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BARRIER FACTORS IN REDUCING UNMET NEED FOR FAMILY PLANNING IN BENGKALIS REGENCY, INDONESIA

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ABSTRACT

Backgrounds. The Family Planning (FP) program is an effort to reduce the rate of population growth in Indonesia. However, the unmet need for family planning is still high at 25.6% (national target is 5%). Objective. To identification of barriers factors for reducing Unmet Need for family planning. Method. It was qualitative research uses a phenomenological design. There were 13 informants involved in collecting data through in-depth interviews. The research was conducted in the Air Jamban Village, Bengkalis Regency for 3 months. Data analysis uses content analysis, while data validity uses triangulation method. Results. There are 47.2% of the population with low education, there is a prohibition on family planning for there religions and local customs. the wife is unable to make decisions, There are still myths about the number of children bringing fortune, limited family planning field instructors, access to health services, administrative data systems dissintegrated. Conclusion A low level of education can influence people's perception of this family planning program. Suggestion. There is a need to increase socialization and health education about family planning by using social media ex: Instagram, youtube etc.

Keywords: Unmet Need, Family Planning, Bengkalis Regency.

INTRODUCTION

Unmet Need FP is a Fertile Age Couple (FAC) who is sexually active, and does not want any more children but does not use modern contraceptives. [1-3]. In Indonesia the unmet need for family planning is 18% (2021), Riau is in 7th place with the highest unmet need (25.6% in 2021) and Bengkalis Regency is in 2nd place with the highest unmet need in Riau [4].

The high number of unmet needs affects the close spacing of births and the number of children born, resulting in a high risk of maternal and infant mortality. The government through the National Population and Family Planning Board (NPFPP/ BKKBN) is trying to reduce the number of unmet needs because it is one of the factors causing 75% of maternal deaths in Indonesia and in the world. The maternal

mortality rate in Indonesia in 2015 was 305/100,000 live births [5].

Several determinant factors that influence the number of unmet needs for family planning continue to increase, the causes include: place of residence, educational status, employment status, communication with health workers, discussions with husband [6-12]. Some determinant factors include; the use of contraceptives is stagnant, inappropriate for FAC, less than optimal services in areas of unmet need due to access to services, culture, certain community beliefs, limited access to services, drop out, low knowledge, not yet uneven knowledge of teenagers about the ideal age for marriage, lack of Communication, Information and Education [13].

Based on several causal determinants above, researchers want to

identify the barriers factors the still high level of unmet need in Bengkalis Regency, Riau..

RESEARCH METHODS

It was qualitative research uses a phenomenological design. Data collection techniques using in-depth interviews with 13 informants, namely: Secretary of the Bengkalis District Health Service, Head of Community Health Center, Head of Population Control Division, Head of Public Health Division, Health promotion of FP, Maternal and child health coordinator midwife, Religious Leaders, head of RW, head of RT, midwife of Maternity Clinic, head of data division.

The research was carried out in RW 20, Air Jamban Village, Bengkalis Regency. Data analysis uses content analysis with data validity indicators using source triangulation. Ethical Clearance has been obtained from the Ethics Committee of STIKes Hang Tuah Pekanbaru with the number 314/KEPK/STIKes-HTP/V/2022.

Table 1. List of In-depth Interview Informants

Informan	Keterangan	Kode
1. Secretary of the Bengkalis District	Supporting Informan	SI-1
2. Head of Community Health Center	Main Informan	MI-1
3. Head of Population Control Division	Supporting Informan	SI-2
4. Head of Public Health Division	Supporting Informan	SI-3
5. Health promotion of FP	Main Informan	MI-2
6. Maternal & child health coordinator midwife	Main Informan	MI-3
7. Religious Leaders	Main Informan	MI-4
8. Head of RW	Main Informan	MI-5
9. Head of RT	Main Informan	MI-6
10. Midwife of Maternity Clinic	Main Informan	MI-7
11. Head of data division.	Supporting Informan	SI-4
12. Husband	Main Informan	MI-8
13. Wife	Main Informan	MI-9

RESULTS AND DISCUSSIONS

3.1 Knowledge

Based on the data, it was found that the education level of FAW was 47.2%, still in the low education category. From the indepet interview, information was obtained that there were people who did not understand about family planning, Based on the informant's statement, it can look at the following quotation:

