Unmet Need for Contraception Among Young Women: Evidence From Indonesia

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Abstract

This study aimed to explore the factors associated with the unmet need for contraception among young women in Indonesia. Further analysis of a cross-sectional study of the 2017 Indonesia Demographic and Health Survey was carried out. The analysis was restricted to 4,017 married women aged 15 to 24 in Indonesia. The outcome of this study was that there is an unmet need for contraception. Logistic regression was performed to estimate the adjusted odds ratio. Generally, the unmet need for family planning among young women is still high, and the figure is 9.3% for young married women. Unmet need was higher among women in particular groups, including those with more children, women who were cohabiting, those with a higher level of education, living in rural areas, if their husbands wanted more children, and where other family members in the household made the decision for access to healthcare. Access to reproductive health information and services must be increased to address the unmet need for contraception among young women. Promoting the ideal age for marriage and expanding access to education are essential measures.

Keywords

Contraception; limiting; spacing; unmet need; young women

Introduction

The unmet need for family planning among young women remains a public health issue and shows the discrepancy between fertility preferences and women's actual reproductive behavior (Bradley et al., 2012; Motlaq et al., 2013). Women with unmet needs are referred to services that assist women who want to delay or stop their pregnancy, but they are not offered any contraceptives. This criterion indicates the unmet demand for contraception (Bongaarts, 2014). The lack of reproductive health services for young women may contribute to unwanted pregnancy, unsafe abortion, and maternal mortality and morbidity. Some young women want to have a baby as soon as they are married, but others do not. Young women, who wish to postpone or space their pregnancies, have a demand for family planning methods. Those women are categorized as women who have an unmet need for contraception. Removing barriers to using contraception and improving access to contraceptive information and services can reduce the unmet need among young women. These strategies are essential to lower the rate of unintended pregnancies among young women with higher quantity and quality of childbearing years compared to older women (Gayatri et al., 2022; Tabong & Adongo, 2013).

The unmet need for family planning becomes an important indicator when evaluating the progress of development goals. The family planning program has been implemented in Indonesia since 1970 with firm commitments from political leaders and the government (Herartri, 2005). In Indonesia, the total demand for contraception among married women aged 15–49 years increased steadily from 73% in 2012 to 74% in 2017 (National Population and Family Planning Board et al., 2018). The unmet need has become one of the critical indicators of strategic goals in the National Medium-Term Development Plan for 2020–2024. Based on this plan, the unmet need for family planning must be reduced to 7.4% by 2024. This study will contribute to family planning developments in Indonesia, especially among young couples, and will help achieve the national target.

Teenage pregnancy and child marriage have been associated with increased maternal and child mortality rates and morbidity (Bain et al., 2020; Chen et al., 2007; Ganchimeg et al., 2014; Sarder et al., 2020; Yakubu & Salisu, 2018). Reducing the unmet need for family planning by providing access to contraception has a significant return on investment, especially for improving maternal and child health outcomes (Rana & Goli, 2017, 2021). Assessing the predictors of unmet need for family planning among married/cohabiting women may contribute to providing integrated maternal and health services to improve contraceptive uptake and continuation; therefore, unintended pregnancy and unsafe abortion can be prevented (Rana & Goli, 2021; Rizvi et al., 2020). Unmet need for contraception, particularly among young women, has a greater risk of unintended pregnancy and may lead to unsafe abortion, which is one of the leading causes of maternal death due to adverse health outcomes and complications. Moreover, meeting the contraceptive needs of young women helps reduce the risk of preterm births and low birth weights (Rana & Goli, 2021). Ensuring every pregnancy is planned and healthy contributes to achieving universal health coverage in Indonesia.

Women in Indonesia have been highly dependent on injectable and oral contraceptives as short-acting and hormonal contraceptives to protect against unintended pregnancies (Gayatri & Utomo, 2019; National Population and Family Planning Board et al., 2018). Short-acting contraceptive methods are associated with higher discontinuation rates since they depend on consistent and correct use.

