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Systematic Review

Factors Influencing Unmet Contraceptive Needs In Indonesia

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ABSTRACT

Background: *As developing countries, family planning program services in Southeast Asia through 2019 are already excellent, with a user rate of 65% and a user satisfaction rate of 90%. However, Indonesia's unmet contraceptive need rate has remained stagnant for the last ten years.*

Methods: *A systematic online search was carried out in four databases: Pubmed, EMBASE, Proquest, and Sage Journal, as well as Google Scholar. The keywords used were unmet need, gap, non-use, challenge, barrier, birth spacing, birth limiting, birth interval, pregnancy interval, fertility control, birth limiting, family planning, and contraception. A search was limited to articles written in English and Indonesian published in the recent five years, with the population setting its domicile in Indonesia. Selection data was guided by a PRISMA flow diagram and assisted by the specialized systematic review software Rayyan.*

Results: *Of 571 articles, 7 matched the inclusion criteria and contained 32 unmet need associations. According to our findings, unmet contraceptive need in Indonesia is set by five factors: the level of the woman, the level of her partner, the level of the couple, the level of the household, and lastly, the level of the program or health services.*

Conclusion: *Using a local language approach, invigorating family planning field officers, and embedding in premarital counseling and school education, this recent evidence can be used to renew the family program planning strategy and achieve the Sustainable Development Goals.*

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INTRODUCTION

Family planning programs have been running for over half a century worldwide. They have been shown to have several advantages, such as controlling population growth, reducing maternal and child mortality, and preventing the Human Immunodeficiency Virus (HIV) and other sexual infections. As part of the family planning program, contraception focuses on individuals by providing traditional and modern short-term and long-term methods.

Nowadays, the importance of contraceptive use has long been known. Still, the relationship between the unmet need for contraception with several adverse

circumstances may not be clearly understood, such as the occurrence of unwanted or unintended pregnancy leading to risky abortion, neonatal complications leading to death, breastfeeding problems, domestic violence, and psychiatric problems such as anxiety or depression (Bishwajit, Tang, Yaya, & Feng, 2017) (Ian Askew, 2013) (Sinai, Omoluabi, Jimoh, & Jurczynska, 2020). According to the 2030 Agenda for Sustainable Development, the target family program plans can be achieved if the number of users and satisfaction with contraception increases and there is a decrease in unmet contraceptive needs (Rodríguez, Say, & Temmerman, 2014) (United Nations Department of Economic and Social Affairs, 2020) (World Health Organization, 2020).

Unmet contraceptive needs are emphasized in women as fundamental benchmarks below Sustainable Development Goals (SDG) indicators, although they can also be found in men (United Nations Department of Economic and Social Affairs, 2020). In this paper, unmet contraceptive needs are defined as the unwillingness of a woman of childbearing age and sexually active period to use contraception even though there is no plan to have a child (Malwenna & Gunarathne, 2017) (World Health Organization, 2022). Unmet contraceptive needs can be classified into two categories: unmet need for limiting if there is no desire to have another child, and unmet need for space if there is still a desire to have another child (Bradley, Sarah E. K, Croft, Trevor N., Fishel, Joy D., & Westoff, Charles F., 2012).

The factors influencing the unmet need for limiting and spacing differ in type, but they include demographic characteristics, family planning programs, communication determinants, and socio-economic-cultural aspects. Age, the number of living children, and marital status are some of the demographic factors behind the unmet need (Duressa, Getahun, Regassa, Babure, & Bidu, 2018) (Yadav, Agarwal, Shukla, Singh, & Singh, 2020). Moreover, an unmet need may arise related to family planning programs, such as access issues, a lack of contraceptive supplies, and a lack of health workers' roles (Duressa et al., 2018) (Karaahmet & Bilgiç, 2022) (Withers, Kano, & Pinatih, 2010).