"...Sometimes they have given birth and don't know what birth control to use, that's where we lose, mam..." (IP-3 dan IU-3)

"...One of them is that it is true that the public perception is that it still cannot be done because there are those who think that some people who have low knowledge really refuse.." (IP.1 dan IU-2)

Knowledge is still one of the determinants of unmet need for family planning because knowledge is the most important thing in attitude and action. Knowledge about contraception and the impact if FAC wants to space out pregnancies but does not use contraception can result in this being the cause of the high rate of unmet need for family planning in Indonesia. This explains that the higher the education, the better the prevention of unmet need incidents [14-16]

Knowledge about family planning programs at FAC really needs to be disseminated, so that people can know the impacts or risks of not delaying the age of marriage or delaying pregnancy until they are truly ready to become mothers, or spacing pregnancies so that each child can have their needs for love from their parents or children met. limiting the number of children at an age that is at risk if pregnancy or childbirth occurs. If people know the importance of being family planning acceptors, the rate of population growth will be reduced so that every family will be able to enjoy a small number of high-quality children. [17]

3.2 Religious beliefs

The majority of residents in this region are Muslims. Malay cultural customs

are highly respected. The belief that it is not permissible to reject a child's entrustment from God is still firmly held by some people. It can look at the following quotation:

'... there are still some people for religious reasons, local customs or culture...' (IP-1, IU-1)

"...Of course, we refer to family planning from the MUI and the guidance of the Prophet Muhammad. The fact is that it is limiting, yes, we have to understand family planning in terms of what it is, emergency level or because of economic difficulties or fear because of work, if locking birth is absolutely not allowed, maintaining distance is okay. ..." (IU 4, IU 5, IU6)

Religion is considered as a factor that has the potential to influence a person's acceptance of the use of contraceptives. Several previous studies have been carried out to look at the relationship between religious factors and contraceptive use and one of those that prohibits it is Saudi Arabia [18-19]

The opinion expressed by Muslim scholars states that contraception may be used as long as it does not permanently terminate the pregnancy. Apart from that, there is an assertion by the ulama that the use of contraceptives must be carried out by health workers of the same gender to avoid infection with sexually transmitted diseases [20]

The belief that many children can provide sustenance also still exists in society. Researchers think that because the majority of the population in Indonesia is Muslim, the active role of religious leaders must be involved in the socialization of family planning.

3.3 Decision Making of Family Planning

In deciding to choose contraception, there needs to be communication between husband and wife. Sometimes wives find it difficult to make their own decisions and are completely dependent on their husbands. It can look at the following quotation:

"... Yes... I have to discuss it again with my husband, especially when using an IUD, a spiral, especially for MKJP contraceptives..." (IU-9, IU-3)

"... Yes, it's up to my wife, I don't really understand about family planning, just support me..." (Suami, IU. 8)

The husband's prohibition factor is still a factor that causes the high number of unmet needs in FAC. This is based on the patrilineal culture that is still believed by some people in Indonesia. This patrilineal culture is indirectly able to make men the head of the family and also the person most responsible for determining WUS to use contraception [21-22]

3.4 Limited number of health promotion workers

The number of health promotion officers is 22,481 people. When compared with the number of villages and sub-districts, namely 80,335, the ratio of Health promotion to villages/sub-districts is 1:4. This means that the number of field extension workers is not sufficient. It can look at the following quotation:

"...Unfortunately, our health promotion workers are still very lacking, the size of the area is also a problem so that the performance.. less than optimal..." (IP-2 dan IP-3)

The availability of human resources for health workers in family planning services, especially family planning field instructors, is still lacking. The limitations of PLKB personnel are also known to the relevant parties. So with an unbalanced proportion between service recipients and family planning service providers, recording and reporting on family planning programs is not yet optimal.

Support provided by health workers can take the form of providing information to the community so as to increase community participation in implementing health programs. Support through the provision of information by health workers can be realized through outreach activities, guidance or coaching, and training. Support from health workers includes family

planning instructors, midwives, nurses, doctors etc.

