Unmet Need Incidence within Family Planning Program: A Basic Policy to Decrease Population Fertility in Central Java Province

by Martini Martini

Submission date: 31-Aug-2022 11:18AM (UTC+0700)
Submission ID: 1889829750
File name: cy_to_Decrease_Population_Fertility_in_Central_Java_Province.pdf (731.53K)
Word count: 4181
Character count: 20839

ISSN 0975-2366
DOI:https://doi.org/10.31838/ijpr/2020.12.04.500

Research Article

Unmet Need Incidence within Family Planning Program: A Basic Policy to Decrease Population Fertility in Central Java Province

SRI WINARNI[1]*, MARTINI MARTINI[2], NAJIB[3]
[1]Department of Biostatistics and Population Study, Public Health, Diponegoro University, Semarang, 50275, Indonesia
[2]Department of Epidemiology, Public Health, Diponegoro University, Semarang, 50275, Indonesia
[3]Research and Development of National Family planning Coordinating Board of Central Java Province, Semarang, Indonesia
Received: 05.08.20, Revised: 17.09.20, Accepted: 12.10.20

ABSTRACT
The government of Indonesia has been promoted Family Planning Program (FPP) to control the population growth, as it increases every year; however, in its implementation, unmet need is still to be found, including in Central Java Province. The purpose of this study was to analyze factors causing the incidence of the unmet need in Central Java Province using explanatory research with qualitative (in-depth) and quantitative approaches. The sample was women of childbearing age (15-49 years) with a total sample of 2,281 respondents. The secondary data were obtained from Indonesian Demography and Health Survey (IDHS) 2017. The result showed that there was a relationship between age (p = 0.0005), number of children (p = 0.029), decision making (p = 0.0001), as well as side effects (p = 0.0001) and the unmet need.

Keywords: Family Planning Program, Unmet Need, IDHS, Central Java Province

INTRODUCTION
Population growth in Indonesia increases every year. In 2017, the Total Fertility Rate (TFR) was 2.4 children per woman, decreased compared to 2012, which was 2.6 children per woman, yet below the target of 2.3 as stated in the 2015-2019 Strategic Plan. The highly population growth will disrupt the pace of development of various fields. Therefore, in controlling the population growth, the government of Indonesia establishes Family Planning program (FPP).[1] However, in its implementation, several obstacles has been found, one of which was unmet need within family planning known as the unmet need. This problem has also been experienced by Central Java Province.

In Central Java Province, the FPP is significantly succeeded. In 2017, contraception was used by 66% of married women, among which 21% for spacing births and 45% for controlling births, yet the number of the unmet need was still high. The data of the Indonesian Demography and Health Survey (IDHS) 2017 showed that the percentage of married women aged 15-49 with the unmet need incidence was 10.8%, increased compared to that of in 2012, which was 10.4%. [2] The result suggests that more optimal efforts are needed to decrease the number of the unmet need.

Factors influencing the unmet need incidence greatly vary due to cultural factors, access, health care workers, and knowledge of reproductive age women.[3–5] The finding of Handrina showed that wives who want to control births but without using contraception (unmet need) are caused by two reasons. First, the stage of human resources (HR) is still low with a traditional mindset motivated by religious and cultural factors, second, husband's prohibition to do so. In addition, another factor is that the underperformance of FPP workers working both in the district and in the field levels.[6]

Considering the problems, a qualitative (in-depth) and quantitative analysis of factors causing the unmet need to happen in Central Java Province was carried out.

METHOD
This explanatory research with quantitative and qualitative approaches was conducted using secondary data obtaining from IDHS 2017 and in-depth interviews. The sample was reproductive age couple (RAC) (15-49 years) covering 152 blocks of urban and rural areas in Central Java Province. The total number of women aged 15-49 years was 3,414 people, but the respondents who met the criteria were 2,281 people. The

research variables consisted of age, education, wealth quintile, geographical location, number of children, exposure to information, decision making, side effects, and the role of officers. The data then were processed and analyzed using SPSS version 21.

