

*Helping the Husband, Maintaining Harmony:  
Family Planning, Women's Work, and  
Women's Household Autonomy  
in Indonesia*

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FINAL REPORT  
Prepared for the Women's Studies Project  
Family Health International

October 1997

## Acknowledgments

This study was prepared by the Demographic Institute, Faculty of Economics, University of Indonesia, and was made possible through the Women's Studies Project at Family Health International with funding from the U.S. Agency for International Development, contract number 4407 (revised January 26, 1996).

The authors would like to thank Dr. N. Haidy A. Pasay, the Director of the Demographic Institute, for his support to conduct this study. We would like to acknowledge the assistance of Prof. Aris Ananta, and Prof. I.G.N. Agung for their statistical advice, Dr. Jack Molyneaux and Mr. Sugiharso for their assistance in the IFLS data management, and Ms. Sutji Rochani for her inputs in developing the proposal and interview guidelines for the qualitative study.

Thanks to friends at Yayasan Kusuma Buana, especially Dr. Firman Lubis and Ms. Shita Mumpuningdyah who provided support and training facilities to strengthen analysis of the in-depth interview.

We would also like to thank Dr. Anke Niehof from Wageningen Agricultural University in the Netherlands and Dr. Linda Williams of Cornell University in the U.S. (both consultants to the Women's Studies Project at FHI) for their assistance in developing the proposal for this study and training staff on study methodology. At FHI, Dr. Judith Fortney and Ms. Beverly Tucker reviewed this report and offered helpful suggestions, and Consultant Betsy Gould edited this report.

The authors would like to thank the staff of the BKKBN, particularly Dr. Rohadi Haryanto and Ms. Sylvia Pangemanan, for their support of this study. We also thank USAID/Jakarta, particularly Lana Dakan, Leslie Curtin, and Ken Farr for their support of the Women's Studies Project in Indonesia.

Finally, without the participation of the women and men in this research, this study would not have been possible. We appreciate the time they took to answer our questions on family planning and women's empowerment.

The Women's Studies project is funded by the U.S. Agency for International Development (USAID), Office of Population, through a Cooperative Agreement (USAID/CCP-A-00-93-00021-05). The views expressed in this paper do not necessarily reflect USAID policies.

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## **I. Introduction**

### **A. Background**

In the 1970s, the average Indonesian woman had between six and seven children; now she has closer to three children (CBS and WFS, 1978; CBS, NFPCB, MOH and DHS/Macro Int., 1995). Much of this decline in the total fertility rate (TFR) has been attributed to the family planning program, implemented vigorously since the early 1970s (Adioetomo et al., 1990). Contraceptive use among married women was virtually zero before the 1970s. By 1994, it had increased to 53 percent (CBS and WFS, 1978; ; CBS, NFPCB, MOH and DHS/Macro Int., 1995). Desired family size declined from four to six children in the 1970s (CBS and WFS, 1978) to two to four children in the mid-1990s (CBS, NFPCB, MOH and DHS/Macro Int., 1995). Many women with two or three children report wanting no additional children, suggesting that the small family size is becoming a norm in Indonesia (Adioetomo, 1994; Adioetomo, 1997). While contraceptive use has increased and fertility has declined, there has been no investigation of the impact of the family planning program on women's lives as a consequence of contraceptive use.

Through the use of contraception, women may start childbearing later, achieve their desired family size, and complete childbearing earlier. As a result women who do not want large families can spend fewer years in pregnancy, childbearing and child rearing. Hence, women should have more time for other activities. One expects that use of contraception and lower fertility would increase women's participation in the labor force. Economic activity should enable women to gain resources and lead to their increased participation in household decision-making and greater autonomy in the household (that is, reduce their control by men).

It is difficult to assess the direction of causality in the relationship between women's contraceptive use and their work. For example, a working woman may decide to use contraception to cease childbearing or delay the next pregnancy in order to continue working outside the home. On the other hand, a woman may use contraception to limit her family size and then decide that her small number of children allows her to seek a job. In other words, work may precede family planning or family planning may precede work. The qualitative component of this study allows examination of the sequence of and relationship between women's family planning use and women's work, and it examines the effect of both on women's autonomy.

Until now, few studies have assessed the impact of contraception on women's work. Studies conducted by economists on the relationship between the number of children and the wife's allocation of time have found a negative relationship between fertility and female labor force participation. Gronau (1974) found that the effect varies with the children's ages and mother's education. This has been supported by later studies, for example, those conducted by DaVanzo and Lee in Malaysia (in King, 1987), which confirm that the presence of young children in the household inhibits female labor force participation. Wage rates and family income are other factors that may influence the decision of mothers to join the work force; in many cases, women have to work to support the family.

Some studies argue that the effect of children on women's labor force participation depends on the degree of compatibility of work with childbearing. For example, wage employment away from home may be less compatible with raising children than non-wage activities and unpaid family work that have flexible hours and take place close to or in the home (King, 1987). Mason and Palan (in King, 1987) found that, among rural Malaysians, low income levels and the dependence of the family on the individual wage earnings of its members appear to explain the negative relationship between employment and fertility. Thus, in examining the extent to which contraceptive use and fertility have an impact on female labor force participation, it is necessary to consider other factors that lead women to enter the labor force, as well as other demands on women's time even when they have fewer children to care for.

If the data suggest that contraceptive use and lower fertility do increase women's labor force participation, a further question can be addressed: Does this economic activity increase female autonomy in household decision-making? The association cannot be assumed because women's autonomy cannot be isolated from the broader context of socio-cultural and gender norms of a society. Gender refers to the socially constructed roles ascribed to men and women in society. From birth, according to Mason (1994:2), "males and females are reared to occupy different social positions having different rights and obligations." A woman's role is defined as "the way she is expected to behave in a certain situation," while a woman's status "is the esteem in which she is held by different individuals and groups who come in contact with her" (in Desai, 1995:155). Considerable research has been conducted on the status of women in various societies, including the Indonesian society (Geertz, 1961; Subandrio, 1963; Hull, 1979; Williams, 1990; Wolf, 1992, Grijns, 1992, Mason, 1994). More recently, scholars have begun to assess female autonomy as a complement to studying women's status. Female autonomy usually refers to the extent to which women are free from control of men.

As in many countries, the traditional division of labor in Indonesia is for men to work outside the home and be responsible for the income of the family and women to work inside the home to look after children and take care of other household work. However, there are many cases in which rural and poor women are also involved in work outside the home to earn additional income for the family. According to Hull (1979), the wives of civil servants and army officers (who are considered as wealthier villagers) in a rural area near Yogyakarta, Central Java, do not join the work force because there are no jobs which they deem suitable. On the other hand, wives of rural peasants do work for additional income, usually outside the home. But if something happens to the children of rural working mothers, for example, if they get sick, such mothers are accused of neglecting their children (Hull, 1979). Thus, a double standard seems to apply. Husbands and other family members (and even neighbors) may not oppose mothers' going outside the home to work, but they do not accept the risk of such activity and instead blame the working mother if something negative happens in the household.

It has been widely debated whether women who bring resources home will gain more influence and autonomy in household decision-making. However, the relationship is not always simple. Studies in rural Java by Stoler (1975) have found that female autonomy is a function of the socio-economic structure of the society. Wealthier village women gain autonomy through access to resources which leads them to have similar autonomy with men, and in turn leads to their

control over the labor and services of household members. Stoler (1975) also found that poorer Javanese women have access to more kinds of employment opportunities, albeit menial labor, and therefore more access to a regular source of income which may also allow more autonomy. Hull (1979), in a study of the status of women in rural Central Java, also suggested that social class has to be considered when examining the relationship between women's work and female autonomy.

## **B. Study Purpose and Questions**

The goal of this study was to examine the effect of family planning on Indonesian women's participation in the labor market and their autonomy in the household. The research questions examined were:

1. What is the effect of family planning on women's labor force participation?
2. What is the effect of family planning and labor force participation on women's household autonomy?

For the purposes of this study, women's autonomy in the household is defined as the extent to which women have access to and control over material and other resources and have the ability to make decisions about household and family matters and the ability to participate in activities outside the house, such as community activities.

## **II. Data and Methodology**

This study, conducted by the Demographic Institute, Faculty of Economics, University of Indonesia in collaboration with the Women's Studies Project (WSP) of Family Health International (FHI), was part of a collection of four studies supported by the WSP in Indonesia. Each study focused on a different aspect of the WSP conceptual framework (Hardee et al., 1996). Each study took as its starting point contraceptive use or non-use (or, in the case of one study, reproductive decision-making) and looked at other aspects of women's lives that are affected by use of family planning. Broad dimensions of women's lives studied by the four sub-projects included psychological well-being, women's roles in the family and their roles in the community. These three dimensions correspond with the WSP conceptual framework. The study populations in these four studies came primarily from the USAID-funded Service Delivery Expansion of Services (SDES) Project. In addition to the SDES program areas, Jakarta was included in the WSP studies in Indonesia. There was no overlap of study populations, although by design there was some overlap of study topics.

This study uses two methods to answer the study questions. To answer the first question concerning the effect of family planning on women's work, we conducted secondary analysis of the 1993 Indonesian Family Life Survey (IFLS). Since the IFLS does not provide information on the relationship between women's work and household autonomy, in-depth interviews were conducted in two provinces, West Java and North Sumatra, to collect information on women's autonomy and related issues concerning women's status and women's role in society.

## **A. The Quantitative Study: Secondary Analysis of the 1993 IFLS**

### **1. The 1993 Indonesia Family Life Survey**

The secondary analysis is based on data from the 1993 Indonesia Family Life Survey (IFLS). IFLS is a major, national household survey conducted by RAND and the Demographic Institute, Faculty of Economics, University of Indonesia in 1993. In Indonesia this survey is also called SAKERTI (*Survei Aspek Kehidupan Rumah Tangga Indonesia*). The IFLS contains individual and family-level data about fertility and family planning, health and nutrition, education, migration, labor force activities and transfers. Extensive community and facility data accompany the household data.

The IFLS collected information from a sample of 7,730 households spread over 13 of Indonesia's 27 provinces covering 83 percent of the Indonesian total population. These provinces are: North Sumatra, West Sumatra, South Sumatra and Lampung, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Bali, West Nusa Tenggara, South Kalimantan, and South Sulawesi. These provinces were selected to maximize the representation of the population, as well as capture cultural and socioeconomic diversity in Indonesia.

Within each of the 13 provinces, 321 enumeration areas (EAs) were randomly selected from the 1993 SUSENAS (National Socio-Economic Survey) sample frame. The SUSENAS frame is a nationally representative sampling frame, consisting of about 60,000 households, designed by the Central Bureau of Statistics (BPS) based on the 1990 Census. The household sample was randomly selected from within the selected EAs by the field teams, making use of the 1993 SUSENAS listings obtained from the regional offices of the BPS. A household was defined as a group of people whose members reside in the same dwelling and share food from the same cooking pot (the standard BPS definition). Twenty households were selected from each rural EA. The final sample was 7,224, of which 3,436 were in urban areas, and 3,788 were in rural areas (Frankenberg and Karoly et al., 1995; Serrato and Melnik, 1995).

