FACTORS INFLUENCING MARRIED WOMEN NOT USING CONTRACEPTION : THE CASE STUDY OF MALUKU PROVINCE, INDONESIA

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ABSTRACT

This study aimed to examine the factors that influence married women not using modern contraceptives in Maluku province. The data used for this study were drawn from the 2007 Indonesia Demographic and Health Survey (IDHS), with a sample size of 441 currently married women. Analyses used in this study were bivariate analysis and binary logistic regression.

Results showed that 67.8 percent of married women in Maluku were not using modern contraceptives. Variables that had a significant influence include education, number of living children, husband's approval, receive family planning information from TV, and being visited by family planning workers. Women who had no education or only primary education were less likely to use contraception than those with secondary education or higher. Women with 4-6 children were less likely to use contraception. Husband disapproval had a strong influence for married women not using contraception. Women who heard about family planning information from TV were more likely to use contraception. Regarding visiting family planning workers, women who were not visited by family planning workers were less likely to use contraception.

KEY WORDS : EDUCATION/NUMBER OF LIVING CHILDREN/HUSBAND APPROVAL/FAMILY PLANNING ON TV/FAMILY PLANNING WORKER VISITS

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CHAPTER I
INTRODUCTION

1.1 Background

1.1.1 Demographic characteristics and Contraceptive use in Indonesia

Indonesia is a country in Southeast Asia which has the fourth largest population in the world after China, India and the Americas. Population in Indonesia from year to year has increased significantly. Since the first census conducted in 1961, the population of Indonesia is 97.1 million people,then increased to 119.2 million in 1971, 146.9 million in 1980. In 1990 the population still increased to 178.6, 195.3 million in 1995 and in 2000 was 205.1 million people.

The population growth of 1.49 percent in 2000 is still a high number followed by the population density is certainly more focused on urban areas increased in 2000 with a percentage of 42 percent. Crude birth rate and crude death rate in Indonesia looks so high that it is the primary factor causing population growth each year. on the other hand the number of births per woman is 2.6 per married woman who became one of the important issues to be included in the government program because this figure is still far from what is expected is 2 children per woman. Infant mortality to be something else which is reflected in the problems faced by residents of Indonesia which gives an understanding that the high infant mortality would provide a sense of the high rate of abortions and lack of health services in the community. Related to the level of life expectancy in Indonesia, are still low compared to other countries, for women 66.7 and men 62.8. The high fertility rate resulting in increasing population growth, and one of the deciding factors in addition to the proportion of births marriage, abortion and contraception are infecundability lactation (Bongaarts, 1978).

Higher population growth would be a serious problem faced by the government in all facets of life, such as high rates of poverty, unemployment, limited access to health and education and other things that can not easily be solved in a short

time. Therefore, one of the steps taken by the government in addressing the issues of population, especially those in terms of population control is through family planning programs.

Table 1.1 : Basic Demographic Indicators from Selected Sources, Indonesia 1971-2000

Indicator	1971	1980	1990	1995	2000
Population (millions)	119.2	146.9	178.6	195.3	205.1
Growth Rate (percent)	2.10	2.32	1.98	1.6	1.49
Density (pop/km2)	62.4	77.0	93.0	92.0	91.0
Urban Population (percent)	17.3	22.3	30.9	34.0	42.0
Crude Birth Rate (CBR)	40.6	35.5	27.9	23.6	22.4
Crude Death Rate (CDR)	19.1	13.1	8.9	7.7	7.6
Total Fertility Rate (TFR)	5.6	4.7	3.3	2.8	2.6
Infant Mortaliry Rate (IMR)	142	112	70	61	47
Life Expectancy :					
Male	45.0	50.9	57.9	61.9	62.8
Female	48.0	54.0	61.5	65.7	66.7

Source: BPS (Statistics Indonesia), 2002.

To implement the family planning program, the government's often experience a variety of different obstacles in each province, especially the decentralization policy are held directly by the counties and cities that are not easy to ask them directly to make family planning to be a priority program in their regions. Besides decentralization policy, there are other problems associated with the condition and situation of each province has different characteristics in addressing family planning issues, therefore it happens very much difference between one province and other provinces in terms of the use of contraceptives. This is the task weight population and family planning areas in 33 provinces in Indonesia.

Indonesia demographic and health survey in 2007 showed that the contraceptive use among married women in Indonesia is quite good and has increased. But if you look further to the use of modern contraception, only injections

are more widely used than other contraceptive methods, whereas the target the government is a long-term method that is known to have a very high level of effectiveness, such as male sterilization and female sterilization. From 33 provinces in Indonesia, there are 5 provinces with the highest contraceptive prevalence rate (CPR) found in Bengkulu province at 70.4 percent ; North Sulawesi 66.7 percent ; Lampung 66.0 ; Bali 65.4 and Central Kalimantan province 65.2 percent, while 5 provinces with the lowest contraceptive prevalence rate in Indonesia is Papua province 24.5 percent ; Maluku 29.4 percent ; Nusa Tenggara Timur 30.1 percent ; Papua Barat 37.5 percent and Sumatra Utara 42.6 percent (IDHS,2007)

Table 1.2 : Percentage of currently married women who are currently using specific contraceptive methods, Indonesia 1991-2007

Method	1991	1994	1997	2002-2003	2007
Any method	49.7	54.7	57.4	60.3	61.4
Modern Method	44.3	52.1	54.7	56.7	57.4
Pill	14.8	17.1	15.4	13.2	13.2
IUD	13.3	10.3	8.1	6.2	4.9
Injection	11.7	15.2	21.1	27.8	31.8
Condom	0.8	0.9	0.7	0.9	1.3
Implants	3.1	4.9	6.0	4.3	2.8
Female Sterilization	2.7	3.1	3.0	3.7	3.0
Male Sterilization	0.6	0.7	0.4	0.4	0.2
Traditional Method	2.7	2.7	2.7	3.6	4.0
Periodic abstinence	1.1	1.1	1.1	1.6	1.5
Withdrawal	0.7	0.8	0.8	1.5	2.1
Other	0.9	0.8	0.8	0.5	0.4
Not use	50.3	45.3	42.6	39.7	38.6
Number of women	21,109	26,186	26,886	27,857	30,933

Source: The IDHS 2002-2007.

1.1.2 Demographic characteristics and Contraceptive use in Maluku province.

Maluku is one province in the eastern part of Indonesia. The population of Maluku province as much as 1,533,506 people which male population as much as 775 477 people and women as much as 758 029 people (Statistics 2000). With an area of 54.185 km2, Maluku province can be said to be a sparsely populated area, but if you look at the numbers of density of each region, Maluku population distribution is very uneven. Total fertility rate (TFR) in Maluku province is 3.9 per women, this figure being the highest of all provinces in Indonesia.

Infant mortality rate in the province was also high at 60.63. It is certainly related to access to health services and unsafe abortion occur among women who do not want their child's birth. Although abortion is illegal and many people still consider it as a sin, but in reality it is still done in the traditional way and not by health workers.