There are many factors associated with unmet need for contraception such as women's age (Ahinkorah, 2020; Dingeta et al., 2019; Prata et al., 2013; Prusty, 2014; Rizvi et al., 2020; Sidibé et al., 2020; Withers et al., 2010; Wulifan et al., 2015; Yadav et al., 2020), number of living children (Ahinkorah, 2020; Dingeta et al., 2019; Motlaq et al., 2013; Rizvi et al., 2020; Withers et al., 2010; Woldemicael & Beaujot, 2011; Wulifan et al., 2015), marital status (Ahinkorah, 2020; Prusty, 2014; Sidibé et al., 2020; Westoff, 2012), education (Ahinkorah, 2020; Prusty, 2014; Woldemicael & Beaujot, 2011; Wulifan et al., 2015; Yadav et al., 2020), wealth status (Ahinkorah, 2020; Prusty, 2014; Sidibé et al., 2020; Woldemicael & Beaujot, 2011), occupation (Rizvi et al., 2020), place of residence (Ahinkorah, 2020; Islam et al., 2016; Motlaq et al., 2013; Woldemicael & Beaujot, 2011), decisions about family size (Islam et al., 2016; Rizvi et al., 2020; Withers et al., 2010), decisions regarding women's access to health care (Ahinkorah, 2020; Islam et al., 2016; Rizvi et al., 2020; Withers et al., 2010), and decisions about the purchase of major household items (Rizvi et al., 2020).

There have been many studies on the unmet need for contraception in Indonesia, but these primarily focused on married women of all reproductive age categories (Ayuningtyas et al., 2015; Sumiati et al., 2019; Wilopo et al., 2017). However, other researchers found that the lowest prevalence of contraceptive use in Indonesia was among women aged 15 to 24 years (Gafar et al., 2020; Idris, 2019). The recent Indonesia population census showed that around 30% of women of reproductive age were in the 15–24 age group (BPS - Statistics Indonesia, 2021), while research using the Indonesia Demographic and Health Survey (IDHS) showed that 31% of women of reproductive age constituted married young women (Kistiana et al., 2020). This means that many young women are exposed to sexual intercourse, and therefore, there is an increased risk of pregnancy that is sometimes unwanted pregnancy. Given that most reproductive women are younger, and these women experience almost two times more mistimed pregnancies than their counterparts (Theme-Filha et al., 2016), studying the unmet need for contraception among young women (15–24 years) is required. Even though it has not attracted many researchers to study this area (Cleland et al., 2014), neglecting the unmet need for family planning among this age group will lead to several reproductive health and population-related issues. The study aims to assess the prevalence of unmet need for contraception among either young married or cohabiting women aged 15-24 years who lived in Indonesia. This study also investigates its relationships with demographic and socioeconomic factors among sexually active young women.

Methods

Design

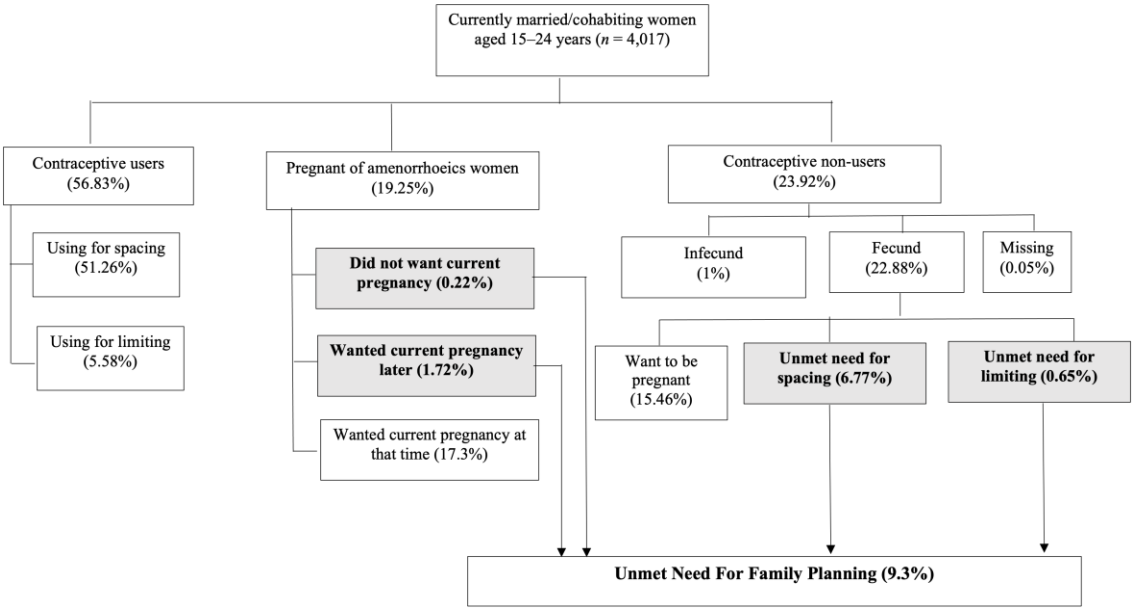
Data for this study were drawn from the Indonesia Demographic and Health Survey (IDHS) 2017. The IDHS is a cross-sectional and nationally representative household survey conducted every five years. The most recent IDHS 2017 was carried out in 34 provinces in Indonesia. Permission to use the data was granted by the Demographic and Health Program by sending the proposal with the reason for requesting the data through www.dhsprogram.com. Data used for the analysis were extracted from the individual women's records of the IDHS 2017 database, conducted by BPS - Statistics Indonesia in collaboration with the National Population and Family Planning Board and the Ministry of Health from July to September 2017.

