

Indonesia

Demographic and Health Survey 1994

BPS

Central Bureau of Statistics



State Ministry of Population/
National Family Planning Coordinating Board



Ministry of Health



Demographic and Health Surveys
Macro International Inc.

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Central Bureau of Statistics
Jakarta, Indonesia

State Ministry of Population/
National Family Planning Coordinating Board
Jakarta, Indonesia

Ministry of Health
Jakarta, Indonesia

Macro International Inc.
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This report highlights the findings of the 1994 Indonesia Demographic and Health Survey (IDHS) undertaken by the Central Bureau of Statistics in collaboration with the State Ministry of Population/ National Family Planning Coordinating Board (NFPCB) and the Ministry of Health (MOH). The DHS Project of Macro International Inc. provided technical assistance and some funding. Most of the local costs for the survey were provided by the World Bank through a loan to the NFPCB. USAID/Jakarta and the Government of Indonesia provided additional funding.

The 1994 IDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect, analyze, and disseminate demographic data on fertility, family planning, maternal and child health. Additional information on the 1994 IDHS may be obtained from the Central Bureau of Statistics, Jl. Dr. Sutomo 8, Jakarta 10710, Indonesia (Telephone 345-6285; Fax 384-1545), or the State Ministry of Population/National Family Planning Coordinating Board, Jl. Permata 1, Halim Perdanakusumah, Jakarta 13650, Indonesia (Telephone 800-9029; Fax 800-9125), or the Institute for Health Research and Development, Ministry of Health, Jl. Percetakan Negara 29, Jakarta 10560, Indonesia (Telephone 424-4146; Fax 424-3933). Additional information about the DHS program may be obtained by writing to: Macro International Inc., 11785 Beltsville Drive, Calverton, Maryland 20705-3119, USA (Telephone 301-572-0200; Fax 301-572-0999).

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PREFACE

The 1994 Indonesia Demographic and Health Survey (IDHS) is the third survey on demography and health in Indonesia and was conducted as part of the worldwide Demographic and Health Surveys (DHS) project. The first survey was the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS) and the second was the 1991 IDHS. The 1994 IDHS was designed as a collaborative effort of four institutions, i.e., the Central Bureau of Statistics (CBS), the State Ministry of Population/National Family Planning Coordinating Board, the Ministry of Health, and Macro International Inc. In addition to funds provided by the Government of Indonesia, the survey received financial support from the World Bank and the United States Agency for International Development (USAID)/Jakarta. Technical assistance as well as funding for the survey were provided by Macro International through its DHS program, a USAID-funded project carried out in many developing countries.

The Central Bureau of Statistics was responsible for conducting the survey, including survey design, fieldwork, and data processing. The 1994 IDHS fieldwork was carried out from July to November 1994 in selected enumeration areas in all of the 27 provinces in Indonesia. The sample is a subsample of the National Socio-Economic Survey and was designed to produce reliable estimates of major variables for each province and for urban and rural areas of the three family planning program development areas (Java-Bali, Outer Java-Bali I, and Outer Java-Bali II).

The main objective of the 1994 IDHS is to provide policymakers and program managers in population and health with detailed information on fertility and family planning; infant, child and maternal mortality; and maternal and child health. The content of the 1994 IDHS has been significantly expanded from prior surveys to include two new modules in the individual questionnaire: maternal mortality and knowledge of AIDS. The survey also investigated the availability of family planning and health services, which provides possible linkage with women's fertility, family planning and child health care behavior. The 1994 IDHS also included a household expenditure modules, thereby identifying the household's economic status as an important determinant in family planning and health.

This report supplements the preliminary report released earlier. The success of this very important undertaking would not have been realized without the relentless effort and dedication of all parties concerned. To those who actively contributed to this project, I would like to extend my gratitude and appreciation, especially to the World Bank, USAID, and the DHS program of Macro International Inc.

Central Bureau of Statistics

Jakarta, Indonesia
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Sugito, M.A.
Director General

PREFACE

The 1994 Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey of 28,000 ever-married women ages 15 to 49. This survey provides detailed information on levels and trends in fertility, mortality, and family planning; maternal and child health services; availability of family planning and health service facilities; maternal mortality; and knowledge of AIDS. This information should be highly useful to Indonesia's Ministry of Health, Ministry of Population/NFPCB, and other related government institutions in assessing the coverage and quality of current interventions and in developing population policy and new program initiatives designed to further enhance family welfare.

Results from the 1994 IDHS confirm that Indonesia has continued to make considerable progress in providing more couples with effective, high quality family planning services. As of 1994, 55 percent of all currently married women were using a method of contraception. The contraceptive prevalence rate has contributed to the decline in fertility in Indonesia. The fertility level in Indonesia has undergone a notable decline in the past 25 years, from 5.6 births per woman in the 1960s to 2.9 births in the early 1990s.

A particularly encouraging development reported by the 1994 IDHS is the rapid expansion of self-reliant family planning (KB Mandiri) over the past seven years. The percentage of clients acquiring family planning services through private sector outlets has increased from 11 percent in 1987 to 51 percent in 1994. As expected, the role of private midwives has grown rapidly. For example, 38 percent of injection users obtain their method from private midwives.

Facilitating the practice of family planning at younger ages and promoting greater use of effective contraception to older women, which have been done before, will continue to be program priorities in the coming years. In addition, improving reproductive health status, further promoting family planning, and ensuring safer contraceptive practices through improvement of quality of care in family planning will be essential ingredients in the future expansion of Indonesia's family planning movement. However, beyond the need to recruit more family planning acceptors and promote greater use effectiveness, there is need to develop program strategies that enhance the welfare of mothers and children in the family and to promote greater economic opportunities for families.

In conclusion, I would like to thank the Central Bureau of Statistics, Macro International Inc. in Maryland (USA), the IDHS Steering Committee and IDHS Technical Committee, and Office of Program Development at the NFPCB for their efforts in conducting the 1994 IDHS. In addition, USAID and the World Bank made substantial financial and technical contributions that helped ensure the ultimate success of this important undertaking. The high quality of the IDHS final country report is indicative of the professional manner in which this project was designed and implemented.

State Ministry of Population/
National Family Planning
Coordinating Board

Prof. Dr. Haryono Suyono
State Minister/Chairman

PREFACE

The Broad Guidelines of the State Policy 1993 stated that in the Second Long-term Development Plan covering the 15-year period between 1994 and 2019, health development is focused in enhancing the quality of human resources, and improving community awareness on the importance of healthy living. The goal is to provide improved quality and distribution health services to build strong, healthy, intelligent and productive human beings.

To monitor and evaluate the achievement of health development, reliable data are needed. These data can be obtained from service administration (service-based data) and collected directly from the community (community-based data). The two types of data complement each other in supporting the health information. Efforts to obtain data from the community which reflect the health situation in a certain period of time have been carried out through various surveys including the Household Health Surveys, the National Socio-Economic Surveys, and the Demographic and Health Survey.

The result of the 1994 Indonesia Demographic and Health Survey (IDHS) showed that the family planning programs have been successful in reducing fertility. The survey also found that maternal and child health (MCH) programs have been improved; antenatal care coverage including tetanus toxoid immunization among pregnant mothers has increased. Infant and child mortality continues to decline, although maternal mortality remains high. The survey also showed that 38 percent of the respondents have ever heard about AIDS, but most of them did not know the means of prevention, transmission and whether this disease is curable.

The findings of the 1994 IDHS together with other national surveys are very important in measuring the achievement of family planning and health programs. Information obtained from the 1994 IDHS can be used to review the progress of the Fifth Five-Year Development Plan (1989/90-1993/94), and to improve future health policies and programs.

Based on the above-mentioned considerations, the results of the 1994 IDHS should be disseminated to decision makers at different levels of health management; in the central offices as well as local governments, and to the community at large.

We would like to take this opportunity to thank the Demographic and Health Surveys (DHS) Program of Macro International, USAID, the World Bank, the Central Bureau of Statistics, the National Family Planning Coordinating Board, and all other parties who assisted in the implementation the 1994 DHS. We hope that the survey results are useful in developing health programs.

Minister of Health
Republic of Indonesia

Prof. Dr. Sujudi

SUMMARY OF FINDINGS

The 1994 Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey conducted between July and November 1994. This survey is the third survey in Indonesia carried out under the Demographic and Health Surveys project; the first two were conducted in 1987 and 1991. As in previous surveys, the main purpose of the survey was to provide policymakers and program managers in population and health with detailed information on fertility, infant and child mortality, family planning, and maternal and child health. For the first time, the IDHS also collected information on maternal mortality, knowledge of AIDS, and the availability of family planning and health services. The 1994 IDHS was carried out as a collaboration between the Central Bureau of Statistics, the State Ministry for Population/National Family Planning Coordinating Board, and the Ministry of Health. The DHS project of Macro International provided technical and financial assistance under a contract with the U.S. Agency for International Development (USAID). Most of the local costs for the survey were received from the World Bank, the Government of Indonesia, and USAID/Jakarta.

A total of 33,738 households and 28,168 ever-married women age 15-49 were interviewed. Findings from the survey are presented at the national, regional, and provincial level, and by urban and rural residence. The results indicate that the majority of Indonesian women have had some formal education (84 percent), and 52 percent completed primary or higher education. More than half of respondents worked in the 12 months prior the survey.

Fertility has been declining in Indonesia for more than two decades—from 5.6 births per woman in the period 1967-70 to 2.9 births per woman in 1991-94. The decline in fertility accelerated in the late 1970s and early 1980s, and then slowed. The total fertility rate (TFR) in Java-Bali is 2.6 births per woman, while in the Outer Java-Bali regions it is 3.3. In some provinces, fertility has reached, or is approaching, replacement level; these include: DKI Jakarta, DI Yogyakarta, East Java, Bali, South Kalimantan, and Central Kalimantan. Overall, women are beginning childbearing at older ages.

More Indonesian women are staying single, and among those who marry, age at first marriage is increasing. The median age at first marriage for women 45-49 is 17.2, compared with 19.2 for women 25-29. Women in Java-Bali marry two years earlier than women in the Outer Java-Bali regions, while women with some secondary education marry more than five years later than women who have no education.

Knowledge of family planning methods and sources for methods is virtually universal (96 percent), and almost all women know at least one modern method. There have been substantial increases in knowledge of Norplant, male sterilization, and female sterilization.

Fifty-five percent of currently married women use a method of family planning and 95 percent of them use modern methods. The pill, injection, and the IUD are the most commonly used methods. Contraceptive use increases with level of education; 40 percent of married women with no education use a method, compared with 63 percent of women with secondary or higher education.

Government facilities are the most important source for family planning methods, supplying 49 percent of modern contraceptive users. Other family planning sources include medical private sources (28 percent), and other private sources (23 percent). Among the medical private sources, midwives are the most popular, and among other private sources, health posts (*posyandu*) are the primary source for family planning services. Two-thirds of contraceptive users who obtained a family planning method from a government source paid for the method. The proportion of users who pay for their method is highest among users of injection, pill, and condoms.

Twenty-seven percent of family planning users discontinue using a method within 12 months of starting. The highest discontinuation rates are among users of condoms (51 percent), withdrawal (36 percent), the pill (34 percent) and periodic abstinence (32 percent).

More than half of married women in Indonesia say that they want no more children or have been sterilized. Younger women are more likely to want to have another child soon or to space their children, while older women tend to want to stop childbearing. The ideal number of children expressed by Indonesian women declined from 3.1 children in 1991 to 2.9 children in 1994, indicating a desire for smaller families. If all unwanted births could be avoided, the total fertility rate in Indonesia would be around 2.4 births per woman instead of 2.9.

In the fifteen years preceding the survey, infant mortality declined from 75 to 57 deaths per 1,000 live births. For children under five years, the mortality rate was 81 deaths per 1,000 live births. Infant mortality is lowest for children of mothers who received both antenatal care and assistance at delivery from medical professionals, and highest for children whose mothers had neither antenatal care nor medical assistance at delivery (39 and 107 deaths per 1,000 live births, respectively).

Four of five births in the five years preceding the survey were to mothers who received antenatal care from a doctor or midwife. The proportion of children whose mothers received no antenatal care is high among high-order births, rural births, and births to mothers who have no education.

Neonatal tetanus is a major cause of death among infants in Indonesia. The Ministry of Health recommends that women receive two tetanus toxoid injections before marriage, and a booster during each succeeding pregnancy. Overall, 49 percent of children born in the five years preceding the survey were to mothers who received two or more tetanus toxoid injections during pregnancy. The proportion of live births not protected against tetanus is lower in urban than rural areas, and in the Java-Bali region than outside Java-Bali. Tetanus coverage is higher among low-order births, and births to mothers with secondary education.

Although lower than in 1991, the proportion of infants delivered at home remains high (77 percent). Mothers with no education are twice as likely to deliver at home as those who have some secondary education, and rural births are twice as likely to be delivered at home as births in urban areas.

In Indonesia, breastfeeding is not only universal, but of relatively long duration. The median duration of breastfeeding is 23.8 months; however, supplementary feeding begins early. Four in ten infants under two months receive supplements in addition to breast milk.

Based on information from health cards and mothers' reports, half of children 12-23 months have received immunizations against the six major childhood diseases: diphtheria, pertussis, tetanus, polio, measles, and tuberculosis. Vaccination coverage is higher among low birth-order children, urban children, and children whose mothers have more education.

During the two weeks preceding the survey, 10 percent of children under five had symptoms of acute lower respiratory infection, shown by cough accompanied with rapid breathing. Sixty-three percent of these children were taken to a health facility for treatment.

Over the same period, 12 percent of children under five suffered from diarrhea, 53 percent of whom were taken to a health facility. Among children who had diarrhea, 45 percent were given oral rehydration therapy by means of solution prepared from ORS packets. Knowledge of ORS packets is almost universal among mothers with children under five.

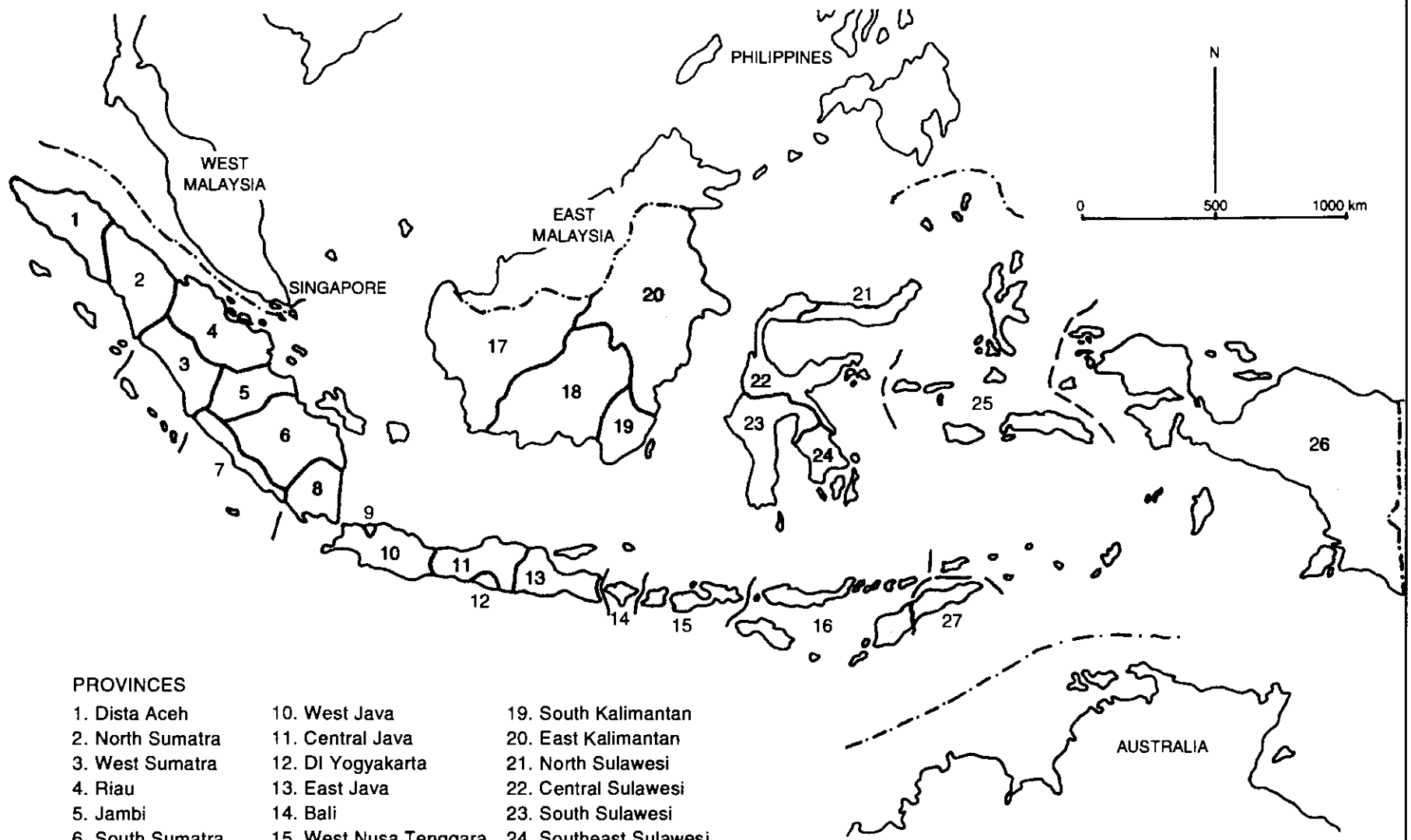
During the two weeks preceding the survey, 28 percent of children under five had fever, and 7 percent had fever (only) unaccompanied by cough, rapid breathing, or diarrhea. Among children who had fever only, 45 percent were taken to a health facility.

Thirty-eight percent of ever-married women report that they have heard of AIDS. Among these, 21 percent say that there is no way to avoid getting the disease, 62 percent believe there is no cure for AIDS, and 71 percent say that they are not at risk of getting AIDS. A large majority of women who know of AIDS also know about condoms.

In the 1994 IDHS, information necessary for estimating the level of maternal mortality was collected. Based on information about respondents' siblings, the maternal mortality ratio is estimated to be 390 deaths per 100,000 live births for the period 1989-94.

The 1994 IDHS also collected information about health and family planning services available to women and children in the sampled clusters. The information was collected in two stages. In the first stage, an interview was held with knowledgeable residents. In the second stage, IDHS interviewers visited selected types of facilities, namely general hospitals, health centers, private doctors, private midwives, and pharmacies. Combined, these types of facilities are the main suppliers of modern contraceptives and the major outlets for maternal and child health services. Hereafter, these facilities are referred to as principal family planning/maternal and child health (FP/MCH) outlets. Interviewers visited the nearest of each type of principal FP/MCH outlet if it was located within 10 kilometers of the cluster in urban areas and 30 kilometers in rural areas. Three in four currently married women live within 5 kilometers of a principal FP/MCH outlet offering contraceptive methods, and about 5 percent of married women have to travel 15 kilometers or more to a principal FP/MCH outlet. Overall, women are about 15 minutes from the nearest principal FP/MCH outlet providing contraceptive methods. Almost no women live in an area where none of the MCH components included in the survey—antenatal care, tetanus toxoid (TT) injection for pregnant women, delivery assistance, postnatal care, child growth monitoring, and child immunization—are available.

INDONESIA



PROVINCES

- | | | |
|------------------|------------------------|------------------------|
| 1. Dista Aceh | 10. West Java | 19. South Kalimantan |
| 2. North Sumatra | 11. Central Java | 20. East Kalimantan |
| 3. West Sumatra | 12. DI Yogyakarta | 21. North Sulawesi |
| 4. Riau | 13. East Java | 22. Central Sulawesi |
| 5. Jambi | 14. Bali | 23. South Sulawesi |
| 6. South Sumatra | 15. West Nusa Tenggara | 24. Southeast Sulawesi |
| 7. Bengkulu | 16. East Nusa Tenggara | 25. Maluku |
| 8. Lampung | 17. West Kalimantan | 26. Irian Jaya |
| 9. DKI Jakarta | 18. Central Kalimantan | 27. East Timor |

CHAPTER 1

INTRODUCTION

1.1 Geography, History and Economy

The Republic of Indonesia, which consists of approximately 17,000 islands, is located between 6 degrees north and 11 degrees south latitude, and from 95 to 141 degrees east longitude. The Indonesian archipelago lies between Asia and Australia. It is bounded by the South China Sea in the north, the Pacific Ocean in the north and east, and the Indian Ocean in the south and west. There are five major islands: Sumatra in the west; Java in the south; Kalimantan straddling the equator; Sulawesi, which resembles the letter "K"; and Irian Jaya bordering Papua New Guinea on the west. Two remaining groups of islands are Maluku and Nusa Tenggara, running from Sulawesi to Irian Jaya in the north, and from Bali to Timor in the south. Other islands are small and mostly uninhabited. More than 80 percent of Indonesia's territory is covered with water; the land area is about 1.9 million square kilometers. The large number of islands and their dispersion over a wide area result in a diverse culture and hundreds of ethnic groups, each with its own language. This is the basis of the national motto "Unity in Diversity."

Indonesia's climate is tropical with two seasons. The dry season extends from May to October, and the rainy season from November to April.

Indonesia is divided administratively into 27 provinces. Each province consists of *regencies* and *municipalities*. Altogether, there are 243 regencies and 60 municipalities. The next lower administrative unit is the *subdistrict*, then the *village*. Classification of urban and rural areas is made at the village level. In 1993, there were 3,879 subdistricts, 7,585 urban villages, and 58,097 rural villages.

Since proclaiming its independence in 1945, Indonesia has experienced several political shifts. In 1948, a rebellion by the Communist Party took place in Madiun. Up until the end of 1949, when the Dutch gave up control over Indonesia, there were disputes against the ruling democratic republic. Some factions, supported by the Dutch, formed the Federation of Indonesian Republics, which lasted less than one year. From 1950 to 1959, Indonesia faced several political problems, including the adoption of a multi-party system, which resulted in political and economic instability, and rebellions caused by ideological, ethnic and racial differences. The history of the Republic of Indonesia had a turning point after an aborted coup by the Communist Party in September 1965. In 1966, President Suharto began a new era with the establishment of the New Order Government, which is oriented toward overall development.

After almost 30 years under the New Order Government, Indonesia has made substantial progress, particularly in stabilizing political and economic conditions. A period of great economic growth was experienced from 1968 to 1986, when per capita income increased sharply from about US \$50 to US \$385. This was primarily the result of the international oil boom in the early 1980s, from which more than 60 percent of the country's foreign exchange came. The drop in the price of crude oil and natural gas in 1985 forced the government to look for alternative sources of income, such as manufacturing, international trade, and service industries. This effort has been successful. In recent years, per capita income has increased to around US \$842 in 1993. During the same period, the contribution of commodity exports other than crude oil to the total foreign exchange increased from 61 percent in 1988 to 89 percent in 1993.

An important achievement of the Indonesian government is the improvement of the general welfare of the population by ensuring the availability of adequate food, clothing and housing, as well as providing adequate education and health services. Data from the 1971 and 1990 Population Censuses and the 1993

National Socio-Economic Survey (Susenas) show that in the last 23 years Indonesia has undergone a major improvement in the area of education. The percentage of persons age 10 years and over who are literate increased from 61 percent in 1971 to 84 percent in 1990 and to 86 percent in 1993. The improvement in education is most visible among females. Whereas school attendance among children 7 to 12 years in 1971 was 62 percent for males and 58 percent for females, the corresponding rate for both in 1993 was 93 percent. During the same period, the percentage of persons who never attended school decreased as the percentage of graduates at all levels increased. The percentage of primary school graduates increased from 20 percent in 1971 to 30 percent in 1990 to 31 percent in 1993, while persons who attended junior high school or higher education increased from 7 percent in 1971 to 22 percent in 1990 and to 24 percent in 1993. At all levels, the increase in education among females has been greater than the increase among males.

One possible effect of more girls staying in school longer is the rise in the average age at first marriage. The singulate mean age at first marriage increased from 19.6 years in 1971 to 21.4 years in 1990; the increase was greater in urban areas than in rural areas. The increasing level of education has also provided women with greater opportunity for participation in the labor force. Labor force participation among women age 10 and over increased from 33 percent in 1971 to 45 percent in 1993. Most women work in agriculture, trade, or the service industries. It is expected that the trend toward greater work force participation by women will continue.

1.2 Population

According to the 1990 Population Census, the population of Indonesia was 179.4 million in 1990, and was projected to increase to 189.1 million in 1993. This would make Indonesia the fourth most populous country in the world after the People's Republic of China, India, and the United States. An estimated 55.4 million persons (31 percent of the population) were living in urban areas in 1990, compared with 64.4 million (34 percent of the population) in 1993.

In addition to an already large population, Indonesia has a high rate of population growth. However, this rate has declined in the last two decades. Between 1971 and 1980, the average annual rate of population growth was 2.3 percent, compared with 2.0 percent between 1980 and 1990. The population growth rate was projected to decline further, to 1.8 percent, between 1990 and 1993. The decline in the growth rate occurred in all the islands except Kalimantan, where it increased from 3.0 in the period 1971-80 to 3.1 percent in the period 1980-90. The rate of growth among the islands and provinces varies significantly. For example, in the period 1980-90, the growth rate in Java was 1.7 percent, while in Sumatra and Sulawesi the corresponding rates were 2.7 percent and 1.9 percent, respectively. In the same period, among the provinces of Java, DKI Jakarta and West Java showed the fastest growth (greater than 2 percent) and DI Yogyakarta the slowest (0.4 percent per annum). In the recent past, DKI Jakarta showed the greatest decline in growth rate, partly because a large number of people moved from DKI Jakarta to West Java to occupy new housing built in the areas of West Java surrounding Jakarta.

Another characteristic of Indonesia is the uneven distribution of the population among the islands and provinces. The 1990 Population Census indicates that the population density varies across regions, not only among islands, but also among provinces of the same island. Java, which covers only 7 percent of the total area of Indonesia, is inhabited by 60 percent of the country's population, making the population density of Java (814 persons per square kilometer) higher than that of other islands. By comparison, Kalimantan has a density of 17 persons per square kilometer. Comparison of provinces in Java shows that population density ranges from 12,500 persons per square kilometer in DKI Jakarta to 678 persons per square kilometer in East Java. Population density at the national level was 93 persons per square kilometer in 1990; in 1993 it was projected to be 99 persons per square kilometer.

Table 1.1 presents the basic demographic indicators derived from several sources, i.e., the 1971, 1980, and 1990 Population Censuses, the 1985 Intercensal Population Survey, and the population projection for 1993. The first three indicators that pertain to population distribution have been discussed.

The census and survey data show that Indonesia's fertility has declined significantly since the 1970s. The crude birth rate (CBR), which was estimated at 41 births per 1,000 population in the late 1960s, declined to 36 per 1,000 in the period 1976-79, resulting in an annual percentage decline of 1.3 percent. In the period 1986-89, the CBR declined further to 28 births per 1,000 population, with an average annual rate of decline of 2.1 percent between the periods 1976-79 and 1986-89. These figures suggest a more rapid decline in fertility in recent years. The 1993 CBR was projected to be 25 births per 1,000 population.

Table 1.1 also shows that the total fertility rate (TFR) declined from 5.6 children per woman in the period 1967-70, to 4.7 children in 1976-79, and to 3.3 children in 1986-89. The average annual decline between the periods 1967-70 and 1976-79 was 1.8 percent; between the periods 1976-79 and 1986-89 it was 2.9 percent. The TFR was projected to be 2.9 children per woman in 1993.