### **2. IFLS Information Used in this Study**

The sample for this study included 4,617 married women aged 15 to 49 years old who were surveyed in the 7,224 IFLS household sample. From the IFLS data, we created a number of variables to be used in our analysis. Use of family planning was the independent variable of interest in this study. Family planning was measured by the use or non-use of contraceptives at the time of the survey. We broke this variable into four categories: (1) women using long-term methods, (2) women using short-term methods, (3) those not using family planning because they were not in need, (4) women not using family planning because of other reasons. Pills, injection, condom, withdrawal, rhythm, and other traditional methods were considered short-term methods. Implant, IUDs, female sterilization, and vasectomy (of husband) were considered long-term methods. Women who were not using family planning because they were not in need included

women who wanted to have a baby, were currently pregnant, just gave birth or were breastfeeding, and those who said that they could not get pregnant. The rest of the non-users were women who did not use family planning because of reasons such as disapproving of the idea of fertility control, lack of knowledge, lack of access to contraceptives, or health reasons.

These categories were created to better understand the strength of women's motivation to control their fertility. It was expected that women who have a higher motivation to control fertility would use long-term methods. These women would be more likely to work, to work in the formal sector, and to work longer hours. Women using contraception would be more likely to fall into these categories because they would be less likely to have pre-school-age children at home. These women may also use long-term contraception because they want to keep their job.

Women's work was the dependent variable in this study. We defined work as participating in activities for income or for profit for at least one hour during the week before the survey. We used three different variables that measure different aspects of work. The three variables were: (1) working/not working; (2) working in the formal sector/working in the informal sector; (3) the number of hours worked in the past week. Women who worked as government or company employees and those who owned a business with permanent workers were categorized as working in the formal sector. Women who were self-employed or working in family business or farms were considered as working in the informal sector. Our decision to distinguish between formal and informal sector work was based on the theory of compatibility between work and child care. Formal sector work is generally associated with formal working hours and a fixed salary, and it is usually conducted in a place other than the women's home. Thus, formal sector work is considered to be incompatible with child care. Family planning use is expected to facilitate women's working in the formal sector. Informal sector work can more often be conducted in a woman's home or nearby and is typified by a less rigid work schedule than the formal sector. In many cases, informal sector work is self-created employment, such as selling self-cooked food, sewing dresses, opening a small shop at home, etc. Therefore, we hypothesized that informal sector work is likely to be more compatible with child care. The last measure of work used in this study was the number of working hours per week. We expected that women who use family planning would have a lighter child care burden and work for more hours per week than women not using contraception.

Because family planning is unlikely to be the only factor influencing women's activities in the labor market, we controlled for a number of background factors in our analyses, including: age of the youngest child, woman's age, woman's education, husband's education, husband's income, and whether the woman lived in an urban or rural area, and in Java/Bali or other islands. We expected that a very important variable influencing a woman's workload in the home would be the age of the youngest child; women with young children not yet in school would be likely to choose a job with more flexible hours and less regulation.

Women's employment may also be influenced by their education. We expected that women with higher education would be more likely to work, to work in the formal sector, and to work for more hours per week. Husband's education and husband's income, on the other hand, were expected to have a negative impact on women's participation in the labor market. Husbands who

were educated and those earning a higher income are probably able to contribute more income to the household; therefore, we expected that wives of such men would be less likely to help earn income for family survival.

Women who lived in urban areas and those living in Java and Bali, the most developed islands of Indonesia, were expected to be more likely than rural women and women living outside Java/Bali to work, work in the formal sector, and work for longer hours.

### **3. Quantitative Data Analysis**

Analysis of the quantitative data collected from the IFLS was done in several stages. First, descriptive univariate analysis was conducted to describe women's characteristics. Then, we conducted bivariate analysis using chi square tests of association to see whether there were any statistically significant associations between the dependent variable(s) and some selected independent variables. Finally, we conducted multivariate regression analyses to assess the relationship between family planning and women's work activities, while controlling for the effect of other factors. Three models were developed using the three different measures of women's work as the dependent variables.

The logistic regressions are interpreted in two ways. First, we report the coefficients and odds ratios (for statistically significant variables) to describe the effect of an independent variable on the odds that the outcome of interest, such as women working or working in the formal sector, occurred, other things being equal. Second, to facilitate the substantive interpretation of the logistic regression findings, we present predicted probabilities of the outcome of interest taking place. The predicted probabilities are derived from the logistic regression models presented in Tables 3.5 and 3.7. They were calculated by varying the values of particular independent variables, while setting the values for the other independent variables to their means. The resulting probabilities tell us what proportion of women would, for example, work for income or profit, if a certain set of hypothetical conditions existed, i.e., if all the other independent variables were at their mean values. While clearly subject to artificial conditions, the predicted probabilities help give a clearer picture of the magnitude of the net effects of family planning status and other key independent variables.

#### **B. The Qualitative Study: In-depth Interviews**

To complement the analysis of the effect of family planning on women's work based on IFLS data, we used qualitative methods to examine the effect of women's work on their autonomy within the household. Although the IFLS collected detailed information, the survey was not designed to assess the relationship between work and household autonomy. Furthermore, we felt using quantitative methods to study such a relationship may not be the best approach. For example, it is difficult for a survey to capture women's feelings about the double burden of being wives and working for family income. The respondents' own words were important to understand this relationship.

Therefore, in-depth interviews were conducted to obtain information not available from the IFLS concerning the relationship between women's work and their household autonomy. We defined household autonomy as women's power in decision-making about household matters, such as daily expenditures for food, children's education, family health expenses, and special non-routine expenses. Our hypothesis was that women who worked and brought resources home would have more input in household decision-making.

Interviews were conducted in Bahasa Indonesia, with women, their husbands, and community leaders. (Women and their husbands were interviewed separately.) The interviews with women asked about their experiences with family planning, their experience working for income, household work, and household decision-making. Because we were seeking information on fairly specific topics in some instances, the approach used in the in-depth interviews represents a more structured interview setting than is used in many qualitative studies. (See Appendix 1 for the in-depth interview guide.)

The focus of the interviews with husbands was on their perceptions of their wives' family planning experiences, the impact of family planning on child care and women's time allocation, wives' working to earn money, and decision-making in the household. In-depth interview results were matched between husbands and wives to assess their consistency.

The questions asked of the community leaders focused on their perceptions of family planning acceptance in the community and community norms regarding women's roles, family planning, child care, and work.

## **1. Study Sites for the Qualitative Study**

The in-depth interviews were conducted in two provinces, West Java and North Sumatra, two culturally and social distinct areas of Indonesia. West Java is located on Java, the most developed island in Indonesia, next to Jakarta, Indonesia's capital city. West Java is occupied largely by Sundanese people who adhere strongly to Islam. In the early 1970s, West Java had the second highest infant mortality rate and total fertility rate in Indonesia. The family planning program there was hampered by cultural and traditional beliefs, resulting in a slow increase in the contraceptive prevalence rate (CPR). However, by the 1990s, the contraceptive prevalence had increased markedly in West Java. In 1976, only 16 percent of married women in West Java were recorded as using modern contraception, but by 1994 the CPR had increased dramatically to 54 percent. The average number of children per woman in West Java fell from six or seven in the early 1970s to two or three children in 1995. (CBS and WFS, 1978; CBS, NFPCB, MOH and Macro Int., 1995). The ideal family size in West Java, according to the 1994 DHS, is two to three children. Infant mortality is still high in West Java -- 88.8 deaths per thousand births, compared to the national infant mortality rate of 66.4. Women's level of education and their age at marriage in West Java are the lowest of Indonesia's provinces. Maternal mortality is also high (Iskandar et al., 1996).

The province of North Sumatra is located on the island of Sumatra, the second most economically advanced island of Indonesia. North Sumatra is populated by a variety of ethnic groups, mostly Malays who adhere to Islam, Bataks who are Christians, Javanese migrants who mostly are Moslems, and a Chinese minority. North Sumatran women have traditionally been involved in farm work to help earn family income. Fertility in earlier decades in North Sumatra was very high, and the family planning program was hampered by the fact that main ethnic groups (the Malays and the Bataks) preferred large families (Makalew, 1997). The Batak people are also known to have strong son preferences. According to the 1994 Indonesia DHS, the ideal number of children among North Sumatran women is four, a number markedly higher than the nationwide ideal of 2.8 children. North Sumatra's total fertility rate was 7.2 children per woman in 1971, but it had declined to 3.5 in 1995. The CPR among married women in 1995 was 40 percent (CBS, NFPCB, MOH, Macro Int., 1995; CBS, forthcoming).

## 2. Selection of Respondents for In-depth Interviews

In each of the two provinces, West Java and North Sumatra, two IFLS enumeration areas (one urban and one rural) were selected for this study. In each of the four enumeration areas, interviews were conducted with ten respondents -- four women, four husbands and two community leaders (one female and one male). The women represented four categories: using contraception and working; using contraception not working; not using contraception and working; not using contraception and not working (Table 2.1).

Characteristics of respondents	West Java		North Sumatra	
	Urban	Rural	Urban	Rural
Wife using FP and working	1	1	1	1
Wife using FP not working	1	1	1	1
Wife not using FP and working	1	1	1	1
Wife not using FP and not working	1	1	1	1
Husband of wife using FP and working	1	1	1	1
Husband of wife using FP not working	1	1	1	1
Husband of wife not using FP and working	1	1	1	1
Husband of wife not using FP and not working	1	1	1	1
Community leader - woman	1	1	1	1
Community leader - man	1	1	1	1
Total number of respondents	10	10	10	10

The interviews in West Java were conducted during mid-October to mid-November 1996, while the interviews in North Sumatra were conducted during mid-December, 1996 to mid-January, 1997. All interviews were conducted by two experienced interviewers (male and female) from the Demographic Institute. The female interviewer interviewed the female respondents, and the male interviewer interviewed the men.

Interviewers initially faced a few difficulties conducting the in-depth interviews. For example, interviewers were not well accepted at first by the urban community in North Sumatra, an area considered as having low performance in family planning. Some men and women were suspicious of the interviewers and thought that they were agents from the government's family planning program. But after patient explanations that the interviews had nothing to do with the program but were asking about family planning and child care, work, and decision-making in the household, the interviewers were well accepted and the interviews were smoothly done. In addition, there were problems in making appointments with respondents in North Sumatra because the interviews were conducted during the month of Ramadhan when most Moslems fast. Therefore, interviews were conducted in the evening, after fasting hours.

We had difficulty finding respondents who had never used contraception. Only with considerable effort did the interviewers locate a few, who, as it turned out, had never used any *modern* methods of contraception. These never-users of modern contraception were mostly from the older generation. While these couples may not be representative of most Indonesians, their perceptions of the effect of not using family planning on their lives are still useful for understanding family planning, work, and women's household autonomy.

The presence of others during interviews was sometimes unavoidable. Husbands or other members of the household were occasionally present during an interview. Sometimes a guide from the community was needed for the interviewers to be accepted by the community. To the extent they could, the interviewers ensured that the respondents' reports of their perceptions and feelings were not influenced by others present.

Most respondents were able to respond to the interviewers' questions and appeared to state their perceptions freely. Although Bahasa Indonesia was the main language used for these in-depth interviews, some older men and women in rural West Java were not able to speak Indonesian fluently. In these cases, the guide translated the statements made by respondents. The guides were asked not to influence the respondents' perceptions or their attitude toward a particular issue. However, it is possible that the guides biased or inhibited respondents' responses.

### **3. Analysis of the In-depth Interviews**

The qualitative data were analyzed by the Principal Investigator, although not through the use of any text analysis software package. The quotes used in this report were selected because they are representative of the responses of the respondents in the in-depth interviews. The findings are not intended to be representative of wives and husbands in West Java and North Sumatra. Instead, they provide insight into the thoughts of these participants regarding the relationship between family planning, women's work and their autonomy at home.

