

## CHAPTER IV

### RESULTS OF THE STUDY

A cross-sectional descriptive study was conducted to assess the utilization of contraceptive services among married women of childbearing age in remote areas Vietnam. A total of 400 married women of childbearing age were interviewed by using a structured questionnaire. The findings of the study are presented in two main parts as below:

(1) Univariate analysis of respondents' characteristics.

(2) Bi-variate analysis

Associations between the independent and dependent variables were tested by using Chi-square, Fisher's exact test. The level of significance for association was set at p-value = 0.05.

#### **1. Univariate analysis.**

##### ***1.1. Socio-demographic characteristics of the respondents***

A total of six questions were asked about socio-demographic characteristics of the married women of childbearing age including age, education, occupation, household income, and fertility.

Table 1 shows frequencies and percentages of the responses socio-demographic characteristics.

***Age:***

The age distribution of respondents showed that the majority was concentrated in the age group 30-34 years (20%), 35-39 years (18.8%), and group 25-29 years (18.5%), followed by the age group 40-44 years, 20-24 years, 45-49 years accounting for 16.0%, 14.3%, and 11.3%, respectively. The age group of 15-19 years only accounted for 1.3% of the respondents.

***Education:***

In term of education, the majority of the respondents (52%) graduated from secondary school. Respondents who completed primary school accounted for one-third (33.3%). Only 7.5% of the respondents graduated from high school and 5.3% of respondents graduated from a professional school and university. Among 400 respondents, 2% were illiterate.

***Occupation:***

Regarding occupation, farmers comprised the largest group among respondents (86.8%). Government staffs accounted for 10.5%, while only 2.8% of the respondents were having their own business.

***Income***

In term of income, more than half of families had a monthly income less than 100,000VND (57.3%). The monthly income level from 100,000 to 200,000VND accounted for 30.4%, while only 12.1% families had monthly income more than 200,000VND.

### *Fertility*

Among 400 respondents, the majority had already children (97.5%). Only 2.5% of respondents did not have children yet.

About one third of the respondents had two children (33.3%). More than one fifth of them had three children (22.3%), followed by one and four children accounting for 19%, and 14%, respectively. There were 6% of the respondents having five children; 1.8% having six children, 1% having seven children, and 0.3% having eight children. The average number of children among respondents was 2.58 with range from non to 8 children per family.

**Table 1:** Frequency and Percentage of the Respondents by the Socio-demographic Characteristics.

Socio-demographic characteristics	Frequency	Percentage
<b>Age in year</b>		
15 - 19 years	5	1.3
20-24 years	57	14.3
25-29 years	74	18.5
30-34 years	80	20.0
35-39 years	75	18.8
40-44 years	64	16.0
45-49 years	45	11.3
Total	400	100.0
<b>Education</b>		
Non (illiterate)	8	2.0
Primary school	133	33.3
Secondary school	208	52.0
High school	30	7.5
Above	21	5.3
Total	400	100.0
<b>Occupation</b>		
Farmer	347	86.8
Employee	42	10.5
Business own	11	2.8
Total	400	100.0
<b>Income</b>		
Less than 100,000 VND	229	57.5
From 100,000 to 200,000 VND	121	30.4
More than 200,000 VND	48	12.1
Total	398	99.5

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Socio-demographic data	Frequency	Percentage
<b>Ever had a child</b>		
Have children	390	97.5
Have no children yet	10	2.5
Total	400	100.0
<b>Number of live birth</b>		
0	10	2.5
1	76	19.0
2	133	33.3
3	89	22.3
4	56	14.0
5	24	6.0
6	7	1.8
7	4	1.0
8	1	.3
Total	400	100.0

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Mean=2.58, SD= 1.38, Median= 2.0,

Min = 0, Max= 8

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## 1.2. Utilization Contraceptive Services

In term of utilization of contraceptive services, the study focused on:

- Use or no use of contraceptives
- Type of contraceptives used among respondents
- Type of facilities used among respondents.