Table 1.1 Basic demographic indicators					
Demographic indicators from selected sources, Indonesia 1971-1993					
Index	1971 Census	1980 Census	1985 Intercensal survey	1990 Census	1993 projection ¹
Population (millions)	119.2	147.5	164.6	179.4	189.1
Growth rate (GR) ² (percent)	2.10	2.32	2.22	1.98	1.76
Density (pop/km ²)	62.4	77.0	85.0	93.0	98.5
Percent urban	17.3	22.3	26.2	30.9	34.0
Reference period	1967-70	1976-79	1981-84	1986-89	1993
Crude birth rate (CBR) ³	40.6	35.5	32.0	27.9	24.5
Crude death rate (CDR) ⁴	19.1	13.1	11.4	8.9	7.9
Total fertility rate (TFR) ⁵	5.6	4.7	4.1	3.3	2.9
Infant mortality rate ⁶ (per 1,000 births)	142	112	71	70	58
Life expectancy ⁶					
Male	45.0	50.9	57.9	57.9	60.8
Female	48.0	54.0	61.5	61.5	64.5
¹ Projected based on 1990 Population Census ² Calculated using compound interest formula ³ Births per 1,000 population; estimated using the formula $CBR = 9.48968 + 5.55 TFR$ ⁴ Deaths per 1,000 population; $CDR = CBR - GR$ ⁵ Estimated based on own children method ⁶ Estimated using indirect estimation techniques					
Source: Central Bureau of Statistics, 1987a; 1987b; 1992; 1993a; Central Bureau of Statistics et al., 1989					

The same data sources also demonstrate that there has been a significant decline in the level of mortality. An important achievement of the first long-term development plan (LTDP) (1969-70 to 1993-94) was the reduction of infant and child mortality through integrated health and family planning services. The infant mortality rate (IMR) declined from 142 deaths per 1,000 live births in 1971, to 112 per 1,000 in 1980, to 70 per 1,000 in 1990, showing an average annual rate of decline of 2.7 percent. The IMR was projected to reach 58 deaths per 1,000 live births in 1993. During the same period, the crude death rate (CDR) decreased from 19 deaths per 1,000 population in 1971 to 9 per 1,000 in 1990, resulting in an average annual rate of decline of 2.8 percent. The CDR was projected to be 8 deaths per 1,000 population in 1993.

1.3 Population and Family Planning Policies and Programs

The Government of Indonesia has devoted many of its development programs to population-related issues since President Suharto joined other Heads of State in signing the Declaration of the World Leaders in 1967. In this declaration, rapid population growth was considered an obstacle to economic development. In order to carry out its population policy, the government has launched several programs, of which family planning is an important part.

Family planning activities were initiated in Indonesia in 1957 by a private organization working under the auspices of the International Planned Parenthood Federation. It provided family planning advice and services, as well as maternal and child care. In 1968, the government established a National Family Planning Institute, which was reorganized as the National Family Planning Coordinating Board (NFPCB) two years later. NFPCB is a non-departmental body and the Chairman reports directly to the President. The government of Indonesia has a strong commitment to family planning and is working with religious and community leaders to develop programs to promote family planning.

Family planning programs were not initiated simultaneously throughout the country. In the first five-year development plan (Repelita), which covered the period 1969-70 to 1973-74, programs began in the six provinces of Java and Bali. In the next five-year plan, the program was expanded to the provinces of Dista Aceh, North Sumatra, West Sumatra, South Sumatra, Lampung, West Nusa Tenggara, West Kalimantan, South Kalimantan, North Sulawesi, and South Sulawesi. In the development of family planning programs, these provinces are classified as the Outer Java-Bali I Region. In the third Repelita, the programs were further expanded to include the remaining 11 provinces, which are grouped as the Outer Java-Bali II Region.

Twenty years later, the population policy not only is contributing significantly to the reduction of the fertility rate but is also helping to improve family welfare. Furthermore, as stated in the Broad Guidelines for State Policy in 1988, the objectives of the National Family Planning Program include improving the quality of human resources by promoting a small, happy and prosperous family as the norm. As a result, the implementation strategy of the family planning program has four dimensions: the extension of program coverage, the maintenance of the family planning program, the institutionalization and cultivation of the family planning program, and the integration of the family planning program with various other national development programs.

Program extension is aimed at increasing the need and desirability of family planning. The main efforts include intensive information, education and communication (IEC) activities and supplying and resupplying contraceptives throughout the country. The latter activity is focused on people who live in remote areas, slum areas, new housing developments, and transmigration areas. Program extension is carried out by persuading eligible young couples who have a small number of children to adopt family planning.

Program maintenance involves stabilizing the acceptance of family planning, and improving the quality of contraceptives and services. It also encourages family planning acceptors to use more effective contraceptives, for better protection against pregnancy. Program maintenance is implemented by expanding the involvement of people and institutions, sustaining their commitment and ensuring good coordination.

Program institutionalization is achieved by the acceptance of the small family norm and by greater participation of other government agencies, non-government organizations, and the private sector in managing the program. To support this effort, participation by all groups of society, including professional organizations, social leaders and business organizations, is required. Through the institutionalization process, self-reliance in the use of family planning is achieved, not only from an economic point of view, but individually and psychologically as well.

Program integration is aimed at strengthening and extending the institutionalization and maintenance of the program. Policies and strategies have been integrated with other intersectoral development programs and implemented and integrated into existing social mechanisms. The integrated program services cover the improvement of maternal and child welfare, increasing the acceptor's family income, providing long-term security to family planning acceptors, and encouraging individual participation in community development.

Program emphasis has been shifted toward the establishment of a family planning movement. Based on past progress and in anticipation of future challenges, Act Number 10 was passed by the Government of Indonesia in 1992. This Act, which is concerned with population development, broadens family planning goals from spacing births to the creation of prosperous and happy families.

The Broad Guidelines Act Number 10/1992 and State Policy 1993 expand the goals of the family planning program to include increasing emphasis on delaying marriage, using birth control methods, fostering family resilience, and improving family welfare.

1.4 Health Priorities and Programs

The Indonesian government has always considered health development to be an integral part of human resource development, with the goal of achieving an advanced and self-reliant nation. The aim of health development is to build healthy, bright, productive human beings. Programs should be carried out throughout the entire life cycle, starting with pregnancy or earlier, e.g., by tending to the welfare of women who will become mothers, and proceeding with youth, adolescence, people of productive age, and ultimately the elderly.

A Long-term Health Development Plan was set up which covered the 25-year period between 1969 and 1994 and consisted of five 5-year plans. Specific objectives of the Fifth Five-Year Development Plan (1989-90 to 1993-94) were directed towards achieving the following:

- Improved quality and distribution of health services, especially for remote areas
- Improved efficiency in resource utilization (funds, manpower and facilities)
- Enhanced health services, with special emphasis on lowering the mortality rates for infants, children under five and mothers through reducing morbidity rates and improving nutritional status

- Improved environmental health to promote a healthy outlook and behavior for individuals and families
- Improved nutritional status based on family and community efforts
- Improved distribution of affordable drugs and health equipment
- Reduced fertility rate by institutionalizing the norm of a small, happy and harmonious family. (This objective will be carried out through the family planning and maternal and child health services of the Integrated Health Service Posts and the Health Centres)
- Improved access to and management of quality medical and public health services
- Improved physical well-being of the population, especially those of productive age.

The Broad Guidelines of the State Policy 1993 stated that in the Second Long-term Development Plan health development should be aimed at the following:

- Enhancing the status of community health
- Improving the quality, accessibility, and affordability of health services at all levels of the community
- Improving nutritional status
- Practicing a clean, healthy life, supported by development of decent housing and communities.

In the Sixth Five-Year Development Plan, the first phase of the health development is aimed at:

- Further improving the quality, accessibility and affordability of health services, including improved nutrition
- Decreasing maternal and infant mortality
- Encouraging active community participation, including the private sector, in health development
- Promoting community awareness for a healthy and clean life
- Fostering concern about the environment, supported by adequate and capable manpower, including the development of pharmaceutical and health equipment industries.

1.5 Objectives of the Survey

The 1994 Indonesia Demographic and Health Survey (IDHS) is a follow-on project to the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS) and to the 1991 IDHS. The 1994 IDHS was significantly expanded from prior surveys to include two new modules in the women's questionnaire, namely maternal mortality and awareness of AIDS. The survey also investigated the availability of family planning and health services, which provides an opportunity for linking women's fertility, family planning and child

health care with the availability of services. The 1994 IDHS also included a household expenditure module, which provides a means of identifying the household's economic status. All except the latter topic are discussed in this report.

The 1994 IDHS was specifically designed to meet the following objectives:

- Provide data concerning fertility, family planning, maternal and child health, maternal mortality and awareness of AIDS that can be used by program managers, policymakers, and researchers to evaluate and improve existing programs;
- Provide data about availability of family planning and health services, thereby offering an opportunity for linking women's fertility, family planning and child-care behavior with the availability of services;
- Provide data on household expenditures, which can be used to identify the household's economic status;
- Provide data that can be used to analyze trends over time by examining many of the same fertility, mortality and health issues that were addressed in the earlier surveys (1987 NICPS and 1991 IDHS);
- Measure changes in fertility and contraceptive prevalence rates and at the same time study factors that affect the changes, such as marriage patterns, urban/rural residence, education, breastfeeding habits, and the availability of contraception;
- Measure the development and achievements of programs related to health policy, particularly those concerning the maternal and child health development program implemented through public health clinics in Indonesia.

1.6 Organization of the Survey

The 1994 IDHS was implemented by the State Ministry of Population/National Family Planning Coordinating Board (NFPCB), the Ministry of Health (MOH) and the Central Bureau of Statistics (CBS). These organizations collaborated in the overall survey design, development of the questionnaire, and analysis and dissemination of the results. The NFPCB provided a large portion of the funds through a loan from the World Bank and grants from USAID/Jakarta, and also from the Government of Indonesia development budget. Macro International Inc. (Macro) furnished technical assistance as well as funds for the project through the Demographic and Health Surveys Program (DHS), a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in developing countries.

The CBS executed the survey, processed the data and was responsible for preparing the preliminary, final and summary reports. A survey Steering Committee was constituted, with senior representatives from the State Ministry of Population/NFPCB, CBS, MOH, the National Development Planning Board, and the Demographic Institute at the University of Indonesia. The Technical Team, consisting of members of the same organizations, met more frequently than the Steering Committee to discuss and decide on technical issues relating to the implementation of the survey.

The directors of the regional statistical offices in the provinces were responsible for both the technical and the administrative aspects of the survey in their area. They were assisted by field coordinators, most of whom were chiefs of the population statistics sections in the regional office.

The 1994 IDHS used four questionnaires—three at the household level and one at the community level. The three questionnaires administered at the household level are the household questionnaire, an individual questionnaire for women, and the household expenditure questionnaire. The household and individual questionnaires were based on the DHS Model "A" Questionnaire, which is designed for use in countries with high contraceptive prevalence. A deviation from the standard DHS practice is the exclusion of the anthropometric measurement of young children and their mothers. Topics covered in the 1994 IDHS that were not included in the 1991 IDHS are knowledge of AIDS and maternal mortality. Additions and modifications to the model questionnaire were made in order to provide detailed information specific to Indonesia. Except for the household expenditure module, the questionnaires were developed mainly in English and were translated into Bahasa Indonesia. The household expenditure schedule was adapted from the core Susenas questionnaire model. Susenas is a national household survey carried out annually by BPS to collect data on various demographic and socioeconomic indicators of the population.

As in previous surveys, the household and individual data were collected by teams of interviewers. Altogether, 260 female interviewers, 86 male field supervisors, and 86 female field editors were recruited to form 86 interview teams. They were trained for 16 days in nine training centers in June 1994. The field supervisors and editors received additional training in supervisory tasks and editing techniques. One interviewer was appointed to collect data on family planning and health services in each subdistrict. In most cases, this person was the statistics officer at the subdistrict level (Mantri Statistik) and the interviewers for the household expenditure survey were temporary personnel (Mitra Statistik). The training for the interviewers for the service availability survey and the household expenditure survey was conducted separately by IDHS team supervisors. Training was usually conducted for a group of interviewers before the main survey team arrived in a region. Data collection took place from July to November 1994. For more information about the fieldwork, see Appendix A. A list of the persons involved in the implementation of the survey is found in Appendix D. The survey questionnaires are reproduced in Appendix E.

As in 1991, the 1994 IDHS was conducted in all 27 provinces in Indonesia. The sample was designed to produce estimates at the provincial level. Table 1.2 is a summary of the results of the fieldwork for the IDHS, from both the household and individual interviews by urban-rural residence. In general, the response rates for both the household and individual interviews in the 1994 IDHS are relatively high. A total of 35,510 households were selected for the survey, of which 34,060 were found. Of the encountered households, 33,738 (99.1 percent) were successfully interviewed. In these households, 28,800 eligible women were identified and complete interviews were obtained from 28,168 women, or 97.8 percent of all eligible women. The generally high response rates for both household and individual interviews were due mainly to the strict enforcement of the rule to revisit the originally selected household if no one was at home initially. No substitution for the originally selected households was allowed. Interviewers were instructed to make at least three visits in an effort to contact the household or eligible woman.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews and response rates, according to urban-rural residence, Indonesia 1994

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households sampled	10,401	25,109	35,510
Households found	9,895	24,165	34,060
Households interviewed	9,730	24,008	33,738
Household response rate	98.3	99.4	99.1
Individual interviews			
Eligible women	8,111	20,689	28,800
Interviewed women	7,947	20,221	28,168
Eligible woman response rate	98.0	97.7	97.8

CHAPTER 2

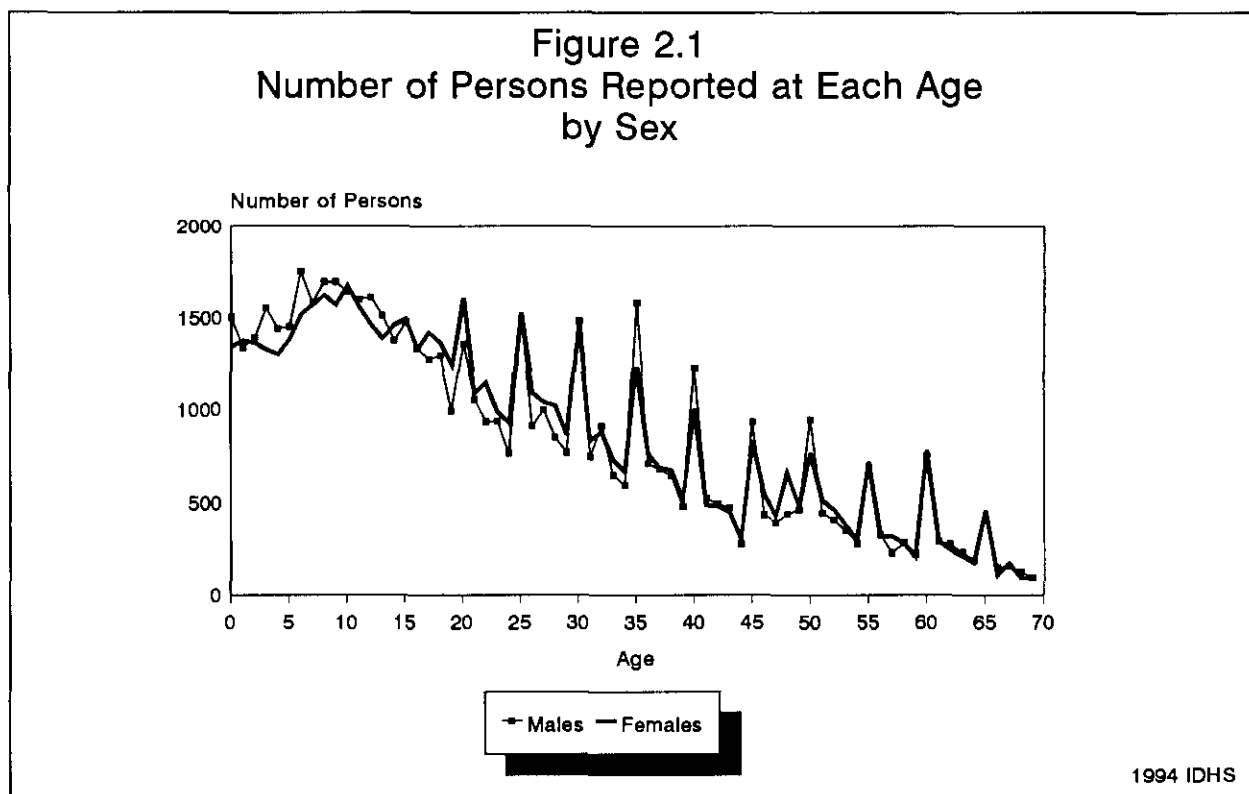
BACKGROUND CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

The main objective of this chapter is to describe the general characteristics of the sample population, which include age and sex composition, residence, education, housing facilities, and presence of durable goods. This information is not only useful by itself, but can also be used to evaluate the quality of the 1994 IDHS data and to investigate changes in social and economic conditions over time. Data in this chapter will be presented for households, persons within households, and women eligible for the individual interview. The other objective of this chapter is to describe the environment in which the respondents (ever-married women 15-49) and their children live. Factors believed to influence nuptiality, fertility, and contraceptive behavior, as well as maternal care and child morbidity and mortality, are discussed.

2.1 Population by Age and Sex

The household questionnaire in the 1994 IDHS was used to list all household members, i.e., persons who usually live in the household. Information was obtained from an adult who was familiar with the characteristics of the other household members. In addition to providing a background against which various demographic processes are occurring, the age structure of the population incorporates the past history of the population.

The reliability of the population's age data depends on the reporting of birth dates. For persons whose year of birth was not known, age was obtained directly from the stated age. As shown in Figure 2.1, there is a preference for certain ages, particularly those ending in 0 or 5. Errors are more obvious among the



population age 20 and over, partly because younger people tend to have more education than older people and are more likely to know their date of birth. To obtain the most accurate age reporting for respondents, the 1994 IDHS interviewers were instructed to (1) ask for legal documents or identity cards, (2) relate the respondent's age to the age of another household member whose age was known or to a household event whose date had been ascertained, or (3) relate the respondent's age to local or national events well known in the area. A chart used to convert reported dates from the Javanese, Sundanese and Muslim calendars to the Gregorian calendar was appended to the interviewers' manual. The Javanese and Sundanese calendars are actually the same as the Muslim calendar except for the names of the months.

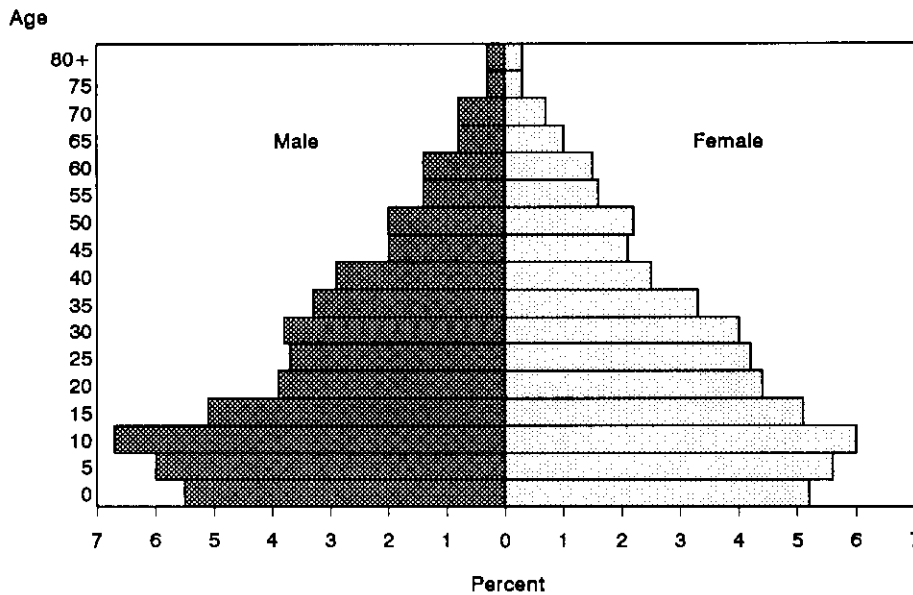
Table 2.1 and Figure 2.2 present the age distribution of the population by five-year age groups according to sex. Age composition is affected by past levels of fertility, mortality and migration. The population pyramid has a narrow top and a wide base, reflecting a pattern typical of countries with relatively high fertility in the past. The narrowing at the base was brought about by a decline in fertility in the last decade.

Table 2.1 Household population by age, residence and sex

Percent distribution of the de jure household population by five-year age groups, according to urban-rural residence and sex, Indonesia 1994

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	9.9	9.5	9.7	11.5	10.9	11.2	11.1	10.4	10.7
5-9	10.3	10.1	10.2	12.9	11.7	12.3	12.1	11.2	11.6
10-14	12.7	10.9	11.8	13.7	12.5	13.1	13.4	12.0	12.7
15-19	11.6	12.4	12.0	9.5	9.2	9.4	10.2	10.2	10.2
20-24	10.2	10.2	10.2	6.8	8.1	7.4	7.8	8.7	8.3
25-29	8.5	9.7	9.1	7.0	7.8	7.4	7.5	8.4	7.9
30-34	8.0	8.1	8.0	7.3	7.8	7.6	7.5	7.9	7.7
35-39	6.9	6.7	6.8	6.6	6.7	6.6	6.7	6.7	6.7
40-44	5.6	5.0	5.3	5.8	5.1	5.4	5.7	5.0	5.4
45-49	3.9	4.0	3.9	4.0	4.2	4.1	3.9	4.1	4.0
50-54	3.9	4.0	4.0	4.1	4.4	4.3	4.0	4.3	4.2
55-59	2.7	2.7	2.7	3.0	3.4	3.2	2.9	3.2	3.0
60-64	2.3	2.7	2.5	3.0	3.2	3.1	2.8	3.0	2.9
65-69	1.4	2.0	1.7	1.9	2.0	1.9	1.7	2.0	1.9
70-74	1.4	1.1	1.2	1.7	1.6	1.6	1.6	1.4	1.5
75-79	0.4	0.5	0.5	0.5	0.7	0.6	0.5	0.7	0.6
80+	0.3	0.5	0.4	0.8	0.7	0.7	0.6	0.7	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	23,230	23,441	46,671	51,963	52,216	104,179	75,193	75,657	150,850

Figure 2.2
Distribution of the Household
Population by Age



1994 IDHS

2.2 Population by Age from Selected Sources

The percent distribution of the 1994 IDHS sample population by age group is presented in Table 2.2, along with comparable data from the 1980 Census, the 1985 Intercensal Population Survey (SUPAS), the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS), and the 1991 IDHS. The percentage of the population under 15 years has decreased over time from 41 percent in 1980 to 35 percent in 1994. During the same period, the percentage of the population age 15-64 increased from 56 percent in 1980 to 60 percent in 1994. The dependency ratio, calculated as the ratio of nonproductive persons (under 15 and 65 and over) to persons 15-64 based on these figures, has been decreasing gradually from 79 percent in 1980

Table 2.2 Population by age from selected sources

Percent distribution of the population by age group, according to selected sources, Indonesia 1994

Age group	1980	1985	1987 NICPS	1991 IDHS	1994 IDHS
	Census	Intercensal survey			
<15	40.9	39.4	36.9	36.2	35.0
15-64	55.9	57.2	59.3	59.9	60.4
65+	3.2	3.4	3.8	3.9	4.6
Total	100.0	100.0	100.0	100.0	100.0
Median age	-	-	-	21.5	22.8
Dependency ratio	78.9	73.1	68.6	67.2	65.8

to 66 percent in 1994. The smaller dependency ratio indicates a lessening of the economic burden on persons in the productive age groups, who support those in the nonproductive age groups.

2.3 Household Composition

Table 2.3 presents information on the percent distribution of households by various characteristics, such as sex of the head of the household, size of the household, and presence of foster children. The size and composition of the household may affect the allocation of financial resources among household members, which in turn would affect the overall well-being of the members. Household size may be associated with crowding in the dwelling, which can lead to unfavorable health conditions. Single-parent families, especially if they are headed by females, usually have limited financial resources.

As in the 1991 IDHS, 13 percent of households in the 1994 IDHS are headed by women. The proportion is slightly higher in urban than in rural areas (14 percent, compared with 13 percent). In general, seven in ten households have between 2 to 5 members. The average household size is 4.5 persons; 4.7 persons in urban areas, and 4.4 persons in rural areas. Seven percent of households include one or more children under age 15 who are living with neither their natural father nor their natural mother.

<u>Table 2.3 Household composition</u>			
Percent distribution of households by sex of head of household, household size, and whether household includes foster children, according to urban-rural residence, Indonesia 1994			
Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	86.5	87.5	87.2
Female	13.5	12.5	12.8
Total	100.0	100.0	100.0
Number of usual members			
1	7.3	4.8	5.5
2	8.3	11.2	10.3
3	15.5	19.2	18.1
4	19.4	22.1	21.3
5	18.3	17.9	18.0
6	12.9	11.2	11.7
7	8.0	6.6	7.0
8	4.8	3.6	4.0
9+	5.4	3.4	4.0
Total	100.0	100.0	100.0
Mean size	4.7	4.4	4.5
Percent with foster children	5.8	7.0	6.6

Note: Table is based on de jure members, i.e., usual residents.

2.4 Fosterhood and Orphanhood

Table 2.4.1 presents the distribution of children under age 15 by survival status of parents and child's living arrangements, according to background characteristics. Nine of ten children are living with both parents, 6 percent live with the mother, 2 percent live with the father, and 5 percent live with neither parent. Except for age, there are no significant differentials in the living arrangements of children under age 15 by background characteristics. The proportion of children living with their parents declines as age of the child increases.

There are no significant provincial differentials in fostering and orphanhood of children under 15; the overall pattern in Table 2.4.2 is almost identical to that shown in Table 2.4.1.