## **III. The Effect of Family Planning on Women's Work: Results of the Quantitative Study**

## A. Women's Background Characteristics

Table 3.1. presents the distribution of the 4,617 married women aged 15-49 years in the study sample by various characteristics. Fifty seven percent of respondents were young women ages 15 to 34 years. The rest, 43 percent, were 35-49 years of age.

<b>Characteristics</b>	<b>Percentage</b>	<b>No. of observations</b>
<b>Age group</b>		
15 - 34	57.1	2,632
35 - 49	42.9	1,985
<b>Educational attainment</b>		
No schooling/primary school incomplete	47.9	2,213
Primary school completed	27.7	1,278
Junior high school	10.3	478
High school+	14.0	648
<b>Husband's education</b>		
No education/primary school incomplete	40.9	1,890
Primary school completed	26.5	1,223
Junior high school	11.7	540
High school+	20.9	964
<b>Husband's monthly income</b>		
No income/no fixed income	25.0	1,154
Under Rp 99, 000	29.7	1,370
Rp 100, 000 - 199,000	20.6	949
Rp 200,000 +	24.8	1,144
<b>Area</b>		
Urban	47.4	2,189
Rural	52.6	2,428
<b>Province</b>		
Java-Bali	62.4	2,879
Other islands	37.6	1,738
<b>Total</b>	100.0	4,617

Nearly half of the respondents had either not finished primary school or had no education at all. About 28 percent had finished primary school. Ten percent of the women had a junior high school level of schooling, and 14 percent had a high school education or higher. Husbands' education tended to be higher than that of the wives. Women's education was associated with their husbands' income level, with more educated women more likely to have husbands with higher earnings (see Appendix 2).

Poverty characterized much of the sample. Twenty-five percent of husbands had no income or no fixed income, and 30 percent earned under Rp 100, 000 per month (equivalent to US\$40).

Twenty-one percent had incomes between Rp 100,000 and Rp 200, 000, and the rest, about 25 percent, earned Rp 200,000 or more. The sample was distributed almost equally between urban (47 percent) and rural (53 percent) areas. About two-thirds of the respondents lived in Java or Bali.

Table 3.2 presents women’s family planning and fertility characteristics. More than half of the women were controlling their fertility; 36 percent were using short-term methods, such as the pill, injection, and traditional methods. About 20 percent were using long-term methods, such as IUD, implants, and sterilization. Another 19 percent were not using family planning because they still wanted to have a baby, were pregnant, or had just given birth and were breastfeeding, and thus they were not at risk of unintended pregnancy (hereafter these women will be called **non-users/not at risk**). The rest, about 25 percent, were not using family planning because of other reasons, and therefore they were at risk of unintended pregnancy (hereafter this group is called **non-users/at risk**).

All women in this study sample had at least one child. About half the women had a child under age six (51 percent). Among the other half (49 percent) of the sample, the youngest child was aged six or older.

	<b>Percentage</b>	<b>No. of observations</b>
<b>Method used</b>		
Short-term <sup>1</sup>	35.7	1,649
Long-term <sup>2</sup>	20.3	935
Non-user/not at risk <sup>3</sup>	19.1	882
Non-user/at risk <sup>4</sup>	24.9	1,151
<b>Age of youngest child</b>		
0-5 years	50.9	2,352
6+ years	49.1	2,265
<b>Total</b>	100.0	4,617
<sup>1</sup> Pill, injection, condom, rhythm, withdrawal, and other traditional. <sup>2</sup> IUD, implant, and sterilization. <sup>3</sup> Wants to have a baby, pregnant, or breastfeeding. <sup>4</sup> Not using because of other reasons		

## B. The Effect of Contraceptive Use on Work Activities: Bivariate Analysis

Contraceptive use was expected to ease women's burden of child care by limiting family size and therefore increasing the possibility of participating in the labor market. Table 3.3 shows the bivariate relationships between the family planning variables and work status variables. Women who used long-term methods, that is IUD, implant or sterilization, were most likely to be in the paid labor force (58 percent). Non-users/at risk comprised the second highest percentage of working women (52 percent). About 46 percent each of non-users/not at risk and users of short-term methods were working.

Women who used long-term methods were also the group most likely to work 40 or more hours per week (26 percent). This indicates that women with the highest motivation to control their fertility (those using long-term methods) were the most likely to work 40 hours a week or more. Conversely, non-users/at risk and users of short-term methods were the least likely to be working 40 or more hours a week.

	Using family planning		Not using family planning	
	Users of short-term methods <sup>1</sup> (n)	Users of long-term methods <sup>2</sup> (n)	Not at risk of unintended pregnancy <sup>3</sup> (n)	At risk of unintended pregnancy <sup>4</sup> (n)
<b>Number of cases</b>	1,649	935	882	1,151
<b>Wife's activities*</b>				
Working	46.4 (765)	58.1 (543)	46.3 (408)	52.2 (601)
Not working	53.6 (884)	41.9 (392)	53.7 (474)	43.8 (550)
<b>Hrs/wk worked*</b>				
< 40 hours	26.6 (438)	19.8 (327)	26.2 (231)	29.8 (343)
≥40 hours	19.8 (327)	26.4 (247)	20.1 (177)	22.4 (258)
Not working	53.6 (884)	41.9 (392)	53.7 (474)	43.8 (550)
<b>Work status*</b>				
Informal	32.5 (536)	36.6 (340)	29.4 (259)	40.5 (466)
Formal	13.9 (229)	21.7 (203)	16.9 (149)	11.7 (135)
Not working	53.6 (884)	41.9 (392)	53.7 (474)	47.8 (550)
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Significance tested with Pearson's chi square test. * indicates p<0.001				
<sup>1</sup> Pill, injection, condom, rhythm, withdrawals, and other traditional				
<sup>2</sup> IUDs, implant, and sterilization				
<sup>3</sup> Wanted to have baby, pregnant, or breastfeeding				
<sup>4</sup> Not using because of other reasons				

Table 3.3 also shows that the largest percentage of women working in the formal sector were long-term users (22 percent). Given this, it might be expected that long-term users would therefore be least likely to work in the informal sector. However, 37 percent of users of long-term

methods were working in the informal sector -- second to the percentage of non-users/at risk working in the informal sector ( 40.5 percent).

Table 3.4 indicates that users of short-term methods and non-users/not at risk were younger than users of long-term methods and non-users/at risk. Sixty-seven percent of short-term users and 76 percent of non-users/not at risk were under 35 years old. In contrast, 53 per cent of long-term users and 63 percent of non-users/at risk were older than 35 years. Long-term users had a higher level of education than any other family planning use group. Non-users/at risk had the lowest level of education overall.

Table 3.4 also shows that users of short-term methods and non-users/not at risk were more likely to have a child age 0-5 than users of long-term methods and non-users/not at risk. Family planning status was also related to educational level. Non-users/at risk were the least likely to have attended junior high school or high school. These women most often had no education or had not completed primary school.

<b>Characteristics</b>	<b>Users of short-term methods (n)</b>	<b>Users of long-term methods (n)</b>	<b>Non-users/not at risk (n)</b>	<b>Non-users at risk (n)</b>
Number of cases	1,649	935	882	1,151
<b>Age*</b>				
Under 35 years	67.0 (1105)	46.6 (436)	76.0 (670)	36.7 (422)
35 years +	33.0 (544)	53.4 (499)	24.0 (212)	63.3 (729)
<b>Age of youngest child*</b>				
0 - 5 years	61.1 (1007)	43.7 (409)	50.2 (443)	42.8 (493)
6 years +	38.9 (640)	56.3 (526)	49.8 (439)	57.2 (658)
<b>Education*</b>				
None/primary incomplete	42.6 (701)	42.2 (395)	45.3 (400)	62.3 (717)
Completed primary school	32.2 (531)	27.5 (257)	26.5 (234)	22.2 (256)
Junior school	11.6 (191)	11.0 (103)	11.7 (103)	7.0 (81)
High school+	13.7 (126)	19.3 (180)	16.4 (145)	8.4 (97)
Note: Significance tested with Pearson's chi square test. * indicates p<0.001				

There was a significant association between family planning use and income (data not shown, see Appendix 3). Women whose husbands earned the highest income were the least likely to be non-users/at risk, while women whose husbands had no income or no fixed income were the most likely to be in this family planning category. Women with the wealthiest husbands were the most likely to be using long-term methods.

These bivariate findings do not support the expectation that the higher the motivation to control fertility, the more likely the women would be working. The analysis indicates that family planning may not be the explaining factor for working or not working, working in the formal or informal sectors, or working longer or shorter hours. The analysis suggests that a woman's age, her level of education and having a small child to care for play a meaningful role in family planning status.

It appears that women use short-term methods until their families are complete, and then they use long-term methods.

### **C. The Effect of Contraceptive Use on Work Activities: Multivariate Analysis**

It was expected that a number of other factors could influence women to join the work force in addition to family planning. Regression analysis was used to assess the effect of family planning and other variables on work. Three multivariate models were estimated, each with a different aspect of work as its dependent variable.

#### **1. Model I : The Likelihood of Working**

Model I was a logistic regression to examine the likelihood of women working. All 4,617 women were included in this model. Working was coded as one, and not working was coded as 0. Family planning was the independent variable of interest. Demographic characteristics of the women, including age, the age of the youngest child, and other background characteristics were included as independent variables in the regression. Women's work was defined as participation for at least one hour in the week preceding the date of interview.

The results of the logistic regression are shown in Table 3.5. When other variables were taken into account, long-term methods was the only family planning variable that had a significant association with the odds of working. Women who used long-term methods were 1.6 times more likely to work than non-users/at risk. The other family planning use variables, use of short-term methods and not-using/not at risk appeared to have no significant relationship with working.

Other variables, including age of the women, age of youngest child, education of women, and husband's income also had a significant effect on whether a woman worked. Younger age of women and having a youngest child 0-5 years both had significant negative relationships with the odds of working. Women under 35 years old were 35 percent less likely to work than were women 35 and over. Women with a small child 0-5 years old were 24 percent less likely to engage in activities for income or for profit.

<b>Table 3.5. Results of Logistic Regression Predicting the Odds of Women Working, Indonesia, 1993 (n=4,617).</b>		
<b>Variable</b>	<b>Coefficient</b>	<b>Odds ratio</b>
<b>Method of contraceptive used</b>		
Short-term <sup>1</sup>	0.0820	1.09
Long-term <sup>2</sup> **	0.4785	1.61
Non-users/not at risk <sup>3</sup>	-0.0084	0.99
Non-users/at risk (ref. category) <sup>4</sup>		1.00
<b>Woman's age</b>		
< 35 years old **	-0.43706	0.65
35+ (ref. cat.)		1.00
<b>Age of youngest child</b>		
0-5 years **	-0.27478	0.76
≥6 yrs (ref. cat.)		1.00
<b>Woman's education</b>		
Primary school **	-0.3315	0.72
Junior high school	-0.2099	0.81
High school + **	0.4839	1.62
None/primary incomplete (ref. cat.)		1.00
<b>Husband's education</b>		
Primary school	0.1018	1.11
Junior high school	-0.2065	0.81
High school +	-0.1312	0.88
None/primary incomplete (ref. category)		1.00
<b>Husband's income</b>		
No income/no fixed income	0.1801	1.20
Under Rp 100,000 **	0.3516	1.42
Rp 100,000-199,000	0.1453	1.16
Rp 200,000+ (ref. category)		1.00
<b>Area</b>		
Urban	-0.5514	0.58
Rural (ref. category)		1.00
<b>Residence</b>		
Java/Bali **	-0.5167	0.60
Other islands (ref. category)		1.00
Notes: <sup>1</sup> Pills, injection, condom, withdrawals, calendar, traditional methods <sup>2</sup> IUD, implant, sterilization <sup>3</sup> Not using because wants to have baby, pregnant, breastfeeding <sup>4</sup> Not using, other reasons ** indicates significance at p <0.001		

The impact of education on the likelihood of working varied. Women with a primary school education, were 28 percent less likely to work than women with no education or less than a primary school education. However, women with a high school education or higher were 1.6 times more likely (60 percent more likely) to work than women with no education or less than primary school. Husband's education had no significant association with the odds of a woman's working.