Sample

The representative participants were identified by two-stage cluster sampling procedures: systematic sampling proportional to size for selecting the census blocks and systematic sampling for selecting the household based on the household listing in every census block (National Population and Family Planning Board et al., 2018). The IDHS 2017 interviewed 49,627 women aged 15–49 years and had a response rate of 97.8% (National Population and Family Planning Board et al., 2018). The analysis was restricted to a subsample of 4,017 sexually active young women aged 15–24 years in Indonesia.

The inclusion criteria included married or cohabiting women between 15 and 24 years with unmet need for family planning. Moreover, pregnant or postpartum amenorrhoeic women who did not want their current pregnancy or pregnant women who wanted their current pregnancy later were also categorized as having an unmet need and were included in the study (Bradley et al., 2012). The exclusion criteria were: (1) women who had never been married, (2) divorced, widowed, or separated women, and (3) women who did not complete the questionnaire. Infecund women were excluded from the analysis because they were not at risk of pregnancy. Figure 1 presents the population study.

Figure 1: Study Participants (n = 4,017)



Data collection

The outcome of this study was that there is an unmet need for contraception, defined as the proportion of women who do not want to be pregnant but are not using any contraceptive methods (Bradley et al., 2012). This was measured as the proportion of women with unmet needs for spacing or limiting pregnancies among the total number of reproductive women. In this study, the unmet need for contraception was measured among young women aged 15–24 years who are married or in unions. The outcome was categorized as "met need for spacing" if the women used contraceptive methods and wanted to have another pregnancy at an uncertain time, while "met need for limiting" as if the women used contraceptive

methods and did not want any more children (ICF, 2018). Unmet need was a dichotomized variable (yes/no) generated from the IDHS variables.

Demographic and socioeconomic factors were performed as predictors. These variables consisted of the number of living children, women's age in two different groups (15–19 years or 20–24 years), marital status (married or cohabitation), women's education (primary or less, secondary, or higher), wealth status of the household (poor, middle, or rich), occupation (working or not working), place of residence (urban or rural), decision for family size (both wanting the same number of children, husband wants more children, husband wants fewer children, or do not know), decision about women's access to healthcare, and decision about major household item purchases. The variables related to the decision-making process were categorized as "mainly wife," "wife and husband jointly," "mainly husband," or "someone else in the family."

Data analysis

This study estimates the analyses using a complex sampling design adjusted for the sampling design (clustering and stratification) and sampling weights. Descriptive variables such as frequency and percentage were used to describe respondent characteristics by selected variables. The study utilized a simple binary logistic regression model to assess the association between unmet need for family planning and each predictor. Crude odd ratios and their p values were used for screening the predictors into the next step of multiple logistic regression. The Hosmer-Lemeshow test was used to assess the goodness of fit for the logistic regression model based on the predicted risks of event occurrences (Archer et al., 2007). Moreover, adjusted odds ratios (AOR) and 95% confidence intervals (CI) were used to assess the association between unmet needs and the associated factors adjusted by the potential confounders.