Table 2.4.1 Fosterhood and orphanhood: background characteristics

Percent distribution of de jure children under age 15 by survival status of parents and child's living arrangements, according to selected background characteristics, Indonesia 1994

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent			Missing/ Don't know if father/mother alive	Total	Number of children	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Father only alive	Mother only alive				Both dead
Age												
0-2	92.9	4.5	0.7	0.3	0.2	0.9	0.1	0.1	0.0	0.3	100.0	9,662
3-5	90.1	3.4	1.9	0.6	0.5	2.5	0.4	0.3	0.2	0.3	100.0	9,490
6-8	87.2	3.4	2.6	0.9	0.9	3.7	0.4	0.3	0.3	0.3	100.0	10,885
9-11	83.6	2.8	4.1	0.8	1.2	5.2	1.0	0.5	0.4	0.6	100.0	11,397
12+	81.1	2.9	5.0	0.8	1.6	5.6	0.7	0.7	0.7	1.0	100.0	11,482
Sex												
Male	86.7	3.4	3.2	0.7	0.8	3.5	0.6	0.4	0.3	0.5	100.0	27,440
Female	86.6	3.3	2.8	0.6	0.9	4.0	0.4	0.3	0.4	0.5	100.0	25,475
Residence												
Urban	88.0	3.3	2.5	0.9	0.5	3.5	0.2	0.3	0.3	0.6	100.0	14,793
Rural	86.1	3.4	3.2	0.6	1.0	3.8	0.6	0.4	0.4	0.5	100.0	38,122
Region/Residence												
Java-Bali	85.9	3.7	3.0	0.9	0.7	4.0	0.6	0.4	0.3	0.5	100.0	30,614
Urban	87.9	3.6	2.6	1.0	0.4	3.4	0.3	0.2	0.2	0.6	100.0	10,281
Rural	84.9	3.8	3.2	0.9	0.9	4.3	0.7	0.5	0.3	0.5	100.0	20,333
Outer Java-Bali I	88.1	3.1	2.9	0.4	0.9	3.2	0.4	0.3	0.3	0.5	100.0	15,455
Urban	88.4	3.0	2.3	0.6	0.6	3.4	0.1	0.4	0.4	0.6	100.0	3,096
Rural	88.0	3.1	3.0	0.3	1.0	3.1	0.5	0.3	0.3	0.4	100.0	12,359
Outer Java-Bali II	86.9	2.2	3.1	0.3	1.4	3.6	0.6	0.5	0.7	0.7	100.0	6,846
Urban	88.3	1.8	2.2	0.4	0.7	4.4	0.4	0.5	0.7	0.7	100.0	1,415
Rural	86.5	2.3	3.3	0.3	1.6	3.4	0.6	0.5	0.7	0.7	100.0	5,431
Total	86.7	3.4	3.0	0.7	0.9	3.7	0.5	0.4	0.3	0.5	100.0	52,915

Table 2.4.2 Fosterhood and orphanhood: region and province

Percent distribution of de jure children under age 15 by survival status of parents and child's living arrangements, according to region and province, Indonesia 1994

Region and province	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent			Missing/ Don't know if father/mother alive	Total	Number of children	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Father only alive	Mother only alive				Both dead
Java-Bali	85.9	3.7	3.0	0.9	0.7	4.0	0.6	0.4	0.3	0.5	100.0	30,614
DKI Jakarta	90.8	2.8	2.1	0.6	0.5	1.8	0.2	0.1	0.2	0.9	100.0	1,937
West Java	86.3	3.8	3.2	0.8	0.8	3.3	0.6	0.3	0.4	0.5	100.0	10,946
Central Java	88.0	2.6	2.9	1.4	0.8	3.1	0.2	0.4	0.1	0.5	100.0	8,298
DI Yogyakarta	85.2	6.5	2.1	0.5	0.3	3.7	0.5	0.3	0.1	0.6	100.0	684
East Java	81.6	5.1	3.4	0.6	0.6	6.6	1.1	0.5	0.2	0.3	100.0	8,082
Bali	90.7	1.0	1.1	1.2	1.6	3.2	0.1	0.5	0.1	0.5	100.0	667
Outer Java-Bali I	88.1	3.1	2.9	0.4	0.9	3.2	0.4	0.3	0.3	0.5	100.0	15,455
Dista Aceh	87.8	2.7	3.2	0.2	1.5	2.6	0.8	0.8	0.2	0.2	100.0	1,134
North Sumatra	91.5	1.9	2.7	0.2	0.4	2.3	0.3	0.2	0.2	0.3	100.0	3,683
West Sumatra	84.1	6.0	3.1	0.4	0.7	4.0	0.7	0.1	0.2	0.6	100.0	1,147
South Sumatra	91.5	1.8	2.4	0.5	0.8	2.0	0.4	0.3	0.3	0.1	100.0	1,808
Lampung	91.4	2.0	2.5	0.2	0.5	2.6	0.2	0.0	0.2	0.4	100.0	1,820
West Nusa Tenggara	76.9	9.1	2.7	1.5	2.3	5.8	0.5	0.3	0.3	0.5	100.0	1,160
West Kalimantan	88.1	2.5	3.1	0.3	1.0	3.2	0.5	0.3	0.3	0.7	100.0	1,110
South Kalimantan	85.8	3.8	4.0	0.6	2.2	2.0	0.4	0.4	0.7	0.1	100.0	715
North Sulawesi	85.9	2.2	2.7	0.6	1.3	3.9	0.5	0.5	0.8	1.5	100.0	614
South Sulawesi	86.4	2.9	3.2	0.2	0.7	4.7	0.4	0.4	0.5	0.7	100.0	2,264
Outer Java-Bali II	86.9	2.2	3.1	0.3	1.4	3.6	0.6	0.5	0.7	0.7	100.0	6,846
Riau	88.9	1.9	2.3	0.2	1.8	3.1	0.4	0.6	0.6	0.3	100.0	1,211
Jambi	91.8	0.8	3.5	0.0	0.4	0.9	0.2	0.1	0.6	1.7	100.0	675
Bengkulu	90.1	2.3	2.7	0.2	0.9	3.0	0.5	0.1	0.2	0.1	100.0	406
East Nusa Tenggara	79.6	3.9	4.1	0.3	2.1	6.7	0.6	1.2	0.9	0.5	100.0	1,073
East Timor	86.9	0.8	3.1	0.4	0.7	5.1	0.9	0.4	1.2	0.6	100.0	335
Central Kalimantan	90.8	0.6	3.4	0.0	2.1	0.8	0.1	0.0	1.0	1.4	100.0	466
East Kalimantan	91.2	2.3	1.4	0.3	0.5	2.7	0.7	0.2	0.1	0.5	100.0	590
Central Sulawesi	86.4	2.3	3.7	0.3	1.5	3.4	0.7	0.5	0.8	0.4	100.0	508
Southeast Sulawesi	86.4	3.7	2.3	0.2	1.9	2.6	0.4	0.4	0.7	1.4	100.0	449
Maluku	82.6	2.9	3.4	0.8	1.4	6.0	1.1	0.8	0.5	0.5	100.0	574
Irian Jaya	85.4	1.3	4.0	0.8	1.5	3.1	1.0	0.7	1.2	1.0	100.0	558
Total	86.7	3.4	3.0	0.7	0.9	3.7	0.5	0.4	0.3	0.5	100.0	52,915

2.5 Educational Level of Household Population

Educational attainment is closely associated with other socioeconomic factors and demographic behavior such as income, lifestyle, reproductive behavior, use of contraception, health status of children, and housing conditions. Education is also a factor that influences the individual's worldview, and hence opens the mind to new ideas and technology.

Tables 2.5.1 and 2.5.2 indicate that among both men and women there are significant differences in level of education by background characteristics. Overall, men are slightly better educated than women: nine in ten men have had some schooling compared with eight in ten women. In addition, while 31 percent of men have had some secondary education, the corresponding figure for women is 24 percent. The proportion of men and women who have some primary schooling is almost the same, 38 and 36 percent, respectively, and the proportion of men and women who completed primary education is 20 percent and 18 percent, respectively. The gap in educational attainment is no longer visible among the youngest age cohort. Among boys and girls age 5-14, the median duration of schooling is very similar—1.2 and 1.3 years, respectively, for age 5-9, and 5.3 and 5.5 years, respectively, for age 10-14. These figures imply that, in recent years, girls have had as much opportunity as boys to pursue education.

Table 2.5.1 Educational level of the household population by background characteristics: men

Percent distribution of the de jure male household population age five and over by highest level of education attended, and median number of years of schooling, according to selected background characteristics, Indonesia 1994

Background characteristic	No education	Some primary	Completed primary	Some secondary+	Don't know/missing	Total	Number	Median years of schooling
Age								
5-9	26.5	72.8	0.0	0.2	0.4	100.0	9,077	1.2
10-14	1.6	64.0	9.0	25.3	0.0	100.0	10,053	5.3
15-19	1.3	15.3	26.3	57.1	0.0	100.0	7,638	9.0
20-24	1.5	12.6	28.4	57.5	0.0	100.0	5,874	10.2
25-29	4.1	17.6	27.8	50.5	0.0	100.0	5,637	8.1
30-34	7.3	27.5	26.3	38.8	0.1	100.0	5,676	7.6
35-39	8.5	30.7	28.1	32.7	0.1	100.0	5,019	7.4
40-44	10.2	31.9	28.9	29.0	0.0	100.0	4,304	7.3
45-49	13.5	31.1	27.6	27.6	0.1	100.0	2,964	7.2
50-54	17.2	33.5	25.2	23.8	0.3	100.0	3,036	6.0
55-59	24.2	38.1	17.4	20.3	0.1	100.0	2,187	3.8
60-64	33.7	39.7	16.4	10.0	0.2	100.0	2,085	3.1
65+	42.8	35.4	14.3	7.2	0.4	100.0	3,323	2.1
Residence								
Urban	5.6	27.3	14.7	52.2	0.1	100.0	20,919	8.1
Rural	14.5	42.4	21.8	21.2	0.1	100.0	45,964	5.1
Region/Residence								
Java-Bali	12.0	37.3	21.1	29.5	0.1	100.0	41,351	7.0
Urban	6.0	27.8	15.7	50.4	0.1	100.0	14,991	7.9
Rural	15.4	42.8	24.2	17.6	0.1	100.0	26,360	4.8
Outer Java-Bali I	11.0	38.1	17.2	33.5	0.2	100.0	17,773	7.0
Urban	4.5	25.8	12.2	57.2	0.2	100.0	4,143	9.7
Rural	13.0	41.8	18.7	26.3	0.2	100.0	13,630	5.5
Outer Java-Bali II	12.0	38.6	16.7	32.6	0.1	100.0	7,759	6.6
Urban	5.0	27.2	11.6	56.1	0.1	100.0	1,785	9.2
Rural	14.1	42.0	18.2	25.6	0.1	100.0	5,973	5.4
Total ¹	11.7	37.7	19.6	30.9	0.1	100.0	66,883	7.0

¹ Includes cases with missing values on age.

Table 2.5.2 Educational level of the household population by background characteristics: women

Percent distribution of the de jure female household population age five and over by highest level of education attended, and median number of years of schooling, according to selected background characteristics, Indonesia 1994

Background characteristic	No education	Some primary	Completed primary	Some secondary+	Don't know/missing	Total	Number	Median years of schooling
Age								
5-9	25.2	74.2	0.0	0.2	0.5	100.0	8,485	1.3
10-14	1.5	61.1	10.7	26.6	0.0	100.0	9,089	5.5
15-19	2.2	14.0	31.8	52.0	0.0	100.0	7,716	8.3
20-24	4.3	15.5	33.6	46.5	0.1	100.0	6,603	7.9
25-29	9.9	26.4	26.7	36.9	0.0	100.0	6,343	7.5
30-34	15.0	35.2	26.1	23.7	0.0	100.0	5,960	6.8
35-39	20.4	37.1	22.0	20.4	0.1	100.0	5,052	5.0
40-44	22.1	37.5	22.4	18.1	0.0	100.0	3,813	4.7
45-49	32.8	32.4	17.6	17.2	0.0	100.0	3,136	3.5
50-54	48.9	28.1	12.1	10.6	0.3	100.0	3,254	1.0
55-59	59.1	26.3	8.2	5.9	0.5	100.0	2,394	0.0
60-64	67.7	22.0	6.2	3.6	0.6	100.0	2,305	0.0
65+	76.4	14.9	5.9	1.9	0.8	100.0	3,586	0.0
Residence								
Urban	12.7	28.4	15.9	43.0	0.1	100.0	21,216	7.5
Rural	25.3	40.0	19.3	15.1	0.2	100.0	46,540	3.8
Region/Residence								
Java-Bali	23.2	35.4	19.4	21.8	0.1	100.0	42,004	4.5
Urban	13.9	28.6	16.9	40.5	0.1	100.0	15,277	7.4
Rural	28.5	39.3	20.9	11.1	0.2	100.0	26,726	3.4
Outer Java-Bali I	17.9	38.0	16.1	27.7	0.3	100.0	18,137	5.3
Urban	9.4	27.0	13.9	49.6	0.1	100.0	4,176	7.9
Rural	20.5	41.3	16.8	21.2	0.3	100.0	13,961	4.5
Outer Java-Bali II	19.5	37.7	16.9	25.8	0.2	100.0	7,615	5.1
Urban	10.0	29.6	11.8	48.5	0.1	100.0	1,762	7.8
Rural	22.4	40.1	18.4	18.9	0.2	100.0	5,853	4.4
Total¹	21.4	36.3	18.3	23.8	0.2	100.0	67,756	4.8

¹ Includes cases with missing values on age.

Tables 2.5.1 and 2.5.2 also show that educational attainment is negatively associated with age; older persons are more likely to have no education or to stay in school for shorter periods. For example, the median duration of schooling among men age 50-54 years is 6 years, whereas for men age 20-24 the median is 10.2 years. The difference for females is even more striking: 0 years for females 50 years and over and 7.9 years for those 20 to 24. Urban residents are much more likely to attend school and stay in school than residents of rural areas. Only 6 percent of men in urban areas have never gone to school, while the proportion in rural areas is more than double (15 percent). For women, the corresponding figures are 13 percent in the urban areas and 25 percent in the rural areas. The urban-rural difference is more pronounced at the level of secondary or higher education. The median years of schooling for urban men is 8.1 years compared with 5.1 years for rural men. Urban women spend 3.7 years longer in school than their rural counterparts (7.5 years and 3.8 years, respectively).

Tables 2.5.3 and 2.5.4 present the differentials in educational attainment by region and province for male and female populations, respectively. The median duration of schooling for males is longer than for females in all provinces. In general, males in Outer Java-Bali II attend school for a slightly shorter period than in other regions (see Table 2.5.3). Table 2.5.4 shows that for females, the median duration of schooling in Java-Bali is the shortest (4.5 years), while in Outer Java-Bali I it is the longest (5.3 years).

Level of education varies between provinces in Java-Bali. For males and females, DKI Jakarta has the longest duration of schooling (10.3 years and 7.8 years, respectively), while East Java has the shortest (5.5 years for males and 3.6 years for females).

Table 2.5.3 Educational level of the household population by region and province: men

Percent distribution of the de jure male household population age five and over by highest level of education attended, and median number of years of schooling, according to region and province, Indonesia 1994

Region and province	No education	Some primary	Completed primary	Some secondary+	Don't know/missing	Total	Number	Median years of schooling
Java-Bali	12.0	37.3	21.1	29.5	0.1	100.0	41,351	7.0
DKI Jakarta	3.8	21.1	14.0	61.1	0.0	100.0	2,970	10.3
West Java	11.0	40.9	21.5	26.5	0.1	100.0	12,982	6.0
Central Java	12.4	38.0	24.2	25.3	0.0	100.0	10,670	6.5
DI Yogyakarta	11.4	29.2	14.7	44.6	0.1	100.0	1,108	7.6
East Java	14.4	38.3	20.6	26.6	0.2	100.0	12,534	5.5
Bali	15.1	29.4	18.7	36.7	0.1	100.0	1,087	7.3
Outer Java-Bali I	11.0	38.1	17.2	33.5	0.2	100.0	17,773	7.0
Dista Aceh	10.1	36.9	19.5	33.4	0.2	100.0	1,262	7.1
North Sumatra	5.5	35.9	15.1	43.1	0.3	100.0	3,815	7.5
West Sumatra	6.5	38.5	16.1	38.8	0.1	100.0	1,403	7.3
South Sumatra	9.4	38.3	22.2	30.0	0.1	100.0	2,173	7.1
Lampung	11.8	41.5	22.7	24.1	0.0	100.0	2,094	5.8
West Nusa Tenggara	20.9	39.6	13.9	25.4	0.2	100.0	1,210	4.7
West Kalimantan	16.1	43.3	13.5	26.9	0.2	100.0	1,304	4.8
South Kalimantan	6.6	38.3	18.7	36.3	0.2	100.0	950	7.3
North Sulawesi	5.7	40.0	15.2	38.5	0.6	100.0	870	7.3
South Sulawesi	18.7	34.7	14.5	31.6	0.5	100.0	2,693	5.6
Outer Java-Bali II	12.0	38.6	16.7	32.6	0.1	100.0	7,759	6.6
Riau	10.1	42.4	18.3	29.2	0.0	100.0	1,382	5.6
Jambi	9.1	37.9	19.4	33.3	0.3	100.0	744	7.1
Bengkulu	8.3	42.3	14.8	34.6	0.0	100.0	466	6.7
East Nusa Tenggara	14.6	43.4	18.2	23.7	0.1	100.0	1,168	5.0
East Timor	38.6	34.8	3.8	22.5	0.3	100.0	309	2.5
Central Kalimantan	9.7	35.3	21.9	33.0	0.1	100.0	562	7.2
East Kalimantan	6.5	32.5	16.0	44.9	0.1	100.0	777	7.6
Central Sulawesi	8.1	37.7	18.8	35.3	0.1	100.0	609	7.2
Southeast Sulawesi	11.2	36.2	18.9	33.7	0.0	100.0	478	7.1
Maluku	8.2	38.1	15.6	38.1	0.0	100.0	631	7.2
Irian Jaya	21.5	34.9	8.4	34.8	0.4	100.0	634	5.2
Total	11.7	37.7	19.6	30.9	0.1	100.0	66,883	7.0

In Outer Java-Bali I, for both males and females, West Nusa Tenggara shows the lowest median duration of schooling (4.7 years for males and 2.9 years for females). The highest median duration of schooling for males is in North Sumatra (7.5 years); for females it is in North Sulawesi (7.2 years). The range in median duration of schooling among provinces in Outer Java-Bali I for males is not as large as that for females (2.8 years versus 4.3 years).

The median duration of schooling is relatively low in East Timor: 2.5 years for males and 0.9 years for females. Among provinces in Outer Java-Bali II, the highest median duration of schooling for males is 7.6 years in East Kalimantan, and 7.1 years for females in Central Sulawesi. The variation in median duration of schooling between provinces is around 5 years for men and 6 years for women.

Table 2.5.4 Educational level of the household population by region and province: women

Percent distribution of the de jure female household population age five and over by highest level of education attended, and median number of years of schooling, according to region and province, Indonesia 1994

Region and province	No education	Some primary	Completed primary	Some secondary+	Don't know/missing	Total	Number	Median years of schooling
Java-Bali	23.2	35.4	19.4	21.8	0.1	100.0	42,004	4.5
DKI Jakarta	9.0	24.2	18.8	48.1	0.0	100.0	3,105	7.8
West Java	18.8	40.1	20.3	20.6	0.2	100.0	13,276	4.6
Central Java	24.1	37.2	21.0	17.6	0.2	100.0	10,728	4.3
DI Yogyakarta	26.5	26.4	12.9	34.1	0.1	100.0	1,208	5.2
East Java	29.6	33.3	18.1	18.9	0.2	100.0	12,642	3.6
Bali	30.4	27.2	17.3	25.0	0.0	100.0	1,045	3.9
Outer Java-Bali I	17.9	38.0	16.1	27.7	0.3	100.0	18,137	5.3
Dista Aceh	19.8	34.2	17.2	28.7	0.1	100.0	1,308	5.2
North Sumatra	10.6	38.1	16.4	34.6	0.2	100.0	3,965	7.1
West Sumatra	9.5	39.4	14.6	36.4	0.1	100.0	1,479	7.1
South Sumatra	16.0	38.6	20.1	25.2	0.1	100.0	2,155	5.4
Lampung	19.5	42.4	18.8	19.3	0.0	100.0	1,969	4.6
West Nusa Tenggara	34.4	34.8	12.0	18.4	0.3	100.0	1,301	2.9
West Kalimantan	30.3	37.9	10.8	20.8	0.2	100.0	1,249	3.5
South Kalimantan	15.3	40.2	15.5	28.8	0.2	100.0	979	5.5
North Sulawesi	5.5	39.8	17.5	36.7	0.5	100.0	847	7.2
South Sulawesi	23.4	35.4	15.1	25.2	0.8	100.0	2,885	4.6
Outer Java-Bali II	19.5	37.7	16.9	25.8	0.2	100.0	7,615	5.1
Riau	18.9	38.8	16.8	25.5	0.1	100.0	1,302	4.7
Jambi	18.7	37.6	16.4	27.2	0.1	100.0	766	5.4
Bengkulu	16.6	41.2	12.7	29.3	0.1	100.0	453	5.2
East Nusa Tenggara	23.2	39.7	20.3	16.8	0.1	100.0	1,232	4.3
East Timor	49.9	31.2	2.9	15.7	0.4	100.0	296	0.9
Central Kalimantan	13.8	40.9	19.4	25.8	0.0	100.0	546	5.7
East Kalimantan	12.9	36.9	16.4	33.5	0.3	100.0	723	7.0
Central Sulawesi	11.2	36.1	23.6	28.9	0.2	100.0	586	7.1
Southeast Sulawesi	21.2	33.1	19.3	26.3	0.0	100.0	508	5.5
Maluku	12.6	37.6	17.2	32.3	0.3	100.0	635	6.9
Irian Jaya	29.4	34.7	9.9	25.6	0.4	100.0	568	3.9
Total	21.4	36.3	18.3	23.8	0.2	100.0	67,756	4.8

2.6 School Enrollment

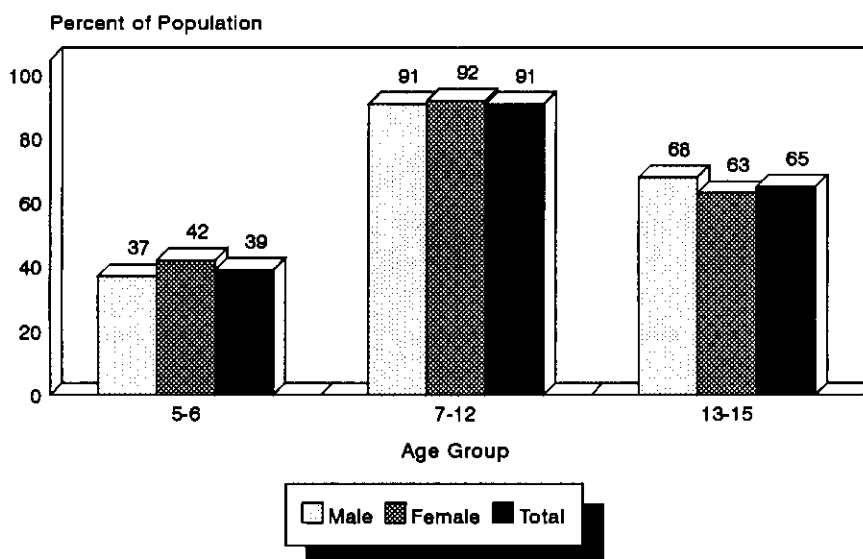
Table 2.6 shows the percentage of the household population age 5 to 24 years enrolled in school, by age, sex and residence. The data confirm the findings presented in Tables 2.5.1 and 2.5.2; differences between boys and girls at the younger age groups are minimal (see Figure 2.3). While only two in five children age 5-6 are in school, nine in ten children age 7-12 are enrolled in school. This reflects the result of the 6 years of compulsory education that was initiated in the first Long-Term Development Plan (LTDP, 1969-70 to 1993-94). The proportion decreases for the older age groups. Table 2.6 indicates that at all ages, the urban population has consistently higher school enrollment rates than the rural population.

Table 2.6 School enrollment

Percentage of the de jure household population age 5-24 years enrolled in school, by age group, sex, and urban-rural residence, Indonesia 1994

Age group	Male			Female			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
5-6	50.2	32.2	36.7	54.6	37.0	41.7	52.5	34.6	39.2
7-12	96.1	89.3	91.2	97.3	89.5	91.7	96.6	89.4	91.4
13-15	83.9	60.8	67.9	77.2	56.1	62.6	80.7	58.5	65.4
7-15	92.0	80.6	83.9	90.3	79.0	82.2	91.2	79.8	83.1
16-18	58.9	29.1	39.6	50.2	22.2	32.9	54.3	25.7	36.2
19-24	24.4	5.8	13.3	18.1	3.2	8.6	21.2	4.4	10.8

Figure 2.3
Percentage of the Population Age 5-15 Enrolled in School by Age Group and Sex



1994 IDHS

2.7 Housing Characteristics

Table 2.7 presents the distribution of households by selected housing characteristics, such as the source of drinking water, type of sanitation facilities, type of flooring, and distance between the well and the cesspool. These are important determinants of the health status of household members, particularly children. They can also be used as indicators of household socioeconomic status. Proper hygiene and sanitation practices can help to prevent major childhood diseases, such as diarrhea.

Overall, 63 percent of the households covered in the 1994 IDHS have electricity. There are significant urban-rural and regional differentials (see Figure 2.4). In urban areas, virtually all households have electricity, compared with 49 percent in rural areas. While 70 percent of households in Java-Bali have electricity, in Outer Java-Bali I the proportion is about 52 percent, and in Outer Java-Bali II it is only 41 percent.

Wells are the main source of drinking water for half of the households in the 1994 IDHS sample. Water that is either piped into the residence or into the yard or obtained from the public tap is used by 15 percent of households, 37 percent in urban areas and 6 percent in rural areas. Other sources of drinking water include spring (either protected or unprotected) (16 percent) and pump (11 percent). Rural households are more likely to use spring water than urban households (22 percent compared with 2 percent, respectively). On the other hand, the pump is more common in urban areas (20 percent) than in rural areas (7 percent).

The data in Table 2.7 indicate that for half of households, the source of drinking water is on the premises, for 28 percent the source is less than 10 minutes away, and for 22 percent of the households the source is 10 minutes or longer away. Urban households generally are closer to the source of water than rural households. While 78 percent of households in urban areas have water on the premises and 16 percent are within 10 minutes of the source, in rural areas the corresponding figures are 39 percent and 33 percent, respectively.

Four in ten households have a private toilet, 11 percent use a shared facility, and the remaining 47 percent do not have a toilet. The majority of people who do not have a toilet facility go to a river or creek. The difference between urban and rural areas is significant. Overall, 64 percent of households in urban areas have a private toilet, compared with 32 percent in rural areas.

Table 2.7 presents the distribution of households by the distance from the well to the nearest cesspool. Overall, for fifteen percent of the households, the nearest cesspool is less than 10 meters from their well, for 13 percent the nearest cesspool is between 10 and 14 meters, and for 22 percent the nearest cesspool is 15 meters or further from the well. In general, wells are closer to cesspools in urban areas: the median distance from well to cesspool for urban households is 10 meters, while in rural areas the median is 15 meters.

More than half of households in the sample have a concrete, brick or tile floor, 16 percent have a wood floor, and one-fourth have a dirt floor. There are substantial urban-rural differentials by floor materials. Whereas 79 percent of urban households have a tile or concrete or brick floor, the proportion in rural areas is 42 percent. Conversely, 34 percent of rural households have a dirt floor, compared with 8 percent in urban areas. There are also substantial regional variations. In Java-Bali, most of the households (59 percent) have concrete or tile floors. In the Outer Java-Bali regions, wood is commonly used as floor material (37 percent).

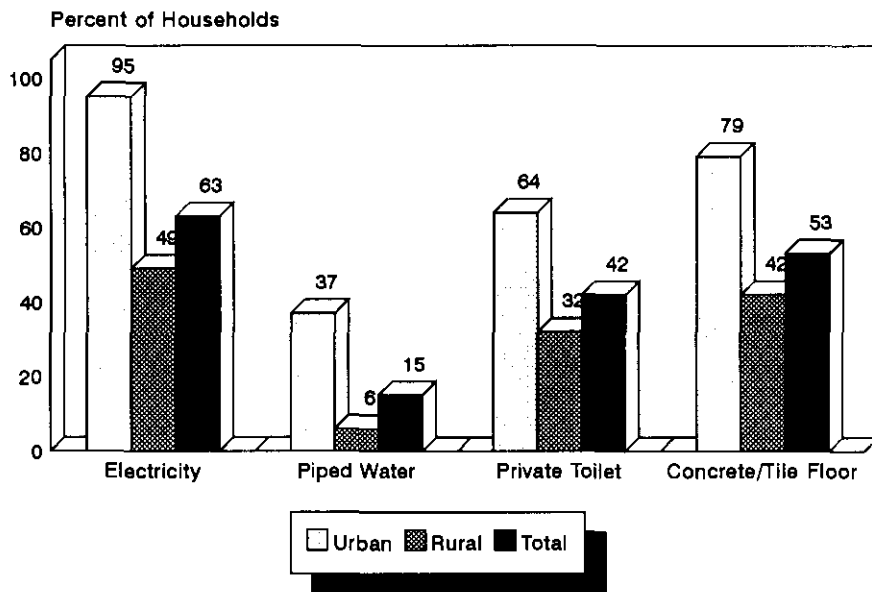
Seven in ten households have floors that are 10 square meters or more in area. The difference between urban and rural households is not significant (66 percent and 69 percent, respectively). However, households in Java-Bali in general have more space than households in other regions. Almost half of households in Outer Java-Bali II live in houses with less than 10 square meter floor area.

