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Analysis of Determinants of Unmet Need for Family Planning in West Kalimantan: Analysis of Data from Demographic and Health Surveys 2017

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Background : Unmet need for family planning *(unmet need)* is for couples of childbearing age who do not want to have more children or want to space out pregnancies but do not use contraception. The *Unmet Need* rate for contraception is still stated to be high. Based on 2017 Indonesian SDKI data, it is stated that 11% of married women's family planning needs have not been met, 4% for spacing births and 7% for limiting births. This figure is still far from the RPJMN target of 6.5%, while the target set by *the Sustainable Development Goals* (SDGs) is 5%. The same problem occurred in West Kalimantan Province, 2017 SDKI findings It is stated that 10% of married women's needs for family planning have not been met, 5% for spacing births and 5% for limiting births. The increase in the number of *unmet needs* for family planning will be in line with the increase in population. This will impact on the level of welfare , quality of education , development and health will reduce the quality of the local population . **Research Objectives:** Analyze the factors that influence the unmet need for *contraception* in West Kalimantan based on the results of the 2017 SDKI data analysis. **Methods:** This research uses a quantitative design. Respondents were women of childbearing age aged 15-49 years who were not pregnant and did not have postpartum amenorrhea, were fertile, wanted to postpone pregnancy within the next 2 years or did not want any more children, but did not use birth control methods, or WUS are pregnant but the pregnancy was not timely or unwanted, or WUS has postpartum amenorrhea and a pregnancy that occurred in the last 2 years was not timely or unwanted when collecting 2017 SDKI data in West Kalimantan province. Data were analyzed univariately, bivariately (*chi square*), and multivariately (*logistic regression*). **Results** : There is a significant relationship between age (*p-value* = 0.005 | OR=2.059), birth control decision maker (*p-value* = 0.000 | OR=0.381), side effects of birth control that have been experienced (*p-value* = 0.000 | OR=3.616), togetherness with husband (*p-value* =0.000 | OR=5.051) and frequency of sexual intercourse (*p-value* =0.000 | OR=0.335) on Unmet Need for contraception . The results of the multivariate analysis show that if the variables together are in the good category, then the probability of not having an Unmet Need for KB is 85%, while 15% is influenced by other variables. Meanwhile, there is no relationship between education level (*p-value* = 0.779), employment status (*p-value* = 0.125) , parity (*p-value* = 0.892) , knowledge of family planning methods (*p-value* = 1.000) , place of residence (*p- value* =0.111) , health problems (*p-value* =0.839), access to contraceptive services (*p-value* =0.515) , family planning health promotion by health workers (*p-value multi* =0.109) and family planning health promotion at home (*p-value* = 1,000) to the incidence of Unmet Need .

Keywords: ***Unmet Need* , Contraception, SDKI 2017, West Kalimantan**)

Introduction

Indonesia currently occupies the 4th position in the country with the largest population in the world after China, India and the United States, namely 269 million people. On 2050 future, Indonesia predicted face pressure the population is increasingly large, which can reach 321 million people. Uncontrolled population pressure will give rise to various problems, both in terms of social, economic, political and security issues (*World Population Review* , 2019).

One of the key indicators of success of the BKKBN's strategic target in the family planning (KB) program is reducing the birth rate total (TFR) per woman of childbearing age (WUS), namely women aged 15-49 years. The decline in TFR figures marks the growth of quality families and a balanced population (BKKBN, 2015). The results of population projections for 2015-2045 based on the 2015 intercensus population survey (Supas) report the total birth rate (TFR) in 2015 reached 2.17. The TFR is targeted to continue to decline until it reaches 2.1 in 2020 and then be maintained stable at 2.1 until 2045 (BKKBN, 2018). The increasing fertility rate shows that the family planning program is not working well because it can have an impact on the population explosion (Anggraeni & Susilaningrum, 2017).

Efforts to maintain a balanced population are not easy. Global trends in developed countries show how difficult it is to push back birth rates after a drastic decline (BKKBN, 2018). Compared with the 2015 Supas results, Demographic Survey results and Health Indonesia (IDHS) 2017 own level TFR Which more tall namely reaching 2.4 children per woman with total births in urban areas slightly lower than in rural areas, namely 2.3 and 2.6 children respectively (SDKI, 2017).