As expected, low husband income was associated with women's working for income. Women whose husbands' incomes were under Rp 100,000 were 1.4 times more likely to work than women whose husbands earned Rp 200,000 per month or more. Unexpectedly, however, the

lowest husband income category (no income or no fixed income) was not associated with women working. The reason for this is unclear. Perhaps those families had other resources, such as transfers from relatives, to support them. It also may be that these families were farmers. Women in farming families may have a heavier workload within the household and be unable to work for income.

It was anticipated that women in urban areas would be more likely to work than women in rural areas. However, urban women were 42 percent less likely than rural women to work. Women who lived in Java/Bali were 40 percent less likely than women from other islands of Indonesia to work for income or for profit. This may be because of the variation in female work force participation in the provinces that comprise the “other” category. While Java and Bali are more economically advanced than other provinces, this may be unrelated to female labor force participation.

Table 3.6 presents the predicted probabilities of joining the work force among women with various characteristics. The probabilities are calculated based on the regression model shown in Table 3.5, under the assumption that the values of variables other than those being manipulated were held constant at their mean values. This method of interpreting the logistic regression obviously relies on describing artificial conditions. For instance, it is highly unlikely that all women would ever be users of short-term methods, but it allows the reader to envision the potential impact of different factors on women’s likelihood of joining the work force.

The predicted probabilities show that the effect of family planning status on women’s work status is very modest. Only use of long-term methods has a marked effect on work.. If all women used long-term methods, 59 percent of women would be working at least one hour per week (row 4, Table 3.6). There is little difference between the effect of short-term method use and the two non-use categories (rows 1-3), as expected, given that these variables were not significantly associated with women’s odds of working in the regression model.

Bivariate analyses indicated that non-users/at risk were more likely to have the following characteristics: age  $\geq 35$ , youngest child  $\geq 6$  years old, no education or less than primary education, and husband with low earnings. If all women had these characteristics, the proportion working would be 54 percent (row, 5, Table 3.6). If these characteristics were changed slightly, so that these women were all under age 35 and had a youngest child under age six, only 37 percent would be working (row, 6). Clearly, younger age and having a pre-school age child have a large effect on women’s work status among non-users/at risk.

If all women were non-users/not at risk who were under age 35, had a small child under 6 years, a high school education or higher, and husbands with both high education and high income, then 48 percent would be working for income (row 7, Table 3.6). If the characteristics of all these non-users/not at risk were altered so that they had a low education and their husbands had a low income, then 44 percent would work (row 8). Thus, women’s education and husband’s income have a moderate effect on women’s work status among non-users/not at risk.

<b>Condition(s)</b>	<b>Probability of working</b>
1. Non-users/at risk	0.47
2. Non-users/not at risk	0.47
3. Using short-term methods	0.49
4. Using long-term methods	0.59
5. Non-users/at risk, aged $\geq 35$ , child $\geq 6$ , low education, low husband income	0.54
6. Non-users/at risk, aged $< 35$ , child $< 6$ , low education, low husband income	0.37
7. Non-users/not at risk, age $< 35$ , child $< 6$ , high education, high husband income	0.48
8. Non-users/not at risk, age $< 35$ , child $< 6$ , low education, low husband income	0.44
9. Short-term users, age $< 35$ , child $< 6$ , high education, high husband income	0.50
10. Short-term users, age $< 35$ , child $< 6$ , low education, low husband income	0.39
11. Short-term users, age $\geq 35$ , child $\geq 6$ , high education, high husband income	0.67
12. Short-term users, age $\geq 35$ , child $\geq 6$ , low education, low husband income	0.56
13. Long-term users, age $\geq 35$ , child $\geq 6$ , high education, high husband income	0.75
14. Long-term users, age $\geq 35$ , child $\geq 6$ , low education, low husband income	0.66
15. Long-term users, age $< 35$ , child $< 6$ , high education, high husband income	0.66
16. Long-term users, age $< 35$ , child $< 6$ , low education, low husband income	0.55
Notes: Calculated based on the coefficients of regressions in Table 3.5 High husband income= Rp 200,000+ Low husband income=no income or no fixed income High education= high school or higher Low education= no education or primary incomplete	

Bivariate analyses indicated that users of short-term methods were likely to have the following characteristics: under age 35, child under age six, high education, and husbands with high income. If all women were users of short-term methods with these characteristics, we would expect 50 percent to be working (row 9, Table 3.6). If this group of women all had a low education and their husbands had a low income, only 39 percent would be working (row 10). If all women were short-term users, age  $\geq 35$ , child  $\geq 6$ , high education, and high husband's education, then 67 percent of women would be working (row 11). Among this group, if women's education was low and husband's income was low, 56 percent of women would work (row 12). High education of both women and their husbands, among users of short-term methods, is associated with a higher probability of working, although older women whose children are no longer small are more likely to work, regardless of their or their husband's educational level.

Long-term users were more likely to be older, have a youngest child age six or older, have a high education, and have a husband with higher income. If all women had these characteristics, 75 percent would be working, all other factors held equal (row 13, Table 3.6). As rows 14-16 of Table 3.6 indicate, the probability of working decreases as education is lowered and income of husband is lowered, among both older and younger long-term method users.

## 2. Model II: The Likelihood of Working in the Formal versus the Informal Sector

Table 3. 7 shows the results of Model II. This logistic regression model was estimated among women who were working (n=2,317) to see the impact of family planning status and other independent variables on the likelihood of working in the formal sector. Formal sector was coded as 1 and informal sector as 0. The same independent variables as in Model I were used.

Among the family planning variables, both long-term methods and non-user/not at risk were significantly associated with working in the formal sector among working women. Compared to non-users/at risk, long-term users were 44 percent more likely to be in the formal sector than in the informal sector. Non-users/not at risk were 64 percent more likely to be working in the formal sector.

Women's age was also significantly associated with working in the formal sector among working women. Women under age 35 were 1.4 times more likely to work in the formal sector than older women. The age of a woman's youngest child had no significant association with working in the formal sector versus the informal sector. Perhaps for working mothers, having a small child (0-5 years old) did not make much difference in the choice of formal or informal sector. Thus, our hypothesis that having a small child would hamper women's ability to work in the formal sector was not supported by this analysis. It may be that the number of children a woman has affects her participation in the formal sector.

The effect of having a higher education on the odds of formal sector work was very strong. Compared to women with no education or incomplete primary education, women with a high school education were 12 times more likely to work in the formal sector. However, women with a primary education were 32 percent *less* likely than the least educated women to work in the formal sector.

The more education a woman's husband had, the less likely she was to work in the formal sector. Working women whose husbands had a primary education were 29 percent less likely to work in the formal sector than women whose husbands had little or no education. Women whose husbands had a high school education or higher were 46 percent less likely to work in the formal sector than women whose husbands had the lowest educational level.

Where a woman lived also had a significant effect on working in the formal sector. Working women in urban areas were 2.4 times more likely than working women in rural areas to work in the formal sector. And working women from Java and Bali were 2.1 times more likely than working women from other islands to work in the formal sector.

<b>Table 3.7. Results of Logistic Regression Predicting the Odds of Working in the Formal Sector among Working Women, Indonesia, 1993 (n=2,317).</b>		
<b>Variable</b>	<b>Coefficient</b>	<b>Odds ratio</b>
<b>Method used</b>		
Short-term <sup>1</sup>	0.1466	1.16
Long-term <sup>2</sup> *	0.3621	1.44
Non-users/not at risk <sup>3</sup> *	0.4945	1.64
Non-users, at risk <sup>4</sup> (ref. category).		1.00
<b>Woman's age</b>		
< 35 years old *	0.3147	1.37
35+ years (ref. cat.)		1.00
<b>Age of youngest child</b>		
0-5 years	-0.1573	0.85
≥6 years		1.00
(ref)		
<b>Woman's education</b>		
Primary school *	-0.3930	0.68
Junior high school	0.1550	1.17
High school + *	2.4850	12.00
None/primary incomplete (ref. cat.)		1.00
<b>Husband's education</b>		
Primary school *	-0.3392	0.71
Junior high school *	-0.5698	0.60
High school + *	-0.6162	0.54
None/primary incomplete (ref. cat.)		1.00
<b>Husband's income</b>		
No income/no fixed income	-0.0958	0.91
Under Rp 100,000*	0.5698	1.77
Rp100,000-199, 000 *	0.5212	1.68
Rp 200,000+ (ref. cat.)		1.00
<b>Area</b>		
Urban *	0.8622	2.37
Rural (ref. category)		1.00
<b>Residence</b>		
Java/Bali *	0.7435	2.10
Other islands (ref. category)		1.00
Notes: <sup>1</sup> Pill, injection, condom, withdrawal, calendar, traditional methods		
<sup>2</sup> IUD, implant, sterilization		
<sup>3</sup> Not using because wants to have baby, pregnant, breastfeeding		
<sup>4</sup> Not using, other reasons		
* indicates p <0.05		

Table 3.8 presents the predicted probabilities of working in the formal sector for various conditions. These predicted probabilities are calculated based on the regression coefficients in Table 3.7. Non-user/not at risk and use of long-term methods were significantly associated with working in the formal sector. If all working women used long-term methods, 31 percent would work in the formal sector (row 4, Table 3.8). If all working women were non-users/not at risk, 34 percent would work in the formal sector (row 2).

<b>Condition(s)</b>	<b>Probability of working in formal sector</b>
1. Non-users/at risk	0.24
2. Non-users/not at risk	0.34
3. Using short-term methods	0.27
4. Using long-term methods	0.31
5. Non-users/at risk, age $\geq 35$ , low educ., low husband educ., low husband income	0.10
6. Non-users/at risk, age $< 35$ , low educ., low husband educ., low husband income	0.13
7. Non-users/at risk, age $< 35$ , high educ., high husband educ., high husband income	0.65
8. Non-users/not at risk, age $< 35$ , high educ., high husband educ., high husband income	0.75
9. Non-users/not at risk, age $< 35$ , low educ., low husband educ., low husband income	0.29
10. Non-users/not at risk, age $\geq 35$ , low educ., low husband educ., low husband income	0.10
11. Short-term, age $< 35$ , high educ., high husband educ., high husband income	0.68
12. Short-term, age $< 35$ , low educ., low husband educ., low husband income	0.32
13. Short-term, age $\geq 35$ , low educ., low husband educ., low husband income	0.17
14. Long-term, age $\geq 35$ , high educ., high husband educ., high husband income	0.66
15. Long-term, age $\geq 35$ , low educ., low husband educ., low husband income	0.20
16. Long-term, age $< 35$ , high educ., high husband educ., high husband income	0.73
17. Long-term, age $< 35$ , low educ., low husband educ., low husband income	0.26
Note: Calculated based on the coefficients of regression in Table 3.7 High husband income= Rp 200,000+ Low husband income=no income or no fixed income High education= high school or higher Low education= no education or less than primary education	

When other variables were changed, within each family planning category, we can see the effects they have on the sector in which women work. If all working women were non-users/at risk, age under 35, with high education, high husband education, and high husband income (row 7, Table 3.8), then 65 percent would work in the formal sector. However, when the characteristics of non-users/at risk are changed so that they have low education, low husband education, and low husband income, the proportion of working women who work in the formal sector drops markedly (rows 5 and 6). Education obviously has an important effect on whether non-users/at risk work in the formal sector.