In the communication determinant, the absence of consent from the partner plays a vital role in the emergence of the unmet contraceptive need (Argel & Germar, 2020). In addition, communication determinants also mean perceptions and knowledge of contraception from social life (Duressa et al., 2018) (Sinai et al., 2020). Meanwhile, in the socio-economic-cultural aspect, level of education, employment status, residence types, and religion are the reasons stated (Duressa et al., 2018) (Islam, Mostofa, & Islam, 2016) (Yadav et al., 2020).

It should be understood that the COVID-19 pandemic still exacerbates reproductive services (Ahmed, Zara, and Sonfield, Adam, 2020). Consequently, the unmet need for contraception has remained a public health concern until now. In 2020, the unmet contraceptive needs globally reached 16%, mostly in developing countries. As one of the regions in which developing countries belong, Southeast Asia has indeed topped the list of countries with a rate of contraceptive use and user satisfaction, among other countries globally.

Based on the Global Burden Disease Study 2019, the figures attained 65% and 90%, respectively (Haakenstad et al., 2022) (United Nations Conference on Trade and Development, 2022) (United Nations Department of Economic and Social Affairs, 2020). Nonetheless, countries in Southeastern Asia still struggle with the unmet need for family planning. According to data from Family Planning 2020 (FP2020), unmet need in Southeast Asia is around 9.3% and is expected to be 8.3% in 2030.

In Indonesia, for instance, according to the Indonesian Demographic Health Survey, the unmet need for contraception has not increased nor did it decreased since 2012 to date (National Population and Family Planning Board & Ministry of Health, 2013; United Nations Population Fund, n.d.). Whereas Indonesia aims to reduce the rate of unmet contraception needs to 7.4% by 2024, as stated in the National Family Planning Coordinating Board (BKKBN) Strategic Plan (BKKBN, n.d.).

However, very few studies have analyzed unmet needs in Indonesia. One study was published in 2005, and four others were published in the last five years. All existing studies use secondary data, IDHS (Indonesian Health and Demographic Survey) and PMA (Performing Monitoring and Accountability) (Gayatri, Fajarningtiyas, and National Research and Innovation Agency, Indonesia, 2022) (Harzif, Maidarti, Handayaning, & Andyra, 2022) (Misnaniarti & Ayuningtyas, 2016) (Schoemaker, 2005) (Zulhijriani, Moedjiono, Mallongi, & Tamar, 2020). Therefore, Indonesia's unmet needs should be studied more comprehensively and systematically.

In our understanding, review studies investigating the determinants of unmet needs in Southeast Asia are scarce. Some review studies have focused on the unmet contraceptive needs in Africa, which indeed the highest percentage rate. Hence, this study highlights the determinants of unmet needs for contraception in Indonesia based on a review. Considering the first latest systematic study in Indonesia, review evidence is expected to fill the knowledge gap and reduce the percentage of non-use of modern contraceptives, and further, expand contraception coverage.

MATERIALS AND METHOD

We conducted an electronic search through four international databases: Pubmed, Proquest, EMBASE, and Sage Journals. The search for each database was accessed remotely via the online Universitas Indonesia library for two weeks. It was completed on August 9 and will be updated on August 22, 2022. When executing a search, the exact keywords used constantly consist of unmet need, gap, non-use, challenge, barrier, birth spacing, birth limiting, birth interval, pregnancy interval, fertility control, birth limiting, family planning, and contraception.

The formula keyword used an adapted PIO format customized from MESH databases (National Library of Medicine) and previous systematic reviews Chilinda, Cooke, & Lavender, (2021) Deitch & Stark, (2019) adapted to the database setting. P (population) = childbearing women, I (interventions or exposures) = non-contraceptive use; and O (outcome) = unmet need. The keyword used were unmet need, gap, non-use, challenge, barrier, birth spacing, birth limiting, birth interval, pregnancy interval, fertility control, family planning, contracept*, keluarga berencana, and kontrasepsi.