RESULTS

Among 2,281 RAC, 267 had experienced the unmet need incidence, while 2,014 were categorized as the non-unmet need.

Table 1 shows that the percentage of the highest incidence of the unmet need (17.6%) belongs to the group of women aged 45-49 years, and the lowest is in the age group of 15-19 years (3.1%). In term of the level of education, the percentage of the unmet need is dominated (35.7%) by women who do not have education/do not attend school. Based on the level of wealth quintile, the incidence of the unmet need occurs more (14.6%) at the highest degree of wealth. From geographical location, women with unmet need dwelling in urban areas are more dominant (12.0%) than that of in rural areas. Based on decision making, the percentage of the unmet need incidence (66.0%) is decided by the wife. Meanwhile, in the category of the number of children, the incidence of the unmet need is more common to happen among women who have 8 children, which is equal to 10.0%.

Furthermore, in table 2, the results of bivariate analysis using chi square test shows that there is a relationship between age (p = 0.0005), number of children (p = 0.029), decision making (p = 0.0001), and side effects (p = 0.0001) and the unmet need incidence. Women of childbearing age with more unmet need occur at risk age, which is > 35 years (13.6%), have more than 2 children (14.8%), make joint decisions between husband and wife (39.5%), and experience side effects (12.2%).

Table 1. Results of Bivariate Analysis between Unmet Need Incidence and Characteristics of Respondent

Characteristics of women of childbearing age (n=2.281)	Unmet need		Non Unmet need		Total
	n	%	n	%	
Category: Age					
15-49	1	3,1	31	96,9	32(100%)
20-24	25	10,8	207	89,2	232(100%)
25-39	44	12,4	310	87,6	354(100%)
30-34	34	8,6	363	91,4	397(100%)
35-39	44	8,7	461	91,3	505(100%)
40-44	57	13,9	352	86,1	409(100%)
45-49	**62**	**17,6**	290	82,4	352(100%)
Category: Education of not going to school	**5**	**35,7**	9	64,3	14(100%)
Primary school	109	13,5	696	86,5	805(100%)
High School	128	10,5	1129	89,8	1257(100%)
University	25	12,2	180	87,8	205(100%)
Category: Wealth Quintile					
Lowest	33	13,8	206	86,2	239(100%)
Middle to Lower	65	12,5	454	87,5	519(100%)
Intermediate	58	10,5	495	89,5	553(100%)
Intermediate to higher	51	9,1	508	90,9	559(100%)
Highest	60	14,6	351	85,4	411(100%)
Category: Geography					
Urban	136	12,0	993	88,0	1129(100%)
Rural	131	11,4	1021	88,6	1152(100%)
Category: Decision Maker					
wife	107	66,0	55	34,0	162(100%)
Husband	27	58,7	19	41,3	46(100%)
Joint Decree	118	39,5	181	60,5	299(100%)
Other/No Answer	5	41,7	7	58,3	12(100%)
Number of Children					
0	2	2,1	94	97,9	96(100%)

1	76	12,1	550	87,9	626(100%)
2	105	10,9	862	89,1	967(100%)
3	60	14,5	355	85,5	415(100%)
4	18	13,6	114	86,4	132(100%)
5	3	9,4	29	90,6	32(100%)
6	1	16,7	5	83,3	6(100%)
7	1	20,0	4	80,0	5(100%)
8	**1**	**50,0**	1	50,0	2(100%)

Source: .....?

