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Determinants of Unmet Need for Family Planning in Sleman District, Yogyakarta Province, Indonesia

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Abstract
One of the things that are of great concern in future development is the population problem, the main thing is population control. The family planning program in Indonesia has been recognized nationally and internationally as one of the programs that have succeeded in reducing fertility rates. However, the high number of unmet needs for family planning is one of the problems in managing family planning programs. Based on family data collection in the year 2021, the Total Fertility Rate (TFR) fell to 2.24% after touching the figure of 2.45% in 2019. Meanwhile, the number of unmet needs in 2019 was 14.3%, increasing to 18% in the year 2021. This study aims to describe the influence of unmet needs on the population with the regression model approach. Meanwhile, to analyze the factors that influence the unmet need for family planning in Sleman District, Yogyakarta Province, Indonesia used primary data with simple random sampling which includes 2 things. First, the identity of the respondent provides an overview of the category of mother's age, mother's education level, mother's occupation, number of last children, husband's education level, husband's age category, husband's occupation, number of last living children, and total family income. Second, the experience of family planning will be described in terms of participation in family planning, reasons for not participating in family planning, desire for family planning, methods of family planning, family planning costs, family planning information, family planning socialization, and respondents' statements. The result is that unmet need has a positive effect on the population. While with primary data showed that the determinants of unmet needs in Sleman District derived from various variables that fall within the scope of the respondent's identity and various variables that fall within the scope of experience in participating in family planning.

Keywords: Unmet Need, Family Planning, Women of Childbearing Age

1. Background

As written in the National Medium-Term Development Plan Indonesia for 2020-2024, the structure of Indonesia's population is characterized by a high proportion of the productive age population. In 2018, the productive age population in Indonesia reached 68.6 percent, or 181.3 million people with a low dependency rate for young and old at 45.7. This change in population structure will open up opportunities for Indonesia to get a demographic

dividend which in the medium and long term will encourage high economic growth and turn Indonesia into an upper middle-income country. This demographic bonus will be obtained with the main prerequisite for the availability of qualified and competitive human resources (HR). The development of Indonesia 2020-2024 is aimed at forming quality and competitive human resources, namely human resources who are healthy and intelligent, adaptive, innovative, skilled, and with character. To achieve this goal, human development policies are directed at controlling the population and strengthening population governance, fulfilling basic services and social protection, improving the quality of children, women, and youth, eradicating poverty, and increasing productivity and competitiveness of the workforce. The human development policy is carried out based on a life cycle and inclusive approach, including paying attention to the needs of the elderly population and people with disabilities.

Family Planning (FP) is one of the population policies that aim to control population quantity so that a balance between population quantity and quality is achieved. One of the successes of the family planning program is a decrease in fertility rates, but the decline in fertility rates is not followed by a decrease in unmet needs. In general, family planning can be interpreted as an effort to regulate the number of pregnancies in such a way that it has a positive impact on the mother, baby, father, and the family concerned and will not cause harm as a direct result of the pregnancy. It is hoped that with careful family planning that pregnancy is something that is expected so that it avoids the act of terminating an abortion pregnancy. The ultimate goal of family planning is the achievement of Family Planning (Norma for Small Happy and Prosperous Families) and forming a quality family, a quality family means a harmonious, healthy family, adequate clothing, food, housing, education, and productivity from an economic point of view.

The definition of unmet need is the percentage of married women who do not want to have more children or want to space out their next birth but do not use contraception. According to Westoff (1995), unmet need is defined as the proportion of currently married women who report having all desired and unwanted children but not using contraception, even though they are not protected from the risk of pregnancy. Meanwhile, De Graff and De Silva (1997), based on Westoff's concept, describe the emergence of unmet needs when women do not use contraception and can understand physiologically that are not protected from the risk of pregnancy. Unmet Need is defined as a group that does not want to have any more children or wants to space out their pregnancies for up to 2 years but does not use contraception to prevent pregnancy.