The Boolean operators "OR" and "AND" combinations and truncation were applied to obtain appropriate citations. "OR" was used in synonymous words, while "AND" was used in combined words. To expand our search, we also implemented keywords in Indonesian and English. A search history comprised the number of articles gathered, and the keywords used were saved in each database to maintain the transparency and accuracy of the data.

The inclusion criteria were set as follows: (1) original research; (2) published in the last five years, between January 2017 to the present; (3) a comprehensive search was specified only in journal articles; (4) the aim was to evaluate the factors affecting the unmet need for contraception; (5) the Indonesian population; and (6) to achieve a clear result, we limit articles that use multivariate analysis for the final statistics. Studies

conducted qualitatively, reviews or meta-analyses carried out outside Indonesia, not in the form of journal articles, not evaluating determinants of unmet contraceptive needs, and not clearly describing multivariate analysis were excluded from this paper. All of the collected data was imported into Rayyan, a free software program designed specifically for systematic reviews.

Subsequently, data selection guided by PRISMA flow diagrams began with duplicate removal and two screening stages. First, the article was screened based on the title and abstract. Then, for the final stage of screening, eligible articles were retrieved in full text. Authors would be contacted via ResearchGate if we could not access the full text from the e-library. Reports will not be cited if there is no reply from the authors after one month of waiting.

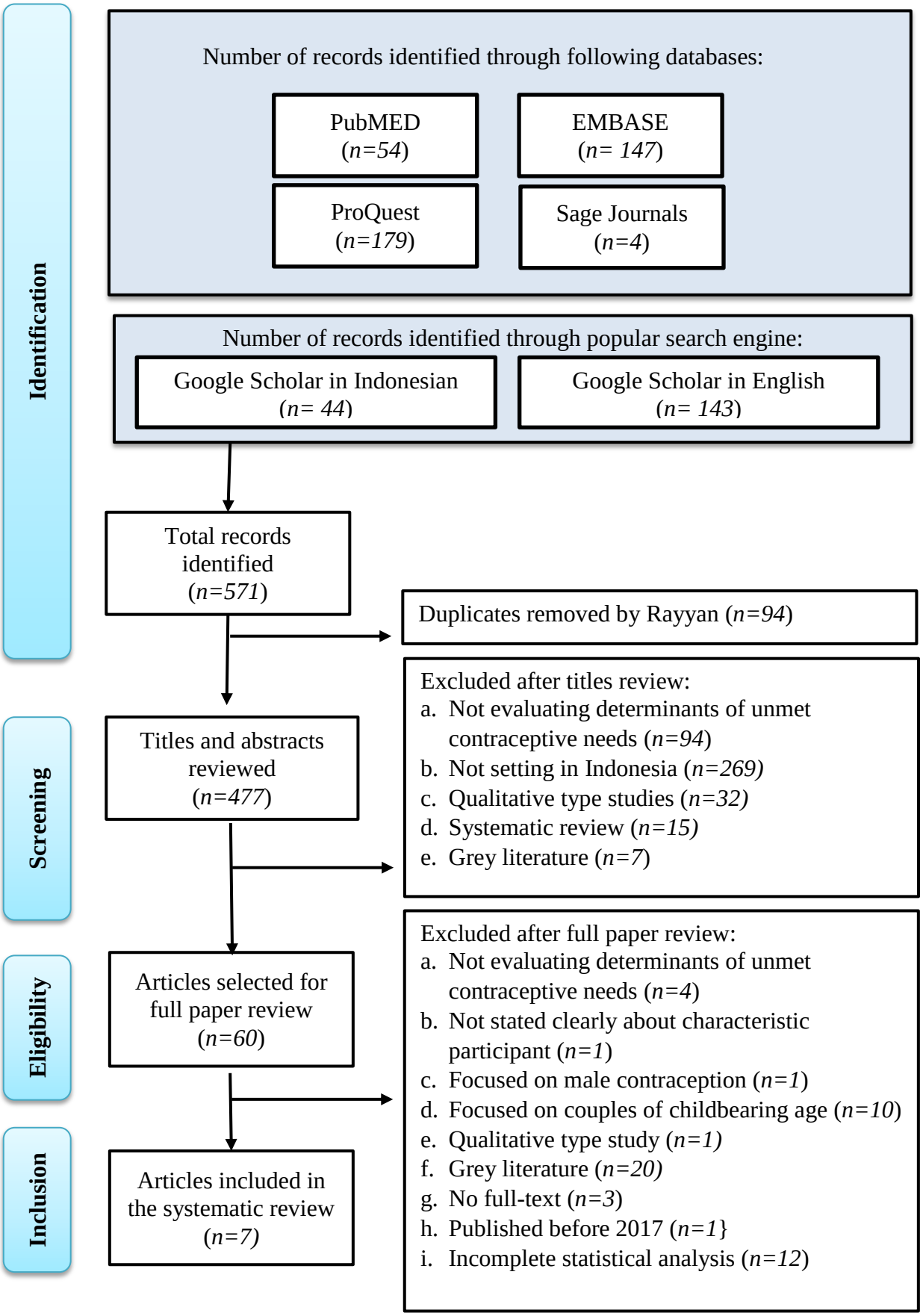
The synthesized data is presented in narrative form. The essential information from articles that fit the inclusion criteria would be extracted and summarized in a spreadsheet by the title, name of the author, place of study, type of study, number and characteristics of the sample, statistical analysis, findings, and highlights of the study. Ethical clearance: Not applicable to this review study.

