DETERMINANTS OF CONTRACEPTIVE METHOD CHOICE AMONG CURRENTLY MARRIED WOMEN IN INDONESIA

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Thesis

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ABSTRACT

The population number in Indonesia is still increased from 147.5 million in 1980 to 206.3 million in 2000. In some provinces population density is extremely high. However, the increasing rate of modern contraceptive used among married women not covered all the country. The factors influencing contraceptive method choice is the key elements in achievement of family planning programme in Indonesia.

This study was using the secondary data derived from the 1997 Indonesian Demographic Health Survey (IDHS). Bivariate analysis and multivariate analysis (multinominal logistic regression) were used to analyze the relationship between independent and dependent variables. Contraceptive method choice was a dependent variable that classified into three categories namely, using short-term, using long-term and using traditional contraceptive methods. Socio-demographic characteristics, residences and religions were included as the independent variables.

Finding of the study show that most of currently married women in all age groups, with have no living children, have less or higher education and their husband have less or higher education are more likely to use short-term contraceptive methods. Currently married women who are living in urban area are less likely to use long-term method in comparison of using traditional method. Currently married women who are living in rural area are less likely to use short-term method in comparison of using traditional method. Religion has a negative impact on the using of short-term method.

To increase contraceptive prevalence rate among currently married women by promoting the use of long-term methods, the government should be improved the family planning services which emphasized to the family planning knowledge and better understanding on the long-term contraceptive methods in both urban and rural areas and to all religions among currently married women in Indonesia.

KEY WORDS: DETERMINANTS/CONTRACEPTIVE/METHOD CHOICE/ CURRENTLY MARRIED WOMEN/SHORT-TERM METHOD / LONG-TERM METHOD/ TRADITIONAL METHOD/INDONESIA

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CHAPTER 1
INTRODUCTION

1.1 Background

Nowadays, one of the Indonesian population problems, that number of population growth is still relatively high. Between 1970 and 1980 the average of population growth was 2.3 percent (Soeradji et al., 1986). High number of Population growth in Indonesia was influencing by three factors namely, number of birth, mortality, and migration. Therefore, in all Indonesian regions, affect of migration to population growth was low and negligible. However, the factors in which cause of high number on population growth was the difference between number of birth and mortality. According to population growth, the data in Indonesia shown that number of birth was higher than number of mortality (Soeradji et al., 1986).

Indonesian population growth rate has declined in the last two decades. Between 1980 and 1990, the average annual population growth rate was 1.98 percent, compare with 1.49 percent between 1990 and 2000 (IDHS, 2000). The average of population growth in Indonesia between 1970 and 1980 was 2.3 percent *(Soeradji et al., 1986)*, 1980 and 1990 was 1.98 percent *(IDHS, 2000)*, 1990 and 2000 was 1.49 percent *(IDHS, 2000)*. Therefore, the 2000 Population Census indicates that the population density varies not only across island but also among province of the same islands. Java, which covers only 7 percent of the total area of Indonesia, is inhabited by 59 percent of the country's population, making the population density of Java (951 persons per square kilometer) higher than other islands. By comparison, Kalimantan has a density of 20 persons per square kilometer (IDHS, 2000).

Population number of Indonesian, census between 1971 – 2000 *(IDHS, 1997, 2002-2003)*, in 1971 (119.2 million), in 1980 (147.5 million), in 1985 (164.6 million), in 1990 (179.4 million), in 2000 (206.3 million).

According to the 2000 population Census, the population of Indonesia was 206.3 million in 2000 *(BPS Statistics Indonesia, 2001)* and was projected to reach 225.3 million in 2005, and 261.9 million in 2020 *(AustStats, 2002)*. This makes Indonesia the fourth most populous country in the world after the People's Republic of China,

India, and the United States of America. An estimated 86.5 million people (42 percent of population) live in urban areas in 2000, compared with 92.7 million (44 percent of the population) in 2002. In 2000, more than 88 percent of the Indonesian population was Muslim (IDHS, 2000).

Figure 1 demonstrates the population growth in Indonesia during 1971 to 2000. The Indonesian Census 1971 indicated number of population in 1971 was 119.2 million and increased to 147.5 in 1980, after that it reached to 164.6 million in 1985, and than it increased to 179.4 million in 1990. However, number of population in 2000 was 206.3 million.

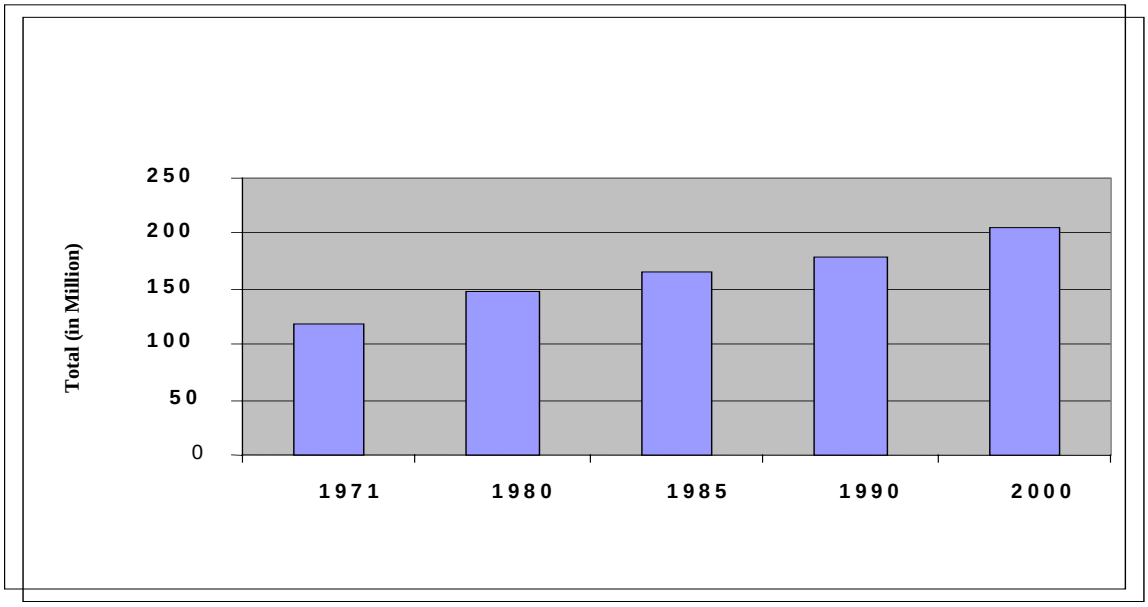


Figure 2: Trend in Total Fertility Rate, in Indonesia 1991 – 2003.
Source: IDHS, 1997, 2002-2003.

Indonesia has witnessed one of the most dramatic decline in fertility. The total fertility rate has fallen from 5.6 children per woman in 1970 to 4.1 in 1980, and 3.2 in 1985 (Gertler, Molyneaux, 1994). The 2002-2003 IDHS indicates that there has been a steady decline in fertility in Indonesia from 3.0 children per women in 1988-1991 to 2.6 children per women in 2000-2002. The decline took place in most provinces. Compare with selected South East Asian countries such as Cambodia, the Philippines, Malaysia, and Myanmar, the TFR in Indonesia is low, although not as low as that in

Singapore and Thailand (IDHS, 2000). Therefore, from the 1997 Indonesia Demographic Health Survey (1997 IDHS), the result indicates that if fertility were to remain constant at the current age specific rates measure in survey, a women in Indonesia would, on average, bear 2.6 children in her life time (IDHS survey, 1997). The decline in fertility is brought about by, among other things, increased education among women, increased age at first birth, desire for fewer children, and greater use of contraceptive methods.

Figure 2 demonstrates the trend in the total fertility rate in Indonesia during 1991 to 2003. The Indonesian Demographic Health Survey data indicated the total fertility rate in 1991 was 3.0 and decreased to 2.9 in 1980, after that it reached to 2.8 in 1985, and than it decreased to 2.8 in 1997. However, total fertility rate in Indonesia decreased to 2.6 in 2000/2003.

