,05 and Roy's Largest Root is $F = 1.926^c$ and Sig = 0,000. This analysis states that there is a relationship between the Knowledge of CRA on Family Planning against Unmet Need for Family Planning. In aggregate value of Sig = 0,05, it means the knowledge factor of CRA about Contraception of Family Planning, there is a significant relation to Unmet Need of Family Planning.

A knowledge is closely related to education, wherein it is expected that a high education then the person will be more knowledgeable as well. CRA with lower education levels have a higher Unmet Need tendency and will decrease along with increasing level of education or knowledge (Bhandari *et al.*, 2006).

Based on the Health Promotion Model (HPM) theory that one's actions are affected by the skill and self-confidence (self-efficacy) in making decisions (Pender, 2011). The reproductive age on Unmet Need tends to have self-efficacy due to it has a low knowledge, therefore, there is an acceptance in high barriers. The low self-efficacy in CRA, possibly influenced by the more dominant psychological status unlike anxiety and fear of contraceptive methods, low self-esteem may be due to lack of knowledge. It is about contraceptive methods (Korra, 2002); the low knowledge level on CRA of Family Planning for contraception is one of the causes Unmet Need, (Sedgh *et al.*, 2007). The negative perceptions of contraception in Unmet Need couples may be due to not knowing about types and methods, unfamiliar with certain contraceptive methods.

The present study states that a knowledge has a significant effect on Unmet Need, for a low-knowledge of CRA about contraceptive trends influence in Unmet Need. (Mubarak and Chayatin, 2009), stated that the knowledge of a person is usually influenced by experiences derived from various sources unlike mass media, close relatives and so on. It can form certain beliefs so that a person accordingly behaves.

3.2 The Relationship of Social-Cultural towards Unmet Need of Family Planning

Regarding the analysis results is obtained Pillae Trace value, F = 1.155 and value of Sig = 0,000, Wilk Lambda value $F = 1.169^b$ and value of Sig = 0,000, Hotelling Trace value F = 1.184 and value of Sig = 0.05, and value of Roy's Largest Root $F = 2.239^c$ and value of Sig = 0,000. This analysis is obtained that there is a relationship between

Social Culture for Unmet Need of Family Planning. In aggregate, the value of Sig $<\alpha = 0.05$, it means that Social Culture shows a significant relation towards Unmet Need of Family Planning.

The social culture is a norm consist of understanding values, expectations and aims that are believed and running together by a group of society. The norms can derive from religion, moral guidance, and secular standards as well as professional codes of ethics that become a social trust, social norms will play a role in controlling the behavior forms that grows in society (Suharto, 2005). Family Planning Program as if it is believed not to conflict with social culture, it will automatically get a public support, and therefore, it needs an approach local wisdom.

The socio-cultural factors are crucial to a person in behaving according to a health, that the factors that facilitate a person or group into a learning experience that may support or inhibit the health forming behavior changes that are knowledge, traditions or customs, beliefs, and norms (Green, in Notoatmodjo, 2010). Thus, it is the importance of information communication and education to the society leaders/customs, religion to improve the knowledge of Family Planning Contraception.

The social culture of genesis effects in occurrence towards Unmet Need often occurs when the husband does not agree to use a contraception by the certain methods due to socio-cultural problems, and various other factors. Kaushik (1999) a study in India showed that husband's acceptance of Family Planning significantly affected the incidence of Unmet Need, as the Philippines also did found similar conclusions about the relationship between husband's acceptance of Family Planning and the occurrence of Unmet Need. The same is also found in Bongaart (1995) and Westoff and Bankole (1995) studies.

3.3 The Relationship of Supporting of Husband towards Unmet Need of Family Planning

Regarding the analysis results is obtained, Pillae Trace value, F = 1.141 and value of Sig. = 0,000, Wilk Lambda value $F = 1.147^b$ and value of Sig = 0,000, Hotelling Trace value F = 1.153 and value of Sig = 0.05, and Roy's Largest Root value $F = 1.999^c$ and Sig. = 0,000. This analysis suggests that there is a relationship between Supporting of Husband for Unmet Need of Family Planning. In aggregate, the value of Sig. < $\alpha = 0.05$, it means that Supporting of Husband shows a significant relation towards Unmet Need of Family Planning.

Support of Husband is very influential on decision-making at using methods and contraception types, in addition to the important role in supporting decision-making, the husband role in providing information is also very influential for a wife. The husband's decision is to allow wife is an important guideline for wives to use contraceptives. It is very influential in making decisions using or not using contraception. The husbands also support what method will be used by his wife (Suparyanto, 2011).

This research states that the husband as a decision maker of all things done in the household, therefore, the husband involvement becomes important in election method approval for contraception that will be used. According to Friedman in Sarwono (2011), stated that husband and wife is a couple in the family when faced with a problem, then together to solve it. The support will be created if they have a good interpersonal relationship each other.

The results of the present study indicate supporting of husbands is low for Family Planning acceptors affecting Unmet Need of Family Planning, it is linear with an opinion by Notoatmodjo (2003), it is stated that the acceptance of Family Planning acceptors can be influenced by knowledge as well as the support of a husband. The results of previous studies show 65% of women want a husband has been a greater role in contraceptives selection (Dep.Kes, 2007).

4. Conclusion

Knowledge Factor of Couple of Reproductive Age on Contraception, Socio-Cultural and Supporting of Husband, in aggregate it has a significant relationship with Unmet Need for Family Planning (p <0,05).

Suggestion

Based on the conclusions of the research results, it is suggested to the Government and related stakeholders in the field of Population and Family Planning in order to increase knowledge to the society in the Communication, Information, and Education regarding Family Planning, and approach the society leaders, religious figures and closest relatives based on local wisdom for the continuity of acceptor Active Family Planning and Unmet Need decreasing.

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Statement of authorship

The author(s) have a responsibility for the conception and design of the study. The author(s) have approved the final article.

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