

Original Research Article

Unmet need to space and limit childbirth among reproductive age women in Pangkalpinang City, Bangka Belitung Province, Indonesia

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ABSTRACT

Background: Population growth has become one of priority problems should be solved in almost all of developing countries, including Indonesia. Backward, Indonesia had successful family planning history. However, it shows decline figures nowadays. While, unmet need of family planning in several regions found increased. In 2007, unmet need was 8.6 %, inclined to 11.4% in 2015, which is consisted of 4.5% for spacing children and 8.6% for limiting children. Social demography, economic, access to health services, family support and perception revealed have the contribution to unmet need.

Aims: This study aimed to identify unmet need family planning due to birth spacing and limiting situation among reproductive age women in Pangkal Pinang City, Bangka Belitung Province.

Methods: This study was a cross-sectional descriptive design. The population was women of childbearing age who experienced unmet need of family planning in Pangkal Pinang, 2016. Ninety-eight women were taken by proportional random sampling to participate in this study.

Results: Research showed that the most of the unmet need for family planning were among 25-29 years old women. About two third (66.3%) of unmet need women occurred due to the willingness to space the childbirth and 33.7% willing to limit the childbirth. Birth spacing tended to be favored by young mothers, early marriage (1-5 years old), had low parity and had low education attainment. Whilst, limiting childbirth tended to be preferred by women with length marriage experience (>15 years old), had high parity, older mothers, and middle education level (senior high school) attainment.

Conclusion: Both of spacing and limiting have no difference according to the economic situation, all of them mostly were the household wife from low-income family. Husband support to do not use contraception were found in both birth spacing and birth limiting. The study suggest to provincial health office and national family planning coordination board that family planning program should not just involve the wife, but husband as well due to their high influence in family planning decision.

This article is an extension of a selected paper "[Unmet need for family planning program: A situational analysis of birth spacing and limiting among reproductive age women in Pangkalpinang City, Bangka Belitung Province, Indonesia](#)" published in *Proceedings of the International Conference on Applied Science and Health* (No. 1, February 2017).

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INTRODUCTION

World population data sheet 2013, reported Indonesia as the fifth populated nation in the world, consist of 249 million people and the largest among ASEAN countries. Total fertility rate (TFR) showed above average line of ASEAN countries (2.4). Based on Statistic Indonesia 2014, among the number of population in Indonesia (252.164,8 thousand people), about 51% are female. With the rate of growth of 1.4% per year (2010-2014), it is predicted will reach 337 million people in 2015 [1].

Population growth in Indonesia started to raise again since 2000, while it had declined in several previous decades before. Backward, start in 1969, Indonesia have been implementing family planning program to reduce the population growth. It recorded as one of the successful history worldwide on population program. Family planning program can push down the number of people. However, it changes, now it becomes one of the biggest challenge in Indonesia [1]. Rapid population growth effects many sectors of development in Indonesia. Ministry of Health and National Family Planning Coordination Board (BKKBN) tried hard to evaluate and examine family planning related problems [2].

Family planning program is an effort to limited the number of children spouse should have and how to make space for delivery. It includes contraception methods and family planning strategy. The basic principle of contraception method is to prevent fertilization, how to make sperm can not reach the egg, or how to make fertilized egg can not develop further in the uterus [3].

Succesful history of family planning program in Indonesia was influenced by many factors included family planning related knowledge, perception, adherence to used contraception method, religion support, cultures support, family support and sexual activity [4].

Government has been doing massive socialization related to family planning program, however recently there is still a huge number of unmet need. Unmet need is the condition when specific people, including childbearing age spouses, need the contraception but did not use the contraception.

Based on demographic and health survey (DHS), the group of people included in this category is all fertile women who were married or living together, which included sexual partners active, who do not want more children or wanting to delay the next child in at least two years but did not use any of the types of contraceptives.

The number of unmet need in Indonesia reached 11.4% which is consisted of 4.5% for spacing children and 6.9% limiting children. This number increased compared to previous number 8.7% in 2007. Contraception used prevalence increased from 50% to 62% in 1991 to 2012, however, in last decade it just increased 1%. The percentage of married women who need family planning services in Indonesia is currently around 73%, however, it just about 85% of them has been fulfilled. The reason for the high unmet need mostly related to the socio-demographic and economic factor, access to the services, quality of supply and service planning, lack of information, conflicts in the family and society, lack of information, low support from husband, families and communities, also perception of the risk of pregnancy [5].

Unmet need number varies between provinces, in 2007 the lowest unmet need was 3.2% in Bangka Belitung and the highest 22.4% in Maluku. In 2012 Indonesia Demographic and Health Survey lowest position was Central Kalimantan 7.6% and the highest was Papua 23.8% [5]. On the contrary, Bangka Belitung became one of high unmet need province in 2015. The number of spouses in childbearing age was 251,304 people. Of those, 205,072 people were acceptors active, and 28,093 people (11.1%) did not participate in family planning due to the willingness to delay having children and willingness to stop having children [6]. Unmet need for family planning in Bangka Belitung spread in six districts, particularly in the urban area. One of the high numbers is Pangkal Pinang district. This study aimed to explore unmet need family planning due to birth spacing and limiting situation among reproductive age women in Pangkal Pinang City, Bangka Belitung Province.