Research shows that Unmet Need is still quite high in rural areas in Ethiopia. For this reason, it is necessary to assign health workers to health posts to provide counseling to rural women about family planning. Being able to increase husbands' positive attitudes towards the use of family planning will likely have a positive impact in reducing maternal mortality [23-24]

3.5 Access to Health facilities

The large area and long access to health service facilities are also reasons that hinder the community. There is no public transportation and people have to use private vehicles. It can look at the following quotation:

"...sometimes there is no vehicle, waiting for my husband to come home , there is no public transportation..." (IU-9)

"...It's far away for people on the outskirts, they all don't have vehicles, we have to go there, just waiting for them to go to the health center is difficult..." (IU-2)

This research is in line with research in rural areas of Uganda which states that health services are far from the reach of the population. So it is necessary to create health posts around residents of peripheral areas by placing health workers assisted by local cadres [25].

3.6 Integrated Recording System

Another obstacle faced is the weak recording and administration system for family planning participants. Manual and not yet integrated recording is also an obstacle. Even though there are applications that support the recording system, in fact they are still not input properly. It can look at the following quotation:

"...Sometimes our recording data is incomplete ma'm, sometimes she doesn't bring her Identity card, doesn't bring his identity so it's difficult to input data..." (IU-7)

There needs to be high awareness among health workers in the data administration system for family planning

participants. It is necessary to monitor data and report visits every month. Collection and reporting of family planning services is an activity that involves collecting and reporting various aspects related to contraceptive services provided by family planning clinics.

The purpose of collecting and reporting family planning services is to manage daily data regarding family planning services, from central level data controllers to family planning field officers. The online recording and reporting officer is required to submit a monthly written report to the head of the relevant department which is then submitted to the service director. All forms of recording and reporting on family planning services are funded by regional revenue funds and state appropriations.

CONCLUSION

Some of the barriers factors of unmet need are: the low education, public perception or religious beliefs and culture, unable to make decisions, limited of health promotion workers, access to health services and recording systems dissintegrated.

Suggestion. For Fertile Age Couple (FAC), there is a need to increase knowledge about counseling, information and education about family planning by social media such as: youtu**, Instagr**, Faceb**k etc. For Heads of Community Health Centers; There is a need for cadre formation of health promotion workers in each region by training family planning cadres with a measurable work.

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REFERENCE

- [1] Worku SA, Mittiku YM, Wubetu AD. Unmet need for family planning in Ethiopia and its association with occupational status of women and discussion to her partner: a systematic review and meta-analysis. *Contracept Reprod Med.* 2020;5(1):21. Published 2020 Nov 20. doi:10.1186/s40834-020-00121-w
- [2] Shifa GT, Kondale M. High unmet need for family planning and factors contributing to it in southern Ethiopia: A community-based cross-sectional study. *Global Journal of Medical Research.* 2014;14:20–32.
- [3] Tegegn M, Arefaynie M, Tiruye TY. Unmet need for modern contraceptives and associated factors among women in the extended postpartum period in Dessie town, Ethiopia. *Contracept Reprod Med.* 2017;2(1):21. doi: 10.1186/s40834-017-0048-3.
- [4] BPS Statostic Indonesia. Percentage of Unmet Need KB (Family Planning Needs / Unfulfilled Family Planning) by Province. 2021.
- [5] Kementerian Kesehatan Republik Indonesia Laporan Nasional Riskesdas 2018. Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan (2019)
- [6] Genet E, Abeje G, Ejigu T. Determinants of unmet need for family planning among currently married women in Dangila town administration, Awi zone, Amhara regional state; a cross sectional study. *Reprod Health.* 2015;12(1):1-5
- [7] Mekonnen, W., & Worku, A. Determinants of low family planning use and high unmet need in Butajira District, South Central Ethiopia. *Reproductive health,* 2011;1-8. <https://doi.org/10.1186/1742-4755-8-37>
- [8] Dejenu G, Ayichiluhm M, Abajobir AA. Prevalence and associated factors of unmet need for family planning among married women in Enemay District, Northwest Ethiopia: a comparative cross-sectional study. *Global J Med Res.*2013;13(4).22-32
- [9] Mota K, Reddy S, Getachew B. Unmet need of long-acting and permanent family planning methods among women in the reproductive age group in shashemene town, Oromia region, Ethiopia: a cross sectional study. *BMC Womens Health.* 2015;15(1):1-8.
- [10] Worku SA, Ahmed SM, Mulushewa TF. Unmet need for family planning and its associated factor among women of reproductive age in Debre Berhantown, Amhara, Ethiopia. *BMC research notes.* 2019;12(1):143, 1-6
- [11] Worku, S. A., Mittiku, Y. M., & Wubetu, A. D. Unmet need for family planning in Ethiopia and its association with occupational status of women and discussion to her partner: a systematic review and metaanalysis. *Contraception and reproductive medicine,* 2020;5(1), 21. <https://doi.org/10.1186/s40834-020-00121-w>
- [12] Gebre G, Birhan N, Gebreslasie K. Prevalence and factors associated with unmet need for family planning among the currently married reproductive age women in Shire-Enda-Slassie, Northern West of Tigray, Ethiopia 2015: a community based cross-sectional study. *Pan Afr Med J.* 2016;23(1):1–9
- [13] BKKBN. Keluarga Berencana dan Kontrasepsi. Jakarta: Pustaka Sinar Harapan (2018)
- [14] Safitri, F, Kana, I, Determinan Kejadian Unmet Need KB Di Wilayah Kerja Puskesmas Peukan Bada Kabupaten Aceh Besar Tahun 2019. *Journal of Healthcare Technology and Medicine* Vol. 5 No. 2 Oktober 2019;210-221. Universitas Ubudiyah Indonesia
- [15] Novera, S. Faktor-Faktor Yang Mempengaruhi Kejadian Unmet Need Keluarga Berencana Pada Wanita Usia Subur Di Kota Yogyakarta Tahun

