

A Scoping Review of Unmet Family Planning Needs in Young Couple: Effects of Socio-Demographic Factors, Parity, and Health Services

Scoping Review Unmet Need Keluarga Berencana pada Pasangan Usia Muda: Efek Faktor Sosial-Demografi, Paritas, dan Pelayanan Kesehatan

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Abstract

Introduction: Young couples who have become mothers and do not have sufficient knowledge about family planning but are in the unmet need group for family planning have a higher risk of experiencing pregnancy complications. Pregnancy complications can lead to an increased risk of maternal mortality and morbidity. **Purpose:** This study explored the factors influencing the unmet need for family planning among young couples using the rapid review method. **Methods:** This scoping review study was sourced from ScienceDirect, Pubmed, and Wiley Online Library databases for article searches from 2010-2021. The primary study refers to young couples with unmet needs for a family planning group and explores its determinants, adapting the PRISMA-ScR 2020 checklist framework. **Results:** 14 articles met the inclusion criteria from 1,020 articles. The review found two determinants of unmet need for family planning among young couples: sociodemographic and health factors. Sociodemographic factors were divided into ten factors: age, place of residence, community culture, maternal motivation to participate in family planning, maternal autonomy in decision-making, knowledge, religion, marital status, economic status, and desire for family planning. Health factors are divided into two categories, namely parity and health services. **Conclusion:** The study found similar reasons for women's unmet family planning needs. The unmet need for family planning among young couples is common in developing countries.

Abstrak

Latar Belakang: Pasangan muda yang telah menjadi Ibu dan tidak memiliki pengetahuan yang cukup tentang keluarga berencana, namun menjadi kelompok *unmet need KB* memiliki risiko lebih tinggi mengalami komplikasi kehamilan. Komplikasi kehamilan dapat menjadi penyebab peningkatan risiko kematian dan morbiditas ibu. **Tujuan:** Studi ini bertujuan mengeksplorasi faktor-faktor yang mempengaruhi unmet need KB pada pasangan muda dengan metode rapid review. **Metode:** Studi scoping review ini bersumber dari *ScienceDirect*, *Pubmed*, dan *Wiley Online Library*, sebagai database untuk pencarian artikel dengan rentang waktu 2010-2021. Kajian utama studi ini mengacu pasangan muda yang menjadi kelompok *unmet need KB* dan mengeksplorasi determinannya, mengadaptasi kerangka *checklist PRISMA-ScR 2020*. **Hasil:** Artikel ditemukan 14 yang memenuhi kriteria inklusi dari seleksi 1.020 artikel. Kajian telah menemukan dua faktor penentu unmet need KB pada pasangan muda, yaitu faktor sosio-demografi dan kesehatan. Faktor sosiodemografi dibagi menjadi 10 faktor yaitu umur, tempat tinggal, budaya masyarakat, motivasi ibu untuk megikuti Keluarga Berencana, otonomi ibu dalam pengambilan keputusan, pengetahuan, agama, status perkawinan, status ekonomi dan keinginan berKB. Sedangkan faktor kesehatan dibagi menjadi dua yaitu paritas dan pelayanan kesehatan. **Simpulan:** Studi menemukan alasan yang sama pada setiap perempuan yang kebutuhannya tidak terpenuhi padahal mereka membutuhkannya. *Unmet need KB* pada pasangan muda banyak dijumpai di negara-negara berkembang. Keadaan ini mengindikasikan bahwa fokus kontrasepsi di negara-negara berkembang harus ditingkatkan pada perempuan muda.



