



## Family planning among women with unmet need contraception: a scoping review

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### ABSTRACT

Maternal health is a topical issue of Population, Family Planning, and Family Development Programs in the 2030 SDGs indicators, namely by ensuring universal access to sexual health and reproductive rights. The *Unmet need* contraception is one of the main barriers to achieving SDGs goals in low-and middle-income countries. This study aims to explore and map the scientific evidence related to family planning in women of childbearing age with *Unmet need* contraception. *Scoping review* refers to the *framework* of Arksey & O'Malley and is documented based on the *PRISMA-ScR Checklist* guide. Article search using 3 databases *Pubmed*, *Scencedirect*, *Ebsco host* and 1 *Gray literature Google Scholar* by filtering the year of publication from 2019-2022. Obtained 15 articles are eligible and 3 findings of the theme are socio-demographic aspects, socio-psychology, and health. The results of the review found that the motivation of women of childbearing age in deciding *Unmet need* contraception is to exclude children and limit the number of children. Women of childbearing age with low decision-making autonomy within a family are most influential in determining the *Unmet need* contraception. Planning related to contraceptive use in the future is expressed by the motivation of contraceptive use plans at one time.

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### Kata kunci:

Wanita Usia Subur  
*Unmet need* kontrasepsi  
Perencanaan keluarga

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### ABSTRAK

Kesehatan ibu menjadi Isu Topik Program Kependudukan, Keluarga Berencana dan Pembangunan Keluarga dalam Indikator SDGs 2030 yaitu dengan menjamin akses universal terhadap kesehatan seksual dan hak reproduksi. *Unmet need* kontrasepsi merupakan salah satu hambatan utama dalam mencapai tujuan SDGs di negara berpenghasilan rendah dan menengah. Penelitian ini bertujuan untuk menggali dan memetakan bukti ilmiah terkait dengan perencanaan keluarga pada Wanita Usia Subur dengan *Unmet need* kontrasepsi. *Scoping review* ini mengacu pada *Framework* dari Arksey & O' Malley dan didokumentasikan berdasarkan panduan *PRISMA-ScR Checklist*. Pencarian artikel menggunakan 3 Database *Pubmed*, *Scencedirect*, *Ebsco host* serta 1 *Grey literature Google Scholar* dengan memfilter tahun terbit artikel sejak 2019-2022. Didapatkan 15 artikel yang *eligible* serta 3 Temuan tema yaitu Aspek Sosio-Demografic, Sosio-Psikologi, dan Kesehatan. Hasil review didapatkan bahwa motivasi wanita usia subur dalam memutuskan *Unmet need* kontrasepsi yaitu untuk menjarangkan anak dan untuk membatasi jumlah anak. Wanita usia subur dengan otonomi pengambilan keputusan yang rendah didalam suatu keluarga paling berpengaruh terhadap penentuan *Unmet need* kontrasepsi. Perencanaan terkait dengan penggunaan kontrasepsi dimasa depan dinyatakan dengan adanya motivasi rencana penggunaan kontrasepsi disuatu waktu.

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## INTRODUCTION

Family planning is one of the four pillars of safety to be being mother to reduce maternal mortality in developing countries (Zulhijriani *et al.*, 2020). Maternal health is one of the topics of the population, family planning, and family development program in the 2030 SDGs indicators, namely empowering women by ensuring universal access to sexual health and reproductive rights as stated in the *International Conference on Population and Development and Beijing Platform Action program* (BKKBN, 2019). One of the main obstacles to achieving the SDGs goals in low-and middle-income countries is the *Unmet need* contraception which is still very high (Rahaman *et al.*, 2022).

In 2020 as many as 10% of women worldwide experienced a deficit of *Unmet need* contraception (UNDESA, 2020a). The prevalence of *Unmet need* contraception is projected to remain at more than 10% worldwide until 2030, although a reduction in incidence has been found in some regions (Amaje & Ayalew, 2022a). In 2020, among 1.9 billion women of reproductive age (15-49 years) as many as 1.1 billion women need birth control, of these as many as 851 million choose to use modern contraception, 85 million choose to use traditional contraceptive methods and the remaining 172 million choose not to use contraceptive methods at all, even though their main desire is to avoid pregnancy (UNDESA, 2020b).

The *Unmet need* contraception are one of the problems constantly faced by countries related to the provision of service providers (BPS & BKKBN, 2018). Indonesian Demographic Health Survey (SDKI) in 2017 use a new definition related to the *Unmet need* contraception that has been used since SDKI in 2012, namely *Unmet need* contraception is defined as women or couples of childbearing age who do not use contraception due to certain considerations (limitations) and women or couples of childbearing age who deliberately choose not to use contraceptives or choose to use natural (calendar) methods of contraception when they desire to avoid pregnancy (BPS, BKKBN, 2013; BPS, 2017) in (Larasanti & Ayuningtyas, 2022).

The results of the Indonesian Demographic and Health Survey (SDKI) show that there is no change in the incidence of *Unmet need* contraception in Indonesia from 2012 to 2017 and still stands at 11% (SDKI, 2018). Disparities in *Unmet need* contraception still occur in every province in Indonesia (Amraeni *et al.*, 2020). West Papua is the region with the highest prevalence of *Unmet need* contraception, reaching 23.7%, while the prevalence of *Unmet need* contraception with the 3 lowest regions, namely Central Kalimantan at 6.3 %, Yogyakarta at 6.3% and Bangka Belitung at 5.6% (BKKBN, 2019).