RESULTS

The result was reported and guided by the PRISMA flow diagram. A comprehensive literature search of four international databases and Google Scholar yielded 571 articles. Of the extensive literature searches, 94 articles were deleted automatically by Rayyan due to duplication. Subsequently, 477 articles were screened by title and abstract.

Then, 60 articles were retrieved and reviewed in full text after being excluded. Of the 60 articles, seven met the inclusion criteria. The details are presented in Table 1.

Table 1. Study Selection According To PRISMA Flow Diagram



The included studies were extracted by the title, author, study setting, type of study, number of participants, findings, and a highlight of the study. Of the articles included in the study, most were published in national journals (n = 5; 71%), and the remaining two were published in international journals (n = 2; 29%). All of these had a cross-sectional study design. Four studies investigated Indonesia as a whole; the rest were from different islands, one in Sumatra and two in Jawa.

Overall, studies used secondary data from the national survey (n = 6; 86%), and one used primary data. The studies generally used random samplings (n = 6; 86%), and only one did a total sample. The number of participants involved in this study was 123,807. The minor participants were 162 people, and the largest recruited 44,853 people. Principally, subjects were 15–49 years old; meanwhile, one study did not state the age interval, but the assumption was made at 15–49 based on the term "childbearing age".

Four studies emphasized only married women or women living together, two aimed at multipara, and the rest did not pay attention to marriage status. A summary of the study results is presented in Table 2. There were a total of 32 associations describing the determinants of contraception, which arose from 7 articles. The determinants are grouped into five levels: level woman, partner, level couple, level household, and level program or health service.

Most often, 23 out of 32 (72%) associations were reported to be statistically significant. However, only 18 associations with directions were expected. Meanwhile, 9 out of 32 (28%) indicated statistically insignificant associations; only 7 showed expected directions. The final articles primarily focused on factors related to the unmet contraceptive need, although there were also articles that provided results on contraceptive use. An overview of factors associated with the unmet contraceptive need was adapted based on each level (Wulifan, Brenner, Jahn, & De Allegri, 2016), as shown in Table 3.