(1) The prevalence of current contraceptives use among respondents is shown in Table 2.

The majority of the respondents obtained contraceptives (84.3%), only 15.8% of them did not use any contraceptive methods.

**Table 2:** Frequency and Percentage of Contraceptive uses

	Number	Percentage
<b>Current Contraceptives Used</b>		
Yes	337	84.3
No	63	15.7
Total	400	100.0

Although abortion is generally not considered as contraception, however, in this study, it is included because it is one legal method in Vietnam to terminate pregnancy. As shown in Table 3, among respondents, 13.6% stated that they had abortion in the past 5 years. Therefore, average abortion rate was 27 per 1000 married women per years. Among the 54 respondents with an abortion history, the majority had abortion one time (72.2%), while

22.2% of them had abortion two times. There were 5.6% of the respondents had abortion more than two times (Table 3).

**Table 3:** Frequency and Percentage of Number Abortion

N=54

Statements	Frequency	Percent
Ever had abortion in the last 5 years?		
Yes	54	13.6
No	344	86.4
Total	400	100.0
How many times ?		
One time	39	72.2
Two times	12	22.2
More than two times	3	5.6
Total	54	100.0

(2) In term of type of contraceptive used, the respondents were asked what contraceptives methods they are currently using. The results show that among 337 respondents who used contraceptives, the majority used Intra-Uterine Devices (IUD) accounted for 63.8%. The number of respondents using condom accounted for 11.5%, followed by female sterilization (8.3%), withdrawal (7.1%), oral pill (4.7%), and periodic abstinence (4.1%). The proportion of respondents using the injection method only accounted for 0.3% of the users. The results show that IUD was the predominant method applied among respondents. Other modern methods such as injection and Norplant were not commonly applied in this commune (Table 4).

**Table 4:** Frequency and Percentage of Contraceptive Method Used

Contraceptive methods used	Frequency	Percent
IUD	215	63.8
Condom	39	11.5
Female sterilization	28	8.3
Withdrawal	24	7.1
Oral pill	16	4.7
Periodic abstinence	14	4.1
Injection	1	.3
Total	337	100.0

(3) Regarding the type of facilities used to obtain contraceptives, the majority of respondents went to the Commune Health Center (70.9%). Respondents who went to the District Hospital to obtain contraception accounted for 28.1%. Only 1% of respondents went to the Provincial Hospital. None of the respondents went to private clinics or drug store for contraceptive services. This indicates that, in remote areas, the Commune Health Center is a common facility for contraceptive services. Private clinics and drug stores are unavailable in this commune (Table 5).



**Table 5:** Frequency and Percentage of Health Facilities Used by Respondents.

Health Facilities	Frequency	Percent
<b>Commune health center</b>	212	70.9
<b>District hospital</b>	84	28.1
<b>Provincial hospital</b>	3	1.0
<b>Private clinic</b>	0	0.0
<b>Drug store</b>	0	0.0
<b>Total</b>	299	100.0

### 1.3. Respondents' Attitudes toward Commune Health Center

In remote areas, the Commune Health Center is the main facility for people. The responses were categorized into 4 groups from strongly agree to strongly disagree (Appendix A).

The maximum score was 56, and the minimum score was 14.

- If the total score of respondent was ranged from 14 to 34, it was considered as a negative attitude.
- If the score was ranged from 35 to 56, it was considered as a positive attitude.

The finding shows that the majority of the respondents had a positive attitude towards the Commune Health Center (99.7%). There were only 0.3% of the respondents, which had a negative attitude toward the Commune Health Center (Table 6).

**Table 6:** Frequency and Percentage of Attitude Levels towards the Commune Health Center

N=400		
Level of attitude	Frequency	Percentage
<b>Negative attitude</b>	1	.3
<b>Positive attitude</b>	395	99.7
Total	396	100.0

#### 1.4. Accessibility to contraceptives

Information exposure is also an important factor for women to be aware about the importance of contraceptives.