The government through the Population and Family Planning Agency (BKKBN) continues to strive to reduce the number of *Unmet need* contraception. These efforts include providing infrastructure and ensuring the availability of adequate contraceptive devices and types in every health facility, improving long-term contraceptive services (MKJP) to reduce the risk of drop-out, and increasing the use of short-term contraceptive methods by providing information on a sustainable basis for continued use of contraception by considering rational, effective, and efficient principles (Purba *et al.*, 2020). Facts in the field show that the implementation of family planning programs by the government can not be said to be optimal, this is evidenced by the high incidence of *Unmet need* contraception which harms maternal mortality and unwanted pregnancy (Dewi *et al.*, 2018).

Family planning in using contraception or choosing to *Unmet need* contraception is very important, such as deciding and determining reproductive rights, including deciding whether to have children or not and determining the type of contraceptive method used in couples of childbearing age (Larasanti & Ayuningtyas 2022). Research (Febrianti & Astuti 2022) recommends that apart from the need for encouragement from husbands to use contraception, there is a need for collaboration between community leaders and health workers. This aims to increase the coverage of contraceptive services for couples of childbearing age, increase information about family planning (KB) and minimize the negative stigma associated with contraception.

Until now there are still many couples of childbearing age in Indonesia who have difficulty accessing sexual education so they do not have the right to determine the number of children considered appropriate and the education of couples who are low is at risk of experiencing the *Unmet need* contraception. Moreover, the couple's experience is exacerbated by the loss of autonomy in making decisions about changing their lives (Astuti, Hirst, and Bharj 2021). One of the considerations that influence the decision to use contraception is the characteristics of the partner (Harzif *et al.*, 2022). Research result of Astuti (2021) it was found that decision-making related to contraception was carried out jointly by the partner so that an agreement was created between husband and wife in family planning, but did not rule out the possibility that the first decision rested with the husband. In addition, autonomy in family planning is also a strength in decision making which is a dimension of empowering women in the household (Aprillia *et al.*, 2023).

Several kinds of *literature* have also identified that the factors that influence the *Unmet need* contraception include age, knowledge, education of women and partners, work, couples attitudes towards contraception, marital status, relationships with partners, and health professionals (Amaje & Ayalew 2022a). Research results of Rahaman *et al.*, (2022) showed that the incidence of *Unmet need* contraception to distance pregnancies is very high in women of early childbearing age, and socioeconomically disadvantaged groups. The findings of previous research showed that research on the topic of *Unmet need* contraception mostly only highlights the factors that influence the incidence of *Unmet need* contraception, in addition to the limitations of studies that explore in depth related to family planning programs, decision-making processes, barriers, and expectations and support in using contraception viewed from the side of women with *Unmet need* contraception is very limited. The lack of exploratory studies related to this is the basis for researchers to explore and map the scientific evidence related to family planning in women of childbearing age with an *Unmet need* contraception.

## METHODS

This *Scoping review* draws on the *framework* of Arksey & O'Malley (2005), modified by Colquhoun, H., & O'Brien (2010), with the following steps: identify research questions, identify relevant literature sources, selection of *literature* based on inclusion and exclusion criteria, mapping in the form of charting data, compiling and reporting *literature* findings. In the preparation of this *scoping review*, the researcher adopted the guidelines from the *PRISMA-ScR checklist* as a reference for the preparation of *literature*

studies because it is considered to have the option of a complete and detailed preparation *checklist*. *PRISMA-ScR checklist* is a supporting media for the research team in documenting the maximum review results to prepare the *scoping review* research to be published (Tricco, *et al.*, 2018). In this chapter, the guidelines for the preparation of the *PRISMA-ScR checklist* are used by researchers directly in the methodology section.

1) *Protocol and Registration*

In the process of documenting this review, the researcher refers to the *Framework of Referred Reporting Items for Systematic Reviews and Meta-Analyses Protocols for Scoping Reviews (PRISMA-ScR)*, which consists of 22 *checklist* items with 20 important assessment items and 2 optional assessment items (Tricco, *et al.*, 2018).

2) *Eligibility Criteria*

The first step of the researcher is to determine the inclusion and exclusion criteria, this aims to make it easier for researchers to select articles. The inclusion criteria that have been determined by researchers, namely:

- a) Primary articles with a range of years 2019-2022
- b) Articles with full text
- c) Articles in Indonesian or English
- d) Articles that discuss contraceptive services in the group of women or couples of childbearing age *Unmet need* contraception
- e) Articles that discuss family planning or family planning programs, decision-making processes, barriers, and support in accessing contraception in women or couples of childbearing age with an *Unmet need* contraception

While the exclusion criteria in this review are:

- a) Opinion articles
- b) Case studies that do not discuss family planning in couples with *unmet need* contraception

3) *Information Sources*

The database sources used by researchers in identifying articles in the review are *Pubmed, Science Direct, and Ebsco Host and Gray literature, namely Google Scholar*.

4) *Search*

The keywords used by researchers in this *scoping review* are using a special *framework* *PEO framework* with the help of *Medical Subject Headings (MeSH)*, namely *Boolean (AND and OR)* and *Truncation (\*)*.