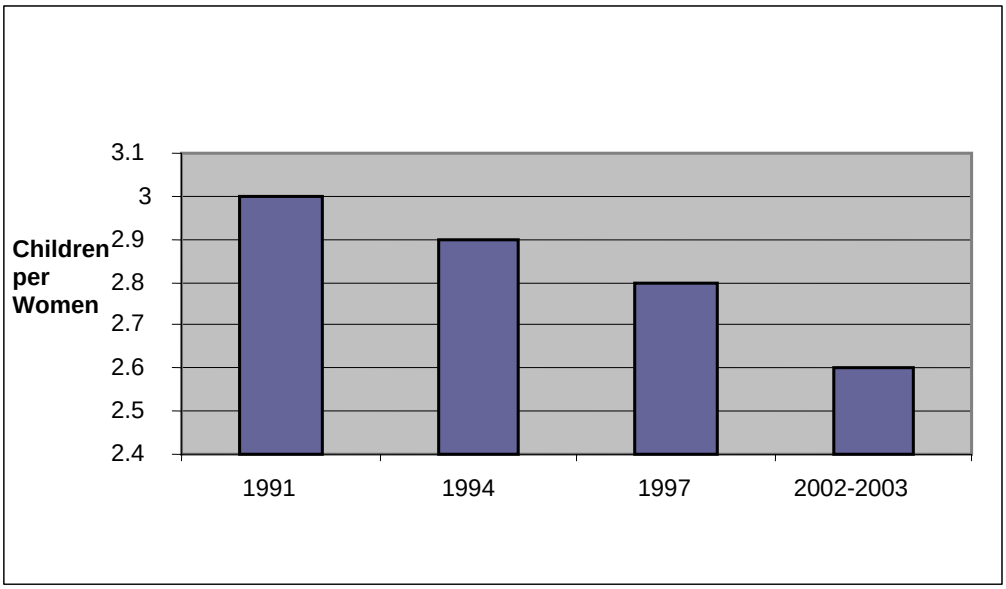


Figure 2: Trend in Total Fertility Rate, in Indonesia 1991 - 2003.

Source: IDHS, 1997, 2002-2003.

Many women with two or three children now say they want no additional children, suggesting the small family size is becoming the social norm in Indonesia. With increased contraceptive use and fewer children, women will be freed from some of their reproductive roles and will be able to participate more fully in the work force (Adioetomo et al., 2003).

In Indonesia, the use of modern contraceptives among married women was nearly zero before the 1970s, but by 1994, it had increased to 55 percent (Adioetomo et al., 2003). Contraceptive use among currently married women in Indonesia has increased from 57 percent in 1997 to 60 percent in 2002-2003. There are large differences in the use of modern contraceptive methods across subgroups of married women. Use of modern family planning methods is much higher in urban areas than in rural area (42 and 15 percent). Java is the large concentration of population in Indonesia, where 59 percent of the country's population lives. The 2002-2003 IDHS results show that among Java provinces, DI Yogyakarta has the highest contraceptive prevalence (76 percent), while West Java has the lowest (59 percent) (IDHS, 2002).

Figure 3 demonstrates the percentage of contraceptive prevalence rate in Indonesia during 1970 to 2003. The data in 1970 indicated contraceptive prevalence rate in 1971 was almost zero and increased sharply to 50.0 percent 1991, after that it increased gradually to 55.0 percent in 1984, and than it going up steadily to 57.0 percent in 1997. However, percentage of contraceptive prevalence rate reached to 60.0 percent in 2002/2003.

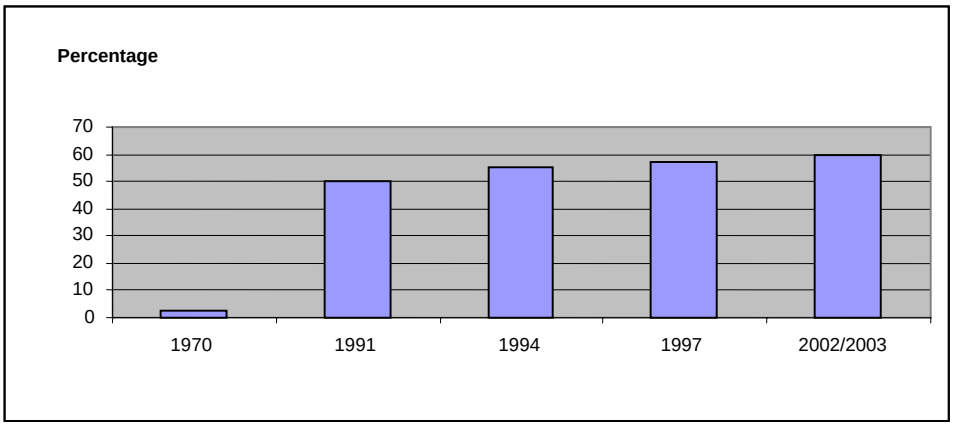


Figure3: Percentage of Contraceptive Prevalence Rate, in Indonesia 1970-2003.

Source: Soeradji et al., 1986; IDHS, 2003.

Table 1 demonstrates trend in contraceptive use in some region by Province in Indonesia in 1997 and 2003. The data show that, most of Province in Indonesia shown trend increasing in contraceptive use, but in some Province such as North Sulawesi

and East Nusa Tenggara shown trend decreasing in contraceptive use. DI Yogyakarta has the highest contraceptive use (76 percent) and followed by North Sulawesi (70.1 percent), while East Nusa Tenggara has the lowest contraceptive use (34.8 percent).

Table 1: Contraceptive Prevalence Rates in some Provinces of Indonesia, 1997 and 2002-2003.

Province	1997	2002-2003
DKI Jakarta	58.9	63.2
West Java	58.9	59.0
Central Java	62.4	65.0
DI Yogyakarta	72.9	76.0
East Java	61.1	67.0
Lampung	66.5	68.2
Aceh	37.1	52.5
South Kalimantan	60.2	63.9
North Sulawesi	71.2	70.1
South Sulawesi	41.5	54.6
East Nusa Tenggara	39.3	34.8
Total average	57.4	60.3

Source: IDHS 1997; IDHS 2002-2003.

In the IDH Surveys, findings show that use of any method by currently married women has increased from 50 percent in the 1991 IDHS to 60 percent in the 2002-2003 IDHS. There has been a shift in the use of specific modern family planning methods. In 1991, the pill was used by 15 percent of currently married women; pill used increased slightly between 1991 and 1994, and has steadily decreased since, with 13 percent of currently married women using it in the 2002-2003 IDHS. Use of the IUD has also decreased steadily during the past 20 years, from 13 percent in 1991 to a current rate of 6 percent. On the other hand, use of injectables has increased significantly in the past two decades, from 12 percent in 1991 to 28 percent in 2002-2003. The pill was the most commonly used modern method by currently married women in the 2002-2003 IDHS.

Table 2 demonstrates trend in use of specific contraceptive method in Indonesia, during 1991 to 1997. The data show that using of Pill was fluctuated in 1991 was 14.8 percent, in 1994 was 17.1 percent and in 1997 was 15.4 percent. Using of IUD show decreased steadily from 13.3 percent in 1991, and than it decreased to 10.3 percent in 1994, after that it reached to 8.1 percent in 1997. Using of Injactable show trend increasing from 11.7 percent in 1991, increased to 15.2 percent in 1994, after that it reached to 21.1 percent in 1997. Using of Impants show trend increasing from 3.1 percent in 1991, increased to 4.9 percent in 1994, after that it reached to 6.0 percent in 1997. However, some method of contraceptive such as female sterilization and traditional method like periodic abstinence and withdrawal show remain stable.

Table 2: Percentage of contraceptive use by methods, in Indonesia, 1991-1997.

Method	1991	1994	1997
Any method	**49.7**	**54.7**	**57.4**
Pill	14.8	17.1	15.4
IUD	13.3	10.3	8.1
Injactables	11.7	15.2	21.1
Condom	0.8	0.9	0.7
Implants	3.1	4.9	6.0
Female sterilization	2.7	3.1	3.0
Male sterilization	0.6	0.7	0.4
Periodic abstinence	1.1	1.1	1.1
Withdrawal	0.7	0.8	0.8
Other	0.9	0.8	0.8
Number of women	**21,109**	**26,186**	**26,886**

Source: IDHS, 2002-2003.

The 2002–2003 IDHS reveals that the discontinuing rate among currently married women in Indonesia was relatively high. It was decreased from 24.1 percent in 1997 to 20.7 percent in 2002-2003. Discontinuing rate for Pill was 31.9 percent, IUD was 8.9 percent and Injectable was 18.4 percent *(IDHS, 2002-2003)*.

