The 2010 Greater Jakarta Transition to Adulthood Study

Policy Brief No. 6

Rethinking Unmet Reproductive Health Needs Among Young Adults

Terence Hull, Iwu Dwisetyani Utomo, Peter McDonald, Anna Reimondos, and Ariane Utomo

The Policy Challenge

By the mid-1970s, nations around the world had formed family planning programs, sometimes in the context of established health departments as part of maternal and child health services, but often as separate dedicated institutions devoted to the maximization of contraceptive use so as to reduce fertility as quickly as possible. While such efforts were justified on the basis of improving women's welfare, a tension soon arose between those who were more concerned with controlling population growth and those for whom fertility regulation was seen as a basic human right. Researchers attempted to bridge the gap between these two objectives by exploring the degree to which individual fertility desires might accord with the levels of fertility that would reach reproductive rates conducive to long term stability of population numbers. One of the most powerful summary statistics developed was the estimation of 'unmet need' for contraceptive services. This was calculated as the proportion of fecund, married women who did not want to become pregnant soon, but who were also not using a method of contraception to prevent pregnancy. Essentially, this figure, when compared with the contraceptive prevalence rate – the measure of current users – would indicate how well a family planning program was doing in responding to women's declared needs.

Over time it was expected that the numbers of women wanting to control their fertility would rise, the proportion using contraception would rise, and the 'unmet need' would fall, as a reflection of programmatic success. However that scenario was only relevant to the simple goal of ensuring that women use a method of contraception, and that they decide to have fewer children. Ruth Dixon-Mueller and Adrienne Germain in 1992 pointed out that reproductive health needs go well beyond married women's adoption of a single method of birth control. By taking a life cycle perspective, they noted that sexually active unmarried women have a particular need to prevent unwanted pregnancy. Even if married, young women's choices of contraception will depend on specific conditions of their stage of life. Each method has characteristics in terms of ease of use, side effects, duration of action and cost. The choice of method involves matching those characteristics to the woman's specific needs. Just as there are medical conditions that prevent some women from using different contraceptives, so there are psychological or social conditions that may argue against some method choices. Thus, current use of one method may indicate that there is an 'unmet need' to switch to a better, more reliable, or cheaper method to meet a woman's personal needs.

The complexity of contraceptive options means that one of the most important 'unmet needs' could be the need for women to understand and follow the instructions for any method they are using. This requires knowledge and regular oversight of their situation. This means that national family planning programs need to improve the counselling given to patients and the reproductive and sexual health education given to people of all ages.

Recognizing 'human rights' and 'reproductive health'

In 1994 the International Conference on Population and Development held in Cairo reached a series of agreements designed to

reconcile the contradictory goals that had come to dominate family planning programs. While recognizing the need to reduce population growth rates, the resulting Cairo Programme of Action placed greater emphasis on individual reproductive rights:

> These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Full attention should be given to promoting mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. (ICPD POA, Chapter 7).

Following this declaration, Indonesia took on a leadership role in the development of quality of services through the International Training Program of the BKKBN. Unfortunately the Asian Financial Crisis and the implementation of a radical decentralization of government functions meant that many of the goals set by the Indonesian family planning program were not achieved as speedily as had been hoped. Central government resistance to decentralization also inhibited many of the innovations that might have been established at the level of district governments. However the twin elements of individual rights and quality of care continued to inform the policies of the BKKBN and the Ministry of Health. It is in this context that the elaboration and implementation of a broader concept of 'unmet needs' is of such importance to the revitalization of family planning across the nation.

Unmet needs among current users of modern contraceptives

Perhaps the weakest link in the formulation of the concept of unmet need is the assumption that current users of contraception have no further needs. In fact, as the Final Report of the 2007 Demographic and Health Survey showed, current users of different methods of contraception should consider a wider range of options, and should have better information:

- The majority of women using any method, and nearly two thirds of those using injectables, had never been informed by health workers of any alternatives to the method they were using (p. 82).
- Seventeen percent of pill users had not taken a pill within the last two days and eight percent could not produce a package to demonstrate that they had pill supplies (p. 80).
- One in five users of monthly injectables had not had an injection within the preceding four weeks while only four percent of users of three month injections were more than three months after their last injections (p. 81).
- Twenty percent of injectable users report unresolved health problems with the method (p. 83).
- Only sixteen percent of women were aware of the time of the menstrual cycle when it is possible for a woman to become pregnant (halfway between two periods) in order to facilitate use of the rhythm method of pregnancy prevention (p. 69).