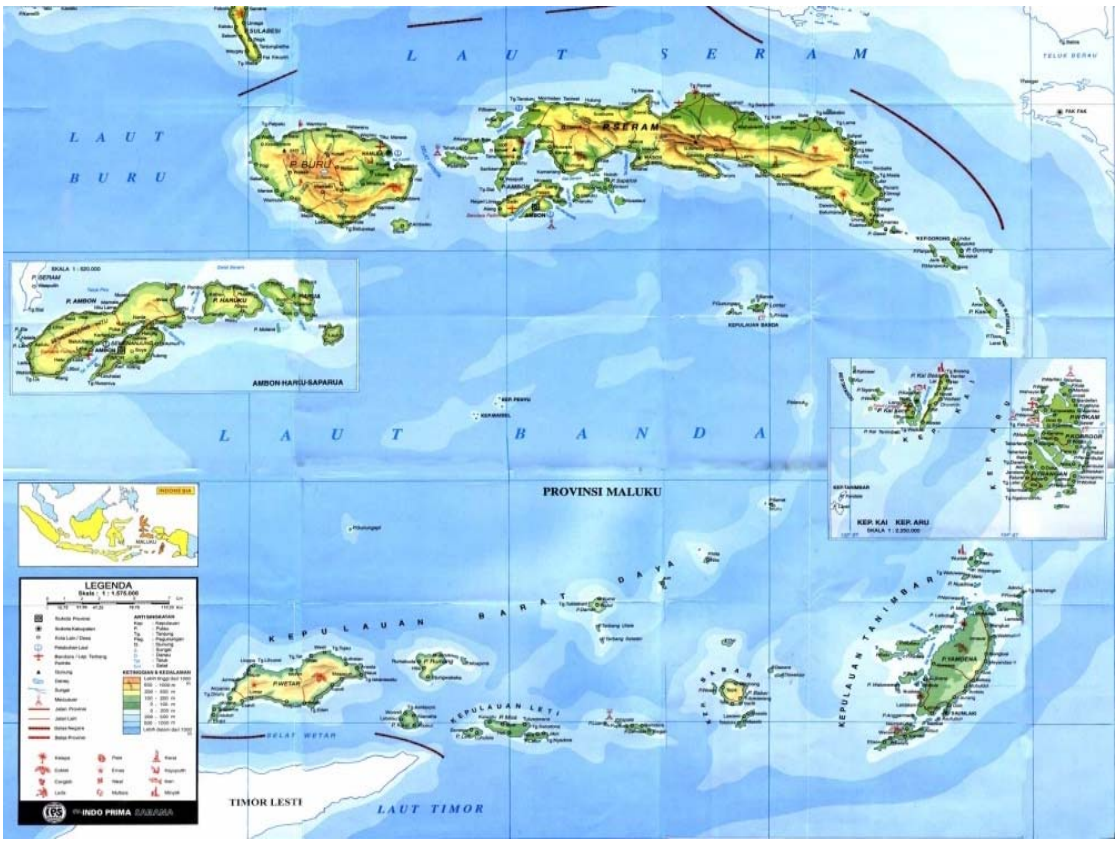


Figure 1.1 : Map of Maluku province.

Table 1.3 : Basic Demographic Indicators from Selected Sources, Maluku 2000

Indicator	
Population (millions)	1,533,506
Growth Rate (percent)	2.80
Density (pop/km2)	33
Total Fertility Rate (TFR)	3.9
Infant Mortality Rate (IMR)	60.63
Life Expectancy :	
Male	60.25
Female	63.97

Source :BPS (Statistics Indonesia), 2000

Percentage of contraceptive use in Maluku province previous survey in 1997 has decreased dramatically, from 36.5 percent to 29.4 reported in 2007. Although the terms of the methods of contraception, there are several methods to increase as injections, condoms and female sterilization.

Table 1.4 : Percentage of currently married women who are currently usingmodern contraception methods, Maluku 1991-2007

Method	IDHS 1991	IDHS 1994	IDHS 1997	IDHS 2003	IDHS 2007
Pill	9.5	8.9	9.9	-	4.2
IUD	10.5	4.9	4	-	1.3
Injection	11.4	14.2	17	-	18.5
Implants	3.6	3.3	3.5	-	2
Condom	0.2	0.3	0	-	0.6
Female sterilization	1.3	1.3	1.4	-	2.8
Male sterilization	0	0.3	0.3	-	0
	36.5	**33.2**	**36.1**	**0**	**29.4**

Source: IDHS 2007

In addition to high population growth, high birth rate, high infant mortality rate and low levels of contraceptive use, one of the problems faced in the implementation of family planning programs in Indonesia is unmet need, it is evident from the high number of unmet needs in several provinces such as Maluku province that has an unmet need of 22.4 percent. Based on the Indonesia Demographic and Health Survey (IDHS) 2007, from 22.4 percent unmet need, who want to limit births as much as 13.5 percent and 8.9 percent is for spacing. Unmet need Maluku province varies according to age group, as in the younger age groups from age 25 to 29 years tended to space births,while women aged over 30 years would prefer to limit births. According to level of education, turns higher education of a married woman canreduced the number of unmet need in the Maluku province. For complete primary school is 24 percent, graduated from high school is 20 percent and above is 19.1 percent.

1.2 Research Problem

Family planning is one of the priority programs of Indonesian government to address issues of population. However this is not easy as you think, as well as in the Maluku province. Maluku is one of province in eastern Indonesia that 90 percent of its territory is ocean and has more than 500 islands. Geographical situation became one of the major challenges for the government to increase the participation of couples of childbearing age in Maluku in terms of family planning program.

As previously discussed, which Maluku province has a very fast growth rate, high fertility rate, high unmet need and also low contraceptive use. So this province was deliberately chosen as the focus of research. Contraceptive prevalence rate (CPR) in Maluku province is as low as 29.4 percent. This figure decreased by 6.7 percent from 36.1 percent in the previous survey in 1997. One of the possible reason of low CPR is geography of Maluku province is very isolated. To travel by sea and land from one area to another takes a long time. Moreover, not all areas in Maluku can be reached by airplane. Other challenges are seen in the number of family planning workers were very minimal due to decentralization program. Since 2001, the

Government of Indonesia has been implementing regional autonomy or decentralization policy of public authority and responsibility to districtsand municipalities. The decentralization on family planning program which includethe responsibilities for planning, budgeting, implementing and monitoring(Coordinating Ministry for People's Welfare, 2002; BKKBN, 2003), therefore, it is theimportant opportunity to improve the family planning programs atdistrict/municipality and provincial levels, because they were previously employed as an family planning workers can not be directly controlled by the national population and family planning board (BKKBN) in provincal level because they have become local employees.

1.3 Research Questions

1. What are the factors influencing married women not to use contraception in Maluku province ?
2. Comparing between reinforcing factor and enabling factors, which one has the most consequenceon not use of contraception ?

1.4 Research Objectives

1. To examine the factors influencing married women not to use contraception in Maluku province.
2. To compare and analyze the effect of reinforcing factor and enabling factors on not use of contraception.

1.5 Research Benefit

Advantage of this study can be viewed in terms of the availability of data 2007 IDHS of Maluku province which also was available to be analyzed variables such as age, education, number of children, occupation, place of residence, literacy, husband approval, family planning information through the media and family planning worker visits in the last six months. While benefiting from the analyzed results will be

the contribution of ideas that can be used by all those in need, especially national population and family planning board (BKKBN) of Maluku province as a strategy to increase the participation of married women to using contraception, so that the CPR and the quality of life will increase.

1.6 Scope of Research

This research using the 2007 Indonesia Demographic and Health Survey (IDHS) and focuses on factors influencing not use of modern contraception among married women in Maluku province, Indonesia. The population in this study is married women 15 – 49 years old in this province.

CHAPTER II
LITERATURE REVIEW

2.1 Definition of contraception

Contraception derived from the word "Contra" which means to prevent or fight. "Conception" means a meeting between a mature egg cells and spermresulting in pregnancy. Thus, contraception is an attempt to prevent cell to meet with mature eggs and sperm to prevent pregnancy (Farrer, 2001). Contraception is governmentsstrategy to control population growth, in various countries with high population growth. Modern methods of contraception include oral hormonal pills, intra-uterine device (IUD), injectables, female and male sterilization, condom, implant (including Norplant), vaginal barrier methods and emergency contraception (mdgs.un.org, 2013).