Table 2. Summarised Result of The Inclusion Articles

Title	Author	Study Setting	Type Of Study	Number of Participants	Characteristics Of Participants	Findings	Highlights of The Study
Analisis Kebutuhan Keluarga Berencana Yang Tidak Terpenuhi (Unmet Need) Pada Wanita Usia Subur	(M, Lubis, & Nasution, Puteri Citra Cinta Assyura, 2021)	North Sumatera	Cross-sectional	162	Women of childbearing age in marriage or living together, not mentioning interval age.	In level partners, the unmet need is statistically significant, associated with the absence of the husband's involvement with OR 1.58 (CI: 1.07-2.33; p= 0.02).	The absence of the husband's involvement in deciding contraception and lack of knowledge affects the unmet contraceptive needs.
Barrier To Contraceptive Use Among Childbearing Age Women In Rural Indonesia	(Rohmah et al., 2021)	Rural areas in Indonesia	Cross-sectional	44853	Women of childbearing age from 15-49 years of age, regardless of marital status.	Factors associated with contraception use: *In level women* are older age (45-49 years old) with OR 0.19 (CI: 0.15-0.27; p<0.001), secondary education with OR 2.28(CI: 2.06-2.51; p<0.001), and multipara OR 2.52 (CI: 2.33-2.74; p< 0.001). *In level couple*: married/living with partner OR 43.75 (CI: 35.48-53.95; p<0.001. Meanwhile, *the level of*	The unmet results are inverse of contraceptive use variables such as younger age, lower education level, out-of-wedlock, poorest, and primipara.

Title	Author	Study Setting	Type Of Study	Number of Participants	Characteristics Of Participants	Findings	Highlights of The Study
						household is influenced by the middle economic level, with OR 1.49 (CI: 1.35-1.64; p<0.001	
Barriers for Multiparous Women to Using Long-Term Contraceptive Methods in Southeast Asia: Case Study in Philippines and Indonesia	(Laksono, Rohmah, & Megatsari, 2022)	Indonesia	Cross-sectional	25543	Multiparous women aged 15-49 years	Non-contraception use is influenced by the following*: in the level of women*: age 15-19 OR 2.36 (CI: 0.356-2.365; p<0.001), no educational level OR 3.966 (CI: 3.964-3.967; p<0.001), unemployment status OR 1.044 (CI: 1.044-1.044; p<0.001.). *In the level couple*: single status OR 4.258 (CI: 4.356-4.259; p<0.001), and *in the level household* influenced by rural areas with OR 1.061 (CI: 1.061-1.062; p<0.001), and richer OR 1.172 (CI: 1.172-	Unmet contraceptive needs are affected by younger age, living in rural settings, uneducated, single status, unemployed, and low wealth index

Title	Author	Study Setting	Type Of Study	Number of Participants	Characteristics Of Participants	Findings	Highlights of The Study
						1.172; p<0.001)	
Levels, Trends and Correlates of Unmet Need for Family Planning among Postpartum Women in Indonesia: 2007-2015.	(Wilopo et al., 2017)	Indonesia	Cross-sectional	15473	Women of childbearing age who had a history of giving birth 3-5 years ago	Contraceptive use is statistically significantly associated to: *In level women*: older age (≥30 years old) with OR 0.65 (CI: 0.55-0.78; p<0.001), the birth history of two children OR 1.38 (CI: 1.26-1.51; p<0.001), knowing more than four methods of contraceptive OR 1.54 (CI: 1.41-1.69; p<0.001), primary education OR 1.98 (CI: 1.45-2.22; p<0.001, middle-wealth OR 1.57 (CI: 1.40-1.76; p<0.001). In *the level household*: live in rural 1.11 (CI: 1.02-1.2; p<0.05) and live in Java or Bali OR 1.38 (CI: 1.26-1.5; p<0.001), and in *the level health facilities*: +4 ANC OR 0.42 (CI: 0.36-	Unmet contraceptive needs are inverse of contraceptive use variables such as older women, multipara, lack of knowledge, rarely doing antenatal care, living in poverty, and being dominated by the Javanese and Balinese populations.