1.2 Rationale and justification

Family planning is one of the essential elements of primary health care and plays a significant role in health and socio-economic development *(Shahjahan, 1998)*. Due to lack of acceptance of the contraceptive method various complications occur among married women with repeated pregnancies within short period *(Shahjahan, 1998).*

Many women with two or three children now say they want no additional children, suggesting the small family size is becoming the social norm in Indonesia *(Adioetomo et al., 2003).* In Indonesia the majority of contraceptive methods used by female. Pill, IUD, injection, Norplant, and female sterilization are the popular contraceptive methods using by female *(IDHS, 2002-2003).*

According to the 2000 population Census, the population of Indonesia was 205.8 million in 2000 and was projected to reach 211.1 million in 2002. Average of population growth was 2.3 percent along 70^{th} decade, reach to 1.98 percent (1980-1990), and decrease to 1.49 percent. Therefore, the population density varies among province and Island (Java 951 persons per square kilometer, Kalimantan 20 persons per square kilometer.

Total fertility rate decrease from 3.0 children per women in 1988-1991 to 2.6 children per women in 2000-2002 but varies among provinces. In Indonesia, the use of modern contraceptives among married women has increase from 50 percent (1991) to 60 percent (2000-2002), but varies among provinces. Use of any contraceptive methods varies in year and among province.

Increasing rate of population number was very high (in 1980 was 147.5 million and in 2000 was 206.3 million), it has projected for 225.3 million in 2005, and 261.9 million in 2020. The population density varies among province and island. Total fertility rate was decrease but in some province were still relatively high.

The use of modern contraceptives among married women has increased, but not covered all the country. Currently married women in Indonesia are more likely to use pill, injectable and IUD and less likely to use implant and female sterilization.

1.3 Research question

What are the factors influencing contraceptive method choice among currently married women in Indonesia?

1.4 Objective

1.4.1 General objective

To investigate the factors influencing contraceptive method choice among married women in Indonesia.

1.4.2 Specific Objectives

1.4.2.1 To examine the relationship between socio-demographic factors and contraceptive method choice among currently married women in Indonesia.

1.4.2.2 To examine the relationship between residence factors and contraceptive method choice among currently married women in Indonesia.

1.4.2.3 To examine the relationship between religion factors and contraceptive method choice among currently married women in Indonesia.

CHAPTER 2
LITERATURE REVIEW

2.1 Introduction

Contraception is the deliberate use of a technique or device to prevent a conception. An inquiry into the determinants of contraceptive use is by its very nature, a conditional one. Only those who intend to prevent conception-that is, only those who want to no more children or who wish to postpone a birth-are subject to the decision to practice contraception. Those who are faced with a contraceptive choice may choose from a variety of contraceptive method as well as no method (Rindfuss et al., 1989).

Two major factors affecting contraceptive acceptance and method choice are the available contraceptive technology and couples' to regulate births. They can be classified into five categories- program emphasis, contraceptive attributes, motivation for contraception, social factors and couples' background characteristics. These factors do not operate in isolation but tend to interact with or reinforce one another (Rele et al., 1989).

Owing to economic development and planned diffusion, contraceptive prevalence has increased very substantially in most Asian countries. But prevalence level varies by region. In East Asia, all of the major nations now have prevalence rates similar to those in the developed world. China, Hong Kong, the Republic of Korea, and Taiwan have current practice rate of around 70 percent, almost identical to the U.S. rate (Palmore and Bulatao, 1989).

The situation in Southeast Asia is less consistent. Singapore and Thailand have achieved modern levels of contraceptive use (74 and 65 percent, respectively); but Indonesia, Malaysia, and the Philippines have not yet reached those level. In Malaysia, current use has exceeded 50 percent by 1984-1985. In Indonesia, current use was at least 46 percent by 1987. Hence, both Malaysia and Indonesia seem to be approaching the level of Singapore and Thailand. Data for the Philippines, on the other hand, indicate a slightly slower and less consistent increase in contraceptive adoption (Palmore and Bulatao, 1989).

South Asia, with the exception of Sri Lanka, has the lowest prevalence rates in Asia. Despite having the oldest national family planning program, India still had only one-third of its couple using contraceptives in 1980. Rates in Bangladesh and Pakistan are even lower than in India. In Bangladesh, the current practice rate was less than 20 percent as recently as 1983 and had just reached 25 percent in 1985. In Pakistan, the only published survey estimates of prevalence are from the national Impact Survey of 1968 and the world fertility survey of 1975, both of which recorded that only 5 percent of Pakistani women were current users, but unpublished figures for the mid-1980s indicate that prevalence may have exceeded 10 percent (Palmore and Bulatao, 1989).

Although contraceptive prevalence differs among countries, there has been an overall increase in contraceptive use. In Pakistan, the proportion of married adolescents practicing contraception rose from 3.4 percent in 1994-1995 to 6.2 percent in 1996-1997, and 82 percent increase. This proportion rose by 32 percent in Bangladesh between 1993-1994 and 1996-1997, by 27 percent in the Philippines between 1993 and 1998, and by 22 percent in Indonesia between 1994 and 1997. In these three countries, contraceptive prevalence increased much more rapidly among adolescents than in any other age-group during this period. However, use of contraceptives among married adolescents in India rose only slightly from 7 percent to 8 percent between 1992-1993 and 1998-1999 (Paachaury and Santhya, 2002).

2.2 Factors influencing contraceptive method choice

This literature review comprises three parts. The first part is socio-demographic factors. The second part is residence factor. The last part third part is religion factor.

2.2.1 Socio-demographic factors

This part includes age of currently married women, number of living children, women education and husband education.

2.2.1.1 Age

Study by Rindfuss et al., (1989) turning to the effects of the various social demographic variables, find a negative relationship between age and pill and IUD use. From this survey indicates a dramatic decline with age in the proportion of women

using pill or IUD. At age 30 and under, where selectivity associated with sterilization is less likely to play a large role in method choice, the declines in probabilities of pill or IUD use were mirrored by sharp increases in the likelihood of other method choice (Rindfuss et al., 1989).

Study in Kenya by Magadi and Curtis (1998) shown that, the probability of use of short-term methods steadily declines with age while the probabilities of use of long-term and permanent methods increase with age. However, the probability of pill, and to some extent injectables, tends to decline with age (Magadi and Curtis, 1998).

Study by Rele et al (1989), show that in general IUD acceptors were younger than tubectomy acceptor. In 1984-1985 the proportion of IUD acceptor below age 30 was much higher than the corresponding percentage of tubectomy. Moreover, the proportion of younger women among IUD acceptor rose between 1980-1981 and 1984-1985, whereas there is no such indication for the other method. Although the number of acceptors of each method rose over the period, the increase was most dramatic for the IUD. As a result, although tubectomy remained the most popular method among all couples, by 1983-1984 the IUD had become the preferred method among younger couple (Rele et al., 1989).

2.2.1.2 Number of living children

As ideal family size is reached, contraception prevalence can be expected to increase (Shahjahan, 1998). The experience of child loss has a negative effect on contraceptive use. Those who do not desire additional children are more likely to be current users than those who desire additional children. (Ullah and Chakraborty, 1993). Child loss was found to be negatively associated with current use of contraception (Ullah and Chakraborty, 1993).

Method choice varied by acceptors' number of living children. According to data from the Family Welfare Program (Rele et al, 1989), IUD acceptors tended to have two of fewer living children, whereas acceptors of tubectomy were more likely to have three or more living children. In 1984-1985, 80 percent of tubectomy acceptors had three or more living children, where no more than 39 percent of IUD acceptors had three or more living children. Over the period examined, not only did a steep rise occur in the number of IUD acceptors, but also the percentage among them having no

more than two living children rose from 53 to 61 percent (Rele et al, 1989). However, the highest probability of use of traditional methods is associated with women who have no living children (Magadi and Curtis, 1998).

2.2.1.3 Women education

Higher levels of education and wider employment opportunities for women as well as higher family socio-economic status may directly influence egalitarian decision-making in family life, leading in turn to more effective contraceptive use (Ullah and Chakraborty, 1993).

