

Unmet need for Family Planning (FP) in 7 national development areas in Indonesia



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ABSTRACT

Introduction: Unmet need for Family Planning (FP) was conducted to measure the achievement of the FP program. Since decentralization, each region has the flexibility to implement certain policies according to regional needs, including family planning program policies. This study aimed to describe the unmet need for FP in 7 regions in Indonesia in 2018-2021.

Methods: This research is an ecological study using data derived from the National Population and Family Planning Agency Field Control Report in 2018-2021 and descriptively analyzed based on 7 development areas of the 2020-2024 National Medium-Term Development Plan. Unmet need for FP is the percentage of married couples whose wife is between the ages of 15 to 49 years and aren't using contraception, those who still wanted children but have postponed it for up to 2 years and those who decided that they didn't want any more children.

Result: The results showed that the unmet need for FP in the Nusa Tenggara, Kalimantan, Sulawesi, Maluku, and Papua regions continued to decline in 2018-2021. The largest decrease in unmet need for FP occurred in Papua (7.6%) while the smallest decrease occurred in Sumatra (0.9%).

Conclusion: The magnitude of the decrease in the unmet need for FP varies by region. Region-specific FP program interventions are needed to increase the need for contraception in couples of childbearing age (EFA).

Keywords: Couple, contraception, family planning (FP), region, unmet need.

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INTRODUCTION

Indonesia has committed to ensuring that reproductive health is included into national plans and initiatives that are part of the 2030 Sustainable Development Goals (SDGs). This includes ensuring that everyone has access to Family Planning (FP), information, and education. Use of contemporary contraceptives by couples of childbearing age (EFA) between the ages of 15 and 49 who want to put off having children or who do not want to have any additional children is one indicator.^{1,2}

Women who do not use modern contraception are still high in Indonesia. The percentage of married couples whose wife between the ages of 15 to 49 years and aren't using contraception, those who still wanted children but have postponed it for up to 2 years and those who decided that they didn't want any more children is called unmet need for FP.³ Based on data from the United Nations (UN) in 2019, the median of unmet need for FP in Indonesia is 10.1%, above the unmet need

for FP in Southeast Asia (8.9%) and is ranked the 4th largest out of 10 countries in Southeast Asia.⁴ According to data from the Indonesia Demographic and Health Survey (IDHS) from 2017, the country's unmet need for family planning is 10.6%, which is still less than the 9.91% objective set by the National Population and Family Planning Agency for 2019.^{5,6}

Unmet need for FP is an indicator of access and delivery of reproductive health services.⁷ In addition, unmet need for FP is an indicator of population, development and empowerment of women, as well as a description of the health system and social conditions of a region that supports women's ability to realize a preference for delaying or limiting births.⁸ Unmet need for FP is also an indicator in the monitoring and evaluation of FP program.⁹ Reducing unmet need for FP can reduce birth rates and maternal mortality, unwanted pregnancies and unsafe abortions.¹⁰⁻¹²

Since 2000, each region has had the flexibility to implement specific policies according to the needs of the region,

including FP program policies.¹³ National Population and Family Planning Agency strategic plan in 2020-2024 has included regional-based priority program and activity planning.¹⁴ Regional analysis in development, especially FP programs is important to make rational policies regarding resources.¹⁵ Regional analysis, especially in the FP program is carried out to measure the achievement of FP programs in an area. This study aimed to describe the unmet need for FP in 7 regions in Indonesia in 2018-2021, which 7 regions are development areas in the National Medium Term Development Plan 2020-2024, that is Sumatra, Sulawesi, Kalimantan, Maluku, Nusa Tenggara, Java-Bali, and Papua.

METHODS

Study Design

This research is an ecological study using aggregated data of 34 Provinces in Indonesia. The research was conducted from March to November 2022.