Regarding exposure to information about contraceptives, the majority of the respondents (99.5%) got information about contraceptives. There were only 0.5% of the respondents did not hear about contraceptives.

In terms of resources of getting information, the majority of the respondents received information from health workers (86.3%), followed by newspaper/TV (62.5%), commune radio (61.5%). Only 7.8% of the respondents answered that they received information from relatives, and 2.5% from friends. 0.5% of the respondents did not receive information about contraceptives (Table 7).

**Table 7:** Frequency and Percentage of Respondents by Information Exposure about Contraceptives

Statement	Frequency	Percent
<b>Have you ever heard a family planning?</b>		
Yes	398	99.5
No	2	0.5
Total	400	100.0
<b>If yes, how do you get it? (multiple answers)</b>		
Commune radio	246	61.5
Health worker	345	86.3
Newspaper/TV	250	62.5
Relative	31	7.8
Friend	10	2.5

### *Distance*

In term of geographic factors, for respondents, those went to health facilities to obtain contraceptives, 23.7% answered that they went there because it was close to their home.

For respondents, those did not use contraceptives, 23.9% said that they did not use contraceptives because their house was far from the health facilities (Table 8).

***Cost:***

Among respondents who used contraceptives, the majority (85%) answered that they did not pay for obtaining contraceptives. This indicates that there is strong commitment of the Government to encourage using contraception, especially for rural areas.

In addition, there were 45% of respondents who stated that they went to that health facility because contraceptives were provided free of charge (Table 8). One again we found that thanks to Government policy on Family Planning, rural women could access to contraceptives.

However, as shown in Table 9, among the 45 respondents who paid for using contraceptives, 18 of them (40%) paid for extra treatment such as reproductive tract infection, 18 paid for IUD (40%), two paid for oral pill (4.4%), two paid for condom (4.4%), and five for the under-table payment (11.1%). The reason to pay IUD, oral pills, and condom were respondents required for the different type of contraceptives that unavailable in family planning program.

For respondents who did not use contraceptives, none replied that they did not use contraceptives because they could not afford for family planning services. This indicates that cost for contraceptives is not a reason for their not using contraceptives (Table 8).

***Cultural factor:***

Regarding to the preference of having many children, among respondents, the majority did not want to have more babies (63.3%). There were 22.0% want to have babies, and 14.8 % did not decided yet. We found that although 97.5% of respondents already had children, but 22.0 % of them want to have more babies (Table 8).

Among respondents, the majority replied that they discussed contraceptives with their husband (98.5%). Only 5.8% of the respondents discussed this issue with mother in-law, 2.3% discussed with their mother, and 0.8% discussed with friends. This results shows that contraceptive issue was mainly discussed only among spouses. It was rarely discussed with others, even with the mother in-law or the mother (Table 8).

In term of decision on the type of contraceptive used, although discussing with husband about contraceptives use, the majority decided the type of contraceptive themselves (81.3%) while 16.0 % of respondents replied that their husband decided the type of contraception. There were only 1.9% of the respondents stating that health staffs decided the type of contraceptive for them (Table 8).

Related to cultural factors, for respondents, those went to health facilities to obtain contraceptives, 9% of them went there because of privacy.

For respondents, who did not use contraceptives, 22% of them replied that, their husband opposed to use contraceptives. This indicates that husbands also affect the utilization of contraceptives among women (Table 8).

### *Functional factors*

Among respondents who went to the health facility for obtaining contraceptives, more than half (53.2%) stated that they went there because staffs were friendly to patients, and 39.8% of the respondents said that they went there because it provided good services. There were only 5.3% of respondents stating that they went there because of short waiting time (Table 8).

In term of providing information about contraceptives, among respondents who went to the health facilities to obtain contraceptive methods, the majority (93.3%) stated that health workers introduced them to a variety of methods as well as side effects of certain methods.