Couples of childbearing age as the target of the family planning program are grouped into two segments. They are the segment that requires family planning to space or limit births and the segment that does not need family planning. The need for family planning is the total prevalence of contraception (including women who are pregnant and whose last birth was due to contraceptive failure and unmet needs. Women who need no contraception to limit births “include pregnant women whose pregnancies are not wanted (unwanted pregnancy), women who have not menstruated, and those who have menstruated after giving birth to an unwanted child and state that they do not want to have any more children (Family Planning, 2007). Thus, the segment that does not need family planning is couples of childbearing age who do not use any means of contraception for various reasons, mainly because they do not want to have children. Manifesting unmet need for family planning can be categorized into the following categories:

a. A woman who is married at childbearing age and is not pregnant, states that she does not want to have any more children and does not use contraceptives such as IUDs, pills, injections, implants, vaginal drugs, and steady contraception for her husband or herself.
b. A married woman of childbearing age and not pregnant, states that she wants to delay her next pregnancy and does not use contraception as mentioned above.
c. Women who are pregnant and the pregnancy is no longer desired and at the time before pregnancy did not use contraception.
d. Women who are pregnant and the pregnancy does not occur according to the desired time and before pregnancy does not use contraception.

The Unmet Need for Family Planning for spacing pregnancy and the Unmet Need for Family Planning to limit births is the total Unmet Need for Family Planning. An assessment of the incidence of Unmet Need for Family Planning is needed to assess the extent to which the success of the family planning program, how much EFA's

need for family planning has been met, and what factors are associated with the occurrence of Unmet Need for Family Planning. By only using the acceptor coverage indicator, namely the number of couples of childbearing age using contraceptives compared to the number of existing couples of childbearing age, the information obtained is only the number of couples of childbearing age that have fulfilled family planning. Whether the required amount has met the needs of all EFAs cannot be known. Information about Unmet Need for Family Planning is needed as one of the information needed to determine alternatives to increase acceptor coverage (Haryanti, 1993).

Nationally, the number of unmet need in 2019 has increased from the previous year to 12.1%. this figure has not reached the target of 9.9%. Meanwhile, in 2021 it will also increase to 18% from the target of 8.3%. With the development of this condition, it is still necessary to work hard and cross-sectoral cooperation to reduce the number of unmet need. If viewed nationally, several provinces also experienced an increase in the number of unmet need. In 2021, Yogyakarta Province is 9.23%, which means it is still above the national target, even though it is below the provincial average. Based on data from the National Population and Family Planning Agency, the average number of unmet need in the province is 9.23%. Although Sleman District has reached below the provincial average of 7.13, reducing the unmet net rate remains one of the priorities for population policy, and is one of the achievements of the Strategic Plan of the Office of Women's Empowerment and Child Protection, Population Control, and Family Planning Sleman District.

For this reason, it is necessary to know the condition of the unmet need in Sleman District and the factors that cause it. Furthermore, appropriate strategies and policy directions are formulated by taking into account the problems faced in an effort to continue to reduce the high number of unmet need. The purpose of this study was to analyze the factors that influence unmet need in Sleman District. The results of the study will be used to formulate recommendations related to strategies for reducing population quantity in Sleman District and efforts to reduce the high number of unmet need.

To achieve the objectives of this study, primary and secondary data will be used. Primary data was collected through Focus Group Discussions (FGD), Surveys and Direct Observation (direct observation), study reports (library research). While secondary data was obtained from the Office of Women's Empowerment, Child Protection and Population Control and Family Planning, and also Central Bureau of Statistics, relevant study reports and publications. The location of activities was carried out in 3 sub-districts with the highest number of unmet need with different characteristics, namely Kalasan Sub-District (sub-urban), Sleman Sub-District (urban), and Berbah Sub-District (rural). To complete this study a survey, data collection, and Focus Group Discussion (FGD) will be conducted. Data were conducted on couples of childbearing age who were included in the unmet need category and Family Planning Field Officers. The study approach and framework begin with preliminary research, which includes data studies and developing an understanding of the problem for the point of view and development of the study. From this preliminary research, an overview will be obtained. After that, the research is carried out by collecting data to identify the determinants of unmet need in Sleman District. Furthermore, based on the results of the analysis, policy recommendations and alternative solutions to problems and obstacles to optimizing efforts to reduce the number of unmet need are formulated in Sleman district. The sampling method is Simple Random Sampling with population proportion estimation. Based on the formula for determining the sample by estimating the proportion of the population, a minimum of 104 respondents are obtained from the total population of women of childbearing age.