Table 2. Results of Chi Square Analysis between Unmet Need Incidence and Independent Variables

Characteristics of women of childbearing age (n=2.281)	Unmet need		Non Unmet need		Total	p
	n	%	n	%		
Category: Age						
>35 years	**157**	**13,6**	998	96,4	1155 (100%)	**0.005**
≤35 years	110	9,8	1016	90,2	1126 (100%)	(0,019-0,100)
Category: Number of Children						
>2 children	**84**	**14,2**	508	85,8	592 (100%)	**0.029**
≤2 children	183	10,8	1506	89,2	1689 (100%)	(0.008-0.087)
Decision Making						
No Discussion	149	7,5	1833	92,5	1982 (100%)	**0.0001**
Joint Discussion	**118**	**39,5**	181	181	299 (100%)	(0.269-0.367)
Side Effect						
There are side effects	0	0,0	199	100,0	199 (100%)	**0.0001**
There are no side effects	**267**	**12.8**	1815	87.2	20.82 (100%)	(0.102-0.122)
Category: Education						
Low Education	242	11,7	1834	88,3	2076 (100%)	0.819
High Education	25	12,2	180	87,7	205 (100%)	(0.001-0,048)
Category: Wealth Quintile						
Low	154	12,2	1112	87,8	1266 (100%)	0.446
High	113	11,1	902	88,9	1015 (100%)	(0.001-0.058)
Category: Geography						
Urban	136	12,0	993	88,0	1129 (100%)	0.616
Rural	131	11,4	1021	88,6	1152 (100%)	(0.001-0.048)
Category: Information Exposure						
Less	148	12,1	1073	87,9	1221 (100%)	0.5057
Well	119	11,2	941	88,8	1060 (100%)	(0.001-0.053)
Category: Worker's Role						
Non Health	209	12,4	1480	87,6	1688 (100%)	0.227
Health	58	9,8	534	90,2	592 (100%)	(0.008-0.072)

DISCUSSION

The result of the statistical analysis showed that there was a relationship between the age of a wife and the incidence of the unmet need, as the incidence of the unmet need in RAC occurred at the risk age of > 35 years. Further in-depth interview revealed that RAC of > 35 years who did not perform FPP stated that they already had

not had routine menstruation, considered themselves old and infertile so that they thought they would not be able to get pregnant.

This finding was in line with the one of Nurjanah who conducted a research in Yogyakarta that there is a significant relationship between age and unmet need both in early reproductive age (<20 years) and in old reproductive age (> 35 years). She further explained that the reason for wives not to use contraception is that at the age of > 35 years the reproductive period is over; therefore, becoming pregnant is unlikely to happen.[7] However, research in India identified different result that the percentage of the unmet need incidence decreases following the increase of the wives age (Sachdeva), 38.2% of the unmet need incidence occurs at <20 years of age; whereas, at the age of > 40 years, the percentage of the unmet need incidence only reaches 3.3%.[8]

The results of the statistical analysis showed that there was a relationship between the number of children and the incidence of the unmet need, as the incidence of unmet need in women of childbearing age occurred in women having more than 2 children.

This finding was not in line with the result of the research conducted by Sariyati who stated that the incidence of the unmet need can occur in both low parity and high parity.[9] Meanwhile, Pal in his study stated that women with the unmet need occur more frequently in those who have no children (100 %) and the smallest is in women who have more than 4 children (55.2%). Thus, the higher the number of children is, the lower the number of the unmet need incidence will be.[10]

The results of the statistical analysis showed that there was a relationship between decision making process and the incidence of the unmet need, as the unmet need incidence in women of childbearing age took place in women whose decision was taken upon joint discussions between husband and wife.

Similarly, Kandel, conducted a research in Nepal, stated that 71.8% of women maintain a communication with their husbands (p value = 0.0000), showing that there was a significant relationship between discussion as well as communication about contraception between couples and the unmet need incidence about contraception. Communication between couples in relation to contraceptive use is an important factor that influences the unmet need incidence.[11] Meanwhile, Nurjanah argued that the existence of a husband as the head of the family who has full right to decision making is a significant predictor for a wife to use contraception.[7] Furthermore, Putro's research found that the decision making in contraceptive use is largely determined by the wife.[12]

The results of the statistical analysis showed that there was a relationship between side effects and the unmet need incidence that occurred in women who experienced side effects due to the use of family planning devices.