Regarding to access to information about contraceptives, as shown in table 7, among respondents, the majority received information about contraceptives from health workers (86.3%). This indicates that health workers did their job well in providing information about contraceptives to people in the community.

**Table 8:** Frequency and Percentage of Respondents by Accessibility to Contraceptive Services

Statement	Frequency	Percent
<b>Geographic factors</b>		
1. Why do you go there to obtain contraceptives? Close to home	71	23.7
2. Why are you currently not using any contraceptive method? House far from facilities	15	23.9
<b>Cost</b>		
1. Did you have to pay for using contraceptive? Yes	45	15.0
No	254	85.0
2. Why do you go there to obtain contraceptives? Free of charge for contraceptives	136	45.5
3. Why are you currently not using any contraceptive method? Can not afford for family planning services	0	0.0
<b>Cultural factors</b>		
1. Do you want to have baby/ more babies? Yes	88	22.0
No	253	63.3
Not decided	59	14.8
2. With whom did/do you discuss about contraceptive use?	394	98.5
Husband	23	5.8
Mother in-law	9	2.3
Mother	3	.8
Friend		

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Statement	Frequency	Percent
3. Who decide the type of contraceptives methods for you?		
Yourself	274	81.3
Your husband	54	16.0
Health staffs	4	1.9
4. Why do you go there to obtain contraceptives?		
Privacy	27	9.0
5. Why are you currently not using any contraceptive method?		
Husband opposed	14	22.2
<b>Functional factors</b>		
1. Why do you go there to obtain contraceptives?		
Friendly caring staffs	159	53.2
Good services	119	39.8
Short waiting time	21	5.3
2. Do health staffs introduce you different methods of contraceptives?		
Yes	279	93.3
No	18	6.2
3. Why are you currently not using any contraceptive method?		
Lack of information/ counseling about contraceptives	0	0.0
Lack of family planning worker	2	3.2

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**Table 9:** Frequency and Percentage of Respondent by Type of Methods Pay For

Statement	Frequency	Percent
<b>What kind of method / services/ medicine you did/ do you pay for?</b>		
Drug for extra treatment	18	40.0
Intra-Uterine devices(IUD)	18	40.0
Oral pill	2	4.4
Condom	2	4.4
Under-table payment	5	11.1
Total	45	100.0

### 1.5. Perceived need for contraceptives used

In term of perceived need for contraceptives, among respondents, the majority of them think that contraceptives are useful (95, 7%), only 4.3% think that it was not useful.

For respondents, who used contraceptives, the majority replied that they use contraceptive because they want to prevent pregnancy (78.0%). There were 64.4% of the respondents stating to improve quality of life for the family, they used contraceptive. Other reasons for using contraceptives among respondents were protecting health (25.5%), and delaying pregnancy (10.1%).

For respondents, who did not use contraceptives, 30.2 % answered that they did not need to use contraceptives because they had little sexual activity or their husbands were away. While, 27.0% of respondents did not use contraceptives, because they want to have a baby (Table 10).

**Table 10:** Frequency and Percentage of Respondents by Perceived Need of Contraceptives.

Statement	Frequency	Percent
<b>Do you think contraceptive is useful?</b>		
Yes	383	95,7
No	17	4.3
Total	400	100.0
<b>Why do you use contraceptive?* (multiple answers)</b>		
	263	78.0
To prevent pregnancy	34	10.1
To delay pregnancy	86	25.5
To protect the health	217	64.4
To improve quality of life		
<b>Why are you currently not using contraceptives?** (multiple answers)</b>		
	19	30.2
No/little sexual activity/husband away	17	27.0
Want to have baby		

\*: Because of multiple answers, the total exceeds 100%

\*\* : Because questions items served multiple variables, the total is below 100%

## **2. Bi-variate analysis**

The association between the utilization of contraceptives and independent variables was tested by using Chi-square, Fisher's exact test. The level of significance for association was set at  $p\text{-value} = 0.05$ .