For the screening process, the study used the significance at $p < .25$ in the simple logistic model. Then, the simultaneous model was estimated using the backward elimination procedure by eliminating the predictors in the model with the highest p value and above 5%. The final model consisted of the outcome and all significant predictors with a p value < .05. All statistical analyses were performed using STATA 15.1 (StataCorp, 2015).

Table 1: Socioeconomic Status and Unmet Need for Contraception Among Young and Married Women in Indonesia, IDHS 2017

Characteristics	Women with unmet need		Total women	
	Weighted N (376)	%	Weighted N (4,017)	%
Current Age				
15–19	61	16.1	700	17.4
20–24	315	83.9	3,317	82.6
Age at first marriage				
10–19	259	68.9	2,814	70
20–24	117	31.1	1,203	30
Age at first child*				
10–19	162	50.6	1,677	57.1

Characteristics	Women with unmet need		Total women	
	Weighted N (376)	%	Weighted N (4,017)	%
20–24	158	49.4	1,262	41.9
Ever used contraception				
Currently using	-	-	2,283	56.8
Used since last birth	155	41.2	565	14.1
Used before last birth	37	9.9	86	2.2
Never used	184	48.9	1,083	26.9
Number of living children				
0–1	303	80.5	3,515	87.5
2	63	16.8	450	11.2
3 or more	10	2.7	52	1.3
Marital status				
Married	355	94.3	3,939	98.1
Living with partner	21	5.7	78	1.9
Education				
Primary or less	59	15.7	818	20.4
Secondary	286	76.1	2,913	72.5
Higher	31	8.2	286	7.1
Wealth				
Poor	188	50.0	1,950	48.6
Middle	71	18.8	930	23.1
Rich	117	31.2	1,137	28.3
Occupation				
Not working	199	52.9	2,182	54.3
Working	177	47.1	1,835	45.7
Residence				
Urban	186	49.4	1,629	40.6
Rural	190	50.6	2,388	59.4
Decision on family size				
Both want the same number of children	216	57.4	2,679	66.7
Husband wants more children	81	21.5	695	17.3
Husband wants fewer children	21	5.7	213	5.3
Does not know (have not decided yet, or up to God)	58	15.4	430	10.7
Decision about women's access to health care				
Respondent alone	186	49.4	1,676	41.7
Respondent and husband together	141	37.4	1,777	44.3
Husband alone	36	9.7	520	12.9
Someone else in the family	13	3.5	44	1.1
Decision about major household items purchase				
Respondent alone	90	24.0	586	14.6

Characteristics	Women with unmet need		Total women	
	Weighted N (376)	%	Weighted N (4,017)	%
Respondent and husband together	200	53.1	2,323	57.8
Husband alone	75	20.0	1,055	26.3
Someone else in the family	11	2.9	53	1.3

*Note: *Age at first birth is limited for women with one or more children.*

Results

The study included 4,017 currently married or cohabiting women aged 15–24 years based on the IDHS 2017 (Figure 1). Table 1 presents the proportion of young women experiencing an unmet need for family planning. This table shows descriptive statistics for family planning related to demographic and socioeconomic factors. The results revealed that the majority of participants were currently married women (98%), had one child or less (88%), were aged 20–24 years (83%), and attained a secondary school educational level (73%). About half of the participants mentioned that they were not employed and lived in poor conditions. Women who lived in rural areas accounted for 59% of the participants. The decision about the woman's access to healthcare was in the majority made by either the woman herself or jointly with their husbands (86%), while the decisions about the purchase of household items were in the majority made by either the husband alone or women together with their husbands (84%).

The prevalence of unmet need for contraception among young married women in Indonesia was 9.3%. Of the total number of 376 young married or cohabiting women with unmet need for family planning, the majority were currently married (94%), had one child or less (81%), and were aged 20–24 years (84%). About three-fourths were secondary educated. Moreover, about half of the participants with unmet need for contraception were poor (50%), not working (53%), and rural women (51%).

