



Venue: Vigyan Bhawan, New Delhi, India  
Date: 16<sup>th</sup> to 20<sup>th</sup> November, 2010

*Session 40: Men's Roles, Needs and Perspectives*

**Friday, November 19**

**11:00 AM - 12:30 AM**

**Hall 4, First Floor, Main Building**

## **The Roles of Men in Contraceptive Use in Indonesia**

**Nai Peng Tey  
Hatam Hosseini  
Ng Yin Mei**

Paper Accepted for Presentation at *the First Asian Population Conference*  
New Delhi, 16-20 November 2010

## Session 40: Men's Roles, Needs and Perspectives

### **Abstract**

The family planning program launched in the late 1960s has been regarded as one of the success stories of the 20<sup>th</sup> century. Widespread contraceptive use has contributed to rapid fertility decline from 5.2 to 2.6 in less than three decades. The main objective of this study is to analyze the role of men in contraception in Indonesia. The data used in this paper come from the 2007 Indonesian Demographic and Health Survey. Results show that the CPR is rather high in Indonesia, with little variations across sub-groups of the population. The lack of variation in contraceptive use reflects the widespread use of contraceptive method. Findings also show that Indonesian men are supportive of family planning. Indonesian men play an important role in family planning decision making. According to this study in order to increase male participation in family planning, there is a need to change the perception that family planning is the responsibility of women. There is also a need to change the community norm in approving male participation to encourage more males to use a method.

### **Key Words:**

Low Fertility, Fertility Transition, Population Aging, Natural Fertility, Controlled Fertility, Middle East and North Africa

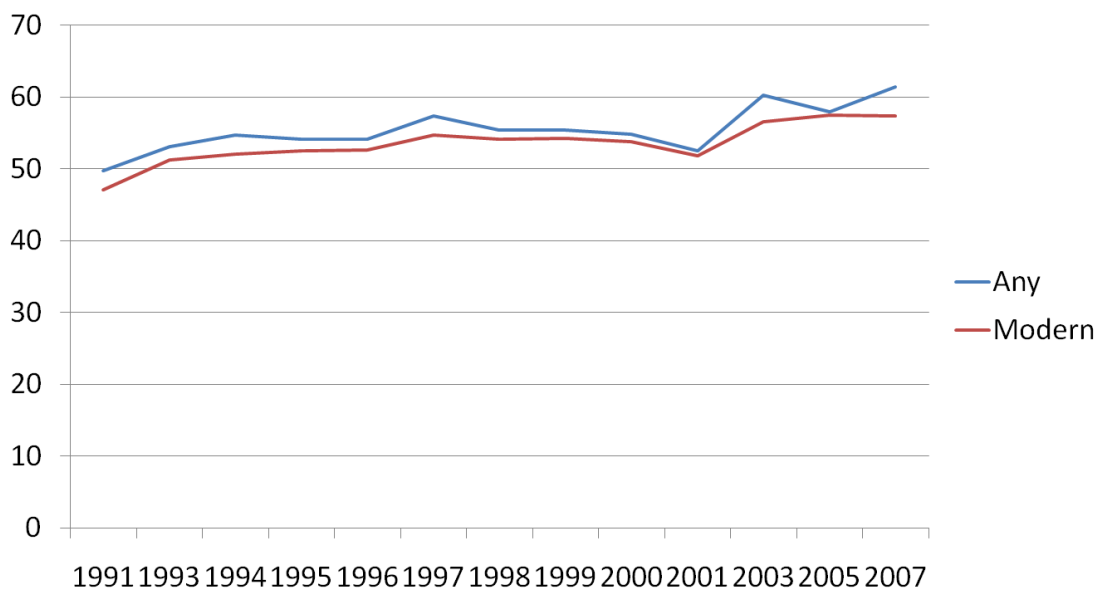
### **Background**

Indonesia has a total population of 243 million. It is the fourth most populous country in the world. With Muslims making up 88% of the population, Indonesia has the largest Muslim population in the world. This country has achieved impressive socio-economic development –its human development index has improved from 0.52 in 1980 to 0.725 in 2005, and it is ranked 109 out of 179 countries by the UN. The education level, life expectancy and income levels have improved significantly, especially in recent years. The family planning program launched in the late 1960s, with **BKKBN** as the coordinator, has been regarded as one of the success stories of the 20<sup>th</sup> century. The contraceptive prevalence rate increased from a mere 5% at the launching of the program to more than 50% in less than three decades, and further to more than 60% today. Widespread contraceptive use has contributed to rapid fertility decline from 5.2 to 2.6 in less than three decades. Rising age at marriage also contributed to fertility decline.

