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Effect of Demographic, Social and Economic Factors to Number of Children on Childbearing Age Couples in Denpasar City

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Abstract: ***The high fertility rates are not benefited for national development because large population can become burden for Nation. Family Planning Program is a variable that can mediate factors such as demography, social and economic that can make impact to fertility's level. The objective of this study are to analyze the indirect effect of employment's status, education, age of first marriage, household income, ethnicity, equality decision for the number of children, religion, their gender preference to the number of children still alive through Family Planning participation of childbearing age couple in Denpasar City. The results of the study indicate that FP participation mediates the influence of employment and education status on the number of surviving children in Denpasar City. Meanwhile, FP participation not mediates age of first marriage, household income, ethnicity, equality decision for the number of children, religion, and their gender preference to the number of children still alive.***

Keywords: fertility, Family Planning participation, the number of children

1. Introduction

The high fertility rate is a population problem faced by Indonesia and this is unfavorable for development because high births will lead to an even bigger increase in the proportion of the younger population. Prihyugiarto and Mujianto (2009), stated that the government's Family Planning (KB) program, is believed to have contributed to the decline in population growth in Indonesia.

Bali Provincial Health Service data shows coverage of active Family Planning participants from 2012 to 2015 experienced fluctuations which in 2015 decreased to 80.70 percent from 83.87 percent in 2014. Similarly, coverage of new KB participants for 2015 decreased to 6,27 percent from 8.01 percent in 2014. Denpasar Health Agency (2016) showed a decrease in the number of childbearing age couple followed by a decrease that generally occurs on the percentage of active KB participants as well as the percentage of new Family Planning participants against Childbearing Age Couples. Denpasar City has the highest population density in Bali (BPS Denpasar, 2017) as well as the diverse population, both locals and immigrants, as well as religious and ethnic views. Consequently, various population problems become the highlight for the continuity of development of Denpasar city.

Nilakusmawati (2009:86), said that the factors that influence the high fertility rate are consist of demographic and non-demographic factors. Davis and Blake (1956) in his research using social science approach to see the factors that affect fertility said that social, economic, and cultural factors were not directly influenced by fertility, but through the intermediate variables such as sex, conception, and pregnancy. Furthermore, Freedman (1979) states that the intermediate variables directly affect fertility influenced by the norms that exist in society such as norms about the size of the family and the norms about the intermediate variables itself. In the end, the socio-economic structures that exist in society affect these norms.

Family Planning Program, which is a government policy to support the decreasing number of children program that related to population, has a big influence on development. Family Planning Program that includes family health services for population, is a direct effort aiming to reduce birth rates through the use of contraceptives consistently and continuously, and aims to build a happy and prosperous small family in an effort to improve the quality of human resources. Bongaarts (1978), said fertility differences occur between one community and another and trends in fertility over time can be traced to variations in one or more intermediate variables of fertility.

Information on the influence of some social, economic, and demographic variables that affect the number of children for childbearing age couples is not yet known, so it is deemed necessary to carry out this research activity. Based on that, this study will examine the effect of employment status, education, age of first marriage, household income, ethnicity, decision level of the number of children religion, and the preference in the number of children to the number of children still alive with mediated Family Planning participation in Denpasar City.

2. Literature Review

2.1 Fertility

Fertility is the same as a live birth, the release of a baby from the womb of a woman with signs of life; such as shouting, breathing, heart throbbing, and so on. Fertility measurement is more complex than mortality measurement, because a woman dies only once, but she can give birth more than a baby (Mantra, 2000:145). Suandi (2010) state that fertility is a part of a very complex system in social, biology and

interaction with environmental factor. The determination of decision in fertility can be influenced by the background and environment, such as education, income, employment, family norms of marriage age, and so on.

2.2 The Concept of Reproductive Period

The productive age population is a population of people in 15-49 year olds. When it comes to fertility, the population aged 15-49 years can be called the population of childbearing age. The population in that age group is in reproductive period. Reproductive period is the age at which a woman is able to give birth (fertile), the period since the first menstruation (menarche) and ends during menopause (menopause). In accordance with the analysis of fertility, generally 15-49 years old are used as a reference as a fertile (reproduction) of a woman (Adioetomo and Samosir, 2010: 74).

