



**COMPARATIVE STUDY OF FEMALE STERILIZATION
ACCEPTANCE IN INDONESIA AND THAILAND**

LU WEIQUN

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There is a marked difference in female sterilization acceptance in Thailand (35 percent) and Indonesia (7 percent) in 1987 in the study sample. The purpose of this study was to determine what accounts for this difference in female sterilization in terms of their differences in demographic, social-economic and other factors. Selected explanatory factors in this analysis included reproductive years, marital duration, religion, number of living children, worked after marriage, had problem with previous method, age, area of residence, education, husband's occupation, knowledge of female sterilization, and knowledge of source of sterilization.

The Demographic and Health Survey data samples collected in 1987 for each country were restricted in this analysis by selecting only women who were fertile, those who wanted no more children, and those whose number of living children were equal to or greater than their ideal number of children. Missing data further restricted the sample to

2947 women in Thailand and 4328 women in Indonesia. Bivariate and multivariate (logistic regression) methods were employed to identify significant factors explaining female sterilization acceptance in each country and why they differ.

In Thailand, important predictors for female sterilization acceptance are reproductive age, marital duration, number of living children, worked after marriage, and knowledge of both female sterilization and its source. For Indonesian women, the important predictors of female sterilization acceptance are reproductive age, marital duration, and number of living children. Results further indicate that the difference in female sterilization acceptance between Thailand and Indonesia is partly due to the following:

1. Women in Indonesia are more likely than women in Thailand to accept female sterilization among those who have marital duration of 10 years or more.
2. Women in Thailand are more likely than women in Indonesia to accept female sterilization when they have two or more living children.
3. When they had a problem with previous method, women in Thailand are less likely to accept female sterilization than women in Indonesia.
4. For women who worked after marriage, Thai women are more likely to accept female sterilization than Indonesian women.

The results imply that policies, particularly family planning activities, that would improve female sterilization acceptance in Indonesia should focus on women with shorter marital duration and smaller number of living children.