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Social Factors and Unmet Need for Family Planning In District of Jember Indonesia

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Abstract:*In Indonesia, population growth in current decade is higher than that in previous decade. Low prevalence of contraceptive use as well as high prevalence of unmet need for Family Planning (FP) seems to be the main factors of high population growth.A case control study of 288 respondents who lived in district of Jember, Indonesia was performed. They were divided into unmet group and met need group equally.The results showed that social factor did not influencedirectlyon unmet need for FP, but it influence on unmet need for FP through women's autonomy and risk perception of contraceptive use. While women's autonomy and risk perception of contraceptive use as well as the contraceptive availability services effect directlyon unmet need for FP.*

Keywords*: Unmet need for FP, Social, Women's Autonomy, Risk Perception, Contraceptive Availability Services*

I. Introduction

Population growth in Indonesia tends to increase from 1.45 percent in 1990 – 2000 periods to be 1.49 percent in 2000 – 2010 periods (BKKBN, 2012). High total fertility that could contribute high population growth resulted from low prevalence of contraceptive use (BKKBN, 2012).

Globally, average of Family Planning (FP) unmet need was 12.2 percent in 2009. It was higher than that in 2005. In that year the average was 10.9 percent (United Nation, 2011). Moreover, according to UN(2011) average of unmet need for FP in least developing countries was 24.2 percent. According to Indonesian DHS 2012 average of FP unmet need in Indonesia was 11.4 percent. It included women who wanted to do birth spacing (4.5 percent) and women who wanted to stop pregnancy (6.9 percent) (BPS, BKKBN, Ministry of Health& ICF International, 2012). This percentage was higher than the scenario of MDGs achievement in 2015 that will be 5 percent.

Unmet need for FPis related to sexual behavior, unwanted pregnancy, abortion, and sexual abuse. In Indonesia percentage of unwanted pregnancy was 19.7 percent (BPS and Macro International, 2007). About 89 percent of women practiced abortion was married ones. The rests were unmarried women (Kusmaryanto, 2002).According to Katjasungkana(2010) two third of abortionpractices were done by married women. They were high school graduates.

Relationship between unmet need for FP and social factor had been investigated by some researchers. For examples, relationship between unmet need for FP and education was investigated by Paudel and Budhathoki (2011), Adair (2009). Relationship between FP unmet need and occupation was investigated by Kotb et al. (2010), Kisaakye (2013), Haldar et al. (2012). Relationship between unmet need for FP and spouse education was investigated by Ali and Okud (2013), Haillemariam and Haddis (2011). But variables were examined in those researches as variables that directly influence the incidence of unmet need for FP. Though these effects would logically influence social factors on unmet need for FP through other variables as intervening variables. This article wants to analyze the influence of social factors either directly or indirectly to the unmet need for FP on married women in Jember, Indonesian married women. This article analyzed the conceptual model of the influence of social factors on unmet need for FP

II. Material and Method

A case control study was performed from January to March 2014. Respondents were fertile females of 15 to 49 years old or they were younger than 15 years old but they experienced menstruation, or they were older than 49 years old but they still experienced menstruation. Cases were respondents who were categorized as

unmet need forFP group, while controls were respondents who were categorized as contraceptive use group. Both groups had the same sample size of 144 respondents. To classify these two groups the concept of unmet need for FP used definition from Bradley et al. (2012). This definition result status women as unmet need for FP only for certain period. In this research unmet need for FP was computed by comparing proportion of time of women not using contraceptives and proportion of time of women should contraceptives since they had the last children.

Data were collected by using a structured questionnaire. Before the questionnaire was used all questions consulted to experts in the field of population and social sciences as well as try out on 40 women who have relatively similar characteristics to the study respondents. Trial data then was analyzed the internal consistency and reliability using Cronbach's alpha. The result showed all items qualify the correlation coefficient value items with a total score and Cronbach's Alpha valuesmore than 0.7.

The data that has been collected analyzed descriptively using percentages with SPSS and inferential test using structural equation modeling (SEM) with LISREL. Confirmatory factor analysis (CFA) for each latent variable was carried out to determine the validity of each indicator variables. The results showed that all CFA each indicator variables had loading factor values (λ) greater than 0.5 so it proved to meet all the indicators forming the construct validity of the latent variables. While reliability analysis used was the analysis of composite or construct reliability. The results of the analysis showed that all the construct reliability of construct latent variable reaches a value of above 0.7 so the reliability coefficients were more than required. Analysis of the goodness of fit indicator also shows that all indicators of goodness of fit for SEM analysis qualify as a fit model.