Age, education, occupation, and fertility were regrouped in order to facilitate the Chi-square test by avoiding cell values below 5.

### **3.1. The socio- demographic characteristics and utilization of contraceptives.**

#### ***3.1.1. Contraceptive use***

##### ***Age***

As shown in Table 11, respondents' age was compared between 'use contraceptive' group and 'no use contraceptive' group. There was a statistically significant difference between age groups and using contraceptives among respondents ( $p\text{-value} < .001$ ).

Proportion of contraceptive use was low in the group 15-24 years (61.3%) compared with group 25-34 years (85.7%), and group 34- 49 years (90.8%). However, looking at subgroup of age from 45-49 years, it was found that proportion of contraceptive use decreased (84.4%).

##### ***Income***

A comparison of respondents' income between 'use contraceptive' group and 'no use contraceptive' group is presented in Table 11. There was a statistically significant difference between income groups and using contraceptives ( $p\text{-value} .021$ ).

In terms of contraceptive use, there was a difference between all income groups. The proportion of contraceptive use was higher in 'middle income' group (100,000-200,000VND) (91.7%) compared with 'low income' group (less than 100,000VND) (80.3%), and 'high income' group (more than 200,000 VND) (83.3%).

### *Fertility*

A statistically significant difference was found between fertility and utilization of contraceptive with p-value .001.

Comparing the group 'having children' and the group 'no children' in term of contraceptive use shows that the proportion of respondents who used contraceptives was high in the group 'having children' (86.2%), while there was only 10% in the group 'no children'. High contraceptive use was associated with having children.

Regarding the number of children, there was a statistically significant difference between four groups of number children and utilization of contraceptives with p-value < .001.

In term of use contraceptives, as shown in Table 11, the proportion of respondents who used contraceptives was different between the four groups. The respondents with 'more than four children' used contraceptives 100%, while only 10% of respondents who with 'no children' used contraceptives. Further, the respondents with 'one or two children', used contraceptives less (81.8%) than the respondents with 'three or four children' (89.0%).

In brief, use of contraceptives increases as the number of children increases.

In this study, there were no statistically significant differences between the utilization of contraceptives and education, or occupation (Appendix B).

**Table 11:** Association between Socio-Demographic and Contraceptives Use

Variable	Use		Not use		Total
	N	%	N	%	
<b>Age in year</b>					
15 - 24 years	38	61.3	24	38.7	100.0
25 - 34 years	132	85.7	22	14.3	100.0
34 - 49 years	167	90.8	17	9.2	100.0
$\chi^2 : 30.75; p\text{-value} <.001$					
<b>Income</b>					
Less than 100,000 VND	184	80.3	45	19.7	100.0
100,000 - 200,000 VND	111	91.7	10	8.3	100.0
More than 200,000 VND	40	83.3	8	16.7	100.0
$\chi^2 : 7.73; p\text{-value} .021$					
<b>Fertility</b>					
Have children	336	86.2	54	13.8	100.0
Have not children yet	1	10.0	9	90.0	100.0
<b>p-value .001</b>					
<b>Number of living children</b>					
Group 1 (have no children)	1	10.0	9	90.0	100.0
Group 2 (1-2 children)	171	81.8	38	18.2	100.0
Group 3 (3-4 children)	129	89.0	16	11.0	100.0
Group 4 (5-8 children)	36	100	0	0.0	100.0
$\chi^2 : 51.63; p\text{-value} <.001$					

### ***3.1.2. Contraceptive Methods Used***

In order to facilitate Chi-square test, by avoiding cell values below five, the types of contraceptive methods were regrouped into two groups as follows:

- Modern method group: includes IUD, condom, female sterilization, oral pills, and injection
- Traditional methods group includes withdrawal, and periodic abstinence.