Table 2.7 Housing characteristics

Percent distribution of households by housing characteristics, according to urban-rural residence and region, Indonesia 1994

Characteristic	Residence		Region			Total
	Urban	Rural	Java Bali	Outer Java-Bali I	Outer Java-Bali II	
Electricity						
Yes	94.6	49.4	70.4	52.3	40.9	62.8
No	5.4	50.5	29.5	47.6	59.1	37.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Source of drinking water						
Piped into residence	23.2	2.1	6.7	11.5	10.8	8.4
Piped into yard/plot	3.7	0.7	1.2	2.0	3.1	1.6
Public tap	10.2	3.1	5.2	5.6	4.8	5.2
Pump	20.2	6.8	14.4	4.8	3.2	10.8
Protected well	32.8	35.9	40.5	27.6	18.7	35.0
Unprotected well	5.8	19.5	11.1	23.8	22.1	15.4
Protected spring	1.4	11.7	10.9	4.1	5.3	8.6
Unprotected spring	0.7	10.4	7.6	7.0	8.8	7.6
River/stream	0.4	6.7	1.5	9.2	14.4	4.8
Rainwater	1.1	2.5	0.3	4.0	8.1	2.1
Other	0.6	0.5	0.5	0.4	0.6	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Time to water source						
On premises	77.6	38.9	53.0	47.5	40.8	50.4
1-4 minutes	7.1	12.7	11.6	10.2	9.2	11.0
5-9 minutes	8.7	20.0	16.1	18.0	17.1	16.6
10+ minutes	6.2	28.1	19.1	23.8	31.9	21.6
Don't know/missing	0.4	0.4	0.3	0.5	0.9	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median time to source	0.6	4.0	0.9	2.3	4.4	1.0
Sanitation facility						
Private with septic	39.4	9.1	17.7	19.2	17.0	18.0
Private, no septic	24.3	23.2	21.9	26.5	26.0	23.5
Shared, public toilet	15.8	9.2	13.6	7.2	5.9	11.2
River, stream, creek	15.3	32.5	29.4	24.8	21.3	27.4
Pit	0.4	5.1	3.4	4.7	2.9	3.7
Bush/forest/yard	0.9	11.0	6.2	11.1	11.9	8.0
Other	3.7	9.5	7.4	6.0	14.4	7.8
Missing	0.3	0.4	0.3	0.4	0.6	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Distance from well to cesspool						
No well	41.4	37.8	34.1	44.1	56.0	38.9
Less than 10 meters	19.7	13.1	17.6	11.8	7.3	15.1
10-14 meters	15.8	12.0	14.2	12.2	8.5	13.1
15 meters and over	13.5	25.9	23.5	21.5	16.3	22.2
Don't know/missing	9.6	11.1	10.6	10.4	12.0	10.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median distance to cesspool	10.4	15.1	10.9	12.5	15.1	11.1
Floor material						
Earth	7.9	33.5	30.5	16.5	20.3	25.9
Bamboo	0.4	4.6	3.5	2.4	4.4	3.3
Wood	7.4	19.5	4.2	37.0	37.4	15.9
Concrete/brick	45.1	31.0	34.1	38.5	34.1	35.2
Tile	33.7	10.7	24.8	4.9	2.5	17.5
Ceramic/marble	5.5	0.4	2.7	0.6	0.4	1.9
Other	0.0	0.3	0.2	0.0	0.7	0.2
Missing	0.1	0.1	0.1	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Floor area						
<10m ²	33.2	30.6	24.0	43.4	47.9	31.4
10m ² +	66.3	69.0	75.8	56.3	49.6	68.2
Missing/Don't know	0.5	0.4	0.1	0.3	2.5	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Median area of floor	12.9	13.8	15.8	10.8	10.1	13.5
Number of households	9,998	23,740	21,734	8,488	3,516	33,738

Figure 2.4
Housing Characteristics by Residence



Note: Piped water includes public tap

1994 IDHS

2.8 Presence of Durable Goods in the Household

The presence of durable goods in the household, e.g., radio, television, motorcycle, and private car, is an indicator of the household's socioeconomic status. Table 2.8 shows that 60 percent of households have a radio, 45 percent have a bicycle or boat, 37 percent have a television, and 15 percent have a motorcycle or motor boat. Only 4 percent of households have a private car. About 23 percent of households have none of the durable goods listed in Table 2.8.

Urban-rural differentials can be seen in the ownership of specific durable goods. In general, these goods are more available in urban households than in rural households. For example, two in three urban households have a television set, while in rural areas the proportion is one in four. A refrigerator is available in 21 percent of urban households, but it is almost nonexistent in rural areas. Urban households are seven times more likely to own a private car than rural households.

Table 2.8 Household durable goods

Percentage of households possessing various durable consumer goods, by urban-rural residence, Indonesia 1994

Durable goods	Residence		
	Urban	Rural	Total
Radio	74.0	54.3	60.2
Television	67.1	24.5	37.1
Refrigerator	21.1	1.4	7.2
Bicycle/Boat	48.2	44.2	45.4
Motorcycle/Motorboat	25.6	10.9	15.3
Private car	9.4	1.3	3.7
None of the above	10.7	28.0	22.9
Number of households	9,998	23,740	33,738

2.9 Background Characteristics of Respondents

Table 2.9.1 presents the distribution of ever-married women age 15-49 interviewed with the individual questionnaire by selected background characteristics along with the actual and weighted number of eligible women interviewed. The weighting is necessary to compensate for differences in the selection probabilities and response rates, and to make the regional and urban-rural distribution of the sample correspond to that expected from official sources. All results presented in this report are weighted.

The distribution of ever-married women by age group is similar to that for the 1987 NICPS, the 1990 Population Census, and the 1991 IDHS. The majority of respondents are age 25-39 (57 percent), less than 5 percent are 15-19, and about 11 percent are 45-49. Ninety-three percent of the women in the sample are currently married; the remaining 7 percent are either divorced or widowed. Seventy-one percent of respondents live in rural areas and 29 percent in urban areas.

Sixteen percent of the survey respondents have never attended school, 32 percent have some primary education but did not finish primary school, 28 percent completed primary school, and 24 percent have some secondary or higher education. Almost none of the respondents was enrolled in school at the time of the survey. A majority of the women surveyed are Muslim (89 percent), 8 percent are Protestant or Catholic, 2 percent are Hindu, and less than one percent are Buddhist.

Table 2.9.2 presents the weighted and un-weighted distribution of the respondents by region and province. The table shows that the majority of respondents (64 percent) live in Java-Bali, 25 percent live in Outer Java-Bali I, and 11 percent live in Outer Java-Bali II. The provinces of East Java and West Java account for 20 percent of respondents each; 16 percent reside in Central Java.

Table 2.9.1 Distribution of respondents: background characteristics

Percent distribution of ever-married women by selected background characteristics, Indonesia 1994

Background characteristic	Weighted percent	Number of ever-married women	
		Weighted	Un-weighted
Age			
15-19	4.8	1,365	1,083
20-24	14.6	4,105	3,894
25-29	19.4	5,453	5,535
30-34	20.1	5,660	5,618
35-39	17.3	4,869	5,051
40-44	13.0	3,662	3,736
45-49	10.8	3,055	3,251
Marital status			
Married	93.0	26,186	26,220
Divorced	3.5	984	926
Widowed	3.5	999	1,022
Residence			
Urban	29.1	8,196	7,947
Rural	70.9	19,972	20,221
Region/Residence			
Java-Bali	63.7	17,953	8,672
Urban	21.3	5,991	3,880
Rural	42.5	11,962	4,792
Outer Java-Bali I	25.2	7,108	10,229
Urban	5.4	1,520	2,256
Rural	19.8	5,588	7,973
Outer Java-Bali II	11.0	3,106	9,267
Urban	2.4	685	1,811
Rural	8.6	2,422	7,456
Education			
No education	15.9	4,489	4,802
Some primary	31.9	8,997	8,270
Completed primary	28.1	7,904	6,962
Some secondary+	24.1	6,778	8,134
Respondent in school			
Yes	0.2	48	60
No	99.7	28,097	28,084
Religion			
Muslim	89.3	25,148	22,049
Protestant/Christian	5.1	1,443	2,444
Catholic	2.9	830	2,049
Hindu	1.8	508	1,278
Buddhist	0.6	181	257
Other	0.2	44	71
Total ¹	100.0	28,168	28,168

¹ Includes 24 women with missing information on school enrollment, and 20 women for whom information on religion is missing.

Table 2.9.2 Distribution of respondents: region and province

Percent distribution of ever-married women by region and province, Indonesia 1994

Region and province	Weighted percent	Number of ever-married women	
		Weighted	Un-weighted
Java-Bali	63.7	17,953	8,672
DKI Jakarta	4.4	1,249	1,805
West Java	19.7	5,551	1,532
Central Java	16.3	4,578	1,472
DI Yogyakarta	1.6	457	1,118
East Java	20.2	5,685	1,503
Bali	1.5	432	1,242
Outer Java-Bali I	25.2	7,108	10,229
Dista Aceh	1.9	522	1,079
North Sumatra	5.1	1,446	1,174
West Sumatra	1.9	531	870
South Sumatra	3.2	900	1,050
Lampung	3.0	834	975
West Nusa Tenggara	1.9	527	967
West Kalimantan	1.8	519	1,055
South Kalimantan	1.6	447	1,047
North Sulawesi	1.2	333	830
South Sulawesi	3.7	1,049	1,182
Outer Java-Bali II	11.0	3,106	9,267
Riau	2.0	552	1,046
Jambi	1.2	335	893
Bengkulu	0.7	190	819
East Nusa Tenggara	1.5	436	811
East Timor	0.4	124	968
Central Kalimantan	0.9	244	870
East Kalimantan	1.1	321	823
Central Sulawesi	0.8	238	766
Southeast Sulawesi	0.7	191	687
Maluku	0.8	225	770
Irian Jaya	0.9	250	814
Total	100.0	28,168	28,168

2.10 Educational Level of Respondents

The distribution of respondents by education and selected background characteristics is presented in Table 2.10.1. One in six ever-married respondents never went to school, 32 percent did not finish primary school, 28 percent completed primary school, and one in four have some secondary or higher education. Comparison across cohorts shows that urban and younger women are more likely to have higher education than their rural and older counterparts. For example, while one in three women age 45-49 never went to school, the proportion among women 15-19 is less than 5 percent. On the other hand, half of women age 15-19 have completed primary school, while among women in the oldest age group the proportion is only 17 percent. Only 8 percent of respondents in urban areas have not attended school; in rural areas the percentage is 19 percent. By contrast, almost half of urban women have attended secondary school, compared with 15 percent in rural areas. Data for currently married women (not shown) are similar to those for ever-married women.

Table 2.10.1 Level of education: background characteristics

Percent distribution of ever-married women by the highest level of education attended, according to selected background characteristics, Indonesia 1994

Background characteristic	Highest level of education				Total	Number of women
	No education	Some primary	Completed primary	Some secondary+		
Age						
15-19	3.9	23.1	50.2	22.8	100.0	1,365
20-24	5.5	20.0	42.3	32.3	100.0	4,105
25-29	10.7	28.8	29.0	31.5	100.0	5,453
30-34	14.7	36.3	26.5	22.4	100.0	5,660
35-39	20.4	37.6	22.1	19.9	100.0	4,869
40-44	21.5	38.4	21.8	18.2	100.0	3,662
45-49	33.1	32.5	17.3	17.1	100.0	3,055
Residence						
Urban	7.6	21.2	24.8	46.4	100.0	8,196
Rural	19.4	36.3	29.4	14.9	100.0	19,972
Region/Residence						
Java-Bali	16.3	32.5	30.3	20.8	100.0	17,953
Urban	8.2	22.6	26.9	42.4	100.0	5,991
Rural	20.4	37.5	32.0	10.1	100.0	11,962
Outer Java-Bali I	14.1	32.0	23.5	30.4	100.0	7,108
Urban	5.8	17.4	19.7	57.2	100.0	1,520
Rural	16.4	35.9	24.5	23.2	100.0	5,588
Outer Java-Bali II	17.8	28.7	25.4	28.1	100.0	3,106
Urban	6.1	17.9	18.4	57.6	100.0	685
Rural	21.1	31.8	27.4	19.7	100.0	2,422
Total	15.9	31.9	28.1	24.1	100.0	28,168

There is no significant variation in women's educational attainment across regions; the proportion of women who did not go to school varies from 14 percent in Outer Java-Bali I to 18 percent in Outer Java-Bali II, and the proportion completing primary school or higher ranges from 51 percent in Java-Bali to 54 percent in Outer Java-Bali I and II.

Comparison of women's educational attainment by province reveals more pronounced variations (see Table 2.10.2). The proportion of women who have never gone to school varies from less than 5 percent in North Sumatra, West Sumatra, and North Sulawesi, to more than 30 percent in Irian Jaya, West Kalimantan, and West Nusa Tenggara. In the province of East Timor, 63 percent of women in the sample have had no formal education.

Differentials in educational attainment among currently married women are similar to those of ever-married women. Therefore, only tables based on ever-married women are presented in this section.

Table 2.10.2 Level of education: region and province

Percent distribution of ever-married women by the highest level of education attended, according to region and province, Indonesia 1994

Region and province	Highest level of education				Total	Number of women
	No education	Some primary	Completed primary	Some secondary+		
Java-Bali	16.3	32.5	30.3	20.8	100.0	17,953
DKI Jakarta	7.5	17.3	27.8	47.4	100.0	1,249
West Java	12.2	34.6	31.7	21.6	100.0	5,551
Central Java	17.1	35.2	32.6	15.1	100.0	4,578
DI Yogyakarta	16.2	21.6	24.6	37.6	100.0	457
East Java	21.2	32.9	28.6	17.3	100.0	5,685
Bali	23.6	27.4	24.7	24.3	100.0	432
Outer Java-Bali I	14.1	32.0	23.5	30.4	100.0	7,108
Dista Aceh	16.7	24.2	25.8	33.3	100.0	522
North Sumatra	3.7	30.1	26.0	40.2	100.0	1,446
West Sumatra	3.9	32.2	22.1	41.9	100.0	531
South Sumatra	12.0	32.3	28.5	27.2	100.0	900
Lampung	12.8	39.1	29.6	18.5	100.0	834
West Nusa Tenggara	37.7	28.3	14.3	19.6	100.0	527
West Kalimantan	32.2	31.9	13.2	22.7	100.0	519
South Kalimantan	10.7	39.1	22.3	27.9	100.0	447
North Sulawesi	2.4	31.5	20.0	46.1	100.0	333
South Sulawesi	19.5	31.3	21.8	27.4	100.0	1,049
Outer Java-Bali II	17.8	28.7	25.4	28.1	100.0	3,106
Riau	17.2	31.9	23.5	27.4	100.0	552
Jambi	17.2	30.5	24.9	27.4	100.0	335
Bengkulu	11.1	36.5	19.8	32.5	100.0	190
East Nusa Tenggara	22.1	28.9	32.0	17.0	100.0	436
East Timor	63.4	15.8	5.1	15.7	100.0	124
Central Kalimantan	10.6	33.5	29.3	26.6	100.0	244
East Kalimantan	8.9	30.9	23.9	36.3	100.0	321
Central Sulawesi	7.6	25.5	34.5	32.4	100.0	238
Southeast Sulawesi	12.4	24.3	31.6	31.6	100.0	191
Maluku	6.8	26.1	28.4	38.7	100.0	225
Irian Jaya	36.7	21.1	15.6	26.7	100.0	250
Total	15.9	31.9	28.1	24.1	100.0	28,168

2.11 Educational Attainment and Reasons for Leaving School

Table 2.11 presents the distribution of ever-married women 15-24 who ever attended school by whether currently attending and, if not, the reason for leaving school. The table shows that, overall, most respondents left school for economic reasons (46 percent) or marriage (26 percent). Lack of funds to support higher education is reported by one in three primary school dropouts, and by six in ten women who completed primary school. One in three women who attended secondary school said that they dropped out of school because they got married. These two reasons are reported in both urban and rural areas, and at all levels of education. In urban areas, one in six respondents stopped going to primary school because they did not like school, and one in five said they stopped going to primary school because of other reasons.

Table 2.11 School attendance and reasons for leaving school

Percent distribution of ever-married women 15-24 who ever attended school by whether currently attending school and, if not, the reason for leaving school, according to highest level of education attended and residence, Indonesia 1994

Reason for leaving school	Educational attainment				Total ¹
	Incomplete primary	Complete primary	Incomplete secondary	Complete secondary	
URBAN					
Currently attending	2.1	1.2	0.5	0.7	2.2
Got pregnant	0.0	0.0	1.4	1.3	0.8
Got married	16.0	15.2	43.8	40.3	28.9
Take care of younger children	0.5	1.5	0.0	0.2	0.7
Family need help	7.7	0.4	0.3	0.0	1.2
Could not pay school	28.1	62.2	31.3	23.6	39.1
Need to earn money	5.3	1.6	5.3	7.9	4.5
Graduated/enough school	1.4	2.6	4.2	18.0	6.7
Did not pass exams	0.3	2.2	2.0	2.4	1.9
Did not like school	16.6	3.6	4.0	0.9	4.6
School not accessible	1.9	4.0	1.2	2.1	2.4
Other	19.6	4.4	5.6	1.5	6.2
Don't know/missing	0.3	1.0	0.5	1.2	0.9
Total	100.0	100.0	100.0	100.0	100.0
Number	148	417	347	252	1200
RURAL					
Currently attending	1.0	0.3	0.3	0.4	0.5
Got pregnant	0.1	0.0	0.4	1.7	0.2
Got married	24.0	21.2	32.4	40.1	25.1
Take care of younger children	3.1	1.0	0.4	0.2	1.4
Family need help	5.4	2.2	1.7	0.8	2.8
Could not pay school	36.5	58.7	43.0	32.4	48.4
Need to earn money	4.0	2.8	2.3	3.1	3.0
Graduated/enough school	1.8	5.3	5.0	10.8	4.9
Did not pass exams	1.2	0.7	1.7	1.6	1.1
Did not like school	9.0	2.2	4.6	4.6	4.5
School not accessible	3.0	1.9	2.9	0.9	2.3
Other	7.8	2.5	4.7	2.1	4.3
Don't know/missing	3.2	1.1	0.5	1.3	1.5
Total	100.0	100.0	100.0	100.0	100.0
Number	987	2,004	734	252	3,991
TOTAL					
Currently attending	1.1	0.5	0.4	0.6	0.9
Got pregnant	0.1	0.0	0.7	1.5	0.3
Got married	23.0	20.2	36.0	40.2	26.0
Take care of younger children	2.7	1.1	0.3	0.2	1.2
Family need help	5.7	1.9	1.3	0.4	2.4
Could not pay school	35.4	59.3	39.3	28.0	46.3
Need to earn money	4.1	2.6	3.2	5.5	3.3
Graduated/enough school	1.7	4.8	4.7	14.4	5.3
Did not pass exams	1.1	1.0	1.8	2.0	1.3
Did not like school	10.0	2.4	4.4	2.7	4.5
School not accessible	2.9	2.3	2.3	1.5	2.3
Other	9.3	2.9	5.0	1.8	4.8
Don't know/missing	2.8	1.1	0.5	1.2	1.4
Total	100.0	100.0	100.0	100.0	100.0
Number	1,134	2,421	1,080	504	5,191

¹ Includes 37 urban women, 15 rural women, and 52 total women who have more than secondary education.

2.12 Husband's Education

Table 2.12.1 presents the distribution of respondents by their husband's educational attainment and background characteristics. In general, husbands of women interviewed in the survey are slightly better educated than their wives. Ten percent of husbands have never gone to school, and 32 percent have some secondary education, compared with 16 percent and 24 percent of the respondents, respectively. Differentials in educational attainment of the husbands by age and residence are similar to those of the wives.

Regional variation in husbands' education is similar to that of wives. While less than 5 percent of husbands in DKI Jakarta, North Sumatra, West Sumatra, South Kalimantan, North Sulawesi, East Kalimantan and Maluku have no education, the corresponding proportion in East Timor is more than 50 percent (Table 2.12.2). Variation within regions is also substantial. While 63 percent of husbands in DKI Jakarta have attended secondary school, in Central Java and East Java the proportion is less than 25 percent.

Background characteristic	Husband's highest level of education					Total	Number of women
	No education	Some primary	Completed primary	Some secondary+	Don't know		
Age							
15-19	4.6	16.5	46.1	32.1	0.8	100.0	1,365
20-24	5.1	21.2	35.9	37.5	0.2	100.0	4,105
25-29	6.9	28.2	27.1	37.7	0.2	100.0	5,453
30-34	9.8	31.4	28.3	30.1	0.4	100.0	5,660
35-39	12.6	31.0	26.5	29.6	0.3	100.0	4,869
40-44	13.5	32.5	27.0	26.6	0.3	100.0	3,662
45-49	19.5	32.5	24.1	23.4	0.4	100.0	3,055
Residence							
Urban	4.2	15.7	23.2	56.6	0.2	100.0	8,196
Rural	12.8	34.1	31.5	21.1	0.4	100.0	19,972
Region/Residence							
Java-Bali	10.4	30.1	31.2	27.9	0.4	100.0	17,953
Urban	4.5	16.8	25.2	53.3	0.2	100.0	5,991
Rural	13.4	36.8	34.2	15.1	0.4	100.0	11,962
Outer Java-Bali I	9.6	26.6	25.7	37.8	0.3	100.0	7,108
Urban	3.3	12.3	18.2	66.1	0.2	100.0	1,520
Rural	11.3	30.6	27.7	30.1	0.3	100.0	5,588
Outer Java-Bali II	11.2	25.8	25.0	37.7	0.3	100.0	3,106
Urban	4.0	13.8	16.7	65.2	0.3	100.0	685
Rural	13.2	29.2	27.3	30.0	0.3	100.0	2,422
Total	10.3	28.8	29.1	31.5	0.3	100.0	28,168

Table 2.12.2 Husband's level of education: region and province

Percent distribution of ever-married women by husband's highest level of education attended, according to region and province, Indonesia 1994

Region and province	Husband's highest level of education					Total	Number of women
	No education	Some primary	Completed primary	Some secondary+	Don't know		
Java-Bali	10.4	30.1	31.2	27.9	0.4	100.0	17,953
DKI Jakarta	2.2	10.7	23.5	63.3	0.2	100.0	1,249
West Java	7.0	32.4	32.1	28.0	0.5	100.0	5,551
Central Java	11.3	30.9	37.3	20.5	0.0	100.0	4,578
DI Yogyakarta	7.7	21.3	22.7	48.2	0.1	100.0	457
East Java	15.2	32.9	27.7	23.6	0.6	100.0	5,685
Bali	9.8	22.6	31.6	36.0	0.0	100.0	432
Outer Java-Bali I	9.6	26.6	25.7	37.8	0.3	100.0	7,108
Dista Aceh	10.0	22.2	31.2	36.6	0.0	100.0	522
North Sumatra	1.8	22.5	24.9	50.6	0.2	100.0	1,446
West Sumatra	3.1	24.2	26.7	45.5	0.5	100.0	531
South Sumatra	7.3	26.9	30.0	35.8	0.0	100.0	900
Lampung	8.0	32.8	34.7	24.2	0.3	100.0	834
West Nusa Tenggara	24.6	28.2	18.7	28.4	0.1	100.0	527
West Kalimantan	14.5	35.7	19.2	30.4	0.3	100.0	519
South Kalimantan	4.9	30.7	28.6	35.0	0.8	100.0	447
North Sulawesi	3.3	31.0	18.5	46.8	0.4	100.0	333
South Sulawesi	20.8	22.3	20.2	36.2	0.5	100.0	1,049
Outer Java-Bali II	11.2	25.8	25.0	37.7	0.3	100.0	3,106
Riau	7.6	33.9	26.3	31.7	0.4	100.0	552
Jambi	8.3	26.7	27.9	37.0	0.1	100.0	335
Bengkulu	5.4	30.2	21.0	43.3	0.1	100.0	190
East Nusa Tenggara	13.4	29.4	28.5	28.4	0.3	100.0	436
East Timor	51.8	18.5	6.9	22.7	0.0	100.0	124
Central Kalimantan	6.2	24.0	32.1	37.5	0.1	100.0	244
East Kalimantan	4.9	23.4	22.2	49.1	0.3	100.0	321
Central Sulawesi	5.1	24.5	27.4	42.2	0.8	100.0	238
Southeast Sulawesi	8.1	20.5	29.9	41.3	0.2	100.0	191
Maluku	4.8	18.6	25.7	50.3	0.5	100.0	225
Irian Jaya	30.1	16.9	13.8	38.8	0.4	100.0	250
Total	10.3	28.8	29.1	31.5	0.3	100.0	28,168

In Table 2.13 the respondent's education is compared with that of her husband. Overall, a majority of couples marry within their educational level (see figures on the diagonal), and some women marry men who have higher education (see figures to the right of the diagonal). For example, among women who completed primary school, 53 percent are married to men who also have completed primary school, 26 percent are married to men who have attended secondary school, and 21 percent are married to men whose education is lower than theirs.

Table 2.13 Husband's level of education according to respondent's level of education

Percent distribution of women by husband's highest level of education attended, according to respondent's level of education, Indonesia 1994

Respondent's education	Husband's highest level of education					Total	Number of women
	No education	Some primary	Completed primary	Some secondary+	Don't know		
No education	40.3	39.4	15.8	4.0	0.6	100.0	4,489
Some primary	9.4	50.3	26.7	13.2	0.4	100.0	8,997
Completed primary	2.8	18.3	52.8	25.7	0.3	100.0	7,904
Some secondary+	0.4	5.3	13.5	80.7	0.1	100.0	6,778
Total	10.3	28.8	29.1	31.5	0.3	100.0	28,168

2.13 Exposure to Mass Media

The availability of mass media (newspaper, television and radio) is presented in Table 2.14.1. Twenty-six percent of respondents read the newspaper weekly, two in three watch television weekly, and 57 percent listen to a radio every day; 17 percent have exposure to all three mass media. Eighteen percent of all respondents are exposed to none of these mass media.

Table 2.14.1 Access to mass media: background characteristics

Percentage of women who usually read a newspaper once a week, watch television once a week, or listen to radio daily, by selected background characteristics, Indonesia 1994

Background characteristic	No mass media	Mass media			All three media	Number of women
		Read newspaper weekly	Watch television weekly	Listen to radio daily		
Age						
15-19	12.7	29.6	72.2	71.8	22.4	1,365
20-24	13.3	30.2	73.2	63.8	21.8	4,105
25-29	14.9	29.7	73.3	59.2	20.8	5,453
30-34	17.2	24.6	68.7	56.0	16.2	5,660
35-39	20.2	23.8	66.5	52.2	15.4	4,869
40-44	19.8	22.0	64.7	53.5	14.3	3,662
45-49	27.7	19.2	59.5	47.0	12.1	3,055
Residence						
Urban	5.2	46.8	90.7	59.7	31.5	8,196
Rural	23.2	16.9	59.4	55.3	11.6	19,972
Region/Residence						
Java-Bali	14.1	27.2	73.0	59.9	19.0	17,953
Urban	4.9	46.9	90.9	60.5	31.9	5,991
Rural	18.7	17.3	64.1	59.6	12.5	11,962
Outer Java-Bali I	21.9	22.2	62.4	53.9	14.3	7,108
Urban	5.4	44.6	90.6	59.0	28.9	1,520
Rural	26.4	16.1	54.7	52.5	10.4	5,588
Outer Java-Bali II	31.1	24.0	56.3	43.3	14.9	3,106
Urban	7.2	51.0	89.1	53.8	33.3	685
Rural	37.8	16.4	47.0	40.3	9.7	2,422
Education						
No education	40.5	0.8	43.0	38.5	0.4	4,489
Some primary	20.8	10.7	62.7	53.4	7.1	8,997
Primary completed	13.2	26.3	72.0	64.4	18.5	7,904
Some secondary+	4.8	61.0	89.0	63.5	41.0	6,778
Total	17.9	25.6	68.5	56.5	17.4	28,168

Younger women, women in urban areas, women living in Java-Bali, and better educated women are more likely to be exposed to mass media than other women. For example, 91 percent of urban women watch television, while the proportion in rural areas is 59 percent; 32 percent of urban women are exposed to all three media, while in rural areas only 12 percent are. There is a positive association between level of education and exposure to mass media: as education increases, exposure to mass media increases. The same pattern was also found in the 1991 IDHS (CBS, 1992).

Table 2.14.2 shows the percentage of women exposed to mass media by region and province. Women in Java-Bali are more exposed to mass media than women in Outer Java-Bali. DKI Jakarta shows the largest percentage exposed to television (97 percent), followed by East Kalimantan (88 percent), and DI Yogyakarta (84 percent). At the other extreme, women in East Nusa Tenggara, East Timor and Central Kalimantan have the least exposure to mass media.