### *The Roles of Men in Contraceptive Use in Indonesia*

Figure 1 shows a slight increase in CPR in Indonesia in the first half of the 1990s, and then a slight decline in the second half of the decade, before picking up since the beginning of the new millennium, to reach 61% in 2007. The CPR of 61% reported by the UN is inclusive of those who practiced prolonged abstinence. Most of the contraceptive users are relying on modern methods, especially the injectable.

Figure (1) - Contraceptive prevalence rate, Indonesia, 1991-2007  
most are using modern methods



The CPR of Indonesia is comparable with that of Egypt, and it is the second highest among Muslim countries, after Iran (about 75%). Among the 10 Southeast Asian countries, Indonesian CPR is only lower than that of Vietnam, Thailand and Singapore. The CPR of Indonesia is significantly higher than its close neighbor Malaysia, another Muslim majority country.

## Session 40: Men's Roles, Needs and Perspectives

### **Data and Definition**

The data used in this paper come from the 2007 Indonesian Demographic and Health Survey. We acknowledge the DHS for granting us permission to use the data. This survey covered 30,869 currently married women throughout Indonesia. Detailed information on contraceptive use was elicited from the respondents. In our analysis, male methods are those that require active male participation, and these include vasectomy, condom, periodic abstinence and withdrawal.

### **Findings**

#### **Contraception by Selected Variables**

We begin by looking at the contraceptive prevalence rate or percentage of currently married women in the reproductive age group currently using contraception. Results (Table 1) show that Contraceptive use is widespread throughout the country. Overall about 59 percent of the married women were using a method.

Overall	58.8		Wealth index	
<b>Place of residence</b>			<b>Poorest</b>	<b>51.5</b>
Rural	57.5		Poorer	60.5
Urban	60.8		Middle	60.7
<b>Wife's education</b>			Richer	61.4
No education	41.3		Richest	62.8
Primary	57.4		<b>Age</b>	
Secondary	62.9		15-19	42
Higher	58.8		20-24	57.8
<b>Husband's education</b>			25-29	62.1
No education	41.3		30-34	65.2
Primary	57.7		35-39	64.7
Secondary	61.0		40-44	57.9
Higher	61.2		45-49	41.1

This table shows that there is little variation in CPR between rural and urban women, across most educational categories of both husbands and wives,

### *The Roles of Men in Contraceptive Use in Indonesia*

household income. However, those with no schooling and from the poorest households are a little less likely than the rest to use a method. There is little variation in CPR across regions. Out of a total of 33 regions, only 4 smaller regions had a CPR of less than 45%. Results from Multiple Classification Analysis shows that 4 factors including wife's education, husband's education, husband's occupation and wealth index explain only 2 percent of the variation in percent currently using a method. However, adding a new variable on "**desire for more children**" increases the **R<sup>2</sup>** to about 12%. The lack of variation in CPR shows that contraceptive use is widespread and that the family planning program has succeeded in reaching all segments of the population.

#### **Method Mix and CPR for Indonesia and Selected Countries**

Injection, used by half of the users, is by far the most popular method in Indonesia. This is followed by the pill, a distant second, at 23%. As in most developing countries, few Indonesian couples are using a male method, especially the modern method such as vasectomy and condom. Overall about 9% of the users are using a male method, including vasectomy, condom, periodic abstinence (or rhythm method) and withdrawal.

The CPR for condom (among all married women in the reproductive age group) is very low in Indonesia, at 1.3%. Low level of condom use is not peculiar to Indonesia. This slide shows that many developing countries also have low rate of condom use. Survey data show that the use of male methods increases with educational level. Among users with no schooling or primary education, less than 5% relied on male methods, but this increases to close to 10% among those with secondary education, and about 20% among those with tertiary education. Reliance on male methods increases with the wealth index,

*Session 40: Men's Roles, Needs and Perspectives*

from about 5% among those from the poorest families to 16% among those from the richest families. Reliance on male methods also increases with age of women, from less than 3% among those aged 15-19 to 13% among those aged 45-49.