Title	Author	Study Setting	Type Of Study	Number of Participants	Characteristics Of Participants	Findings	Highlights of The Study
						0.5;0<0.001)	
Pemberian Layanan Keluarga Berencana Berpengaruh Penting Terhadap Kejadian Unmet Need: Analisis Lanjut Data SDKI 2017	(Safitri et al., 2021)	Indonesia	Cross-sectional	35.681	Women of childbearing age in marriage aged 15-49 years old	The unmet contraceptive need is statistically significant occur because of *the level of women*: total children alive OR 1.43 (CI: 1.29-1.57; p<0.0001) and unemployment OR 1.1 (CI: 1.01-1.2; p<0.05). *In the level household*: live in rural OR 0.81 (CI: 0.74-0.89; p<0.0001), and *in the level program*: family planning access restrictions OR 2.27 (CI: 1.95-2.64; p<0.0001)	Lack of access to family planning services is the most contributing factor to unmet contraceptive needs.
Profil Sosiodemografis Unmet Need Keluarga Berencana pada Wanita Kawin di Daerah Istimewa Yogyakarta	(Sulistiawan, Gustina, Matahari, & Marthasari, 2020)	Yogyakarta	Cross-sectional	439	Women of childbearing age in marriage or living together aged 15-49 years old.	All analyzed variables as unmet need determinants show statistically nonsignificant results, including in *level women* (older age, more than two living children, and primary education), *level couple* (husband's primary	Level of education, the number of children, type of residency, and wealth index are potential factors to unmet

Title	Author	Study Setting	Type Of Study	Number of Participants	Characteristics Of Participants	Findings	Highlights of The Study
						education), and *level household* (rural areas and poorer).	contraceptive needs.
Unmet Need of Family-Planning Analysis in Banten Province and Its Determinant Factor	(Puji, Hasanah, Purnama, & Gumilar, 2021)	Banten	Cross-sectional	1656	Women of childbearing in marriage aged 15-49 years	Unmet need is statistically significant *in level women*: age <20 years and >35 years with OR 7.218; p=0.000, low-level education OR 1.56; p=0.027 and *in the level program*: no information about family planning OR 1.84; p=0.034	The most contributing factor to unmet contraceptive needs is the wife's age.

Table 3. Determinant Factor of Unmet Need for Contraception

Determinant of unmet contraceptive needs		n	Significant Association	
			Significant	Non-significant
Level woman	Wife's age	5	4	1
	Wife's level of education	5	4	1
	Wife's employment status	2	2	
	Parity	2	2	
	Total living children	2	1	1
	Contraceptive knowledge	2	2	
	Subtotal	**18**	**10**	**3**
Level partner	Husband's level of education	1		1
	Husband involvement	1	1	
	Subtotal	**2**	**1**	**0**
Level couple	Marriage status	2	2	
	Subtotal	**2**	**2**	**0**
Level household	Wealth index	3	2	1
	Type of residency	4	3	1
	Subtotal	**7**	**3**	**2**
Level program/health service	Access of contraception	2	2	
	ANC visit	1	1	
	Subtotal	**3**	**2**	**0**
Total: n (%)		**32**	**18 (56,3)**	**5 (27,7)**

DISCUSSION

This present study revealed the factors influencing unmet contraceptive needs exclusively in Indonesia, such as age, husband-to-wife level of education, wife's employment status, parity, total living children, contraceptive knowledge, husband involvement, marital status, wealth index, type of residency, as well as factors related to the family planning program. The details will be described in the following sections. Four studies show that age is statistically significantly associated with unmet needs.

Two of them highlighted that unmet need is more likely in younger people Laksono et al., (2022); Rohmah et al., (2021), while one study found unmet need at an older age (Wilopo et al., 2017). According to a study by Puji et al., (2002), unmet needs occur between the ages of 20 and 35 (Puji et al., 2021). Only one study concluded that age was not statistically significant for unmet needs. It may be related to the small sample size (Sulistiawan et al., 2020).