2.3 The Concept of Gender

The principle in the fulfillment of human rights there is a section on gender equality. Treating men and women equally is not a thing called gender equality. A fair treatment for men and women by considering the different needs between men and women, that is what can be called gender equality. Gender equality refers to the achievement of basic skills such as education, health, and equitable economy for men and women as a result of development priorities and improves the balance of women's representation in decision-making (BAPPENAS, 2013).

2.4 Child Demand Theory

Todaro and Smith (2000: 336-339) argue that the microeconomic household's fertility theory is a theory of consumer behavior, applied to fertility analysis. The determination of the fertility rate of the family is a rational form of economic choice for the consumer (in this case, the family). The choice itself must be obtained at the expense of other options (goods), whereby the effects of income and substitution effects are assumed to be valid, that is, if other factors are deemed unchanged or constant, then the desired number of children will be directly affected by the income of the family (these direct relationships may not apply to the poor, given the enormous incentive to have children also depending on the magnitude of the desire to consume other goods and the limitations of additional sources of income availability). On the contrary, the desired number of children will negatively relate to the relative price (child care costs) and the strong desire to own other goods.

2.5 Wealth Flows Theory

The wealth flow theory by John Caldwell states that the decision to fertility in society is an economically rational response to a family's wealth flows (Kaplan and Bock, 2001). People with high net worth will in rational economic manner rationalize the economy to have as many children as possible because each additional child is believed to increase the wealth of parents, security in old age, and social and political well-being. Meanwhile, in societies with low or poor net worth, in a rational economic manner will decide not to have children or to have children with a minimum amount in accordance with the wishes of the parents.

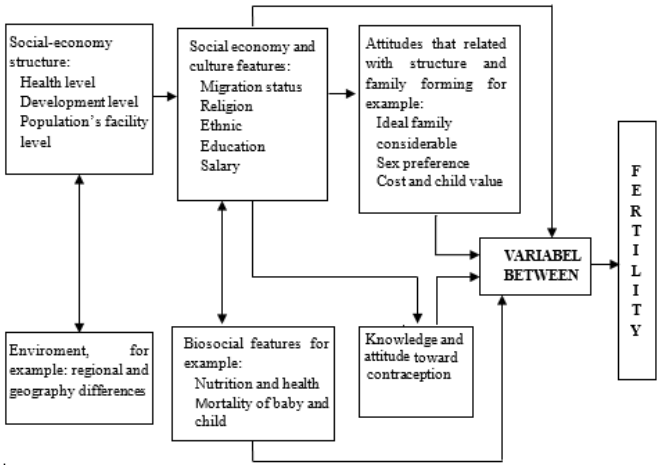


Figure 1: Simple Basic Framework for Fertility Analysis by Freedman (1975, in Mantra, 2003:169)

3. Research Methods

Based on the literature review that has been done, the following research hypotheses can be formulated:

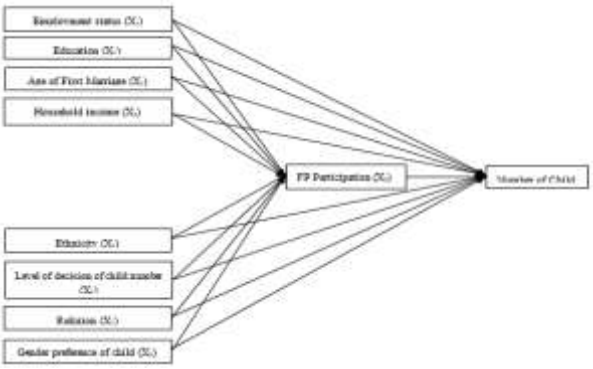
1) Family Planning participation of working women are longer than unemployed women.
2) Education, and household income have a positive effect on Family Planning in Denpasar.
3) Age of woman's first marriage negatively affect KB participation in Denpasar City.
4) Balinese woman participate in Family Planning longer than non-Balinese woman.
5) Participation of respondents with husband decisions that determine the number of children in FP is shorter than the decision determined by non-husbands.
6) The participation of Hindu women in FP is longer than that of non-Hindu women.
7) Women's Family Planning participation with sons preference is shorter than women whose gender preference of children is not sons.
8) The number of children still alive from working women less than women who do not work.
9) Education, household income and Family Planning participation negatively affect the number of children in Denpasar.
10) Age of woman's first marriage positively affect Family Planning participation in Denpasar City.
11) The number of children still alive of Balinese women is fewer than that of non-Balinese women.
12) The number of children still alive from respondent with the decision of the husband who determines the number of children is more than the respondent with the decision determined by the non-husband.
13) The number of surviving children of Hindu women is less than non-Hindu women.
14) The number of surviving children of women with male sex preference is more than that of women whose gender preference of children is non-male.
15) There is the indirect effect of education, household income, and age of first marriage, to the number of