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Introduction

Unmet need is a community of women and men of childbearing age and sexually active who do not want to have another child or want to delay pregnancy but are not using any contraceptive and do not want to have another child or for two years in order to delay not having one (United Nation, 2014). The number of unmet needs in the world, according to the WHO report in 2017, is 142 million, and the estimated incidence of unmet needs in 2030 is 139 million (WHO, 2017). The incidence of unmet needs is projected to remain above 10% worldwide until 2030. According to the World Health Organization (WHO), the number of unmet needs in 2017 was 142 million, and the estimated incidence of unmet needs in 2030 was 139 million (WHO, 2017). Unmet needs are projected to remain above 10% worldwide until 2030. However, it is estimated that there will be a decline in prevalence rates in some areas, with the most significant estimated decline occurring in East Africa, from 22 per cent in 2017 to 16 per cent in 2030, and in Polynesia, from 37 per cent in 2017 to 31 per cent in 2030 (WHO, 2017). Data from the Indonesian Health Demographic Survey (IDHS) reported an increase in unmet needs among married women aged 15-49 years, from 62% in 2012 to 64% in 2017 (BPS, 2017). Young couples aged 15-24 years are the highest age group with family planning needs that still need to be fulfilled (Yadav et al., 2017). The highest incidence of unmet needs among young women (aged 15-24 years) mainly occurs in low and middle-income countries Low and Middle-Income Countries (LMIC) (Mutumba et al., 2018). According to Demographic and Health Surveys (DHS) data by the United States Agency for International Development (USAID), the incidence of unmet needs in young couples aged 15-24 years in Indonesia in 2012 was 8% with 4,644 cases (MacQuarrie, 2014).

Adolescents are in the age group of 15-24 years (WHO, 2017). In Indonesia, adolescents in the age group of 15-24 years are actively starting relationships, such as dating. Based on the results of the 2012 IDHS survey, 4.5% of young men aged 15-19 years of age have had sexual intercourse and 14.6% of male adolescents aged 20-24 years. Data from the 2017 IDHS stated that there was a slight decrease of 3.6% of male adolescents aged 15-19 years and 14% of male adolescents aged 20-24 years who have had sexual intercourse (BPS, 2017). Adolescents who date later have sexual intercourse are at a very high risk of experiencing unwanted pregnancy (Amartha et al., 2018). The data show that the teenage pregnancy rate is 36 per 1,000 pregnancies (BPS, 2017). WHO also reported that teenage pregnancies at the age of 10-19 years have a higher risk of experiencing pregnancy complications such as eclampsia, endometriosis, and systemic infections are higher than those at the age of 20 to 24 years. Furthermore, babies born to young/adolescent mothers will have a higher risk of experiencing Low Birth Weight (LBW), premature birth, childbirth bleeding, and more severe conditions (Fraser, 2020). It is a cause of increased risk of maternal mortality and morbidity. Moreover, suppose teenage pregnancy occurs outside of marriage and is not desired. In that case, it will also bring consequences of unpreparedness to become a mother and wife, unplanned marriage, and unpreparedness to live a married life (Astuti et al., 2021).

The study found that adolescents who become pregnant and then marry also have a risk of rapid repeat pregnancies (Norton et al., 2017). This is due to their unpreparedness to become parents and lack of preparation in family planning (Saraswati, 2022). Furthermore, if they do not obtain good support from health workers, adolescents who have become Mothers and do not have sufficient knowledge about family planning and contraception also have a risk of being included in the unmet need family planning group (Sedgh et al., 2016). Factors that influence couples to become unmet need groups are low knowledge related to contraception and fear of contraceptive side

effects (Wardoyo, 2020). According to previous research, It was also found that the factors influencing married couples to become unmet need groups are the lack of husband's support, culture, and other factors such as knowledge, education, number of children, and affordability of health facilities (Resti et al., 2019).

At the end of 2019, the coronavirus pandemic hit the world, which caused several notable impacts on family planning programs. This decline in family planning participation might be due to limited access to services such as pattern change services, decreased activity in activity groups (Toddler, teenage family, elderly family, and Youth Information and Counseling Center), and a decrease in operational mechanisms in the field lines including Family Planning Villages (Hasto, 2020) The Head of the National Population and Family Planning Agency of the Republic of Indonesia, reported that there was a decrease in the number of family planning participation based on comparative data on the number of family planning services (new installation, repetition, method change) from 2019 compared to 2020 by 1,179,467. This can be interpreted as one of the impacts of COVID-19 on the KB program (Wardoyo, 2020). The condition of the Covid-19 pandemic is also suspected to be the cause of disruption to health services based on the results of research conducted by United Nations Population Fund, in collaboration with Avenir Health, Johns Hopkins University in the United States, and the University of Victoria in Australia that Covid 19 caused approximately 47 million women in unmet need in lower- and middle-income countries (LMICs) and about seven million adverse events in the following month in LMICs (United, 2020). This scoping review aims to conclude and explore the determinants of the unmet need for family planning in young couples.