Table 2.1 : Description of modern contraceptive method

Method	Description
Combined oral contraceptives (COCs) or “the pill”	Contains two hormones (estrogen and progestogen)
Progestogen-only pills (POPs) or "the minipill"	Contains only progestogen hormone, not estrogen
Intrauterine device (IUD): copper containing	Small flexible plastic device containing copper sleeves or wire that is inserted into the uterus
Intrauterine device (IUD) levonorgestrel	A T-shaped plastic device inserted into the uterus that steadily releases small amounts of levonorgestrel each day
Injectables	Injected into the muscle every 2 or 3 months, depending on product
Female sterilization (tubal ligation)	Permanent contraception to block or cut the fallopian tubes
Male sterilization (vasectomy)	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles
Male condoms	Sheaths or coverings that fit over a man's erect penis

Table 2.1 : Description of modern contraceptive method (cont.)

Method	Description
Female condoms	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film
Implants	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only
Monthly injectables or combined injectable contraceptives (CIC)	Injected monthly into the muscle, contains estrogen and progestogen
Lactational amenorrhea method (LAM)	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive breastfeeding day and night of an infant less than 6 months old
Emergency contraception (levonorgestrel 1.5 mg)	Progestogen-only pills taken to prevent pregnancy up to 5 days after unprotected sex

In fact, the contraceptive use among married women is less than teenage women who are sexually active (John Ross, 2005).Lack of contraceptive use among married women can be seen from various factors that may have a great effect on their decision not to use contraception, especially modern contraception. One of the limitations in terms of health services, including family planning services, is a barrier to access health care and family planning service, as well as: availability, accessibility, affordability and acceptability (O'Donnell, 2007).

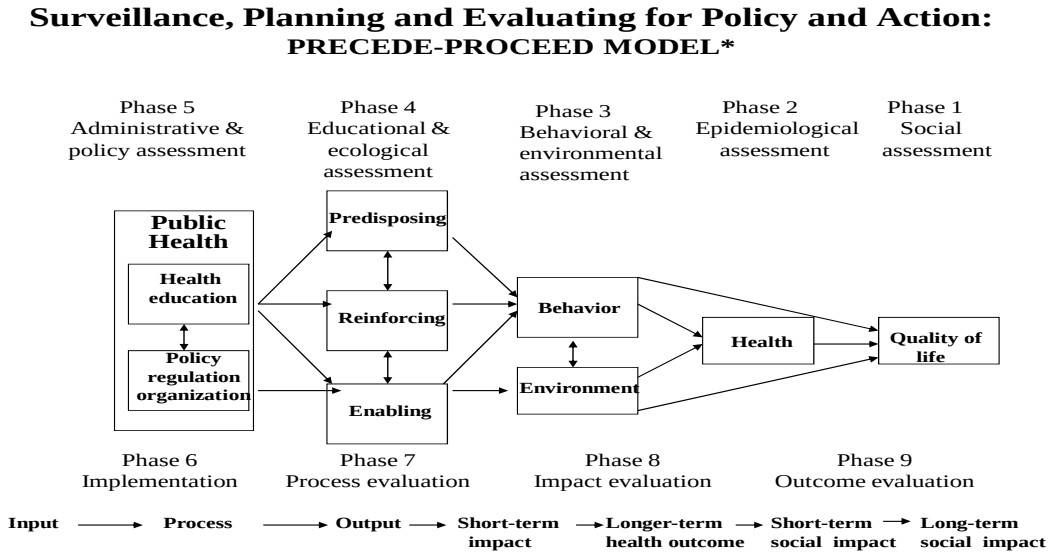
2.2 Behavioural change theory

Behavioral change is the cornerstone of health programs, including the decision to use contraception. Many theories that support behavior change, but used to see the factors that influence married women for not using contraception is ***Preced - Proceed theory*** by Lawrence W. Green.This theory identifies behavior change is influenced by three factors:

1. Predisposing factors, is factors that precede behaviors that provide a rational basis or motivation for behavior include knowledge, beliefs, attitudes, certain characteristics.Some variables included in this factor as the woman's age, education, number of living children, occupation, place of residence and literacy.

2. Reinforcing Factors, the following factors an ongoing behavior that gives effect to such behavior, and contribute to the behavioral response. Husband approval is one of the variables that include in this factor.

3. Enabling Factors, is the factors that precede behaviorwhich allows a motivation for, realized. In this factor, variables that include such as family planning information by media (radio, TV and newspaper) and family planning worker visits.



*Green & Kreuter, Health Promotion Planning, 3rd ed., 1999.

Fig 2.1 : Lawrence Green Theory

2.3 Factors influencing contraceptive use

2.3.1 Women's age.

Action for not using contraception is quite influenced by married women age itself. As proposed by Perbley (1982) who found that the data from seven developing countries, many older women do not like using contraception, because they believe that they will not get pregnant or they prefer to follow tradition in the community and not like to try something new. When women past the age of childbirth, the contraceptives use will decrease, during which she may desire to prevent or space additional pregnancy; into her thirty years, when she is still fertile but may seek to

prevent more children or space additional pregnancies, and then in her forty years, when her fecundity declines and she has less need of the protection from pregnancy (Rutenberg et al, 1991).

2.3.2 Women's education

The general behavior of a woman to use contraceptives for family planning will increase with its formal education (Miriam Moris& Edward Weinstock., 1969). Better-educated women may be more likely than others to earn incomes or to live in households having greater incomes, and thus may have greater economic resources or health insurance that could improve their access to birth control and the type of contraception that they prefer (Burgard S., 2004).

Based on a study conducted by Teresa Castro Martin and Fatima Juarez (1995) in Latin America, explained that education is something that is associated with wealth, so that the more educated a woman who wants to have a small family and using contraceptives due to provide higher education for their children as an investment in the future, other than that they think will be able to do other productive activities as well as child-rearing responsibilities.

2.3.3 Number of living children.

The number of children living in a family to be one of the factors that influence a married women not to use contraception, because the child is seen as an economic value that has an opportunity for labor, which in turn will contribute to the family income.Besides that, there is still a presumption that parents that many children will give a lot of luck for the family, as it is argued that in developing countries children are considered as a service provider for the family income and consumption, especially in rural areas (Kiranandana, 1978).Lower use among women with five or more children can reflect lower fecundity. Therefore, less chance of becoming pregnant, because women are near the end of their reproductive lives (Population Reports, 2000). The direction of the relationship between large family size and decreased use of contraception is unclear. Women with many children may have no interest in using contraception because their goal is large family, or on the contrary a

woman may have many births, and some of them are unwanted (Westoff, 1989, cited in Rutenberg et al., 1991).

2.3.4 Women's occupation

Some studies found that there is a fairly strong relationship between the contraceptive use and women's occupation. Basically, women who have jobs and often spend a lot of time outdoors have a level of consciousness to a higher contraceptive use than those who do not work(Hernandez, 1985; Soeradji et al..1987).Like one of the studies conducted in India by Dharmalingam and Morgan in 1996, which is known that a woman's job gives autonomy to limit or space births by using contraception. In other words to that very small possibility of contraceptive use among women who do not work, and it is most definitely will affect the number of children that would be born.

2.3.5 Place of Residence

Residence is also one of the factors that affect contraceptive use among women of marrying age. many studies have been done previously found that married women who lived in the village of fewer choose to use contraception than women who reside in the city. this may be due to a lack of knowledge, norms and regulations, and the desire to have a large family(United Nations, 1988).Generally, urban areas have access to better education, a wider spectrum of job opportunities, a more positive public health environment, and generally more prospects for self-improvement and social mobility (Concepcion, 1991).Therefore, women living in urban areas have more chance to expose to family planning programs that giving them various opportunities for choosing contraceptive methods.