III. Result and Discussion

3.1 Demographic characteristics

In 2012 the number of people who lived in district of Jember was 2,355,280. Among districts in East Java province, Jember is located in the Eastern part of this province; it grows rapidly in various sectors that may change social, economic culture. Population density was 715 people/sq.km. Compared to other districts in East Java province, it is categorized as populated district. Sex ratio was 97, that means there are 97 males for every 100 females. Dependency ratio was0.66 that means every 34 people of productive group (15 to 64 years old) takes care 66 people of unproductive group (<15 and > 65 years old). Among districts in East Java province, Jember has not yet entered window of opportunity.

Table 1. Age, age of first marriage and education (percentage) according to group

	Group		Respondent	
Characteristic	Unmet need	Met need	Percentage	Number
Age				
< 20	3.5	2.1	2.8	8
20 - < 30	22.2	35.1	28.9	83
30 - < 40	51.3	43.0	47.2	136
40 – 49	23.0	19.6	21.1	61
Age of first marriage				
< 15	9.7	6.2	8.0	23
15 - < 20	44.4	54.9	49.7	143
20 - < 25	36.1	27.8	31.9	92
25 +	9.7	11.1	10.4	30
Education :				
Illiterate	7.6	5.6	6.6	19
Primary school	41.0	41.0	41.0	118
Junior high school	25.7	22.2	24.0	69
Senior high school	21.5	27.8	24.7	71
College/University	4.2	3.5	3.8	11

Table 1 told thatboth groups had relatively the same age distribution as well as level of education. Moreover, most respondents in both groups whose age of first marriage between 15 to 20 years old. In this age group, met need group showed higher percentage than unmet need group (54.9 percent vs. 44.4 percent). A woman who marries in this age group is more likely to get reproductive system consequences such as abortion, unwanted pregnancy, fistula etc. Hence, increasing age of the first marriage particularly for a woman is strongly recommended.

Table 2. Occupation. Need fulfillment, child alive according to group

Characteristic	Group		Respondent	
	Unmet need	Met need	Percentage	Number
Occupation				
Civil servant	1.4	2.1	1.7	5
Military/Police	0.0	0.7	0.3	1
Farmer	2.1	3.5	2.8	8
Merchant	4.9	10.4	7.6	22
Worker/Peasant	9.0	10.4	9.7	28
Other private sectors	77.8	69.4	73.6	212
Not working	4.7	3.5	4.2	12
Earning on need fulfillment				
0	4.9	3.5	4.2	12
<0.25	31.9	14.6	23.3	67
0.25 - < 0.50	49.3	53.5	51.4	148
0.50 - < 0.75	13.9	28.5	21.2	61
0.75 – 1.00	0.0	0.0	0.0	0
Number of living child				
1	2.1	1.4	1.7	5
2	36.1	34.0	35.1	101
3+	61.8	64.6	63.2	182

Table 2 told that civil servant and military/police are occupations organized by government. The respondents categorized in this group should support governmental policy particularly in FP activity. They should reduce unmet need for FP prevalence. Met need group show higher percentages of civil servant and military/police than unmet need group? Moreover, farmer, merchant, and worker/peasant showed higher percentages in met need group than in unmet need group. The respondents in these occupations are more likely to leave unmet need for FP practice in order to get safe reproductive experience. Local government should support well-designed program for reducing unmet need for FP particularly through occupational organization. Local government should strengthen coordination and team work among government, community, private components.

Moreover, for unmet need for FP group, the proportion had mean = 0.742 and standard of deviation =0.200. For met need group, the proportion had mean = 0.396 and standard deviation=0.166. Proportion of 0.0 means a woman always uses contraceptive continuously. Proportion of 1.0 means a woman has never used contraceptive anymore after delivering the last child.

Women in unmet need for FP group who have never used contraceptives at all after delivering the children or after they had married but they did not have children were 44 respondents (31 percent). The following table showed the reasons not using contraceptives.

