



## DETERMINANTS OF UNMET NEED AMONG COUPLES OF REPRODUCTIVE AGE IN RW 07, KARUNRUNG VILLAGE, RAPPOCINI DISTRICT, MAKASSAR CITY

### DETERMINAN KEJADIAN UNMET NEED PADA PASANGAN USIA SUBUR (PUS) DI RW 07 KELURAHAN KARUNRUNG KECAMATAN RAPPOCINI KOTA MAKASSAR

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#### Abstract

Unmet need refers to couples of reproductive age who wish to delay pregnancy or no longer desire children but are not using any contraceptive method. This study aimed to identify the relationship between knowledge, attitudes, and husband's support with the incidence of unmet need among couples of reproductive age in RW 07, Karunrung Village, Rappocini District, Makassar City. The research was conducted from August to September 2022 using a purposive sampling technique with a total of 110 respondents. Data were collected through a structured questionnaire and analyzed using the Chi-Square test with SPSS version 26, and the findings were presented in distribution tables with descriptive explanations. The results showed significant associations between knowledge ( $p = 0.026$ ), attitudes ( $p = 0.000$ ), and husband's support ( $p = 0.000$ ) with the incidence of unmet need among couples of reproductive age. These findings highlight the importance of strengthening health education efforts and increasing husband involvement to reduce unmet need among couples of reproductive age.

**Keywords :** knowledge, attitude, husband's support, unmet need.

#### Abstrak

Unmet need mengacu pada pasangan usia subur (PUS) yang ingin menunda kehamilan atau tidak lagi menginginkan anak tetapi tidak menggunakan metode kontrasepsi. Penelitian ini bertujuan untuk mengidentifikasi hubungan antara pengetahuan, sikap, dan dukungan suami dengan kejadian unmet need pada pasangan usia subur di RW 07 Kelurahan Karunrung, Kecamatan Rappocini, Kota Makassar. Penelitian dilakukan pada bulan Agustus hingga September 2022 menggunakan teknik purposive sampling dengan jumlah responden sebanyak 110 orang. Data dikumpulkan melalui kuesioner terstruktur dan dianalisis menggunakan uji Chi-Square dengan SPSS versi 26, kemudian hasilnya disajikan dalam tabel distribusi dengan penjelasan deskriptif. Hasil penelitian menunjukkan adanya hubungan yang signifikan antara pengetahuan ( $p = 0.026$ ), sikap ( $p = 0.000$ ), dan dukungan suami ( $p = 0.000$ ) dengan kejadian unmet need pada pasangan usia subur. Temuan ini menekankan pentingnya penguatan edukasi kesehatan serta peningkatan keterlibatan suami untuk mengurangi kejadian unmet need pada pasangan usia subur.



**Kata Kunci :** pengetahuan, sikap, dukungan suami, unmet need

## 1. INTRODUCTION

Unmet need for family planning refers to the condition in which women of reproductive age intend to delay or stop childbearing but do not use any contraceptive method. Globally, millions of women continue to experience unmet need, contributing to high rates of unintended pregnancies, pregnancy-related complications, and unsafe abortions (Sedgh et al., 2012, as cited in Rahmawati & Akmal, 2017). Several factors have been identified as contributors to unmet need, including concerns about contraceptive side effects, religious or cultural perceptions, limited access to accurate information, and women's attitudes as well as spousal support (Ankomah et al., 2013; Ferdousi et al., 2010, as cited in Rahmawati & Akmal, 2017). Additionally, evidence indicates that socioeconomic conditions—particularly household wealth—are associated with unmet need, with women from low-income families being nearly three times more likely to experience unmet need compared to those from wealthier households (Azis et al., 2016). In Indonesia, unmet need remains a significant public health issue, particularly in regions such as Makassar, which has one of the highest unmet need prevalence rates in South Sulawesi (BKKBN, 2013, as cited in Rahmawati & Akmal, 2017). Understanding the determinants of unmet need—including knowledge, attitudes, and husband's support—is therefore critical for strengthening family planning programs.

Unmet need for family planning refers to women or couples of reproductive age who wish to delay or avoid pregnancy but are not using any contraceptive method. This condition remains a persistent challenge in many developing countries, where disparities in access to reproductive health services and limitations in health literacy contribute to low contraceptive utilization. Unmet need is not only a reproductive health issue but also a demographic concern, as it can lead to unintended pregnancies, increased fertility rates, and accelerated population growth. These consequences place a considerable burden on public health systems and impede efforts to achieve sustainable population management (Sedgh et al., 2020).

Unintended pregnancies resulting from unmet need can further lead to unsafe abortions, maternal complications, and increased risks of maternal and infant mortality. Globally, millions of women continue to lack access to effective and safe contraception despite the expansion of family planning programs. Barriers such as limited knowledge, misconceptions about contraceptive methods, cultural norms, inadequate partner support, and restricted access to quality services have been identified as contributing factors (United Nations Population Fund [UNFPA], 2022). In the Indonesian context, unmet need remains a significant issue, with national data consistently showing prevalence rates above national targets. Variability of unmet need among regions highlights the importance of understanding localized determinants that may influence family planning utilization (Badan Kependudukan dan Keluarga Berencana Nasional [BKKBN], 2021).