Region and province	No mass media	Mass media			All three media	Number of women
		Read newspaper weekly	Watch television weekly	Listen to radio daily		
Java-Bali	14.1	27.2	73.0	59.9	19.0	17,953
DKI Jakarta	1.7	52.7	96.7	62.2	37.6	1,249
West Java	9.5	33.2	77.3	61.6	20.5	5,551
Central Java	17.7	20.7	65.8	64.1	17.0	4,578
DI Yogyakarta	9.4	35.1	83.6	59.2	25.7	457
East Java	18.8	21.0	68.4	54.0	14.8	5,685
Bali	14.2	18.3	77.2	64.5	15.3	432
Outer Java-Bali I	21.9	22.2	62.4	53.9	14.3	7,108
Dista Aceh	37.6	22.7	51.2	41.8	15.4	522
North Sumatra	24.4	23.8	68.8	43.3	12.6	1,446
West Sumatra	21.3	28.0	67.0	43.4	15.2	531
South Sumatra	29.0	17.4	59.0	40.1	10.4	900
Lampung	18.5	13.4	46.4	69.7	9.4	834
West Nusa Tenggara	20.7	19.9	57.7	63.6	13.9	527
West Kalimantan	19.1	16.2	74.7	46.6	10.9	519
South Kalimantan	10.2	23.1	79.7	69.4	18.9	447
North Sulawesi	18.0	36.6	73.2	47.6	23.9	333
South Sulawesi	15.8	27.4	57.9	73.2	19.9	1,049
Outer Java-Bali II	31.1	24.0	56.3	43.3	14.9	3,106
Riau	15.4	27.9	76.0	49.0	17.8	552
Jambi	12.3	30.7	76.2	61.3	21.9	335
Bengkulu	13.3	24.0	77.4	56.4	18.6	190
East Nusa Tenggara	70.1	11.4	13.8	20.1	3.4	436
East Timor	72.0	12.7	15.9	21.2	7.2	124
Central Kalimantan	33.7	12.1	36.4	53.3	7.8	244
East Kalimantan	5.6	37.3	88.1	49.9	21.2	321
Central Sulawesi	21.7	29.3	64.4	53.0	21.3	238
Southeast Sulawesi	33.7	20.1	43.7	47.3	11.5	191
Maluku	25.9	31.1	66.5	40.5	20.6	225
Irian Jaya	58.0	20.2	35.6	20.4	10.5	250
Total	17.9	25.6	68.5	56.5	17.4	28,168

2.14 Employment

In the 1994 IDHS, respondents were asked if they worked aside from doing their housework, regardless of whether they were paid or not. Table 2.15.1 shows that 56 percent of women were engaged in an economic activity in the last 12 months. Older women, women in rural areas, and women who have no education are more likely to have been employed. For example, the proportion of women 35 years or older who worked is 65 percent, while for women under 25 the proportion is 40 percent or lower. The smaller proportion of young women who work may be related to the problem of securing child care, while urban and better educated women may have difficulty getting a job that fits their education.

Table 2.15.2 shows that a large proportion of women (more than 70 percent) in DI Yogyakarta, Bali, Bengkulu, and East Nusa Tenggara worked in the 12 months preceding the survey. In contrast, low proportions (less than 40 percent) are found in North Sulawesi, South Sulawesi, East Timor, East Kalimantan, and Maluku.

Table 2.15.1 Employment: background characteristics				
Percent distribution of women by employment status in the last 12 months, according to background characteristics, Indonesia 1994				
Background characteristic	Did not work in last 12 months	Worked in last 12 months	Total	Number of women
Age				
15-19	66.8	33.2	100.0	1,365
20-24	59.7	40.3	100.0	4,105
25-29	49.8	50.2	100.0	5,453
30-34	40.9	59.1	100.0	5,660
35-39	34.8	65.2	100.0	4,869
40-44	34.4	65.6	100.0	3,662
45-49	35.5	64.5	100.0	3,055
Residence				
Urban	55.2	44.8	100.0	8,196
Rural	39.6	60.4	100.0	19,972
Region/Residence				
Java-Bali	44.5	55.5	100.0	17,953
Urban	53.6	46.4	100.0	5,991
Rural	40.0	60.0	100.0	11,962
Outer Java-Bali I	42.5	57.5	100.0	7,108
Urban	58.1	41.9	100.0	1,520
Rural	38.3	61.7	100.0	5,588
Outer Java-Bali II	45.6	54.4	100.0	3,106
Urban	62.4	37.6	100.0	685
Rural	40.9	59.1	100.0	2,422
Education				
No education	29.2	70.8	100.0	4,489
Some primary	38.7	61.3	100.0	8,997
Completed primary	50.3	49.7	100.0	7,904
Some secondary+	54.0	46.0	100.0	6,778
Total	44.1	55.9	100.0	28,168

Table 2.15.2 Employment: region and province

Percent distribution of women by employment status in the last 12 months, according to region and province, Indonesia 1994

Region and province	Did not work in last 12 months	Worked in last 12 months	Total	Number of women
Java-Bali	44.5	55.5	100.0	17,953
DKI Jakarta	59.5	40.5	100.0	1,249
West Java	57.6	42.4	100.0	5,551
Central Java	42.3	57.7	100.0	4,578
DI Yogyakarta	21.9	78.1	100.0	457
East Java	33.8	66.2	100.0	5,685
Bali	22.0	78.0	100.0	432
Outer Java-Bali I	42.5	57.5	100.0	7,108
Dista Aceh	40.0	60.0	100.0	522
North Sumatra	34.9	65.1	100.0	1,446
West Sumatra	39.0	61.0	100.0	531
South Sumatra	36.4	63.6	100.0	900
Lampung	48.4	51.6	100.0	834
West Nusa Tenggara	30.7	69.3	100.0	527
West Kalimantan	31.6	68.4	100.0	519
South Kalimantan	38.5	61.5	100.0	447
North Sulawesi	63.6	36.4	100.0	333
South Sulawesi	63.0	37.0	100.0	1,049
Outer Java-Bali II	45.6	54.4	100.0	3,106
Riau	49.9	50.1	100.0	552
Jambi	42.6	57.4	100.0	335
Bengkulu	25.5	74.5	100.0	190
East Nusa Tenggara	29.1	70.9	100.0	436
East Timor	67.1	32.9	100.0	124
Central Kalimantan	41.4	58.6	100.0	244
East Kalimantan	60.1	39.9	100.0	321
Central Sulawesi	44.9	55.1	100.0	238
Southeast Sulawesi	44.6	55.4	100.0	191
Maluku	65.3	34.7	100.0	225
Irian Jaya	43.1	56.9	100.0	250
Total	44.1	55.9	100.0	28,168

2.15 Occupation

Table 2.16.1 presents the percent distribution of women who worked in the 12 months prior to the survey by occupation, according to selected background characteristics. Half of the women (53 percent) worked in agriculture, and six in ten of those worked on their own land. The table also shows that for women outside the agricultural sector, sales is a popular choice of employment (22 percent), followed by manufacturing industries (12 percent), professional and technical occupations (5 percent), and services (5 percent).

Table 2.16.1 Occupation: background characteristics

Percent distribution of women employed in the last 12 months by occupation and type of agricultural land worked or type of non-agricultural employment, according to selected background characteristics, Indonesia 1994

Background characteristic	Agricultural			Non-agricultural								Total	Number of women
	Own land	Rented land	Some-one else's land	Prof./tech.	Mgmt./admin.	Clerical	Sales	Serv-ices	Indus-trial	Other	Don't know/missing		
Age													
15-19	39.5	1.2	19.6	0.3	0.0	0.0	12.4	5.3	20.7	1.0	0.0	100.0	453
20-24	32.2	2.8	20.7	2.3	0.3	2.2	18.0	6.7	14.4	0.4	0.1	100.0	1,652
25-29	28.6	3.3	17.5	5.9	0.2	4.1	19.2	5.3	15.4	0.3	0.1	100.0	2,735
30-34	28.4	3.4	16.6	7.0	0.4	3.0	23.3	4.1	13.6	0.2	0.0	100.0	3,346
35-39	30.2	2.9	18.1	5.8	0.2	2.0	26.0	4.5	10.2	0.1	0.0	100.0	3,176
40-44	34.4	2.7	18.2	4.8	0.3	2.0	23.3	4.9	9.1	0.1	0.3	100.0	2,401
45-49	42.4	2.7	17.0	4.1	0.4	1.5	22.5	2.9	6.2	0.1	0.0	100.0	1,970
Residence													
Urban	2.8	0.2	5.4	12.1	0.8	7.6	40.5	12.3	17.8	0.4	0.1	100.0	3,675
Rural	41.1	3.8	21.7	3.1	0.1	0.9	16.5	2.3	10.1	0.1	0.0	100.0	12,059
Region/Residence													
Java-Bali	24.2	2.1	20.7	4.1	0.3	2.3	24.9	5.7	15.4	0.2	0.0	100.0	9,959
Urban	2.5	0.2	5.9	9.4	0.6	6.6	40.5	13.1	20.7	0.4	0.1	100.0	2,780
Rural	32.6	2.9	26.4	2.0	0.1	0.7	18.9	2.9	13.3	0.1	0.0	100.0	7,178
Outer Java-Bali I	41.3	5.8	14.8	7.5	0.3	2.6	18.9	2.9	5.7	0.2	0.1	100.0	4,086
Urban	2.8	0.3	4.0	20.3	0.9	9.8	43.4	9.5	8.4	0.6	0.0	100.0	637
Rural	48.4	6.9	16.7	5.1	0.2	1.3	14.4	1.6	5.2	0.1	0.1	100.0	3,449
Outer Java-Bali II	57.0	1.0	8.9	6.2	0.6	2.9	13.6	2.7	6.7	0.2	0.1	100.0	1,689
Urban	6.2	0.3	2.7	20.4	3.2	12.9	34.2	10.1	9.4	0.5	0.0	100.0	258
Rural	66.1	1.1	10.1	3.7	0.1	1.1	9.9	1.4	6.3	0.2	0.1	100.0	1,431
Education													
No education	39.4	3.3	30.7	0.1	0.0	0.1	15.9	3.0	7.2	0.2	0.0	100.0	3,179
Some primary	36.9	3.6	21.3	0.1	0.0	0.0	20.8	4.5	12.5	0.2	0.1	100.0	5,513
Primary completed	35.8	2.8	13.8	0.2	0.0	0.3	26.0	5.4	15.5	0.2	0.0	100.0	3,926
Some secondary+	11.8	1.6	4.1	25.8	1.4	11.9	26.1	5.7	11.1	0.3	0.1	100.0	3,115
Total	32.2	3.0	17.9	5.2	0.3	2.5	22.1	4.7	11.9	0.2	0.0	100.0	15,734

Women's occupations vary by age. Among women who worked in agriculture, the proportion who worked on their own land was highest for those in the youngest and oldest age groups. The proportion declines from 40 percent for women age 15-19 to 28 percent for women ages 30-34, and increases to 42 percent for women 45-49. On the other hand, among women working as professional and technical workers, the pattern is the opposite: low at younger ages, peaking at age 30-34, and then declining for older women. Manufacturing industries attract younger women, while sales is more popular among older women.

Table 2.16.1 shows that women's occupations vary significantly by urban-rural residence and education. While 67 percent of working women in rural areas are engaged in the agricultural sector, the corresponding proportion in urban areas is 8 percent. In contrast, in urban areas women worked in sales (41 percent), manufacturing industries (18 percent), services (12 percent), and professional jobs (12 percent).

The urban-rural differentials between Java-Bali and the Outer Java-Bali regions are similar to those at the national level. In addition, women living in the urban areas of Outer Java-Bali I and II are more likely

to work in professional and technical occupations than women in urban Java-Bali (20 percent compared with 9 percent, respectively). Women's education is inversely related to their propensity to work in agriculture; women with no education are much more likely to be working in agriculture than better educated women. For example, three in four women with no education worked in agriculture compared with only 18 percent of women who have attended secondary school. In contrast, women who are better educated are more likely to be employed in professional, technical, sales, clerical or industrial occupations.

Table 2.16.2 shows differences among provinces in respondents' patterns of work. In DKI Jakarta, virtually all women work in the nonagricultural sector. In this province, one in three women work in sales, 24 percent in services, 18 percent in industry and 13 percent in clerical jobs. Large proportions of women work in industrial occupations in all provinces in Java-Bali, West Sumatra, North Sulawesi and East Nusa Tenggara, while professional and technical professions are popular in West Sumatra, North Sulawesi, South Sulawesi, and Maluku. More than three-quarters of working women in West Kalimantan, Bengkulu, and Irian Jaya work in agriculture.

Table 2.16.2 Occupation: region and province

Percent distribution of women employed in the last 12 months by occupation and type of agricultural land worked or type of non-agricultural employment, according to region and province, Indonesia 1994

Region and province	Agricultural			Non-agricultural								Total	Number of women
	Own land	Rented land	Some-one else's land	Prof./tech.	Mgmt./admin.	Clerical	Sales	Services	Industrial	Other	Don't know/missing		
Java-Bali	24.2	2.1	20.7	4.1	0.3	2.3	24.9	5.7	15.4	0.2	0.0	100.0	9,959
DKI Jakarta	0.0	0.0	0.5	7.3	1.4	13.1	35.7	24.3	17.7	0.0	0.1	100.0	505
West Java	17.8	1.1	26.2	4.9	0.5	2.9	28.5	4.0	13.7	0.4	0.1	100.0	2,352
Central Java	26.2	3.6	15.4	4.2	0.0	1.0	25.1	6.1	18.4	0.1	0.0	100.0	2,642
DI Yogyakarta	33.7	1.7	11.1	5.7	0.7	3.8	21.6	5.5	15.9	0.2	0.0	100.0	357
East Java	29.5	2.3	24.9	2.8	0.1	1.3	21.1	4.4	13.3	0.2	0.1	100.0	3,765
Bali	20.3	0.1	17.7	4.9	0.3	3.0	28.3	2.9	22.4	0.1	0.0	100.0	337
Outer Java-Bali I	41.3	5.8	14.8	7.5	0.3	2.6	18.9	2.9	5.7	0.2	0.1	100.0	4,086
Dist. Aceh	44.1	7.8	24.0	7.5	0.1	2.6	8.6	1.4	4.0	0.0	0.0	100.0	313
North Sumatra	36.3	16.0	10.7	8.6	0.5	2.6	17.9	3.0	3.9	0.2	0.1	100.0	942
West Sumatra	34.4	3.6	18.4	11.0	0.4	2.9	15.3	2.1	11.6	0.2	0.0	100.0	324
South Sumatra	48.2	3.1	14.1	7.4	0.1	2.6	15.8	4.1	4.1	0.5	0.0	100.0	572
Lampung	48.2	0.4	18.2	4.8	0.0	0.5	20.2	2.0	5.5	0.1	0.0	100.0	431
West Nusa Tenggara	28.6	0.5	25.1	2.6	0.0	2.5	30.6	2.5	7.6	0.2	0.0	100.0	365
West Kalimantan	61.2	5.4	11.4	4.5	0.0	2.1	10.1	2.8	2.4	0.1	0.0	100.0	355
South Kalimantan	49.4	2.8	8.3	5.0	0.3	2.3	21.0	3.4	7.3	0.1	0.1	100.0	275
North Sulawesi	21.3	0.8	10.5	17.9	0.9	7.4	24.3	6.0	10.7	0.3	0.0	100.0	121
South Sulawesi	33.3	0.6	10.4	11.0	0.4	3.9	29.9	2.5	7.4	0.2	0.3	100.0	388
Outer Java-Bali II	57.0	1.0	8.9	6.2	0.6	2.9	13.6	2.7	6.7	0.2	0.1	100.0	1,689
Riau	51.4	1.9	13.5	7.3	0.3	2.8	12.2	4.2	6.2	0.2	0.0	100.0	277
Jambi	61.0	1.5	11.4	6.8	0.4	2.6	10.7	2.1	3.2	0.3	0.0	100.0	192
Bengkulu	61.2	2.4	14.3	4.1	0.3	2.7	12.1	1.2	1.1	0.4	0.3	100.0	142
East Nusa Tenggara	60.2	0.8	10.2	3.6	0.2	1.0	6.2	1.3	16.2	0.0	0.2	100.0	309
East Timor	67.7	0.0	2.2	4.0	0.7	4.8	8.6	2.3	8.7	0.5	0.3	100.0	41
Central Kalimantan	63.1	0.8	5.2	5.2	0.0	1.6	15.2	1.5	7.3	0.0	0.1	100.0	143
East Kalimantan	29.4	0.0	4.7	7.7	2.6	4.0	31.1	10.8	9.4	0.3	0.0	100.0	128
Central Sulawesi	56.7	0.5	8.6	6.1	0.4	4.7	17.7	1.7	3.5	0.0	0.0	100.0	131
Southeast Sulawesi	62.4	0.4	9.1	6.8	0.5	2.2	15.3	0.3	2.4	0.4	0.2	100.0	106
Maluku	37.7	0.0	1.5	16.8	2.0	5.3	28.2	3.1	5.0	0.4	0.0	100.0	78
Irian Jaya	73.6	0.0	2.6	5.4	0.6	5.5	8.8	1.7	1.2	0.6	0.0	100.0	142
Total	32.2	3.0	17.9	5.2	0.3	2.5	22.1	4.7	11.9	0.2	0.0	100.0	15,734

2.16 Child Care While Working

The welfare of children under five years whose mothers are employed is the focus of Table 2.17.1. Overall, four in ten women who worked in the 12 months prior to the survey have one or more children under five. This proportion varies by residence, education, and occupation. Rural women, better educated women, and women who work occasionally are more likely to have children under five. As a reflection of regional fertility differentials, women in Java-Bali are less likely to have children under five than women on the other islands.

Table 2.17.1 Child care while working: background characteristics

Percent distribution of employed women by whether they have a child under five years of age and percent distribution of employed mothers who have a child under five by person who cares for child while mother is at work, according to background characteristics, Indonesia 1994

Background characteristic	Employed women		Child's caretaker, among employed mothers who have children <5 years														Number of women
	No child <5	One or more children <5	Respondent	Husband/partner	Other relative	Neighbor	Friend	Hired help	Child in school	Institutional care	Other female child	Other male child	Not worked since birth		Total		
Residence																	
Urban	64.2	35.8	40.9	4.8	33.1	2.6	0.3	9.7	0.8	0.2	4.7	1.2	0.5	0.8	0.4	100.0	3,675
Rural	61.6	38.4	35.4	3.1	37.5	2.4	0.4	1.2	1.3	0.1	13.3	3.9	0.6	0.4	0.4	100.0	12,059
Region/Residence																	
Java-Bali	65.9	34.1	34.2	3.7	41.1	2.8	0.5	3.7	0.5	0.0	8.9	3.4	0.6	0.4	0.3	100.0	9,959
Urban	65.5	34.5	42.4	4.9	32.3	2.5	0.4	10.4	0.4	0.0	3.8	1.2	0.5	0.8	0.4	100.0	2,780
Rural	66.1	33.9	31.0	3.2	44.5	2.9	0.6	1.0	0.5	0.0	10.9	4.2	0.6	0.3	0.3	100.0	7,178
Outer Java-Bali I	54.9	45.1	40.9	3.2	29.5	1.9	0.2	2.5	2.3	0.2	14.7	3.0	0.6	0.6	0.4	100.0	4,086
Urban	59.3	40.7	38.7	5.1	34.3	2.9	0.0	7.5	2.3	0.5	6.6	0.7	0.2	0.8	0.3	100.0	637
Rural	54.1	45.9	41.3	2.9	28.7	1.7	0.2	1.7	2.3	0.2	16.0	3.4	0.6	0.6	0.4	100.0	3,449
Outer Java-Bali II	57.8	42.2	36.9	3.1	33.2	2.2	0.3	2.0	1.9	0.1	14.8	3.5	0.6	0.8	0.5	100.0	1,689
Urban	62.2	37.8	32.2	2.8	37.2	2.0	0.7	8.9	1.9	0.8	8.2	2.7	1.6	0.4	0.5	100.0	258
Rural	57.0	43.0	37.7	3.2	32.6	2.2	0.2	0.9	1.9	0.0	15.9	3.6	0.4	0.9	0.5	100.0	1,431
Education																	
No education	73.1	26.9	28.5	3.3	36.5	2.4	0.5	0.0	0.9	0.0	20.0	5.3	0.6	1.6	0.5	100.0	3,179
Some primary	63.8	36.2	38.1	2.6	32.0	2.4	0.5	0.2	1.8	0.1	16.0	5.0	0.8	0.2	0.4	100.0	5,513
Completed primary	58.5	41.5	41.1	4.2	39.1	2.2	0.4	0.2	0.9	0.1	8.4	2.3	0.5	0.3	0.4	100.0	3,926
Some secondary+	52.9	47.1	34.4	4.0	39.9	2.8	0.3	12.1	0.9	0.2	3.4	0.8	0.5	0.6	0.2	100.0	3,115
Respondent's occupation																	
Professional/technical	53.3	46.7	8.9	8.0	44.5	4.7	1.2	25.8	0.7	0.7	4.1	0.4	0.5	0.5	0.1	100.0	818
Managerial/admin.	70.8	29.2	0.0	2.3	48.1	0.0	0.0	43.3	0.0	0.0	1.7	0.0	0.0	4.6	0.0	100.0	46
Clerical	53.4	46.6	3.1	2.9	60.5	6.4	0.0	23.3	0.3	0.3	0.3	0.1	1.7	0.8	0.4	100.0	389
Sales	63.5	36.5	59.8	5.7	20.2	2.5	0.1	2.6	1.1	0.0	5.8	1.5	0.1	0.4	0.2	100.0	3,485
Service	67.8	32.2	49.0	3.8	31.4	2.0	0.0	0.7	0.6	0.0	6.8	1.4	2.2	0.2	1.9	100.0	734
Agricultural	63.1	36.9	25.2	2.1	43.4	2.2	0.6	0.0	1.7	0.0	17.7	5.3	0.8	0.7	0.4	100.0	8,344
Industrial	59.3	40.7	62.3	3.0	28.1	1.3	0.0	0.5	0.1	0.1	3.1	0.9	0.1	0.1	0.4	100.0	1,875
Other	52.6	47.4	61.8	3.9	28.8	0.0	0.0	0.0	0.0	0.0	5.5	0.0	0.0	0.0	0.0	100.0	33
Employment year round/seasonal																	
All year	61.4	38.6	40.3	3.7	34.9	2.5	0.4	4.3	1.1	0.1	8.6	2.8	0.7	0.5	0.2	100.0	11,118
Seasonal	65.1	34.9	25.2	3.1	41.8	2.5	0.4	0.0	1.4	0.0	20.4	3.5	0.5	0.4	0.8	100.0	3,890
Occasional	58.7	41.3	36.5	2.4	36.3	1.5	0.0	0.0	1.9	0.0	10.7	8.8	0.0	1.5	0.5	100.0	718
Total	62.2	37.8	36.6	3.5	36.5	2.4	0.4	3.1	1.2	0.1	11.4	3.3	0.6	0.5	0.4	100.0	15,734

Note: Totals include 8 women with time frame missing and 11 women with occupation missing

Among working women, 37 percent take care of their children while they work. Relatives and older female siblings are the most common caretakers for children of working women (37 percent and 11 percent, respectively). The role of female siblings in child care in the absence of their mother is significant in rural areas and in families where the mother has limited education, works in agriculture, or works as a seasonal worker. Children whose mothers have attended secondary school, live in urban areas, are professionals or managers, or work in clerical occupations are more likely to be cared for by servants or hired help. Across all subgroups, husbands and male siblings have a very limited role in child minding while the mother is at work (4 percent each).

The proportion of working mothers with children under five varies between regions, and is lower in Java-Bali than in the other islands. The proportion varies between a low of less than 30 percent in DKI Jakarta, DI Yogyakarta, East Java and Central Kalimantan, to 56 percent in North Sumatra (see Table 2.17.2). With some exceptions, mothers, relatives and female siblings are the most important caregivers while the mother is working. Servants or hired help are popular in DKI Jakarta, where they care for one in six children under five. Children in West Kalimantan, Riau and Southeast Sulawesi are likely to be cared for by female siblings while the mother is at work (24 to 30 percent).

Table 2.17.2 Child care while working: region and province

Percent distribution of employed women by whether they have a child under five years of age and percent distribution of employed mothers who have a child under five by person who cares for child while mother is at work, according to region and province, Indonesia 1994

Region and province	Employed women		Child's caretaker, among employed mothers who have children <5 years														Number of women
	No child <5	One or more children <5	Respondent	Husband/partner	Other relative	Neighbor	Friend	Hired help	Child is in school	Institutional care	Other female child	Other male child	Not worked since birth	Other	Missing	Total	
Java-Bali	65.9	34.1	34.2	3.7	41.1	2.8	0.5	3.7	0.5	0.0	8.9	3.4	0.6	0.4	0.3	100.0	9,959
DKI Jakarta	70.3	29.7	37.2	1.5	35.4	0.0	0.0	15.6	0.0	0.0	5.7	1.2	1.1	1.9	0.5	100.0	505
West Java	60.2	39.8	32.2	3.6	34.4	2.0	0.0	5.2	1.1	0.0	17.8	3.0	0.7	0.0	0.0	100.0	2,352
Central Java	59.4	40.6	35.1	4.9	42.5	2.9	0.9	2.8	0.3	0.0	6.2	3.2	0.0	0.9	0.3	100.0	2,642
DI Yogyakarta	71.7	28.3	34.2	1.7	45.5	4.0	0.4	4.3	1.6	0.0	4.3	2.3	0.4	1.3	0.0	100.0	357
East Java	73.0	27.0	33.0	2.9	46.9	3.9	0.8	1.1	0.0	0.0	5.1	4.5	1.2	0.0	0.7	100.0	3,765
Bali	65.5	34.5	49.8	4.7	33.6	0.5	0.0	4.9	0.3	0.0	3.3	1.9	0.0	0.3	0.7	100.0	337
Outer Java-Bali I	54.9	45.1	40.9	3.2	29.5	1.9	0.2	2.5	2.3	0.2	14.7	3.0	0.6	0.6	0.4	100.0	4,086
DI Aceh	55.0	45.0	36.0	1.0	43.4	0.9	0.0	2.0	0.4	0.4	13.9	1.3	0.0	0.0	0.7	100.0	313
North Sumatra	43.6	56.4	42.4	2.8	24.6	0.8	0.0	3.5	4.1	0.4	15.8	4.0	0.9	0.5	0.2	100.0	942
West Sumatra	60.2	39.8	34.1	5.0	32.8	2.7	0.0	3.0	1.9	0.0	15.0	2.5	0.7	1.8	0.4	100.0	324
South Sumatra	60.5	39.5	50.0	5.6	24.5	2.6	0.3	3.1	3.4	0.0	6.9	2.2	0.8	0.4	0.4	100.0	572
Lampung	54.6	45.4	42.1	2.5	31.5	3.2	1.1	1.0	3.2	0.0	12.0	2.9	0.0	0.5	0.0	100.0	431
West Nusa Tenggara	53.0	47.0	38.3	2.3	36.6	2.3	0.0	1.8	0.6	0.0	14.9	2.2	0.3	0.6	0.0	100.0	365
West Kalimantan	54.4	45.6	33.5	3.3	29.1	1.4	0.0	1.9	0.6	0.0	23.9	4.2	0.8	1.1	0.3	100.0	355
South Kalimantan	66.3	33.7	38.1	3.2	26.1	4.5	0.4	2.3	1.5	1.8	15.0	3.0	0.8	0.8	2.4	100.0	275
North Sulawesi	61.4	38.6	44.2	1.8	36.5	2.4	0.0	3.8	0.0	0.0	7.6	1.2	1.1	0.6	0.9	100.0	121
South Sulawesi	61.9	38.1	42.3	4.3	27.8	1.3	0.0	1.2	0.0	0.0	18.9	3.5	0.0	0.8	0.0	100.0	388
Outer Java-Bali II	57.8	42.2	36.9	3.1	33.2	2.2	0.3	2.0	1.9	0.1	14.8	3.5	0.6	0.8	0.5	100.0	1,689
Riau	60.7	39.3	28.5	3.5	26.0	2.3	1.1	5.0	5.4	0.0	23.6	3.8	0.0	0.8	0.0	100.0	277
Jambi	58.2	41.8	43.3	2.8	28.5	2.8	0.0	2.2	0.9	0.0	14.4	2.7	0.0	0.9	1.6	100.0	192
Bengkulu	49.5	50.5	48.3	2.3	26.3	0.6	0.0	1.1	4.6	0.0	11.0	3.6	1.0	1.3	0.0	100.0	142
East Nusa Tenggara	52.8	47.2	36.6	3.2	41.0	1.4	0.0	0.0	0.3	0.0	11.7	3.8	0.7	1.2	0.0	100.0	309
East Timor	49.4	50.6	32.9	4.0	43.9	2.5	0.0	3.2	2.2	0.0	7.4	3.5	0.3	0.0	0.0	100.0	41
Central Kalimantan	72.2	27.8	49.5	0.6	23.4	1.4	0.0	0.8	2.0	0.0	12.5	6.4	1.1	2.0	0.4	100.0	143
East Kalimantan	64.1	35.9	44.2	3.0	24.0	2.7	0.0	5.5	2.1	1.1	10.7	3.1	2.9	0.7	0.0	100.0	128
Central Sulawesi	58.4	41.6	28.2	4.3	37.5	2.7	0.6	1.5	0.6	0.0	18.5	4.6	1.0	0.0	0.6	100.0	131
Southeast Sulawesi	52.6	47.4	29.0	1.3	31.2	3.5	0.0	0.4	0.0	0.0	29.6	3.1	0.0	0.0	2.0	100.0	106
Maluku	49.5	50.5	33.6	5.0	50.1	2.4	0.7	1.2	2.3	0.0	2.9	1.2	0.0	0.0	0.8	100.0	78
Irian Jaya	60.6	39.4	35.1	4.5	38.9	3.7	0.0	2.5	0.0	0.5	10.5	2.1	0.0	2.2	0.0	100.0	142
Total	62.2	37.8	36.6	3.5	36.5	2.4	0.4	3.1	1.2	0.1	11.4	3.3	0.6	0.5	0.4	100.0	15,734

CHAPTER 3

FERTILITY

A major objective of the 1994 IDHS is to estimate fertility levels, trends and differentials. Like the 1991 IDHS, detailed information from all ever-married women on current, cumulative and past levels of fertility was collected for the 1994 IDHS. The fertility information was collected using two procedures. First, each woman was asked a series of questions about the number of live births and the number of children surviving. Experience has indicated that certain types of events are underreported. To minimize error, children were identified by sex, whether they lived with their mother or elsewhere, and whether they were living or dead. Identification by sex improves reporting and allows estimation of sex-specific mortality rates. Second, a full birth history was obtained from each woman, and for each live birth the following information was collected: name, sex, month and year of birth, whether the birth was single or multiple, and the survival status of the child. For living children, the woman was asked whether the child was living in the household or away. For dead children, the age at death was recorded. To reduce underreporting of births, if the interval between births was four years or longer, interviewers were required to check whether the respondent had had a child during the interval. Information on whether currently married women were pregnant was also solicited.