Table 3. Reasons 144 respondents did not use contraceptives

	Reason	Frequency	Percentage
a	My Religion prohibits	2	1.4
B	Does not have money	2	1.4
C	My husband does want	30	20.8
D	Fear of side effect	66	45.8
E	Compromising the quality of sexual relationship	25	17.4
F	Troublesome	46	31.9
G	I do not know how to do	4	2.8
H	I am old	27	18.8
I	Rare marital relationship	20	13.9
J	My husband wants more children	42	29.2
K	My husband wants children as many as possible	12	8.3
L	Composition boys and girls	27	18.8
M	Other reasons	1	0.3

Table 3 told that most respondents did not use contraceptives because they were fear about side effect of contraceptive use (45.8 percent). Probably they learned from people who experienced side effect after using contraceptives. Health personnel who serve FP program should enlighten women who visit health services about contraceptive use and its side effect properly depending on their level of education and occupation. Health personnel should avoid rumors about side effect of contraceptive use. Health personnel should learn a lot about how to communicate with clients who have various social-economic culture backgrounds in order to assure them.

It is interested to be exploring about the role of husband in deciding contraceptive use. There is a husband who is doing dialogue between husband and wife in deciding join or not join FP program and preferring type of contraceptive. House hold is smallest organization should be taken into account in FP program. A household is a

kind of House of Representative where husband and wife have equal rights in expressing the idea, opinion, preference about FP. Both have equal reproductive rights. All sectors should support improvement of leadership in household level. They should endorse transformational-type husband in household level. A husband who has this type of leadership will bring the family to realize shared vision of family in the future. Learning organization in the community is a strategic choice in building the community towards family welfare that appreciates reproduction rights in the family.

3.2 Social Factors and Unmet Need for Family Planning

Results of the analysis of the influence of social factors on unmet need KB using structural equation modeling (SEM) more presented in Figure 1 below. A social factor in this study was measured using an indicator variable wife education, job and wife, and the wife income.

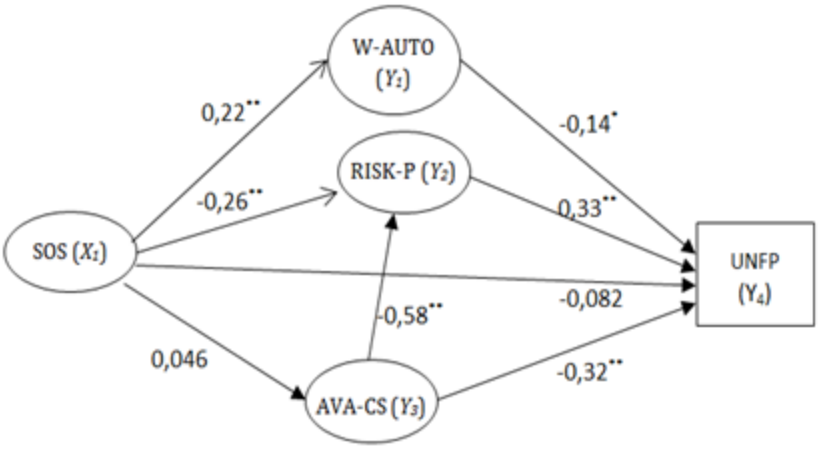

Figure1. PathCoefficient of Socialfactors influenceonUnmet NeedforFP

Remarks*=significant at level 0.05, **=significant at level 0.01

Analysis models produce values of goodness of fit among others, X^2 = 387,21 p<0.05; RMSEA = 0054; Standardized RMR = 0044; NFI = 0.90; NNFI = 0,91; CFI = 0.93; IFI = 0.93; GFI = 0.90; CN = 185.00. All of these indicators are eligible except the X^2 value is still greater than that required by the p>005. Chi-square testing is very sensitive to the size of the data. The sample size in this study was 288 where a large sample (more than 200), tend to produce a Chi-square value is significant. The recommended sample size in SEM involving Chi-square test was between 100-200 (Ferdinand, 2006).

Results of the analysis in figure 1 states that social factors do not affect the unmet need for family planning. This finding is consistent with research Kandel (2012) that there was no significant association between unmet need for family planning by education level and occupation. Paudel and Budhathoki (2011) also found that education and family type did not affect the unmet need for family planning. Adair (2009) which examined HIV positive woman told a multivariate analysis of the level of education and knowledge does not have a significant relationship. These findings are not in accordance with Ali and Okud (2013) and Kisaakye (2013).