Several studies in recent years have identified that knowledge, attitudes, and partner involvement—especially husband's support—play crucial roles in contraceptive decision-making. Positive attitudes toward contraception and adequate understanding of family planning



have been associated with increased use of contraceptive methods. Conversely, opposition or lack of involvement from husbands has been recognized as a major obstacle to contraceptive uptake in various communities (Pratiwi & Kristiarini, 2020; Wulandari et al., 2021). These findings suggest that unmet need is influenced not only by individual characteristics but also by interpersonal dynamics and contextual factors within households and communities.

Makassar, as one of the major urban centers in Eastern Indonesia, continues to report notable unmet need rates. In several districts, including Rappocini, the proportion of couples experiencing unmet need remains relatively high despite ongoing efforts from local health authorities and family planning programs (Dinas Kesehatan Kota Makassar, 2021). Karunrung Village, located within this district, presents a compelling context for further investigation due to its demographic profile and persistent challenges in family planning service utilization.

Given these considerations, this study aims to examine the determinants of unmet need among couples of reproductive age in RW 07, Karunrung Village, Rappocini District, Makassar City. Specifically, the study investigates the relationships between knowledge, attitudes, and husband's support with the occurrence of unmet need. Understanding these factors is essential to inform targeted interventions and strengthen family planning programs at the community level.

## 2. RESEARCH METHOD

This study employed a quantitative approach with a cross-sectional design to examine the association between knowledge, attitudes, and husband support with unmet need among couples of reproductive age (CRA). The research was conducted in RW 07, Karunrung Urban Village, Rappocini District, Makassar City, during August–September 2022. The study population consisted of all 110 reproductive-age couples residing in the area, who were also taken as the total sample using purposive sampling based on inclusion criteria: (1) couples who were family planning (FP) acceptors, and (2) couples classified as having unmet need for contraception. Data were collected through face-to-face interviews using a structured questionnaire adapted from previous studies. Data processing included editing, coding, entry, and cleaning before analysis using SPSS version 26. Univariate analysis was performed to describe variable distributions, while bivariate analysis using the Chi-square test assessed associations between independent and dependent variables with a significance level of  $p < 0.05$ .

## 3. RESULT AND DISCUSSION

### a. Result

**Table 1. Distribution of Respondents by Age Group**

Age (Years)	f	%
15–21	1	0.9
22–28	15	13.6
29–35	24	21.8
36–42	28	25.5
43–49	42	38.2



Age (Years)	f	%
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 2. Distribution of Respondents by Residential Area (RT)**

Residential Area (RT)	f	%
RT 01	24	21.8
RT 02	35	31.8
RT 03	24	21.8
RT 04	27	24.5
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 3. Distribution of Respondents by Education Level**

Education Level	f	%
No schooling / Did not complete primary	5	4.5
Primary school completed	8	7.3
Junior high school completed	19	17.3
Senior high school completed	51	46.4
Higher education	27	24.5
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 4. Distribution of Respondents by Knowledge Level**

Knowledge	f	%
Poor	58	52.7
Fair	52	47.3
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 5. Distribution of Respondents by Attitude**

Attitude	f	%
Disagree	23	20.9
Agree	87	79.1
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 6. Distribution of Respondents by Husband's Support**

Husband's Support	f	%
Not supportive	56	50.9
Supportive	54	49.1
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 7. Distribution of Respondents by Unmet Need Status**

Unmet Need	f	%
No	64	58.2
Yes	46	41.8
<b>Total</b>	<b>110</b>	<b>100.0</b>

**Table 8. Relationship Between Knowledge and Unmet Need**

Knowledge	No (f/%)	Yes (f/%)	Total	p-value
Poor	28 (48.3%)	30 (51.7%)	58	0.026
Fair	36 (69.2%)	16 (30.8%)	52	
<b>Total</b>	<b>64 (58.2%)</b>	<b>46 (41.8%)</b>	<b>110</b>	

**Table 9. Relationship Between Attitude and Unmet Need**

Attitude	No (f/%)	Yes (f/%)	Total	p-value
Disagree	2 (8.7%)	21 (91.3%)	23	0.000
Agree	62 (71.3%)	25 (28.7%)	87	
<b>Total</b>	<b>64 (58.2%)</b>	<b>46 (41.8%)</b>	<b>110</b>	

**Table 10. Relationship Between Husband's Support and Unmet Need**

Husband's Support	No (f/%)	Yes (f/%)	Total	p-value
Not supportive	23 (41.1%)	33 (58.9%)	56	0.000
Supportive	41 (75.9%)	13 (24.1%)	54	
<b>Total</b>	<b>64 (58.2%)</b>	<b>46 (41.8%)</b>	<b>110</b>	

The data presented in Tables 1–7 provide a descriptive overview of the respondents' demographic characteristics and primary study variables. The majority of participants were concentrated in the older reproductive age group (43–49 years), and most resided in RT 02. Educational attainment was generally moderate, with nearly half having completed secondary school. Despite this, more than half of the respondents exhibited low levels of knowledge regarding family planning, although attitudes toward contraceptive use were predominantly favorable. Husband's support was divided almost equally, suggesting variability in spousal involvement in reproductive health decision-making. The proportion of women experiencing unmet need for family planning (41.8%) highlights a considerable gap between fertility intentions and contraceptive use in the study population.