Each of these statements indicates 'unmet need' for information, counselling or alternative contraceptive methods. When added to the conventional measure of unmet need, the proportion of women in need of additional services rises substantially.

One measure of the degree to which Indonesian childbearing is unwanted is found in the proportion of women who say they did not want (intend) their last pregnancy, or if they are currently pregnant, that they did not want to get pregnant (Table 1). In the Young Adults Survey, around 20 percent of women not currently pregnant said that their most recent birth was either mistimed or not wanted.

Different needs of those wanting no more children

When couples have had as many children as they want, and decide that they never want to have another pregnancy, their contraceptive needs are different from the time when they only sought to delay a pregnancy. Table 2 shows that among the

Table 1. Measures of the wantedness of most recent or current pregnancies among 20 – 34 year old women in Jakarta

Wantedness of most recent pregnancy	Greater Jakarta Young Adults Survey		Indonesian DHS (SDKI) Jakarta sample 2007	
	Pregnant now	Not pregnant	Pregnant now	Not pregnant
Yes want(ed)	85	78	93	88
Yes, but later	11	13	6	10
Not wanted at all	4	6	1	2
No answer	0	2	--	--
Total %	**100**	**100**	**100**	**100**
Total N	**92**	**1001**	**81**	**550**

Source: The 2010 Greater Jakarta Transition to Adulthood Survey and the 2007 Indonesian Demographic and Health Survey (IDHS)

3006, 20-34 year-old respondents to the Greater Jakarta Transition to Adulthood Survey, there were nearly 500 who declared that they have already fulfilled their childbearing goals and wished to prevent any further pregnancies.

Around one in three of those not wanting any more children were not using any method of contraception, although they were sexually active, and nearly two thirds were using daily hormonal pills or monthly or quarterly hormonal injections. While such hormonal methods are safe and convenient, they are not recommended for long term use by women who do not want to return to childbearing. Implants are also hormonal, but they are long term. Few women are using implants or the long term method of Intra-uterine devices (IUD) even though both these methods would be more reliable than pill use. Virtually nobody is using the one permanent, non-hormonal option of sterilization (either tubal ligation or vasectomy), which would offer very reliable assurance that the couple would not have further pregnancies. Table 3 drawn from the 2007 DHS Survey provides similar results but also shows that high percentages of women who wish to delay their next birth were also not using any form of contraception.

Table 2. Contraceptive method used by 20 to 34 year old Jakarta, Tangerang and Bekasi women who do not want any more children
(Possible multiple method use. Column percentages do not add to 100)

	Males	Females
Not using any contraception	35	29
Pill	20	20
Injection	34	39
Norplant/ KB implant	1	2
IUD	3	5
Condom	4	3
Withdrawal	0	1
Periodic abstinence/ natural methods	3	2
Other	1	1
Female Sterilization	**0**	**1**
Total Per cent	101	103
Total N	116	461

Source: The 2010 Greater Jakarta Transition to Adulthood Survey

Table 3. Contraceptive methods used by 20 to 34 year old Jakartan women according to their desire for additional children

	Wants within 2 years	Wants after 2+ years	Want, unsure timing	Undecided	Wants no more pregnancies	
Not using contraception	83	25	22	65	20	
Pill	3	16	11	4	19	
Injection	8	44	48	23	44	
Norplant/ KB implant	1	2	7	0	4	
IUD	2	5	7	4	3	
Condom	1	5	4	0	6	
Withdrawal	1	1	0	0	3	
Periodic abstinence	1	1	0	4	2	
Lactational amenorrhea	0	1	0	0	0	
Female Sterilization	**0**	**0**	**0**	**0**	**0**	
Total %	100	100	100	100	100	
Total N	179	371	27	26	239	842
Total row percentage	21%	44%	3%	3%	28%	100%