Logically social factors do not affect the unmet need for family planning before the psychological aspects in the woman changing. Education is one part of the social factor is an important factor formation of overt behavior or actions. But the role of one's education to the emergence of an action through certain stages. Behavior change theory Rogers (2003) revealed that before people adopt new behaviors within that person happens sequential process; awareness, interest, evaluation, trial and adoption (AIETA).

Results of the study (Figure 1) found that social factors influence the unmet need for family planning through the variables autonomy of women in decision-making related to the use of contraception. It is often assumed that education improve the welfare of women and give them a greater voice in household decision-making, greater autonomy to determine their living conditions, and increased opportunities to participate in community affairs. Women who are educated tend to have relatively better knowledge so they likely have the ability to negotiate with a partner, including in decision-making in the family. Acharya et al. (2010) and Malhotra et al. (2003) found an increase in women's education is positively related to their autonomy in health care decision making. ICRW (2005) explains that women are more likely to control their own destiny and affect change in their own communities when they have higher levels of education.

Besides education, the women who go to work and income to meet family needs to have the ability to negotiate better and have higher bargaining power in decision-making in a family. Women's employment and income are positively related with the autonomy of women in decision-making in the family (Acharya et al., 2010; Senarath 2009.

The next stage of the women who have autonomy in decisions relating to the use of contraception will have the desire to use contraception which ultimately did not happen unmet need for family planning. Kisaakye (2013) found that women who have a culture that is laid low female autonomy in the family causes of unmet need was greater than in women who have moderate and high autonomy in the family. Wado (2013) explains that the autonomy of women is an important influence on the behavior of their reproductive health services search.

Other pathways influence of social factors on the unmet need family planning through contraception variable risk perception (see Figure 1). Risk in this study includes economic risks, health, psychological and social. Women with high social status that is usually associated with the level of education and a higher income than women from other social classes.

Women with higher education are assumed to have a more in-depth knowledge and thorough about the benefits and risks of using contraceptives. Women with high social status likely to have access to better quality information and more comprehensive about contraception. The information can be obtained from a variety of electronic and print media, information derived from their officers can access, and information from various other sources. Women get information about contraception but less complete, less comprehensive and less depth or only partially aware can cause diverse perceptions. They assumed also to know more about the way that must be taken to address the risk that they would see a risk as something reasonable and not excessive.

Women with high social status associated with high income. Women with better economic status, have more opportunities in determining the contraceptive method that suits their needs and more autonomous in making decisions about fertility regulation. They likely have the ability to provide and choosing contraception they need in accordance with the conditions themselves. So the ability to provide and choosing contraception is more suited to allowing himself to the risk perception level of contraceptive use reduced.

The next stage when the perception of risk changes, it will be a positive influence on the incidence of unmet need for family planning (see figure 1). These results are in line with Kandel (2012) found that the fear of side effects affect the unmet need for family planning. Van Lith et al. (2013) found the fear of side effects and health problems continue to be the main obstacle for the use of contraception in Sub-Saharan Africa. Descriptive study conducted Lata et al. (2012); Paudel and Budhathoki (2011); and Igwegbe et al. (2009) found the fear of side effects occupy a high percentage compared with other reasons which led to the unmet need for women.

Bushan (1997), describes the women will decide their contraceptive use at a level where the marginal utility derived from restricting birth proportional to the marginal cost or disutility using contraception. Unmet need will occur when women want to regulate births using contraception but they also consider the price or the risk that they have to bear. Which is the risk that the price to be paid by women include economic and non-economic.

The interesting finding is the social factor does not affect the availability of contraceptive services to women in Jember. Results of this study contradict the findings of the ICRW (2005) also found that education is the most beneficial to women in settings where they have greater control over their mobility and greater access to services. In many developing countries, poor women do not have the mobility or access to the resources they need to improve their health or the health of their families. Often, health services are not widely available, or if available, they are of poor quality. Malhotra et al. (2003) concluded from various studies that women's educations are consistently associated with higher use of the maternal care services. They added education Women in higher level consistently associated with better health outcomes and the effect is stronger than women with lower levels of education.