2.3.6 Literacy

Level of contraceptive use among married women was also influenced by the level of literacy, or in other words a person's ability to readsuch as data The NFHS survey (2005-06) which found that about 52 percent of illiterate women not using any contraceptive method, while about one-third of women of childbearing age are illiterate do not want children are not using any contraceptive method.

A study in three regions in India, namely Jharkhand, Madhya Pradesh, Chhattisgarh is known that there are very high fertility with a low literacy among women (Ranjan.K.Prusty, 2013), it means that in the area many women are not using contraception so that the birth rate is very high.

2.3.7 Husband's approval on family planning

Inhibitor of family planning services in addition to medical problems, there are also caused by social and religious issues. this is evident in some of married women choose to not using contraceptionbecause it is influenced by some religious leaders who forbid the use of contraception unless the health considerations, but it also stands to reason they are not approved by the husband. (NIT,2012).

Joesoef, Baughman and Utomo(1988) found, the husband's approval on family planning program has an important role in Indonesia. Despite this, there has never been a previous study on the importance of spousal approval to use of contraception. This sort of thing is important, especially in metropolitan areas where the family planning program has had more difficulty than others in recruiting contraceptive users.

2.3.8 Family planning information from mass media

Communication through the mass media can make an impact on contraceptive use among married women and their partners, because the mass media is a tool to inform and motivate (Westoff,1995). Besides that in a study on the relationship with the mass media attitudes towards contraception in three countries; India, Pakistan and Bangladesh found that there is a strong influence of the mass media in delivering the message of family planning to reproductive attitudes and behavior (Olenic, 2000) It means, that a rural or remote areas far from the mass media service will negatively impact the use of contraception, because married women or their partners would not be able to reach out to information on family planning and reproductive health.

2.3.9 Family planning workers visits

A study by Magani (1999) showed that family planning can affect contraceptive users in three ways, among others: First, the program may affect fertility preferencesthe influence of social norms regarding family size. Second, the program may contribute to the conversion of the demand for fewer children to be a real demand for contraception by increasing social acceptance contraception, Third, programs may affect the likelihood of contraceptive use, given the demand, by reducing the economic costs and psychosocial practicing contraception.

Numerous studies have found an important role of access to family planning services, to see a positive relationship between access to family planning services and fertility behavior. The presence of family planning clinics incommunity can reduce regulatory costs for individual fertility by reducing travel time and costs in obtaining contraceptive supplies (Degraff et al. 1997). Thus the barriers faced in this case is if there is a limitation in the community health and family planning services, it means it will affect the family or married couples to use contraception will decrease.

2.4 Summary of the literature review

Based on case studies and theories presented in the previous literature review, it can be concluded that the decision or act of a married woman not to use a modern contraceptive method is not only influenced by its predisposing factors but also influenced by other factors such as reinforcing and enabling factors.

The characteristics of women such as the women age and number of living children can affect the level of not using contraceptive. Young women would prefer to choose a method of contraception for birth spacing distance or delay the birth, while the other hand of old age women prefer not to use contraception. Desire to have many children also become the cause of the failure of family planning programs. Education of women is seen as the power to determine the wants or does not want to participate in family planning programs, high level of formal education give chance to use contraceptives would be higher in line with the science and the knowledge that she had, while conversely if formal education is not met then the birth rate will be high. Besides, women occupation also had an influence on

contraception which they are not working are less likely to use contraception. The residence is also the reason married women not using contraception only because of lack of knowledge and lack of norms to encourage people to have many children. Literacy also be the cause of the lack of use of contraceptives so that the possibility of a high birth rate in the region will occur. Husband's approval is another factor that look, and then the influence of the mass media in the delivery of family planning information and visits from family planning workers also are strong reasons in the decision to use or not use contraception.

2.5 Conceptual Framework

Conceptual framework created in this study is assessed through information obtained in the data married women aged 15 -49 years who are targets of contraceptive use. By looking at the number of contraceptive use, then examined several factors that will be seen in three levels, among others: Predisposing factors, Reinforcing Factors and Enabling Factors, So that each factors will be tested impact on contraceptive use itself.

On predisposing factors, women who were older and reside in the village with a low educational level course has a low literacy rate as well. Thus most of them do not have jobs and tend to have many children. For reinforcing factor, husband's approval in family planning programs also influence the birth rate, which means that the lack of approval will open up opportunities for not using contraception.On the other hand, where the influence also comes from the enabling factors, which family planning information through the mass media and family planning workers visits. It gives the sense that the lack of information and visits will reduce the desire to follow the family planning program. This study divides the use of contraceptives into two categories: 1). Do not use modern contraceptives and 2). Use modern contraceptives.

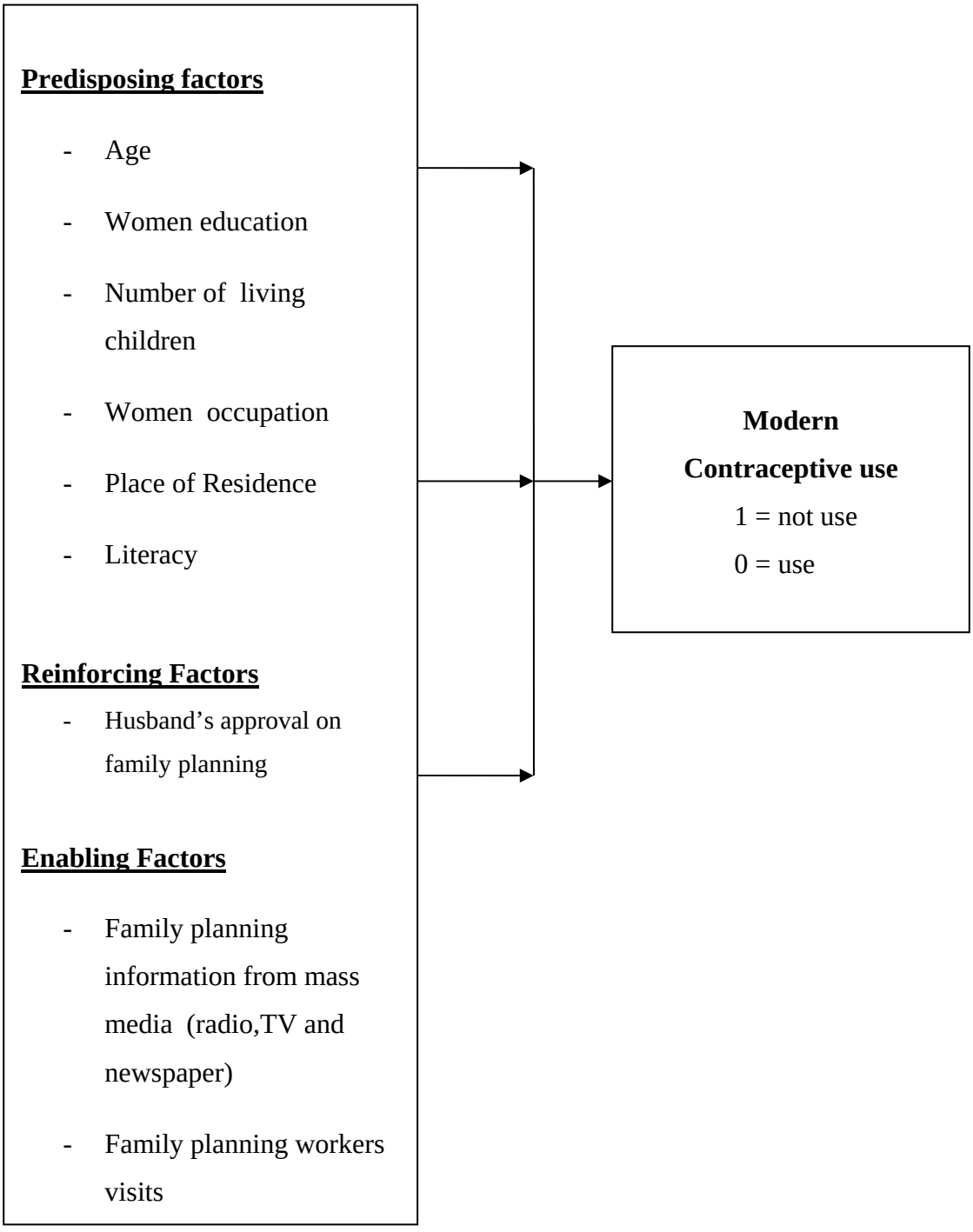


Fig 2.2 : Conceptual framework for analyzing the relationships of factors influencing married women not using contraception in Maluku province, Indonesia

2.6 Hypothesis

1. Socio demographic factors are less likely to have some effect on contraceptive not use.

2. Reinforcing factor (husband not approve) have more influence on the decision not to use contraception when compare to anabling factor (visited by family planning worker).