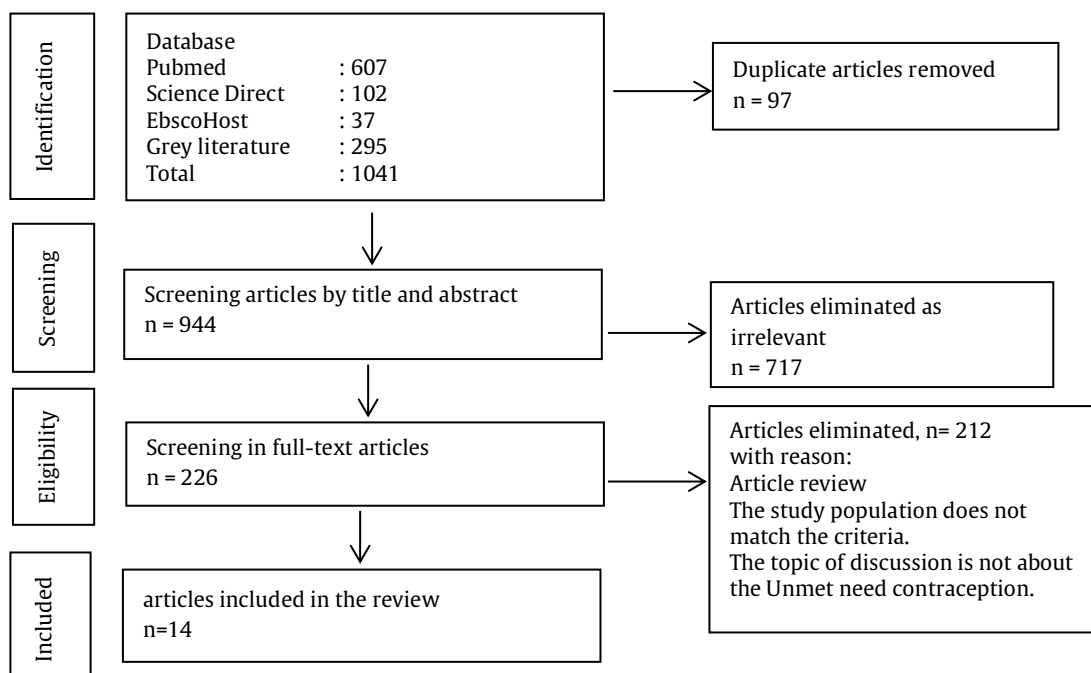
**Table 1 Framework PEO Scoping review**

Population	Exposure	Outcome
<i>Wom*n OR</i>	<i>Unmet need OR</i>	<i>Famil* planning OR</i>
<i>Wom*n of</i>	<i>Unmet need</i>	<i>Famil* planning</i>
<i>Childbearing age</i>	<i>Contracepti*</i>	<i>program*</i>
<b>OR Couple</b>	<b>AND</b>	<b>OR</b>
<b>AND</b>		<i>Decision of famil*</i>
		<b>OR</b>
		<i>Barrier*</i>
		<b>OR</b>
		<i>Hope OR Support*</i>

Based on the above *framework*, the research question in this *Scoping review* is "How is family planning in women with an *Unmet need* contraception?".

5) *Selection Of Sources of Evidence*

The selection of the title, abstract and *full-text reading* of the article was done by researchers using the help of *Mendeley Refreshing Manager Tool*. Furthermore, the researcher outlines the results of the selection of literature sources with the help of the *Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) flowchart*. *PRISMA flowchart* is a highly recommended reporting method in the preparation of the results of *Systematic Reviews* and *Meta-analysis* in order to avoid the occurrence of very basic errors (Selcuk 2019). The following is a summary of the article screening process contained in Figure 1.



**Figure 1. PRISMA Flowchart**

6) *Charting Data*

Data extraction or "charting" of data in *Scoping review* is the process of data extraction by making a descriptive summary of the search results based on the similarity of

topics and *review* questions (Ghalibaf et al. 2017). Researchers conducted a grouping of articles by title, researcher and year of publication, country, research objectives, research methods and research results from each article found in the *charting* data.