The study in Vietnam by Thang and Huong (2003), the education level of women has a relationship with contraceptive use. Typically women with less education are less likely to use family planning than are women with higher levels of education. Only 52.9 percent of women with no education were current users of family planning methods compared with 82.2 percent of women with the highest levels of education (completed high school or above). The data show the same trend for the use of modern methods, but the dierences are smaller (42.1 percent compared with 62.3 percent). This is due to a relatively high proportion of more educated women using traditional methods (10.7 percent compared with 22.4 percent). More highly educated women are likely to have access to information that allows them to use traditional methods, such as periodic abstinence, sucessfully (Thang and Huong, 2003).

The variation in choice of different types of methods by educational attainment seem minimal, though the highly educated (secondary or higher) are the most likely to use long-term methods, while those with no formal education are most likely to use traditional methods. However, use of injectables declines with increasing educational attainment. (Magadi and Curtis, 1998).

The data of Family Welfare Programme showed the education level of wives have been generally higher among IUD acceptors than among acceptors of tubectomy during the period under review (Rele et al., 1989).

The ORG Survey (Rele et al., 1989) reported that among women with less education the preferred method was sterilization, follow by condom, pill and IUD. Among women with higher than high school education the preferred method was condom. The proportion of couple practicing sterilization ranged from 19 percent for

illiterate wives to 30 percent for wives who had completed high school, however the prevalence of sterilization was lower among couples with higher education. In contrast, for IUDs, pills, and especially condoms, the contraceptive prevalence rate increased with educational status of wives. Thus, education of wife was strongly related to method choice, higher education producing a shift from permanent method to spacing method (Rele et al., 1989).

2.2.2 Residence

The Srilanka Contraceptive Prevalence Survey (Gajanayake, 1998) revealed little difference between urban and rural women in prevalence of contraceptive use (57 and 54 percent, respectively) or in their use of traditional method (26 and 24 percent). These findings could be attributed, at least in part, to similar awareness among urban and rural areas, the overwhelming majority of women not using modern methods (98 and 97 percent, respectively) nevertheless knew where to obtain service.

Urban women are usually more likely to use modern methods than rural women (Gajanayake, 1998; Ullah and Chakraborty, 1993). Among the reasons for this typical pattern are easier access to modern methods in urban area, the desire for larger families among rural couples, their lower education level, and their more traditional outlook (Gajanayake, 1998).

Survey in Kenya by Magadi and Curtis (1998) showed that probability of using modern contraceptive methods, especially long-term methods is higher in urban than rural areas, while the probability of using traditional methods is higher in rural than urban areas. In 1989, rural women were more likely to use traditional methods than modern methods, but this pattern was reversed in the 1990's, when there was overall greater use of short-term modern methods compare to the other methods. However, the use of injectables is associated with rural residence, while the use of IUD and Implants is associated with urban residence.

According to national family planning program statistics in India, in 1982-1983 70 percent of all sterilization acceptors and 65 percent of IUD acceptors live in rural area. In 1984, the proportion of rural IUD acceptor rose sharply to 75 percent, as a result of a steep rise in IUD acceptance throughout the country, especially in rural

areas. For the total population, acceptance rose by 95 percent, but the increase was 125 percent for the rural and only 40 percent for urban population (Rele et al., 1989).

The ORG Survey showed that (Rele et al., 1989), use of sterilization, IUD, pills, and condom found to be higher in urban than rural areas during 1980-1981. The difference in prevalence rates was greatest for IUD and least for sterilization. The preference for sterilization over other methods was especially noticeable in rural areas.

2.2.3 Religion factor

In contraceptive use in Bangladesh, belief in general are that contraception is against religion and women who are sterilized cannot receive a Muslim burial or go near a corpse; people are not allow to eat food prepared by sterilized women; and the sterilization will bring with it misfortune for the community and the individual (Shahjahan, 1998).

2.2.4 Husband education

Paveen S.S., 2000, study among currently married women aged group 15-19 years in Bangladesh findings that contraceptive use increased with the higher level of husband's education. The current use of contraceptive is very low whose husband has no education. The result of study indicates that husband's education have influence on contraceptive use (Paveen S.S., 2000).

2.2.5 Summary of literature review

Contraception is the deliberate use of a technique or device to prevent a conception. Only those who intend to prevent conception-that is, only those who want to no more children or who wish to postpone a birth-are subject to the decision to practice contraception. Those who are faced with a contraceptive choice may choose from a variety of contraceptive method (Rindfuss et al., 1989).

There are some factors affecting on contraceptive acceptance and method choice such as program emphasis, contraceptive attributes, motivation for contraception, social factors and couples' background characteristics (Rele et al., 1989).

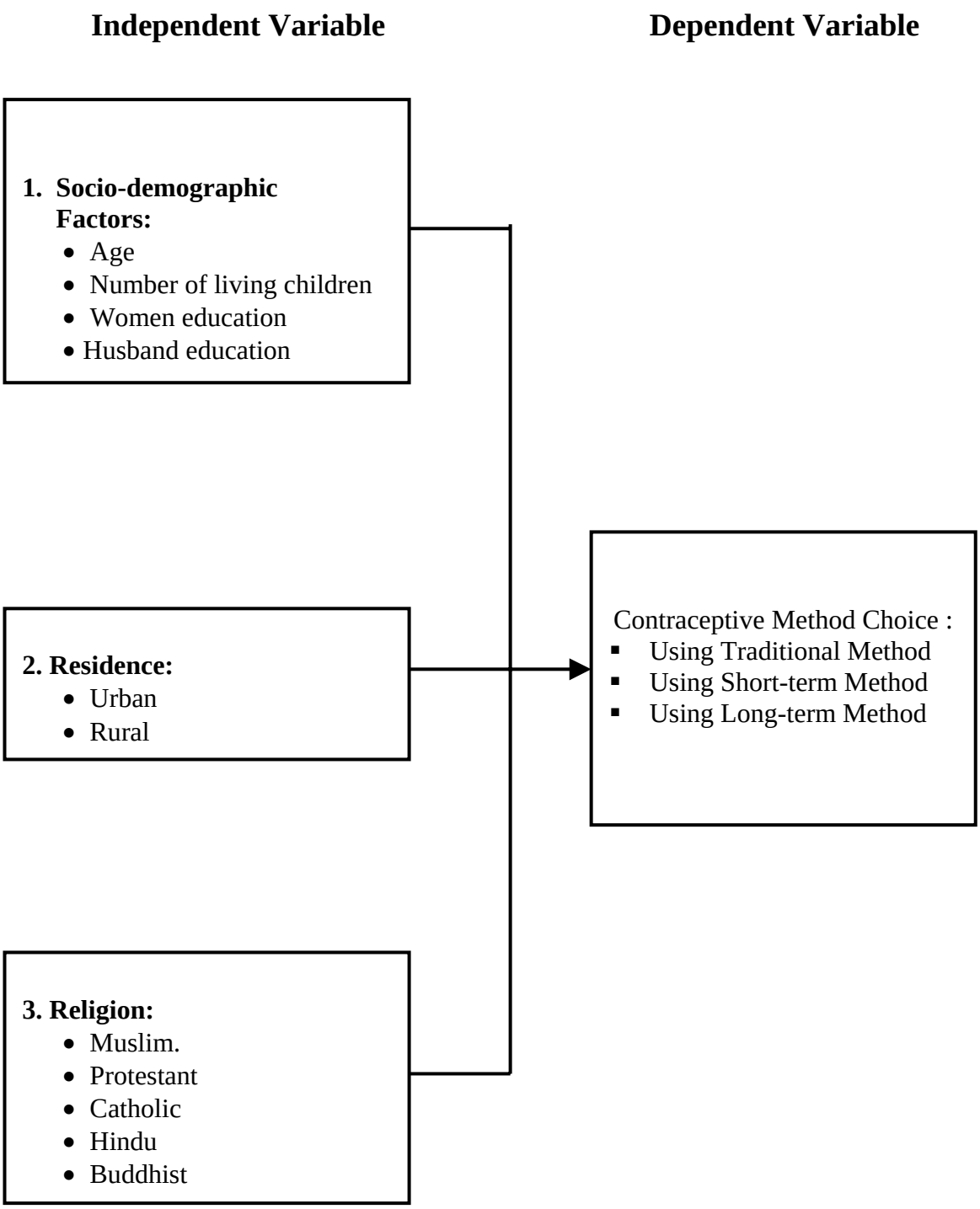
Although contraceptive prevalence differs among countries, there has been an overall increase in contraceptive use (Paachaury and Santhya, 2002). But prevalence level varies by region (Palmore and Bulatao, 1989).