The association between socio-demographic characteristics of respondents and the contraceptive methods used were examined to determine factors affect the use of contraceptive methods.

There were no statistically significant differences between the types of contraceptive method used by respondents and their education, occupation, income, and fertility (Appendix C). A statistically significant difference between method used and age groups was found with p-value .005

As shown in Table 12, the proportion of the respondents who used modern methods was high in the age group 35-49 years ( 92.2%) compared with age group 25-34 years (88.6%), and group 15-24 years (73.7%).

Conversely, the respondents with age group 35-49 years used traditional methods (7.8%) less than the respondents those in age group 15-24 years (26.3%), and 25-24 years (11.4%).

In summary, the use of modern methods increases as age increases.

**Table 12:** Association between socio-demographic and methods of contraceptives used

Variable	Modern methods		Traditional methods		Total
	N	%	N	%	
<b>Age in year</b>					
15 - 24 years	28	73.7	10	26.3	100.0
25- 34 years	117	88.6	15	11.4	100.0
35-49 years	154	92.2	13	7.8	100.0
$\chi^2$ :10.62; p-value .005					

### 3.1.2. Type of facilities used to obtain contraceptives

In order to facilitate Chi-square, test by avoiding cell value below five, the types of facilities used to obtain contraceptives were regrouped into two groups as follows:

Group 1: Commune Health Center

Group 2: Others Facilities: including district hospital, and provincial hospital.

#### *Age*

As shown in Table 13, respondents' age was compared between the commune health center group and other facilities group. There was a statistically difference between different age group and type of facilities used with p-value .001.

The proportion using the commune health center in the group 25-34 years was the high (82.1%) compared to group 15-24 years (75.0%), and group 34- 49 years (61.7%).



Contrary to the commune health center group, in the other facilities group, proportion of respondents who used other facilities was low in the group 25-34 years (17.9%) compared with group 15-24 years (25.0%), and group 34- 49 years (38.3%).

### *Fertility*

The respondents' fertility was compared between the commune health center group and other facilities group. It found that there was a statistically significant difference between different fertility groups and the type of facilities with p-value < .001.

There was a difference between facilities used and number surviving children. The proportion of using the commune health center was higher in the group 'no, one or two children' (78.7%) compared to the group 'three or four children' (69.9%) and the group 'more than four children' (42.4%).

There was a negative association between commune health center use and the number of surviving children. Those who had many children used the commune health center less.

There were no statistically significant differences between the type of facilities used and respondents' education, occupation, income (Appendix D).

**Table 13:** Association between Socio-Demographic and Facilities use.

Variable	Commune Health Center		Other facilities		Total
	N	%	N	%	
	<b>Age in year</b>				
15 - 24 years	21	75.0	7	25.0	100.0
25- 34 years	96	82.1	21	17.9	100.0
35-49 years	95	61.7	59	38.3	100.0
$\chi^2$ 13.61; p-value .001					
<b>Number of living children</b>					
Group 1 (0-2 children)	118	78.7	32	21.3	100.0
Group 3 (3-4 children)	80	69.9	36	31.0	100.0
Group 4 (5-8) children	14	42.4	19	57.6	100.0
$\chi^2$ 17.56; p-value < .001					

### 3.2. Association between utilization of contraceptives and other variables.

#### *Information exposure*

As shown in Table 14, there was a statistically significant difference between the information exposure and contraceptives used, with p-value .024 (Fisher's exact test).

Examining the difference between the groups 'get information' and 'no information' in term of contraceptive use shows the proportion of contraceptive use was high in the group

'get information' compared to group 'no information'. There was an association between access to information and the use of contraceptives.

A statistically significant difference between the information exposure and respondents' contraceptive methods used, and facilities used were not found .