**Table 2**  
**Charting Data**

No	Title, Authors, Years	Country	Aim	Research method	Result
1	Factors associated with <i>Unmet need</i> for family planning in sub-Saharan Africa: A multilevel multinomial logistic regression analysis  (Teshale, 2022)	Africa	To assess factors associated with <i>Unmet need</i> on in Sub-Saharan Africa	Quantitative study with <i>Cohort</i> method (Demographic Health Survey with time for 5 years) The sample in this study was 175,820 women of childbearing age who were married during the survey Data collection techniques using 2 stages of population census by region and family. Data analysis using <i>multilevel multinomial logistic regression</i>	The prevalence of <i>Unmet need</i> contraception in sub-Saharan Africa is 23.70%. Prevalence of <i>Unmet need</i> contraception to distance by 15.81%, while by 7.90% for restrictions There are 2 factors that influence the incidence of <i>Unmet need</i> contraception to distance or to limit in Sub-Sahara Africa, including individual factors and community factors. Individual factors associated with the incidence of <i>Unmet need</i> contraception are women's age, women's education, the influence of globalization (information from the media), parity, the number of children under five, and knowledge of modern contraceptive methods. Community factors associated with the incidence of <i>Unmet need</i> contraception are place of residence, the rate of illiterate women, and region. Factors that affect the incidence of <i>Unmet need</i> contraception in the context (to limit), namely husband's education, while <i>Unmet need</i> contraception (to distance) is influenced by household size and frequency in visiting health facilities during the last 12 months.
2	<i>Unmet need</i> for family planning services among young married women (15-24 years) living in urban slums of India  (Yadav et al., 2020)	India-South Asia	To assess the <i>Unmet need</i> and determinant contraceptive service needs among underprivileged and underserved communities living in urban slums in Uttar Pradesh, India	A quantitative study by <i>cross-sectional</i> method The sample in this study were 33 young married women aged (15-24 years) living in slums in India. Data collection techniques using questionnaires and interviews. Data analysis using <i>logistic regression test</i> South Asia	The prevalence of <i>Unmet need</i> contraception in every slum in India is 55.3%. Prevalence of <i>Unmet need</i> contraception to distance by 40.9%, while by 14.4% for restrictions The results showed that the main reason for the <i>Unmet need</i> contraception in young married women is because of doubt and shame and followed by a lack of knowledge about contraceptive methods and accessibility Other reasons were found to be the negligent attitude of women towards contraception, opposition from husbands and families regarding contraception as well as health problems and fear of side effects from contraception
3	A qualitative exploration of contraceptive use and discontinuation among women with an <i>Unmet need</i> for modern contraception in Kenya  (Ontiri et al., 2021b)	Kenya-East Africa	To explore the previous experience with contraceptive use, reasons for discontinuation, and intentions for future use	A qualitative study with interviews Samples in this study are married women aged between 15-49 years and their spouses, teenage girls with age (15-19 years) Data collection techniques using interviews, focus Grub discussion (FGD) Data analysis using Nvivo software	There are 4 themes of the research: 1. Motivation for the use of modern contraceptives 2. Sourcing and decision-making for previously used contraceptives 3. Barriers to sustainable use of contraception 4. Future intention to use contraception. The results of the study in young women informants that the biggest motivation for using contraception is to prevent pregnancy so that they can continue their studies, want to avoid unplanned pregnancies that may result in dropping out of school and taking on responsibilities as parents that they did not imagine, while in married women stated that their motivation in using contraception is, where to allow the healthy growth of their children so that they can get enough attention, nutrition, and care from them

No	Title, Authors, Years	Country	Aim	Research method	Result
					Sources of information related to contraceptive methods they get from health facilities. When making decisions in using contraception, most women ask the opinion of their partners, peers, or family friends, some even secretly because there is no support from their partners or relatives. Barriers to using contraception in the interview results obtained 5 sub-theme findings, namely side effects, method effectiveness, peer influence, gender-based violence, and health system factors. Future intentionality to use contraception some participants expressed a willingness to use it at a time, but some still there were undecided. Some participants also stated that they planned to consult widely, choosing methods with fewer side effects, and longer duration.
4	<i>Unmet need for family planning and associated factors among women living with HIV in Gondar city, Northwest Ethiopia: cross-sectional study</i>  (Kassie et al., 2021)	Ethiopia-East Africa	To assess the prevalence and factors associated with <i>Unmet need</i> on among women receiving antiretroviral therapy (ART) services	A quantitative study by the <i>cross-sectional</i> method The sample in this study were 441 women of reproductive age (15-49 years) living with HIV and starting <i>Antitertoviral therapy</i> (ART) Data collection techniques using structured questionnaires that have been tested before Data analysis using <i>multivariable logistic regression test</i>	Prevalence of <i>Unmet need</i> contraception in Ethiopia at 24.5% Prevalence of <i>Unmet need</i> contraception to distance by 15.4%, while by 9.1% for restrictions The results of the multivariable logistic regression test showed that place of residence, age of the woman, number of living children, intention to have another child, and history of using contraception have a statistically significant relationship with the <i>Unmet need</i> contraception
5	<i>Unmet family planning needs among female refugees and asylum seekers in Germany – is free access to family planning services enough? Results of a cross-sectional study</i>  (Inci et al., 2020)	German-Europe	To find out the extent of <i>Unmet</i> family needs among refugee women in German	A quantitative study by the cross sectional method The sample in this study is 410 refugee women with an age range of 14-74 years Data collection techniques using questionnaires Data analysis using the Chi-square Test with the help of SPSS software	The prevalence of <i>Unmet need</i> contraception among refugee women in Germany is 47%. The results showed that an <i>Unmet need</i> contraception significantly occurred in women with older age, which is an average of 36 years compared to women who use contraception with younger age, an average of 32 years
6	Prevalence and determinants of <i>Unmet need</i> for contraception among women in low and high-priority segments for	Nigeria-West Africa	To examine the differences between the prevalence and determinants of <i>Unmet need</i> contracepti	A quantitative study by <i>Cross-sectional</i> method The sample in this study was 2 groups of women, with a total of 5,147 women in the high-priority segment and 7,536 women in the low-priority segment	The prevalence of <i>Unmet need</i> contraception was higher in women in the low-priority group than in women in the high-priority group (22.8% vs. 18.6%). The determining factors for the incidence of <i>Unmet need</i> contraception in both priority groups of women are religion and the desired family size (number of children) Determining factors in the low-priority group of women that significantly affect the incidence of <i>Unmet need</i> contraception is employment status, religion, desired family size, decision-making