Among non-users/not at risk, we see the same pattern. If these women all have high education, high husband education, and high husband income, 75 percent would work in the formal sector (row 8, Table 3.8). But when we change the situation so that the women have low education, low husband education, and low husband income, the percentage working drops considerably, particularly among older women (rows 9 and 10).

The same pattern is seen among users of both long-term and short-term methods. When all working women have high education and husbands with high income and education, the percentage of those working in the formal sector is high. But when these variables are changed,

the proportion of women working falls. The proportion working in the formal sector, both before and after the education and income variables are changed, is higher among women under age 35.

Among all groups of family planning users, the probability of working in the formal sector was higher when the woman was well educated, her husband was educated, and her husband's income was higher. And, although we do not present the effect of female education separately in Table 3.8, the results of the logistic regression indicated that women's education had the most powerful effect on working in the formal sector.

### **3. Model III. Determinants of Women's Working Hours**

Table 3.9 presents the results of Model III, an ordinary least squares linear regression model. This model was estimated among working women (n=2,317) to assess the impact of family planning and other variables on women's work hours per week. The natural log of work-hours per week was the dependent variable. The natural log of hours worked, rather than simply hours worked, was used as the dependent variable to ensure that the fitting errors followed a more or less normal distribution. Using the logarithm of a dependent variable is commonly done if the variable is highly skewed, as is the case with number of hours worked. (A few women reported a very high or very low number of work hours.) Logging number of hours worked serves to dampen the skewed nature of the variable.

The same independent variables as in Model I and II were used in this regression model. The coefficients presented in Table 3.9 indicate the relative increase or decrease in the predicted log of the hours worked among women in one category, compared to a reference group, holding all other variables constant. We also discuss ratios of work hours between groups of women.

The effect of family planning status on number of hours worked is not entirely clear. It appears that users of long-term family planning methods and non-users not at risk worked significantly fewer hours than non-users at risk. This finding runs counter to our hypothesis that family planning users have more time for work than non-users. It may be that non-users represent a socially or culturally distinct group of women who either choose to work more hours or are compelled to work out of economic necessity.

Having a child under age six was associated with a reduction in the number of hours worked per week among working women. The difference in the number of hours worked between women who have a young child (0-5 years old) and those who had a child 6+ years was 0.92867 (exp.-0.0740). This means that the ratio of work-hours between women with a youngest child under six and those with a youngest child 6+ years was 93:100. For example, if a woman whose youngest child was aged six or older worked 40 hours a week, a woman whose youngest child was under age six would work only 37.2 hours a week, other factors being equal.

<b>Table 3. 9. Results of Linear Regression Model Predicting the Natural Log of the Number of Hours Worked per Week, Working Women Aged 15-49, Indonesia, 1993 (n=2317).</b>	
<b>Variable</b>	<b>Coefficient</b>
<b>Method of contraceptive used</b>	
Short-term <sup>1</sup>	-0.0707
Long-term <sup>2</sup> *	-0.0488
Non-users, not at risk <sup>3</sup> **	-0.0302
Non-users, not using, at risk <sup>4</sup> (ref. category).	
<b>Woman's age</b> <35 years	-0.0259
35+ years (ref. cat.)	
<b>Age of youngest child</b>	
0-5 years *	-0.0740
≥6 years (ref. cat.)	
<b>Woman's education</b>	
Primary school	-0.0347
Junior high school	-0.0720
High school + *	-0.1317
No education/primary incomplete (ref. cat.)	
<b>Husband's education</b>	
Primary school	0.0257
Junior high school	0.0546
High school +	0.0462
No education/primary incomplete (ref. cat.)	
<b>Husband's income</b>	
No income/no fixed income	-0.0836
Under Rp 100, 000	-0.0602
Rp100,000-199,000	-0.0246
Rp 200,000+ (ref. cat.)	
<b>Sector</b> Formal	0.0395
Informal (ref. cat.)	
<b>Area</b> Urban***	0.1139
Rural (ref. cat.)	
<b>Residence</b> Java/Bali	-0.0154
Other islands (ref. cat.)	
Notes: <sup>1</sup> Pill, injection, condom, withdrawal, calendar, traditional methods	
<sup>2</sup> IUD, implant, sterilization	
<sup>3</sup> Not using because wants to have baby, pregnant, breastfeeding	
<sup>4</sup> Not using, other reasons	
*** indicates p <0.001, ** indicates p <0.01, * indicates p <0.05	

Having a high school education was also significant, but its effect on the number of hours worked was negative: working women with a high school education worked fewer hours per week than working women with no education or incomplete primary school. The ratio of the work-hours calculated from the coefficient of regression was 82 for women with a high school education, and 100 for those with no education or incomplete primary school. In other words, if a woman with a

high school education worked 40 hours a week, a woman with no education/incomplete primary school would work 49 hours a week, other factors being equal. It may be that less educated women are forced to work longer hours to earn enough money or because their employer requires longer hours, while women with a high school degree are able to enjoy a shorter work week.

Urban residence had a positive significant influence on the number of hours worked. Among working women, urban women worked more hours per week than rural women. The ratio of the work-hours of women who lived in the urban area to those who lived in the rural area is 112:100. That is, if urban women worked 40 hours a week, rural women worked only 36 hours.

Neither woman's age, husband's education, the sector of work, nor the island of residence had a significant impact on the number of hours worked.

This analysis suggests that, among working women, having a youngest child under age six and having a high school education had significant negative effects on the number of hours worked. Being from an urban area was associated with a higher number of working hours. Family planning status did not have a significant effect on the number of hours per week that working women spend working. Nor was a woman's age, her husband's education or income, or her work sector associated with how many hours she worked. It must be noted that the reliability of the information on the working hours may be questionable. It might be that women, particularly in the informal sector, which does not usually have fixed working hours, had difficulties in recalling the number of hours they spent working during the week before the survey.

#### **D. Discussion of the Quantitative Study**

This secondary analysis of IFLS data indicates that the relationship between family planning and women's work is complex and not explained well by family planning use alone. Use of long-term methods was associated with women working and, among working women, with working in the formal sector. Use of long-term methods was not, however, related to the number of hours per week that working women spend at work. Being a non-user of family planning who was not at risk of unintended pregnancy was associated with working in the formal sector (among working women), but it was not associated with either working or the number of hours worked. The other two family planning variables were not associated with any of the three work outcomes of interest in this study.

Other background characteristics were more often associated with women's work status. Younger women (under age 35) were less likely to work than older women, but if they did work, they were more likely than older women to work in the formal sector. Age was not associated with the number of hours a women spent working. If a woman had a child under age six, she was less likely to work. If she did work, she was likely to work fewer hours per week than women whose youngest child was age six or older. Age of youngest child was not significantly associated with working in the formal sector.

Women's education was significantly associated with all three work outcomes. Compared to women with no education or incomplete primary education, women with at least a high school degree were more likely to be working, to work in the formal sector, and to work fewer hours per week. In contrast, women with a primary education were *less* likely than women with the least education to be working and to work in the formal sector.

A woman's husband's education was not associated with whether she worked. Among working women, however, the higher a husband's education was, the less likely his wife was to work in the formal, compared to the informal, sector. In other words, women whose husbands had the least education were the most likely to work in the formal sector. Husband's education was not associated with the number of hours per week a woman worked.

Husband's income was associated with whether a woman worked and, among working women, with the sector in which she worked. Compared to husbands who earned over 200,000 rupiah per month, women whose husbands earned under 100,000 rupiah per month (the second-poorest income category) were more likely to be working. Husband's income was not associated with the number of hours a woman worked.

Where a woman lived was significantly associated with work status. Women from Java and Bali were less likely than others to work; but, among working women, those from Java and Bali were more likely to work in the formal sector. Urban women were less likely to work; however, if they worked, they were more likely to work in the formal sector and to work longer hours than rural working women.

#### **IV. The Effect of Women's Family Planning Use and Work Status on Their Autonomy in the Household: Results of the Qualitative Study**

The qualitative component of this study consisted of in-depth interviews conducted with women, their husbands, and community leaders. Appendix 1 contains the interview guide used in this study component. The interviews were conducted to gain understanding of the perspectives of women and their husbands regarding the impact of women's work status and family planning use on their household autonomy. Questions asked during the interviews included: When women used family planning, did their autonomy increase? What about when women worked? Did women have the ability to decide for themselves whether to work? If women generated cash income, did they have the right to decide how to use it? What was the division of labor between wife and husband when the wife also worked for family income? Did other household members help women with housework or child care? Did family planning use or work status affect whether women could participate in community activities? If family planning and/or work increased women's autonomy, did their role and position in the household change for the better?

## A. Desired Family Size

Desired family size varies between West Java and North Sumatra. The Indonesian Demographic and Health Survey found that women in West Java prefer two or three children, while women in North Sumatra consider four children ideal.

The differences in desired family size between the two provinces were also evident in the in-depth interviews conducted for this study. Most of the respondents in North Sumatra wanted a family size of four children, two boys and two girls--the sons to help continue the family line and the daughters to help look after the parents when they are old. According to a woman from rural North Sumatra:

“It is daughters who are beneficial. From the time they are small, they can help the mothers ... When they grow up daughters love their mothers ... Boys? When they grow up, they are gone.” (SIM-W02).

Another woman from rural North Sumatra who had two children wanted to have another two, possibly girls:

“... because they can help me. Daughters can help with the cooking. Sons cannot help ... it is very seldom.” (SIM-W04).

Another reason for having four children, stated by a husband from urban North Sumatra, was that whenever there is a dispute between two of their children, there would be one or two others to help solve the dispute (MED-S04).

On the other hand, most respondents from West Java preferred to have two or three children. A woman from rural West Java said that although she would have preferred to have only two children, she wanted to have another child because she did not have a daughter yet. Like the respondent from North Sumatra, she also stated that having a daughter would be more beneficial. She said:

“Daughters can help the mother when she is old.” (KRW-W01).

Another woman from rural West Java said that having three children is ideal and that she did not want to have more children. A wife from urban West Java who had only one child stated that she wanted to have two children, but since she was working, she had not decided when or whether to have the second child:

“Actually I want more, but when I considered the difficulty of having an additional child, I became very lazy. The problem is there is no maid ... yes, yes ... besides that we are working.” (BGR-W01) .

Husbands' preferences regarding family size were not always consistent with their wives'. The in-depth interviews found that husbands generally wanted more children than did their wives. Said one woman from urban North Sumatra:

“I planned to have three, but my husband wants four ...” (MED-W04).

A husband from a rural area in North Sumatra whose wife has never used any contraception expressed a fatalistic attitude toward the number of children in a family. He said:

“‘It is okay to have many children,’ I said to my wife. The point is, God is the one who gives good fortune. Although we have many children, if we are willing to put efforts, we will get good fortune.” (SIM-S03)

His wife did not express the same fatalism, but she was resigned to following her husband's lead:

“I dare not do so [use contraception]. My husband doesn't permit me to use contraception. It is okay like this, suffering ... besides, I am not brave enough, so I followed his advice. We have many children already. It is okay if we have another. My children are grown up, so there will be one among them helping.” (SIM-W03)

## **B. General Acceptance of Family Planning**

Today, use of family planning is routine in Indonesia. The idea of using modern contraceptive methods and having a small family size are conveyed to the Indonesian people through a strong and centralized government family planning program, initiated in the early 1970s by BKKBN (The Family Planning Coordination Board). The family planning program makes use of the country's effective administrative bureaucracy from the national to the grass-roots level. Information constantly broadcast through a variety of media has made people aware of the availability of a variety of methods of fertility control. As a result, most people are able to name many contraceptive methods, and most know where to obtain the method. About half (55 percent) of married women in Indonesia currently use contraception, and another 25 percent have previously used contraception, leaving only about one-fourth of women who have never used any contraception at all. (CBS, NFPCB, MOH, DHS/Macro Int., 1995).