children through Family Planning participation in childbearing age couple in Denpasar.

The research method in this study is quantitative method with associative exploration, using primary data obtained from respondents with structure interview and in-depth interview on 177 samples, using nonprobability sampling by taking the respondent purposively is childbearing age couples living in Denpasar and has at least 3 children. This research using path analysis technique using SPSS. The structural equation is as follows:

1) $X_9 = b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + b_7X_7 + b_8X_8 + e_1$
2) $Y = b_9X_1 + b_{10}X_2 + b_{11}X_3 + b_{12}X_4 + b_{13}X_5 + b_{14}X_6 + b_{15}X_7 + b_{16}X_8 + b_{17}X_9 + e_2$
3) $Y = b_1X_1 + b_{17}X_9$
   $Y = b_2X_2 + b_{17}X_9$
   $Y = b_3X_3 + b_{17}X_9$
   $Y = b_4X_4 + b_{17}X_9$
   $Y = b_5X_5 + b_{17}X_9$
   $Y = b_6X_6 + b_{17}X_9$
   $Y = b_7X_7 + b_{17}X_9$
   $Y = b_8X_8 + b_{17}X_9$

Where, X_1= Employment Status, X_2= Education, X_3= Age of First Marriage, X_4 =Household Income, X_5= Ethnic, X_6= Decision Level of Child Number, X_7= Religion, X_8= Gender Preference of Child, X_9= Family Planning Participation, Y = Number of Children Still Alive, b_1 to b_{17} = Path coefficient. The research model is as follows.



Picture 2: Conceptual Framework Research of The effects of Demography factor, Social and Economy to the Number of Child in Childbearing Age Couple in Denpasar City

4. Result and Discussion

4.1 Description of Research Results

In general, of the 177 respondents, 98 respondents are unemployed and 89 respondents are working, 91.14 percent of respondents who have 3 children still living are working, meanwhile unemployed women who have 3 children are 55.10 percent but not much different from the percentage of respondents who have more than 3 children (44.90 percent).

Women who became respondents in this study amounted to 69.49 percent having the highest education level of the Academy or College, 19.21 percent of respondents completed high school, and 8.47 percent of respondents completed junior high school. 2.82 percent of respondents were at the lower education level. Respondents whose highest level of education they graduated were from the Academy or College, using contraception for an average of 11.60 years and having an average age of marriage of 26.13 years. Respondents with the highest education level who graduated were junior high school, the average number of Family Planning participants was 1.60 years and had an average age of marriage of 17.93 years.

The age of the first marriage of respondents in this study spread from the age of marriage 16 years to 34 years. Women who become respondents as much as 82.49 percent have the first marriage age of 20 years and above. It shows women mostly choose age above 20 years to get married. It shows women mostly choose age above 20 years to get married. Respondents, whose first married age was in the 25-29 year age group using an average of KB for 11.26 years while in the age group of 15-16 years, stated using KB for less than 5 years. Based on the average number of respondents' participation in the age group of the first 20-24 years of marriage, 72.15 percent said they had 3 children, as did the age group of 25-29 years.

Different households have varying household incomes. In this study, the lowest household income owned by respondents is IDR3,500,000 and the highest is Rp. 20,000,000.00. As many as 55.37 percent of respondents have an income of IDR 5,000,000 to less than IDR 10,000,000 with an average income of IDR6,860,000.00. 40 percent of respondents who are in the household income group of IDR5,000,000 to less than IDR10,000,000 show that Family Planning participation is less than 5 years. While 42.55 percent of respondents stated that household income was IDR10,000,000 to less than IDR15,000,000 the average Family Planning participation was 11.75 years.