2. Result

2.1. Population Development and Density in Sleman District

The population development of Sleman District among year 2016-2021, and the density is shown in table 1. as follows:

Table 1: Population, Change Amount, and Density Sub-District in Sleman District (People)

No	Sub District	Populatian		Growth (%)	Density 2021 (People/Km^2)
		2016	2021		
1	Moyudan	31,458	33,842	7.58	1,225.27
2	Minggir	29,844	32,459	8.76	1,190.28
3	Seyegan	46,902	51,967	10.80	1,951.45
4	Godean	71,239	73,036	2.52	2,721.16
5	Gamping	107,084	104,020	-2.86	3,556.24
6	Mlati	112,021	100,707	-10.10	3,531.10
7	Depok	188,771	131,242	-30.48	3,691.76
8	Berbah	57,691	59,976	3.96	2,608.79
9	Prambanan	48,395	53,859	11.29	1,302.52
10	Kalasan	85,220	87,357	2.51	2,437.42
11	Ngemplak	65,016	68,576	5.48	1,920.36
12	Ngaglik	117,751	106,173	-9.83	2,756.31
13	Sleman	67,201	72,972	8.59	2,329.89
14	Tempel	50,599	54,164	7.05	1,667.10
15	Turi	34,233	36,980	8.02	858.20
16	Pakem	37,733	37,656	-0.20	858.94
17	Cangkringan	29,321	31,488	7.39	656.14
Sleman District		**1,180,479**	**1,136,474**	**-3.73**	**1,977.10**

Source: Central Bureau of Statistics, Sleman District

Based on table 1, there are 5 sub-districts with the largest population growth, namely: Prambanan, Sayegan, Minggir, Sleman, and Turi. In general, population growth in Sleman District decreased by 3.73%. The biggest decline in growth was in the Depok Sub-District with 30.48%. While the population density which is the ratio of the total population divided by the area in this district is highest in the Depok sub-district, followed by Depok, Gamping, Mlati, Ngaglik, and Kalasan respectively. In addition to economic factors, it is also because of the strategic location of the place. The opening of job opportunities in an area, causes residents to move to the area and causes the density to increase.

2.2. Description of Unmet Need in Sleman District

The available secondary data regarding the distribution of Unmet Need in Sleman District is shown in table 2 below:

Table 2: Unmet Need Conditions in Sleman District Year 2021

No	Sub District	Number of Couples of Childbearing Age	Unmet Need (%)
1	Gamping	14,584	7.51
2	Godean	9,170	7.52
3	Moyudan	4,293	6.76
4	Minggir	4,238	7.46
5	Seyegan	7,249	7.96
6	Mlati	12,332	8.02
7	Depok	15,503	8.39
8	Berbah	7,370	6.42
9	Prambanan	7,854	7.52
10	Kalasan	10,797	6.13

11	Ngemplak	7,853	6.29
12	Ngaglik	11,309	6.38
13	Sleman	9,663	8.83
14	Tempel	8,037	7.69
15	Turi	5,438	8.70
16	Pakem	5,628	8.65
17	Cangkringn	4,831	12.07
Sleman District		**146,149**	**7.67**

Source: Office of Women's Empowerment, Child Protection and Population Control and Family Planning of Sleman District, 2022

Based on table 2, it can be seen that the number of unmet needs in Sleman District is 7.67%. Meanwhile, the 5 sub-district that have the highest number of unmet needs are Cangkringan, Sleman, Turi, Pakem, and Depok. The unmet need rate in Sleman District which is lower than the Yogyakarta Province average of 9.23% cannot be separated from the success of the district in inviting Couples of Childbearing Age to participate in family planning, as shown in the following table:

Table 3: Percentage of Number of Family Planning Participants Compared to Couples of Childbearing Age, the Year 2021

No	Sub Districts	Couple of Childbearing Age	Number of Family Planning Participants	%
1	Moyudan	4,296	3,315	0.77
2	Minggir	4,164	2,955	0.71
3	Seyegan	7,226	5,667	0.78
4	Godean	9,173	7,098	0.77
5	Gamping	14,455	11,451	0.79
6	Mlati	11,931	9,267	0.78
7	Depok	15,508	11,864	0.77
8	Berbah	7,350	5,754	0.78
9	Prambanan	7,824	6,109	0.78
10	Kalasan	10,526	8,243	0.78
11	Ngemplak	7,799	6,129	0.79
12	Ngaglik	11,215	8,450	0.75
13	Sleman	9,410	7,210	0.77
14	Tempel	7,991	6,141	0.77
15	Turi	5,436	4,297	0.79
16	Pakem	5,635	4,280	0.76
17	Cangkringan	4,665	3,603	0.77
Sleman District		**144,604**	**111,833**	**0.77**

Source: DIY Provincial Development Planning Agency

With the number of family planning participants already above 77%, the number of unmet needs can be reduced. However, efforts to reduce the number of unmet needs are still trying to decrease because several sub-districts have high levels.

2.3. Unmet Need and Population Quantity

Family planning is a population policy that aims to control population quantity. Family planning policy aims to suppress the rate of population growth so that a balance between the quantity and quality of the population is achieved requires community participation to solve population problems, especially population control. One of

the problems in population control is the high number of unmet need in Sleman District. Based on the estimation of secondary data in 17 sub-districts in Sleman District, it shows that the number of unmet need has a positive effect on the population.

Table 4: Estimated Effect of Unmet Need on Population Quantity in Sleman District

Dependent Variable: Population
Method: Least Squares
Sample: 1 17
Included observations: 17

Variable	Coefficient	Std. Error	t-Statistic	Prob.
C	81.02102	7.101819	11.40849	0.0000
Unmet Need	0.049524	0.014094	3.513748	0.0031
R-squared	0.451482	Mean dependent var		63.48294
Adjusted R-squared	0.414914	S.D. dependent var		27.23207
S.E. of regression	20.83005	Akaike info criterion		9.020802
Sum squared resid	6508.367	Schwarz criterion		9.118827
Log likelihood	74.67681	F-statistic		12.34642
Durbin-Watson stat	1.925391	Prob(F-statistic)		0.003134

Source: Secondary data, processed

Based on table 4, it can be seen that the positive influence of the unmet need number on the population in Sleman District with a significance level of 99%. This shows the importance of the influence of unmet need on population quantity control. In this regard, it is important to analyze the determinants that affect the number of unmet need in Sleman Districts.

2.4. Analysis of Unmet Need Determinants in Sleman District

Analysis of the determinants of unmet need in Sleman District was carried out by surveying women of childbearing age respondents who were included in the unmet need category in 3 (three) areas that had high unmet need numbers with different characteristics, namely Kalasan Sub-District (sub-urban) as many as 70 respondents, Sleman Sub-District (urban) as many as 60 respondents, and Turi Sub-District (rural) as many as 40 respondents.

2.4.1. Respondent Identity

The identity of the respondent provides an overview of the category of mother's age, mother's education level, mother's occupation, number of last children, husband's education level, husband's age category, husband's occupation, number of last living children, and total family income. The following is an overview of the respondent's identity, and the result is as follows in Table 5.