Method

Design. This study used the scoping review method. A scoping review is a design for reviewing the scope of methodology that allows the assessment of scientific evidence and is the first step that can be done before starting a study (Peterson et al., 2017). This design has a broader, more comprehensive scope of review to include an explanation of the various results of a volunteer study. The five-step scoping review framework includes identifying research questions and relevant studies (articles), selecting according to eligibility criteria, mapping, summarising and organising data, and finally reporting study results (Peterson et al., 2017).

Article Search Strategy. The data center for searching scientific articles for this review used three databases: Pubmed, ScienceDirect, Wiley Online Library, and Google Scholar. In this scoping review, we used keywords based on the population, exposure, outcomes (PEO) framework, and Boolean operators such as AND and OR. Article selection was done with Zotero's help—critical appraisal using the Joanna Briggs Institute (JBI) tool by two reviewers.

Eligibility Criteria. Two reviewers based on PRISMA conducted the article selection process for coping review. PRISMA-ScR is an extension of the scoping review checklist, which has 22 assessment items with 20 essential reporting items and two optional items to prepare for the scoping review (Page et al., 2021). The results of selecting articles that fit the eligibility criteria for Scoping Reviews (PRISMA-ScR) can be seen in Figure 1. The research questions and article eligibility criteria used the PEO approach as follows:

P (Population): Young Couple OR Married adolescent girl OR Young adolescent girl OR Young parent OR Couple relationship AND;

E (Exposure): Unmet need OR Unmet need for contraception OR Unmet need for family planning AND;

O (Outcome): Determinants of Contraception OR Barriers to Contraception OR Contraceptive Use OR Contraceptive Services.

The inclusion criteria in this study were research articles published in English and Indonesian from January 2010 to January 2021, original research, Articles discussing the factors that cause the unmet need for family planning in young couples, Articles discussing contraceptive barriers in young couples included in the unmet need group, and Articles discussing contraceptive services experienced by young couples included in the unmet need group. Exclusion criteria in this study were opinion articles and review articles.

Data Selection, Extraction, and Analysis. The collected articles were selected using PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Page et al., 2021). PRISMA is a guideline for producing quality Rapid Reviews (RRs) that meet eligibility criteria. Data extraction of articles that met the eligibility criteria was done manually. Study articles are reported in data extraction, including author name and country, year of article publication, research objectives, research design, sample, research variables, research results, and research limitations.