Table 1. Distribution of Respondent based on characteristics of respondents toward Unmet Need in the Pangkalpinang City 2016

Characteristics	N	Percentage
Age Group (year)		
15-49	0	0
20-24	9	9.2
25-29	33	33.7
30-34	17	17.3
35-39	18	18.4
40-44	10	10.2
45-49	11	11.2
Total	98	100
Length of Married		
1-5 years	30	30.6
6-10 years	27	27.6
11-15 years	15	15.3
>15 years	26	26.5
Total	98	100
Education		
No Education	1	1
Unpassed primary school	6	6.1
Primary School	19	19.4
Junior High School	14	14.3
Unpassed Senior High School	3	3.1
Senior High School	50	51
Bachelor	5	5.1
Total	98	100
Job		
Civil servant	3	3.1
Private employee	5	5.1
Labor	1	1
Trader	24	24.5
Housewife	64	65.3
Others	1	1
Total	98	100
Income (IDR)		
<1 million	17	17.3
1-2 million	54	55.1
2-4 million	24	24.5
>4 million	3	3.1
Total	98	100
Parity		
0	10	10.2
1-2	66	67.3
3-4	20	20.4
>4	2	2
Total	98	100

METHODS

This type of research was a cross-sectional descriptive design. A sample of 98 respondents used the criteria that reproductive age women between 15-49 years, women who need to space their birth (birth spacing) and unwanted children anymore (birth limiting). This study was to identify unmet need family planning due to birth spacing and limiting situation. Data were analyzed using descriptive statistics were used to report the results in the form of frequency distribution and percentage (%) of each item. The ethical clearance for the study was approved by the Health Polytechnic of Semarang, Ministry of Health, Republic of Indonesia.

RESULT

Characteristics of respondents

From Table 1, it can be noted that the highest percentage of unmet need women in Pangkal Pinang is on range of age 25-29 years (33.7%). The length of married is not much varied, respondents with length married 5 to 10 years have a high percentage of unmet need (30.6%). Last education of respondents with *unmet need* was senior high school (51%), their work as housewife (65.3%) and income permonth around 1 to 2 million (55.1%). Most of the women with unmet need have marital status is married (98%) with parity 1 to 2 childs (67.3%).

The highest percentage is women who unmet need in this study were at the age range 25-29 years (33.7%). Unmet need in this age range is targeted delay the child pregnancy. The length of marriage is not varied in this study, respondents with a long marriage between 5 to 10 years old have a high percentage of unmet need (30.6% and 27.6%). Education attainment of respondents mostly are high school (51%), they are the housewife (65.3%) with the range of income were between 1 to 2 million rupiahs (55.1%). Almost all of the respondents are married (98%) and the rest of them have been divorced. The number of living children they have is about 1 to 2 children (67.3%).

Table 2. Unmet need for family planning to space and limit the childbirth across different socio-demographic situation

Characteristic	Unmet Need for Famili Planning				Total	
	Spacing		Limiting		N	%
	N	%	N	%		
Age (Year)						
Adolescent (15-24)	8	88.9	1	11.1	9	100
Adult (25-49)	57	64	32	36	89	100
Education						
Under Senior High School	28	65.1	15	34.9	43	100
Senior High School/upper	37	67.3	18	32.7	55	100
Job						
Work	19	55.9	15	44.1	34	100
No Work	46	71.9	18	28.1	64	100
Length of married						
1-5 years	27	90	3	10	30	100
6-10 years	20	74.1	7	25.9	27	100
11-15 years	11	73.7	4	26.3	15	100
>15 years	7	26.9	19	73.1	26	100
Parity						
1-2	59	77.6	17	22.4	76	100
>2	6	27.3	16	72.7	22	100
Income (IDR)						
<1 million	12	70.6	5	29.4	17	100
1 -2 juta	38	70.4	16	29.6	54	100
>2 juta	15	55.6	12	44.4	27	100
Husband's Role						
Yes	64	66.7	32	33.3	96	100
No	1	50	1	50	2	100
Husband's Attitude						
Agree	59	67	29	33	88	100
Disagree	6	60	4	40	10	100
Discussion about Contraceptive						
Yes	59	69.4	26	30.6	85	100
No	6	46.2	7	53.8	13	100

DISCUSSION

In Indonesia the number of unmet need reached 11% of women in reproductive age, of that 4 % were due to spacing, and 7% for limiting childbirth. This figure increased compared to the previous survey resulted from 8.6 percent of women in reproductive age [5]. In fact, the prevalence of contraceptive use increased from 50% in 1991 to 62% in 2012, but within the last 10 years of modern contraceptive use increased by only 1% only. The percentage of married women who need family planning services in Indonesia is currently around 73% of which 85% of them have been fulfilled. If all requirements of planning services are met then contraceptive prevalence can be improved from 62% to 73%. From the report IDHS 2012, this data has not changed. As many as 88% of married women have the unmet need for family planning

services are almost the same as a state in 2007 (87%), meaning that the percentage of new acceptors has not risen significantly 1% only [5].