Source: Tabulation from data set of 2007 Indonesian Demographic and Health Survey (IDHS)

Understanding and supporting safe abortion services

Of the estimated two million abortions taking place in Indonesia annually, over half are spontaneous early pregnancy terminations requiring medical care. Of the remainder a majority are inductions carried out by married women who have either encountered a contraceptive failure, or who find themselves with a pregnancy that they are neither psychologically nor economically able to cope. Only a third of induced abortions occur to unmarried sexually active women who feature prominently in the political descriptions of 'common' abortions (Utomo, et. al. 2000, Table 11).

Despite the widespread notion that abortion is 'illegal', in fact the Health Law Number 36 of 2009 sets out a range of conditions under which induced abortion is legal. In practical terms, most abortions attracting medical intervention including spontaneous abortions are legal, and need to be regulated by the medical authorities of the Ministry of Health and the professional medical associations. To date, the regulations for Health Law 36/2009 relating to abortion have not been issued, though they have been discussed and reviewed for over two years. It is important that they be formalized and socialized to ensure that there is access to legal, high quality safe abortion services.

Policy Options and Priorities

The use of the concept of 'unmet need' as a policy guide is very appropriate because it directs attention to the desires, behaviours and problems of individual women and men across the country. However, the current formulation of 'unmet need' by the Demographic and Health Survey (SDKI) is too narrow to cover the full range of women's reproductive needs, as reflected in the reproductive and sexual rights codified in the ICPD Programme of Action. **The BKKBN should develop a broader, more inclusive indicator of 'unmet need' to be applied nationally, provincially, and if possible at the level of districts**.

Of course, the family planning program needs to serve married women who want to avoid pregnancy but are not currently using contraceptives. They need information, a wide range of method options, and access to

appropriate follow-up care. **Central and regional studies of 'unmet need' should be directed to the formulation of district budgets for family planning supplies and services, and guide efforts to improve the per capita availability of trained reproductive health workers.**

A realistic measure of unmet need should include the 60 percent of married women who are current contraceptive users, but whose physical status or desire to terminate childbearing implies that they should change their current method for one more suited to their individual situations. **BKKBN and the Department of Health should develop advice sheets and algorithms to guide clinical assessment and advice for women of all ages to assist in the selection and change of contraceptive methods. One model source for such an exercise is: http://www.mja.com.au/public/issues/178_12_160603/for10744_fm.html**

Nearly one million women annually experience spontaneous abortions requiring medical intervention. They need access to midwives or doctors who have the skills and equipment to assure them of safe resolution of their situation. Currently the majority of these women do not have access to resources for the safe resolution of spontaneous abortions so virtually all of them can be defined as having an 'unmet need' for reproductive health care. **The Ministry of Health should develop appropriate training and management to ensure that clinical services for spontaneous abortion are available in every district nationwide. The range of interventions required for such services have been reviewedby Griebel, et. al (2005): http://journals.dev.aafp.org/XML-journal-files/afp/2005/1001/.svn/text-base/afp20051001p1243.pdf.svn-base**

Many married women find they have unwanted pregnancies due to contraceptive failure or failure to use contraceptives. Sexually active unmarried women can find themselves in the same situation, often against their will. Some women with unwanted pregnancies face serious medical or economic problems that require legal safe abortion services. These have been anticipated in the framing of the recent revision of the Health Law (36 of 2009), but implementation of services requires regulations issued by the Ministry of Health and District Health Offices. **The lack of clear regulations and effective management of clinical services for safe induced abortion implies an annual 'unmet need' for services for nearly a million women. The Ministry of Health should finalise the reproductive health regulations for Health Law 36/09 quickly, and with full regard to the wide range of legitimate justifications for voluntary induced abortion.**

References:

Dixon-Mueller, Ruth and Adrienne Germain, 1992, Stalking the Elusive "Unmet Need" for Family Planning, *Studies in Family Planning,*Vol. 23, No. 5 (Sep. - Oct), pp. 330-335. Stable URL: http://www.jstor.org/stable/1966531

Griebel, C.J., J. Halvorsen, T. B. Golemon, and A. A. Day. 2005. Management of Spontaneous Abortion. *American Family Physician* 72:1243-50.