In this case, Khalil stated the cause of the unmet need incidence to happen, one of which, that as many as 49.6% of women experiencing side effects is caused by the use of contraception.[13] The experience of having side effects due to the contraception use affects someone reluctant to use it again, and/or even caused by the influence of others.[14] Moreover, Koth, in his research about women having the unmet need incidence, stated that the main reason for women stopping using contraception is health problems (61%), including menstrual side effects (menorrhagia, amenorrhea), non-menstrual side effects (gain weight, infection), and other health related problems (such hypertension, diabetes).[15] On the other hand, the results of the in-depth interviews showed that due to the side effects of the contraceptive use, RAC did not want to use it; furthermore, the information of the side effects due to contraceptive use spread to the community. As a result, false understanding of using contraception circulated within the community, as knowledge regarding the side effects of using contraception was still lacking.

The results of the statistical analysis showed that there was no relationship between education and the incidence of the unmet need (p = 0.819).

This research's finding was in line with the one of Sariyati et al (2015) revealing that there is no significant relationship between education and the incidence of the unmet need (p = 0.057). The result of their study concluded that the higher the education of a person is, the greater the unmet need incidence will be. The more one knows about contraception, the higher the desire of the person not to use contraception.[9] However, this finding was not in accordance with the one conducted in Iran, as Abedi revealed that women having higher education encounters smaller unmet need incidence.[16] Katulistiwa also stated in his study that women with low education has 1.6 times greater experience of the unmet need than those having higher education.[17]

The results of the statistical analysis showed that there was no relationship between wealth quintile and the unmet need incidence (p = 0.446).

This finding was in line with the one of the studies conducted in Nepal and India which concluded that there is no significant relationship between socio-economic status and the unmet need incidence in relation to contraception.[8,11]

Meanwhile, Siti stated that income is not a direct factor in the unmet need incidence; furthermore, the unmet need occurs in both low and high income of RAC.[18] This finding contradicted with the one proposed by Katulistiwa who stated that families with low economic risk are 1.6 times more likely to experience unmet need.[17]

The results of the statistical analysis showed that there was no relationship between geographical location and the incidence of the unmet need (p = 0.616).

Geographical location correlated with quality issues of social, economy, and infrastructure. In the case of family planning, infrastructure and access needed to obtain family planning tools, including the fulfillment of family planning information, were available more in the city. As a result, the unmet need incidence had a smaller chance of occurring in the city than in the village. However, Listyaningsih revealed that there are no specific differences of the incidence of the unmet need taken place in the cities and in the villages because the infrastructure in Java has already been quite well.[19] This finding was different from the one of Hailemariam who proposed that women living in rural areas were 4 times more at risk to experience the unmet need compared to those living in urban areas.[20]

The results of the statistical analysis showed that there was no relationship between information exposure and the unmet need incidence (p = 0.506). This finding suggested that the unmet need occurred among women exposed and not exposed to family planning information.

Exposure to information through mass media, for example, was the form of communication channel discussing about family planning program obtained by RAC. Mass media is a communication channel that could reach a large number of people. This finding was in line with Wulifan's research in Ghana by concluding that there is no relationship between women exposed to family planning program by radio as well as by newspapers and the unmet need incidence (p = 0.21 and p = 0.08).[21] Further, Jidar stated that there are no differences in the unmet need incidence within the family planning program among RAC between urban and rural areas based on media exposure. This study explained that the higher the RAC to be exposed by media, the greater the unmet need incidence will be.[22] Meanwhile, in Ethiopia, different result was found, as Hailemariam explained that women who are exposed to family planning through smaller media are at risk of experiencing the unmet need (OR = 0.64).[20]

The results of the statistical analysis showed that there was no relationship between the role of family planning officers and the incidence of the unmet need (p = 0.227).

