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RESEARCH ARTICLE

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The Analysis of Factors Affecting Unmet Need in Fertile Age Women in Sumberjambe District, Sumpster, and Kaliwates

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ABSTRACT

Unmet need family planning is a need for contraception that is not met. Fertile age women are said to be unmet need family planning if they wish to delay pregnancy or to terminate pregnancy for the next two years but not to use contraceptives. The purpose of this study was to analyze the influence of predisposing factors, enabling factors, and reinforcing factors in fertile couple women in Sumberjambe, Sumpster and Kaliwates. The research design used was observational analytic with cross sectional research design. Samples taken in this study were 382 women of fertile couples age. The sampling technique used was multistage random sampling technique. Data analysis used logistic regression. The results showed that there was influence of predisposing factor, enabling factor and reinforcing factor to contraception that was not fulfilled in fertile age women of knowledge with value of ($p = 0.000$), attitude with value of ($p = 0.000$), access service with value of ($p = 0.000$), quality of service with value of ($p = 0.002$), husband support with value of ($p = 0.000$), family planning officer support with value of ($p = 0.000$), and IEC treatment with value of ($p = 0.000$).

Keywords: knowledge; attitude; social culture; service access; quality of service

INTRODUCTION

The growing population is a big problem for developing countries. Indonesia is one of the developing countries which until now has problems of population growth. The population of Indonesia in 2015 is 255.5 million people with population growth rate of 1.38%, whereas the ideal figure is below 1 percent. This requires the government's efforts to curb the rate of population growth by fertility control through KB (Family Planning) program⁽¹⁾.

Unmet need rate of KB in Jember in 2015 amounted to 10.4%. This number is still far from the RPJMN 2014 target which is less than 5%. While in 2016 it amounted to 9.33% (45,124)⁽²⁾. Sumberjambe district is one of the districts that has the most unmet need for KB in all districts in Jember by 2015. The unmet need KB number is 15 percent or 2,732 fertile couples (PUS) with details of delayed pregnancy (IAT) of 1,307 EFA and stopped pregnancy (TIAL) of 1425 PUS⁽³⁾.

Factors causing high unmet need of KB in fertile couples are going through the Green theory approach (1980) which states that the behavior of health service utilization is influenced by several factors, namely: predisposing factors include knowledge, attitudes, beliefs, values, which related to individual and group motivation, including demographic factors such as socioeconomic, age, sex, and family size; reinforcing factors include attitudes and behaviors of health workers, health cadres, family support, and enabling factors include availability of health care facilities and easiness to achieve them⁽⁴⁾.

Efforts to reduce the unmet need of KB and the number of drop outs are by improving the movement of lines in the field. This is supported by a research result conducted by⁽⁵⁾, by empowering Rural and Urban Community Institutions, especially PLKB (Family Planning Field Officer), KB cadres and still partnering with various parties, preparing KIE (Communication, Information and Education) which is educative for families in planning their families so that every service must be accompanied by KIE (Communication, Information and Education) interpersonal and counseling to change attitudes and behavior of the community so that what is the choice of society in KB is really desired.

The purpose of the study based on the background that has been described is to analyze the influence of predisposing factors, enabling factors and reinforcing factors against the unmet need in fertile couple women in Sumberjambe district, sumpersari and Kaliwates.

METHODS

The research design used was cross-sectional. The sample size was 382 women of fertile age. The sampling technique used was purposive sampling. The research sites were 3 districts with the most unmet need were Sumberjambi, Kaliwates and Sumberjambe. The primary data was in the form of education, occupation, knowledge, social culture, access of service, quality of service, husband support, officer support and IEC treatment using questionnaire, while the secondary data in this research was from KB register in the form of unmet need percentage in woman of fertile age. Data were analyzed using logistic regression test.

RESULTS

Table 1. The influence of knowledge on unmet need

Knowledge	Unmet need						Sig.
	Unmet need		Not unmet need		Total		
	n	%	N	%	n	%	
Less	87	50.88	84	49.3	171	100	0.000
Enough	64	33.6	127	66.50	191	100	
Good	5	25	15	75	20	100	

Table 1 shows that some respondents with less knowledge as much as 87 respondents (50.88%) were unmet need and most respondents with enough knowledge as 127 respondents (66.50%) were not unmet need. The result of data analysis using logistic regression test resulted p-value of 0.000 (there was influence of knowledge on unmet need).

Table 2. The influence of attitude on unmet need

Attitude	Unmet need						Sig.
	Unmet need		Not unmet need		Total		
	n	%	n	%	n	%	
Negative	102	49.4	106	50.96	208	100	0.000
Positive	54	88.5	120	68.96	174	100	

Table 2 shows that some respondents with negative attitude about 102 respondents (49.4%) were unmet need and some respondents with positive attitude about 120 respondents (68.96%) were not unmet need. The result of data analysis by using logistic regression test resulted p-value of 0.000 (there was influence of attitude on unmet need).

