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Determinants of Unmet Need for Hormonal Contraception in Couples of Fertilizing Age (PUS) at the Faculty of Public Health, Muslim University of Indonesia

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ABSTRACT

The high rate of unmet need is a demographic phenomenon that constitutes an important aspect to consider in the future development of family planning programs. Unmet need refers to married women who are sexually active but do not use contraceptive methods, despite expressing a desire either to delay childbearing or to stop having children altogether. One of the consequences of unmet need is the increased incidence of unintended pregnancies (UPs). Unintended pregnancies include both mistimed and unwanted pregnancies. This study aimed to analyze the determinants of unmet need for hormonal contraception among female students at the Faculty of Public Health, Muslim University of Indonesia. This research employed an analytical survey method with a cross-sectional study design. The sampling technique used was total sampling, and data were collected using a structured questionnaire. Statistical analysis was performed using the Chi-square test. The findings revealed no significant association between parity and unmet need for hormonal contraception (P-value = 0.541 > α = 0.05), no significant association between contraceptive side effects and unmet need (P-value = 0.061 > α = 0.05), and no significant association between husband support and unmet need (P-value = 1.000 > α = 0.05). There is no significant relationship between parity, side effects, or husband support and the unmet need for hormonal contraception.

INTRODUCTION

The high number of unmet needs is a population phenomenon that is an important aspect and needs special attention in the development of the family planning movement in the future. Unmet family planning needs among married women are a common phenomenon throughout the world, but the prevalence is higher in developing countries than in developed countries. Data from the World Health Organization (WHO) in 2019 stated that the unmet need rate in 2012, which was 12%, fell to 9.9% in 2019. This figure is higher, namely 22% in developing countries in 2019. At least one in 10 fertile age couples (PUS) in most countries in the world are unmet need. (WHO, 2019) According to Westoff in Nurelilasari, unmet need is a

woman of fertile age who does not use contraceptives/methods but does not want/postpone pregnancy. The unmet need group is a target that needs attention in family planning program services. (Sariyati, S, 2013)

One of the strategic targets of the RPJMN and BKKBN Renstra 2015 to 2019, point four, is the decline in unmet need for family planning from the number of fertile couples from 10.6% in 2015 to 9.91% in 2019, indicating the importance of addressing the problem of unmet need. If the unmet need condition is not handled quickly, the population explosion will become a reality in the next few years. On the other hand, a large population without adequate quality is a challenge for progress and a difficulty for the government to accelerate economic growth and national progress.(BKKBN, 2009)

According to the Indonesian Health Profile, unmet need in Indonesia in 2016 was 12.77%. (Kementrian, 2016) Then it increased in 2017 to 17.50 exceeding the 2017 strategic plan target of 10.26%.(Bappenas, 2017) In 2017, the percentage of PUS which is the unmet need group was 17.50% and in 2018 it increased to 18.82%. However, the target for unmet need is 10.5%, where from the data above it is still very far from reaching the target. (Ariska and Ulfa, 2016)

According to the Makassar City Family Planning Agency in 2015, the incidence of unmet need in Makassar City was 8.90%, still far from the 2015 MDGs target of 5%. Based on data from the Makassar City Family Planning Agency in 2015, the sub-districts with the highest unmet need until September 2015 were Panakkukang Sub-district (10.02%), Tamalanrea Sub-district (9.87%), and Rappocini Sub-district (9.48%). In her research in Makassar City, Husnah (2011) found that factors such as age, number of living children, knowledge, husband's support, history of using contraception, side effects, and receipt of information about contraception were the causes of unmet need for contraception in Makassar City. (Husnah, 2011) Education is also a factor causing unmet need for contraception. Khalil's research in Saudi Arabia stated that low education was significantly related to the incidence of unmet need for contraception. The reasons for not using contraception were not getting access to contraception (68.0%), lack of knowledge related to contraception (59.5%), belief in religion (49.6%), fear of experiencing side effects of contraception that had been suffered before and not permitted by religion. (Khalil, 2018)