Upon the bivariate analysis, the odds ratio of unmet need for contraception was greater among higher parity women, those living in an urban environment, and women whose husbands want more children. Likewise, the odds of unmet needs were higher among women whose decisions on accessing healthcare and purchasing household items were made by someone else in the family. However, the odds of unmet needs were significantly lower among women from the middle quintile compared with women from the rich quintile. The prevalence of unmet needs was not significant based on women's age or occupational status.

Upon multivariate analysis, number of living children, marital status, educational attainment, place of residence, and decisions on family size, access to healthcare, and purchasing household items were significant predictors of having an unmet need for contraception among young women in Indonesia. It was found that women with a greater number of living children were 1.78 times more likely to have an unmet need for contraception when compared to women with a smaller number of living children (Table 2). Likewise, cohabiting women (AOR = 4.03, 95% CI [1.69, 5.46]) were more likely to experience an unmet need for contraception when compared to currently married women. Women with higher education (AOR = 1.65, 95% CI [1.00, 2.73]) and secondary education level (AOR = 1.49, 95% CI [1.09, 2.02]) were more likely to have an unmet need for contraception when compared to women with a primary level of education or less. The AOR for unmet needs was significantly higher

among urban women (AOR = 1.54, 95% CI [1.22, 1.96]) compared with rural women, among women who were undecided about their family size (AOR = 1.66, 95% CI [1.20, 2.29]), followed by women whose husbands wanted more children (AOR = 1.36, 95% CI [1.03, 1.79]) compared with women who shared the same decision with their husbands about their family size, among women who had someone else in their family decide on access to healthcare (AOR = 3.54, 95% CI [1.53, 8.16]) compared with women who decided on their access to healthcare, and among women who decided jointly with their husband about purchasing major household items (AOR = 1.83, 95% OR [1.37, 2.43]) compared with women who decided alone the purchase of household items (Table 2).

Table 2: Logistic Regression Models of Factor Associated With Unmet Need Among Married Women Aged 15–24 Years in Indonesia, IDHS 2017

Characteristics	COR (95% CI)	AOR (95% CI)
Current Age		
15–19	1	-
20–24	1.11 (0.83-1.48)	
Number of living children***	1.64 (1.40-1.91)**	1.78 (1.52-2.10)**
Marital status		
Married	1	1
Living with partner	3.85 (2.31-6.40)**	4.03 (1.69-5.46)**
Education		
Primary or less	1	1
Secondary	1.39 (1.04-1.87)*	1.49 (1.09-2.02)*
Higher	1.55 (0.98-2.45)	1.65 (1.00-2.73)*
Wealth		
Poor	0.93 (0.73-1.18)	1.07 (0.80-2.42)
Middle	0.72 (0.53-0.98)*	0.78 (0.56-1.07)
Rich	1	1
Occupation		-
Not working	1	
Working	1.07 (0.86-1.31)	
Residence		
Urban	1.49 (1.20-1.84)**	1.54 (1.22-1.96)**
Rural	1	1
Decision on family size		
Both want the same number of children	1	1
Husband wants more children	1.50 (1.41-1.97)**	1.36 (1.03-1.79)*
Husband wants fewer children	1.28 (0.80-2.05)	1.18 (0.73-1.91)
Do not know	1.77 (1.30-2.42)**	1.66 (1.20-2.29)**
Decision about women's access to health care		
Respondent alone	1	1
Respondent and husband together	0.69 (0.55-0.87)**	0.80 (0.63-1.03)
Husband alone	0.60 (0.42-0.87)*	0.71 (0.48-1.06)
Someone else in the family	3.40 (1.75-6.58)**	3.54 (1.53-8.16)**

Characteristics	COR (95% CI)	AOR (95% CI)
Decision about major household items purchase		
Respondent alone	1	1
Respondent and husband together	1.93 (1.48-2.52)**	1.83 (1.37-2.43)**
Husband alone	0.82 (0.62-1.07)	0.78 (0.58-1.05)
Someone else in the family	2.80 (1.42-5.51)**	1.16 (0.46-2.91)

*Note: *p < .05, **p < .01; ***Number of living children is a numeric variable; COR - Crude Odds Ratios; AOR - Adjusted Odds Ratios; CI - Confidence Interval*

Discussion

The study investigated the prevalence and predictors of unmet need for contraception among married women aged 15–24 in Indonesia using the IDHS 2017. The unmet need for contraception among young married women was 9.3% in this study, whereas the national need among currently married women aged 15–49 years was 10.6% (National Population and Family Planning Board et al., 2018).