The problem that occurs is that the implementation of the family planning program does not run smoothly, as evidenced by the occurrence of *unmet need* for family planning. *Unmet need* for family planning are couples of childbearing age (PUS) who do not use contraception, but want to postpone pregnancy or do not want to have any more children. The increase in the number of *unmet needs* for family planning will be in line with the increase in the population due to unwanted pregnancies. This will impact on level of welfare , quality of education , development and health which will reduce the quality of

the population in a country (BKKBN, 2017).

Until now, the number of *Unmet Need* for contraception is still stated to be high. Based on the 2017 Indonesian SDKI data on *Unmet Need* for contraception, it is stated that 11% of married women have not yet met their need for family planning, 4% for spacing births and 7% for limiting births. This figure is still far from the RPJMN target of 6.5%, while the target set by *the Sustainable Development Goals* (SDGs) is 5%. The percentage of married women whose family planning needs have not been met is highest in the 45-49 year age group, namely 14% (SDKI, 2017).

The same problem occurred in West Kalimantan Province. The results of the 2017 West Kalimantan SDKI findings regarding *the Unmet Need* for contraception stated that 10% of married women had not met their need for family planning, 5% for spacing births and 5% for limiting births. The percentage of married women whose family planning needs have not been met is highest in the 45-49 year age group, namely 18% (IDHS of West Kalimantan Province , 2017).

Unmet need will have an impact on abortion due to unwanted pregnancies, pregnancies too close together, giving birth too many times or disease complications during pregnancy, difficulties during childbirth, and complications during the postpartum period. The *unmet need* results report is very important to get an overview of the achievements of the family planning program and find out the state of targets that have not been met. By knowing the proportion of this group, you will know the size of potential targets who still need to be invited for family planning. *Unmet need* is related to the failure of family planning programs to provide family planning services. The desired contraceptives are not available in service units or in other words, the quality of existing contraceptives is below community expectations. The government must modify contraceptives to be user-friendly so that people have no reason to refuse.

Based on previous studies , many factors can influence *Unmet Need* for contraception . According to research (Purba, 2020), behavioral determinants related to the occurrence of *Unmet Need* for contraception are knowledge, attitudes, work, husband's support, the role of officers and exposure to family planning information. According to research (Yolanda, 2018) the factors that influence

the incidence of *Unmet Need* for contraception are age and number of children. According to research (Hasnita, 2019), the factors for increasing unmet need in the city of Solok in 2019 are history of contraceptive use, number of children and the role of officers. According to research (Sarlis, 2019) factors related to *Unmet Need* are husband's support, age and education. According to research (Nurhalimah, 2020), factors that influence *unmet need* are side effects of contraception, husband's support, education level and mother's employment status.

Education is a learning process which means there is a process of growth, development or change in a better direction mature, more Good And more ripe in individuals, groups or society. Meanwhile, health education is intervening in behavioral factors so that individual, group or community behavior is in accordance with health values (Cohen, 2017). The use of modern contraception will increase along with women's education level (BKKBN, 2017). The higher a woman's education level, the more knowledge they have about modern family planning, where women who have a low level of education are more likely to have less information about contraception than women. have education tall (BKKBN, 2017).

Based on this background, researchers are interested in researching the Determinant Analysis of Unmet Need for Family Planning *in* West Kalimantan: Analysis of 2017 SDKI Data . One of the secondary data that can be used in this research is data from the Indonesian Demographic and Health Survey (SDKI). 2017 .

Method

The method of this study was designed using a quantitative design. Respondents were women of childbearing age (WUS) with a married status aged 15-49 years who had used contraception or were still using contraception when collecting data for the 2017 IDHS in West Borneo province. The sample size was 490 people based on inclusion and exclusion criteria. The data were analyzed by

univariate, bivariate (*chi square*), and multivariate (*logistic regression*).

Results

A. Univariate Analysis The

number of women of childbearing age in Borneo who participated in the 2017 IDHS was 1026 respondents. After selecting data based on inclusion and exclusion criteria, the number of respondents in this study was 490, with the following characteristics:

Table 1. Frequency Distribution of Respondents based on Individual Characteristics and Behaviour

Variable	Category	n	%
Unmeet Need	Unmet Need	71	10.1
	Not Unmet Need	628	89.9
Age	Age Healthy Reproduction	389	55.7
	Outside Age Healthy Reproduction	310	44.3
Level of education	Not College	649	92.8
	College	50	7.2
Job status	Doesn't work	301	43.1
	Work	398	56.9
Parity	0-2	354	50.7
	>3	345	49.3
Knowledge about types method contraception	Know 0-10 methods contraception	575	82.3
	Knows 11-20 methods contraception	124	17.7
Residence	Rural	495	70.8
	Urban	204	29.2
KB Decision Makers	There is a role for the husband	396	56.7
	Decide Alone	303	43.3