The impact of unmet need includes an increase in the incidence of unwanted pregnancies (KTD). Unwanted pregnancies themselves include mistimed pregnancies and unwanted pregnancies. The impact of KTD is the occurrence of abortions which will increase maternal and child mortality rates due to unsafe abortions. Data on the incidence of abortion in women in Indonesia is quite high, namely 1.5 to 2 million incidents each year. (Ratnaningsih, 2019) By delaying and arranging safe birth spacing using contraceptives, it can reduce the risk of pregnancy due to an unrecovered reproductive system and can reduce the risk of maternal death with the use of contraceptives. Based on the problems and background above, the researcher is interested in taking the research title Determinants of Unmet Need for hormonal contraception in fertile couples (PUS) at the Faculty of Public Health, Muslim University of Indonesia.

METHODS

This research will be conducted at the Faculty of Public Health, Muslim University of Indonesia starting from September to December 2024. The type of research used is an analytical survey method with a Cross-sectional study approach. The sampling technique applied is total sampling, a data collection technique using a questionnaire. The population in this study were lecturers, laboratory assistants and staff of the Faculty of Public Health, Muslim University of Indonesia, which were 70 respondents. The sampling technique in this study was total sampling. The sample consisted of lecturers, laboratory assistants and staff of the Faculty of Public Health, Muslim University of Indonesia and met the inclusion criteria with a sample size of 47 respondents. Inclusion criteria: PUS who use non-hormonal contraception, PUS who have at least 1 child, PUS who are willing to be respondents and Exclusion criteria: PUS who are no longer menstruating, PUS who no longer have a partner, PUS who do not have children. The dependent variable in this study is the unmet need for hormonal contraception and the independent variables in this study are parity, side effects and husband's support. Data processing and presentation are carried out using the SPSS computer program and are presented in the form of frequency distribution tables and tables of analysis of relationships between variables.

RESULTS

Table 1. Distribution of Respondents Based on Parity, Side Effects, Husband's Support, and Unmet Need Status

Variables		n	%
Parity	1-2 Ideal	32	68,1
	> Not Ideal	15	31,9
Side Effects	Experienced	12	25,5
	Not Experienced	35	74,5
Husband Support	Support	45	95,7
	Not Support	2	4,3
Unmet Need Status	Met Need	2	4,3
	Unmet Need	45	95,7
Total		**47**	**100**

Source: Primary Data, 2024

Based on Table 1, among the 47 respondents (100%), a total of 32 respondents (68.1%) had an ideal number of parities, while 15 respondents (31.9%) had a non-ideal number of parities. Furthermore, it was identified that 12 respondents (25.5%) reported experiencing side effects, whereas 35 respondents (74.5%) did not report any side effects. Regarding spousal support, 45 respondents (95.7%) reported having supportive husbands, while only 2 respondents (4.3%) reported having non-supportive husbands. In terms of contraceptive needs, 45 respondents (95.7%) were classified as having an unmet need for hormonal contraception, whereas only 2 respondents (4.3%) were categorized as having a met need.

Based on Table 2, among the 47 respondents (100%) who had ideal parity and fulfilled the need for hormonal contraception (met need), there was 1 respondent (50%). Similarly, among those with non-ideal parity who fulfilled the met need, there was also 1 respondent (50%). Meanwhile, 31 respondents (68.9%) with ideal parity reported an unmet need for hormonal contraception, and 14 respondents (31.1%) with non-ideal parity also reported an unmet need. The results of the statistical analysis showed a p-value of 0.541, which is greater than the significance level (α = 0.05), indicating that there is no statistically significant association between parity and the incidence of unmet need for hormonal contraception.

Among the same total of 47 respondents (100%), 2 respondents (100%) who experienced side effects still chose to fulfill the met need for hormonal contraception. In contrast, 10 respondents (22.2%) who experienced side effects and 35 respondents (77.8%) who did not experience side effects reported an unmet need. The statistical test resulted in a p-value of 0.061, which is greater than the α value (0.05), suggesting that there is no significant relationship between the occurrence of side effects and the incidence of unmet need for hormonal contraception.