National family planning coordination board tries to reduce this number of unmet need, because it revealed as one of leading causes of maternal mortality (75%). This phenomenon occurred globally as well. Indonesia's maternal mortality is estimated to increase to 359 / 100,000 live births and if unmet need is not immediately addressed, then this figure will be higher. Women of reproductive age who do not use birth control have high risk to get pregnant and has a great opportunity to experience complications during pregnancy, childbirth and postpartum. This can be caused abortion due to unwanted pregnancy, pregnant spacing, and gave birth too frequent, complications during pregnancy, childbirth and postpartum.

The results shows a decreasing pattern of the need for birth spacing after reaching the age of 30 years, and for the purpose of limiting childbirth reach the peaked at age 35-44. This is in accordance with the framework analysis of the relationship of age with unmet need for family planning that status of unmet will be high in younger women and tend to decrease as the age getting older, it looks like inverted U-shaped [7].

Situational analysis of unmet need to space childbirth in Pangkal Pinang

This study found that about two third (66.3%) of unmet need women in Pangkal Pinang occurred due to willingness to space the childbirth. Birth spacing tended to be favored by young mothers. A previous study found that younger women were more likely to desire to add children [8]. They still tend to have a willingness to have children, however they want to space the birth. The study conducted in Kenya established that older women tend to have unmet need for child spacing whereas a woman with a bigger family size would necessarily seek for family planning to limit child bearing and that there is no favorable association between unmet need for family planning and level of education [9]. As age increases, a woman especially from rural area's propensity of having unmet need for family planning to space child bearing decreases. This trend is so consistent that younger women are bound to experience higher risk of unmet need for contraception to space births. As Wangila points out, as women grow older by age, they tend to achieve their desired family sizes [10]. Moreover, older women tend to have a reduced coital frequency, and therefore may not need contraception to space their births [11].

Unmet need for space childbirth in women in Pangkal Pinang revealed mostly from early marriage (1-5 years old) women, had low parity and had low education attainment. It is similar to other research, Ojaka found that total unmet need is higher among women with a larger number of living children and among those who have primary level of education. Woman's level of education can predict her level of unmet need for contraception to space [12]. This is because of the lower the level of education, the greater the chances that such a woman would have unmet need for spacing. Benard

reports that women with primary education are most likely to have unmet need for spacing [13]. However, the level of unmet need reduces with a rising in educational level, such that individuals with post-secondary education are least likely to experience unmet need to space childbirths. It is arguable that education imparts knowledge on the importance of using contraception to space childbirths. Moreover, education presents a woman with the opportunity to interact with other women from diverse cultural and geographical bounds, from which they are able to acquire new information and skills including use of family planning to space births.

Situational analysis of unmet need to limit childbirth in Pangkal Pinang

This study reported that unmet need to limit childbirth tended to be preferred by women with length of marriage experience (>15 years old), had high parity, older mothers, and middle education level (senior high school) attainment. This research also found both of spacing and limiting have no difference according to the economic situation, all of them mostly were the household wife from the low-income family. Husband support to do not use contraception were found in both birth spacing and birth limiting. Ojaka reports that working women are more likely to report method-related reasons for not using family planning methods and are less likely to report opposition to family planning than women who do not work. It is clear that women who are currently employed are less likely to experience unmet need to space compared to women who are not employed [12]. Casterline et al. argue that women who are employed have the capacity to make the decision and to purchase contraceptives to space their births [14]. Moreover, it is arguable that currently employed women would need adequate time to concentrate more on their employment-related activities than family matters, as such would opt to space their births [15]. Coupled with the difficulty a woman faces in acquiring maternity leave, many women would not want to frequently seek for maternity leaves from their employers, thus would want to have wider spaces between their births.

CONCLUSION

The percentage of married women ages 15-49 who unmet need is higher in women aged 25-29 years, who have children 1-2, has been married five (5) years or more, secondary education (high school), income of 1-2 million, does not play a role in household decision-making. Most women of childbearing age who never discussed the unmet needs of family planning with their husbands (86.7%) and the attitude of their husbands agree to family planning (89.8%). Both of spacing and limiting have no difference according to the economic situation, all of them mostly were the household wife from low-income family. Husband support to do not use contraception were found in both birth spacing and birth limiting. The study suggest to provincial health office and national family planning coordination board that family planning program should not just involve the wife, but husband as well due to their high influence in family planning decision.

CONFLICT OF INTERESTS

None declared.

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