Effect side	Didn't feel effect Side	637	91.1
	Feel Effect Side	62	8.9
Problem health	Do not have health problems	621	88.8
	Own problem health	78	11.2
Access services contraception	Near	584	83.6
	Far	115	16.4
Togetherness with husband	Living together husband	658	94.1
	Don't stay together husband	41	5.9
Frequency do connection sexual	Not active sex	134	19.2
	Active Sex	565	80.8
planning promotion by officers health	Never	471	67.4
	Once	228	32.6
planning health promotion at home	Never	672	96.1
	Once	27	3.9
	Amount	**699**	**100**

Based on table 1 above explain that Of the 699 respondents , there were 71 (10.1%) respondents who had an unmet need for contraception and 628 (89.9%) who did not have an unmet need for contraception . Based on characteristics individual part big respondents aged reproduction healthy (20-35 years) were 389 (55.7%) respondents , 649 (92.8%) were not reach seat college , 398 (56.9%) had status work , 354 (50.7%) have parity 0-2, and some big respondents namely 495 (70.8%) respondents located live in the area rural .

Based on *enabling factors* , Mostly respondents amounting to 584 (83.6%) respondents own House near with facility health , 471 (67.4%) did not Once get family planning health insurance from officer health , amounting to 672 (96.1%)

respondents No Once get visit home by family planning officers , as well part big respondents namely 637 (91.1%) respondents No feel effect side .

Based on *reinforcing factors*, some big 396 respondents (56.7%) were takers Family planning decision is made with role lukewarm , amounting to 565 (80.8%) respondents active do connection sexual , amounting to 621 (88.8%) respondents own problem health , as well 658 (94.1%) lived with their husbands . Based on *predisposing factors*, amounting to 575 (82.3%) respondents know 0-10 methods contraception of 20 types existing contraception

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B. Bivariate Analysis

Table 2. Correlation of Respondent Characteristics With Unmet Need for Contraception

Variable	Category	Unmet Need Contraception				Total	%	*P-Value*	*OR*	*95%CI*
		Not Unmet Need	%	Unmet Need	%					
Age	Healthy Reproductive Age	362	57.6	28	3.94	390	55.8	0.005	2,090	1,266-3,451
	Beyond Healthy Reproductive Age	266	42.4	43	60.6	309	44.2			
Level of education	Not College	582	92.7	67	94.4	649	92.8	0.779	0.755	0.264-2.164
	College	46	7.3	4	5,6	50	7.2			
Job status	Doesn't work	277	44.1	24	33.8	301	43.1	0.125	1,545	0.922-2.590
	Work	351	55.9	47	66.2	398	56.9			
Parity	0-2	317	50.5	37	52.1	354	50.6	0.892	0.937	0.573-1.531
	≥3	311	49.5	34	47.9	345	49.4			
Knowledge of types of contraceptive methods	Know 0-10 contraceptive methods	517	82.3	58	82.9	575	82.4	1,000	0.964	0.501-1.854
	Know 11-20 contraceptive methods	111	17.7	12	17.1	123	17.6			
	Rural	451	71.8	44	62.0	495	70.8	0.111	1,564	

Residence	Urban	177	28.2	27	38.0	204	29.2			0.939-2.603
KB Decision Makers	Role of Husband	341	54.3	55	77.5	396	56.7	0,000	0.346	0.194-0.616
	Decide for Yourself	287	45.7	16	22.5	303	43.3			
Side effects	Didn't feel effect Side	583	92.8	54	76.1	637	91.1	0,000	4,079	2,186-7,610
	Feeling Side Effects	45	7.2	17	23.9	62	8.9			
Problem health	Have no health problems	557	88.6	64	90.1	621	88.7	0.839	0.846	0.373-1.917
	Own problem health	72	11.4	7	9.9	79	11.3			
Access contraceptive services	Near	528	84.1	57	80.3	585	83.7	0.515	1,297	0.696-2.417
	Far	100	15.9	14	19.7	114	16.3			
Togetherness with husband	Living with husband	601	95.7	57	80.3	658	94.1	0,000	5,467	2,714-11,013
	Not living with husband	27	4.3	14	19.7	41	5.9			
Frequency of sexual intercourse	Not sexually active	107	17.0	27	38	134	19.2	0,000	0.335	0.199-0.564
	Active Sex	521	83	44	62	565	80.8			
Family planning health promotion by health workers	Never	415	66.1	56	78.9	471	67.4	0.041	0.522	0.288-0.945
	Once	213	33.9	15	21.1	228	32.6			
Family planning health promotion at home	Never	604	96.2	67	95.7	671	96.1	1,000	1,127	0.331-3.842
	Once	24	3.8	3	4.3	27	3.9			