This study put more emphasize on informative support regarding family planning program from health workers. Support from the health workers included family planning counselors, midwives, nurses, doctors, and others. This was in line with the study of Sulikhah et al (2017) showing that there is no relationship between the role of health workers and the unmet need incidence (p-value = 1,000).[23] Yet, it was different from research result conducted in Nigeria, as Oginni explained that women visited by family planning officers in 12 months are less at risk of experiencing the unmet need incidence than those who are not be visited.[24]

CONCLUSION

The results shows that there is a relationship between age (p = 0.0005), number of children (p = 0.029), decision making (p = 0.0001), as well as side effects (p = 0.0001) and the unmet need incidence. Women of childbearing age with more cases of the unmet need occurring at risk age of > 35 years have more than two children, take joint decisions between husband and wife, and experience side effects. The unmet need incidence are problems that need to be taken care of by all parties. Therefore, providing information about family planning needs to be carried out through counseling, training, mentoring, and coaching. Regarding the unrelated variables, further research needs to be done.

REFERENCES

1. Gerintya S. Waspada Program KB: Pengguna Alat Kontrasepsi Turun pada 2017. 2018; Available from: https://tirto.id/waspada-program-kb-pengguna-alat-kontrasepsi-turun-pada-2017-cM64
2. Perwakilan BKKBN Jawa Tengah. Survei Demografi dan Kesehatan Indonesia 2017 Provinsi Jawa Tengah. 2018.
3. Widodo. Hasil Sensus 2012 Target Belum Tercapai, BKKBN Harus Kerja Lebih Keras Lagi. tribunnews [Internet]. 2013; Available from: http://batam.tribunnews.com/2013/02/10/hasil-sdki-2012-bkkbn-harus-kerja-lebih-keras-lagi
4. Ismail A.B Dwi Fitria. Faktor ±faktor yang Berhubungan dengan Terjadinya Unmet Need KB pada PasanganUsia Subur (PUS) di Kelurahan Sempaja Selatan Kecamatan Samarinda Utara Tahun2010. 2010.
5. Harriet Q. Determinan penyebab terjadinya unmet need program KB di Indonesia