The age of respondents (Women of Childbearing age category) in the three sub-districts surveyed, namely Kalasan, Sleman, and Turi was dominated by the 40-45 year age group, which was 27.12%, followed by the 35-40 year age group (22, 60%) and age 45-50 years (18.08%). The education level of respondents in the three sub-districts surveyed was dominated by high school graduates, namely 45.20%, followed by junior high school graduates (18.64%) and vocational schools (12.99%). In the respondent's occupation category which is shown the resulting number 3, the most common type of work is housewives with an average of 76.27% in the three survey areas, followed by private an average number of 7.34%. While the fewest types of work are civil servants, with an average number of 1.13%,
By number 4, the last child's age is dominated by the age group 1-5 years, which is 43.50%, followed by the age of 5-10 years by 28.25%, and then the age of 10-15 years by 16.38%. Like the mother's education level in the previous number, the husband's education level is also dominated by high school graduates at 47.46%, followed

by junior high school at 16.38%, vocational school at 13.56%, and a bachelor's at 10.17%. Meanwhile, the master's education level has the least average amount, which is 2.82%.

Based on number 6, the average number of husbands ages is mostly in the 43-50 years age group, which is 28.25%. followed by the 32-39 years are a group which is 27.68% and in the third position is 39-43 years are a group which is 19.21%. By number 7, there are two types of occupations that dominate, namely labor and the private sector. The average number of husbands who work as laborers is 34.46%, and the average number of husbands who work in the private sector is 28.81%.

Based on number 8, the highest number of last living children is in the group of 1-2 children, which is 76.27%, and the least number is in the category of 4-6 children, which is 2.26%. By number 9, the highest family income is in the income group of 1-2 million Rupiah which is 43.50%. The group with a total income of 4-5 million Rupiah has the least amount, which is 4.52%.

Table 5: Results of the Analysis of the Determinants of Unmet Need in Sleman District, Yogyakarta Province, Indonesia

No	Determinant	Category and Result									
1	Women of Childbearing Age (Year)	<25	25-30	30-35	35-40	40-45	45-50				
		5.08%	7.34%	19.77%	22.60%	27.12%	18.08%				
2	Respondents Education Level	Elementary	Junior HS	Senior HS	Vocational HS	Diploma	Bachelor	Master			
		6.78%	18.64%	45.20%	12.99%	6.21%	9.60%	0.56%			
3	Respondents' Occupation	House wife	Private	Teacher	Government Employ	farmers	Workers	Trade	Entrepreneur		
		76.27%	7.34%	1.69%	1.13%	4.62%	6.21%	2.82%	4.52%		
4	Age of Last Children (Years)	1-5	5-10	10-15	15-20	20-25					
		43.50%	28.25%	16.38%	9.60%	2.26%					
5	Husband's Education Level	Elementary	Junior HS	Senior HS	Vocational HS	Diploma	Bachelor	Master			
		6.78%	16.38%	47.46%	13.56%	2.82%	10.17%	2.82%			
6	Husband's Age (Year)	25-32	32-39	39-43	43-50	50-57					
		12.43%	27.68%	19.21%	28.25%	12.43%					
7	Husband's Work	Private	Police/Army	Labor	Civil Servant	Lecturer	Teacher	Entrepreneur	Retired	Farmer	Trader
		28.81%	2.26%	34.46%	7.91%	3.17%	0.56%	8.47%	0.56%	10.73%	4.52%
8	Number of Last Living Children	1-2	2-4	4-6							
		76.27%	21.47%	2.26%							
9	Amount of Family Income (Million Rupiah/Month)	0.5-1	1-2	2-3	3-4	4-5					
		29.38%	43.50%	16.38%	6.21%	4.52%					

Source: Survey, data processed

2.4.2. Experience of Participating in Family Planning

The experience of participating in family planning provides an illustration of the participation of respondents in the three sub-districts in participating in the family planning program from the government. In the experience of family planning, the respondent's condition will be described including participation in family planning, reasons for not participating in family planning, desire for family planning, methods of family planning, family planning costs, family planning information, family planning socialization, and respondents' statements.