Based on results data analysis bivariate , of the 14 independent variables there are 6 influencing variables number Unmet Need incident in West Kalimantan Province . Variable the among them Age with a p-value of 0.005, Taker decision ber -KB with p-value 0.000, Effect besides the previous birth control felt with a p-value of 0.000, Togetherness with husband with p-value 0.000, Frequency do connection sexual with a p-value of 0.000 and family planning health promotion by officers health with a p-value of 0.041.

Whereas variable level education (p-value 0.779), employment status (p-value 0.125), parity (p-value 0.893),

knowledge about contraception (p-value 1,000), place stay (p-value 0.111), problem health (p-value 0.839), access service contraception (p-value 0.515) and promotion home health (p-value 1.000) no relate with Unmet Need incident in West Kalimantan Province .

After knowing connection every variable free to variable bound One one by one , next done analysis Multivariate with analysis regression logistics double For know If in circumstances real all over variable This each other interact , which variable has the most influence to number Unmet Need incident in West Kalimantan Province .

Before enter to multiple logistic regression , of the 6 variables that were significant in the bivariate analysis, variables that had multicollinearity were not included in the multivariate analysis, in this case the variable frequency of having sexual relations was multicollinearity with the variable togetherness with husband. The variable Togetherness with husband interacts closely with the variable Frequency of sexual intercourse because if husband and wife share the same house, the frequency of sexual intercourse will increase. Therefore, the variable Frequency of sexual intercourse was not included in the multivariate analysis. So what is included in the multivariate analysis with a cut off p-value of 0.05 are the variables Age, side effects of family planning that have been experienced, togetherness with husband, Promkes by health workers and Family Planning Decision Makers .

C. Multivariate Analysis

Analysis Multivariate done For know influence each variable free in a way together to variable bound . Analyzed variables in a way regression is variable independent which bivariately has connection with p value ≤ 0.05. Therefore That of 14 variables free only 5 were included in the regression model logistics . Incoming variables into the regression model is variable Age , Effects besides the previous birth control felt , togetherness with husband , Promkes by energy health and family planning decision makers . Furthermore done analysis regression logistics with Enter method . Modeling results good regression addressed For describe influential variables towards Unmet

Need for Family Planning. Following This is modeling end results analysis regression logistics :

Table 3. Final Modeling of Logistic Regression Analysis Results

Variables	B	S.E	Wald	df	Sig.	Exp(B)
Age	,722	,276	6,855	1	,009	2,059
Side effects	1,285	,342	14,130	1	,000	3,616
Togetherness with Husband	1,620	,391	17,143	1	,000	5,051
Family planning health promotion by health workers	-513	,321	2,562	1	.109	,599
KB Decision Making	-965	,308	9,800	1	,002	,381
Constant	-2,439	,270	81,739	1	,000	,087

Of the 5 variables entered to analysis Multivariate , there are 4 most influential variables to number Unmet Need incident in West Kalimantan Province . The size influence showed with EXP value (B) or also called ODDS RATIO (OR). Variables that have largest OR value in a way consecutive is Togetherness with Husband (OR=5.051), Effect besides the previous birth control perceived (OR=3.616), Age (OR=2.059) and Taking decision ber - KB (OR=0.381).

Research result This show that influencing factors in a way significant towards Unmet Need KB is Togetherness with husband (p=0.000). With OR value = 5.051 means WUS is alive stay No together husband will tend experienced unmet need as much as 2,248 times compared to living WUS stay together husband . The second factor is influential in a way significant towards Unmet Need KB is Effect Besides the birth control that has been felt (p=0.000). With OR value = 3.616 meaning meaning WUS ever experience effect side of use contraception will tend experienced Unmet Need as much as 3,616 times compared to WUS which does not Once experience effect side contraception .