According to ethnicity in this study can be divided into 2 (two) namely Bali and non-Bali. Balinese respondents more than non-Balinese respondents. This is also related to the location of the research conducted in Denpasar City. The average Family Planning participation of Balinese ethnic respondents is 9.20 years while the average Family Planning participation of non-Balinese respondents is 8.05 years. In general, as many as 83.33 percent of Balinese ethnic respondents were in the age group of 35-49 years, while for non-Balinese ethnic respondents there were 65.43 percent.

Respondents who stated that the decision in determining the number of children is the decision of the husband are 21.74 percent, the rest, 78.53 percent said not the husband who determines the number of children. The respondents who stated that the decision was not husband, participated in the average of 11.73 years. Whereas for respondents who stated that the decision on the number of children was the husband's decision, taking part in Family Planning was 2.36 years on average.

It is known that 53.67 percent of respondents are Hindu, while 46.33 percent of respondents who are non-Hindu religion. Average participation of Family Planning in Hindu's respondents for 9.60 years, whereas in non-Hindu respondents for 7.60 years. Participation of Hindu

respondents in Family Planning averages 11.59 years. In general, age of first marriage of non-Hindu respondents was 23.58 years while the Hindu respondents were 23.39.

Preference or desire about the sex of a child is closely related to the number of children the couples has, whether preferring to have a son or daughter or even regard boys and girls the same. When viewed based on the respondent's ethnicity, the gender preference of children is both Balinese and non-Balinese, more whose preferences are not male. Non-men in this study were respondents' preference for the sex of a girl or did not attach importance to the sex of the child (both men and women were the same).

As many as 28.25 percent of respondents stated that Family Planning participation is in groups less than 5 years and groups of 10 to less than 15 years. When viewed also based on the respondents' first marriage age, as many as 48.00 percent of the 50 respondents with the first marriage of 20 to 24 years declare to participate in less than 5 years. While 52.00 percent of the 50 respondents with the first marriage age of 25 to 29 years declare to participate in Family Planning for 10 to less than 15 years.

Children owned by women can influence contraceptive participation. In this study, the selected respondents were those who had 3 or more children. As a result, a total of 126 respondents had 3 children, while 51 respondents had more than 3 children. Respondents whose child gender preferences in boys amounted to 61.02 percent had 3 children, while 38.98 percent had children more than 3 people. Respondents who prefer non sons 81.82 percent had 3 children, while 18.18 percent had more than 3 children.

4.2 Data Analysis

The total of coefficient determination of the structural equation in this research model shows that 69,40 percent of the number of children can be explained by the research model, while the rest is explained by other variables outside the research model.

1. Direct Effect

   Working woman participated in Family Planning longer than unemployed woman, judging by the path coefficient of 0.368. Education level has a positive and significant effect on the Family Planning participation with the path coefficient of 0.371, meaning that if the successful year of education increases 1 year, then the participation of Family Planning will increase by 0.371 years. The age of first marriage in this study had a negative and insignificant effect on Family Planning participation. Household income in this study had positive and insignificant effect on Family Planning participation.

   Balinese women participated in Family Planning shorter than the non-Balinese women, seen from the path coefficient of -0.105, but with the p-value of 0.255 greater than 0.05 the ethnic influence on Family Planning participation is not significant. The coefficient of the level of the decision of child number is -0.026 indicates the respondents whose husband decision no longer participate in the Family Planning compared to the respondents whose decision the number of children made by non-husbands, but not significant (p-value equal to 0.671). The participation of Hindu's woman in Family Planning is longer than that of non-Hindu woman, which is indicated by path coefficient of 0.055, but not significant (p-value of 0,560). Respondents that participate in Family Planning with sons preferences was longer than respondents with not sons preferences, as indicated by path coefficient of 0.068 but not significant (p-value of 0.275).