Table 6: Result of Participating in Family Planning (%)

No	Determinant	Category And Result						
1	Participation	Ever	Never	Not Yet				
		71.19	14.12	14.69				
2	Reasons for Not Joining	Fear of Side Effect	Family Prohibition	Religious Prohibition	Uncomfortable	Health Reason	Other	There isn't any

		38.98	**4.52**	**2.82**	**10.17**	**14.69**	**25.42**	**3.39**
3	**Wishes**	**Yes**	**No**					
		26.55	**73.45**					
4	**Method**	**Calendar**	**Contraception**	**Other**	**There isn't any**			
		5.65	**69.49**	**1.69**	**23.16**			
5	**Cost**	**Burdensome**	**Not Burdensome**	**Very not Burdensome**				
		7.34	**80.79**	**11.86**				
6	**Information**	**Very Understand**	**Understand**	**Not understand**				
		6.21	**85.31**	**8.47**				
7	**Socialization**	**Very Need**	**Need**	**Not Need**				
		18.08	**70.62**	**11.30**				
8	**Respondent Statement**	**Postpone the Children**	**Want to have Children**	**Don't Want to Have Child Anymore**				
		12.43	**9.6**	**77.97**				

Source: Survey, data processed

By number 1 in Table 6, the criteria for family planning participation are divided into 3, namely ever, never, and not yet. It was noted that the average of all respondents had previously taken family planning, which was 71.19%. Based on numbers 2 and 3 it is noted that the average reason for not taking family planning from the respondents is fear of side effects of family planning, which is 38.98%. And the majority of respondents do not want to do family planning, which is 73.45%. While the rest, 26.55% want to follow family planning.

By number 4, contraceptives are still the main interest of respondents in carrying out family planning methods, with an average number of 69.49%. Based on number 5, most respondents feel that family planning costs are not burdensome, namely 80.79%, while the remaining 7.34% feel that family planning costs are burdensome, and 11.86% feel very light. And by number 6, it is noted that the average respondent is quite familiar with current family planning information, which is 85.31%, while 8% said they did not understand. As shown in the table by number 7 as many as 70.62% of respondents felt the need for family planning socialization, 18.08% felt it was very necessary, and 11.30% felt that there was no need for family planning socialization. All of the respondents in number 8, stated that the respondents did not want to have any more children, which was 77.97%. While respondents who want to delay having children are 12.43%, and 9.60% of respondents want to have more children.

2.4.3. Unmet Need Determinants

Based on the survey results that have been carried out, the determinants of unmet need in Sleman District are determined by socio-demographic factors, namely Women of Childbearing age, education, family income, occupation, knowledge of family planning, and Women of Childbearing attitudes. The age of the respondents (maternal age category) in the three sub-districts surveyed, was dominated by the 40-45 year age group as much as 27.12%. This age category has a greater proportion compared to young Women of Childbearing, namely those under the age of 25 years (5.08%), 25-30 years (7.54%), and 30-35 years (19.77%). This condition supports several previous studies which state that those who are old have a lower chance of using contraception than the young.
Most of the respondents who fall into the category of unmet need have an income of Rp. 1 - 2 Million Rupiah/month (43.50%). Meanwhile, respondents with upper middle income have a lower proportion, namely 4-5 million Rupiah/month at 4.52%; 3 – 4 Million/month by 6.21%; 2 - 3 Million Rupiah/month by 16.38%. This

condition supports several previous studies which state that family income will be inversely proportional to the opportunity for unmet need status. The higher the income, the lower the opportunity for unmet need status. On the other hand, the lower the income level, the higher the chance of unmet need status.

The education of respondents who are included in the unmet need category is mostly high school, which is 45.20% greater in proportion than those who have diploma education (6.21%), bachelor's (9.60%), and master's (0.56%). This condition is also in line with previous research which states that education affects pragmatic and rational thinking patterns towards customs, with high education a person can more easily accept new ideas or problems such as acceptance, limiting the number of children, and the desire for a certain gender. Education will also increase women's awareness of the benefits that can be enjoyed if she has a small number of children.
Based on occupation, most respondents do not work outside the home or have a profession as a housewife as much as 76.27%. Meanwhile, Women of Childbearing who work have a small proportion, for example, teachers (1.69%) and civil servants (1.13%). Work is an activity or activity of a person to earn income, in order to meet the needs of his daily life. Where work is very close to daily life in a fulfilling life. This condition is in line with previous research which stated that in terms of mother's employment status, it turns out that mothers who do not work have a greater chance of becoming unmet need than mothers who work.