This can occur because of government policy that provides services to the maximum in relation to the availability of contraceptive services ranging from information services, providing a method of contraception until the installation of contraceptive services free of charge, especially given the pre-prosperous society. BKKBN Java (2012) provides JAMPERSAL programs (Social Security Indonesia) which is an expansion of the coverage of JAMKESMAS and includes not only poor people. The program also includes postpartum family planning services in the postpartum services package (PNC). The type of post-copy family planning services, among others: a) Contraception steady (KONTAP); b) IUD, implant, and c) Injection. In this case the BKKBN ensure the fulfillment of devices, medicines, contraceptives and family planning programs supporting facilities necessary for the smooth implementation of postpartum contraceptive services and post-abortion (BKKBN Java, 2012). Jember Regency Government is also providing budget every year to provide family planning services free of poor people who implemented and improved its budget every year. This policy may reduce the ability of people of different gaps social background in connection with efforts to meet their needs related to the use of modern contraceptives.

3.3 Availability Contraceptive Services and Unmet need for Family Planning

The results showed the availability of contraceptive services significant negative effect on unmet need family planning. The availability of contraceptive services is measured using indicators service availability information, availability of contraceptive services, availability of personnel, availability of contraception, affordability, and consulting services.

Phenomenon in Jember in line with the theory of health belief models (Rosenstock, 1974) who said cue to action that is the originator of the action (the influence of the media or the information available, the effect of the person or officer, or events that remind) effect on the appearance of an act of a person who in research The use of contraception.

Kandel (2012) who found that health workers visit for contraceptive services associated with a significant unmet need family planning. Prog (2011) The quality of family planning services have a significant effect on the behavior of the replacement of contraceptives, including an explanation of the types of contraceptive methods available (informed choice) and post counseling services through home visits. Visits officer (field officers) negative effect on the risk of acceptors switch to other contraceptives. Using the combined size of the infrastructure and facilities readiness to provide family planning services, Hong, Montana, and Mishra (2006) found that the measures relating to counseling and examination rooms have a significant positive effect on the use of IUDs in Egypt. Similarly, using an index score of infrastructure service delivery, medical equipment, essential drugs, the number of contraceptive methods available on the day of the visit, and the number of trained staff in KB. Ramarao et al. (2003) found the quality of care received by the time a woman adopts a method of contraception affect contraceptive use.

In addition to directly influence the unmet need for family planning research shows that the availability of contraceptive services also affects indirectly to the unmet need for family planning through contraception variable risk perception. It means that the availability of contraceptive services is initially can affect risk perception contraception. In the next stage of this second variable that acts to change the unmet need for family planning for women.

Women who feel some aspects available in maximum condition then they are likely to get good service. The availability of in-depth information and correct enable women to understand all aspects relating to the benefits, risks, and how to minimize the risks resulting from the use of contraceptives. The availability of services and a professional staff that can reduce the concerns of women when doing the installation and replacement of contraceptive methods. Availability and ease of obtaining and affordability of different types of contraception makes women have contraceptive choices that they need according to their respective conditions. Availability of a doctor or health worker with good quality makes patients more confident, so it can reduce the concerns of women to use contraception. Availability consulting services that facilitate enabling women to discuss with officials to find a solution when they have a problem.

Such conditions can eliminate, or at least reduce the concerns of women against risks that can arise from the use of contraception, be it health-related risks, inconvenience; costs will be covered, as well as the social risks that will be on the responsibility at a later date. Bruce (1990) and Jain (1989) stated that the improvement of the quality of service will increase the adoption of contraception and client satisfaction, which will translate in the long term into a higher contraceptive prevalence and, ultimately, to increase the client's health and lower levels of fertility.

IV. Conclusion

Women need to be given greater autonomy in deciding on their use of contraceptive methods. So the family planning counseling also needs to be given to the husband or the spouse of women. Need to increase knowledge about the risks of contraception correctly, complete and profound depth and how to address the risks that may arise as a result of the use of contraceptives through intensive interpersonal communication. It required an increase in the ratio of the number of field officers with the number of people that need to be serviced. The availability of contraceptive services needs to be improved, especially to serve the communities of gnats that want to use and maintain the continuity of contraceptive use.

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