(Indonesia - Survei Demografi dan Kesehatan Indonesia 2007).
6. Handrina E. Faktor Penyebab Unmet Need Suatu Studi Di Kelurahan Kayu Kubu Kecamatan Guguk panjang Kota Bukit Tinggi. Sumatera Barat, Univ Diponegoro. 2011;
7. Nurjannah S. Faktor – Faktor Yang Mempengaruhi Unmet Di Kelurahan Patehan Faktor – Faktor Yang Mempengaruhi Unmet Need Pada Pasangan Usia Subur (Pus). Univ 'Aisyiyah Yogyakarta. 2017;1–20.
8. Sachdeva A, Gupta A, Kumar D, Singh H, Sharma S. Unmet need for family planning among married women of reproductive age group in rural and urban area of Shimla, India. Int J Med Sci Public Heal. 2017;6(9):1.
9. Sariyati S, Mulyaningsih S, Sugiharti S. Faktor yang Berhubungan dengan Terjadinya Unmet Need KB pada Pasangan Usia Subur (PUS) di Kota Yogyakarta Factors Associated with Unmet Need Family Planning among Reproductive Age Couples in Yogyakarta. :123–8.
10. Pal A, Mohan U, Idris MZ, Masood J. Factors affecting unmet need for family planning in married women of reproductive age group in urban slums of Lucknow. Indian J Community Heal. 2014;26(1):44–9.
11. Kandel N. Unmet Need for Contraception and its Associated Factors among Married Women of Reproductive Age in Simichaur VDC of Gulmi District. Heal Prospect [Internet]. 2013 Jan 21 [cited 2017 Jun 2];11(0):11–4. Available from: http://www.nepjol.info/index.php/HPROSPECT/article/view/7423
12. Putro DA, Listyaningsih U. Unmet Need Keluarga Berencana di Daerah Perkotaan dan Pedesaan di Provinsi Daerah Istimewa Yogyakarta. J Bumi Indones [Internet]. 2017;6. Available from: http://lib.geo.ugm.ac.id/ojs/index.php/jbi/article/view/903
13. Khalil SN, Alzahrani MM, Siddiqui AF. Unmet need and demand for family planning among married women of Abha, Aseer Region in Saudi Arabia. Middle East Fertil Soc J [Internet]. 2018;23(1):31–6. Available from: https://doi.org/10.1016/j.mefs.2017.07.004
14. Pahlawaniati E, Prasetyo SB. Socio-demographic Characteristics of Unmet Need for Family Planning in Maluku, 2015. KnE Life Sci. 2019;4(10):102.
15. Kotb Sultan M, Bakr I, Ismail N, Arafa N. Prevalence of unmet contraceptive need among Egyptian women: A community-based study. Vol. 51, Journal of preventive medicine and hygiene. 2010. 62-66 p.
16. Abedi P, Botyar M, Afshari P, Namvar F. The Prevalence of Unmet Need and Its Related Factors for Family Planning in Khuzestan Province, Iran: An Epidemio- logic Study. J Client-Centered Nurs Care. 2015;1(2):103–9.
17. Katulistiwa R, Baroya N, Wati DM. Determinan Unmet Need KB Pada Wanita Menikah di Kecamatan Klabang Kabupaten Bondowoso (Determinants for Family Planning Among Married Women at Klabang Sub District in Bondowoso). Pustaka Kesehatan; Vol 2 No 2 [Internet]. 2014; Available from: https://jurnal.unej.ac.id/index.php/JPK/article/view/1786
18. Nurjannah SN. Kejadian Unmet Need Pada Perempuan Pasangan Usia Subur (Pus) Di Kuningan Jawa Barat. J Bidan "Midwife Journal." 2016;2.
19. Listyaningsih U, Sumini, Sonyaruri Satiti. Unmet Need : Konsep Yang Masih Perlu Diperdebatkan Unmet Need : the Debatable Concept. 2016;24:72–90. Available from: https://jurnal.ugm.ac.id/populasi/article
20. Hailemariam A, Haddis F. Factors affecting unmet need for family planning in southern nations, nationalities and peoples region, ethiopia. Ethiop J Health Sci [Internet]. 2011 Jul [cited 2017 Jun 2];21(2):77–89. Available from: http://www.ncbi.nlm.nih.gov/pubmed/22434988
21. Wulifan JK, Mazalale J, Kambala C, Angko W, Asante J, Kpinpuo S, et al. Prevalence and determinants of unmet need for family planning among married women in Ghana-a multinomial logistic regression analysis of the GDHS, 2014. Contracept Reprod Med. 2019;4(1):1–14.
22. Jidar M. Determinan Kejadian Unmet KB pada Pasangan Usia Subur (PUS) di Sulawesi Selatan (Perbandingan antara Wilayah Urban & Rural). Universitas Hasanuddin; 2018.
23. Sulikhah., Nugroho, Djoko., Dharmawan Y. Hubungan Beberapa faktor Pasangan Usia Subur (PUS) Dengan Unmet Need Keluarga Berencana (KB) Di Desa Penungkulan Kecamatan Gebang Kabupaten Purworejo Tahun 2016. J Kesehat Masy [Internet]. 2017;5:265–73. Available from: http://ejournal3.undip.ac.id/index.php/jkm
24. Oginni AB, Ahonsi BA, Adebajo S. Trend and

determinants of unmet need for family planning services among currently married women and sexually active unmarried women aged 15-49 in Nigeria (2003—2013). Etude la Popul Africaine. 2015;29(1):1483–500.