**Table 14:** Association between Information Exposure and Contraceptives Use

Variable	Use		Not use		Total
	N	%	N	%	
<b>Have you ever heard about contraceptives?</b>					
Yes	337	84.7	61	15.3	100.0
No	0	0.0	1	100.0	100.0
<b>p-value</b>	<b>.024*</b>				

- By Fisher's exact test

### ***Communication about contraceptives***

Table 15 shows that there were a statistically significant difference between contraceptive use and communication about contraceptives.

Regarding spouse communication, there was a statistically significant difference between spouse communication and contraceptive use with p-value .007. The proportion of use contraceptives was higher in the group of respondents who discussed with their husband about contraceptives (85.0%) compared to group of respondents who did not discuss with

their husband about contraceptives (33.3%). Spouse communication was associated with higher use of contraceptives.

In term of communication between respondents and their mother in-law about contraceptive use, the finding shows that there was a statistically significant difference between contraceptive use and mother in-law communication with p-value .001.

However, contrary to the spouse communication, the proportion of contraceptive use was low in the group 'discuss with mother in-law' (56.5%) compared to the group 'not discuss with mother in-law' (85.9%). Mother in-law communication was associated with less use of contraceptives.

The same was found with the group of respondents who discussed with their mother about contraceptives. Respondents who discussed with their mother about contraceptives used contraceptives less (33.3%) than respondents who did not discussed it with their mother (85.4%). Communication with mother was associated with less use of contraceptives.

There was no statistically significant difference between communication with friend and contraceptive use. In addition, no statistically significant differences were found between communication about contraceptives and respondents' contraceptive methods used, or facilities used (Appendix E).

**Table 15:** Association between Communication about Contraceptives and Contraceptives Use

Variable	Use		Not use		P-value
	N	%	N	%	
<b>Which whom did you discuss about contraceptives?</b>					
<b>1. Husband</b>					
Yes	335	85.0	59	15.0	<b>.007</b>
No	2	33.3	4	66.7	
<b>2. Mother in-law</b>					
Yes					<b>.001*</b>
No	13	56.5	10	43.5	
	324	85.9	53	14.1	
<b>3. Mother</b>					
Yes					<b>.001*</b>
No	3	33.3	6	66.7	
	334	85.4	57	14.6	

\* By Fisher's exact test

### ***Perceived need for contraceptive***

#### *(1) Perception about contraceptive use*

In terms of perception about contraceptives, the finding shows that there was a statistically significant difference between contraceptive use and perceptions about contraceptive use with p-value < .001 (Fisher's exact test).

The proportion of contraceptive use was high in the group 'positive attitude' (87.5%) compared to group "negative attitude" (11.8%) (Table16). That is, contraceptive use increases as positive attitude increases.

### *(2) Desire to have more children*

There was a statistically significant difference between using contraceptives and the desire of having more children with p- value  $<.001$ .

The proportion of use contraceptives was high in the group of respondents who did not want to have more babies (90.5%), compared to group of respondents who did not decide yet to have more babies (84.7%) and the group of respondents who wanted to have more babies (65.9%).

In brief, a low rate of contraceptive used was associated with the desire of having more babies.

### ***Son preference***

In term of preference to have son in the family, there was a statistically significant difference between contraceptive use and preference for a son with p-value = .006

Comparing the two groups in terms of contraceptive use shows that the proportion of using contraceptives was low in the group 'no son yet' (72.5%) compared to the group 'have more than one son' (86.7%). That is, contraceptive use increases as number of sons increase.

**Table 16:** Association between Contraceptive Use and other Variables

Variable	Use		Not use		P-value
	N	%	N	%	
<b>Do you think contraceptive is useful?</b>					
Yes	335	87.5	48	12.5	
No	2	11.8	15	88.2	<.001*
<b>Intend to have baby</b>					
Yes	58	65.9	30	34.1	
No	299	90.5	24	9.5	
Not decided	50	84.7	9	15.3	<.001
<b>Number of son</b>					
Still have no son	50	72.5	19	27.5	
Have more than one son	287	86.7	44	13.3	.006*

\* By Fisher's exact test