From population censuses and surveys in Indonesia, fertility and mortality rates have been estimated using indirect methods, based on information on the number of children ever born and children surviving. The fertility measures presented here are calculated directly from the birth history. In applying a direct fertility estimation procedure, it is important to note that although the birth history offers a richer set of data for analysis, it has limitations and is susceptible to data collection errors. Because interviews were conducted only with living women, there is no information on the fertility of women who died. The fertility rates would be biased if the mortality of women of childbearing age were high and if there were significant differences in fertility between living and dead women. In Indonesia, neither of these appears to be the case. Also, the 1994 IDHS collected birth histories only from ever-married women. Since most births in Indonesia occur within marriage, the number of births to single women is negligible.

The accuracy of fertility data is affected primarily by underreporting of births (especially children who died in early infancy) and misreporting of date of birth. Errors in underreporting of births affect the estimates of fertility levels, while misreporting of dates of births can distort estimates of fertility trends. If these errors vary by socioeconomic characteristics of the women, the differentials in fertility will also be affected.

3.1 Fertility Levels and Trends

Table 3.1 and Figure 3.1 present the total fertility rates (TFR) and the age-specific fertility rates (ASFR)¹ derived from the 1994 IDHS along with results from various other sources. The TFR is calculated by summing the age-specific fertility rate and can be interpreted as the average number of births a hypothetical woman would have at the end of her reproductive life if she were subject to the currently prevailing age-specific rates from age 15 to 49. It is important to note that the rates are not strictly comparable because

¹ Numerators of the age-specific fertility rates are calculated by summing the number of live births that occurred in the period 1-36 months preceding the survey (determined by the date of interview and the date of birth of the child), and classifying them by the age (in five-year groups) of the mother at the time of birth (determined by the mother's date of birth). The denominators of the rates are the number of woman-years lived in each of the specified five-year groups during the 1-36 months preceding the survey.

Table 3.1 Fertility rates from various sources

Age-specific and cumulative fertility rates from selected sources, Indonesia 1971-1994

Age group	1971 Census (1967-70)	1976 SUPAS (1971-75)	1980 Census (1976-79)	1985 SUPAS (1980-85)	1987 NICPS ¹ (1984-87) ²	1990 Census (1986-89)	1991 IDHS (1988-91) ²	1994 IDHS (1991-1994) ²		
								Urban	Rural	Total
15-19	155	127	116	95	78	71	67	34	78	61
20-24	286	265	248	220	188	178	162	108	170	147
25-29	273	256	232	206	172	172	157	141	155	150
30-34	211	199	177	154	126	128	117	105	110	109
35-39	124	118	104	89	75	73	73	57	73	68
40-44	55	57	46	37	29	31	23	16	38	31
45-49	17	18	13	10	10	9	7	1	5	4
TFR 15-49	5.61	5.20	4.68	4.06	3.39	3.31	3.02	2.31	3.15	2.85
TFR 15-44	5.52	5.11	4.62	4.01	3.34	3.27	2.99	2.30	3.12	2.83
GFR	-	-	-	-	-	-	108	81	111	101
CBR	-	-	-	-	-	-	25.1	21.0	24.2	23.3

Note: Estimates for 1971 through 1985 and for 1990 were computed using the *own children method*, while the 1987 NICPS, 1991 IDHS and 1994 IDHS rates were calculated directly from birth history data.

TFR: Total fertility rate expressed per woman

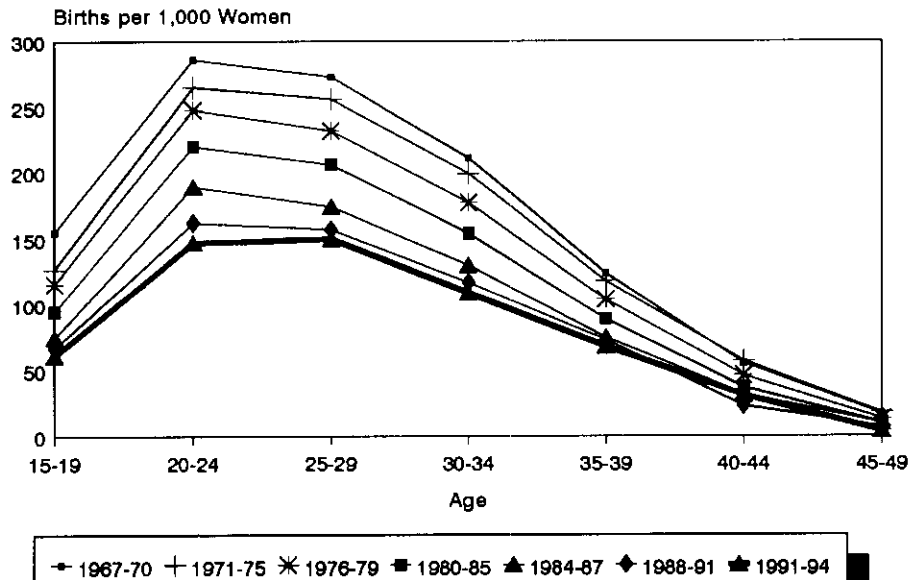
GFR: General fertility rate (births divided by number of women 15-44), expressed per 1,000 women

CBR: Crude birth rate expressed per 1,000 population

¹ Excludes 7 provinces in Outer Java-Bali II

² 1-36 months prior to survey

Figure 3.1
Age-Specific Fertility Rates
Indonesia 1967-1994



of differences in data collection procedures, geographic coverage, and estimation techniques. Nevertheless, they serve the purpose of reflecting recent fertility trends in Indonesia.

Table 3.1 shows that the TFR has declined steadily in Indonesia since the late 1960s. The overall fertility rate for the period 1991-94 (2.9 children per woman) is half of that reported for the period 1967-70 (5.6 children per woman).

Results from the 1994 IDHS indicate that the pattern of fertility by age group is the same as in the past, except that the peak in fertility has shifted from age 20-24 to age 25-29. Fertility has declined in all age groups in Indonesia. For example, in the youngest age group (women 15-19), fertility declined 60 percent between the periods 1967-70 and 1991-94, from 155 births per 1,000 women to 61 births per 1,000 women. There was also a substantial decline among women 20-24 years, from 286 to 147 births per 1,000 women. The shape of the age-specific fertility curve has flattened considerably, due to the sharp decline in fertility among women age 20-34 years.

Table 3.1 presents the general fertility rate (GFR) and the crude birth rate (CBR) for the three years preceding the 1994 IDHS. The GFR is the number of live births per 1,000 women age 15-44 years. The CBR is the number of births per 1,000 population; it is calculated by summing the product of the age-specific fertility rates and the proportion of women in the specific age group out of the total number of persons who usually live in the selected households. The GFR is 101 and the CBR is 23.3.

The IDHS data indicate that there is a substantial gap in fertility between urban and rural residents. Urban women have, on average, almost one child less than rural women (2.3 versus 3.2). The largest urban-rural difference is for women age 15-24.

Fertility trends can also be investigated using retrospective data from a single survey. Tables 3.2 and 3.3 are generated from the birth history data collected in the 1994 IDHS. The numerators of these rates are classified by four-year segments of time preceding the survey and by mother's age at the time of birth in five-year intervals. Because women 50 years and over were not interviewed in the 1994 IDHS, the data in Table 3.2 are truncated. For example, rates cannot be calculated for women age 45-49 for part of the 4-7 years and all of the 8-11 years prior to the survey, because those women would have been 50 years or older at the time of the survey. The bottom diagonal of estimates is also partially truncated.

Table 3.2 Age-specific fertility rates					
Age-specific fertility rates for four-year periods preceding the survey, by mother's age at the time of birth, Indonesia 1994					
Maternal age at birth	Number of years preceding the survey				
	0-3	4-7	8-11	12-15	16-19
15-19	63	86	109	129	135
20-24	151	169	220	250	250
25-29	149	163	200	239	246
30-34	110	124	156	185	[221]
35-39	72	79	98	[150]	-
40-44	30	35	[55]	-	-
45-49	[4]	[4]	-	-	-

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

Table 3.3 Fertility by marital duration

Fertility rates by duration (years) since first marriage for four-year periods preceding the survey, Indonesia 1994

Marital duration at birth	Number of years preceding the survey				
	0-3	4-7	8-11	12-15	16-19
0-4	281	286	308	328	317
5-9	162	185	223	273	273
10-14	128	132	177	218	238
15-19	81	104	134	168	[192]
20-24	52	61	[97]	[122]	a
25-29	23	[34]	a	a	a

Note: Duration-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

^a Less than 125 woman-years of exposure

As in the 1991 IDHS, there are indications of an acceleration in the rate of fertility decline among women 15-24 accompanied by a slower decline among older women. Tables 3.2 and 3.3 show similar patterns, i.e., for the same age group or marriage duration, recent fertility is lower than that in the distant past, and fertility has declined more rapidly in recent years.

Table 3.4 and Figure 3.2 present TFRs for the six provinces in Java-Bali from selected sources. In demographic studies of Indonesia, it is important to set this region apart from the rest of the country because of its distinct socioeconomic and political context. In addition to the availability of comparable data from the population censuses and past demographic surveys, family planning programs in this region were initiated earlier than in other regions in the country.

Table 3.4 Total fertility rates for provinces in Java-Bali

Total fertility rates for provinces in Java-Bali from selected sources, Indonesia 1971-1994

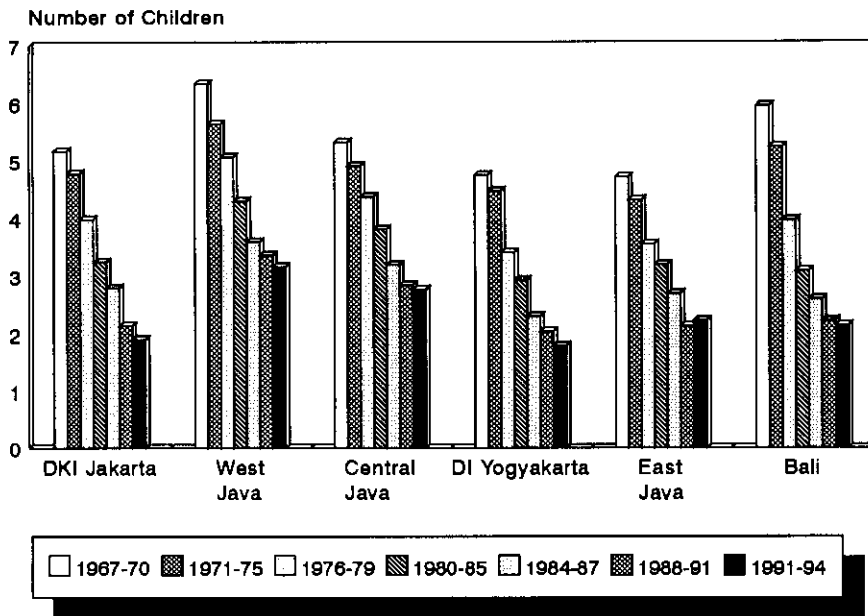
Province	1971 Census (1967-70)	1976 SUPAS (1971-75)	1980 Census (1976-79)	1985 SUPAS (1980-85)	1987 NICPS ¹ (1984-87) ²	1990 Census (1986-89)	1991 IDHS (1988-91) ²	1994 IDHS (1991-1994) ²
DKI Jakarta	5.18	4.78	3.99	3.25	2.8	2.33	2.14	1.90
West Java	6.34	5.64	5.07	4.31	3.6	3.47	3.37	3.17
Central Java	5.33	4.92	4.37	3.82	3.2	3.05	2.85	2.77
DI Yogyakarta	4.76	4.47	3.42	2.93	2.3	2.08	2.04	1.79
East Java	4.72	4.32	3.56	3.20	2.7	2.47	2.13	2.22
Bali	5.96	5.24	3.97	3.09	2.6	2.27	2.22	2.14

Note: Estimates for 1971 through 1985 and for 1990 were computed using the *own children method*, while the 1987 NICPS, 1991 IDHS and 1994 IDHS rates were calculated directly from birth history data.

¹ Excludes 7 provinces in Outer Java-Bali II

² 1-36 months preceding the survey

Figure 3.2
Total Fertility Rates by Province
Java-Bali 1967-1994



According to Table 3.4, fertility in Java-Bali has declined significantly since the late 1960s. Among the provinces, West Java consistently shows the highest fertility rates, and DI Yogyakarta the lowest. Until the mid-1970s, the fertility rate in Bali was second highest after West Java. However, a rapid decline in the early 1980s brought the rate in Bali to a level lower than that of all other provinces in the region except DI Yogyakarta. The 1994 IDHS presents slightly different results. The fertility rate for Bali is slightly higher than the rate for DKI Jakarta, shifting its position to third lowest.

Table 3.4 and Figure 3.2 show that fertility in Java-Bali has continued to decline, except in East Java, where fertility increased slightly from 2.1 children per woman (1991 IDHS) to 2.2 children per woman (1994 IDHS). However, these figures should not be interpreted as indicating that fertility in East Java has actually increased in the recent past, since the change (0.09 children per woman) is so small.

3.2 Fertility Differentials

Tables 3.5.1 and 3.5.2 present differentials in fertility by residence, region and level of education using the TFR as the measure of current fertility. The first column of each table shows TFRs for the three years prior to the survey (mid-1991 to mid-1994), the second column presents the percentage of women who are currently pregnant, and the third column presents the mean number of children ever born (CEB) to the oldest women (age 40-49). The mean number of CEB is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period, and thus represents completed fertility. If fertility had remained stable over time, the two fertility measures, TFR and CEB, would be equal or similar.

Table 3.5.1 Fertility: background characteristics

Total fertility rate for the three years preceding the survey, percentage currently pregnant, and mean number of children ever born (CEB) to women age 40-49, by selected background characteristics, Indonesia 1994

Background characteristic	Total fertility rate ¹	Percentage currently pregnant ¹	Mean number of CEB to women age 40-49
Residence			
Urban	2.31	4.11	4.50
Rural	3.15	4.86	4.88
Region/Residence			
Java-Bali	2.60	4.18	4.47
Urban	2.18	3.89	4.43
Rural	2.90	4.39	4.50
Outer Java-Bali I	3.26	5.35	5.26
Urban	2.54	4.63	4.73
Rural	3.51	5.58	5.42
Outer Java-Bali II	3.33	5.18	5.12
Urban	2.88	4.83	4.61
Rural	3.48	5.28	5.25
Education			
No education	2.88	4.05	4.61
Some primary	3.28	4.46	5.20
Completed primary	2.96	5.44	4.86
Some secondary+	2.57	4.27	4.01
Total	2.85	4.61	4.76

¹Women age 15-49 years

Compared with other regions, Java-Bali consistently shows the lowest fertility in the country. However, in recent years, fertility in Outer Java-Bali, particularly in Outer Java-Bali II, declined rapidly, narrowing the difference in fertility between this region and the rest of the country (data not shown). Fertility in Java-Bali is 20 percent lower than in Outer Java-Bali I and 22 percent lower than in Outer Java-Bali II. These figures are less than those reported in the 1991 IDHS: fertility in Java-Bali was 23 percent lower than in Outer Java-Bali I, and 28 percent lower than in Outer Java-Bali II.

As in the 1991 IDHS, the 1994 IDHS findings show an inverted U-shape relationship between education and fertility, where the peak is for women who have some primary education. Comparing TFRs from the 1991 and 1994 IDHSs indicates that fertility is declining faster among women who have no education (12 percent) than among those who have gone to school (7 percent or less).

Table 3.5.1 shows that 5 percent of women are currently pregnant. This percentage varies between regions and by urban-rural residence, and education. The last column of Table 3.5 shows that the mean number of CEB among women age 40-49 is much higher than the TFR for the three years preceding the survey, suggesting a substantial reduction in fertility. The 1987 NICPS and 1991 IDHS show a similar pattern.

Table 3.5.2 presents fertility differentials among the provinces. Based on the 1991 and 1994 IDHS results, the TFR in Indonesia has declined slightly from 3.0 children to 2.9 children per woman. The decline occurred in all regions, but most substantially in Outer Java-Bali II. In the Java-Bali region, the TFR decreased from 2.7 to 2.6 children per woman.

Table 3.5.2 Fertility: region and province

Total fertility rate for the three years preceding the survey, percentage currently pregnant, and mean number of children ever born (CEB) to women age 40-49, by region and province, Indonesia 1994

Region and province	Total fertility rate ¹	Percentage currently pregnant ¹	Mean number of CEB ever born to women age 40-49
Java-Bali	2.60	4.18	4.47
DKI Jakarta	1.90	3.97	4.14
West Java	(3.17)	5.38	5.39
Central Java	2.77	3.53	4.55
DI Yogyakarta	1.79	3.15	3.64
East Java	2.22	3.72	3.82
Bali	2.14	3.54	3.90
Outer Java-Bali I	3.26	5.34	5.27
DI Aceh	3.30	4.78	5.42
North Sumatra	(3.88)	6.70	5.55
West Sumatra	(3.19)	5.69	5.26
South Sumatra	2.87	4.12	5.20
Lampung	(3.45)	4.78	5.40
West Nusa Tenggara	(3.64)	5.93	6.03
West Kalimantan	(3.34)	7.06	5.62
South Kalimantan	2.33	4.64	4.66
North Sulawesi	(2.62)	3.05	4.24
South Sulawesi	2.92	4.87	4.95
Outer Java-Bali II	3.33	5.19	5.12
Riau	3.10	5.50	5.37
Jambi	(2.97)	4.58	4.94
Bengkulu	(3.45)	4.92	6.06
East Nusa Tenggara	3.87	4.69	5.17
East Timor	(4.69)	8.88	4.28
Central Kalimantan	(2.31)	5.06	4.75
East Kalimantan	(3.21)	4.33	5.07
Central Sulawesi	(3.08)	5.51	5.40
Southeast Sulawesi	(3.50)	4.85	4.85
Maluku	(3.70)	4.98	4.82
Irian Jaya	(3.15)	6.20	4.88
Total	2.85	4.61	4.76

Note: Rates in parentheses indicate that one or more of the component age-specific rates is based on fewer than 250 woman-years of exposure.

¹Women age 15-49 years

Among the six provinces in Java-Bali, two have reached a fertility level of less than 2 children per woman—DI Yogyakarta (1.8) and DKI Jakarta (1.9). Two other provinces—Bali (2.1) and East Java (2.2)—are approaching the level of 2 children per woman. West Java continues to have the highest fertility in the region (3.2 children per woman), which is a difference of more than one child from the provinces with the lowest fertility.

Data from the 1994 IDHS show that the TFR is at least 3 for almost all the provinces in the Outer Java-Bali II region, except Central Kalimantan, which has a TFR of 2.3 children per woman. The rate for this province may be underestimated.²

3.3 Children Ever Born and Living

In the survey questionnaire, the total number of children ever born was ascertained by a sequence of questions designed to maximize recall. Since lifetime fertility reflects the accumulation of births over the past 30 years, it has limited direct relevance to the current situation. Nevertheless, the data are important in providing background information for understanding current fertility.

Table 3.6 presents the distribution of all women and of currently married women by the number of children ever born and the average number of children still living. Since the respondents in the 1994 IDHS are ever-married women, information on the reproductive history of never-married women is not available. However, since virtually all births in Indonesia occur within marriage, it is safe to assume that never-married women have had no births; differences in results between all women and currently married women are greatest at the younger ages because of the large proportion of women who are still single and presumed to have had no births.

Table 3.6 Children ever born and living

Percent distribution of all women and of currently married women age 15-49 by number of children ever born (CEB) and mean number ever born and living, according to five-year age groups, Indonesia 1994

Age group	Number of children ever born (CEB)											Total	Number of women	Mean no. of CEB	Mean no. of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	91.1	8.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	7,580	0.10	0.09
20-24	47.3	34.3	14.1	3.6	0.6	0.1	0.0	0.0	0.0	0.0	0.0	100.0	6,563	0.76	0.70
25-29	19.1	24.5	29.6	16.5	7.0	2.4	0.7	0.2	0.1	0.0	0.0	100.0	6,342	1.79	1.63
30-34	8.6	9.6	26.2	25.0	14.7	8.4	4.6	1.7	0.7	0.3	0.1	100.0	5,964	2.88	2.56
35-39	5.2	7.0	15.6	22.6	18.2	11.7	8.6	5.0	2.8	1.8	1.4	100.0	5,019	3.78	3.34
40-44	5.7	5.1	11.8	15.9	13.7	13.7	12.9	8.4	5.1	3.5	4.2	100.0	3,754	4.53	3.89
45-49	4.7	6.5	9.1	11.3	13.5	12.2	12.6	10.7	8.2	4.2	6.9	100.0	3,111	5.04	4.23
Total	32.2	14.9	15.5	12.7	8.4	5.6	4.2	2.6	1.7	1.0	1.2	100.0	38,334	2.24	1.97
CURRENTLY MARRIED WOMEN															
15-19	49.2	45.3	5.2	0.1	0.2	0.1	0.0	0.0	0.0	0.0	0.0	100.0	1,291	0.57	0.53
20-24	15.5	54.6	22.7	5.8	1.1	0.2	0.0	0.0	0.0	0.0	0.0	100.0	3,936	1.23	1.13
25-29	5.3	27.8	34.7	19.7	8.4	2.9	0.8	0.2	0.1	0.0	0.0	100.0	5,234	2.11	1.92
30-34	3.2	9.3	27.4	27.2	15.7	9.1	5.0	1.9	0.8	0.3	0.1	100.0	5,387	3.08	2.74
35-39	2.0	6.3	15.9	23.6	19.1	12.3	9.2	5.3	2.9	2.0	1.5	100.0	4,483	3.96	3.51
40-44	3.1	4.3	11.1	16.5	14.6	14.4	13.3	9.2	5.3	3.8	4.4	100.0	3,262	4.75	4.10
45-49	2.8	5.7	8.4	11.1	13.5	12.6	12.9	11.6	8.9	4.6	7.8	100.0	2,594	5.31	4.47
Total	7.5	20.1	21.2	17.6	11.5	7.6	5.7	3.6	2.2	1.3	1.6	100.0	26,186	3.06	2.70

² Based on the results of the 1990 Population Census, the TFR for Central Kalimantan for the 1986-1989 period was 4.0 births per woman. Assuming continued fertility decline, the TFR was projected to be 3.3 births per woman in 1994, one child higher than the IDHS rate.

It is estimated that, by the time a woman reaches the end of her childbearing period, she will have given birth to an average of 5 children (see Table 3.6). The average number of children ever born increases with age; women 15-24 have had an average of less than one live birth, while women 35-39 have had an average of 3.8 births.

One in three Indonesian women does not have any children. About 15 percent each have one child, 15 percent have two children, and 13 percent have three children. The remaining 25 percent have four or more children. Five percent of women age 45-49 are childless. For all women and for currently married women, the difference between the number of children ever born and still living is notable only after age 30.

3.4 Birth Intervals

A child's health status is closely related to the length of the preceding birth interval. Children born after a short birth interval are at greater risk of illness and death than those born after a long interval. Further, the occurrence of closely spaced births gives the mother insufficient time to restore her health, which may limit her ability to take care of her children. The duration of breastfeeding for the older child may be shortened, since the mother must breastfeed the younger child.

Tables 3.7.1 and 3.7.2 show the percent distribution of births in the five years preceding the survey by length of the previous birth interval. Overall, women in Indonesia favor a relatively long birth interval—a median of 42 months. Forty-two percent of births occur four or more years after a previous birth, 41 percent occur at an interval of two or three years, and 17 percent occur less than two years after a previous birth.

As with the 1991 IDHS, the 1994 IDHS indicates that birth intervals vary little according to the child's birth order (up to 6), sex, urban-rural residence, mother's education and mother's work status. However, there are significant differences in birth intervals by mother's age and survival of the preceding birth. Younger women have shorter birth intervals than older women; the median for women age 15-19 is 25.9 months, while for women age 40-44 it is 51.4 months. For children whose preceding sibling is alive, the median interval between births is 15 months longer than for children whose preceding sibling died (44 months, compared with 29 months).

Table 3.7.2 indicates that birth intervals vary widely by region and province. On average, women in Java-Bali have an interval one year longer than women in other parts of Indonesia (48 months, compared with 36 months in the Outer Java-Bali region). Among all the provinces, women in East Java have the longest median birth interval (56 months), and women in North Sumatra and East Timor have the shortest (31 months).