Regarding husband's support, all 2 respondents (100%) who received support from their husbands opted for the met need category. However, 43 respondents (95.6%) who also received spousal support reported unmet need, and 2 respondents (4.4%) who did not receive support likewise reported unmet need. The statistical test yielded a p-value of 1.000, which exceeds the α value (0.05), indicating no significant association between husband's support and the incidence of unmet need for hormonal contraception.

Tabel 2. Bivariate Analysis

Variable		Unmet Need Status				Total		*p-Value*
		Met Need		Unmet Need				
		n	%	n	%	n	%	
Parity	Ideal	1	50	31	68,9	32	68,1	0,541
	Not Ideal	1	50	14	31,1	15	31,9	
Side Effects	Experienced	2	100	10	22,2	12	25,5	0,061
	Not Experienced	0	0	35	77,8	35	74,5	
Husband Support	Support	2	100	43	95,6	45	95,7	1,000
	Not Support	0	0	2	4,4	2	4,3	
	Total	**2**	**100**	**45**	**100**	**47**	**100**	

Source: Primary Data, 2024

DISCUSSION

The results of the analysis showed that there was no significant relationship between parity and the incidence of unmet need for hormonal contraception at the Faculty of Public Health, Muslim University of Indonesia, with a p-value of 0.541. Table 1 shows that according to the number of living children, most of the respondents with unmet need for KB had 1-2 children, namely 31 people (68.9%). It can be concluded that the results of this study indicate that unmet need for KB can occur in both low and high parity. The results of this study are in

line with research conducted by Susiana Sariyati et al. (2015) which stated that there was no significant relationship between the number of living children and the incidence of unmet need for KB. (Sariyati, S, 2013) The results of this study are also in line with the results of research conducted by Khalil (2018) which stated that there was no significant relationship between the number of children and the incidence of unmet need for KB due to the prohibition from the husband to use contraceptives. Disagreement or opposition of the husband to the use of contraceptives with the reasons that the husband forbids his wife to use contraceptives because he sees side effects such as disruption of the wife's health after using contraceptives, the husband wants a child with a different gender from the one they already have and the husband opposes his wife using contraceptives because the husband wants a certain number of children as heirs. (Khalil, 2018) The results of this study are not in line with the results of the study reported by Mardiyah (2019) that in his study in East Lombok Regency, a relationship was found between the number of children and the incidence of unmet need for KB. (Mardiyah, 2019) Research conducted by Nurleilasari Sireger, et al. (2021) also stated that there is a significant relationship between parity and the incidence of unmet need for Fertile Age Couples (PUS) in Pasir Matogu Village, Angkola Muaratais District, South Tapanuli Regency in 2021. (Siregar *et al.*, 2021) Research conducted by Zeynep et all, in 2024 with the title Determinants of unmet need for family Planning: Evidence from the 2018 Turkey Demographic and Health Survey, the results showed that there is a significant relationship between parity and the incidence of unmet need. (Ökem and Pekkurnaz, 2023)

According to the author's assumption, there is no significant relationship between parity and the incidence of unmet need for hormonal contraception, although parity 1-2 children are more likely to have unmet need for contraception compared to parity >2, this is because there are other factors that influence here, for example, couples want to have children with a certain gender and the respondent is afraid of the side effects that will occur if using hormonal contraception. The results of the analysis showed that there was no significant relationship between side effects and the incidence of unmet need for hormonal contraception at the Faculty of Public Health, Muslim University of Indonesia with a Pvalue = 0.061. In this study, respondents were generally more afraid of experiencing side effects from hormonal contraception so they chose to have unmet need for contraception. Respondents stated that in general, every contraception used causes side effects so they are reluctant to use contraception which will ultimately have an impact on their health. Concerns about these side effects are the reason respondents prefer not to use contraception. These results are in line with research conducted by Kandel (2012) in his research the researcher examined several variables including fear of contraceptive side effects, Kandel explained that there is a relationship between fear of contraceptive side effects and unmet need for contraception, respondents reported fear of side effects as a reason for not using contraception. (Kandel,) The results of the same research were also conducted by S. Rahmawati (2011) who stated that one of the factors that influences unmet need for contraception is fear of side effects. (Rahmawati, 2011) The results of this study are in line with those conducted by Khairunnisa Uljanah (2016) which showed that there was no significant relationship between side effects and the incidence of unmet need for contraception. (Uljanah, 2016) Different from the research conducted by Siti Nurhalimah (2020) which stated that there was a significant relationship between side effects

of contraception and the incidence of unmet need for contraception. (Nurhalimah, 2020) This is also in line with the results of research conducted by Lisdianti et al. (2012) who stated that there was a very significant relationship between side effects of contraception and the incidence of unmet need for contraception. (Usman Lisdiyanti, 2013)