The third factor is influential in a way significant towards Unmet Need KB is Age (p=0.005). With OR value = 2.059 means WUS (Women Aged Fertile) who have age outside age reproduction healthy (<20 years or >35 years old) will tend experience Unmet Need as much as 2,059 times compared to WUS which has age reproduction healthy (20-35 years). The 4th influencing factor in a way significant towards Unmet Need KB is is Taking decision ber -KB (p=0.000).

Furthermore calculated equality regression For know big probability happen variable dependent . It is known in the table on value α= -2.439 and from variable age value β=.722, variable effect besides the previous birth control felt value β=1.285, variable togetherness with husband value β=1.620, variable Family planning health promotion by personnel health value β= -.513, taker decision ber -KB value β=-.965, as well as mark constant 2.718. Values the entered into the equality regression as following :

P(x)	2.718 x { α + β1(Age) + β2(Effect Apart from family planning) + β3(Husband's togetherness) + β4(Family planning health promotion by health workers) + β5(Family planning decision maker) }
	1 + 2,718 {α + β1(Age) + β2(Effect Apart from family planning) + β3(Husband's togetherness) + β4(Family planning health promotion by health workers) + β5(Family planning decision maker)}

With assumption that P(x) is probability happen KB dropout behavior . After the values the on entered in equality regression , obtained results amounted to 0.85 (85%). This result show that if fifth variable in a way together in category OK (Just one left House with husband , no Once experience effect next to KB, aged reproduction healthy (20-35 years old) and taker decision is self Mother yourself , then probability For No do *Unmet Need* KB is amounting to 85%, while 15% is influenced by variables others who don't enter in study .

Discussion

A. Connection Togetherness with Husband against Unmet Need figures in West Kalimantan Province

Analysis results describe that of 699 respondents , 658 (94.1%) responded stay together husband and 41 (5.9%) respondents No stay together husband . Variable togetherness with husband influential in a way significant to unmet need figure (*p-value* = 0.000 < 0.05). With OR value = 5.051 means WUS is alive stay No together husband will tend experienced unmet need as much as 2,248 times compared to living WUS stay together husband . Respondents who did not stay together husband (LDR) more Lots experiencing unmet need 19.7% compared to those who do not have unmet need 4.3%. Whereas percentage resident respondents together 95.7% of husbands had no unmet need and 80.3% had unmet need.

Variable togetherness with husband relate tightly with variable frequency relate sexual . If husband wife One home , will increase frequency relate sexual . Based on results Agustina's research (2017) said that frequency relate sexual relate tightly with success fertilization (p-value 0.007), however Lots other influencing factors Fertilization is one of the fertile periods . Although frequency relate sexual small , however done appropriate in Century fertile , will increase possibility success fertilization (Agustina, 2017).

Researcher assume that Still many WUS (Women Aged Subur) in West Kalimantan Province considers Far from husband and little frequency relate sexual No will cause pregnancy . So that although want to postpone / restrict pregnancy , them No use contraception Because lack of understanding about fertilization .

B. Connection Effect besides the previous birth control felt to Unmet Need figures in West Kalimantan Province

Analysis results describe that of 699 respondents , 637 (91.1%) responded Once experience effect next to KB at the time use contraception and 62 (8.9%) respondents No Once experience effect next to KB at the time use contraception . Variable Effect besides the previous birth control felt influential in a way significant to unmet

need figure (*p-value* = 0.000 < 0.05). With OR value = 3.616 , meaning WUS has ever been experience effect side of use contraception will tend experienced Unmet Need as much as 3,616 times compared to WUS which does not Once experience effect side contraception .

Effect side use contraception is something symptom or consequence side usage tool contraception used (BKKBN, 2017). Effect side divided two type ie effect side that can handled by the user so that possibility tool contraception can used , and the second ie effect the side that doesn't can overcome is effect felt side heavy as well as disturbing . Effect aside from the majority happen in use something tool contraception is Sick head , distraction menstruation , and weight gain (Oktavia, 2020).

Research result This in line with results Maria's research (2018) showed that 60.67% of WUS did not use tool contraception because effect side ever experienced . According to Jidar (2018) exists Lots women choose For No use contraception Because worry about risk health and effects side from various method . This is also in line with Aslami's research (2019) states that There is influence between history use contraception with incident *unmet need* with mark *p-value* = 0.0005). According to (Hasnita, 2019) reasons reason *unmet need* that is error in usage tool contraception result in its occurrence disturbance health , so Woman take decision For No will Again use tool contraception whatever Because they opinion usage tool contraception will bother health they and if usage tool contraception stopped so health they No will Again disturbed . Then reason happen *unmet need* that is use tool contraception can influence hormone so that result disturbance menstruation , addition body weight as well heart pounding (Hasnita, 2019).