No	Title, Authors, Years	Country	Aim	Research method	Result
7	family planning demand generation in Nigeria  (Solanke et al., 2022) Prevalence and determinants of <i>Unmet need</i> for contraception in North Gonja District, Ghana  (Wemakor et al., 2020)	Ghana- West Africa	on among 2 groups of women in Nigeria  To determine the prevalence and identify determinants of unmet contraceptive needs in Northern Ghana	Data collection techniques using demographic survey data Data analysis using <i>3 regression models multilevel mixed effect</i> A quantitative study by the <i>cross sectional</i> method The sample in this study was 386 women of childbearing age who were randomly selected Data collection techniques using questionnaires Data analysis using <i>chi-square/Fisher exact test</i> and logistic regression analysis	autonomy, and place of residence. While in the group of women with high priority, determinants of <i>Unmet need</i> contraception are education, employment status, religion, desired family size (number of Children), media exposure, place of residence, geographical area, history of contraception used  The overall prevalence of <i>Unmet need</i> contraception was 38.9%, with 27.5% <i>Unmet need</i> contraception to limit and 12.2% <i>Unmet need</i> contraception to distance The results showed that age, educational status, occupation, motivation or awareness about family planning, and previous use of modern contraception were statistically significantly associated with <i>Unmet need</i> contraception
8	<i>Unmet need</i> for family planning and associated factors, among women of child-bearing age working in Hawassa industrial park, Southern Ethiopia 2021: An institution based cross-sectional study  (Amaje & Ayalew, 2022b)	Ethiopia- East Africa	To determine the prevalence of <i>Unmet need</i> contraception and the factors associated with it in women of childbearing age working in the Hawassa Industrial Estate	A quantitative study by the <i>cross sectional</i> method The sample in this study were 405 randomly selected women working in the Hawassa Industrial Estate The data collection technique by face-to-face interviews using questionnaires that have been tested before Data analysis using <i>logistic regression test</i>	The prevalence of <i>Unmet need</i> contraception of 27.7% The results showed that the factors associated with <i>Unmet need</i> contraception for in women in the Hawassa Industrial Estate are education status, economic status, and residence significantly associated with <i>Unmet need</i> contraception
9	Socio-demographic determinants of <i>Unmet need</i> for family planning among married women in Pakistan  (Asif & Pervaiz, 2019)	Pakistan- South Asia	To investigate the determinants of the <i>Unmet need</i> contraception among married women in Pakistan	A Quantitative study with <i>cohort</i> method The sample in this study were 12,998 married women aged (15-49years), with 6941 people from rural areas and 6057 people from urban areas Data collection techniques using Pakistan Demographic survey data 2012-2013 Data analysis using <i>binary and Multinomial logistic regression test</i>	The prevalence of <i>Unmet need</i> contraception in Pakistan is 21% with 9.65% for distancing and 10.4% for limiting The results showed that an <i>Unmet need</i> contraception tends to occur in rural areas, this is due to lack of exposure to mass media, does not work, and fear of side effects of contraceptive use Other results were also obtained in this study that the determining factor in the incidence of <i>Unmet need</i> contraception is influenced by the age of women, where the age of women 20-24 years proved to be more experiencing the <i>Unmet need</i> contraception compared to middle age 35-39, educational status (low/high), economic status.
10	<i>Unmet need</i> KB for family	Nigeria- West	To uncover the reasons	A qualitative study with a focus group	Findings in this study, several reasons for the occurrence of <i>Unmet need</i> contraception occur

No	Title, Authors, Years	Country	Aim	Research method	Result
	planning and barriers to contraceptive use in Kaduna, Nigeria: culture, myths and perceptions  (Sinai et al., 2020)	Africa	for low contraceptive use and continuous <i>Unmet need</i> on in Kaduna	discussion method The sample in this study was 81 married women. Both married young (15-29 years) and married Old (30-49years). Data collection techniques using discussion Data analysis using nVivo software	continuously, including: 1. Want to limit the number of children or postpone the birth of a child 2. found Barriers to contraceptive use 3. Misconceptions that exacerbate the problem of contraceptive use There is still a strong belief in myths in society, such as believing that they cannot get pregnant because the 'egg is far away' and some women believe that premature ejaculation is fertile, while sperm is not, and the belief in a hereditary culture. It was also found that the reason they did not use contraception was because of the rejection of contraceptive use by their husbands, limited availability and accessibility, and concerns about side effects and health impacts
11	Women's Involvement in Decision Making and <i>Unmet need</i> for Contraception In Indonesia  (Amraeni et al., 2020)	Indonesia	To know the partition of women in decision-making and its relation to the <i>Unmet need</i> on contraception	A quantitative study by Cross-sectional method Samples in this study are 1516 women of childbearing age (15-49 years) with the category of married in areas of high <i>Unmet need</i> (West Papua) and areas of lowest <i>Unmet need</i> (Bangka Belitung) Data collection techniques using data SDKI 2012 Data analysis using the <i>Chi-square test</i> and <i>logistic regression test</i> with the help of SPSS software	The results of this study indicate that the dominant factor affecting the <i>Unmet need</i> contraception is the involvement of women in economic decision-making and contraception The prevalence of <i>Unmet need</i> contraception is 13.9% who are involved in economic affairs while the group that does not need contraception is only about 9%. The researchers concluded that decision-making in terms of economics can affect women in the use of contraception, this will then affect the authority of women in choosing contraceptive methods or choosing <i>Unmet need</i> contraception
12	<i>Unmet need</i> Keluarga Berencana (KB) Pada Pasangan Usia Subur Pendatang Dan Lokal: Sebuah Studi Kualitatif  (Widiantari & Winingsih, 2021)	Indonesia	To find out why couples of childbearing age who are migrants and Local do not use contraceptives	A qualitative study with interview method The sample in this study is 22 couples of childbearing age, consisting of (11 couple childbearing entrants) and (11 childbearing local) Data collection techniques using interviews Data analysis using thematic analysis	There are 4 themes of the research: 1. Lack of knowledge of couples of childbearing age on contraception. 2. The presence of negative experiences related to previous contraceptive use, both personal and other experiences 3. No support from a couple 4. The influence of cultural beliefs The findings of this study that local and immigrant couples have known the types of contraceptives and some of their benefits, but there is still a negative perception of the impact of the use of contraceptives. In addition, the findings of researchers in this study are that there is still a stigma against the use of contraception where contraception is considered to cause infidelity. The study also showed that more information about contraception was obtained from informants' friends and family based on their experiences and informants judged the information they obtained to be less complete. The experience of unpleasant personal side effects predisposes the couple not to return to using the contraceptive This study shows the Prohibition of husbands not to use contraception affect the decision of couples of childbearing age entrants in the use of contraception. The decision-making process of contraceptive use can be influenced by the patriarchal culture in Indonesia while in local couples of childbearing age, the role of