Research conducted by Mayla Evitasari et al. said that the results of the study showed that there was an influence of side effects of contraceptive use on unmet need. The results showed that mothers who experienced side effects of contraception were at risk of unmet need 13.0 times greater than mothers who did not experience side effects of contraceptive use. (Mayla, Kholisotin and Agustin, 2019)

According to the author's assumption, there is no significant relationship between side effects and the incidence of unmet need, although the table shows that respondents who did not experience side effects were greater than respondents who experienced side effects. This is because most respondents who did not experience side effects were afraid of the side effects of hormonal contraception so that they did not use contraception, so side effects would not occur in respondents.

The results of the analysis showed that there was no significant relationship between husband's support and the incidence of unmet need for hormonal contraception at the Faculty of Public Health, Muslim University of Indonesia with a p-value = 1,000. The use of contraception is a joint responsibility of men and women as couples, so that the contraceptive method chosen reflects the needs and desires of the husband and wife. Husband and wife must support each other in the use of contraception because family planning and reproductive health are not only the responsibility of men and women. In the family, the husband has an important role, namely as the head of the family. Based on the results of the study, there was no significant relationship between husband's support and the occurrence of unmet need for hormonal contraception, where the results of the analysis in table 7 showed that acceptors who received support from their husbands chose Unmet need more than acceptors who received support from their husbands but did not have unmet need or met need for contraception. The lack of husband's support is likely because the wife is already independent with all the best decisions in choosing contraception. Husband's support can also be caused because the husband fully surrenders the contraceptive method used to his wife as a form of support for his wife to control or manage their pregnancy and family.

Although the husband supports his wife to use contraception, a positive attitude or support from the husband does not guarantee that the wife will want to use contraception. However, when asked about husband's support, respondents said that their husbands support and allow respondents to use contraception, but the husband cannot demand much when the respondent recounts the side effects of contraception or what the respondent has heard from other people who have experienced side effects either directly or from social media. In addition, the husband only provides material support. Yarsih said that wives who receive good support from their husbands but have unmet need can occur because the respondents do not want to use contraception because they want to have another child, are pregnant, their own wishes and are afraid of the side effects of contraception. (Yarsih, 2014)

Different from the research conducted by Uljannah, the results of the study showed that respondents who did not receive husband support were at risk of experiencing unmet need

9,886 times more than those whose husbands supported them. (Uljanah, 2016) The husband's prohibition on the use of contraceptives on the grounds of using contraceptives because they saw the side effects and the husband opposed his wife because the husband wanted a certain number of children. The same results were also obtained in a study conducted by Nurelilasari S, et al. (2021) which stated that there was a significant relationship between husband support and the incidence of unmet need for Fertile Age Couples (PUS) in Pasir Matogu Village, Angkola Muaratais District, South Tapanuli Regency in 2021. (Siregar *et al.*, 2021) This is also in line with Ratnaningsih's research (2019) at the Panti Wilasa Citarum Hospital, Semarang, which stated that there was a significant relationship between husband support and the impact of unmet need for KB (ρ=0.007<0.05). (Ratnaningsih, 2019)

CONCLUSION

Based on the results of the research that has been conducted, it can be concluded that there is no significant relationship between parity and unmet need for hormonal contraception, there is no significant relationship between side effects and unmet need for hormonal contraception and there is no significant relationship between husband's support and unmet need for hormonal contraception.

Suggestions for further researchers are that there is expected to be further research related to unmet need for contraception by comparing two or more research locations and expanding the scope related to factors that influence unmet need so that the results can be seen more clearly what causes most PUS to choose unmet need for contraception and can produce better results.

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