Base on some studies, shown that contraceptive choice has a relationship with socio-demographic factor like age (Rindfuss. et al., 1989), number of living children whereas acceptors to have three or more living children tend to use permanent contraceptive (Rele et al., 1989). Also, residence in which urban women are usually more likely to use modern methods than rural women (Gajanayake, 1998; Ullah and Chakraborty, 1993), however, the education level of women has a relationship with contraceptive use. Typically, women with less education are less likely to use family planning than are women with higher levels of education (Thang and Huong, 2003).

2.2.6 Conceptual Framework

From the literature review, it can be seen that there are many factors as determinant on contraceptive use among married women. In this study, three sets of factors namely socio-demographic factor, residence factor, and religion factor. Contraceptive method choice among married women in Indonesia is used as dependent variable on this study. There are some relationships between contraceptive method choice among married woman in Indonesia and socio-demographic, residence, and religion factor. However, the more important factors are socio-demographic factor.

CONCEPTUAL FRAMEWORK



2.2.7 Hypotheses

- Older currently married women in Indonesia are more likely to use short-term method than long-term method.
- Currently married women with fewer numbers of living children are more likely to use short-term method than long-term method.
- Currently married women who have less education are more likely to use short-term method than long-term method.
- Rural currently married women are more likely to use short-term method than traditional method.
- Muslim currently married women are more likely to use short-term method than long-term method.
- Currently married women whose husband have less education are more likely to use short-term method than traditional method.

2.2.8 Operational definition of variable

Dependent variables

Contraceptive method choice is a family planning method that currently used by the currently married women in Indonesia. Contraceptive method choice includes using the long-term method such as IUD, implant and female sterilization. Using the short-term method such as oral pill, and injection. Using the traditional method such as periodic abstinence and withdrawal.

Independent variables

- **Socio-demographic factor** includes age, number of living children, women education, and husband education.
- **Residence factor** includes urban and rural.
- **Religion factor** includes Muslim, Protestant, Hindu, Buddhist, and others.

2.2.9 Description and measurement scale of operational definition of variables

Table 3: Description and measurement scale of Independent variable.

Variable name	Description	Measurement scale
Independent variable:		
Age	Women age in year	Ordinal scale 15-24 = 1, 25-34 = 2 35-45= 3
Number of living children	Number of sons or daughters of women	Ordinal scale No children = 0, 1-2 children = 1, 3-4 children = 2, 5 or more children = 3
Women education	Education level of women	Nominal scale No education = 1 Primary = 2 Secondary = 3 Higher = 4
Husband education	Education level among husband of women	Nominal scale No education = 1 Primary = 2 Secondary = 3 Higher = 4
Residence	Place to live	Nominal scale Urban = 1, Rural = 2
Religion	Religion of women	Nominal scale Islam = 1, Christian/Protestant = 2, Catholic = 3, Hindu = 4, Buddhist = 5, Other = 6

CHAPTER 3
RESEARCH METHODOLOGY

3.1 Sources of data

This study used data from the Indonesian Demographic and Health Survey (IDHS) 2002-2003. The 2002-2003 IDHS was designed as a collaborative effort of four institutions, i.e., the Central Bureau of Statistics, the State Ministry for Population/National Family Planning Coordinating Board, the Ministry of Health and ORC Macro. The 2002-2003 Indonesia Demographic and Health Survey is the fifth survey on demographic and health in Indonesia and was conducted as part of the worldwide Demographic and Health Survey (DHS) project. The 2002-2003 IDHS fieldwork was carried out from October 2002 to April 2003.

3.2 Study population and sample size

Study population in this study was currently married women aged 15-49 years. Number of sample size is 14,820 currently married women in Indonesia.

3.3 Limitation of study

This study base on secondary data from Indonesia Demographic and Health Survey conducted in 2002-2003. This study has focus only on some selected factors depending on the variables available in the above mentioned data sets.

3.4 Data analysis

In this study, three categories of dependent variable will be used, namely using long-term method, short-term method, and traditional method. The analytical statistics have tested Cross tabulation with Chi-square, Bi-variate analysis, and Multinominal logistic regression for significant associations between levels of women choice contraceptive method and socio-demographic, residence, religion, and husband education factors.

CHAPTER 4
RESULTS AND DISCUSSION

This chapter presents the findings of the study. The first section describes background characteristics of the sample population. The second section is the result of the bivariate and chi-square analysis to determine the relationship between independent and dependent variables. The third section describes the result of the multinominal logistic regression to determine relationship between independent and dependent variable.

4.1 General characteristic

The general characteristic of currently married women include socio-demographic (such as current age of married women, number of living children, women education), residence, religion and husband education.

4.1.1 Socio-demographic characteristics of currently married women

Table 4.1 shows that about 42.5 percent of currently married women are in a middle reproductive age (25-34 years), 40.7 percent are in the last period of reproductive age (35-49 years) and 16.8 percent are in the youngest age group (15-24 years).

Half of the currently married women have 1-2 numbers of living children, one third have 3-4 numbers of living children, and 14.3 percent have more than 5 children. Currently married women who have no children are only 0.8 percent.

A majority of theses women graduated from primary school (53.0 percent), 33.8 percent graduated from secondary school and 3.9 percent graduated from higher secondary school. Currently married women who have no education are 9.4 percent.

About 48.2 percent among the husband of currently married women graduated from primary school and 39.9 percent graduated from secondary school. Only 6.7 percent graduated from higher school.

Table 4.1 Percentage distribution of currently married women by selected characteristics.

Characteristics	**Percent (%)**	**Number (n=14,820)**
Current Age of mother		
15-24	16.8	2,484
25-34	42.5	6,292
35-49	40.7	6,039
Total	100.0	14,820
Number of living children		
No children	0.8	125
1-2	50.0	7,417
3-4	34.8	5,160
5 or more	14.3	2,118
Total	100.0	14,820
Women education		
No education	9.4	1,386
Primary	53.0	7,848
Secondary	33.8	5,006
Higher	3.9	580
Total	100.0	14,820
Husband education		
No education	5.1	762
Primary	48.2	7,141
Secondary	39.9	5,916
Higher	6.7	991
Don’t know	0.1	10
Total	100	14,820

4.1.2 **Residence and religion characteristics of currently married women**

The majority of married women (69.9 percent) live in rural area, and 30.1 percent live in urban area. Most of currently married women (80.3 percent) are Muslim, 8.3 percent are Protestant, 4.7 percent are Catholic, 5.5 percent are Hindu, and 0.9 percent are Buddhist (Table 4.2).

Table 4.2 Percentage distribution of currently married women by residence and religion

Characteristics	Percent (%)	Number (n=14,820)
Residence		
Urban	30.1	4,463
Rural	69.9	10,357
Total	100.0	14,820
Religion		
Muslim	80.3	11,898
Protestant / Christian	8.3	1,233
Catholic	4.7	697
Hindu	5.6	833
Buddhist	0.9	140
Others	0.1	19
Total	100.0	14,820

4.1.3 Currently married women and contraceptive method choice

The majority of currently married women (69.9 percent) use short-term method which include pills, injection. 29.5 percent used long-term method which include implant, women sterilization, and female sterilization and 6.5 percent of currently married women use traditional method.

Table 4.3 Percentage distribution of currently married women aged 15-49 by their contraceptive method choice.

Contraceptive method choice	Percent (%)	Number (n=14,820
Using short-term method	64.0	9,487
Using long-term method	29.5	4,375
Using traditional method	6.5	958
Total	100.0	14,820

4.2 Results of bivariate analysis

The results of bivariate analysis are described under socio-demographic, women residence, women religion, and husband education.

Contraceptive method choice which is the dependent variable was categoried into three groups such as using traditional method, using short-term method and using long-term method.

4.2.1 Socio-demographic and contraceptive method choice

Age and contraceptive method choice

According to Table 4.4, a large number of currently married women in all age groups (15-24, 25-34, 35-49) are using short-term methods as well as the least of them are using traditional method. However, using long-term method are quite popular among the oldest age group of currently married women (40.6 %).