2017. Skripsi. Prodi Sarjana Terapan Kebidanan Jurusan Kebidanan Politeknik Kesehatan Kementerian Kesehatan. 2018
- [16] Ardhika MU. Faktor Penyebab Terjadinya Unmet Need KB Pasangan Usia Subur (PUS) Di Kecamatan Labuhan Ratu Kota Bandar Lampung. *Fak Kegur dan Ilmu Pendidik Universitas Lampung Bandar Lampung*. 2018;Vol;10 (2).
- [17] 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.
- [18] Bakibinga P, Mutombo N, Mukiira C, Kamande E, Ezech A, Muga R. The Influence of Religion and Ethnicity on Family Planning Approval: A Case for Women in Rural Western Kenya. *J Relig Health*. 2016;55(1):192–205
- [19] Khalil, SN., Alzahrani, MM., & Siddiqui, AF. Unmet Need and Demand for Family Planning among Married Women of Abha, Aseer Region in Saudi Arabia. *Middle East Fertility Society Journal*, 2018;vol.23, no. 1, pp. 31–36
- [20] Hartini. Pandangan Tokoh Agama Dan Budaya Masyarakat Terhadap Pemakaian Alat Kontrasepsi. *Egalita J Kesetaraan dan Keadilan Gend*, 2011;VI(2):pp;142–154
- [21] Dwi Santi Violentina Y, Yetti H, Amir A. Analisis Karakteristik Wanita Usia Subur, Dukungan Suami, dan Peran Bidan terhadap Unmet Need Keluarga Berencana di Wilayah Kerja Puskesmas Bungus Kota Padang. *J Kesehat Andalas*. 2020; pp;8(4).
- [22] Dal, N. A., & Beydağ, K. D. (2021). Attitudes of Married Muslim Women Regarding Family Planning Methods During the COVID-19 Pandemic in Western Turkey. *Journal of Religion and Health*, 60(5), 3394–3405. <https://doi.org/10.1007/s10943-021-01387-3>
- [23] Tadesse D, Medhin G, Kassie GM, et al. Unmet need for family planning among rural married women in Ethiopia: What is the role of the health extension program in reducing unmet need?. *Reprod Health*. 2022;19(1):15. Published 2022 Jan 21. doi:10.1186/s12978-022-01324-x
- [24] Teklu A, Yimam H, Medhin G, Tesfay TG. Competency of level-4 health extension workers to provide long acting reversible contraceptives: a task shifting initiative in Ethiopia. 2019;1–15
- [25] Ouma S, Turyasima M, Acca H, et al. Obstacles to family planning use among rural women in atiak health center iv, amuru district, northern Uganda. *East Afr Med J*. 2015;92(8):394-400.