The Demographic and Socioeconomic Determinants of Contraceptive Use in Indonesia

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Background

Using data from the 1976 Indonesian Fertility Survey, Ronald Freedman et al. (1981) concluded: 1) modern contraceptive use was much higher than expected given the country's level of development, particularly in comparison to Thailand (Cleland et al. 1979), 2) there were only modest differentials in use by female education and socioeconomic status—region of residence, or province, was the strongest predictor of modern contraceptive use, and 3) Indonesia's family planning program was probably the most significant determinant of relatively high contraceptive use.

Research Questions

1. Are there period effects in contraceptive use rates?
2. Can period changes be explained by differences in population composition, such as rising levels of female educational attainment?
3. Does socioeconomic status predict the likelihood of using modern contraceptives?
4. Do regional variations in contraceptive use persist, and if so, what explains these differences in use levels?

Data

Data:
• 1976 Indonesian Fertility Survey (n=5787)
• 1993 Indonesian Family Life Survey (n=2040 for Java-Bali and n=3284 for all Indonesia)

Measures:
Dependent Variable:
• Use of a Modern Contraceptive (1=yes, 0=no)

Independent Variables:
• Age, Educational Attainment, Region, Husband’s Occupational Status, Number of Living Children, Socioeconomic Quintile (1993 only)

Conclusions

1. Contraceptive use is significantly higher in 1993 than 1976, indicating a period effect.
2. Only 5 percentage points of the 30 percentage-point difference in contraceptive use can be attributed to changes in population composition, as related to female education. This supports Freeman et al.'s hypothesis that modernization is not a strong indicator of contraceptive use.
3. For 1976, women who possessed higher levels of educational attainment had a higher likelihood of contraceptive use rates than those in the lowest quintile.
4. Regional variations persist in the 1993 data, indicating that several factors might account for these regional differences, such as the type and execution of family planning programs, attitudinal differences related to religion and culture, and the threat of Malthusian pressures.

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