**Decision maker for using contraception**

One way to look at male involvement in family planning is to examine the decision making process. The survey data show that a little more than three quarters of the couples who used a method had made the joint decision, while one fifth of the decision was made by the wife and a mere 3.2% by the husbands . Table 2 shows that couples are more likely to use a male method if the husbands were involved in decision making.

<b>Table (2) - Logistic regression of use of male methods</b>				
	<b>Exp (B)</b>	<b>Lower</b>	<b>Upper</b>	<b>p-value</b>
Urban	1.434	1.261	1.630	0.000
<b>Husband's education (None)</b>				
Primary	1.053	0.675	1.643	0.821
Secondary	1.661	1.066	2.587	0.025
Tertiary	3.050	1.924	4.836	0.000
<b>Wealth index (Poorest)</b>				
Poorer	1.047	0.852	1.287	0.661
Middle	1.301	1.062	1.594	0.011
Richer	1.486	1.210	1.826	0.000
Richest	1.956	1.582	2.418	0.000
<b>Decision making (Respondent)</b>				
Husband	5.669	4.329	7.423	0.000
Joint	2.361	1.992	2.798	0.000
<b>Spousal Communication (Never)</b>				
Once or twice	0.784	0.692	0.888	0.000
Often	0.689	0.588	0.808	0.000
Constant	0.021			0.000

In cases when the wife were the sole decision maker, only 4.4% relied on a male method, but this increases to 9.4% when both husband and wife made a joint decision, and further to 19% when the husbands were

*The Roles of Men in Contraceptive Use in Indonesia*

the sole decision maker. Couples are also more likely to use a permanent method when the husbands are involved in decision making. Logistic regression shows that urban couples were much more likely than rural couples to use a male method, even after controlling for other variables. The odd of using a male method is significantly higher among those whose husbands had at least secondary education. The odd of using a method is positively correlated with family wealth. Male involvement in decision making and spousal communication on family planning increases the odds of using a male method significantly.

In some populations, husbands' disapproval or objection often pose as an obstacle to contraceptive use. In this survey, among non-users who do not intend to use a method in the future, only 4% mentioned the opposition from husbands as reason for not using (Table 3).

**Table (3) - Reasons for not using a method among non-users who do not intend to use**

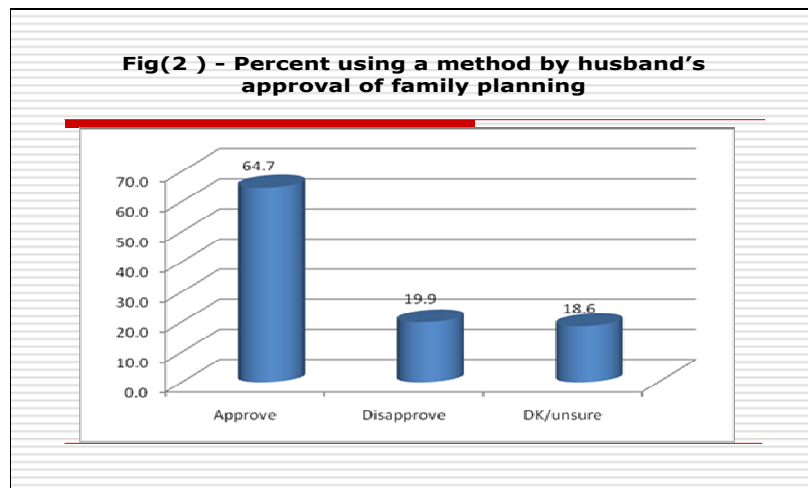
Categories	Rural	Urban	Both
Menopausal, infecund, too old	28.7	32.4	30.0
Wants more children	13.8	17.2	15.0
Fear side effects	11.4	10.4	11.1
Health concerns	9.2	10.4	9.6
Infrequent sex	5.9	7.2	6.4
Husband opposed	4.0	2.4	3.4
Respondent opposed	1.5	1.8	1.6
Religious prohibition	0.6	0.4	0.5
Others	24.9	17.8	22.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Among older respondents, sub-fecundity and old age were the main reasons for non-use, but among younger women wanting to have

**Session 40: Men's Roles, Needs and Perspectives**

children is the main reasons for not using a method. Apart from these reasons, health concerns and fear of side effects are much more important than husband's objection for the non-use. A closer examination of the reason for non-use among the sub-groups of population with low CPR shows that husband's opposition is not a main reason for the low level of use, as it was mentioned by only 2- 4 percent of the non-users. Hence, the low rate of contraceptive use among the lower educated and poorer women was due to some other factors rather than husband's objection.