Number of living children and contraceptive method choice

The percentage of using traditional method and long-term method is low among currently married women who have no children. Most of currently married women have no children are more likely to use short-term method. Also, the percentage of using traditional method and long-term method is low among currently married women who have one or two children. Most of currently married women who have one or two children are more likely to use short-term method. Currently married women who have five or more children are usually found to use short-term method than long-term method and traditional method.

Education and contraceptive method choice

From table 4.4, the currently married women with no education usually found to use short-term method (57.3 %) and long-term method (36.2 %).

One-third of currently married women who finished primary school are found to use short-term method and 29.3 percent use long-term method. The percentage of using traditional method is relatively low among currently married women who finished primary school.

One third of currently married women who finished secondary school are found to use short-term method and 26.8 percent use long-term method. The percentage of

using traditional method is relatively low among currently married women who finished secondary school.

The percentage of using short-term method and long-term method among currently married women who finished a higher school are not much difference, whereas 45.7 percent is using short-term method 40.0 percent is using long-term method.

Table 4.4 Percentage distribution of contraceptive method choice and socio-demographic characteristics of currently married women.

Characteristics	**contraceptive method choice**				
	Long-term method	Short-term method	Traditional method	Total (%)	Number (n=14,820)
Current Age of mother					
15-24	16.2	80.9	2.9	100.0	2,484
25-34	24.2	70.3	5.5	100.0	6,292
35-49	40.6	50.5	8.9	100.0	6,039
Number of living children					
No children	5.6	91.2	3.2	100.0	125
1-2	24.9	69.8	5.3	100.0	7,417
3-4	33.6	59.1	7.3	100.0	5,160
5 or more	37.3	54.2	8.5	100.0	2,118
Women education	36.2	57.3	6.5	100.0	1,386
No education	29.3	65.4	5.3	100.0	7,848
Primary	26.8	65.8	7.4	100.0	5,006
Secondary	40.0	45.7	14.3	100.0	580
Higher					

4.2.2 Residence, religion and contraceptive method choice

Most of currently married women who live in urban area are found to use short-term method (61.7 %) and 29.6 percent use long-term method. The percentage of using traditional method is relatively low among currently married women who live in urban area.

Likewise, most of currently married women who live in rural area are found to use short-term method (65.0 %) and 29.5 percent use long-term method. The percentage of using traditional method is relatively low among currently married women who live in rural area.

Religion and contraceptive method choice. Percentage for using traditional method among Muslim currently married women is low. Most of Muslim currently married women use short-term method (67.7 %) and 26.6 percent use long-term method.

The small percentage of currently married women who are Christian / Protestant use traditional method. Most of who are Christian / Protestant use short-term method (53.7 %) and 34.6 percent use long-term method.

Table 4.5 Percentage distribution of contraceptive method choice and residence and religion of currently married women.

Characteristics	**contraceptive method choice**				
	Long-term method	Short-term method	Traditional method	Total %	Number (n=14,820)
Residence					
Urban	29.6	61.7	8.7	100.0	4,463
Rural	29.5	65.0	5.5	100.0	10,357
Religion					
Muslim	26.6	67.7	5.7	100.0	11,898
Protestant / Christian	34.6	53.7	11.7	100.0	1,233
Catholic	27.4	60.8	11.8	100.0	697
Hindu	62.8	33.7	3.5	100.0	833
Buddhist	48.6	37.1	14.3	100.0	140
Other	36.8	57.9	5.3	100.0	19

4.2.3 Husband education and contraceptive method choice

Percentage for using traditional method among currently married women whose husband with no education is low. Most of currently married women who have husband with no education use short-term method (57.6 %) and 33.8 percent use long-term method.

Among currently married women whose husband finished primary school are less likely to use traditional method. Most of currently married women whose husband finished primary school use short-term method (64.8 %) and 30.3 percent use long-term method.

Percentage of using traditional method among currently married women whose husband finished secondary school is low. Most of currently married women whose husband finished secondary school use short-term method (66.0 %) and 26.8 percent use long-term method.

Among currently married women whose husband finished higher school are less likely to use traditional method. Most of currently married women whose husband finished higher school use short-term method (51.0 %) and 31.7 percent use long-term method.

Table 4.6 Percentage distribution of contraceptive method choice and husband education of currently married women

	Contraceptive method choice				
Husband education	Long-term method	Short-term method	Traditional method	Total (%)	Number (n=14,820)
No education	33.8	57.6	8.9	100.0	762
Primary	30.3	64.8	4.8	100.0	7,141
Secondary	26.8	66.0	7.2	100.0	5,916
Higher	31.7	51.0	11.9	100.0	991
Don't know	20.0	80.0	.0	100.0	10

4.3. Multinominal logistic regression

The third section describes result of the multinominal logistic regression to determine the relationship between independent and dependent variables. In this study, dependent variable is divided into three categories such as using long-term method, using short-term method, and using traditional method. The results of multinominal logistic regression are described under socio-demographic, women residence, women religion, and husband education.

Age. The B coefficient presents in the first row (.197) is interpreted as the "local odds ratio" for using traditional method in comparison of using long-term method. Thus, currently married women who aged 15-24 years are more likely to use long-term method in comparison of using traditional method than currently married women who aged 25-34 years and 35-49 years. However, the statistic is not significant.

The B coefficient presents in the second row (1.418) is interpreted as the "local odds ratio" for using short-term method in comparison to traditional method. Thus, currently married women who aged 15-24 years are more likely to use short-term method in comparison to use traditional method than currently married women who aged 25-34 years and 35-49 years. However, only the comparison of using short-term method versus using traditional method is significant.

The odds of using long-term method among currently married women who aged 35-49 years is .976 times higher compare with using traditional method for currently married women who aged 35-49.

The B coefficient in Table 4.8 (1.221) is interpreted as the “local odds ratio” for using short-term method in comparison to use long-term method. Thus, currently married women aged 15-24 years are more likely to use short-term method in comparison to use long-term method than currently married women aged 25-34 years and 35-49 years. However, the comparison of using short-term method versus using long-term method statistically is significant.

Similar to the descriptive analysis, the logistic models show significant differences in using of short-term method contraceptive between women who aged 15–24 and 25–34. The younger women are more likely to use short-term contraceptive method than long-term method. Currently married women age 15-24 years are more likely to use short-term method in comparison to traditional method than currently married women age 25-34 years and 35-49 years. The comparison of using short-term method versus using traditional method statistically is significant.

The level of using short-term method among currently married women who aged over 35 is the lowest of any age group. This finding suggests that, at this age, some women might have shifted to traditional contraceptive methods as they approach menopause, and other women may have reached menopause, and therefore do not feel they need to use short-term method. Also, at this age some women might have shifted to long-term methods cause some women might have worry to become pregnant inwhich related to their health condition that at this age group (over age 35) is high risk for pregnancy.

Number of living children. The B coefficient presents in the first row (-1.143) is interpreted as the “local odds ratio” for using long-term method in comparison of use traditional method. Thus, currently married women with no living children are less likely to use long-term method in comparison to using traditional method than currently married women with (1-2), (3-4) and 5 or more living children. However, the statistic is not significant.

The B coefficient presents in the second row (.398) is interpreted as the “local odds ratio” for using short-term method in comparison to use traditional method.

Thus, currently married women with no children are more likely to use short-term method in comparison of using traditional method than currently married women with (1-2), (3-4) and 5 or more living children. However, statistic is not significant.

The odds of using long-term method of currently married women with no living children is .319 times higher compare with using traditional method for currently married women with no living children.

The B coefficient (1.541) in Table 4.8 is interpreted as the “local odds ratio” for using short-term method in comparison to using long-term method. Thus, currently married women with no living children are more likely to use short-term method in comparison of using long-term method than currently married women with (1-2), (3-4) and 5 or more living children. However, statistic is not significant.

The odds of using short-term method of currently married women with no living children is 4.668 times higher compare with using long-term method for currently married women with no living children.

Women education. The B coefficient presents in the first row (.326) is interpreted as the “local odds ratio” for using long-term method in comparison to using traditional method. Thus, currently married women with no education are more likely to use long-term method in comparison of using traditional method than currently married women with primary, secondary and higher education. However, statistic is not significant.