Table 3.7.1 Birth intervals: background characteristics

Percent distribution of non-first births in the five years preceding the survey by number of months since previous birth, according to demographic and socioeconomic characteristics, Indonesia 1994

Background characteristic	Number of months since previous birth					Total	Median number of months since previous birth	Number of births
	7-17	18-23	24-35	36-47	48+			
Age of mother								
15-19	19.2	19.2	42.4	14.9	4.3	100.0	25.9	74
20-24	11.4	17.6	31.8	19.2	20.0	100.0	31.0	1,341
25-29	7.6	11.4	25.0	18.5	37.4	100.0	39.2	3,594
30-34	5.8	8.1	22.4	15.9	47.9	100.0	46.3	3,563
35-39	3.9	8.9	21.5	14.7	51.0	100.0	48.6	2,287
40-44	2.8	8.1	20.9	15.4	52.8	100.0	51.4	978
45-49	1.5	5.1	28.5	20.0	44.9	100.0	43.5	189
Birth order								
2-3	7.1	10.3	21.5	16.3	44.7	100.0	43.8	6,699
4-6	5.0	8.7	24.9	17.6	43.8	100.0	42.8	3,861
7+	6.7	14.6	34.0	17.2	27.5	100.0	33.8	1,466
Sex of prior birth								
Male	6.8	10.4	22.9	15.4	44.4	100.0	42.9	6,212
Female	6.0	10.2	25.4	18.3	40.1	100.0	40.8	5,814
Survival of prior birth								
Living	4.8	9.3	24.3	17.1	44.5	100.0	43.6	10,780
Dead	19.9	18.9	23.0	14.4	23.8	100.0	28.5	1,246
Residence								
Urban	6.2	8.7	22.8	15.9	46.4	100.0	44.6	3,102
Rural	6.4	10.9	24.6	17.2	40.9	100.0	40.9	8,924
Region/Residence								
Java-Bali	4.3	8.0	21.0	16.7	50.1	100.0	48.0	6,569
Urban	4.2	6.9	21.5	15.1	52.3	100.0	49.7	2,088
Rural	4.3	8.5	20.7	17.4	49.0	100.0	47.3	4,481
Outer Java-Bali I	9.4	13.0	27.7	16.5	33.4	100.0	35.9	3,789
Urban	11.1	11.1	25.9	18.2	33.7	100.0	36.7	693
Rural	9.1	13.4	28.1	16.1	33.3	100.0	35.7	3,096
Outer Java-Bali II	7.7	13.3	28.4	18.3	32.2	100.0	36.3	1,669
Urban	8.4	14.7	24.7	16.5	35.7	100.0	37.3	322
Rural	7.6	12.9	29.3	18.7	31.4	100.0	36.1	1,347
Education								
No education	5.6	11.1	24.7	17.2	41.5	100.0	42.1	1,769
Some primary	5.0	9.5	23.7	17.1	44.7	100.0	44.0	4,365
Completed primary	6.8	9.9	23.1	16.4	43.8	100.0	42.2	3,219
Some secondary+	8.7	11.7	25.8	16.7	37.2	100.0	38.2	2,674
Work status								
Worked in past year	5.8	9.7	24.4	15.9	44.2	100.0	43.2	5,941
Did not work	6.9	10.9	23.9	17.7	40.5	100.0	40.7	6,085
Total	6.4	10.3	24.1	16.8	42.3	100.0	41.8	12,026

Note: The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

Table 3.7.2 Birth intervals: region and province

Percent distribution of non-first births in the five years preceding the survey by number of months since previous birth, according to region and province, Indonesia 1994

Region and province	Number of months since previous birth					Total	Median number of months since previous birth	Number of births
	7-17	18-23	24-35	36-47	48+			
Java-Bali	4.3	8.0	21.0	16.7	50.1	100.0	48.0	6,569
DKI Jakarta	4.3	8.7	24.1	18.0	44.8	100.0	45.6	387
West Java	5.4	7.4	20.2	18.7	48.3	100.0	46.6	2,725
Central Java	3.0	9.9	21.2	16.7	49.3	100.0	47.5	1,805
DI Yogyakarta	4.7	7.3	17.6	14.6	55.8	100.0	51.4	111
East Java	3.3	6.8	21.1	12.6	56.3	100.0	56.4	1,404
Bali	8.1	7.2	26.6	16.8	41.3	100.0	39.5	137
Outer Java-Bali I	9.4	13.0	27.7	16.5	33.4	100.0	35.9	3,789
DI Aceh	10.0	12.9	29.1	17.6	30.5	100.0	35.1	289
North Sumatra	13.5	16.5	32.9	14.3	22.8	100.0	30.5	1,015
West Sumatra	7.1	13.7	23.5	17.3	38.4	100.0	38.8	274
South Sumatra	7.3	11.5	25.4	19.6	36.2	100.0	38.4	397
Lampung	3.2	8.6	26.1	17.7	44.3	100.0	43.9	415
West Nusa Tenggara	5.8	13.9	26.6	18.3	35.4	100.0	38.1	303
West Kalimantan	11.3	11.8	26.9	15.9	34.1	100.0	36.0	281
South Kalimantan	8.9	8.9	21.3	15.2	45.8	100.0	43.6	155
North Sulawesi	7.4	7.8	21.2	15.6	48.1	100.0	46.2	140
South Sulawesi	10.9	13.1	26.8	16.4	32.9	100.0	35.6	520
Outer Java-Bali II	7.7	13.3	28.4	18.3	32.2	100.0	36.3	1,669
Riau	9.4	14.7	28.2	16.4	31.4	100.0	34.8	293
Jambi	5.6	12.3	22.3	19.5	40.3	100.0	41.8	156
Bengkulu	6.9	10.1	28.6	16.1	38.3	100.0	38.6	101
East Nusa Tenggara	6.5	13.4	34.7	18.3	27.1	100.0	33.2	276
East Timor	9.2	17.8	34.0	18.0	21.0	100.0	30.8	100
Central Kalimantan	4.3	12.1	26.6	22.9	34.1	100.0	39.3	80
East Kalimantan	6.6	9.7	22.4	16.8	44.6	100.0	44.1	150
Central Sulawesi	9.5	13.1	22.0	20.6	34.8	100.0	37.8	123
Southeast Sulawesi	10.2	13.0	27.6	19.3	30.0	100.0	35.8	113
Maluku	9.9	16.3	31.9	18.2	23.8	100.0	32.7	147
Irian Jaya	6.1	12.1	30.0	18.8	33.1	100.0	37.0	130
Total	6.4	10.3	24.1	16.8	42.3	100.0	41.8	12,026

Note: The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

3.5 Age at First Birth

Table 3.8 presents the distribution of women by age at first birth. The distribution is similar to that in the 1991 IDHS, and shows that the prevalence of early childbearing has declined over time. While 9 percent of women 45-49 had their first child before age 15, only 1 percent of women 15-19 did so. The median age at first birth among Indonesian women (see last column) has changed little over time.

Table 3.8 Age at first birth

Percent distribution of women 15-49 by age at first birth, according to current age, Indonesia 1994

Current age	Women with no births	Age at first birth						Total	Number of women	Median age at first birth
		<15	15-17	18-19	20-21	22-24	25+			
15-19	91.1	1.0	5.2	2.7	NA	NA	NA	100.0	7,580	a
20-24	47.3	2.4	13.1	17.9	14.1	5.1	NA	100.0	6,563	a
25-29	19.1	4.6	17.4	19.8	16.1	15.3	7.8	100.0	6,342	21.0
30-34	8.6	5.5	20.7	22.7	18.1	14.6	9.9	100.0	5,964	20.1
35-39	5.2	6.7	23.0	19.5	18.6	15.2	11.8	100.0	5,019	20.1
40-44	5.7	7.6	23.0	20.7	16.3	13.4	13.3	100.0	3,754	19.9
45-49	4.7	8.8	24.7	16.7	15.2	15.9	14.0	100.0	3,111	20.0

NA = Not applicable

^aOmitted because less than 50 percent of the women in the age group x to $x+4$ have had a birth by age x

Table 3.9.1 presents data on differentials in median age at first birth among women age 25-49 years by selected background characteristics. Results of the 1994 IDHS indicate there are wide differences in the age at which women have their first child. Overall, the median age at first birth is 20.3 years; urban women start childbearing two years later than their rural counterparts, and women in Java-Bali have their first birth one year earlier than women in other regions. Women with some secondary or higher education start childbearing four years later than women with less education.

Table 3.9.1 Median age at first birth: background characteristics

Median age at first birth among women age 25-49 years, by current age and selected background characteristics, Indonesia 1994

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	23.6	21.0	21.2	20.6	20.6	21.6
Rural	20.0	19.7	19.6	19.5	19.7	19.7
Region/Residence						
Java-Bali	20.5	19.7	19.6	19.4	19.5	19.8
Urban	23.2	20.7	20.8	20.3	20.0	21.1
Rural	19.4	19.1	18.8	19.0	19.1	19.1
Outer Java-Bali I	21.8	20.9	20.8	20.5	20.6	21.0
Urban	24.6	22.5	22.2	21.8	21.8	22.8
Rural	21.0	20.5	20.5	20.3	20.2	20.5
Outer Java-Bali II	21.8	21.0	21.0	20.8	20.7	21.1
Urban	24.1	22.3	22.6	21.4	21.1	22.6
Rural	20.9	20.5	20.5	20.6	20.7	20.7
Education						
No education	19.2	19.3	19.3	19.5	19.4	19.3
Some primary	19.1	19.3	19.3	19.3	19.0	19.2
Completed primary	19.9	19.6	19.8	19.8	19.8	19.8
Some secondary+	24.4	22.8	22.8	22.1	22.7	23.3
Total	21.0	20.1	20.1	19.9	20.0	20.3

Note: The medians for cohort 15-24 could not be determined because half the women have not yet had a birth.

The median age at first birth varies substantially by province, ranging from 19.2 years in West Java to 22 years and older in DI Yogyakarta, South Sulawesi, East Nusa Tenggara, East Timor and Maluku (see Table 3.9.2). Childbearing begins before age 20 in West Java, East Java, Bengkulu, Lampung, and South Kalimantan.

Table 3.9.2 Median age at first birth: region and province

Median age at first birth among women age 25-49 years, by current age, region and province, Indonesia 1994

Region and province	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Java-Bali	20.5	19.7	19.6	19.4	19.5	19.8
DKI Jakarta	24.2	20.8	20.9	20.8	20.9	21.8
West Java	19.7	19.2	18.8	18.6	19.0	19.2
Central Java	20.5	19.5	19.9	19.9	20.0	20.0
DI Yogyakarta	23.6	21.9	22.1	20.9	20.2	22.0
East Java	20.4	19.7	19.1	19.0	18.8	19.5
Bali	22.2	21.4	20.8	20.2	20.6	21.0
Outer Java-Bali I	21.8	20.9	20.8	20.5	20.6	21.0
DI Aceh	21.0	20.5	20.3	19.5	19.3	20.2
North Sumatra	22.5	21.9	21.5	21.3	21.1	21.8
West Sumatra	23.6	21.3	20.5	20.9	21.0	21.5
South Sumatra	22.2	20.4	20.8	20.3	19.8	20.7
Lampung	19.5	19.2	20.2	19.0	20.3	19.4
West Nusa Tenggara	20.3	20.4	20.2	20.8	21.4	20.4
West Kalimantan	21.1	21.1	20.3	19.8	20.0	20.5
South Kalimantan	20.5	19.8	19.4	19.4	18.8	19.6
North Sulawesi	22.3	21.5	21.7	21.6	22.9	21.9
South Sulawesi	23.9	21.9	21.5	21.7	21.5	22.0
Outer Java-Bali II	21.8	21.0	21.0	20.8	20.7	21.1
Riau	22.2	20.7	20.4	20.0	18.5	20.5
Jambi	20.8	20.0	20.4	20.5	18.5	20.2
Bengkulu	21.1	19.6	19.5	19.3	19.3	19.7
East Nusa Tenggara	23.9	23.0	22.4	22.0	22.5	22.9
East Timor	21.4	22.4	23.3	22.3	23.9	22.3
Central Kalimantan	20.5	20.0	21.2	21.1	21.9	20.8
East Kalimantan	22.1	21.7	20.4	20.6	20.6	21.1
Central Sulawesi	21.8	21.3	21.3	21.2	22.5	21.5
Southeast Sulawesi	20.8	19.4	20.0	20.7	21.7	20.4
Maluku	21.9	21.9	22.1	22.8	23.6	22.3
Irian Jaya	20.7	20.6	21.8	19.9	20.2	20.6
Total	21.0	20.1	20.1	19.9	20.0	20.3

Note: The medians for cohort 15-24 could not be determined because half the women have not yet had a birth.

3.6 Teenage Fertility

The topic of teenage fertility is important because teenage mothers and their children are at increased risk of social and health problems. Births to teenage mothers usually follow an early marriage. Because women who marry at an early age often come from poor families with limited education and low health status, their children are more prone to illness and to higher mortality during childhood than other children.

Table 3.10.1 presents information on fertility among women age 15-19. Teenagers who have never married are assumed to have had no pregnancies and no births. Overall, 9 percent of women 15-19 years have become mothers, and 2 percent are currently pregnant with their first child. There are large differentials between subgroups of women. As expected, there is a positive relationship between age and teenage fertility; the proportion of women who have started childbearing increases with age. While less than 1 percent of 15-year-olds have become mothers or are pregnant with their first child, by age 19 the proportion has reached 29 percent. Women's education is inversely related to the initiation of childbearing; while one in five teenagers who have less than primary education have given birth or are currently pregnant with their first child, the proportion among those with some secondary schooling is only 5 percent.

Table 3.10.1 Teenage pregnancy and motherhood: background characteristics				
Percentage of women 15-19 who are mothers or pregnant with their first child, by selected background characteristics, Indonesia 1994				
Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number of women
	Mothers	Pregnant with first child		
Age				
15	0.6	0.3	0.9	1,626
16	2.1	1.1	3.2	1,544
17	7.3	1.5	8.8	1,527
18	13.2	4.0	17.2	1,535
19	23.8	5.1	29.0	1,348
Residence				
Urban	4.7	1.4	6.1	2,862
Rural	11.5	2.8	14.4	4,716
Region/Residence				
Java-Bali	10.4	2.6	13.0	4,549
Urban	5.3	1.6	6.9	2,072
Rural	14.6	3.4	18.0	2,477
Outer Java-Bali I	6.7	1.8	8.5	2,128
Urban	2.5	1.2	3.7	563
Rural	8.2	2.1	10.2	1,565
Outer Java-Bali II	7.0	2.1	9.0	899
Urban	4.1	0.4	4.6	233
Rural	7.9	2.6	10.6	665
Education				
No education	18.8	1.3	20.0	171
Some primary	17.3	2.3	19.6	1,092
Completed primary	13.3	3.8	17.1	2,402
Some secondary+	3.5	1.4	4.9	3,911
Total	8.9	2.3	11.2	7,580

Table 3.10.1 also shows that there is a substantial difference in teenage fertility between urban and rural women; rural teenagers are two times more likely than urban teenagers to have given birth or to have become pregnant with their first child. Among the regions, Java-Bali has the highest level of teenage fertility (13 percent, compared with 9 percent in the Outer Java-Bali regions).

Table 3.10.2 Teenage pregnancy and motherhood: region and province

Percentage of women 15-19 who are mothers or pregnant with their first child, by region and province, Indonesia 1994

Region and province	Percentage who are:		Percentage who have begun child-bearing	Number of women
	Mothers	Pregnant with first child		
Java-Bali	10.3	2.6	12.9	4,578
DKI Jakarta	3.0	1.0	4.0	483
West Java	13.4	2.7	16.2	1,501
Central Java	7.2	2.8	10.0	1,121
DI Yogyakarta	4.4	1.0	5.5	123
East Java	13.2	3.0	16.3	1,233
Bali	6.1	1.8	7.8	118
Outer Java-Bali I	6.7	1.8	8.5	2,119
DI Aceh	5.9	0.0	5.9	138
North Sumatra	4.1	0.9	4.9	460
West Sumatra	3.8	1.7	5.6	202
South Sumatra	8.8	1.5	10.3	266
Lampung	12.0	2.7	14.7	220
West Nusa Tenggara	8.4	3.0	11.4	152
West Kalimantan	9.8	2.7	12.5	152
South Kalimantan	7.5	1.4	8.9	120
North Sulawesi	3.5	1.5	5.0	91
South Sulawesi	5.6	3.1	8.7	319
Outer Java-Bali II	7.1	2.1	9.2	881
Riau	6.9	1.8	8.6	152
Jambi	10.3	3.6	13.9	88
Bengkulu	11.4	2.0	13.4	53
East Nusa Tenggara	2.6	2.0	4.7	146
East Timor	5.7	1.9	7.6	25
Central Kalimantan	8.1	3.3	11.4	70
East Kalimantan	8.6	1.3	10.0	89
Central Sulawesi	6.6	3.5	10.1	47
Southeast Sulawesi	7.4	1.2	8.5	57
Maluku	6.8	1.1	7.9	85
Irian Jaya	7.7	2.1	9.8	67
Total	8.9	2.3	11.2	7,580

Variation in teenage fertility is also found among provinces within regions. Table 3.10.2 shows that among the provinces in Java-Bali, West Java and East Java have the highest percentage of teenagers who have begun childbearing (16 percent). In Outer Java-Bali I, the highest percentage is in Lampung (15 percent), while the lowest is in North Sumatra and North Sulawesi (5 percent). In the Outer Java-Bali II region, the corresponding provinces are Jambi (14 percent) and East Nusa Tenggara (5 percent).

The cumulative fertility of teenage women (mean number of children ever born) is presented in Table 3.11. Very few teenagers (9 percent) have children. Of those who have become mothers, 89 percent have one child, and 11 percent have two or more children. Overall, the contribution of women age 15-19 to total fertility in Indonesia is not only small, but also decreasing.

Age	Number of children ever born			Total	Mean number of CEB	Number of women
	0	1	2+			
15	99.4	0.6	0.0	100.0	0.01	1,626
16	97.9	2.1	0.1	100.0	0.02	1,544
17	92.7	6.6	0.7	100.0	0.08	1,527
18	86.8	11.7	1.5	100.0	0.15	1,535
19	76.2	21.1	2.8	100.0	0.27	1,348
Total	91.1	8.0	1.0	100.0	0.10	7,580

CHAPTER 4

KNOWLEDGE AND EVER USE OF FAMILY PLANNING

4.1 Knowledge of Family Planning Methods and Sources

Knowledge of family planning methods and of places to obtain family planning services is crucial in the decision whether to use a contraceptive method and which method to use. Usually, the higher the level of knowledge of family planning methods the greater the use of contraceptives.

In the 1994 IDHS, data on knowledge of family planning methods were obtained by first asking the respondent to name the ways that a couple can delay or avoid a pregnancy or birth. If the respondent did not spontaneously mention a particular method, the method was described by the interviewer and the respondent was asked if she recognized the method. The questionnaire included descriptions for eleven methods: pill, IUD, injection, intravag¹/diaphragm/foam, condom, Norplant, female sterilization, male sterilization, abortion, periodic abstinence, and withdrawal. In addition, other methods mentioned spontaneously by the respondent, such as herbs (*jamu*), abdominal massage (*pijat*), and prolonged abstinence, were recorded. For each method recognized, the respondent was asked if she had ever used the method. Finally, for all modern methods recognized, the respondent was asked where a person could obtain the method if she wanted to use it. If the respondent recognized periodic abstinence, she was asked where a person could go to obtain advice about the method if she wanted to use it.

Table 4.1 Knowledge of contraceptive methods and source for methods

Percentage of ever-married women and currently married women who know specific contraceptive methods and who know a source (for information or services), by specific methods, Indonesia 1994

Contraceptive method	Know method		Know a source ¹	
	Ever-married women	Currently married women	Ever-married women	Currently married women
Any method	95.7	96.3	94.2	95.0
Any modern method	95.5	96.1	94.2	95.0
Pill	92.0	92.7	89.7	90.6
IUD	83.9	84.8	79.9	80.9
Injection	89.7	90.6	87.7	88.8
Intravag/Diaphragm/Foam	10.8	11.1	9.5	9.8
Condom	65.4	66.5	56.5	57.4
Norplant	76.3	77.3	70.9	72.0
Female sterilization	58.7	59.9	55.3	56.4
Male sterilization	36.3	37.2	34.3	35.2
Abortion	33.1	33.6	27.0	27.4
Any traditional method	33.9	34.6	23.1	23.6
Periodic abstinence	26.4	27.0	23.1	23.6
Withdrawal	15.8	16.1	NA	NA
Herbs	6.9	7.1	NA	NA
Massage	2.9	3.0	NA	NA
Other traditional methods	0.8	0.9	NA	NA
Number of women	28,168	26,186	28,168	26,186
Mean number of methods	6.0	6.1	5.3	5.4

NA = Not applicable

¹For modern methods, source refers to a place where the method or procedure can be obtained.

Table 4.1 indicates that knowledge of family planning methods and sources for methods is almost universal among both ever-married women and currently married women. The percentage of women who know any method is the same among ever-married women and currently married women (96 percent), and virtually all of these women recognize at least one modern method.

¹ A tissue containing spermicide placed in the vagina before intercourse.

The most widely known methods among currently married women are the pill, injection, IUD, and Norplant, known by 93, 91, 85, and 77 percent of women, respectively. Knowledge of female sterilization is also high (60 percent). In contrast, the least known methods are intravag/diaphragm/foam. Likewise, familiarity with traditional methods is acknowledged by only one in three married women (35 percent). Abortion is also known by one in three married women.

Figure 4.1 shows that knowledge of most modern contraceptive methods among currently married women has increased since 1987. As expected, there has been a large increase in knowledge of Norplant, male sterilization and female sterilization. In 1987, only 30 percent of married women had heard of Norplant, compared with 77 percent in 1994.

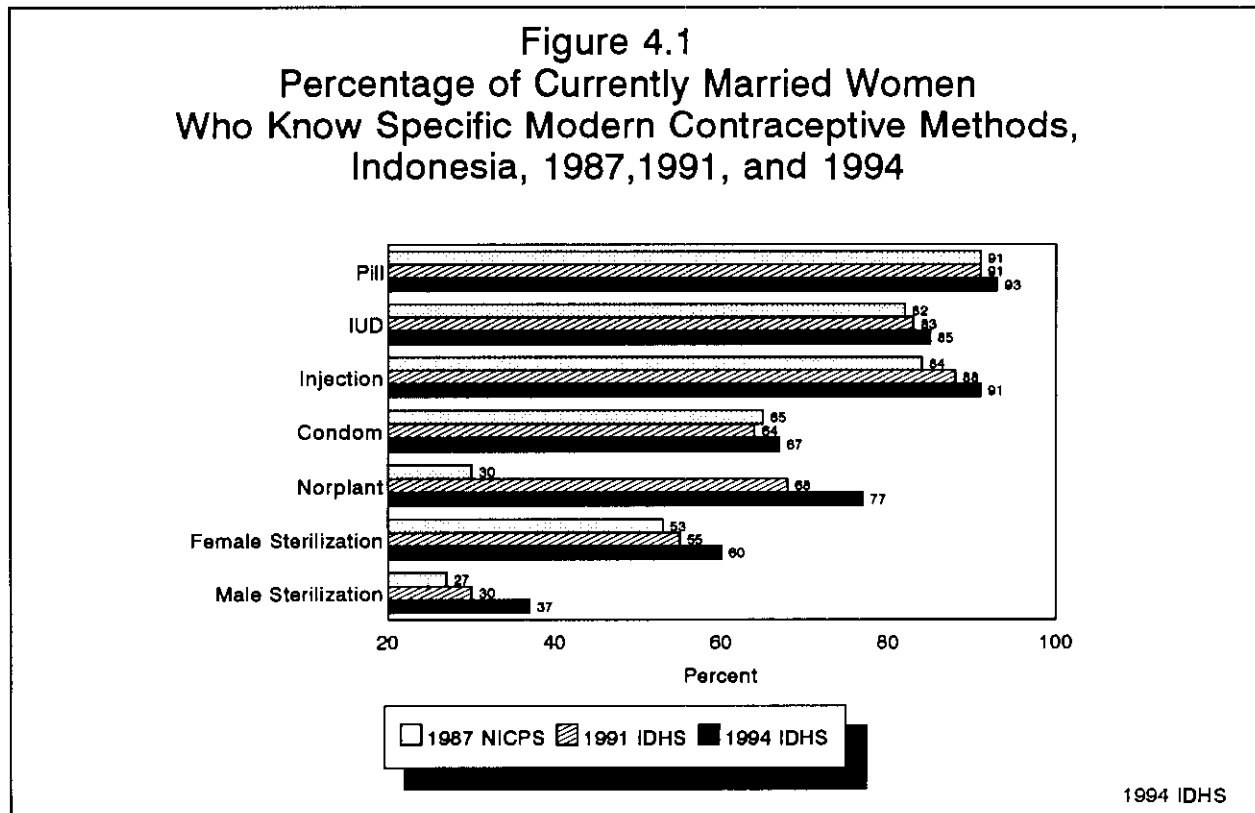


Table 4.1 also shows that almost all women know at least one source for family planning. Over 90 percent of currently married women know a source for the pill, 89 percent know a source for injection, and 81 percent know a source for the IUD. The gap between knowledge of methods and knowledge of sources is relatively small for most methods, ranging from 2 percent for the pill and injection to 9 percent for condoms.

Table 4.2.1 indicates that among married women, knowledge of at least one contraceptive method is slightly lower among women age 45-49 than among younger women. This is also true for knowledge of modern contraceptive methods and of a place to obtain a modern method.

There are no significant differences by residence in knowledge of contraceptive methods and sources for methods. The percentage of married women who know at least one family planning method is 95 percent in rural areas and 99 percent in urban areas. The same relationship holds for knowledge of a modern method and of a place to obtain it.

There are differences in contraceptive knowledge by education; the proportion of women who know methods increases with level of education. For example, 87 percent of women with no education have heard of a modern method. The proportion rises to 96 percent among women with some primary school, and to almost 100 percent of women with some secondary or higher education. With respect to knowledge of family planning sources, the pattern is similar.

Differences in contraceptive knowledge by region are small. Table 4.2.2 shows that the percentage of married women who have heard of at least one contraceptive method in Java-Bali is 98 percent, followed by Outer Java-Bali I (95 percent) and Outer Java-Bali II (92 percent). Knowledge of a modern method and of a source of supply have a similar pattern, which is consistent with the pattern of development of the national family planning program—areas where the program has been functioning longest are those with the highest levels of knowledge.

Table 4.2.1 Knowledge of contraceptive methods and source for methods: background characteristics

Percentage of currently married women who know at least one contraceptive method and at least one modern contraceptive method and who know a source (for information or services), by selected background characteristics, Indonesia 1994

Background characteristic	Know any method	Know a modern method ¹	Know a source for modern method	Number of women
Age				
15-19	97.3	96.6	95.2	1,291
20-24	97.1	96.9	95.9	3,936
25-29	97.0	96.8	96.3	5,234
30-34	97.4	97.3	96.2	5,387
35-39	96.5	96.4	95.8	4,483
40-44	95.6	95.4	93.9	3,262
45-49	91.4	91.1	88.1	2,594
Residence				
Urban	99.3	99.3	98.6	7,591
Rural	95.1	94.8	93.5	18,595
Region/Residence				
Java-Bali	97.7	97.6	96.3	16,663
Urban	99.6	99.5	98.8	5,523
Rural	96.8	96.7	95.1	11,140
Outer Java-Bali I	94.8	94.6	93.8	6,619
Urban	99.2	99.2	98.8	1,423
Rural	93.6	93.3	92.4	5,197
Outer Java-Bali II	91.7	90.9	89.8	2,903
Urban	97.4	97.3	96.3	645
Rural	90.1	89.1	88.0	2,259
Education				
No education	87.4	86.6	83.1	3,904
Some primary	96.3	96.2	95.2	8,299
Completed primary	98.3	98.2	97.3	7,526
Some secondary+	99.4	99.3	99.0	6,457
Total	96.3	96.1	94.9	26,186

¹Includes pill, IUD, injection, intravag/diaphragm/foam, condom, female sterilization, male sterilization and Norplant.

Table 4.2.2 Knowledge of contraceptive methods and source for methods: region and province

Percentage of currently married women who know at least one contraceptive method and one modern contraceptive method and who know a source (for information or services), by region and province, Indonesia 1994

Region and province	Know any method	Know a modern method ¹	Know a source for modern method	Number of women
Java-Bali	97.7	97.6	96.3	16,663
DKI Jakarta	99.9	99.9	99.8	1,140
West Java	97.7	97.6	96.2	5,170
Central Java	99.4	99.4	98.7	4,302
DI Yogyakarta	99.8	99.8	99.7	423
East Java	95.6	95.3	93.3	5,209
Bali	98.5	98.5	97.8	418
Outer Java-Bali I	94.8	94.6	93.8	6,619
Dista Aceh	82.7	82.2	82.0	477
North Sumatra	93.0	92.9	92.0	1,374
West Sumatra	97.2	97.2	95.6	489
South Sumatra	96.6	96.6	96.3	843
Lampung	99.3	99.3	99.0	801
West Nusa Tenggara	99.3	99.0	98.5	469
West Kalimantan	95.0	94.6	94.2	489
South Kalimantan	98.6	98.5	97.5	398
North Sulawesi	98.8	98.8	98.3	318
South Sulawesi	91.5	91.0	89.1	962
Outer Java-Bali II	91.7	90.9	89.8	2,903
Riau	94.7	94.4	92.7	520
Jambi	90.9	90.9	90.7	316
Bengkulu	99.4	99.4	99.1	179
East Nusa Tenggara	94.8	94.3	93.1	393
East Timor	49.9	48.3	47.7	115
Central Kalimantan	95.8	95.7	95.3	227
East Kalimantan	97.9	97.6	96.8	304
Central Sulawesi	91.6	90.4	87.9	225
Southeast Sulawesi	94.5	93.6	93.4	178
Maluku	95.3	95.3	94.3	209
Irian Jaya	78.2	72.9	71.5	238
Total	96.3	96.1	94.9	26,186

¹ Includes pill, IUD, injection, intravag/diaphragm/foam, condom, female sterilization, male sterilization and Norplant.

Women who said that they know a particular method were also asked where they thought a person could go if they wanted to use the method. The responses to this question are summarized in Table 4.3. For all modern methods except female and male sterilization, the most commonly named source is the public health center (*puskesmas*). In the case of female and male sterilization, the government hospital is mentioned as a source by 63 percent or more of women.