Husband's approval of family planning is positively correlated to their educational level. Results show that with the exception of those with no schooling, the majority of husbands approve of family planning. Figure 2 show that husband's approval of family planning increases the likelihood of contraceptive use.



Among those whose husbands disapprove of family planning, only one in five were using a method, compared to about 65% among those whose husbands approve of family planning. Overall, about 10 percent

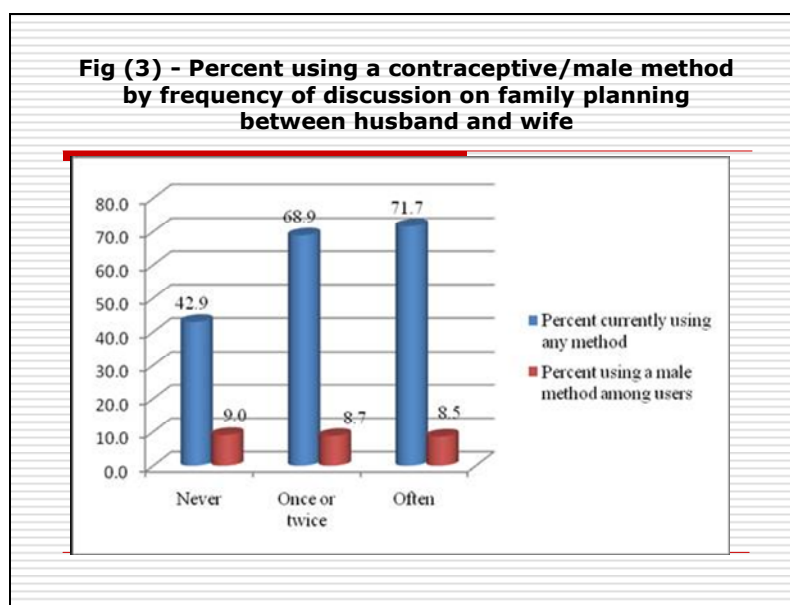


### *The Roles of Men in Contraceptive Use in Indonesia*

of currently married women in the reproductive age group have unmet need for contraception - about 5 percent each for spacing and limiting respectively. Finding shows that unmet need is significantly higher among those whose husbands disapprove of family planning as compared to those who approve.

#### **Husband-wife communication in family planning**

Past studies found that husband-wife communication has a positive effect on contraceptive use. In this survey, women with higher education are found to be more likely to talk about family planning with their husbands compared to those with no schooling or primary education (Fig 3). Couples who have talked about family planning were much more likely to use a method (about 70%) as compared to those who have never talked about it (43%).



### *Session 40: Men's Roles, Needs and Perspectives*

However, the causal effect could be the other round, i.e. those who use a method are much more likely to talk about it. Spousal communication, however, does not have an effect on the use of male methods.

#### **Summary and Conclusion**

In summary, we conclude that the CPR is rather high in Indonesia, with little variations across sub-groups of the population. The lack of variation in contraceptive use reflects the widespread use of contraceptive method. It may also be inferred that despite the low contraceptive prevalence of male methods, Indonesian men are supportive of family planning. Husband's objection does not seem to pose much of a barrier to contraceptive use. Indonesian men play an important role in family planning decision making. Most Indonesian couples make joint decision on family planning. The low contraceptive prevalence for male method in Indonesia is not uncommon in developing countries. The UN shows that in 2005, only 3% of married women in developing regions were relying on male sterilization and another 3% was using condom. The family planning program in most developing countries focuses on women. This partly explains the low usage of male methods. There is a need to reach out to the men.

Men's attitude and approval or disapproval of family planning affects contraceptive use. In order to increase male participation in family planning, there is a need to change the perception that family planning is the responsibility of women. There is also a need to change the community norm in approving male participation to encourage more males to use a method. Husband-wife communication increases the probability of contraceptive use. There is a need for family planning

***The Roles of Men in Contraceptive Use in Indonesia***

program to step up IEC programs to gain further support of the men and to encourage them to share more responsibility in family planning.