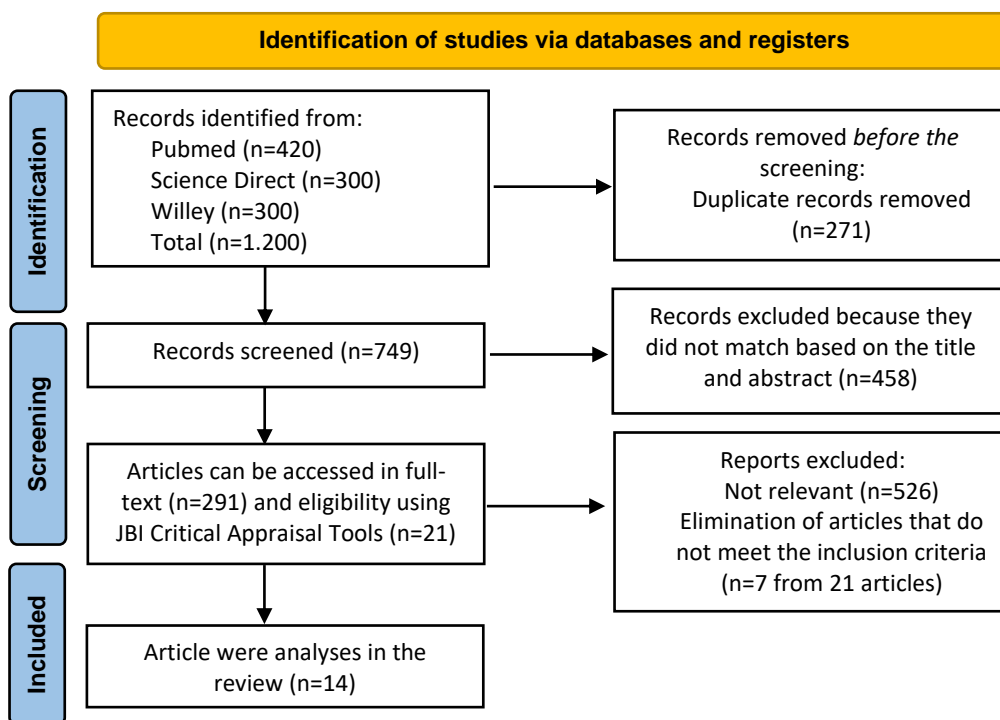


Figure 1. PRISMA flowchart

(Note: Adapted from Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, n71. <https://doi.org/10.1136/bmj.n71>)

Result

The results of identifying articles from several databases obtained 1,020 studies. We selected these studies based on titles and abstracts that met the full-text eligibility of 291, then selected according to the inclusion criteria obtained from 21 studies. Then, the articles were assessed for quality using the JBI critical appraisal tool. As a result, the authors included 14 studies in this review after assessing the quality of the articles for a scoping review. Figure 1. is a PRISMA flowchart of the article search results from the initial step to the end. Table 1. shows the results of extracting summary data for 14 articles.

The next step in the results of this research was discovered that the characteristics of the 14 articles that fulfil the inclusion criteria are as follows:

1. Characteristics of Articles by Country

Characteristics of articles by country in this scoping review based on countries consisting of 14 developing countries, which is Bangladesh [1] article

2. Characteristics of Articles Based on Research Design

The characteristics of the articles-based research design in this scoping review are based on the research design, which is quantitative research with cross-sectional study design [7] and Cohort [7] articles.

Table 2.

Extraction of article summary data

Author, Year, / Country	Designs	Purposes	Samples	Results
(Dingeta et al., 2019)/ East Africa	Cross-sectional study	To examine how big the incidence of unmet needs is and the factors that cause unmet need	2933 married women	Women had no decisions about family planning and had low knowledge about contraception and the culture in rural areas regarding contraception.
(Islam et al., 2016)/ Bangladesh	Cohort retrospective	To explore factors related to unmet need	17.964 young couple Young married women	Unmet needs in urban areas are smaller than in rural areas, with an increasing number of Muslims having low knowledge about contraception, women having no decisions about family planning and lack of role of health workers.
(Yadav et al., 2020)/ India	Cross-sectional study	To determine the prevalence and determinants of unmet need for family planning	353 young married women	15-19 are more numerous than 20-24, have low maternal knowledge about family planning, and have less close relationships with health workers.
(Workie et al., 2017)/ Ethiopia	Cross-sectional study	To analyse trends in contraceptive use, unmet needs, and related factors	7494 women married young	The unmet need for family planning is relatively lower for women who live in urban areas, have marital status, and are currently married and have eight times greater odds than unmarried women.
(Nyenwa & Oguntunde, 2018)/ Nigeria	Cross-sectional study	To examine the causes of young women in Sub-Saharan Africa becoming an unmet need group	1642 women married young	Couples respond better to contraceptives compared to women; nearly a quarter of women do not use contraception because of their beliefs or because of their religion, and less than 2% of unmet needs because of poor quality of health services.
(Sidibe et al., 2018)/ Guinea	Cohort retrospective	To compare the economic and demographic factors that cause young women to be in the unmet need group	1,062 women	Contraceptive needs are better in urban areas; middle and wealthy status tend to have contraception needs met compared to the poor wealth quintile. Marital status and the need for contraception at the age of 20-24 years is more met than for women aged 15-19
(Ahinkorah, 2020)/ Africa	Cohort retrospective	To measure how much contraception is needed and how big the incidence of unmet need is	24,898 young women	15-19 are more numerous than 20-24, the existence of social and cultural norms against young women who want to use contraception, authority to decide, and marital status. There is a relationship between economic status, education level, and place of residence with the incidence of unmet need for family planning.
(Ahinkorah et al., 2020)/ Africa	Cohort retrospective	To find out how big and the factors that cause unmet need that occurs in young women	59,864 young women	Have low knowledge about contraception, socio-economic, 15-19 are more numerous than 20-24, marital status, Young women in the unmet need group do not get permission from their husbands to use contraception.