Most of the respondents stated that they had experienced family planning (71.19%) and even respondents in Kalasan District (the area with the highest number of unmet need) had a proportion of 88.73%. Knowledge is the result of 'knowing,' and this occurs after people have sensed a certain object. Knowledge of the positive and negative aspects of the family planning program will determine people's attitudes towards the family planning program. Theoretically, if the positive aspects of the family planning program outweigh the negatives, then a positive attitude will emerge. On the other hand, if the negative aspects of the family planning program outweigh the positives, then a negative attitude will emerge. If a positive attitude towards the family planning program has grown, it is likely that someone will have the intention to join the family planning program. The opposite of this can also happen, namely when a negative attitude grows. If a negative attitude grows, it will be less likely that someone will have the intention to join the family planning program. Based on the survey results, it can be concluded that some respondents gave a negative attitude towards the family planning program, this statement is supported by the next statement which stated that they stated that they did not want to have family planning (73.45%).

The attitude of respondents who stated not to use family planning was due to fear of side effects (38.98%), health reasons (14.69%), discomfort (10.17%), family restrictions (4.52%), and religious prohibition (2.82%). This condition is to the results of the 2015-2016 Susenas survey which stated that the majority of Women of Childbearing did not participate in the family planning program for fear of side effects (27.29%). Attitude is the key to acceptance of family planning, many attitudes can hinder family planning. Some important attitude factors include ideal family size, the importance of the value of sons, attitudes towards family planning, husband and wife communication, and perceptions of child mortality. This attitude is necessary to prevent related issues, including in terms of services and side effects of contraceptives. Attitudes are general evaluations that humans make of themselves, other people, objects, or issues. Attitude is also a reaction or response of someone who is still close to a stimulus or object.

Several other causes of unmet need such as the number of children and husband's support are not determinants of unmet need in Sleman District. The survey results also stated that as many as 70.62% of respondents felt the need for family planning socialization considering that some respondents who are currently following family planning use contraceptives.

3. Conclusions and Recommendations

3.1. Conclusion

Based on data analysis and discussion, the conclusions of this study are as follows:

a. The determinants of unmet need in Sleman District are determined by socio-demographic factors, namely Women of Childbearing age, education, family income, occupation, knowledge of family planning, and Women of Childbearing attitudes.
b. The attitude of Women of Childbearing who states not to use family planning is due to fear of side effects, health reasons, discomfort, family prohibitions, and religious prohibitions. This condition is following the results of the 2015-2016 Susenas survey which stated that most Women of Childbearing did not participate in the family planning program for fear of side effects.

3.2. Recommendation

Based on the conclusion, it is known that the cause of unmet need in Sleman District, Yogyakarta Province, Indonesia is the fear of side effects, so the recommendations proposed are:

a. Approach the community through counseling guidance. For counseling guidance to run well, it is necessary to take the following steps:
    i. Strengthening Family Planning Communication, Information and Education and family planning advocacy to provide an understanding of the use of various contraceptives, the implementation of which requires inter-sectoral coordination.
    ii. Refreshment/training of field extension workers regarding the latest information on the latest methods and contraceptives.
    iii. Reactivate family planning cadres in the field and reorganize the working mechanism of family planning cadres in the field.
    iv. Involving religious leaders, community leaders, and traditional leaders in the management of the family planning program so that counseling can be more accepted by the community.
b. Provision of adequate infrastructure such as manuals, and continuous availability of contraceptives and equipment following Minimum Service Standards.
c. Improving the quality of family planning services, including the distribution of various family planning devices to all regions and reaching all populations.
d. Provision of adequate field operational funds.
e. Guidance and supervision so that problems and program success can be evaluated.
f. Determine specific and measurable strategic programs and program indicators.

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