Data Collection

Provinces are grouped into 7 national development areas based on the National Medium Term Development Plan in 2020-2024, that is Sumatra, Sulawesi, Kalimantan, Maluku, Nusa Tenggara, Java-Bali, and Papua. Sumatra consists of 10 provinces, that is South Sumatra, Aceh, West Sumatra, North Sumatra, Lampung, Riau, Jambi, Bangka Belitung, Bengkulu, and the archipelago of Riau. Java-Bali consists of 7 provinces, that is the Special Region of Yogyakarta, Special Capital Region of Jakarta, West Java, Banten, East Java, Central Java, and Bali. Kalimantan consists of 5 provinces, that is West Kalimantan, East Kalimantan, Central Kalimantan, North Kalimantan, and South Kalimantan. Sulawesi consists of 6 provinces, that is South Sulawesi, West Sulawesi, Southeast Sulawesi, North Sulawesi, Central Sulawesi, and Gorontalo. Nusa Tenggara consists of 2 provinces, that is East Nusa Tenggara and West Nusa Tenggara. Maluku consists of 2 provinces, that is Maluku and North Maluku. Papua consists of 2 provinces, that is Papua and West Papua.¹⁶ This study uses secondary data from the National Population and Family Planning Agency official website for public information, data, and information, that is the Field Control Report in 2018-2021. The data used and analyzed are available on the official National Population and Family Planning Agency website, that is: <http://aplikasi.bkkbn.go.id/sr/DALLAP/Laporan2013/ViewLaporanDALLAP.aspx>.

Variable of the Study

The variable is an unmet need for FP. Definition of unmet need for FP is the percentage of married couples whose wife between the ages of 15 to 49 years and aren't using contraception, those who still wanted children but have postponed it for up to 2 years and those who decided that they didn't want any more children.³ Unmet need for FP is taken from the average monthly National Population and Family Planning Agency Field Control Report in table 21 entitled EFA who are not FP participants in 2018-2021.

Data Analysis

Data analysis in this study is a descriptive statistic that produces mean and standard deviation values.

RESULTS

Unmet need for FP in the areas of Nusa Tenggara, Kalimantan, Sulawesi, Maluku, and Papua continued to decline in 2018-2021. However, the largest decrease in unmet need for FP in 2018-2021 occurred in the Papua region, followed by Maluku. The lowest unmet need for FP in the Java-Bali region is around 11% and the highest is around 24% in the Papua region in 2018-2021 (Figure 1).

The gap in unmet need for FP as seen from the standard deviation value continues to decline from year to year in the Java-Bali region, Nusa Tenggara in 2018-2021. Every year in 2018-2021, Papua becomes the region with the largest gap, while the smallest gap occurs in Maluku (Table 1).

The magnitude of the decline in the unmet need for FP which continued to rise in 2018-2021 occurred in Maluku. The highest total decrease in the percentage of unmet need for FP occurred in the Papua and Maluku regions, while the lowest total decline occurred in the Sumatra region during 2018-2021. Although the decline in the highest unmet need for FP occurred in Papua and Maluku, the number of unmet needs for FP was the highest in Indonesia. Nationally, the percentage of unmet need for FP during 2018-2021 fell relatively low, only 1.5% (Table 2).

DISCUSSION

Unmet need for FP has decreased in all regions in Indonesia in 2018-2021. However, it has not yet reached the target of the National Population and Family Planning Agency strategic plan in 2014-2019, which is 9.9%. In addition, it has not yet reached its 2020 (8.6%) and 2021 (8.3%) targets.^{6,14} Since 2001, the FP program has shifted from the central