Table 2.

Extraction of article summary data (Continuous...)

Author, Year, / Country	Designs	Purposes	Samples	Results
(Nahar et al., 2018)/ Arab Saudi	Cross-sectional study	To determine social and demographic factors that influence unmet need	402 young women	Unmet need occurs most often in those aged less than 29 years, lack of knowledge, access to services, the age, the easier it is to become an unmet need group, fear of the effects of birth control, and not getting permission from her husband.
(Sengupta & Foundation, 2012)/ India	Cohort retrospective	To find out the causes of unmet need	270 Household	They are not getting permission from their husbands, have health problems, are economic, lack of knowledge about reproductive health, and lack of knowledge about contraceptives.
(Yadav et al., 2017)/ India	Cross-sectional study	To explore factors related to unmet need	535 young women	50% of young women who are poor and live in urban areas, young women feel embarrassed, hesitate to discuss contraception, and lack of knowledge about contraception and the availability of health services
(Rizvi et al., 2020)/ Cambodia	Cohort retrospective	To determine social and demographic factors that influence unmet need	4.823 young women	The possibility of an increase in the incidence of unmet needs in women aged 15-24 years is due to low economic conditions and unemployment, as well as women with low health autonomy, where couples want more children.
(Latorre, 2019)/ Philippines	Cohort retrospective	To determine the factors associated with the incidence of unmet needs in young women	25,074 young women	Patriarchal gender norms, Women's lack of knowledge about contraception, and the lack of visits by young women to health services are also some of the causes of unmet needs among young people.
(Tadele et al., 2019)/ Africa	Cross-sectional study	To find out the causes of unmet need	7552 young married couples	15-19 Are more numerous than 20-2, economic & This research also shows that 96% of women who use contraception are those who have the authority to make their own contraceptive decisions.

Discussion

In-depth discussion of the determinants of the unmet needs of family planning in young couples with two themes that have been identified, namely sociodemographic and health factors. Sociodemographic factors based on the study's results include decision-making autonomy, age factor, knowledge, religion, urban-rural inequalities, norms, and culture. Health factors include parity and health services.

Decision-making autonomy

A study review of 14 selected articles found sociodemographic factors with ten determinants that influenced the incidence of unmet needs for family planning in young women. Among the sociodemographic factors related to the incidence of unmet needs for family planning in young women, the researchers revealed that the most critical factor discussed in the selected articles was the influence of decision-making autonomy. This review discovered as many as 11 articles that discussed and found a significant relationship between decision-making autonomy and the incidence of unmet needs for family planning. The autonomy of decision-making also has a relationship with other determinants, such as the place of residence. Young women who live in rural areas tend not to have autonomy in decision-making, so they tend to be in the unmet needs group (Dingeta et al., 2019). Decision-making in the household affects the need for contraception for young women. Young

women who do not have the authority to decide on contraception tend to have unmet family planning needs. It is by research conducted in Africa stated that the female participants interviewed were compelled not to use contraception and had to be prepared to bear the risk of unwanted pregnancy because they did not have the authority to make contraceptive decisions for their husbands (Irani et al., 2013)

In Indonesia, it is also discovered that women whose family planning needs are not fulfilled because women do not have the authority to decide their contraceptive needs (Hasanah, 2016). Women's lack of authority in decision-making means that the husband or partner becomes the main character in determining decisions in the household. The importance of communication between women and their partners in the household should be emphasised and then conducted to increase young women's family planning needs. The lack of partner communication was revealed in a study conducted in Indonesia on husband-and-wife communication regarding contraception, which revealed that more than 50% of couples in Indonesia had never discussed contraception together (Irawaty et al., 2020). The importance of this Couple's communication is evidenced by a study conducted in California, which states that lack of communication in the household is one of the most frequently found causes of women not attending contraceptive service facilities (Lavner et al., 2016).