Table 3. The influence of service access on unmet need

Service access	Unmet need						Sig.
	Unmet need		Not unmet need		Total		
	n	%	N	%	n	%	
Difficult to access	49	66.2	25	33.7	74	100	0.000
Easy to access	107	34.7	201	65.2	308	100	

Table 3 shows that some respondents who easily access contraceptive services about 107 respondents (34.7%) were unmet need and respondents who difficult in accessing contraceptive services about 201 respondents (65.2%) were not unmet need. The result of data analysis by using logistic regression test resulted p-value of 0.000 (there was influence of service access on unmet need)

Table 4. The influence of KIE treatment on unmet need

KIE treatment	Unmet need						Sig.
	Unmet need		Not unmet need		Total		
	n	%	n	%	n	%	
Without KIE	72	58.5	51	41.4	123	100	0.000
With KIE	84	32.4	175	67.5	259	100	

Table 4 shows that some respondents who were without KIE about 84 respondents (32.4%) were unmet need and respondents with KIE of 175 respondents (67.5%) were not unmet need. The result of data analysis by using logistic regression test resulted p-value of 0.000 (there was influence of KIE treatment on unmet need).

DISCUSSION

Unmet need gives signal to the fertile women wishes against a type of contraceptive that is not available so that they decide not to use contraceptive devices or methods. Another possibility is that the use of contraceptives by WUS is not in accordance with their wishes. Many aspects caused this condition, such as discomfort, limitations or availability, and price⁽⁶⁾. One of studies found that by providing services to unmet need KB groups can help couples to manage their pregnancies and improve their social economy. Other studies have shown that decreasing unmet need of birth control can reduce mother and child mortality⁽⁷⁾.

The result showed that knowledge of some respondents has enough knowledge. This is because people, especially fertile women, mostly understand about contraceptives in women but they do not use contraception because of the reasons that many fertile women are not acceptor of KB. However, It is not similar with the existing theory which says the higher the level of education a person has, the more knowledgeable he is⁽⁸⁾.

Lack of respondents' knowledge is that the information obtained by respondents regarding contraceptives is poorly understood and less accurate by fertile women of about the physiological side-effects of KB acceptors so they have thought of unwanted side effects and decided not to use contraception. The more information they get, the more knowledge they gain about health. This is in line with⁽⁹⁾ statement.

The result of attitude study of some respondents have negative attitude According to Endang⁽¹⁰⁾, not all community leaders and married couples in the research area can receive KB. The reason is that unfulfilled KB occurs a lot with regard to fear of side effects and inconvenience of contraceptive use⁽¹¹⁾. Explains that man is not born with certain views or feelings, but he is formed throughout his development. Attitudes will cause humans to act typically against their objects; in other words, attitude is the product of the socialization process. According to Gunarsa (1999) the formation of attitudes is influenced by the attitudes of others with their expressions, oftenly attitudes are influenced by the conversation of others, only after a deeper introduction, the broader knowledge of attitudes may change or settle, and that attitude only changes after an understanding comes⁽¹²⁾.

The results of access to KB services obtained say that most of the respondents rae easy to access KB services but they do not want to use KB. The existing facilities have not been used efficiently by the community because the location of the service centers is not on a large community radius, but rather centered on towns and locations of unreached means of transportation. With the access easily accessible by the community, there is no unmet need for KB and women of fertile couples⁽³⁾. Access means the health care is not hindered by geographical, socio-cultural, and language barriers⁽¹⁰⁾. According to the MOH⁽³⁾, the use of health services is related to geographic access, which means that the distance between health services and client locations affects clients in utilizing the existing facilities. The existing facilities of KB in Jember have been used efficiently by the community because the location of the service centers is in the radius of the community, and the location of the facilities is affordable. Because of the access that is easily accessible by the community, KB candidate members especially WUS can gain adequate information, and get satisfactory of KB services.

The results of the IEC treatment were found that some of the respondents were given KIE by KB officers, the provision of KIE in the community is often done by KB officers, especially in women of fertile age and the community. Through IEC activities, it is expected to improve the insight and knowledge of KB and the type of services. Furthermore, it is expected that community understanding and responses to the KB program will ultimately improve the welfare of the community itself⁽¹³⁾. In line with the research of⁽¹⁴⁾, there is an influence between the unfulfilled supply of IEC and KB, it is known that the IEC (Communication, Information, Education) program has an influence on the knowledge and attitude of women of reproductive age. With the communication, information, and education conducted on KB participants, knowledge and attitude toward the use of contraceptives especially proved more increasingly.

CONCLUSION

The conclusion in this research is the variables that have an effect on KB that is not fulfilled are knowledge, attitude, service access, quality service, husband support, officer support and KIE treatment.

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