C. Connection Age to Unmet Need figures in West Kalimantan Province

Analysis results describe that of 699 respondents , 390 (55.8%) responded 20-35 years old (age reproduction healthy) and 309 (44.2%) respondents aged <20 years or >35 years (outside age reproduction Healthy). Variable age influential in a way significant to unmet need figure (*p-value* = 0.005 < 0.05). With OR value = 2.059 means WUS (Women Aged

Fertile) who have age outside age reproduction healthy (<20 years or >35 years old) will tend experienced Unmet Need as much as 2,059 times compared to WUS which has age reproduction healthy (20-35 years).

In the Unmet Need Incidence Rate , 28 respondents (39.4%) were aged reproduction healthy and 43 respondents (60.6%) were outside age reproduction Healthy . Meanwhile on numbers incident not unmet need, 362 respondents (57.6%) were of age reproduction healthy and 266 respondents (42.4%) were outside age reproduction Healthy .

If studied more deep Again , of the 71 respondents who experienced Unmet Need, 41 respondents (57.7%) were aged on age reproduction healthy (36-49 years), 28 respondents (39.4%) aged reproduction healthy (20-35 years) and 2 respondents (2.8%) were aged under reproduction healthy (15-19 years). Based on percentage it is visible that Unmet Need a lot occurs at age on age reproduction healthy (36-49 years).

Research result This in line with results research by Agustin (2014), increasingly old age respondents it turns out possibility *unmet need* the more high , the respondent 's age more from 35 years own possibility *unmet need* twice more tall compared to aged respondents not enough from 20 years old , and those aged 20 to 35 years own possibly 2 times more tall compared to older people not enough from 20 years . Based on results analysis connection factor age with *unmet need* , obtained that There is connection significant between age with number incident *unmet need* at EFA in Kelurahan Peeling 2017 with value (p-value 0.000 < 0.05) (Suyaningrum , 2017).

Society thinks women who have age >35 years feel Already old so that possibility For happen very small pregnancies , as well influence environment like custom customs and beliefs so that impact on events *unmet need* cause respondents No use contraception (BKKBN, 2015). Whereas age that's it woman own risk tall complications in pregnancy nor childbirth , esp to abnormality default . This matter in line with results study Suyaningrum (2017) that Unmet Need respondents with age risky more Lots namely 46 people meanwhile For

respondents with age No risky namely 28 people.

D. Connection Family planning decision making regarding Unmet Need figures in West Kalimantan Province

Analysis results describe that of 699 respondents , 396 (56.7%) responded taker decision KB with role husband and 303 (43.3%) respondents taker decision ber -KB ie self Alone . Variable Family planning decision making significant to unmet need figure (*p-value* = 0.000 < 0.05).

If analyzed more deep Again Of the 71 Unmet Need Incident Rates, 55 respondents (77.5%) were takers decision KB with role husband and 16 respondents (22.5%) takers decision ber -KB ie self Alone . Meanwhile on numbers incident No unmet need, 341 respondents (54.3%) took it decision KB with role husband and 287 respondents (45.7%) were takers decision ber -KB ie self Alone . Based on percentage above , Unmet Need is a lot happened to the respondent with husband plays a role in taker decision ber -KB.

Research result This relate with research conducted by Uljannah (2016), was obtained results study that respondents who did not get support husband risk of experiencing 9,886 times the incident of unmet need compared to that of her husband support . Prohibition husband to usage tool contraception with reason that is see effect side or Because husband want child with a certain amount (Uljannah, 2016).

A wife in taking decision For use or No use tool contraception need agreement from husband Because husband seen as head family , protector family , seeker a living and someone who can make decision in something family . A wife who doesn't get support from husband cause wife No brave For use tool contraception . This matter prove that , existence husband as head family who have right full on taking decision become significant predictor for a wife For use contraception (Yekti, 2017).

Conclusion

1. There is significant relationship between variable Age , Effects besides the previous birth control perceived , Frequency relate sexual , togetherness with husband and taker decision ber -KB against number Unmet Need incident in West Kalimantan Province

2. There is no significant relationship between variables Educational level , Employment status , Parity , Knowledge birth control method , Place stay , Problem health , Access services contraception , family planning health promotion by officers health and family planning promotions at home to number Unmet Need incident in West Kalimantan Province

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