Unmet Need Incidence within Family Planning Program: A Basic Policy to Decrease Population Fertility in Central Java Province

ORIGINALITY REPORT

18%	16%	9%	1%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	www.gssrr.org Internet Source	3%
2	www.scribd.com Internet Source	3%
3	Repository.usu.ac.id Internet Source	1%
4	oamjms.eu Internet Source	1%
5	F. Safitri, I. Kana, J. Suanda, Nur Syuhada Kamaruddin. "Determinants of unmet need at working area of health centre Peukan Bada Aceh Besar in 2019", AIP Publishing, 2020 Publication	1%
6	Kandel, NR. "Unmet Need for Contraception and its Associated Factors among Married Women of Reproductive Age in Simichaur VDC of Gulmi District", Health Prospect, 2013. Publication	1%

7	aps.journals.ac.za Internet Source	1 %
8	bmcwomenshealth.biomedcentral.com Internet Source	1 %
9	hdl.handle.net Internet Source	<1 %
10	jurnal.payungnegeri.ac.id Internet Source	<1 %
11	garuda.kemdikbud.go.id Internet Source	<1 %
12	Rosmala Nur, A.B. Subardin, Pash Panggabean, Esron Sirait et al. "Factors related to the incidence of unmet need in couples of reproductive age in the working area of Marawola Health Center", Gaceta Sanitaria, 2021 Publication	<1 %
13	ejournal.almaata.ac.id Internet Source	<1 %
14	www.pubfacts.com Internet Source	<1 %
15	www.researchgate.net Internet Source	<1 %
16	Jen Sothornwit, Panicha Wattanakamolchai, Yuthapong Werawatakul, Nuntasiri	<1 %

Eamudomkarn, Woraluk Somboonporn. "Patterns of contraceptive use among Thai women aged ≥40 and at risk of pregnancy", The European Journal of Contraception & Reproductive Health Care, 2020
Publication

17	Submitted to National postgraduate Medical College of Nigeria Student Paper	<1 %
18	media.neliti.com Internet Source	<1 %
19	Nelly Karlinah, Octa Dwienda, Novi Ambarwati, Nursilawati Nursilawati. "SOSIALISASI UNMET NEED PASANGAN USIA SUBUR (PUS) DI KELURAHAN MAHARANI KECAMATAN RUMBAI KOTA PEKANBARU", Prosiding Hang Tuah Pekanbaru, 2021 Publication	<1 %
20	download.garuda.kemdikbud.go.id Internet Source	<1 %
21	medicopublication.com Internet Source	<1 %
22	www.ijhsr.org Internet Source	<1 %
23	Nurhayani Jamil, Werna Nontji, Syafruddin Syarif, Mardiana Ahmad, Suryani As‘ad, Azniah Syam, Andi Syarifah Irmadani.	<1 %

"Handling Contraceptive Acceptors' Complaints by Using Android-Based Application", Global Journal of Health Science, 2019
Publication

24	download.atlantis-press.com Internet Source	<1 %
25	jccnc.iums.ac.ir Internet Source	<1 %
26	worldwidescience.org Internet Source	<1 %
27	www.iapsmupuk.org Internet Source	<1 %
28	Diyah Herowati, Dwi Listyawardani, Titut Yuli Prihyugiarto. "Unmet Need and its Reasons for Nonuse Contraceptive in East Java Province", International Journal of Public Health Science (IJPHS), 2016 Publication	<1 %
29	www.id-press.eu Internet Source	<1 %
30	Mohamed Kassim, Faraja Ndumbaro. "Factors Affecting Family Planning Literacy: Perspectives of Women of Childbearing Age in Rural Lake Zone, Tanzania", Research Square, 2020 Publication	<1 %

Exclude quotes	Off	Exclude matches	Off
Exclude bibliography	On		

Unmet Need Incidence within Family Planning Program: A Basic Policy to Decrease Population Fertility in Central Java Province

GRADEMARK REPORT

FINAL GRADE

/0

GENERAL COMMENTS

Instructor

PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7