   Working woman has more number of children still alive than unemployed woman, judging by the path coefficient of 0.368 but not significant (p-value of 0,259). Meanwhile, education level has negative and significant effect on the Family Planning participation with path coefficient of -0,279, that means respondent with the successful year of education increases 1 year, the number of children still alive will 0,279 fewer. The age of first marriage had a negative and significant effect on the number of children, with a variable path coefficient of -0.224, meaning that women whose first marriage age was 1 year older had 0.241 fewer children. Household income has a positive and significant effect on the number of children, with a variable path coefficient of 0.160, which means any increase in household income will increase the number of children still alive.

   Balinese women has more number children still alive compared to non-Balinese women judging by variable path coefficient of 0,251. The decision level of the number of children has path coefficient of 0.108, meaning that the respondent declaring the number of children decided by the husband has more children than the respondent whose decision the number of children decided not by the husband but the result is not significant (p-value 0.059). Hindu's women have children still alive less than non-Hindu's women, which can be seen from the path coefficient of -0.427. Respondents who want sons tend to have more children still alive than non-sons child preference, which can be shown with a path coefficient of 0.160. Family Planning participation has negative and significant effect on the number of children still alive, with the path coefficient equal to -0.226 indicating that the longer the use of Family Planning, number of children is fewer.

2. Indirect Effect

   The z value of the employment status (|-4,984|) obtained from the results of the data, greater than z table, means that the employment status variable indirectly effect the variable of the number of children still alive through Family Planning participation. The Family Planning participation variable is also a variable that mediates the effect of education on the number of children still alive. It can be seen from the z value of employment status (|-4,090|) greater than z table. However, the variable of Family Planning participation is not a mediating variable that effect of age of first marriage, household income, ethnicity, religion, decision level of the number of children, and preference of the number of children to the number of children still alive.

4.3 Discussion

The employment status in this study shows that working woman participated in Family Planning longer than unemployed woman. It also suits research conducted by Hanifah, et al (2015) and Ichwanudin (2013) which states that woman who work gives priority to her career and working can divert the time. Average number of working women that participates in Family Planning for 11,78 years, meanwhile unemployed women participated in Family Planning just for 2,23 years.

Education is one of factors that determine knowledge and perception about various information obtained including Family Planning. The level of education in this study shows that if the successful year of education increases 1 year, then the participation of Family Planning will increase by 0.371 years. Rizali (2013) stated that the higher a person's level of knowledge about contraceptives, the more likely they would use contraceptives.

In this study, the average age of first marriage is 23 years old. Age of first marriage in this study have a negative effect and do not show any significant effect on the participation of Family Planning. Unlike the research result by Ichwanudin (2013) as well Davis and Blake (1956), that state there is a significant effect between the age of first marriage and participation in contraception. Household income have a positive and significant effect to the participation of Family Planning suitable to the research by Prasetyo (2013). Based on data distribution, noted that 74,58 percent of respondents have household income less than IDR10.000.000,00. Okech, et al (2011) said that if there is no income then using contraception will be avoided, but in this study, many respondents who have income more than IDR5.000.000,00 also not using contraception because of the fear in the effects caused when using contraceptives.

Based on ethnic, the result shows that Balinese women participated in Family Planning shorter than the non-Balinese women. The effect of ethnic variable to Family Planning participation in data research also showed not significant, means that ethnicity does not affect woman participation in Family Planning. In addition, the data distribution shows that the age of Balinese women is greater in the 35-39 year age group compared with non-Bali respondents. So that the use of contraception in this age group is less desirable. Family Planning participation of the respondents who decide the number of children is the decision of the husband, shorter than the respondents who decide the number of children is not the husband's decision. The result showed the level of equality of decision the number of children is not significant to Family Planning participation. Implementation of Family Planning programs should be oriented towards justice and gender equality (Dalem, 2012).

The participation of Hindu's woman in Family Planning is longer than that of non-Hindu woman based on result of path coefficient. Observed by significance level, religious variables do not affect Family Planning participation. Suitable with result of Wulandari (2016) and Kusumaningrum (2009) studies that said there is no significant influence between religion and selection of contraceptive. Respondents that participate in Family Planning with sons preferences was longer than respondents with not sons preferences. However, based on the level of significance, the gender preference of children do not significantly affect the Family Planning participation. The average number of respondents that prefer sons that participate in Family Planning for 8,27 years, meanwhile respondents that prefer not-sons that participate in Family Planning for 8,88 years.