Furthermore, recent research has discovered support from partners, such as the husband's participation in household work and decision-making since the perinatal period and family planning. It can increase women's awareness of the right to use contraception (Astuti et al., 2021). The Indonesian government has performed several steps to increase the number of family planning acceptors as regulated in the Regulation of the Head of the Population and Family Planning Agency National Number 22 of 2017 concerning Postpartum and Post-Miscarriage Family Planning Services, one of which is by issuing a reverse decision-making tool which was developed together with WHO that can be employed during counselling so that mothers and husbands better understand information about contraception which is clear and concise about their rights and can decide their need for contraception (BKKBN, 2022).

Age

The second sociodemographic factor generally discovered as a determinant of the unmet need for family planning in young women is the age factor, with nine articles. The characteristics of young women in this scoping review are 15-24 years. Nine articles stated that the younger the woman's age, the more women have unmet family planning needs. Among young women aged 15-24 years, the group of women aged 15-19 years had more unmet needs for family planning than young women aged 20-24 years. The younger the age of the woman, the more difficult it is to decide on contraception because the younger age has less experience with contraception and has a lower level of education than women with an older age. In line with another study on unmet needs in married women in Pakistan, which also stated that age had a significant effect on the incidence of unmet needs, the younger the women, the more they had unmet contraceptive needs (Asif & Pervaiz, 2019). In Indonesia, research was also discovered on the unmet need for family planning, revealing that age significantly affects family planning needs. The higher a person's age, the need for contraception will also be higher (Yolanda & Destri, 2019).

Another study conducted in Burundi, Africa, is also by the findings of this scoping review, which explained that there is a possibility of a decrease in the incidence of unmet need for family planning in women as they age (Nzokirishaka & Itua, 2018). Consistent with the results of this review, another study conducted in Kenya also discovered that increasing age requires women to be more

satisfied with contraception (Mulenga et al., 2020). Young women aged 15-19 years are frequently discovered to have unmet family planning needs due to a lack of knowledge of contraceptive information. Another study conducted in East Asia and the Pacific on adolescent contraception revealed that young women aged 20-24 years tended to have their family planning needs fulfilled because those aged 15-19 had less contraceptive information (Kennedy et al., 2011). A review of the Guttmacher Institute through the DHS survey from 1995 to 2005 in 52 developing countries presented that the reason for women's unmet need was the lack of women's knowledge about contraception, which led to concerns about the side effects and health risks associated with the use of modern contraceptives. Some cited reasons for not using contraception because they rarely had sexual activity and were breastfeeding. Hence, they believed it could prevent pregnancy (Sedgh et al., 2016).

Knowledge

This study also discovered knowledge as a determinant of unmet need for family planning in young women, with the third most articles discussing it. The determinants of knowledge are discussed in 6 selected articles. Lack of knowledge about contraception could affect young women's need for contraception. Knowledge could be obtained from any source, conventionally through education in schools and social media. This study discovered that young women with contraceptive information were not supported by the last education of female respondents, which was high school. This finding is also stated by research in other countries that education provides knowledge to young women about the importance of contraception while also providing several other benefits that provide young women the opportunity to meet their contraceptive needs (Nzokirishaka & Itua, 2018). In Indonesia, it was also discovered that the last education, elementary school and secondary school, affected women's knowledge, so women became a group with an unmet need for family planning (Putro & Listyaningsih, 2017). Another study in Ghana found that women who did not take formal education tend to have less knowledge of contraceptive information, so they tend to have unfulfilled family planning needs (Asaarik & Adongo, 2018).