The B coefficient presents in the second row (.834) is interpreted as the “local odds ratio” for using short-term method in comparison of using long-term method. Thus, currently married women with no education are more likely to use short-term method in comparison to traditional method than currently married women with primary, secondary and higher education. The comparison of using short-term method versus using traditional method statistically is significant.

The odds of using long-term method of currently married women who finished primary school is 1.280 times higher compare with using traditional method for currently married women who finished primary school.

The B coefficient presents in Table 4.8 (.515) is interpreted as the “local odds ratio” for using short-term method in comparison to using long-term method. Thus, currently married women with no education are more likely to use short-term method

in comparison to use long-term method than currently married women with primary education. Currently married women with no education are more likely to use short-term method in comparison to use long-term method than currently married women with secondary and higher education. However, the comparison of using short-term method versus using long-term method statistically is significant.

Residence. The B coefficient presents in the first raw (-.298) is interpreted as the ”local odds ratio” for using long-term method in comparison to using traditional method. Thus, currently married women who are living in urban area are less likely to use long-term method in comparison of using traditional method than currently married women who are living in rural area, and statistically is significant.

The B coefficient presents in the second row (-.292) is interpreted as the “local odds ratio” for using short-term method in comparison to using traditional method. Thus, currently married women who are living in rural area are less likely to use short-term method in comparison of using traditional method than currently married women who are living in urban area, and statistically is significant.

The odds of using long-term method of currently married women who live in urban is .743 times higher compare with using traditional method for currently married women who live in urban.

The difference between using long-term method and traditional method in urban and rural areas was examined and determined to be statistically significant. In which, currently married women who live in rural area are more likely to use long-term method than currently married women who live in urban area. The reason might be that currently married women live in rural area have more knowledge of long-term method, than currently married women live in urban area. Also, currently married women live in rural area are less likely to use short-term method than women live in urban area.

The B coefficient presents in Table 4.8 (1.005) is interpreted as the “local odds ratio” for using short-term method in comparison of using long-term method. Thus, currently married women who living in rural area are more likely to use short-term method in comparison of use long-term method than currently married women who live in urban area. However, statistic is not significant.

Religion. The B coefficient presents in the first row (-.252) is interpreted as the "local odds ratio" for using long-term method in comparison to using traditional method. Thus, Muslim currently married women are less likely to use long-term method in comparison of using traditional method than Hindu currently married women to use long-term method in comparison of using traditional method, also Buddhist currently married women are less likely than Catholic currently married women to use long-term method in comparison of using traditional method. However, statistic is not significant.

The B coefficient presents in the second row (-.074) is interpreted as the "local odds ratio" for using short-term method in comparison to using long-term method. Thus, Muslim currently married women are less likely than Christian / Protestant currently married women to using short-term method in comparison to use traditional method, but Buddhist currently married women are less likely to use short-term method in comparison of using traditional method. However, the comparison of using short-term method versus using traditional method statistic is not significant.

The odds of Muslim currently married women to using long-term method is .777 times higher compare with Muslim currently married women using traditional method.

The B coefficient presents in Table 4.8 (1.195) is interpreted as the "local odds ratio" for using short-term method in comparison of using long-term method. Thus, Muslim currently married women are more likely to use short-term method in comparison of using long-term method than Christian / Protestant and Buddhist currently married women, but Muslim currently married women are less likely than Catholic currently married women to using short-term method in comparison to using long-term method. However, statistic is not significant.

Husband education. The B coefficient presents in the first row (-12.732) is interpreted as the "local odds ratio" for using long-term method in comparison of using short-term method. Thus, currently married women with husband has no education are less likely to use long-term method in comparison of using traditional method than currently married women has husband with primary, secondary and higher education. However, the comparison of using traditional method versus using long-term method statistically is significant.

The B coefficient presents in the second row (-.13.324) is interpreted as the "local odds ratio" for using short-term method in comparison to using traditional method. Thus, currently married women who has husband with no education are less likely to using short-term method in comparison to using traditional method than currently married women has husband with primary and secondary education, also currently married women who has husband with higher education are less likely to use short-term method in comparison of using traditional method. However, the comparison of using short-term method versus using traditional method statistically is significant.

The odds of using long-term method of currently married women who have husband finished primary school is 4.803 times higher compare with using traditional method for currently married women have husband finished primary school.

The B coefficient presents in Table 4.8 (.553) is interpreted as the "local odds ratio" for using short-term method in comparison to using long-term method. Thus, currently married women who has husband with no education are more likely to use short-term method in comparison to using long-term method than currently married women has husband with higher education, but currently married women who has husband with no education are less likely than currently married women who has husband with primary and secondary education to use short-term method in comparison to use long-term method. However, statistic is not significant.

Table 4.7 Method choice and results of multinominal logistic regression. The reference category is using traditional method.

Method Choice	B	Std. Error	Wald	df	Sig.	Exp(B)
Long-term method Intercept	14.059	1.372	104.941	1	.000	
Age (15-24)	.197	.155	1.617	1	.204	1.217
(25-34)	-.024	.086	.080	1	.778	.976
(35-49)	0[b]	.	.	0	.	.
No living children	-1.143	.644	3.145	1	.076	.319
1-2 children	.055	.117	.218	1	.641	1.056
3-4 children	-.081	.104	.610	1	.435	1.084
5 or more	0[b]	.	.	0	.	.
Women no education	.326	.226	2.077	1	.150	1.386
Primary	.247	.181	1.852	1	.174	1.280
Secondary	.129	.162	.637	1	.425	1.138
Higher	0[b]	.	.	0	.	.
Urban	-.298	.082	13.052	1	.000	.743
Rural	0[b]	.	.	0	.	.

Moslem	-.252	1.074	.055	1	.814	.777
Christian/Protestant	-.625	1.077	.336	1	.562	.535
Catholic	-.873	1.081	.653	1	.419	.418
Hindu	1.049	1.090	.926	1	.336	2.855
Buddhist	-.311	1.104	.079	1	.778	.733
Other	0[b]	.	.	0	.	.
Husband no education	-12.732	.866	216.037	1	.000	2.954E-06
Primary	-12.246	.853	206.253	1	.000	4.803E-06
Secondary	-12.562	.850	218.499	1	.000	3.504E-06
Higher	-12.573	.843	222.285	1	.000	3.464E-06
Don't know	0[b]	.	.	0	.	.
Short-term Method Intercept	14.199	1.064	178.099	1	.000	
Age (15-24)	1.418	.146	93.892	1	.000	4.129
(25-34)	.787	.082	91.331	1	.000	2.197
(35-49)	0[b]	.	.	0	.	.
No living children	.398	.528	.567	1	.451	1.489
1-2 children	.144	.113	1.630	1	.202	1.155
3-4 children	.080	.101	.622	1	.430	1.083
5 or more	0[b]	.	.	0	.	.
Women no education	.834	.221	14.311	1	.000	2.304
Primary	.805	.177	20.747	1	.000	2.237
Secondary	.617	.159	15.108	1	.000	1.853
Higher	0[b]	.	.	0	.	.
Urban	-.292	.079	13.846	1	.000	.747
Rural	0[b]	.	.	0	.	.
Muslim	-.074	1.053	.055	1	.944	.929
Christian/Protestant	-.823	1.057	.607	1	.436	.439
Catholic	-.688	1.059	.421	1	.516	.503
Hindu	-324	1.071	.091	1	.762	.723
Buddhist	-1.112	1.087	1.046	1	.307	.329
Other	0[b]	.	.	0	.	.
Husband no education	-13.324	.215	3840.430	1	.000	1.635E-06
Primary	-12.740	.156	6710.348	1	.000	2.932E-06
Secondary	-12.960	.135	9224.629	1	.000	2.354E-06
Higher	-13.288	.000	.	1	.	1.695E-06
Don't know	0[b]	.	.	0	.	.

The reference category is: Using traditional method.

Table 4.8 Method choice and results of multinominal logistic regression. The reference category is using long-term method.