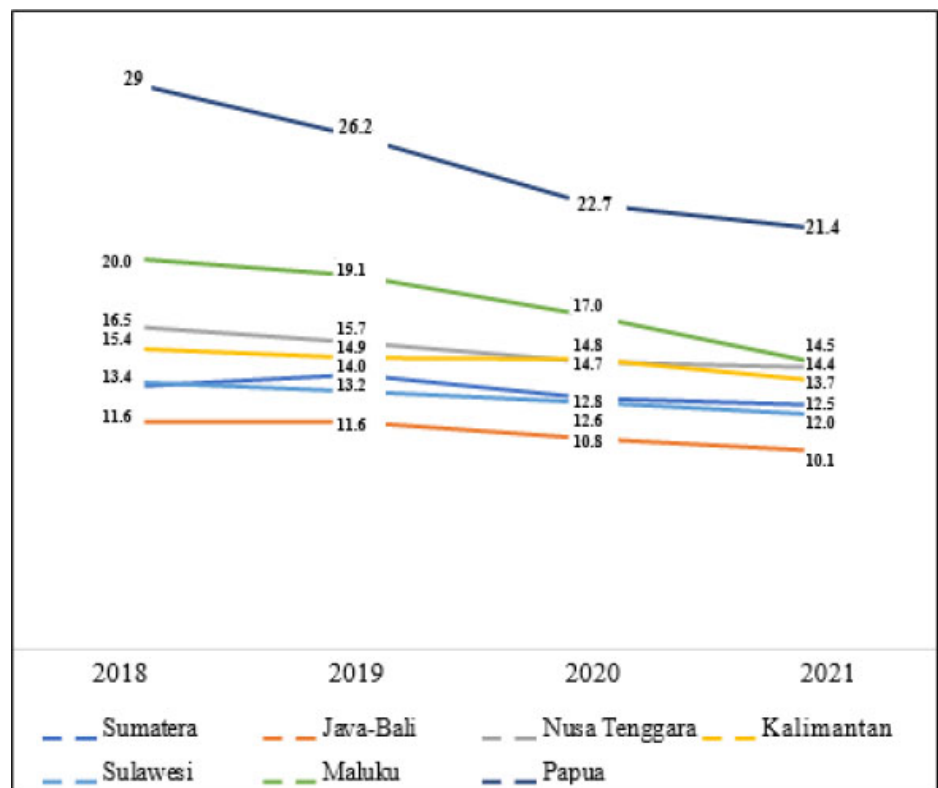


Figure 1. Percentage of Unmet Need for FP in 5 National Development Areas in Indonesia, 2018-2021.

Table 1. Standard Deviation of Percentage of Unmet Need for FP in 7 National Development Areas in Indonesia in 2018-2021.

Region	2018	2019	2020	2021
Sumatra	3.0	5.0	5.0	3.1
Java-Bali	3.2	3.1	2.7	2.6
Nusa Tenggara	3.7	3.1	2.4	1.7
Kalimantan	3.9	3.2	4.2	4.3
Sulawesi	3.8	2.5	2.8	2.9
Maluku	0.0	0.1	0.7	0.2
Papua	18.1	19.6	15.2	7.4

Table 2. The amount of decrease in the percentage of Unmet Need for FP in 7 National Development Areas in Indonesia in 2018-2021.

Region	2018-2019	2019-2020	2020-2021	Total drop amount 2018-2021
Sumatra	0.6	-1.2	-0.3	-0.9
Java-Bali	0	-0.8	-0.7	-1.5
Nusa Tenggara	-0.8	-1	-0.3	-2.1
Kalimantan	-0.5	-0.1	-1.1	-1.7
Sulawesi	-0.5	-0.6	-0.6	-1.7
Maluku	-0.9	-2.1	-2.5	-5.5
Papua	-2.8	-2.5	-1.3	-7.6
National	0.1	-0.7	-0.9	-1.5

government to provinces and districts or cities.¹⁷ Decentralization has prevented local governments from prioritizing FP, possibly as a result of local governments' ignorance of FP's significance in solving population control issues.¹⁸

The amount of decrease in unmet need for FP differs by region. This difference can be caused by regional variations in the acceptance of FP programs.^{19,20} Previous research has shown where region affects unmet need for FP.²¹⁻²⁴ Differences in socio-economic factors in an area also affect the unmet need for FP.^{25,26}

Maluku and Papua have the highest levels of unmet need for FP, whereas Java and Bali have the lowest levels. In line with research by Amraeni, the unmet need for FP is higher in eastern Indonesia.²⁷ The further east a region is, the incidence of unmet need is increasing.²⁸ According to Nabila, Java-Bali are classified as clusters with low unmet need. Maluku and Papua are classified as high unmet need clusters.²⁹ In line with the results of Gayatri's research that the unmet need for FP in the Papua region is still high and above the national figure.²⁶ Java-Bali was the first region to implement the FP program. The difference in the level of unmet need for FP reflects the maturity of the implementation of the FP program in each region.²⁵ Papua has the lowest access score to health services in

Indonesia. Access to health services may be the cause of the high unmet need for FP in Papua.¹³ The high unmet need for FP can be caused by lack of access.³⁰ Geographical access is one of the factors causing the high unmet need for FP.³¹ According to Yolanda's research that Papua belongs to the group that is inadequate in terms of facilities and equipment for FP health facilities so that more attention is needed than other regions.³² The large difference in the unmet need for FP between the western and eastern regions of Indonesia shows that there are disparities in the unmet need for FP in Indonesia. Disparities in FP is caused by 3 factors, namely provider-related factors, health care system factors, also client preferences and behavior.³³