Most of the women and men stated that family planning use was common among the people in their community. A wife from rural North Sumatra expressed this perception:

“Yes, people are happy with family planning. They see that their family is in harmony, their children are big enough to take care of themselves, while the mother can take care of herself.” (SIM-W01)

A woman from an urban area of North Sumatra said:

“In general, there are many people accepting family planning. They are happier with family planning. There are many kinds of methods ... they are luckier than the older generation. The younger generation these days, although they are not working, they usually think before deciding to have many children.” (MED-W01)

Another North Sumatra woman reiterated that family planning use was widespread:

“ I think it is rare to find women who are not using contraceptives. On the average, women in this area are practicing family planning.” (MED-W03)

A similar perception was found among respondents from urban West Java:

“In this area, family planning is not difficult anymore. Everybody is using family planning because this is an urban area.” (BGR-S01)

Interviewers checked with community leaders to see if they agreed with these statements, and the leaders usually agreed with the people’s perception about the acceptance of family planning. A community leader in urban North Sumatra stated that about 80 percent of couples in his area had used or were using contraception. He felt that the reason people used family planning was to follow the government’s advice to achieve improved family welfare (MED-C01). A statement made by a community leader from urban West Java was consistent with the opinions of women and men interviewed in his community:

“Nowadays family planning is considered successful in this area. There are many self reliant acceptors. In the old days, some of the people did not accept the program because it was considered to be against religious teaching.” (BGR-C01)

Another community leader, a woman from rural West Java, stated that:

“The family planning program is well under way. Most housewives have used contraception. Family planning helps mothers to have more leisure time for themselves, enabling them to participate in activities outside the house, to work for income, and to do other social activities.” (KRW-C02)

A community leader from urban North Sumatra said that the reason some couples did not use contraception was that they were frightened of the side effects or complications that some of their neighbors had experienced (MED-C01). Similar reasons for non-use were given by a community leader from rural west Java, who said that some couples did not use family planning because they saw cases of contraceptive failure and negative side effects on the health of women in their community (KRW-C01).

It was difficult to find couples who had never used any modern method of contraception. Most women were either using contraception or not using it for reasons like wanting more children, being pregnant, or still breastfeeding. The interviewers found only a few never-users (of modern methods, as it turned out), mostly in North Sumatra. The never-users of modern methods fell into four categories: older couples, people with fatalistic attitudes, couples with health concerns, and people who desired more children.

One perspective comes from an older husband whose wife never used contraception because the family planning program came too late for them. At first they had a negative perception about family planning, but then they became in favor of it. They had 15 children, two of whom died.

“In the old days, religion did not accept the idea of family planning. It was not clear yet. We thought family planning killed babies. Many people did not want to follow the idea. They were afraid because they believed that it was a big sin. Besides, there was very little information. But according to me, having many children is no problem, ... it will stop eventually anyway.” (BGR-S04)

His views about family planning had changed over the years. According to him:

“Religious leaders have told the people, so that they understand better about family planning. Family planning does not kill babies; instead, it lengthens the birth interval (*menjarangkan anak*).”

One woman from rural North Sumatra said she did not use family planning, even though she knew it was well accepted in her community:

“In this alley, most people are using family planning. It is only me who is not! Everybody is either using injection, or pills.” (SIM-W03)

### **C. Decision-Making Regarding Family Planning**

Among the acceptors of modern methods, the decision to use contraception was usually made by husbands and wives together. However, in some cases one or the other was more responsible for the decision. Most women used family planning with the knowledge of their husbands, but a few used it without their husbands' knowing.

The Family Planning Program has stressed using family planning for birth spacing (*menjarangkan anak*), an idea expressed by most family planning users in this study. Only a few said they used family planning to limit family size (*membatasi kelahiran*).

One woman from rural West Java said that the purpose of using contraception is to “space” children. However, she and her husband finally “limited” the number of children at three, which she feels is “enough.” She mentioned the benefits of spacing children:

“Don’t be in a hurry to have another child! I want to have more freedom, don’t want to be too busy, tired. I want only three children, that’s it.” (KRW-W02)

A woman in urban North Sumatra said she was using family planning to space her family:

“ ... because I come from a fertile family... So my husband said, ‘use family planning.’” Actually I want more children, but having more children requires more income, to make sure the kids are healthy, [By using family planning to have a small family size], all the needs will be satisfied ... we will avoid the situation of the income not being enough, or just enough for food only.” (MED-W02)

One woman from rural North Sumatra said she used family planning to avoid having too many children:

“ ... because I am afraid of having too many children, that is why. You know, with our family’s financial situation ... it is difficult [with] too many children. I pity them, asking for this and that. With this kind of financial situation, [many children] are troublesome.” (SIM-W02).

#### **D. Experiences Using Family Planning**

As shown below through women’s recounting of their contraceptive use histories, experience with contraceptive methods varied among the couples. Women--and a few men--used a range of methods available through the family planning program. The number of side effects noted by the women and the related method-switching was striking.

A young woman from urban West Java, who had one child aged seven and was using the pill, said that after the birth of her child, she used the injection for two years. Because of complications, she changed to an IUD. However, her husband did not like it, so she switched to the pill. She wanted to have another child, but since she was working she was delaying having a second child. (BGR-W01)

A 41-year-old woman from urban West Java had five children, and both she and her husband had junior-high-school-level educations. Her husband had had a vasectomy. They wanted to have only two children, but because she experienced complications with various contraceptive methods, they were unable to achieve that goal. Finally, after the birth of the fifth child, her husband decided to have a vasectomy. He said:

“After the second child. Yes, the second child. At that time I went home once a year, for two weeks. I only used condoms. This was going on until 1978 because I studied in Medical Technician School (STM). I tried to apply for a job in a factory near here. ... At that time my wife used injection. But because the re-injection was only a day late, the third child was born [laughter]. Yes, the third child was born when the second was still too young. Our calculations were not accurate. We

would have liked to ask for help, but we were ashamed. We wanted to ask our parents for advice about what contraception is good, but we couldn't do it...We are Sundanese. So I thought, maybe I could talk with people from our community. But in the past, I was shy about doing that. After the third child was born, I left again. In 1979 I went to Ambon and took my wife with me. But there were no family planning services there, so the fourth child was born, and we returned here. Here we tried again. I didn't leave the place, and my wife tried to use injection again ... until the birth of the fifth child. Then she used IUD, but she began bleeding. I believe that IUD is the safest one, if it is suitable. Finally I said to my wife, 'now let me do it, because it [our family size] is over the target.'" (BGR-S02)

The following story was told by a 30-year-old woman from rural West Java. She and her husband were not highly educated and both worked as traders. She was married when she was 17 and had two children, one seven and the other three years old. She and her husband decided jointly to use family planning.

"I had my first birth and then used the family planning injection. ... I used the injection again after the birth of the second child, for 3 years, but it was not suitable because I became allergic [experienced side effects attributed to the injection]. So the midwife told me to stop the injection and asked me to use the pill. No, I did not stop using family planning ... I wanted to have two children, one boy and one girl. But because I haven't got a daughter, I want to have a child again sometime. Not now -- later when the [younger] child is bigger. I want to have a daughter, because both [my children] are boys... Again and again until I have a daughter? I don't know, at the moment I feel hesitant. I am afraid to be pregnant again and get another boy." (KRW-W01)

A 30-year-old woman from rural West Java who did not work was using the injection. She married at age 17 and had three children, ages 17, 11, and four. She used pills after the first and second children. She switched to the injection after the third child and was continuing to use that method. She did not tell her husband when using the pill for the first time. As it turned out, her husband did not object to her using contraception. Both the husband and the wife, in their separate interviews, stated that they do not want another child (KRW-W02).

A woman from urban North Sumatra was 38 years old and had four children. She was a Manadonese (from North Sulawesi) and her husband was Javanese, although they lived in North Sumatra. She had a primary school education and was working as a bookkeeper for the revolving credit association in their community. Her husband worked as a driver. She had used various methods of family planning:

"The first time was after the birth of my second child. I used pills, but I started bleeding so I stopped. After the third child, I tried to use the IUD. After four months I started bleeding, and I expelled the IUD. Then I tried to use my own

[traditional] method. Finally I decided to use the pill again. After five years of using it, I suffered from heart disease. The doctor said, 'you have side effects from using the pills, [in] your heart. Please stop using the pills.'" (MED-W01)

She tried to prevent further births, but failed again and had a fifth pregnancy. She had this pregnancy terminated because her husband was angry about the pregnancy. She said that as a village cadre who is supposed to encourage people to use family planning, she was also embarrassed about the pregnancy. After that, her husband suggested that she be sterilized and she agreed. She was sterilized by a safari team, free of charge (MED-W01)

Another story comes from a 36-year-old Christian woman who lived in urban North Sumatra. She had graduated from university and was working as a high school teacher. Her husband was also a university graduate and worked as a consultant. She married late (at age 27) and had two children, one boy and one girl. When she and her husband decided to control their fertility, she first used a traditional method, but she switched to a modern method when she became pregnant. She had no knowledge about contraception, so after the birth of her second child she went to a midwife who told her to use an IUD because it was very effective. According to her, two children were enough (MED-W02)

Another man stated that he and his wife were trying to control their fertility through withdrawal rather than through use of modern methods of birth control because they had heard stories from others who had experienced complications due to family planning use. He and his wife had four children and felt this number was enough for them.

"I am afraid because of seeing others' experiences. Using contraception has side effects, pills have side effect ... I made a decision based on my experience -- it is better to do it on our own. We call it 'self family planning.' We compromise."  
(MED-S03)

The wife, however, was not convinced of the effectiveness of withdrawal. She relied additionally on drinking herb tea to induce late menses.

"In the praying group, the teacher often tried to motivate us to use the calendar system. But I do not want to because I came from a generation with few children - - my mother has only three children. ... I drink herbs (*jamu wayang*) frequently. If for instance my menses are delayed by a day or two, drinking this herb can induce the menses to flow." (MED-W03)

Another example of differences of opinion between wives and husbands came from a couple in urban North Sumatra who had not yet attained the husband's desired family size. The husband said that they were not using family planning because he wanted to have four children, two boys and two girls. They married late (when the wife was 29 years old). The wife had wanted three children, but she was pregnant with their fourth child at the time of the interview. She wanted to stop childbearing after the baby was born. The husband seemed unaware that his wife had ever

tried to control her fertility. The wife said she had used the calendar system to space the second and third births; the husband, however, never mentioned any previous use of family planning.