Lack of knowledge can also occur due to lack of exposure to social media information. In Indonesia, it was also discovered the influence of the media on women's knowledge of contraception. Research conducted in Indonesia reported that the importance of media exposure related to contraceptive information can overcome unmet contraceptive needs (Listiyana et al., 2013). The next determinant factor that was also discussed by the six selected articles was the factor of economic status. The economic situation of women with poor quintiles causes young women to have unmet family planning needs. The findings of this literature study are consistent with research on contraceptive use among poor women in African countries, which states that women in the poor wealth quintile have more unmet family planning needs than women in the affluent wealth quintile (Creanga et al., 2011). It is also supported by research conducted in Indonesia. The national economic survey analysis also stated that women in the poor quintile tend to be in the unmet need group compared to the affluent quintile (Kennedy et al., 2011). In Indonesia, in realising the success of improving reproductive health in adolescents, the Indonesian government organised Adolescent Reproductive Health programs, which provide consultation and counselling on reproductive health and information about contraception planning so that adolescents will be better prepared when entering parity (Mastiningsih & Agustina, 2019).

Religion

The following review of sociodemographic factors discusses three factors with the same number in the selected articles. Based on 14 selected articles, these three determinants are discussed in 4 articles, respectively. The determinant factors are religious, marital status, and community cultural factors. The religious factor was discovered to be one of the causes of young women becoming an unmet need group. This review finds that Islam is more extensively discussed as the cause of young women having unmet family planning needs, followed by Hinduism. This religious factor was identified in a scoping review, and the origin of the research was performed in a country with a majority Muslim and Hindu population. It was also researched in India, and the same result was found: the factor of religion, with Muslim and Hindu religion, is a factor we frequently discovered among respondents (Singh et al., 2020).

There are specific Islamic perspectives; some allow the use of contraception, and some do not. Muhammadiyah is one of the Islamic perspectives that allows the use of contraception. In line with Prasetyana and Panjalu's research on religious perceptions of contraception, they revealed that Muhammadiyah is one of the Islamic perspectives that approves the use of contraception. Muhammadiyah scholars tolerate the use of contraceptives based on the letter An-Nisa' verse 9 (Rista & Gandhung, 2017).

Urban-Rural Inequalities

Subsequent studies of residence factors were also discussed in the four selected articles. The literature identifies that young women living in rural areas tend to be in the unmet need for family planning compared to young women living in urban areas. Following the research conducted in rural and urban areas of Bangladesh regarding unmet needs for family planning, the incidence of unmet needs for family planning is more common in rural areas than in urban areas (Islam et al., 2013). Another study conducted in Burkina Faso, West Africa, on the incidence of unmet needs in women in rural areas, revealed that only one in eight women had their family planning needs to be met (Adebowale & Palamuleni, 2014). This is because women living in urban areas have easier access to information and health services than women in rural areas (Mekonnen & Worku, 2011). This finding aligns with research, which states that the reason for residence is a determinant factor of unmet needs for family planning.

This review of literature studies also uncovered that young women living in urban areas may also have an unmet need for family planning. It is supported by research in African countries that shows that young women live in urban areas and have easy access to information and services. However, young women in urban areas still need to meet family planning needs (Dennis et al., 2017). Findings about barriers to contraceptive services in urban areas in Kenya also found that despite living in urban areas, there will still be unmet needs for family planning due to other obstacles (Tumlinson et al., 2015). In Indonesia, especially in Yogyakarta, the need for contraception tends to be fulfilled in women who live in rural areas of Gunung Kidul compared to the city of Yogyakarta (BKKBN, 2022).

Norms and Culture

The following determinant, also discussed in the four selected articles, is marital status. Young unmarried women have unmet needs due to opposition from their partners (Westoff, 2012). Young women who live together but are not married have unmet needs for family planning because they

have barriers to norms implemented in society. This finding is also by research related to contraceptive barriers for young women in developing countries, which is the existence of societal and cultural norms about women who are not married and want to perform family planning (Chandra-Mouli et al., 2014).