CHAPTER III
RESEARCH METHODOLOGY

3.1 Data Source

The data used for this study are from the 2007 Indonesia Demography and Health Survey (IDHS), This survey is carried out to six times as an ingredient of the international project "Demographic and health survey. The first survey conducted in Indonesia was in 1987, then 1991, 1994, 1997, 2002-2003, and 2007 by the Central Bureau of Statistics, National Family Planning Coordination Board, and Ministry of Health .

3.2 Sample Size

The number of samples in this study is 441 married women resulting from the 40 clusters / census block, which is where 97 samples came from 10 blocks in urban areas and 344 samples obtained from 30 clusters in rural areas.

3.3 Data Analysis

The unit of analysis in this study is married women aged 15-49. Frequency distribution are used to present the background characteristics of the currently married women including predisposing factors (age, education, number of living children, occupation, place of residence and literacy); reinforcing factor (husband approval on family planning program); and enabling factors (family planning information by radio, TV, newspaper and family planning workers visits). Bivariate correlation analysis is used to see the relationship between each independent variable and the dependent variable, while the binary logistic regression analysis is used to determine the factors that influence married women not using modern contraceptives. The statistical software used to analysis is SPSS and STATA.

3.4 Operationalization of variables

3.4.1 Dependent variable

The dependent variable is modern contraceptive use. This variable is taken from the data currently married women are using contraception, which is divided into two categories as follows:

- **Not use of modern contraception**

Refers to the currently non-use of modern methods, includes periodic abstinence, withdrawal, norplant, herbal medicine and massage.

- **Use of modern contraceptives.**

Refers to currently use of modern methods such as pills, IUD, Injectable, condom, female and male sterilization that being used by currently married women and their husband for the prevention of pregnancy and spacing or limiting births.

3.4.2 Independent variables

The independent variables, categorized into three sections as follows :

1. Predisposing Factors

- **Women's age**

Women's age refers to the current age of the respondents. It is an interval scale variable and measured in completed years of currently married women at the time of survey, ranged from 15 years to 49 years. It is categorized into three categories: 15-24 (young); 25-34 (young adult); 35-49 (adult).

- **Education**

Education refers to the highest level of education that respondents have completed. The level of education is c ategorized into two groups: no education + primary (0) and secondary + higher (1)

- **Number of living children**

Number of living children refers to the total number of living children of respondents at the time of interview. It is categorized into three groups: 0 – 3 children (1); 4 - 6 children (2); 7 - 10 children (3).

- **Women's occupation**

Women's occupation refers to work that respondent reported at the time of the survey, categorized into: Not working + agricultural workers + others = (1); industrial workers + cherical + seles + service = (2); professional + technical = (3)

- **Place of residence**

Place of residence refers to the respondent's place of residence at the time of interview. It is categorized into two categories: rural(0) and urban (1).

- **Literacy**

Literacy refers to respondents who can not read + able to read only part of sentence (0) and those who can read whole of the sentence (1).

2. Reinforcing Factor

- **Husband's approval on family planning**

Husband's approval on family planning refers to respondent's husband approval on contraceptive use. It is grouped into 2 categories: disapproved + DK/unsure (0) and approved (1). This variable come from data of husband approves family planning.

3. Enabling Factors

- **Family planning information from mass media**

Family planning information from mass media refers to whether the respondents had heard or seen a message about family planning in the last six months from mass media: radio, TV, and newspaper. no (0) and yes (1).

- **Visited by family planning workers**

Visited by family planning workers refers to whether the respondents had been visited by family planning workers last six month. (0) no and (1) yes.

3.5 Limitation of the study

Limitation in this study is that some variables and the information available in the IDHS are also limited. Therefore, this study focuses on only a few factors that potentially affect contraceptive use in Maluku, Indonesia, although there

may be other important factors that influence the use and non-use of contraception. Another thing that was not examined in this study is the qualitative information despite the fact that qualitative information is also very important in explaining why women do not practice family planning.

CHAPTER IV
RESULTS AND DISCUSSIONS

In this chapter, the results and discussion of analysis are presented. The first part presents the general characteristics of selected background variables. This part comprises of frequency distributions of the sample population by various selected variables. It is followed by bivariate analysis, which is used for determining the relationships between the selected independent variables and dependent variable.At the end of this chapter described the results of the multivariate analysis with binary logistic regression method that shows which factors have significant influence on the dependent variable, women's not using contraceptive method.

4.1 Frequency distribution

In Maluku only one-third use modern contraceptive (32.2 percent) and two-third does not use (67.8 percent).

Table 4.1 : Frequency distribution of contraceptive use (N = 441)

Characteristics	Frequency	Percent
Use	142	32.2
Not use	299	67.8
Total	**441**	**100.0**

Table 4.2 shows that the highest percentage of the study sample are those in young adult (25-34) accounting for 48.8 percent, follow by 31.3 percent of adult aged 35-49, while the percentage of youth aged 15-24 years is 20 percent. Married women who are never been in school and those who have only primary education amounted to 43.5 percent and those with secondary and higher education amounted to 56.5 percent.

The highest percentage of married woman have 0-3 living children (66.0 percent) while 28.3 percent have 4-6 children and those who had 7-10 children account for 5.7 percent. The percentage of women who did not work and those worked in agricultural section is very high (72.8 percent). The percentage of those living in the rural areas is larger than those living in the urban areas (78.0 percent and 22.0 percent respectively). In terms of literacy, married women in Maluku who can not read is 11.6 percent while those able to read the whole sentence account for 88.4 percent.

Table 4.2 : Frequency distribution of married women aged 15-49 by Predisposing Factors (N = 441)

Characteristics	Frequency	Percent
Age		
15-24	88	20.0
25-34	215	48.7
35-49	138	31.3
Education		
No education + primary	192	43.5
Secondary + higher	249	56.5
Number of living children		
0-3	291	66.0
4-6	125	28.3
7-10	25	5.7
Occupation		
Not working + agricultural + others	321	72.8
Industrial worker + clerical + sales + service	101	22.9
Professional, technical	19	4.3
Place of residence		
Rural	344	78.0
Urban	97	22.0

Table 4.2 : Frequency distribution of married women aged 15-49 by Predisposing Factors (N = 441) (cont.)

Characteristics	Frequency	Percent
Literacy		
Cannot read at all + able to read only parts of sentence	51	11.6
Able to read whole sentence	390	88.4

Husband approves the family planning program has a distribution fairly high at 76.0 percent, while those reported as not approve of family planning program amounted to 24.0 percent.