In the current study, most young women (90%) reported an unmet need for spacing because they had not reached their desired fertility goal. Despite the rate of unmet need for contraception among young women being lower than among reproductive age women, it should be remembered that young women had a longer period to change their desired fertility (MacQuarrie, 2015). In addition, the minor gap in the prevalence between the two age groups implies the necessity of equal contraception fulfillment for both groups. A study in India suggested the importance of providing a family planning service for young women since they tended to delay their first pregnancy (Jejeebhoy et al., 2014). Without contraception, unwanted pregnancy and any other disadvantaged pregnancy outcomes would be detrimental to many young women's lives. Therefore, ensuring access to modern contraceptive services and information is crucial in reducing the risk of unintended pregnancies (Ahinkorah, 2020; Ahinkorah et al., 2020; Prata et al., 2013).

In this study, about 69% of young women with an unmet need for contraception had their first marriage at 10–19 years old. Moreover, 50% of first births in Indonesia were young mothers below the age of 20 years. Data on respondent characteristics showed that only 2% of the respondents used contraception before their last birth. From the results, the desire to begin contraceptive use before the birth of a first child is still low. It is possible that in Indonesia, women are expected to become pregnant and have a child soon after marriage. However, using contraceptive methods to delay the first pregnancy can enable women to reach their goals, such as receiving a quality education and earning a higher income.

The previous study which investigated the reasons why women with unmet needs do not use contraceptives (based on 51 demographic and health surveys from 2006 to 2013) revealed that the dominant reasons for non-use were infrequent sex and the fear of side effects or adverse health concerns (Sedgh & Hussain, 2014; Staveteig, 2017). The fear of side effects and health concerns may be exaggerated due to a lack of information or incorrect information being provided and may act as a potential impediment to the use of contraceptive methods in the future (Cleland et al., 2014; Gayatri, 2022; Machiyama & Cleland, 2014; Wulifan et al., 2015). Limited information about contraceptive uptake and behaviors, including the myths and misconceptions on fertility resumption following contraceptive discontinuation, became a

significant barrier to modern contraceptive use among young women, which is a key cause of unmet need (Cleland et al., 2014; Gayatri et al., 2022; Ochako et al., 2015; Otoide et al., 2001).

The contraceptive prevalence rate in the present study was 57%. The prevalence of contraceptive use and women's desire to have a smaller number of children were associated with the unmet need for contraception (Motlaq et al., 2013). Previous studies reported that providing a wide choice of contraceptives and comprehensive counseling will help women choose an effective method appropriate for their reproductive health goals (Sedgh & Hussain, 2014). Thus, the barriers to contraceptive use among young married women with unmet needs could be addressed.

In a recent study, women who were pregnant or postpartum amenorrhoeic in the two years preceding the survey, but did not want the current pregnancy or wanted the current pregnancy later, were categorized as women with unmet need for limiting or spacing, respectively (Bradley et al., 2012). It is vital to minimize "missed opportunities" by integrating contraceptive services into other maternal and health services during pregnancy, postpartum, maternal, and child healthcare to reach young women with unmet needs (Cali et al., 2004; Malarcher & Polis, 2014; Moore et al., 2015). During antenatal, postnatal, and immunization integrated services, young women—especially those with unmet needs—could be provided with discussions, comprehensive counseling, and contraceptive services during their visits to health facilities.