A good understanding of the regional context can provide recommendations for more specific and effective FP interventions. For efficient resource allocation and intervention, decision-making, monitoring, and evaluation goals, a regional perspective on FP programs is crucial.^{34,35} The limitation of this study is that it used secondary data in the form of aggregate data, which only describes conditions at the regional level. It cannot be described individually. Data quality depends on data collectors, recorders, and reporters.

CONCLUSION

The magnitude of the decrease in the unmet need for FP varies by region. Region-specific FP program interventions are needed to increase the need for contraception in EFA. Further research with a larger sample and a different study design is needed to find out more about the factors that influence Family Planning (FP) in 7 National Development Areas in Indonesia.

DISCLOSURES

Ethical Considerations

Not applicable.

Conflict of Interest

The authors have no conflict of interest.

Author Contribution

All authors similarly contribute to the think about from the investigate concepts, information acquisitions, information investigation, factual investigations, changing the paper, until detailing the consider comes about through publication.

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REFERENCES

1. Badan Pusat Statistik (BPS). Potret Awal Tujuan Pembangunan Berkelanjutan. Jakarta; 2016.
2. Kementerian PPN/Bappenas dan Kementerian/Lembaga Terkait, Pakar, Akademisi, Filantropi dan Pelaku Usaha, dan Organisasi Kemasyarakatan. Metadata Indikator Tujuan Pembangunan Berkelanjutan (TPB)/ Sustainable Development Goals (SDGs) Indonesia Pilar Pembangunan Sosial. Jakarta; 2017.
3. Badan Kependudukan Dan Keluarga Berencana Nasional (BKKBN). Tata Cara Pelaksanaan Pencatatan Dan Pelaporan Pengendalian Lapangan Program Kependudukan, Keluarga Berencana, Dan Pembangunan Keluarga Nasional. Jakarta; 2014.