Table 4.3 : Frequency distribution of married women aged 15-49 by Reinforcing Factor (N = 441)

Characteristics	Frequency	Percent
Husband Approval		
Disapprove + DK/unsure	106	24.0
Approve	335	76.0

Married women who heard family planning programs through the media (radio, TV, newspapers) account for small percentage, except for the television. The percentage ever heard from radio, TV and newspaper are 6.1 percent, 20.4 percent and 6.1 percent respectively. In terms of family planning workers visits, only 7.3 percent of respondents received visits from family planning workers in the last six months.

Table 4.4 : Frequency distribution of married women aged 15-49by Enabling Factors (N = 441)

Characteristics	Frequency	Percent
Radio		
No	414	93.9
Yes	27	6.1

Table 4.4 : Frequency distribution of married women aged 15-49by Enabling Factors (N = 441) (cont.)

Television		
No	351	79.6
Yes	90	20.4
Newspaper		
No	414	93.9
Yes	27	6.1
FP workers visits		
No	409	92.7
Yes	32	7.3

After an explanation of the frequency distribution, then the next will discuss the distribution of characteristics independent variables on the number of living children by married women in the Maluku province be seen from Table 4.1.5.
All the characteristics associated with the number of living children per married woman in Maluku province, it appears that most of them have 0-3 children in the family.

Table 4.5 : Frequency distribution of the variables & number of living children

Characteristics	**Number of Living Children**			**Total**
	0-3	***4-6***	***7-10***	
Contraceptive Use				
Use	90	50	2	142
	63.4	*35.2*	*1.4*	*100.0*
Not use	201	75	23	299
	67.2	*25.1*	*7.7*	*100.0*
Age				
15-24	87	1	0	88
	98.9	*1.1*	*0.0*	*100.0*
25-34	162	51	2	215
	75.3	*23.7*	*0.9*	*100.0*
35-49	42	73	23	138
	30.4	*52.9*	*16.7*	*100.0*
Education				
No education and primary	96	73	23	192
	50.0	*38.0*	*12.0*	*100.0*
Socandary and higher	195	52	2	249
	78.3	*20.9*	*0.8*	*100.0*

Table 4.5 : Frequency distribution of the variables &number of living children (cont.)

Characteristics	*0-3*	*4-6*	*7-10*	Total
Occupation				
Not working + Agricultural + others	215	89	17	321
	67.0	*27.7*	*5.3*	*100.0*
Industrial worker+clerical+sales +service	63	30	8	101
	62.4	*29.7*	*7.9*	*100.0*
Professional + Technical	13	6	0	19
	68.4	*31.6*	*0.0*	*100.0*
Place of Residence				
Urban	76	17	4	97
	78.4	*17.5*	*4.1*	*100.0*
Rural	215	108	21	344
	62.5	*31.4*	*6.1*	*100.0*
Literacy Rate				
Cannot read all+able to read some part	24	18	9	51
	47.1	*35.3*	*17.6*	*100.0*
Able to read whole sentences	267	107	16	390
	68.5	*27.4*	*4.1*	*100.0*
Husband Approval				
Disapprove + DK/unsure	67	30	9	106
	63.2	*28.3*	*8.5*	*100.0*
Approve	224	95	16	335
	66.9	*28.4*	*4.8*	*100.0*
Heard FP on Radio				
No	274	116	24	414
	66.2	*28.0*	*5.8*	*100.0*
Yes	17	9	1	27
	63.0	*33.3*	*3.7*	*100.0*
Heard FP on TV				
No	224	104	23	351
	63.8	*29.6*	*6.6*	*100.0*
Yes	67	21	2	90
	74.4	*23.3*	*2.2*	*100.0*
Heard FP on Newspaper				
No	269	120	25	414
	65.0	*29.0*	*6.0*	*100.0*
Yes	22	5	0	27
	81.5	*18.5*	*0.0*	*100.0*
FP Worker Visits				
No	276	108	25	409
	67.5	*26.4*	*6.1*	*100.0*
Yes	15	17	0	32
	46.9	*53.1*	*0.0*	*100.0*

The following table shows the number and percentage of all characteristics associated with husband's approval. Women using contraception were their husband's approval, which is not otherwise obtainhusband approval is not using contraception. Many women in adulthood did not get husband approval than women at a young age. Number of children between 0-3 can still get approval while the husband who has had more than 6 children in the family is not getting husband approval. Those who have no or only primary education and do not have work not does it have the approval of husbands compared to those with secondary and higher education and have a work. Most women who lived in the rural did not get approval rather than living in urban, in addition to women who are not literate can not obtain approval of their husbands than those who are able to read the whole sentence.

Based on information from the mass media is heard, then a woman who heard the information from media such as radio, TV and newspapers will supported by their husbands than those who did not hear. On the other hand husband approval will be obtained when there is a family planning worker visits, otherwise do not get a visit likely to disapprove.

Table 4.6 : Frequency distribution of the variables and Husband Approval (N = 441)

Characteristics	Husband Approval		Total
	Disapprove	***Approve***	
Use	5	137	142
	3.5	*96.5*	*100.0*
Not use	101	198	299
	33.8	*66.2*	*100.0*
Age			
15-24	21	67	88
	23.9	*76.1*	*100.0*
25-34	47	168	215
	21.9	78.1	100.0
35-49	38	100	138
	27.5	*72.5*	*100.0*
Education			
No education and primary	63	129	192
	32.8	*67.2*	*100.0*
Socandary and higher	43	206	249
	17.3	*82.7*	*100.0*

Table 4.6 : Frequency distribution of the variables and Husband Approval (N = 441) (cont.)

Characteristics	*Disapprove*	*Approve*	Total
Number of living Children			
0-3	67	224	291
	23.0	77.0	100.0
4-6	30	95	125
	24.0	76.0	100.0
7-10	9	16	25
	36.0	64.0	100.0
Occupation			
Not working + Agricultural + others	91	230	321
	28.3	*71.7*	*100.0*
Industrial worker + clerical + sales + service	15	86	101
	14.9	*85.1*	*100.0*
Professional + Technical	0	19	19
	0.0	*100.0*	*100.0*
Place of Residence			
Urban	13	84	97
	13.4	*86.6*	*100.0*
Rural	93	251	344
	27.0	*73.0*	*100.0*
Literacy Rate			
Cannot read all+able to read some part	20	31	51
	39.2	*60.8*	*100.0*
Able to read whole sentences	86	304	390
	22.1	*77.9*	*100.0*
Heard FP on Radio			
No	105	309	414
	25.4	*74.6*	*100.0*
Yes	1	26	27
	3.7	*96.3*	*100.0*
Heard FP on TV			
No	100	251	351
	28.5	*71.5*	*100.0*
Yes	6	84	90
	6.7	*93.3*	*100.0*
Heard FP on Newspaper			
No	106	308	414
	25.6	*74.4*	*100.0*
Yes	0	27	27
	0.0	*100.0*	*100.0*

Table 4.6 : Frequency distribution of the variables and Husband Approval (N = 441) (cont.)

FP Worker Visits			
No	104	305	409
	25.4	*74.6*	*100.0*
Yes	2	30	32
	6.3	*93.8*	*100.0*

4.2 Bivariate Analysis

Bivariate correlation analysis used for see the relationship and measure the strength of association between variables, that shows whether independent variable have significant or not significant with the dependent variable.

In predisposing factors, women's education and occupation are variables that has a statistically significant relationship with the not using contraception, with a significant level of 0.000 and 0.003. For thereinforcing factor, it is known that the husband approves on the family planning program also has a statistically significant, with a significant number 0,000.Whereas for the enabling factors, a significant number were seen only in TV media and family planning workers visits, which were for family planning information through TV is 0,001 and visited by family planning workers is 0,000.

4.2.1 Predisposing factors and modern contraceptive use.

Table 4.2.1 presents the relationships between predisposing factors (age, education, number of living children, occupation, place of residence and literacy) with current modern contraceptive use and not use.