This study found an association between a woman's education level and unmet need for family planning. Surprisingly, young women with a higher level of education also had higher rates of unmet need for contraception, similar to previous evidence in sub-Saharan Africa (Ahinkorah et al., 2020). Higher educated women were more likely to postpone their first pregnancy to achieve their goals, such as gaining access to higher education and employment opportunities (Ahinkorah et al., 2020). Moreover, this study identified that unmet need was higher in urban areas when compared with rural areas, which is similar to other studies (Woldemicael & Beaujot, 2011). This could be because the gap is widening between the desire to have a smaller family size and the actual behavior of contraceptive use among urban women (Woldemicael & Beaujot, 2011).

Marital status appears to be the most influential variable in the unmet need for contraceptive use in the current study. The prevalence of unmet needs was high among cohabiting women. This finding was in line with previous studies (Ahinkorah, 2020; Ahinkorah et al., 2020; Juarez et al., 2018; Sánchez-Páez & Ortega, 2018). This higher level of unmet need among cohabiting women indicates the reluctance of this group to have children; however, at the same time, they do not use contraception (Sánchez-Páez & Ortega, 2018). Other than insufficient access to contraception and reproductive health services for young cohabiting women (Sánchez-Páez & Ortega, 2018), the cultural values related to out-of-wedlock births, compared to married women, also affect behavior in contraceptive uptake (Ahinkorah et al., 2020).

Moreover, some studies showed that cohabiting women experience an unmet need for contraception due to opposition from their partners (Ahinkorah, 2020; Westoff, 2012). A systematic review of qualitative studies conducted among African and Vietnamese young women also concluded that poor knowledge of contraceptive choices and reproductive health facilities are the consequence of social pressure linked to pre-marital sexual activity faced by unmarried young women (Williamson et al., 2009). Thus, the finding of the current study hints at the necessity of adjustment for the family planning program targets. It is argued that around 20% of the total unmet need in less developed countries is attributed to unmarried

women who are sexually active (Cleland et al., 2014). Ensuring that access to contraception and information related to reproductive health is provided to unmarried young women, as well as educating their spouses about reproductive health, are important measures that could help to reduce unmet needs.

In this current study, women with a greater number of living children have a higher unmet need for contraception, which confirmed the previous studies in sub-Saharan Africa (Ahinkorah, 2020; Ahinkorah et al., 2020), Cambodia (Rizvi et al., 2020), Eritrea (Woldemicael & Beaujot, 2011), and Eastern Ethiopia (Dingeta et al., 2019). Multiparity women have a higher demand for contraception, either for spacing or limiting their childbearing, meaning that increasing the number of children will increase the total unmet need after confirming that they are fertile (Dingeta et al., 2019; Letamo & Navaneetham, 2015; Wulifan et al., 2015).

This study revealed that the likelihood of an unmet need for contraception increased for women with husbands who wanted more children, similar to a previous study (Rizvi et al., 2020). Interestingly, the likelihood experienced a further rise for women who had not decided on their family size. This pattern signifies the lack of a women's role in determining family size. It is essential to encourage spousal communication to establish the same family-size preferences in households. This communication is vital to have a smaller number of children, increase contraceptive uptake, and reduce the unmet need for family planning. The opposition to contraception use by a woman alone, husband, family, other relatives, cultural norms, or religious beliefs was a reason for contraceptive non-use in developing countries (Letamo & Navaneetham, 2015; Machiyama & Cleland, 2014; Sedgh & Hussain, 2014).

Moreover, spousal communication about family planning indicated women's position in their household. A study in Pakistan highlighted that increased husband participation in family planning-related discussions impacts women's empowerment, boosting the use of contraceptives (Hameed et al., 2014). It is also suggested that spousal communication reduces the demand for children (Link, 2011). Therefore, involving husbands in family planning counseling might reduce unmet needs and increase modern contraceptive use among young women (Islam et al., 2016). Exposing husbands to information associated with contraception, such as the options available, side effects, benefits, where to obtain, and so on, is worth encouraging males' participation in family planning or supporting their partners in contraceptive use or practicing a method themselves.