No	Title, Authors, Years	Country	Aim	Research method	Result
13	Multilevel analysis of factors associated with <i>Unmet need</i> for family planning among Malawian women  (Nkoka et al., 2020)	Malawian-Afrika Timur	To determine the factors at the individual and community level associated with <i>Unmet need</i> <i>contraception</i> among Malawian women	A quantitative study by <i>cross sectional</i> method The sample in this study was 15,931 sexually active women Data collection techniques using questionnaires followed by a short interview Data analysis using <i>chi-square Test</i>	the husband is not found to be more dominant in decision-making contraceptive use, although patriarchal culture is also embraced by most Balinese people. The prevalence of <i>Unmet need</i> contraception to distance and the limit was 12.6 and 8.4 % In married women, the prevalence of <i>Unmet need</i> contraception was 18.7% while for contraceptive use was 59.2% Factors affecting the <i>Unmet need</i> contraception in Malawian consist of individual and community factors. At the individual level, women with higher education and wealth are less likely to have total <i>Unmet need</i> contraception. In addition, occupational status factors also affect the incidence of <i>Unmet need</i> contraception. While at the community level, cultural factors and myths, accessibility. Further findings in this study that women who are Muslim and other religions are more likely to have <i>Unmet need</i> total contraception compared to those who are Catholic.
14	Factors influencing <i>Unmet need</i> for contraception among adolescent girls and women in Cambodia  (Rizvi et al., 2020)	Kamboja-Asia	To determine the social and demographic factors affecting contraceptive needs in adolescent girls and married women in Cambodia	Quantitative study with cohort method The sample in this study was 4823 people (young women aged 15-19 years who were sexually active and married women aged 20-24 years) Data collection techniques derived from the DHS questionnaire in 2014 Data analysis using <i>logistic regression</i>	Factors of low accessibility and autonomy, unemployment employment status, and young age group are the basis for the incidence of <i>unmet need</i> for contraception in married women in Cambodia

7) *Items Data*

Researchers identified each relevant article based on the topic of family planning in women with *Unmet need* contraception.

8) *Critical Appraisal of Individual Sources of Evidence*

*Critical appraisal* is used to assess the relevance of an article systematically and rapidly and transform professionals in clinical decision making which is important for the next step (Al-Jundi, & Sakka, 2017). In this *scoping review*, this study used from the *Joanna Briggs Institute (JBI) tools*, because the type of research on the *JBI Assessment Tool* is very complete.

The researcher reference in using *critical appraisal* is to determine the category or criteria for the value of each question with the following limitations:

- 0: No answer (Unanswered)
- 1: Answers are narrated, but incomplete
- 2: Answers are narrated, in full and detail

In the next step, the researcher categorizes the grade of the article based on the total value obtained from the results of the *Critical appraisal*. It aims to determine the quality of the articles reviewed. The limitation of the total value set by

researchers based on the type of research study, is as follows:

**Table 3**  
**Ketentuan Penilaian *Critical Appraisal***

Research Method	Batasan Total Nilai	Grade	Category
Quantitative	15-22	A	Good
	7-14	B	Less Good
	≤ 7	C	Enough
Qualitative	15-20	A	Good
	10-14	B	Less Good
	≤ 9	C	Enough

9) *Synthesis of results*

From the results of the selection of literature sources using 3 databases, and 1 *Gray Literature*, obtained as many as 1041 relevant articles by the keywords and *review* questions researchers. In selecting the article, the researchers used the help of *Mendeley Refreshing Manager Tool*. From the results of publication detection, 97 duplicate articles were obtained and then 944 articles were screened, then articles that did not meet the criteria were eliminated until the final result obtained 14 articles that meet the inclusion criteria, questions, and *review* objectives.

**RESULTS AND DISCUSSION**

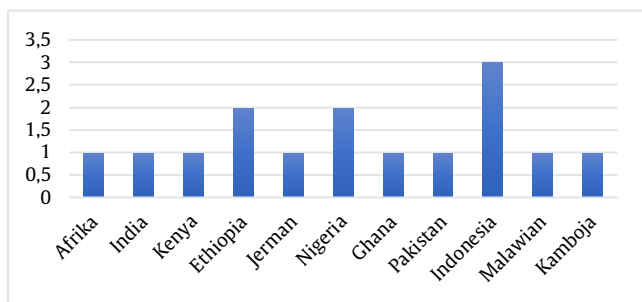
**Selection of Sources of Evidence**

At this stage, the researcher displays the number of articles that have been selected, assessed their feasibility, and included them in the scoping review. In the process of preparing and reporting this review, researchers refer to the *framework of referred Reporting Items for Systematic Reviews and Meta-Analyses Protocols for Scoping Reviews (PRISMA-ScR)*.