“I planned to have three children, but my husband wanted four. I spaced my second and third children using calendar system. I wanted to use IUD, but my husband didn’t allow me because we are too old. He is 40 and I am 36. When we have four, we are going to stop. I want to have sterilization. Actually it is forbidden by the Catholics, but, if not ... I think I am still able to have more children, I am too fertile.” (MED-W04)

A woman from rural North Sumatra said that she was afraid of having too many children because of the responsibility of looking after them and raising them. She was 29 years old, and her husband 34. Both had primary education and she worked as a farm laborer while her husband was a daily laborer with no permanent job. After the second child was born, she and her husband decided she should use the injection. But her husband wanted to have another child, so she gave birth to a third child, a boy. She decided to stop childbearing and continued using the injection. Both she and her husband said that three children were enough. (SIM-W01)

Another woman from rural North Sumatra was 42 years old and had five children. She finished high school but was not working. Her husband had finished three years of university and worked as a teacher in a public school. The woman said she used contraceptives because her husband is a government employee. In order to limit their number of children to that suggested by the government (of not more than three children), she tried to use an IUD. After she experienced bleeding, however, she changed to the pill. The pill was not suitable and she ended up having five children, even though she actually wanted only three children (SIM-W02).

While many women complained about side effects associated with various contraceptive methods, mention of positive health effects of contraceptive methods was rare. Two husbands, however, did state that family planning improves a mother’s health (MED-S02, SIM-S01).

## **E. Family Planning, Work, and Household Autonomy**

A common theme that emerged in the in-depth interviews was that spacing births enables couples to have a small family size, a stated goal of the government family planning program. Fewer children meant being able to care for them, and particularly to educate them (very few made a distinction between the importance of educating sons and daughters). Spacing children and limiting their number was also considered important so that women who wanted to work (and whose husbands allowed them to) could do so, and so women could participate in community activities. Family planning was also considered important to ease the burden of women’s multiple roles.

### **1. Women’s Roles and Division of Labor in the Household**

In many Indonesian cultures, women are expected to play the roles of wife, mother, and housekeeper, as well as manager of the family resources. Some women also “help” support the family economically, by working. Women are also expected to take part in community activities.

According a woman in urban North Sumatra:

“The husband’s tasks are outside the house, while the wife’s tasks are inside the house. That’s how it is in a household. Taking care of children and the husband, this is the contract! That’s what the religious teacher said-- a wife must obey the husband, but obey in the right direction.” (MED-W03)

Said one husband from rural North Sumatra:

“The primary duty of a wife is to serve the husband -- cooking first, then after that, washing the clothes. After that, if there is no other work, she can help the husband. Generally the kitchen is the wife’s. It is logical, cooking is the wife’s business, except if she is sick.” SIM-S01)

Another husband from rural West Java said that, according to Sundanese culture, a man should not do housework such as washing and cooking because those are women’s duties. However, this husband said that he did not follow this rule and helped his wife with household duties. He did add, however, that a wife’s tasks are breastfeeding, serving the husband in terms of sex, and providing food and drink. Also, she must respect her husband. (KRW-S04)

The wives (and to some extent the husbands) talked about the importance of family planning in helping them balance all of these roles.

A husband from urban West Java said:

“When the children were still very young, it was difficult -- cooking first, then going to Posyandu [health and family planning integrated service post], *arisan* [revolving credit scheme]. ... I think family planning gives women the chance to choose what is the best.” (BGR-S02)

A woman from urban West Java said she used contraception in order to keep her job as a dental nurse, to have enough time to take care of her only child, and to provide the child with health care and an education. She said she was working to help her husband earn more family income. When she got married, her parents told her to continue working to help her husband and to be a self-reliant person. Her husband’s income was smaller than her own income, so she felt she needed to work to add to the family’s income. She wanted more children, but since she could not afford to hire a maid to look after them, she was reluctant to get pregnant again.

“Actually, in Islam it is the man who works. It’s a must, that’s our faith. It is good if he is capable of fulfilling the basic needs -- clothing, food and housing. That’s

why if he has satisfied all that, it is nicer to stay home. Actually, working is tiring, isn't it?" (BGR-W01)

Another woman from urban West Java worked with her husband in a food stall (*warung makan*) he opened near their house. She did not use family planning and had had 15 children, 10 of whom were alive. Her youngest child was four years old. Until four years ago she was home with her children, but then her husband needed her to cook and prepare the food to sell in the food stall. He asked for her help, and she was able to work with him because her older children could help her with housework, washing clothes, cooking, cleaning the house and looking after younger siblings (BGR-W03).

However, despite working, neither of the women from urban West Java described above were free from doing housework. They both made breakfast and prepared their children for school. After work they prepared dinner and helped the children with homework. The women with more children had more help with these activities from older children.

A woman in rural North Sumatra decided to open a small shop (*warung*) to sell household goods such as spices, detergent, noodles, and sugar, among other things. She said her husband did not have a permanent job. According to her, "he is too spoiled and rather lazy. He cannot work too hard." She doubted that her husband could satisfy the family's economic needs, so she decided to work and to use contraception to help her be able to work. She suggested opening the *warung* to her husband and asked him to help her by purchasing the goods in the market while she stayed (home) in the store. She had two sons and would like to have a daughter to help her in the future. However, she was afraid having another child would make her too busy to work. She said she did not want to have many children because of the burden of taking care of them

"I can work, selling, because I use contraception. I follow KB [family planning], so my kids are widely spaced." (KRW-W01)

Another woman from rural West Java who had eight children (one of whom died) was helping her husband in the food stall he owns. She cooked the food, while her husband bought the ingredients at the market. Working with her husband was the first job she had. This couple both felt responsible for doing the housework together since they both worked (KRW-W03).

A husband from urban West Java also said that he and his wife shared the household chores and the responsibility of looking after their one child since they both worked. He did, however, expect his wife to take care of daily expenditures.

"It [household work] is not exclusively the responsibility of the wife -- unless we were to live in the village (*kampung*). Now we are both working, so it can't be like that. ...As for the expenditures, I let my wife take care of that. The salary I receive, I give it all to her... It is good that I am not too fussy about the food I eat ... because with both of us working, our time is mostly spent on work." (BGR-S01)

One woman in rural West Java wanted to work but felt she could not because her youngest child was too young to be left alone. She used to help her husband earn money by working as a farm laborer, but she quit to look after their children (they now have three). She plans to return to work once her youngest child is older (KRW-WO2).

Another woman from rural West Java had only one child, aged 14. She wanted more children to help her when she gets older, but did not know why she could not get pregnant. She worked periodically as a farm laborer but was not satisfied with that job. She wanted a better job, possibly in a factory. She had applied to be a maid in Saudi Arabia, but was turned down for health reasons. She said she worried about how they would pay the education expenses for her child, so she continued to work to help her husband. It should be noted that she and her husband had different perspectives on which of them worked. She said her husband had not worked in six months, whereas he said he was working and she was not (KRW-W03, KRW-S03).

A husband in urban North Sumatra said that when their children were small, his wife's time was taken up caring for them:

“When kids were small, I think mother's [his wife's] time was freed more for the children, rather than following, helping the husband. But when the children were bigger, she had more time to take care of the husband, and also for not leaving household activities undone, and relaxing.” (MED-S01).

His wife agreed that having fewer children meant having less housework and therefore being able to help her husband by earning money. Her husband had a low income, and since her children were getting bigger and she was healthy, she decided to work. She also wanted to have money for herself, without having to ask for money from her husband. At first her husband forbade her to work, but he finally agreed because by working she could help reduce the family's economic burden. She finished the housework in the morning before occasionally working in the afternoon collecting money for the rotating credit system. She was also active in a sports organization. She decided to use family planning in order to work.

“How can I not help my husband? He works as a private driver, and we have four children. For educational expenses, [his salary] is not enough. The cost of daily expenditures is already too difficult. Monthly expenditures are often more difficult.” (MED-W01)

One woman in urban North Sumatra worked as a seamstress in her home. She and her husband were not using family planning because they married late and had not had the four children they want. She wanted to space her pregnancies using modern contraception but had to compromise with her husband and use withdrawal. She plans to seek sterilization after her fourth child is born. Her husband encouraged her to work, and she had become successful with her sewing. In the mornings she took care of the children and her husband, who worked as a security guard at a school. A maid did their washing and cooking. This woman said that her husband supported her business, and was willing to help out in the house. She considered herself lucky to have a supportive husband, saying that many men don't want their wives to work:

“What is the use, if a wife works? They will become arrogant, somebody said. My husband, he likes it, because the economic burden is reduced.” (MED-W04)

A woman in rural North Sumatra decided to work as a farm laborer because she wanted to have money for herself and for the family. Her children were cared for by their grandmother while she worked. In the mornings she still had to prepare the children for school and her husband for work. In the evenings she prepared dinner. She said it is okay for a woman to work, as long as she first gets her husband’s permission.

“Women working? It does not matter, as long as they do not do side things. The point is ‘compromise’ between husband and wife. If the husband says it’s okay to go to work, yes, she may go. But if he says no, don’t go, then she better not go.” (SIM-W01)

## **2. Control over Resources and Decision-making**

We expected that women who contributed to the economic resources of the household would have more say in household decision-making. However, we found that almost all the wives from both West Java and North Sumatra, regardless of urban/rural residence or work status, seemed to have autonomy in terms of their ability to make decisions about daily expenditures (i.e., for rice, food, snacks, transportation and pocket money), and incidental expenditures (i.e., for clothing and extra school fees). In general, women controlled the family income, including the husbands’ earnings (at least the husbands’ salary -- sometimes husbands kept other money for themselves). However, along with this control of resources came a responsibility to make ends meet with the available money.

Regardless of their wives’ work status, most husbands in both West Java and North Sumatra said they gave all their income to their wives to manage for daily expenses. According to a husband from rural West Java:

“It is mother [his wife] who manages. I just give it [the money] to her. That’s the women’s business. Buying trousers, for example, I don’t know, I just ask her to go buy for me.” (KRW-S03)

A wife from urban North Sumatra credited her husband with teaching her how to manage money:

“I am the one who manages all the money, but father [her husband] told me how to do it. For example, this is for school tuition fees, this is the kitchen money, this is the house money. Now I just [pay it] directly, without waiting for him.” (MED-W03)

A wife from rural North Sumatra said she was given money, but then she had to manage it carefully:

“This is your budget, be careful how you spend it ... so that you can save.” (SIM-W01)

For large expenditures, such as for house renovation or buying furniture, the decision was usually made by the husband or by the husband after discussing it with the wife. Most often it was the husband who had to find the money for large expenditures. In some cases, if the wife had money from savings or from her own income, she could decide first and tell her husband later (BGR-W02, BGR-W01).

One woman who worked said she had the power to make decisions concerning daily, incidental, and large expenditures. Her husband agreed, admitting that she worked very hard while he did not have a job (he helped her run the food stall). He said things were okay as long as the money was there. His wife said:

“It is up to me because I am the one who is tired because of working. He does not care whether I am going to buy clothes or jewelry, he just does not care. He is like that because he does not know how to make money ... I don’t know, if later he has a job and makes money, I don’t know whether he will still be like that, leaving everything up to me.”  
(KRW-W01)

One wife, who did not work and got money from her husband, was able to make large expenditures by herself. According to her husband, he did not want to know if the money was enough or not for their needs, but he said that the wife had to be able to save some from this money. Once she bought some grams of gold with their savings, without getting his permission. When her husband was told, he understood, saying that buying gold is a good investment (KRW-W02).

One working wife from urban West Java speculated that decision-making regarding expenditures would be different for non-working women.

“For those who are not working, maybe the husbands should know ... Probably the wife could not participate in the decision-making.” (BGR-W01)

Both the wives and husbands in their separate interviews noted that compromise was often necessary in decision-making. If disputes arose, wives usually acquiesced to their husbands’ wishes. A Muslim woman from urban West Java stated:

“It is an obligation to obey the husband... If not, one is afraid of committing a sin.” (BGR-W03)

A husband from rural West Java said that wives should give in during conflicts:

“A wife should obey and respect her husband, but it depends on the husband and wife. If there is a problem in the family, sometimes there is chaos because no one wants to give in.” (KRW-S02)

Another husband from urban West Java noted that when conflicts over financial situations arose, he explained the situation to his wife using religious arguments about fate and destiny. He said that a household should be “peaceful” (BGR-S03).