Women whose access to healthcare was decided by someone else in the family were more likely to have a higher unmet need for contraception. In this condition, women's freedom of movement and decisions on accessing healthcare was essential to achieve their reproductive and fertility control goals (Woldemicael & Beaujot, 2011). A previous study showed that younger women tend to have less autonomy and bargaining power in the decision-making process to use maternal health services, leading to increased unintended pregnancy (Rizkianti et al., 2020). A study in Nigeria shows that women's autonomy determines the use of modern contraceptive methods (Alabi et al., 2019). Women with greater autonomy have higher opportunities to negotiate contraceptive utilization, have safer sex with their spouses, and access contraceptive methods that meet their reproductive needs (Alabi et al., 2019). However, Nguyen et al. (2019) revealed that in Vietnam, women's autonomy in reproductive health depends on their preferences about contraception. The differences in autonomy do not influence the utilization of contraceptive methods. Women with high autonomy can choose to nonuse of modern contraceptives due to "side effects or health concerns" and "method-related" reasons.

The current study implied that women's reliance on others within the family for healthcare impacts their contraceptive adoption behavior. Thus, educating and providing information about reproductive health to husbands and other family members is vital. Moreover, many studies proved that husband-wife communication affects the decisions made by women regarding women's and children's healthcare, women's movement, and contraceptive use (Link, 2011; Wulifan et al., 2015). Expanding the targets of reproductive health education is inevitable since reproductive behavior involves not only women but everyone else surrounding them. Furthermore, Soonthorndhada et al. (1992) showed that community-based distribution programs positively impact increasing access to family planning information and services in their communities in Thailand. Community involvement in family planning programs is vital in increasing family planning acceptance and sustained contraceptive utilization. Motivation and participation of the community are important for contraceptive uptake by persuading, encouraging, and providing information to women that can shift women's contraceptive behavior.

The research has a number of strengths. First, this study is nationally representative, with large sample size and a high response rate (97.8%). Second, this study was based on the IDHS, which used a standard questionnaire and similar variable definitions across the countries that conducted the demographic and health survey. However, the study has some limitations. First, the causal relationship between the outcome and predictor cannot be described due to the cross-sectional study design. Second, the reported questionnaire was based on the respondent's self-report subject to recall bias.

Notwithstanding several limitations, this study has implications regarding reproductive health among young women. These findings will inform policymakers about the point estimate of the unmet need for family planning among sexually active young women. Moreover, the results may identify women at risk of unintended pregnancy who are willing to use contraception and are potential targets for family planning programs. It is essential to strengthen the Information, Education, and Counseling (EIC) messages and campaigns, focusing on the benefits of contraception, its side effects and how to deal with them, and the impact of family planning on family welfare among young married women. Moreover, massive campaigns, social marketing through social media, and strengthening school-based education are needed to increase awareness about sexual and reproductive health and reduce child marriage among young women. Promoting the ideal age of marriage is vital for raising awareness of the negative consequences of the unmet need of young women. More specifically, the government should target women who are disadvantaged and vulnerable, are higher parity, live in urban areas, and are less empowered women.

Nevertheless, the government must expand the targets of reproductive health education. This will improve the awareness of reproductive health-related behaviors so that husbands and other family members will be exposed to this. Subsequently, they will support women practicing contraceptive methods. Furthermore, it is crucial to improve the quality of postpartum family planning services among young married women to prevent shorter birth intervals.

Conclusion

The unmet need for contraception is a crucial but preventable issue. The number of living children, marital status, educational attainment, place of residence, decision on family size,

access to healthcare, and decisions on purchasing household items were found to be significant predictors of unmet need for contraception among married/cohabiting women aged 15 to 24 years in Indonesia. Therefore, community-based programs to improve contraceptive use are urgently needed to assist and encourage all young women, including cohabiting women, to access family planning counseling and contraceptive services to prevent unintended pregnancy. Broadening the target coverage of information and education campaigns about family planning is expected to reach those in marital and non-marital relationships. Providing accessible family planning information and services for all women is essential to ensure that none of these women fall behind in the family planning program. Further research is needed to assess the effective decision-making to satisfy young women with unmet need for family planning, focusing on the barriers to using contraception, reasons for nonuse among cohabiting women, and addressing the problems related to early contraceptive discontinuation among young contraceptive users.

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