Women in this age certainly want to further develop themselves so as not to be confined in the domestic work, so they are more considering the number of children (Angelica and Murjana Yasa, 2015). However, based on the data, it is known that working women having children still alive more than unemployed women. The difference in the results of the data processing with the existing theory is likely to occur because 55.37 percent of respondents said that they did not work, and the result showed that there is no significant effect between employment status to Family Planning participation.

If the level of female education increases, then the number of children owned decreases. In the distribution of research data, women with higher levels of education have fewer surviving children than women with lower levels of education. According to the research of Ushie et al. (2011) which states that women who have never attended school and live in densely populated areas, have high fertility rates. The first marriage age has a negative and significant influence on the number of children. The younger the first marriage age of the woman, the more the number of children they have. This is suit with the statement of Endang (2009), that in developing countries women marry at a young age so that their fertility level is high and will begin to stop giving birth if they feel that their children are quite a lot, while in developed countries generally women married at a young age but not directly have children and stop giving birth at the age of 30s.

Household income in this study is a positive and have significant effect on the number of children. The study found that increasing household income, the number of children also increased. This is in accordance with the results of research Rainey *et.al* (2011), which states that the higher the family income, the higher the health insurance for children, therefore it is likely that the number of live-born children will tend to be higher than those with lower household incomes. Balinese women have more children than non-Balinese women. Wardana (2016) said, "Balinese Family Planning" can cause why the Balinese are very comfortable with the philosophy of many children a lot of fortune, to practice the concept of hereditary derived and also preserve the concept of naming in the literature "Kanda Pat". Patrilineal culture has created an overwhelming emphasis on the needs of boys (Srikanthan and Reid, 2008).

The equality decision level on the number of children between husband and non-husband has a positive and insignificant influence with the path coefficient of 0.108 on the number of children. This means that the level of equality of decisions will be the number of children does not affect

the number of children. Non-Hindu's women tend to have more children than Hindu women. Srikanthan and Reid (2008) in their research stated that Hinduism believed in the existence of karma associated with the belief in reincarnation, therefore human life is a unique gift by which one can end the cycle of rebirth. But the results showed that religious variables did not significantly affect the number of children still alive.

The number of children still alive of the respondents with son preferences is greater than the number of children still alive of the respondents with sex preference of non-sons. This is also in accordance with research in Bulukumba by Fahmi, *et.al* (2017), that in starting life, most sons are more fortunate than daughters because sons more desirable by various families and will feel more eager than the birth of daughters. Family Planning participation has a negative and significant effect on the number of children, means that contraceptive use can reduce fertility. This is in contrast to Jayaraman (1995) and Ojakaa (2008) research which states that participation in contraceptives is important to the number of children still alive, where every increase in contraceptive participation will also increase the number of children still alive, but the increase in the number of children is faster when they have knowledge about contraception.

The employment status of women indirectly influences the number of children still alive through Family Planning participation. When viewed based on direct influence, employment status significantly affects Family Planning participation, but employment status does not directly affect the number of children still alive. Setting the child's birth spacing and limiting the number of children is the reason for Childbearing Age Couples so that they do not find it difficult to manage time to work and care for children (Alwin and Prasetyo, 2012). Fakih (2016) states that working women carry a double workload, because after working they complete domestic work.

Family participation plans to mediate the effect of educational variables on the number of children still alive. Distribution of data shows that the higher the education is successfully rescued, the use of contraception will be longer so affect the number of children. Bongaarts and Blake (in Singarimbun, 1996) said that women of higher education, want (and have) fewer children who have higher survival rates, higher incomes, and more can invest in child nutrition and education in the future.

The age of first marriage does not affect indirectly to the number of children through the Family Planning participation. Women who marry at a young age have a longer time to get pregnant and give birth and also have a high health risk. Most women who do marriage at a young age will have a higher birth rate than women who marry at an older age (Ekawati, 2008). It can be seen that the age of first marriage directly affects the number of children still alive, but not through the Family Planning participation. Data distribution also shows that women who have completed higher education have older marriage age than women who have completed lower education.