There were exceptions to the customary roles wives and husbands play in decision-making and control over resources. One husband in rural West Java agreed that “compromise ... should be peaceful,” but he said that wives should correct their husbands if their husbands make a mistake (KRW-S01).

Another husband from rural West Java noted that he generally gives in to his wife during disputes:

“It’s true, I am the one who earns the money but I defer to her ... Regarding buying something, that is [up to] the woman. We do what she says. Rather than have a dispute, well, I give in. I am serious, in giving in, ... if we kept on having disagreements, probably our marriage would end in divorce.” (KRW-S03)

A wife in rural West Java said that she usually got her way in disputes because she was more bad-tempered than her husband (who agreed with her assessment):

“I tend to grumble because I am fussy! If I am grumbling my husband says, ‘I am wrong, I am wrong ... I’ll do what you want. You’re right, you’re right.’” (KRW-W04)

A husband from urban North Sumatra who was married to a Batak woman (an ethnic group different from his own) said that for the sake of harmony in the household, he often gave in to his wife:

“The important thing is to give in. For the sake of harmony, I give in, but I do so voluntarily, happily. The purpose is harmony, that’s it.” (MED-S02)

One husband from rural North Sumatra said the position of the husband and wife in the household is the same:

“We are on the same level, in balance, that’s it. [The woman being] inferior to the husband, that was in the old days. Nowadays, no more ... On the average, we are equal. (SIM-W03)

A husband from urban North Sumatra said he thinks women who work can sometimes cause discord in a household:

“On the average, my friends who have wives who work, their lives are not harmonious, because their wives feel that they can spend money from their own salary, so that they feel they are superior to their husbands, ... because they have salaries.” (MED-S03)

## F. Discussion of Qualitative Study Findings

When individual women and men were asked about family planning use, they expressed general agreement with the practice and spoke of its benefits. However, they did not link family planning with work opportunities in their minds or in their statements.

Many women stated that they had to work because their husbands' incomes were not sufficient to cover the needs of the family in terms of food, clothing and education. Most husbands and wives considered education very important to the future of the children, but they noted that the cost for education is rising, especially for older children in higher levels of school. As a result, many women were volunteering to work to earn more family income. In general, their husbands agreed with their wives' decision to work.

Further, although women worked to earn money for the family, all of the women who worked said they did so only to "help" their husbands (*bantu bantu suami*). Even the wives whose incomes exceeded those of their husbands said they worked only to help their husbands. This phenomenon is likely a result of a cultural and religious context in which men are considered the economic head of the household and are expected to provide for their families. In the interviews, both husbands and wives said that the household economy (and family survival) was the responsibility of the husbands.

The presence of a young child (or children) and related child care duties absorbed much of women's time, regardless of family planning or work status. In Indonesia, as in most other countries, child care is largely a woman's responsibility. Family planning use can help ease a woman's burden of child care by lengthening the space between births or by helping the woman to stop childbearing altogether. Having a smaller family reduced the years during which a mother had a pre-school age child at home and thus increased the amount of free time she had and her ability to work and participate in community activities.

However, even though women used family planning and worked, their roles were still the same in the household. They were still expected to maintain their roles and be a good mother for their children and a good wife by serving and obeying their husbands. They were also expected to do the housework as usual. Women's autonomy in decision-making and control over resources was not related to their family planning or work status, nor did it release them from their duties in other roles.

The importance of obedience of women to their husbands is particularly obvious in discussions of the resolution of conflict between husbands and wives. Usually the wives were the ones to give in and follow their husband's desires, although there were some exceptions. As noted previously, the husbands' desired family size was usually met, even when the wife wanted a different number of children. Women's obedience also included following their husbands' wishes about using family planning and work (although some women used family planning surreptitiously).

## **V. Summary and Conclusions**

### **A. Summary and Conclusions of the Quantitative Study**

The analysis of the IFLS data on the relationship between family planning and women's work showed that family planning only partly explained variation in women's work status. Use of long-term methods was positively associated with working (versus not working), working in the formal sector, and working fewer hours per week. However, use of short-term methods was not significantly associated with any of the three work-status outcomes. A number of background variables, however, helped explain women's work status. Women who were over 35 years of age, did not have children under age six in the house, and had a high school education were the most likely to work rather than staying home. Education also played a strong role in determining whether women worked in the formal or informal sectors. Perhaps the most striking finding from the quantitative component of this study is that women who had at least a high school education were 12 times more likely to work in the formal sector than were women who had no education or only some primary school.

The Indonesian government, in its effort to promote family welfare, should continue to encourage women to obtain as much education as possible, ideally (although perhaps not realistically) up through the high school level. That would allow more women the possibility of working in the formal sector, with the associated benefits of better salary, more job security, and better employment benefits. Women should continue to be encouraged to delay marriage and finish high school so that a higher percentage of women will be able to join the formal sector. Continuing to encourage couples to have small families may also allow more women to join the work force, as having a small child to care for at home discourages women from working.

For women who already worked, having or not having a small child did not influence whether they worked in the formal or informal sector. Working in the formal or informal sectors is probably related to women's employment opportunities. Women may not join the formal sector because of limited job skills, biases among formal sector employers against hiring women, and job shortages.

### **B. Summary and Conclusions from the Qualitative Study Findings**

The results from the qualitative component of this study indicated that the women interviewed in West Java and North Sumatra had autonomy in household decision-making and control of family resources for daily activities and expenses, and that most had the freedom to work. Family planning, which is a national duty according to Law No. 10/1992 on population and prosperous family development, freed women to spend more time in their other roles by reducing their burden in one role, that of motherhood and child care.

It could be that the autonomy accorded to women in this study was a result of their living in relative poverty. Husbands said they gave their wives their total incomes, and their wives were

expected to manage the household expenses with that amount of money. If the husbands' income was not sufficient, the wife felt compelled to work to supplement the husband's income. Given this situation, it may be that the work done by the wives was a family survival strategy. Having wives manage the household may also simply reflect tradition and be unrelated either to women's work status or to the family's income level.

The gap between status and autonomy among the women interviewed was evident in the fact that, although some women gained status as mother, contributor to household income, or in other social roles, their subordination to men was not necessarily reduced. There were multiple instances in which women had power in one aspect of autonomy, such as in making decisions regarding routine household affairs, but remained relatively powerless in another, such as control over productive processes including their own labor. Thus, understanding the power balance between women and men is essential in understanding women's autonomy in the household. According to Islamic religious teaching, it is the obligation of the wife to be obedient (*patuh*) to her husband. In this study women made it clear that if they worked, they were simply "helping" the husband with the family income, even if their income was higher.

Family planning may not have increased these women's perceived autonomy in the household, but it did help couples achieve a small family size, and thus freed women's time for activities other than child care. Having fewer children helped couples stretch money for food, health care, and, most importantly for the couples in this study, educational expenses for their children. Family planning use and the employment of women helped women and couples with their household survival strategy.

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## APPENDICES

### Appendix 1. Interview Guide for In-depth Interviews

#### Introduction:

I am a researcher from Lembaga Demografi, Faculty of Economics, University of Indonesia. I would like to have some information from you about your family, your children, your work and about decision-making in the household.

I will be grateful to you if you could share your time and experience in answering my questions concerning the above matters. This interview will take about one and a half hours. If you are busy, we can arrange the interview for sometime tomorrow or another time.

#### I. Respondents' background:

The interviewer reconfirms information obtained from family planning fieldworkers, head of the neighborhood (*ketua RT*) or head of the family welfare movement (PKK), concerning respondents' background, i.e.,

- name
- age or date of birth
- education
- religion
- whether have birth before
- number of children still alive, number who have died
- whether or not working, or have worked before
- whether woman or husband using any modern contraceptive method of contraceptive used
- whether woman used family planning before (if not using at time of interview)

#### II. Family planning experience

1. Please tell me how did you decide to become/not become a family planning acceptor? (probe about motivation, goal, expectation, positive or negative impact of being a family planning acceptor).
2. For those who are using contraception: After becoming an acceptor, how do you feel about your daily family life? (probe about her feelings in terms of whether there are differences in allocation of time, especially in household work, and other family matters).

For those who are not using contraception: Do you think your family life differs from your friends or from others who are using contraception? (especially in terms of allocation of time, in household work, and other family matters).

### **III. Work experience**

1. Please tell me how did you decide to work for money? (probe on the reasons, motivation and process in decision-making to work). For those who are not working to earn money: please tell me why you are not working for money.
2. Were there any other persons involved in making the decision to work or not to work? Who are they? (husband, mother/father, mother/father-in-law, other persons?)
3. For those who are working to earn money: please tell me about your work.
  - Type of work: whether in factory or in farm, etc.
  - Place of work: away from home, near home or at home
  - Hours of work: from nine to five, couple of hours, or whole day
4. In your household, who is responsible for family income?
5. How does your husband/mother/mother or father-in-law/your children feel about your working and earning money?
6. How do you manage your household work? Who is looking after the children when you are working?
7. Whether your decision to work is related to family planning use. Whether your decision not to work is related to children. (Or what do you think is the effect of family planning on your decision to work or not to work?).

### **IV. Household Decision-making**

1. How do you and your husband make decisions about household expenditure, such as expenditure for food, clothing, children's education, family health, buying furniture? (probe on the women's role in the household decision-making).
2. How do you and your husband arrange decision-making concerning activities other than expenditure, such as visiting relatives, going to the credit rotation meeting - *arisan* - or other social activities?)
3. What do you do if there are differences between you and your husband in household decision-making ?
4. After working and earning money, how do you feel about the decision-making in your family? Do you think your decision-making differs with your friends or others who do not work?

5. Whether family planning use/or non-use affect the pattern of decision-making in the household?
6. Actually, what do you think is the best way to arrange household expenditure and other activities? Please tell me, how do you achieve that?

#### **V. Respondent's perceptions**

1. What do people think about family planning in this area? (i.e., community attitude about family planning).
2. What do you think about women working for money? Is it common in this area?
3. According to you, what do husbands feel about their wives' working for money?
4. If, for instance, there is no family planning at all, do you think life will be the same or different in terms of household work, looking after children and the possibilities to work for money?

#### **Notes for interviewers**

Do not forget to indicate the place (urban, rural) and date of interview.

**Appendix 2. Percent Distribution of Husband's Income Level, by Wife's Educational Level.**

Husband's income	Wife's educational level			
	None/primary incomplete (n=2,213)	Primary school completed (n=1,278)	Junior high school (n=478)	High School + (n=648)
None/no fixed income	29.0	23.6	22.3	15.9
< 100,000 Rp	39.0	28.6	15.5	10.3
100,000-199,000 Rp	19.1	21.1	25.1	21.0
200, 000 ≥ Rp	12.9	26.6	37.0	52.8
Total	100.0	100.0	100.0	100.0

**Appendix 3. Percent Distribution of Family Planning Use, by Husband's Income Level.**

Family Planning Use	Husband's income			
	None/no fixed income (n=1,154)	< 100,000 Rp (n=1,370)	100,000-199,000 Rp (n=949)	≥ 200, 000 Rp (n=1,144)
Users of short-term methods	30.6	34.1	41.9	37.7
Users of long-term methods	14.3	21.3	18.4	26.5
Non-users/not at risk	20.2	19.3	18.3	18.4
Non-users/at risk	34.9	25.3	21.3	17.5
Total percent	100.00	100.00	100.00	100.00