ICPD – POA. 1994. International Conference on Population and Development – Program of Action. http://www.un.org/ecosocdev/ geninfo/populatin/icpd.htm

Utomo, B., V. Hakim, A. H. Habsyah, Irwanto, L. Tampubolon, D. N. Wirawan, S. Jatiputra, K. N. Siregar, L. H. Tarigan, B.Affandi, Z.Tafal. 2001. "Incidence and Social-Psychological Aspects of Abortion in Indonesia:A Community-Based Survey in 10 Major Cities and 6 Districts, Year 2000", Jakarta: Center for Health Research University of Indonesia.

Research Team

Australian Demographic and Social Research Institute-Australian National University (ADSRI-ANU):

- Dr. Iwu Dwisetyani Utomo (Principal Investigator I)
- Prof. Peter McDonald (Principal Investigator II)
- Prof. Terence Hull (Principal Investigator III)
- Anna Reimondos
- Dr. Ariane Utomo

Centre for Health Research-University of Indonesia:

- Dr. Sabarinah Prasetyo
- Prof. Budi Utomo
- Heru Suparno
- Dadun
- Yelda Fitria

Asian Research Institute-National University of Singapore (ARI-NUS):

- Prof. Gavin Jones

Correspondence: Peter.McDonald@anu.edu.au or Iwu.Utomo@anu.edu.au

The 2010 Greater Jakarta Transition to Adulthood Study Description:

This study on transition to adulthood is being conducted in Jakarta, Bekasi and Tangerang. This study is the first comprehensive survey on transition to adulthood conducted in Indonesia. The study is funded by the Australian Research Council, WHO, ADSRI-ANU and the ARI-NUS. The sampling involved a two-stage cluster sample using the probability proportional to size (PPS) method. In the first stage, 60 *Kelurahan* (District) were selected using PPS. In the second stage, five counties (*Rukun Tetangga*) were chosen within each selected *Kelurahan* by systematic random sampling. The 300 selected RT were then censused and mapped. The census collected information on the age, sex, marital status and relationship to head of household of all household members. From the census, a listing of all eligible respondents (aged 20-34) living in the *Rukun Tetangga* was compiled. Eleven eligible persons were then selected by simple random sampling from the eligible county population. This resulted in a sample of 3,006 young adults.

Two survey instruments were employed. The first questionnaire administered by a trained interviewer covered all demographic aspects of the respondents, including their parents and spouse (if the respondent is married): education, work and migration histories; income and economic status; working conditions; living arrangements, relationships and marriage; number of children, family planning practices and abortion; physical-mental health related issues and happiness; smoking and drinking; religiosity and affiliation to religious and or political organizations; gender norms, values of children and world views. The second self-administered questionnaire covered issues relating to sexual practices and behaviour, safe sex practices, STDs/HIV/AIDS knowledge, access to reproductive health services, and drug use. After completion, the respondent sealed this questionnaire in an envelope before returning it to the interviewer. The study also includes 100 in-depth interviews with randomly selected respondents from the survey.

This study will produce a series of policy briefs and if funding is made possible will be continued as a longitudinal panel study following the livelihood, demographic and career aspects of the respondents over 10 years. The same respondents will be interviewed once every three years.

Acknowledgement: This policy background is made possible by funding from the Australian Research Council, ADSRI-ANU, Ford Foundation, WHO, National University of Singapore, and Indonesian National Planning Board-BAPPENAS. Jakarta, 11 January 2012.

Australian Demographic and Social Research Institute
The Australian National University
Canberra ACT 0200, AUSTRALIA
http://adsri.anu.edu.au Enquiries: +61 2 6125 3629