Community norms and culture influence young women's need for contraception. This cultural determinant of society is also discovered in the three selected articles of this review. Cultural norms have an essential role in society regarding the need for contraception. Although each region has its own culture, the findings of the young women in this review have several barriers based on cultural reasons. One of them is the African culture, namely that young married women should have children so that young women become an unmet need group (Yaya et al., 2019). This cultural factor is also related to decision-making autonomy. In Indonesia, the incidence of unmet needs is based on the culture of society, which places the spouse or husband as the determinant in matters relating to the number of children and the use of contraception (Fahrunnisa & Melinda, 2015). The need for contraception in women is based on the intention to use family planning. Three selected articles discussed the desire to use family planning in this review. Some young women feel they do not need contraception, and some are afraid and hesitant to use contraception. In fact, the use of contraceptives is only to distance pregnancy so that young mothers are more focused on postnatal healing and child care (Genet et al., 2015). In Indonesia, it was also discovered that some women were afraid to employ contraception. Women were afraid of the side effects that contraception would cause (Astuti & Ratifah, 2014).

The following are the latest findings related to the determinants of unmet needs for family planning in young women and sociodemographic factors. This factor is the mother's motivation in the use of family planning; this factor is also frequently discussed in several articles. The motivation provided by the closest person can influence the contraceptive needs of young women. Another study in Ethiopia revealed the importance of support for women, revealing that couples who provide support for contraception tend to have fulfilled family planning needs (Genet et al., 2015). This research conducted in Indonesia showed that the motivation provided by the husband to his wife can increase the need for contraception (Dewi et al., 2018).

Health Factor

The review of health determinants in this scoping review obtained two factors: parity and health services. The number of births which affect women's needs is discussed in 7 selected articles. The finding of this study is that the higher the parity of women, the more fulfilled their contraceptive needs will be. This is supported by research in Botswana, Africa, which explained that mothers with zero birth rates had an unmet need for family planning compared to women with high birth rates (Letamo & Navaneetham, 2015). This parity determinant is also discovered in research conducted in Indonesia, which shows that a small number of births actually triggers unmet family planning needs (Wilopo et al., 2017). The following determinant of health is contraceptive health services. This contraceptive service is considered to be one of the factors that can affect the need for contraception for young women. Starting from poor service, access to contraceptive services, and several other obstacles that young women have, they become an unmet need for family planning groups.

As many as 50% of selected articles discuss the influence of healthcare factors, and all of these articles uncovered a significant relationship with the incidence of unmet needs for family planning.

The lack of visits to contraceptive services has an impact on the need for family planning, and young women are less likely to visit contraceptive service facilities, so many of them become groups with unmet needs for family planning. Young women are less likely to visit health facilities because they feel they have barriers to access to contraceptive services due to age. In line with research conducted in Bangladesh, young, young women are more dependent on their partners to obtain contraception (Shahabuddin et al., 2016). The role of the midwife in this determinant may increase women's desire to visit contraceptive services. Research conducted in Indonesia showed that the role of midwives can increase women's desire to visit contraceptive services and can increase the need for contraception (Valenzuela-Vallejo et al., 2021).

Limitations of The Study

All research uses a quantitative approach, so there is a lack of in-depth exploration of the genuine desire of young women to fulfil their contraceptive needs, which will be understood if using a qualitative study focus. The lack of participation of husbands as partners in research on contraception is evident from all selected articles, and only article 5 includes husbands in their research. It shows that there is a gender issue against women.

Conclusion

This literature review shows no gaps in all the determinants found in the 14 selected articles. Researchers discovered the exact reasons for every woman whose needs were not met even though they needed them. The handling of the determinants of unmet needs for family planning in young women should focus more on the decision-making autonomy factor, which, in this research review, is the most common reason. Next, the unmet need for family planning in young couples is often found in developing countries. This is following the criteria for selected articles originating from developing countries. This is supported because developing countries still have the problem of uncontrolled population numbers when compared with developed countries, so researchers conclude that it is best to focus on contraception in developing countries, which is improving in young women.

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