Family Planning participation does not mediate the effect of household income on the number of children still alive. Based on wealth flows theory, people who have with high net worth of wealth will decide to have as many children as possible because every additional child is believed to increase wealth from parents. The average income of the respondents in this study is still low, which shows that additional children are not thought of will burden other costs and the quality of the child itself while their income is still low.

Family Planning participation also does not mediate ethnic on the number of children still alive. Cultures and habit have important roles and affecting fertility level in the region. Obahosan (2015) states that the prevalence of contraceptive use in Nigeria varies significantly according to ethnicity, because of the cultural affect fertility level. Result in this study shows that ethnicity affects the number of children partially, but does not affect the number of children through Family Planning participation.

Family Planning participation does not mediate the effect of the level of equality of decisions on the number of children on the number of children still alive. This suggests that the decision on the number of children from Childbearing Age Couples, whether husbands' decisions or non-husbands decisions, is not a matter of deciding the number of children still alive. It is also related to the environment around the Childbearing Age Couples. Furthermore Raharja (2017) also said that the number of children can be affected by social interaction in the context of fertility. Social interaction between individuals in a particular community can occur because of the observation of fertility behavior so it can affect decision making on fertility.

Family Planning participation does not mediate the effect of religion on the number of children still alive. This can also be related to the location of the study that is in the Hindu majority community, besides that the average number of children and Family Planning participation both Hindu and non-Hindu respondents are not much different. Srikanthan and Reid (2008) states that in Hinduism, if contraception does not violate morals and does not violate ethics or spirituality, then one can freely use contraception and the desired tool/method. Meanwhile, the majority of Islamic law experts insist that Family Planning programs are not prohibited, but long-term contraception may not be used. If the Family Planning participation in non-Hindus is related to the existence of prohibitions or restrictions in religious teachings, it is necessary to have synergy between National Population and Family Planning Agency and the Ministry of Religious Affairs in order to obtain a certainty about the prohibitions and restrictions for religious people associated with the use of contraception. National Population and Family Planning Agency can engage the Ministry of Religious Affairs about the dissemination of information about the Family Planning program, so that contraceptives are no longer considered taboo.

Family Planning participation does not mediate the child's gender preference variable against the number of children still alive, that means child's gender preference directly affect

the number of children still alive. In line with the Jayaraman *et.al* (2009) study, which mentions that women who have fewer sons tend to want to have more children. Putri Nuryati (2015) stated that Balinese people who embrace patrilineality, where the presence of sons is highly expected. Although the National Population and Family Planning Agency has engage people to "two (2) children are enough, men or women are the same", but the community still wants one of the sexes.

5. Conclusion and Suggestion

The result in this study showed that working woman participated in Family Planning longer than unemployed woman, education has a positive and significant effect on Family Planning participation, the number of children still alive from working women more than unemployed women, education, age of first marriage and Family Planning participation have a negative and significant effect on the number of children still living in Denpasar City. Household income has a positive and significant effect on the number of children in Denpasar City. Balinese women have more children still alive more than Non-Balinese women. The respondent declaring the number of children decided by the husband has more children than the respondent whose decision the number of children decided not by the husband. Hindu's women have more children still alive than Non-Hindu's women. Women that prefer sons have more children still alive than women that prefer not-sons. Family Planning participation mediates the effect of employment and education status on the number of children still alive in Denpasar City. Meanwhile, the Family Planning participation does not mediate the effect of age of first marriage, household income, ethnicity, the level of equality of decisions on the number of children, religion, and the number of children preference to the number of children still alive.

Based on the results of research that has been done, the researchers provide suggestions as follows: related to the influence of ethnicity and religion in the participation of Family Planning and the number of children, the government can hold religious clerical assemblies of each religion to sit together and explain in detail how the Family Planning program for the good of society. In addition, the level of education has an indirect effect on the number of children, 12-year compulsory education is proclaimed by the government to be more maximized to at least the first marriage age of at least over 20 years in accordance with the program launched by the government through National Population and Family Planning Agency and prevent early-age marriage.

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