Married women who not using modern contraception is very high in the young age (15-24 years). It is proved that there is no awareness for young couples to use contraception. Similarly in adult women aged (35-49 years), this could be partly due to the assumption that they had entered the women infertile or do not want more children so it does not need to use contraception. Thus the rate of modern contraceptive use only high at the age of 25-34 years.

In terms of education, women with no education and had only primary education were more likely to not using contraception than women with secondary and higher education, this is due to lack of information and lack of knowledge about contraception and family planning. Women in the Maluku province which had 7 to 10 children, the level of not using contraceptive use is very higher than women who had number of children under 6 people, it can also be caused by old age or because they have not wanted any more children, so they do not use contraception so that the condition can lead to high rates of unmetneed.

Women who do not work and work as agricultural worker are less likely to use contraception than those who have a working. Based on residence, a woman who lived in the rural area are less to use contraception than those who live in the urban area, it could be due to lack of information and access to public health services. Women who are not literate or only able to read only part of sentences would prefer to not using contraception than those who are able to read the whole sentence, it is certainly not independent of education and ability to receive information in writing.

Table 4.7 :Percentage of modern contraceptive use by predisposing factors

Characteristics	Use	Not Use	Total
Age			
15-24	26.1	73.9	100.00
25-34	34.4	65.6	100.00
35-49	32.6	67.4	100.00
Education			
No education + primary	22.9	77.1	100.00
Secondary + higher	39.4	60.6	100.00
*Sig = 0.000***			
Number of living children			
0-3	30.9	69.1	100.00
4-6	40.0	60.0	100.00
7-10	8.0	92.0	100.00
Occupation			
Not working + agricultural + others	28.3	71.7	100.00
Industrial worker + clerical + sales + service	40.6	59.4	100.00
Professional, technical	52.6	47.4	100.00
*Sig = 0.003***			

Table 4.7 :Percentage of modern contraceptive use by predisposing factors (cont.)

Characteristics	Use	Not Use	Total
Place of Residence			
Urban	39.2	60.8	100.00
Rural	30.2	69.8	100.00
Literacy			
Cannot read at all + able to read only parts of sentence	19.6	80.4	100.00
Able to read whole sentence	33.8	66.2	100.00

4.2.2 Reinforcing factors and modern contraceptive use

Table 4.2.2 shows that 95.3 percent of women do not use contraception because it is not approved by the husband, it could be due to religious views do not limit the number of children and the thought that a lot of kids a lot of luck in relation to the economic value of children as labor in the future. On the other hand 59.1 percent of women using contraception because there husband's approve. Thus clear that the husband's approve to be crucial for married women in Maluku to follow the family planning program because when there is a deal it will be a high level of contraceptive use, while if there is no approvedby the husband will be the level of contraceptive use is very low.

Table 4.8 Percentage of modern contraceptive use by reinforcing factors

Characteristics	Use	Not Use	Total
Husband approval			
Approve	40.9	59.1	100
Disapprove + DK/unsure	4.7	95.3	100
*Sig = 0.000***			

4.2.3 Enabling factors and modern contraceptive use.

Women who had not heard of family planning information through the media (radio, TV and newspapers) were less likely to use contraception than those who listen. Limitations of information through the media can occur due to distant location of residence and the limited means of information, but it also could be because it has not provided a means of lighting such as in remote villages. As well as those who were not visited by family planning worker in the past six months also did not use contraception with a percentage of 70.4 percent.This is due to non-availability of family planning workers and the range of the residence is too far away, which is basically going to remote areas that require a long time to reach.

Table 4.9 : Percentage of modern contraceptive use by enabling factors

Characteristics	Use	Not Use	Total
Heard FP on Radio			
No	31.4	68.6	100.00
Yes	44.4	55.6	100.00
Heard FP on TV			
No	28.5	71.5	100.00
Yes	46.7	53.3	100.00
*Sig = 0.001***			
Heard FP on Newspaper			
No	40.7	59.3	100.00
Yes	31.6	68.4	100.00
Visited by FP worker			
No	29.6	70.4	100.00
Yes	65.6	34.4	100.00
*Sig = 0.000***			

4.3 Multivariate Analysis (Binary logistics)

The binary logistic regression model is adopted for the multivariate analysis. The dependent variable is binary: 1 = means not using contraception and 0 = means using contraception.

Overall, binary logistic analysis showed that the chi-square values is 93.468 with a significant value of 0.000 which means that the variables have a relationship with the contraceptive not use. In addition, the contribution of the independent variables on not using contraception is 27 percent. Predicted value for this variable was 73 percent.

In terms of influence, the significant value is having no education/ primary, having 4-6 children, husband disapproving on family planning programe, did not receive family planning information through TV and not visited by family planning workers. This means that five variables have a strong influence for not using contraception among married women in the Maluku province. To look in more detail the effect of each variable on contraceptive use analysis can be seen in the table 4.10.

Table shows that of several variables included in binary logistic analysis, not all of them independent had a significant effect on the dependent variable. Significant include education, number of living children, husband approval and family planning workers visits are variables that have a significant effect.

Having no education or primary education is positively associate with not using contraception, compare to women who have secondary education or higher. This is consistent with previous study (e.g. Robey et al., (1992); Saphiro & Tambashe (1994); and Rutenberg et al., (1991), that education has a positiveeffect on contraceptive use, because of lack of knowledge of family planningmethods, fear about side effects or health concerns of modern methods. These factors,decrease their awareness, their acceptability, and thereafter, effect on the use of contraception.

Regarding of the number of children living in families, results suggest that women who have more than 3 children are more likely not to use contraception. Women whose husband did not approve of family planning has a very significant influence on not using contraceptive. This supports the hypothesis that the reinforcing factors (husbands do not approve) have more influence than any other factor.This is consistent with the result from a study in Indonesia by Joesoef et al. (1988) that husband’s approval on family planning is the most important determinant of contraceptive use.

Receiving family planning information through the TV is other variables that has an influence to not using contraception.

Women who reported not heard information about family planning from TV are more likely not to use contraception than those who did. This shows that the role of the media is also important to consider in determining the implementation strategy.

Moreover, not receiving visit by family planning workers positively associated with not using contraceptive method. This is to say that, women in Maluku province tend not to use contraception if they do not get visited by family planning worker, compared to those who did.

Table 4.10 : Binary logistic regression analysis of factors relating not to use modern contraception

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	93.468	14	.000
	Block	93.468	14	.000
	Model	93.468	14	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	460.749[a]	.191	.267

a. Estimation terminated at iteration number 6 because parameter estimates changed by less than .001.

Classification Table

Observed		Predicted		
		use	not use	Percentage Correct
Step 1	use	52	90	36.6
	not use	29	270	90.3
	Overall Percentage			73

The cut value is .500

Variables in equation

Characteristics	B	S.E.	Wald	df	Sig.	Exp(B)
Age			.999	2	.607	
15-24	.376	.389	.934	1	.334	1.456
25-34	.116	.297	.154	1	.695	1.124
No education + primary	.647	.286	5.124	1	***.024***	1.910
Number living_children			5.697	2	.058	
0-3	-1.221	.817	2.233	1	.135	.295
4-6	-1.641	.797	4.242	1	***.039***	.194
Occupation			.998	2	.607	
Not working+agricultural	.261	.535	.237	1	.626	1.298
Industrial+clerical+ sales + service	.004	.553	.000	1	.994	1.004
Rural	.147	.295	.248	1	.619	.863
Husband disapprove	2.401	.482	24.839	1	***.000***	11.037
Can not read	.031	.450	.005	1	.944	1.032
No heard through radio	-.121	.509	.056	1	.813	.886
No heard through TV	.557	.285	3.800	1	***.051***	1.745
No heard through newspaper	-.403	.508	.630	1	.427	.668
No visited by FP worker	1.139	.427	7.110	1	***.008***	3.124
Constant	.111	1.119	.010	1	.921	1.117

Based on variables that influence, it can be said that the husband's approval of family planning and family planning workers visits are two things that can be measured against the likely level of not using contraception. The analysis carried out shows that when the husband disapprove, and there is no family planning worker visits, then the probability not to use contraception is 95 percent. Other hand, women who are not approved by her husband and no visited by family planning workers still likely to not using contraception by 100 percent, it means that the husband's approval to be more dominant factor for married women in Maluku because although it has been visited by family planning workers, but still it is not likely to use contraception very high up to 100 percent.