Method Choice	B	Std. Error	Wald	df	Sig.	Exp(B)
Short-term method Intercept	.139	.980	.020	1	.887	
Age (15-24)	1.221	.072	286.093	1	.000	3.391
(25-34)	.811	.046	309.769	1	.000	2.251
(35-49)	0[b]	.	.	0	.	.
No living children	1.541	.406	14.432	1	.000	4.668
1-2 children	.090	.065	1.928	1	.165	1.094
3-4 children	-.001	.058	.001	1	.980	.999
5 or more	0[b]	.	.	0	.	.
Women no education	.508	.136	13.979	1	.000	1.662
Primary	.558	.118	22.323	1	.000	1.748
Secondary	.487	.111	19.348	1	.000	1.628
Higher	0[b]	.	.	0	.	.
Urban	.005	.046	.014	1	.905	1.005
Rural	0[b]	.	.	0	.	.
Muslim	.178	.494	.130	1	.718	1.195
Christian/Protestant	-.199	.498	.159	1	.690	.820
Catholic	.186	.502	.137	1	.711	1.204
Hindu	-1.373	.500	7.540	1	.006	.253
Buddhist	-.800	.529	2.286	1	.131	.449
Other	0[b]	.	.	0	.	.
Husband no education	-.592	.843	.493	1	.483	.553
Primary	-.494	.839	.346	1	.556	.610
Secondary	-.398	.839	.225	1	.635	.672
Higher	-.714	.843	.718	1	.397	.489.
Don’t know	0[b]	.	.	0	.	.
Traditional method Intercept	-15.059	1.084	192.964	1	.000	
Age (15-24)	-.197	.155	1.617	1	.204	.821
(25-34)	.024	.086	.080	1	.778	1.025
(35-49)	0[b]	.	.	0	.	.
No living children	1.143	.644	3.145	1	.076	3.135
1-2 children	-.055	.117	.218	1	.641	.947
3-4 children	-.081	.104	.610	1	.435	.922
5 or more	0[b]	.	.	0	.	.
Women no education	-.326	.226	2.077	1	.150	.722
Primary	-.247	.181	1.852	1	.174	.781
Secondary	-.129	.162	.637	1	.425	.879
Higher	0[b]	.	.	0	.	.
Urban	.298	.082	13.052	1	.000	1.347
Rural	0[b]	.	.	0	.	.
Muslim	.252	1.074	.055	1	.814	1.287
Christian/Protestant	.625	1.077	.336	1	.562	1.868
Catholic	.873	1.081	.653	1	.419	2.395
Hindu	-1.049	1.090	.926	1	.336	.350

Buddhist	.311	1.104	.079	1	.778	1.365
Other	0[b]	.	.	0	.	.
Husband no education	13.732	.223	3780.485	1	.000	920220.75
Primary	13.246	.161	6741.228	1	.000	565958.63
Secondary	13.562	.140	9400.036	1	.000	775752.47
Higher	13.573	.000	.	1	.	784805.52
Don't know	0[b]	.	.	0	.	.

The reference category is: Using long-term method.

CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The study is based on secondary data from Indonesian Demographic Health Survey in 1997. The objective of this study is to compare pattern of contraceptive method choice among currently married women in Indonesia in 1997 surveys. The study was undertaken to describe contraceptive method choice according to background characteristic of respondent and try to explore the factors affecting the contraceptive method choice among currently married women in Indonesia. For this purpose the study has analyzed the data from Indonesian demographic Health Survey (IDHS) 1997. The survey interviewed a total number of 28,810 currently married women within the reproductive range 15-49 years old. The sample size for the study is a total numbers of 14,820 respondent from the main sample used in the IDHS.

Main purpose of the study is to investigate the factors affecting contraceptive method choice among currently married women in Indonesia in 1997 surveys. The patterns are studied contraceptive method choice. A dependent variable in this study is contraceptive method choice which is classified as 3 categories namely using long-term method, using short-term method, and using traditional method. This study has included 3 independent variables. Firstly, socio-demographic variable such as age of women, number of living children, women education, and husband education. Secondly, residence factor is as rural and urban. Lastly, religion factor such as Muslim, Christian/Protestant, Catholic, Hindu, and Buddhist also included in this study.

For describing the status of contraceptive method choice, frequency distribution and cross tabulations have been used, whereas for assessing the impact of the independent variable on dependent variable have been used multinominal logistic regression.

The results in bivariate analysis confirm that age of women, number of living children, women education, and husband education have a relationship with

contraceptive method choice. Residence and religion among currently married women has a significant effected on contraceptive method choice. However, the results in multivariate analysis confirm that number of living children and religion of currently married women have a negative or not significant effect on contraceptive method choice.

5.2 Conclussion

The percentage for using traditional method is low among currently married women in all age groups of reproductive age (15-24, 25-34, 35-49 years). Most of currently married women in all age groups are more likely to use short-term method than long-term method or traditional method. Using short-term method is influenced by age of women; however, this coefficient is statistically significant. The percentage of using short-term method is decreased follow by increasing age of women whereas using long-term method is increased follow by increasing age of married women. The level of using short-term method among currently married women aged over 35 years is the lowest of any age group. At this age, some women might have shifted to traditional contraceptive methods as they approach menopause, and other women may have reached menopause, and therefore do not feel they need to use short-term method. Also, at this age some women might have shifted to long-term methods cause some women might have worry to become pregnant inwhich related to their health condition become high risk for pregnancy.

Currently married woman who has no living children is less likely to use traditional method and long-term method. Also, using of traditional method is relatively low among currently married women with fewer numbers of living children and high numbers of living children. Most of currently married women have no living children are more likely to use short-term method than long-term method or traditional method. However, most of currently married women who have one or more living children are more likely to use short-term method than long-term method or short-term method.

Most of currently married women with no education are usually found to use short-term method. Using short-term method is influenced by level of education; however, this coefficient is statistically significant. The percentage of using traditional

method and long-term method is relatively low among currently married women with no education. However, most of currently married women with no education are more likely to use short-term method than long-term method.

Also, most of currently married women who finished primary school or higher school are more likely to use short-term method. The percentage of using traditional method and long-term method is relatively low among currently married women who finished primary school or higher school.

Percentage for using traditional method among currently married women who have husband with no education is relatively low. Most of currently married women who have husband has no education are found to use short-term method than long-term method or traditional method. Also, from this study is found that among currently married women who have husband finished primary school or higher school are more likely to use short-term method than long-term method or traditional method. Using short-term method is influenced by husband education; however, this coefficient is statistically significant.

The percentage of using traditional method and long-term method is relatively low among currently married women who live in urban area and rural area. Residence, has a strong negative impact on the using of short-term method. However, most of currently married women who live in urban area are less likely to use short-term method than traditional method. Using short-term method is influenced by residence of currently married women; however, this coefficient is statistically significant. Also, most of currently married women who live in urban area are less likely to use long-term method than using traditional method.

Percentage for using traditional method among Muslim, Christian/Protestant, Catholic, Hindu and Buddhist currently married women is relatively low. Religion has a negative impact on the using of short-term method. However, most of Muslim, Christian/Protestant, and Catholic currently married women are less likely to use short-term method than long-term method. Using short-term method is influenced by religion; however, this coefficient is statistically not significant. However, among Hindu and Buddhist currently married women are more likely to use long-term method than short-term method or traditional method, but statistically not significant.

5.3 Recommendations

On the basis of the findings from the study some recommendations are formulated here for promoting contraceptive method choice among currently married women in Indonesia.

1) Nowadays, from the data show that results of family planning program in Indonesia is increased gradually, however, number of married women who are not using any contraceptive method is still relatively high (40 percent). In order to achieve the target of family planning, the government should prepare for currently married women and their husband toward a positive attitude on family planning by intensive family planning communication, information, and education about appropriated information on family planning and contraceptive method choice.
2) According to geographic condition in Indonesia as archipelago country, in which accessibility of family planning program have an important role in a successful of family planning program, the government should be increased capability and ability of health provider, increased infrastructure related to family planning both in urban and rural area in all provinces in Indonesia.
3) Contraceptive method choice has a prominent role toward achieve of successful on family planning program in which numbers of failure rate is high among short-term and traditional method, but low for long-term method. To increase number of acceptors followed long-term method, the government should provided a knowledge on long-term method choice to currently married women by promoting information, education and communication of contraceptive method choice in each contraceptive methods to the currently married women in Indonesia.
4) To exist family planning program by increased the Contraceptive Prevalence Rate (CPR) of using long-term contraceptive method among currently married women in Indonesia, the government should be improved to serve currently married women included knowledge and a better understanding about using long-term contraceptive method. A good service will be result to a positive attitude on family planning about using contraceptive long-term method among currently married women in Indonesia.

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