In general, the younger and older age groups contribute equally to unmet contraceptive needs. According to a multi-country analysis study, younger generations have a greater impact on unmet needs (Mutumba, Wekesa, & Stephenson, 2018) (Yadav et al., 2020). Different results are shown in other studies that found the unmet need decreases with age.

It is because the younger generation generally lacks knowledge of contraception and is rarely attached to health facilities. In comparison, older people frequently visit

health facilities and use contraception (Ahinkorah, Ameyaw, & Seidu, 2020) (Argel & Germar, 2020) (Asif & Pervaiz, 2019) (Mulenga, Bwalya, Mulenga, & Mumba, 2020) (Nzokirishaka & Itua, 2018) (Withers et al., 2010) (Yadav et al., 2020). Further, older women generally feel they are infertile, so they no longer need contraceptives. Conversely, younger women are typically required to prove their fertility, so they rarely use contraception (Sinai et al., 2020) (Withers et al., 2010).

Women with high parity or more living children should be more likely to use contraception to limit their pregnancy in consideration of the sufficiency of the number of children (Asif & Pervaiz, 2019) (Bawah et al., 2019) (Withers et al., 2010). However, our findings conclude that unmet contraceptive needs are more likely in multiparity or with more living children Safitri et al., (2021); Wilopo et al., (2017), according to some studies conducted in India, Papua New Guinea, and some African countries. It is thought to be due to society's values: many children, many provisions.

Our study also reveals that low parity triggers unmet needs (Rohmah et al., 2021). It may be connected to a patriarchal culture that sided with the boys and made it burdensome for women to continue to conceive until they could give birth to boys. Also, women have an unwritten obligation to give birth to more children to please their husbands (Agyekum et al., 2022) (Ahinkorah et al., 2020) (Duressa et al., 2018) (Mulenga et al., 2020) (Nzokirishaka & Itua, 2018) (Sinai et al., 2020) (Yadav et al., 2020).

We concluded that the educational level is associated with unmet needs, either significant or not significant (Laksono et al., 2022) (Puji et al., 2021) (Rohmah et al., 2021) (Sulistiawan et al., 2020) (Wilopo et al., 2017). The level of education is often related to the level of knowledge. The study presents that higher contraceptive knowledge reduces unmet needs Puji et al., (2021); Wilopo et al., (2017), which is aligned with studying in Burundi, India, Pakistan, and Ethiopia.

It is assumed that women with a higher level of education generally have pretty good knowledge (Asif & Pervaiz, 2019) (Duressa et al., 2018) (Nzokirishaka & Itua, 2018) (Yadav et al., 2020). This study also concluded that working women rarely experience unmet needs (Laksono et al., 2022) (Safitri et al., 2021). It is consistent with the previous study that considered working women to have more authority in determining their reproductive health regarding financial independence (Ahinkorah et al., 2020) (Anik, Islam, & Rahman, 2022) (Argel & Germar, 2020).

We found that the absence of husband involvement is significantly related to unmet needs M et al., (2021), which is consistent with the prior studies (Asif & Pervaiz, 2019) (Islam et al., 2016) (Mulenga et al., 2020). Men are considered the heads of the family and breadwinners, and they need to be asked for consent in various ways. We also found that the husband's educational level and contraceptive knowledge are associated with his wife's views and consent to contraception (Sulistiawan et al., 2020).

Coupled with low education levels and no positive support, this can create an unmet need. Moreover, discussions with couples are essential in determining the ideal family size and participating in health programs (Agyekum et al., 2022) (Islam et al., 2016) (Nzokirishaka & Itua, 2018). Some contraceptive services will be fulfilled with the husband's permission, especially for invasive methods like Intra Uterine Devices.