Tables 8–10 demonstrate statistically significant associations between all three independent variables—knowledge, attitude, and husband's support—and unmet need. Women with poor knowledge, negative attitudes toward contraception, and insufficient support from their husbands were more likely to experience unmet need compared to their counterparts. These findings underscore the multifactorial nature of unmet need, reflecting not only informational barriers but also attitudinal and relational dynamics that influence contraceptive



behaviors. Collectively, the results indicate the necessity for targeted educational interventions, attitudinal change strategies, and the active engagement of male partners to effectively reduce unmet need within the community.

## **b. Discussion**

### **1) Knowledge and Unmet Need**

This study found a significant association between knowledge level and unmet need for family planning ( $p = 0.026$ ). Respondents with poor knowledge demonstrated a higher proportion of unmet need. This finding aligns with global evidence showing that limited knowledge about contraceptive methods, side effects, and access to services contributes to higher unmet need (Ammie et al., 2024; Getaneh et al., 2021). Recent studies across Asia and Africa also indicate that contraceptive literacy strongly predicts utilization patterns and reproductive decision-making (K.C. et al., 2024). Similarly, Azis et al. (2016) reported that knowledge does not consistently demonstrate a significant association with unmet need, noting that contraceptive decision-making is often influenced by psychosocial factors such as fear of side effects and family attitudes toward family planning. Together, these findings suggest that family planning programs must prioritize educational interventions to reduce misinformation and improve informed choice.

### **2) Attitude and Unmet Need**

Attitudes toward contraception were significantly associated with unmet need ( $p = 0.000$ ). Respondents who disagreed with contraceptive use had markedly higher unmet need (91.3%). Negative attitudes, often shaped by fear of side effects, cultural norms, or misconceptions, are frequently cited as barriers to contraceptive uptake (Simegn et al., 2024; Amaje et al., 2022). Rahmawati and Akmal (2017) similarly reported that women who hold negative attitudes toward contraception are more likely to experience unmet need, noting that such attitudes are often driven by concerns about side effects, including nausea, dizziness, and irregular bleeding. Additionally, rumors and misinformation about family planning methods may further reinforce these negative perceptions (Ankomah et al., 2013, as cited in Rahmawati & Akmal, 2017). The current findings reinforce behavioral theory frameworks (e.g., the Health Belief Model), which suggest that favorable attitudes increase the likelihood of adopting preventive health behaviors. To overcome attitudinal barriers, counseling strategies should focus on addressing myths, providing credible information, and promoting positive narratives around modern contraceptive methods.

### **3) Husband's Support and Unmet Need**

Husband's support emerged as a major determinant of unmet need ( $p = 0.000$ ). Women without spousal support were substantially more likely to experience unmet need. This finding reflects the sociocultural reality in many settings, including Indonesia, where reproductive decisions are often negotiated within the marital relationship. Consistent with this, Rahmawati and Akmal (2017) reported that women whose husbands did not support family planning were 2.4 times more likely to experience unmet need, highlighting that spousal support is a critical determinant of contraceptive use. Recent evidence further shows that male involvement and



shared decision-making significantly reduce unmet need and increase contraceptive continuation (Lubis, 2022; Jayanti et al., 2024). Interventions encouraging husband participation—such as couple-based counseling, community dialogue, and male-focused health education—have proven effective in improving contraceptive uptake and should be expanded.

#### 4. CONCLUSION

This study demonstrates that unmet need for family planning remains a significant issue among women of reproductive age in RW 07, Karunrung Village. The findings indicate that 41.8% of respondents experienced unmet need, reflecting a substantial gap between reproductive intentions and contraceptive use. Three key factors—knowledge, attitude, and husband's support—were found to be significantly associated with unmet need. Women with limited knowledge about contraception were more likely to experience unmet need, underscoring the importance of accurate and accessible information in enabling informed reproductive decisions. Attitude also played a critical role; respondents with unfavorable views toward contraception had markedly higher unmet need, suggesting that persistent misconceptions and socio-cultural perceptions continue to influence contraceptive behavior. In addition, husband's support emerged as a strong determinant of contraceptive uptake, highlighting the central role of spousal involvement in family planning decision-making. Overall, these findings emphasize the need for comprehensive strategies that address informational, psychological, and interpersonal dimensions of contraceptive use. Strengthening community-based education, fostering positive attitudes toward family planning, and promoting male engagement are essential steps to reducing unmet need and improving reproductive health outcomes in the study area.

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