**Characteristic of Sources of Evidence**

At this stage, researchers display articles obtained based on the characteristics of the article.

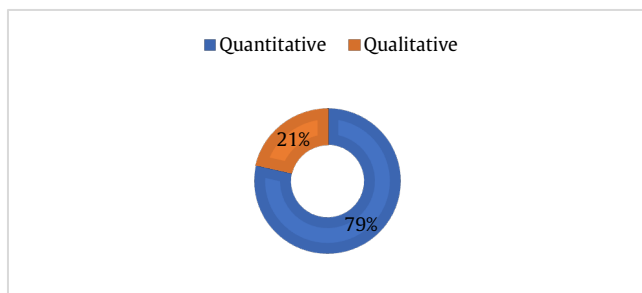
a) Characteristics of the articles by country



**Figure 2. Articles by country**

Based on the diagram above, it is explained that the country of origin of the research in the article was obtained by the researcher. These countries are Africa, India, Kenya, Ethiopia, Germany, Nigeria, Ghana, Pakistan, Malawian, Cambodia, and Indonesia.

b) Characteristics of the article by type of research



**Figure 3. Articles by type of research**

Based on the diagram above, it is explained that there are 11 or 79% of types of research articles use quantitative studies while as many as 3 or 21% of the remaining articles use qualitative studies.

**Critical Appraisal Within Sources of Evidence**

Based on the results of assessing the quality of the article using the help of *Joanna Briggs Institute Appraisal Tools (JBI)*, obtained *Grade* results such as table 2.4 below:

**Table 4  
Grade Article**

No	Writer and Year	Total value of Critical Appraisal	Grade
A1	(Teshale, 2022)	20	A
A2	(Yadav <i>et al.</i> , 2020)	15	A
A3	(Ontiri <i>et al.</i> , 2021b)	19	A
A4	(Kassie <i>et al.</i> , 2021)	14	B
A5	(Inci <i>et al.</i> , 2020)	14	B
A6	(Solanke <i>et al.</i> , 2022)	15	A
A7	(Wemakor <i>et al.</i> , 2020)	15	A
A8	(Amaje & Ayalew, 2022b)	15	A
A9	(Asif & Pervaiz, 2019)	20	A
A10	(Sinai <i>et al.</i> , 2020)	19	A
A11	(Amraeni <i>et al.</i> , 2020)	14	B
A12	(Widiantari & Winingsih, 2021)	18	A
A13	(Nkoka <i>et al.</i> , 2020)	14	B
A14	(Rizvi <i>et al.</i> , 2020)	21	A

Based on the table above, of the 14 articles that carried out *Critical appraisal*, articles that have *Grade A* are articles 1, 2, 3, 6, 7, 8, 9, 10, 12, and 14, while the articles that obtain *Grade B* are articles 4, 5, 11, 13.

**Results of Individual Sources of Evidence**

At this stage, researchers present the findings of the theme of 14 articles that have been reviewed. The theme found that researchers:

1. Socio-Demographic Aspects
2. Socio-Psychological Aspects
3. Health Aspects

**Table 5  
Mapping of research article themes**

No	Theme	Sub Theme	Articles
1	Socio-Demographic Aspects	Age	1,4,5,7,9,14
		Education	1,6,7,9,13
		Globalization (source of information)	1,3,6,9,12
		Number of children	1,4,6
		Place of residence	1,4,6,8
		Knowledge	2,8,13
		Accessibility	2,11,13,14
		Religion	6,13
		Employment/Economic Status	6,7,8,9,13,14
		Culture	10,12,13
		2	Socio-Psychological Aspects
Spouse/Ward support	2,3,12		
Self-confidence	2,3		
3	Health Aspects	Decision-making autonomy	12,14
		Contraceptive side effects	2,3,9
		Previous history of contraception	4,6,7,12

## Synthesis of Evidence & Summary of Evidence

In this *scoping review*, researchers found 3 major themes, namely socio-demographic aspects, socio-psychological aspects, and health aspects.

### a. Socio-demographic aspects

Age is one of the factors that influence the incidence of *Unmet need* contraception. Women at a young age tend not to have autonomy in decision making so young women tend to be a group of unmet needs (Dingeta et al. 2019). In addition, our findings from 1 article found that women with older age occur in women with older age, which is an average of 36 years compared to women who use contraception at a younger age, an average of 32 years (Inci et al. 2020).

Education plays an important role in decision-making when a person opts for unmet need contraception. Women's education can contribute to increased contraceptive absorption during the postpartum period and can reduce the *Unmet need* contraception. This can be explained by the fact that the educational status of one spouse plays an important role in empowering both spouses, reducing gender inequality, and encouraging discussion and support of family planning in the household (Gahungu, Vahdaninia, and Regmi 2021). The results of several studies also show that women with higher education and wealthier are less likely to have unmet total family planning needs *Unmet need* contraception.