The percentage of women not using contraception by 64 percent when her husband gave her approval, although not visited by family planning workers, whereas if the husband approve and there visited by family planning workers, then it is likely not to use contraception only about 35 percent.

Table 4.11 : Adjusted Proportional Probabilities when focus on Husband Approval and Family Planning Worker Visit on Probabilities Not Using Contraception

Husband Approval	FP worker visit	N	Adjprop	SE	Lower	Upper
Approved	Yes	30	0.35	0.41	0.19	0.55
Approved	No	305	0.64	0.12	0.58	0.69
Disapproved	Yes	2	1	0.64	0.99	1
Disapproved	No	104	0.95	0.46	0.88	0.97

LR Chi2 = 54.65
Prob> Chi2 < 0.0001 N=441

CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

This study shows that 67.8 percent of married women in the Maluku province are not using contraception. Predisposing, reinforcing and enabling factors analyzed using bivariate analysis show that the variables that have a significant relationship with not using contraception are education, occupation, husband approval, family planning information from TV and visited by family planning workers.

Highest percentage of those who do not use contraception is women aged 15-24 years (73.9%), which has no education and primary (77.1%). have more than 7 children (92 %), no workingand agriculture worker (71.7%). Moreover 69.8 percent of the women who reside in the rural and 80.4 percent who can not read and able to read in part of the sentence also did not use contraception.

In the case of the husband's approval, almost all women whose husband reported as not approve of family planning program did not use contraceptive method. Findings suggest that the husband’s approval is very important role and influence married women in Maluku to use or not use contraception. Essentially influence husband’s approval is caused by two factors; religion and culture. In terms of religion, more than 50% of the population in Maluku are Islamic, and they think that children as a gift from God that should not be restricted for any reason, while in terms of culture, especially in the rural areas are still many men who believe that children are the next generation, as well as investment families to meet the needs of the economy as workers in the fields and in the woods, and therefore they do not want to limit the number of children. On the other hand, more than 60 percent of women who do not receive family planning information through the media (radio, TV and newspaper) and did not get a visit from family planning workers are less likely to use contraception than those who listen and visit.

Multivariate analysis using binary logistic regression shows that net of other variables included in the model, variables that significantly influence contraceptive use are education, number of living children, husband's approval, family planning information from TV and family planning workers visits. If looking at ll the variables that influence, husband's approval has a very strong influence, which shows that the probabilities of one hundred percent of married women do not use contraception if husband disapproves.

5.2 Recommendations

Based on the finding that married women in Maluku province who are not use contraception has a high percentage, which is influenced by several factors such as education, number of living children, her husband's wishes, family planning information through TV and media family planning worker visits. But two of the five factors that exist have enormous influence, namely the husband approval and family planning workers' visits.This study recommends that :

1. Government through the population and family planning board in provincial level needs to provide information, education, and communication about the importance of contraceptive use to both husband and wife in each household.
2. Need to increase male participation in contraceptive use through training program.
3. Training for family planning workers to improve their communication skills to convince any man to be approve their wives to using contraception.

5.3 Recommendations for Future Research

This study did not examine all of the variables contained in the survey data, only a few are considered to be related to the impact of not using contraception. The studies are expected to further examine some of the other variables that have not

been addressed in this study, as it also needed further research to look at each factor in the Maluku region which may have their own differences.

REFERENCES

Bart Jacobs, P. I., Maryam Bigdeli, Peter Leslie Annear, Wim Van Damme, (2011). "Health Policy and Planning." Addressing access barriers to health services:an analytical framework for selectingappropriate interventions in low-incomeAsian countries: 290.

Bongaarts, J. (1978). Population and Development Review. A Frame for Analyzing the proximate determinants of fertility, Population council**:** 105.

Burgard .S (2004) Factors Associated with Contraceptive Use in Late- and Post-apartheid South Africa. . Volume, DOI:

DeGraff, D. S., Bilsborrow, R.E., and Guilkey, D.K, (1997). Community-level Determinants of contraceptive use in the Philippines: A Structural analysis". Demography.

Google.http://mdgs.un.org/unsd/mdg/Metadata.aspx?IndicatorId=0&SeriesId=731,accessed on August 8, 2013

Helweldery, S. (2004). Factors influencing contraceptive use among currently married women in Sulawesi, Indonesia

International Planned Parenthood Federation (IPPF) (2012) Contraception.

Joesoef, M.R, A.L. Baughman, and B. Utomo. (1988). "Husband's Approval ofContraceptive Use In Metropolitan Indonesia: Program Implications". Studies in Family Planning, 19(3), pp 162-168.

John Ross, J. S., Demi Adelaja, (2005). Profile for family planning and reproductive health programs. USA.

Kiranandana, T. (1987). "The Demand for Children: ."An Application of the New Home Economics Approach to Thai Data. .

Magani et al,. (1999) The Impact of the family Planning Supply Environment on Contraceptive Intentions and Use in Morocco. Studies in Family Planning.Volume, 120-132 DOI:

Miriam Moris& Edward Weinstock (1969).The Family Coordinator Differential effect of education on family planning, National Council on Family Relations.161.

NIT (2012).Peserta KB dibawah target.Kompas. Jakarta.

Olenic, I. (2000). "Women's exposure to mass media is linked to attitudes toward contraception in Pakistan, India and Bangladesh." International Family Planning Perspectives, 26: 1.

PAA (2013)."Contraceptive Use and Unmet Need for Family Planning among Tribal Women in India and Selected Hilly States."

Perbley, R. A., & Brackett, J.W, (1982)."The Relationship of Contraceptive Availability to Contraceptive." International Family Planning Perspectives: 26.

Robey, B., S.O. Rutstein, L. Morris, and R. Blackburn. (1992). “The ReproductiveRevolution: New Survey Findings”. Population Reports, XX (4), Series M,

No.11. Baltimore: The Johns Hopkins University, Center for CommunicationPrograms, Population Information Program.

Rutenberg, N., M.Ayad, L.H. Ocha, and, M. Wilkinson (1991)."Knowledge and Use of Contraception." Demographic and Health Survey Comparative Studies: 6.

Shapiro D. and Tambashe O. (1994).The Impact of Women’s Employment and Education on Contraceptive Use and Abortion in Kinshasa, Zaire. Studies in Family Planning, Vol. 25 (2): 96-100

Sri Wahyuni, S., MA,, Ed. (2009). Survey DemografidanKesehatan Indonesia 2007 Provinsi Maluku. Jakarta, KB danKesehatanReproduksi, BKKBN.

Statistics Indonesia (2008).Indonesia Demographic and Health Survey 2007. Jakarta.

Teresa Castro & Fatima Juarez (1995)."International Family Planning Prespectives." The Impact of Women's Education on Fertility in Latin America : Searching for Explanations 21.

United Nations (1988).World Population Trends and Policies-1987.Monitoring Report: Department of International Economic and Social Affairs.Population Studies. New York, United Nations.

Westoff, F. C., Moreno, L., Goldman, N, (1989). "The Demographic Impact ofChanges in Contraceptive Practice in Third World Population, in Segal."

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