Additionally, the husband's decision is influenced by religious values and customs and will be considered less potent if they are incapable of setting rules (Argel & Germar, 2020) (Mulenga et al., 2020) (Sinai et al., 2020). The single status and living together are inferred to result in an unmet need (Laksono et al., 2022; Rohmah et al.,

2021), similar to other studies (Agyekum et al., 2022; Ahinkorah et al., 2020). This conjecture is based on a marriage of a legal nature, providing a sense of security for women in sexual intercourse and using contraception to space their pregnancy (Rohmah et al., 2021).

Our systematic review stated that unmet contraceptive needs occur in urban and rural areas (Laksono et al., 2022) (Safitri et al., 2021) (Wilopo et al., 2017). It corresponds to previous studies declaring that unmet contraceptive needs are more common in rural areas (Asif & Pervaiz, 2019) (Islam et al., 2016) (Mutumba et al., 2018) (Nzokirishaka & Itua, 2018). The cost of living in more affordable rural areas and a closer family system make the spouse prefer a large family (Agyekum et al., 2022). However, it contradicts other studies that suggest that unmet needs are lower in urban areas because of the adequate number of health facilities (Asif & Pervaiz, 2019) (Islam et al., 2016).

In the present study, a low economic level contributes to unmet needs (Rohmah et al., 2021) (Wilopo et al., 2017). It may occur due to sufficient economic levels increasing access to contraception, especially for those without government subsidies or health insurance guarantees. The result is consistent with a previous study that found that the low economic level is closely related to the limited access and supply of contraception and healthcare facilities (Agyekum et al., 2022) (Ahinkorah et al., 2020) (Argel & Germar, 2020) (Nzokirishaka & Itua, 2018) (Sinai et al., 2020) (Yadav et al., 2020).

In addition to limited access to contraception, our study results suggest minimal contact with health facilities, which assumes the absence of the role of health workers and poses an unmet need (Laksono et al., 2022) (Safitri et al., 2021) (Wilopo et al., 2017). Moreover, the media also plays a significant role in disseminating contraceptive knowledge and forming a perception of the acceptance of contraceptive services. It helps eliminate the negative stigma that contraceptive users are sex-changing partners and that contraception leads to infertility (Ahinkorah et al., 2020) (Asif & Pervaiz, 2019) (Duressa et al., 2018) (Islam et al., 2016) (Nzokirishaka & Itua, 2018).

Furthermore, a systematic review conducted on 29 LMICS and a qualitative study in Nigeria concluded that previous contraception is a factor in the emergence of unmet needs. The side effects of contraception and the availability of unsustainable methods of contraception are the causes (Asif & Pervaiz, 2019) (Deitch & Stark, 2019) (Mulenga et al., 2020) (Sinai et al., 2020). Nonetheless, this does not correspond to studies in a multi-country setting that conclude otherwise. It may be attributed to the assumption that contraception will harm women's health, so women are afraid of or reject using it (Mutumba et al., 2018).

Several strengths and limitations exist in this systematic review. First, most studies apply the IDHS, which portrays nationwide references, but generalizations should be carried out carefully as these studies differ in age category and population characteristics. Second, although the sample size is enormous in general, the results may not represent the truth for a particular group of populations because discussing sex with adolescents accompanied by parents or unmarried women is sometimes considered sensitive. Third, this study did not distinguish the factors causing the unmet need by type. Fourth, the existing studies did not focus on religious and cultural backgrounds, which also affected the unmet need.

CONCLUSION

The various factors behind unmet contraceptive needs are intertwined, so a broad perspective is needed to consider the situation. Therefore, family planning programs must involve men, husbands, and society more deeply because they will affect contraceptive decisions. It would be better to reinvigorate the family field officer and approach him using the local language. Family planning services should not stop providing contraceptive methods.

However, it should also be accompanied by counseling that acknowledges that all methods of contraception have flaws and advantages and helps users get appropriate contraception for themselves or their spouses. If necessary, the program is incorporated into school education and the pre-marriage program. Furthermore, unmet needs must be handled immediately under SDG so as not to spread further due to the pandemic, which does not know when it will end.

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