Sources of information or media exposure can affect the incidence of *Unmet need* contraception. This is supported by studies conducted in low-income countries of Sub-Saharan Africa which revealed that high media exposure, particularly radio can increase exposure to knowledge related to family planning and reduce the danger of *Unmet need* contraception (Adebowale, 2014). The Media has the potential to erode and dispel cultural myths and increase the acceptance and utilization of contraception (Adebowale & Adeoye, 2018). Women's exposure to contraceptive advocacy messages through the media will increase the prospect of increased awareness and knowledge about contraception to achieve and maintain women's interest in contraceptive use (Ahinkorah et al. 2020).

The number of children affects a person in the use of contraceptives. There are research results that state that one child is enough, therefore they do not want to add more children (Ramdhani, 2017). In addition, the residence also affects the incidence of *Unmet need* contraception, as the results of the study found that in most of Ethiopia, rural residents usually have low health care coverage and decreased awareness of contraception due to low education, low socioeconomic status, and have limited access to family planning services, this can lead to a higher prevalence of *Unmet need* contraception in rural area. Women from rural area are 0.56 times less likely to report having *Unmet need* contraception compared to women from urban dwellings (Amaje and Ayalew 2022b).

Knowledge of a person, both women or couples of childbearing age about contraception will affect the incidence of *Unmet need* contraception. This is stated by research conducted in several developing countries that, women with higher education will influence their mindset towards something, so that women with sufficient knowledge, whether information or methods related to contraception will influence decisions in meeting their contraceptive needs (Nzokirishaka, & Itua, 2018).

Accessibility to health care affects the incidence of *Unmet need* contraception. This can be seen from the geographical location of a health facility is relatively easy to reach by the public or not. A person's need for Health Services is an objective thing, but this is a manifestation of existing health problems in the community that will be reflected in the situation of disease patterns in the community (Nurjannah 2016).

Various religions certainly have diverse understandings and self-beliefs and of course, also have an impact on things that can harm or give a good influence on the use of contraception. In terms of religious affiliation, it was found that women who were not affiliated with any religion were more likely to report *Unmet need* contraception compared to Muslim women. The findings also suggest that Muslim women are less likely to have *Unmet need* contraception. Several studies have reported statistically significant associations between religious affiliation and unmet needs in low-and middle-income countries (Wafula SW, 2015).

Working women can be empowered as opposed to unemployed and as a result are better positioned to use contraception whenever they want (Asif, 2019). Culture is also one of the things that can affect a person in using contraception. Cultures that are still thick with the perspective of rural communities generally argue that following a family planning program means inviting them to leave the old norm values. The old values are that they think that children are a guarantee of old age, the more children, the more profitable it is for a large family. If blessed son some groups of people stated if they did not have a son's descendants then the genealogical relationship of the family was cut off (Resti, Barus, and Anita 2019).

### b. Socio-psychological aspects

A person's motivation will influence decisions in the use of contraception. In general, women with active contraception state that their motivation for using contraception is to improve their well-being and to realize the healthy responsibilities of their children so that they can get enough attention, nutrition, and care from their parents. Some married women also, where there is a conflict with a partner, the motivation of the woman in the use of contraception is to avoid getting additional children that they need to bear alone (Ontiri et al. 2021b).

The presence of support from a partner and an enabling environment in the family helps women in realizing fertility desires and meet their contraceptive needs. This study also found a significant relationship between the attitude of husbands who support family planning and the low unmet need for contraception. However, only 16.1% reported that their husband supported the contraceptive method (Chafu, 2014).

Women of the younger age group (15-19 years) are more likely to have unwelcome habits because women of the 20-24 year age group are more likely and have more knowledge and understanding of contraception making them more mature, confident, and capable in making decisions consequently, resulting in less rent to have an *Unmet need* contraception. Research in developing countries found that women with less background knowledge and access to information will increase their knowledge in decision-making, they will consider decisions or hesitate against decisions in family planning (Yadav et al. 2020).

### c. Health aspects

Some research results mention that contraceptive side effects are the most common reasons cited by women for discontinuing contraceptive use. In research (Ontiri et al. 2021b), it is said that women fear of contraception, namely hormonal contraception, such as bleeding for a long period that disrupts their social activities, moreover, side effects from friends related to previous contraceptive use also make some women experience fear of using contraception and choose unmet need contraception. The results of the findings in the study (Widiantari and Winingsih 2021), show that personal experiences related to contraception that are unpleasant and side effects of using contraception in the past will influence EFA to not use contraception again. Contraceptive dropout generally occurs in women with a history of previous contraceptive side effects (Kusumaningrum and Azinar 2021).

### Limitations

Articles selected for review are articles in Indonesian or English, therefore articles in other languages may not be detected by researchers and the limitations of finding articles from Indonesia make the results of this study can not necessarily a reference to be applied in Indonesia.

### CONCLUSIONS

Based on the results of a review of 14 articles on the topic of family planning in women with an *Unmet need* contraception, generally, these articles examine the underlying factors that women decide to *Unmet need* contraception. The findings of the theme related to the *Scoping review* questions were grouped into 3 aspects, including socio-demographic aspects, socio-psychological aspects, and health aspects. The motivation of women in deciding the *Unmet need* contraception is to distance children and to limit the number of children. Women with low decision-making autonomy within a family are most influential in determining the *Unmet need* for contraception. Planning related to the use of contraception in the future is expressed by the motivation of the planned use of contraception at a time.

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### ETHICAL CONSIDERATIONS

Ethical considerations are not carried out because the authors only conducted a *literature review* study of previous research.

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### Conflict Of Interest Statement

There is no conflict of interest related to the authorship and publication of this research article.

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