4. United Nations (UN). Family Planning and the 2030 Agenda for Sustainable. 2019.
5. Badan Kependudukan Dan Keluarga Berencana Nasional (BKKBN). Indonesia Demographic and Health Survey 2017. Jakarta; 2017.
6. Badan Kependudukan Dan Keluarga Berencana Nasional (BKKBN). Rencana Strategis BKKBN Pada tahun 2015-2019 (Revisi). Jakarta; 2016.
7. Barden-O'Fallon J, Reynolds Z. Measuring family planning service delivery: An assessment of selected indicators across implementing partners. Washington; 2017.
8. World Health Organization (WHO). Ensuring human rights within contraceptive programmes: a human rights analysis of existing quantitative indicators. Geneva; 2014.
9. Mills. Unmet Need for Contraception. Washington; 2010.
10. Casterline JB, El-Zeini LO. Unmet Need and Fertility Decline: A Comparative Perspective on Prospects in Sub-Saharan Africa. *Stud Fam Plann*. 2014;45(2):227–45.
11. Yaya S, Ghose B. Prevalence of unmet need for contraception and its association with unwanted pregnancy among married women in Angola. *PLoS One*. 2018;13(12):1–13.
12. Rana MJ, Goli S. The road from ICPD to SDGs: Health returns of reducing the unmet need for family planning in India. *Midwifery*. 2021;103(1):103107.
13. Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional. Analisis Kewilayahan Pembangunan Kesehatan. Jakarta; 2021.
14. BKKBN. Rencana Strategis BKKBN 2020-2024. Jakarta; 2020.
15. Ramos MC, Barreto JOM, Shimizu HE, de Moraes APG, da Silva EN. Regionalization for health improvement: A systematic review. *PLoS One*. 2020;15(12):1–20.
16. Republic of Indonesia. Attachment regulation of the president of the republic of Indonesia number 18, 2020 about development plan national medium term 2020-2024: narration. Jakarta; 2020.
17. Kurniawan UK, Pratomo H, Bachtiar A. Kinerja Penyuluhan Keluarga Berencana di Indonesia: Pedoman Pengujian Efektivitas Kinerja pada Era Desentralisasi. *Kesmas J Kesehat Masy Nas*. 2010;5(1):3–8.
18. Abrianty T. Why decentralization in Indonesia is not good for reducing women fertility? Results from National Socio Economic Survey 2002-2014 and a case study. *J Public Adm Stud*. 2017;1(3):44–63.
19. Cammack M, Heaton TB. Regional variation in acceptance of Indonesia's family planning program. *Popul Res Policy Rev*. 2001;20(6):565–85.
20. Zahid M. Regional Variation in Acceptance of Punjab's Family Planning Programme: A Comparative Analysis of Northern, Central and Southern Regions. *Pakistan Soc Sci Rev*. 2021;5(1):597–609.
21. Nzokirishaka A, Itua I. Determinants of unmet need for family planning among married women of reproductive age in Burundi: a cross-sectional study. *Contracept Reprod Med*. 2018;3(1):11.
22. Utomo B, Prasetyo SB, Rahayu S, Informasi S, Kesehatan T, Need U. Peran Tenaga Kesehatan Sebagai Sumber. 2020;1(2).
23. Utami D, Samosir O. Women's empowerment and unmet needs for family planning in Indonesia. *J Environ Sci Sustain Dev Symp*. 2021;7(16):1–10.
24. Teshale A. Factors associated with unmet need for family planning in sub-Saharan Africa: A multilevel multinomial logistic regression analysis. *PLoS One*. 2022;17(2):1–15.
25. Ardiana I, Ekorian M. Underlying the Factors of Unmet Need for Family Planning in Indonesia: A Spatial Analysis. *Glob J Health Sci*. 2020;13(1):6.
26. Gayatri M, Arum Romadlona N, Utomo B, Rahayu S, Penelitian P, Pengembangan D, et al. Tren Kebutuhan Dan Penggunaan Kontrasepsi Di Indonesia 2002-2017: Sub- Nasional Analisis Program Keluarga Berencana. *Pros Forum Ilm Tah IAKMI (Ikatan Ahli Kesehat Masy Indones*. 2020;1(1):25–6.
27. Amraeni Y, Kamso S, Sabarinah S, Purwastyastuti P. Pola Unmet Need Kontrasepsi Modern di Indonesia: Analisis Lanjutan Data SDKI 2007, 2012 dan 2017. *J Kesmas Jambi*. 2021;5(2):63–70.
28. Widyatami AI, Natungga GS, Damayanti R, Dewi SE, Siagian TH. Determinan Unmet Need Pada Pasangan Usia Subur Di Kawasan Indonesia Timur. *J Kel Berencana*. 2021;6(1):31–41.
29. Nabila A, Susanti R, Ismail A. Unmet Need di Indonesia (Analisis Data SDKI, SKAP, dan Susenas Tahun 2017-2020). *J Mhs dan Peneliti Indones*. 2022;9(1):13–26.
30. Machiyama K, Casterline JB, Mumah JN, Huda FA, Obare F, Odwe G, et al. Reasons for unmet need for family planning, with attention to the measurement of fertility preferences: protocol for a multi-site cohort study. *Reprod Health*. 2017;14(1):23.
31. Staveteig S, Shrestha N, Gurung S, Kampa K. Barriers to FP Use in Eastern Nepal: Results from a Mixed Methods Study. *DHS Qualit. USA: ICF*; 2018.
32. Yolanda AM, Yunitaningtyas K. Segmentasi Provinsi Berdasarkan Sarana Dan Perlengkapan Faskes Keluarga Berencana Tahun 2021. *J Kel Berencana*. 2021;6(1):20–30.
33. Dehlendorf C, Rodriguez MI, Levy K, Borrero S, Steinauer J. Disparities in family planning. *Am J Obstet Gynecol*. 2010;202(3):214–20.
34. Nyarko SH. Spatial variations and socioeconomic determinants of modern contraceptive use in Ghana: A Bayesian multilevel analysis. *PLoS One*. 2020;15(3):1–12.
35. Tegegne TK, Chojenta C, Forder PM, Getachew T, Smith R, Loxton D. Spatial variations and associated factors of modern contraceptive use in Ethiopia: a spatial and multilevel analysis. *BMJ Open*. 2020;10(10):375–83.



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