Table 4.3 Source of supply for contraceptive methods

Percent distribution of ever-married women who know a contraceptive method, by source of supply they would use if they wanted the method, according to specific methods, Indonesia 1994

Source of supply	Contraceptive method								
	Pill	IUD	Injection	Intravag/ Diaphragm/ Foam	Condom	Norplant	Female sterilization	Male sterilization	Periodic abstinence
Public	46.2	69.1	62.1	44.3	44.9	69.4	78.3	76.5	20.2
Government hospital	3.4	10.5	5.1	6.7	3.9	14.8	64.5	63.0	3.6
Health center (<i>puskesmas</i>)	39.3	57.2	55.9	36.2	38.9	53.0	13.6	13.3	13.6
Family planning fieldworker	2.7	0.3	0.4	1.1	1.5	0.2	0.0	0.1	2.5
Family planning mobile clinic	0.2	0.4	0.3	0.1	0.2	0.7	0.0	0.0	0.1
Other government	0.6	0.6	0.4	0.2	0.3	0.7	0.1	0.1	0.3
Medical private	16.2	20.7	28.1	38.1	28.9	17.6	15.6	17.5	28.0
Hospital	1.2	2.1	1.6	2.9	1.0	2.1	7.0	7.9	1.5
Family planning clinic	1.2	1.3	1.4	1.0	1.0	1.0	0.6	0.6	0.7
Doctor	2.7	5.9	6.5	7.4	2.3	5.7	5.9	7.2	9.4
Midwife	8.6	11.4	18.3	7.8	6.1	8.7	2.1	1.8	15.8
Pharmacy	2.1	0.0	0.0	18.9	18.4	0.0	0.0	0.0	0.2
Other private	0.4	0.0	0.3	0.0	0.1	0.0	0.0	0.0	0.3
Other private	35.0	5.5	7.6	5.4	12.6	5.9	0.2	0.5	39.3
Village delivery post (<i>polindes</i>)	0.3	0.2	0.3	0.1	0.2	0.3	0.0	0.0	0.1
Health post (<i>posyandu</i>)	18.4	4.5	6.4	3.2	8.9	4.4	0.1	0.1	3.1
Family planning post	10.0	0.2	0.4	1.3	2.3	0.4	0.0	0.0	0.9
Traditional healer (<i>dukun</i>)	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Friend/relative	0.6	0.0	0.0	0.3	0.2	0.0	0.0	0.0	30.7
Other source	5.5	0.6	0.4	0.4	0.9	0.8	0.0	0.3	4.4
Don't know	2.3	4.5	2.1	11.9	13.2	6.6	5.7	5.2	11.4
Missing	0.2	0.2	0.2	0.4	0.5	0.5	0.2	0.3	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	25,908	23,637	25,272	3,035	18,435	21,491	16,548	10,229	7,432

Familiarity with private sources, such as private doctors and midwives, private hospitals, and pharmacies, is acknowledged by a sizeable proportion of women. Eighteen percent of women named pharmacies (or drugstores) as places to obtain condoms, and 18 percent mentioned private midwives as sources for injections. This may be partly due to the intense social marketing activities that have gone on in the area of family planning (see Section 4.2).

4.2 Knowledge of Blue Circle

The self-reliant family planning movement known as KB Mandiri was introduced in 1987. The approach is based on the belief that people seek family planning services because of some fundamental motivation to create a better life for their family. The Self-reliant Family Planning concept and campaign encourage family planning participants to take individual responsibility for their family planning needs, including payment for services and supplies. In order to encourage the growth of self-reliance, the government implemented a new service scheme that works through private doctors, midwives, clinics and dispensaries in encouraging the community to fulfill their needs for family planning. In further support of the self-reliance effort, a special information, education, and communication (IEC) campaign utilizing social marketing was developed, called the "Blue Circle" campaign.

The program was initiated in large cities, such as Jakarta, Surabaya, and Bandung, and has gradually been expanded to almost all of the municipalities throughout Indonesia. The private sector program logo,

Blue Circle, is present on the packages of contraceptives (e.g., condoms, pills) sold to users. For IEC purposes, the Blue Circle logo is also put on signs outside the offices of private doctors and midwives and is widely displayed in other strategic locations such as billboards.

In order to evaluate the progress of the Blue Circle campaign, respondents in the 1994 IDHS were asked whether they had ever heard of Blue Circle, and if so, if they knew what it was. Table 4.4.1 shows that 52 percent of ever-married women had heard of Blue Circle; however, only 35 percent knew that it was a private family planning service, and 12 percent thought Blue Circle represented other family planning services. Fifty-three percent of those who had heard of Blue Circle said that they did not know what it was.

Table 4.4.1 Knowledge of Blue Circle: background characteristics

Percentage of ever-married women who have heard of Blue Circle and of those who have heard of Blue Circle, the percentage who think Blue Circle is a private family planning service, by background characteristics, Indonesia 1994

Background characteristic	Heard of Blue Circle	Among those who heard of Blue Circle, percentage who think it is:			Total	Don't know if heard of Blue Circle	Number of women
		Private family planning service	Other family planning service	Don't know			
Age							
15-19	61.4	24.2	12.5	63.3	100.0	6.9	1,365
20-24	64.4	33.9	14.0	52.0	100.0	6.3	4,105
25-29	59.4	36.0	12.1	51.9	100.0	7.1	5,453
30-34	51.8	37.0	12.1	50.9	100.0	8.8	5,660
35-39	48.1	36.5	10.0	53.5	100.0	9.8	4,869
40-44	41.1	36.9	11.4	51.7	100.0	10.7	3,662
45-49	34.0	37.5	12.8	49.7	100.0	13.3	3,055
Residence							
Urban	76.7	38.8	15.5	45.7	100.0	3.6	8,196
Rural	41.3	32.9	9.5	57.6	100.0	11.1	19,972
Region/Residence							
Java-Bali	56.1	35.0	13.4	51.6	100.0	6.6	17,953
Urban	78.0	37.3	16.9	45.8	100.0	3.0	5,991
Rural	45.1	33.0	10.3	56.7	100.0	8.4	11,962
Outer Java-Bali I	45.5	35.9	10.3	53.8	100.0	11.9	7,108
Urban	74.9	42.9	12.9	44.2	100.0	4.4	1,520
Rural	37.6	32.1	8.9	59.0	100.0	14.0	5,588
Outer Java-Bali II	39.7	37.7	6.6	55.6	100.0	15.5	3,106
Urban	69.3	43.6	8.5	47.9	100.0	6.4	685
Rural	31.4	34.1	5.4	60.5	100.0	18.0	2,422
Education							
No education	15.9	18.5	4.6	76.8	100.0	18.4	4,489
Some primary	38.0	24.3	10.7	65.0	100.0	11.0	8,997
Completed primary	59.5	33.9	11.0	55.0	100.0	6.8	7,904
Some secondary+	84.2	45.5	14.8	39.7	100.0	2.4	6,778
Total	51.6	35.4	12.1	52.5	100.0	8.9	28,168

Although the level of knowledge of Blue Circle is low, there has been improvement over time. In 1991, only 34 percent of women had heard of Blue Circle. Of these, 34 percent knew that Blue Circle was a private family planning service. Therefore, in three years the level of knowledge of Blue Circle increased by 53 percent.

Young women are more familiar with Blue Circle than older women. About 60 percent of women under 30 years of age had heard of Blue Circle, and about one-third knew that Blue Circle was a private family planning service. Knowledge of Blue Circle differs by urban-rural residence. The proportion of urban women who have heard of Blue Circle is almost twice that of rural women (77 percent compared with 41 percent). Blue Circle is known throughout the country, but with some variation by region. The percentage of women who have heard of Blue Circle is highest in Java-Bali (56 percent), followed by Outer Java-Bali I (46 percent) and Outer Java-Bali II (40 percent). There are differences in knowledge of Blue Circle by level of education. Sixteen percent of women with no education have heard of Blue Circle. This proportion rises to 38 percent among women with some primary education, 60 percent among those who completed primary school, and 84 percent among women with some secondary or higher education.

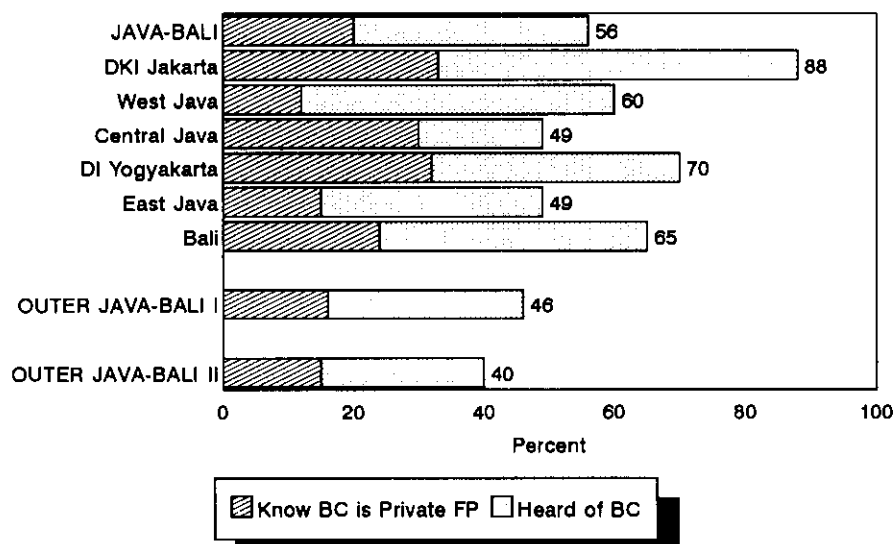
Among the provinces, DKI Jakarta has the highest level of knowledge of Blue Circle (88 percent), followed by DI Yogyakarta (70 percent), East Kalimantan (66 percent), Bali (65 percent) and West Java (60 percent) (see Table 4.4.2 and Figure 4.2). This finding is consistent with the development of Blue Circle

Table 4.4.2 Knowledge of Blue Circle: region and province

Percentage of ever-married women who have heard of Blue Circle and of those who have heard of Blue Circle, the percentage who think Blue Circle is a private family planning service, by region and province, Indonesia 1994

Region and province	Heard of Blue Circle	Among those who heard of Blue Circle, percentage who think it is:			Total	Don't know if heard of Blue Circle	Number of women
		Private family planning service	Other family planning service	Don't know			
Java-Bali	56.1	35.0	13.4	51.6	100.0	6.6	17,953
DKI Jakarta	87.7	37.5	18.1	44.4	100.0	1.4	1,249
West Java	60.2	20.2	19.1	60.7	100.0	5.8	5,551
Central Java	49.4	59.9	3.7	36.3	100.0	12.6	4,578
DI Yogyakarta	69.8	45.9	13.1	41.1	100.0	3.5	457
East Java	48.8	30.0	12.5	57.6	100.0	4.2	5,685
Bali	64.7	37.2	14.3	48.5	100.0	3.7	432
Outer Java-Bali I	45.5	35.9	10.3	53.8	100.0	11.9	7,108
Dista Aceh	30.3	33.4	4.7	61.9	100.0	9.2	522
North Sumatra	54.4	22.8	25.2	52.0	100.0	4.7	1,446
West Sumatra	42.8	17.0	20.6	62.4	100.0	5.0	531
South Sumatra	49.8	40.4	2.4	57.2	100.0	15.6	900
Lampung	44.6	45.0	6.2	48.8	100.0	16.9	834
West Nusa Tenggara	45.8	46.4	7.6	46.0	100.0	17.5	527
West Kalimantan	38.0	27.8	2.9	69.3	100.0	10.5	519
South Kalimantan	54.6	38.4	8.4	53.2	100.0	17.5	447
North Sulawesi	51.6	48.3	0.2	51.5	100.0	5.6	333
South Sulawesi	37.2	51.1	0.8	48.0	100.0	17.1	1,049
Outer Java-Bali II	39.7	37.7	6.6	55.6	100.0	15.5	3,106
Riau	37.8	27.6	22.5	49.9	100.0	11.6	552
Jambi	45.9	59.7	2.4	38.0	100.0	16.4	335
Bengkulu	54.6	50.3	5.6	44.1	100.0	7.0	190
East Nusa Tenggara	28.5	24.7	5.1	70.2	100.0	14.2	436
East Timor	16.8	55.2	6.9	37.9	100.0	36.0	124
Central Kalimantan	49.4	44.7	0.5	54.8	100.0	10.2	244
East Kalimantan	65.6	39.6	0.6	59.7	100.0	8.9	321
Central Sulawesi	38.1	26.7	2.0	71.3	100.0	14.2	238
Southeast Sulawesi	32.1	28.2	6.5	65.2	100.0	18.4	191
Maluku	32.0	24.8	6.3	68.9	100.0	13.6	225
Irian Jaya	27.3	37.4	7.6	55.0	100.0	35.4	250
Total	51.6	35.4	12.1	52.5	100.0	8.9	28,168

Figure 4.2
Percentage of Ever-Married Women Who Have Heard of the Blue Circle (BC) Program and Who Know It Is a Private Family Planning (FP) Program, by Region



1994 IDHS

campaigns, which started in large cities. The lowest level of knowledge of Blue Circle is found in East Timor in Outer Java-Bali II (17 percent). However, more than half of these women know that it is a private family planning service.

4.3 Knowledge of Golden Circle

Although the Blue Circle program has been successful in increasing the percentage of clients who acquire family planning services through the private sector, clients need more varied and complete method choices. The Golden Circle program is intended to provide a wider range of contraceptive choices. In order to evaluate the progress of the Golden Circle campaign, IDHS respondents were asked whether they had ever heard of the Golden Circle, and if so, whether they knew what it was.

Table 4.5.1 shows that 8 percent of ever-married women had heard of the Golden Circle. Of these, 27 percent knew that it was a private family planning service. However, the majority of women did not know the meaning of Golden Circle (67 percent).

Women in their late 20s and early 30s are more likely to know about Golden Circle than younger or older women. Golden Circle is more known in urban areas than in rural areas (13 percent compared with 6 percent, respectively). Women's education is positively associated with knowledge of Golden Circle. Better educated women are more familiar with the Golden Circle program than those with less education. Very few women with no education have heard of Golden Circle.

Table 4.5.1 Knowledge of Golden Circle: background characteristics

Percentage of ever-married women who have heard of Golden Circle and of those who have heard of Golden Circle, the percentage who think Golden Circle is a private family planning service, by background characteristics, Indonesia 1994

Background characteristic	Heard of Golden Circle	Among those who heard of Golden Circle, percentage who think it is:			Total	Don't know if heard of Golden Circle	Number of women
		Private family planning service	Other family planning service	Don't know			
Age							
15-19	5.0	10.3	0.8	88.9	100.0	14.3	1,365
20-24	8.6	17.4	7.9	74.7	100.0	13.4	4,105
25-29	9.4	29.1	2.7	68.2	100.0	14.6	5,453
30-34	8.5	25.6	7.6	66.8	100.0	15.2	5,660
35-39	7.8	31.2	6.0	62.8	100.0	15.5	4,869
40-44	6.4	29.7	6.6	63.7	100.0	15.9	3,662
45-49	6.1	41.7	5.1	53.2	100.0	19.3	3,055
Residence							
Urban	13.2	30.4	6.2	63.4	100.0	10.7	8,196
Rural	5.7	24.5	5.3	70.2	100.0	17.3	19,972
Region/Residence							
Java-Bali	7.5	25.4	6.8	67.9	100.0	12.1	17,953
Urban	11.8	25.8	7.3	67.0	100.0	9.7	5,991
Rural	5.3	24.9	6.2	68.9	100.0	13.3	11,962
Outer Java-Bali I	8.5	29.9	4.2	65.9	100.0	20.3	7,108
Urban	16.8	41.5	4.6	53.9	100.0	12.5	1,520
Rural	6.2	21.4	3.8	74.8	100.0	22.5	5,588
Outer Java-Bali II	8.6	31.9	3.8	64.3	100.0	23.1	3,106
Urban	17.5	34.0	3.0	63.0	100.0	15.7	685
Rural	6.1	30.1	4.5	65.3	100.0	25.2	2,422
Education							
No education	1.3	9.2	1.6	89.2	100.0	21.5	4,489
Some primary	3.5	14.5	3.9	81.6	100.0	16.6	8,997
Completed primary	6.3	21.6	6.6	71.9	100.0	14.9	7,904
Some secondary+	20.0	33.2	6.0	60.8	100.0	10.4	6,778
Total	7.9	27.4	5.7	66.9	100.0	15.4	28,168

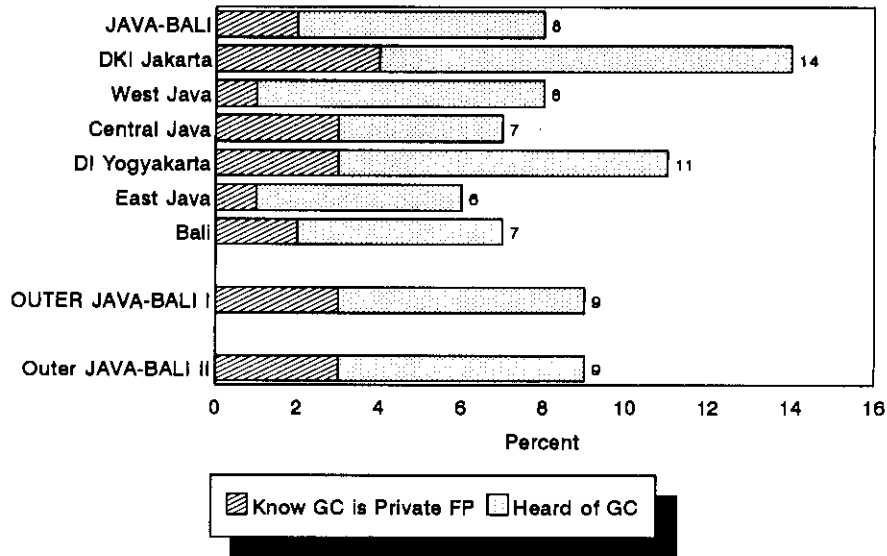
Knowledge of Golden Circle varies slightly by region, but widely by province (see Table 4.5.2 and Figure 4.3). The highest proportion is shown by Bengkulu (25 percent), followed by North Sulawesi and East Kalimantan (16 percent), and DKI Jakarta (14 percent). The lowest level of knowledge of Golden Circle is in East Nusa Tenggara and Southeast Sulawesi (4 percent). Although knowledge about Golden Circle is low in several provinces, a moderate proportion of women who have heard of Golden Circle know that it is a private sector family planning service.

Table 4.5.2 Knowledge of Golden Circle: region and province

Percentage of ever-married women who have heard of Golden Circle and of those who have heard of Golden Circle, the percentage who think Golden Circle is a private family planning service, by region and province, Indonesia 1994

Region and province	Heard of Golden Circle	Among those who heard of Golden Circle, percentage who think it is:			Total	Don't know if heard of Golden Circle	Number of women
		Private family planning service	Other family planning service	Don't know			
Java-Bali	7.5	25.4	6.8	67.9	100.0	12.1	17,953
DKI Jakarta	13.6	26.3	6.4	67.3	100.0	9.2	1,249
West Java	8.3	13.8	10.3	75.9	100.0	10.6	5,551
Central Java	7.0	46.4	5.1	48.5	100.0	20.4	4,578
DI Yogyakarta	10.8	27.7	8.0	64.4	100.0	10.7	457
East Java	5.6	20.0	3.6	76.4	100.0	7.7	5,685
Bali	6.6	28.3	4.2	67.5	100.0	10.2	432
Outer Java-Bali I	8.5	29.9	4.2	65.9	100.0	20.3	7,108
Dista Aceh	7.1	26.4	0.0	73.6	100.0	17.8	522
North Sumatra	7.2	37.8	5.5	56.7	100.0	8.7	1,446
West Sumatra	10.6	16.2	11.6	72.3	100.0	9.5	531
South Sumatra	11.8	21.9	2.6	75.5	100.0	25.4	900
Lampung	5.3	22.5	2.4	75.1	100.0	31.0	834
West Nusa Tenggara	6.0	19.3	7.5	73.2	100.0	33.0	527
West Kalimantan	6.3	17.4	4.7	77.9	100.0	16.6	519
South Kalimantan	12.1	28.8	4.9	66.3	100.0	27.5	447
North Sulawesi	15.6	43.3	0.0	56.7	100.0	11.1	333
South Sulawesi	8.1	46.2	3.0	50.9	100.0	25.6	1,049
Outer Java-Bali II	8.6	31.9	3.8	64.3	100.0	23.1	3,106
Riau	7.3	15.7	5.6	78.8	100.0	17.6	552
Jambi	9.6	37.5	1.1	61.4	100.0	28.6	335
Bengkulu	25.0	29.9	10.3	59.8	100.0	13.9	190
East Nusa Tenggara	3.9	39.1	3.3	57.5	100.0	19.2	436
East Timor	9.6	50.6	7.9	41.5	100.0	39.8	124
Central Kalimantan	7.6	37.9	0.0	62.1	100.0	16.6	244
East Kalimantan	15.5	34.0	0.5	65.4	100.0	19.7	321
Central Sulawesi	5.2	28.6	0.0	71.4	100.0	25.5	238
Southeast Sulawesi	4.1	43.4	1.8	54.8	100.0	26.8	191
Maluku	6.4	27.9	3.8	68.2	100.0	17.7	225
Irian Jaya	6.0	32.4	2.0	65.6	100.0	44.0	250
Total	7.9	27.4	5.7	66.9	100.0	15.4	28,168

Figure 4.3
Percentage of Ever-Married Women Who Know of Golden Circle (GC) and Who Know It Is a Private Family Planning (FP) Program, by Region



1994 IDHS

4.4 Dissemination of Family Planning Information

The objectives of the IEC component of Indonesia's family planning movement are to disseminate knowledge about family planning and to institutionalize the "small, happy, and prosperous family" norm. IEC activities are conducted through the mass media and through family planning groups and workers. Use of the mass media, including newspaper, radio and television, is integral to the IEC program at both the central and provincial levels. Family planning television programs are shown on both central and regional stations run by the government and the private sector. Family planning information is carried on the radio by government and private stations throughout the country.

IEC activities are also carried out through community groups that are formed at the village or neighborhood level. IEC activities at periodic community group meetings generally are handled by a family planning fieldworker or by the group leader. Family planning information is also disseminated through word-of-mouth among neighbors and friends (*gethok tular*).

Provision of Information by Family Planning Workers

Family planning workers operate at the grassroots level and include family planning fieldworker supervisors, family planning fieldworkers, cadres, the head and members of village family planning posts, and the head and members of sub-village family planning posts. These people play a very important role in the IEC component of the family planning movement. They are not only agents of dissemination of family planning innovations, but are also the "motor" of the family planning movement. Various activities, such as recording and reporting current contraceptive users, IEC activities, referrals to the appropriate family planning services, self-reliant family planning movement (*KB Mandiri*) activities, and other activities integrated with family planning, e.g., income generation and family welfare education, are carried out by these staff.

Table 4.6.1 shows the percentage of currently married women who were visited by family planning workers in the six months prior to the survey. Overall, just over one in four married women was visited by a family planning worker.

Contraceptive users are more likely to be visited than nonusers. This finding suggests that there is a need for family planning workers to visit and give family planning information to nonusers. The proportion of women visited is slightly higher among married women in their 20s and early 30s than among younger or older married women. The proportion of women visited by family planning workers varies little by urban-rural residence or level of education.

Table 4.6.1 Visits by family planning fieldworkers: background characteristics

Percentage of currently married women who have been visited by a family planning fieldworker in the six months prior to the survey, by selected background characteristics, Indonesia 1994

Background characteristic	Using contraception		Total	Number of women
	Yes	No		
Age				
15-19	45.4	12.5	24.5	1,291
20-24	45.9	16.0	32.6	3,936
25-29	45.6	15.1	33.3	5,234
30-34	41.5	16.8	31.9	5,387
35-39	35.0	13.8	26.5	4,483
40-44	34.5	10.1	23.1	3,262
45-49	24.8	7.3	13.1	2,594
Residence				
Urban	36.6	13.4	27.3	7,591
Rural	41.8	13.4	28.3	18,595
Region/Residence				
Java-Bali	40.5	13.7	29.3	16,663
Urban	37.2	14.0	28.4	5,523
Rural	42.2	13.5	29.8	11,140
Outer Java-Bali I	38.0	12.4	25.0	6,619
Urban	32.2	11.5	23.0	1,423
Rural	39.8	12.6	25.6	5,197
Outer Java-Bali II	43.0	14.3	27.4	2,903
Urban	40.4	13.2	27.9	645
Rural	44.0	14.5	27.3	2,259
Education				
No education	37.3	9.6	20.6	3,904
Some primary	41.1	12.1	27.3	8,299
Completed primary	42.6	16.0	31.5	7,526
Some secondary+	37.5	15.8	29.4	6,457
Total	40.1	13.4	28.0	26,186

The proportion of married women who were visited by family planning workers varies slightly by region (see Table 4.6.2). In Java-Bali, East Java (16 percent) has the lowest percentage and Central Java (39 percent) has the highest percentage of married women who were visited by family planning workers. In Outer Java-Bali I, the lowest percentage is in North Sumatra (17 percent) and the highest in West Kalimantan (39 percent). In Outer Java Bali II, the lowest percentage occurs in Maluku (20 percent) and the highest is in Bengkulu (47 percent).

Table 4.6.2 Visits by family planning fieldworkers: region and province

Percentage of currently married women who have been visited by a family planning fieldworker in the six months prior to the survey, by region and province, Indonesia 1994

Region and province	Using contraception		Total	Number of women
	Yes	No		
Java-Bali	40.5	13.7	29.3	16,663
DKI Jakarta	43.1	11.7	30.5	1,140
West Java	51.3	16.1	36.0	5,170
Central Java	50.8	20.7	39.1	4,302
DI Yogyakarta	27.7	12.5	23.0	423
East Java	22.9	6.8	15.8	5,209
Bali	19.8	10.9	17.0	418
Outer Java-Bali I	38.0	12.4	25.0	6,619
Dista Aceh	51.2	5.9	20.5	477
North Sumatra	27.5	6.8	16.5	1,374
West Sumatra	34.1	14.2	23.0	489
South Sumatra	31.8	8.4	20.8	843
Lampung	47.5	19.4	36.1	801
West Nusa Tenggara	40.8	28.3	34.5	469
West Kalimantan	64.4	13.8	39.4	489
South Kalimantan	27.5	6.2	17.9	398
North Sulawesi	40.1	24.9	35.9	318
South Sulawesi	33.9	13.8	22.4	962
Outer Java-Bali II	43.0	14.3	27.4	2,903
Riau	42.4	9.3	22.9	520
Jambi	35.9	8.7	23.7	316
Bengkulu	59.7	27.7	47.4	179
East Nusa Tenggara	49.6	18.3	30.0	393
East Timor	66.6	12.1	24.4	115
Central Kalimantan	43.2	7.3	23.3	227
East Kalimantan	32.4	13.0	24.8	304
Central Sulawesi	49.4	17.6	34.3	225
Southeast Sulawesi	52.2	19.6	34.7	178
Maluku	34.0	12.1	19.8	209
Irian Jaya	33.5	21.6	26.5	238
Total	40.1	13.4	28.0	26,186

Appropriate Sources of Family Planning Information

Mass media programs used to disseminate information about family planning in Indonesia through radio and television include spot shows, dramas, reports, discussions, and regular series. Another important means of disseminating family planning information is the family planning worker system, which operates in all parts of the country. Family planning workers focus their efforts on increasing family planning use, providing family planning information and recording service statistics. An important aspect of a family

planning worker's job is institutionalization, i.e., working through community organizations, such as mothers' clubs, religious groups, women's organizations (PKK), and the organization for wives of civil servants (*Dharma Wanita*). Income-generating activities and rewards to long-term users are among the strategies used to introduce family planning and maintain motivation. In an effort to investigate which actual or potential sources of family planning information are considered appropriate by ever-married women in Indonesia, the 1994 IDHS included a set of questions on this subject (see Table 4.7.1).

Table 4.7.1 Appropriate sources for family planning information: background characteristics

Percentage of ever-married women who believe specific sources are appropriate for obtaining family planning information, by background characteristics, Indonesia 1994

Background characteristic	Radio	Television	Newspaper/Magazine	Poster	Pamphlet	Family planning officer	Teacher	Community leader	Religious leader	Doctor	Midwife	Village leader	Women's group	Pharmacy	Number of women
Age															
15-19	71.8	76.0	51.9	45.3	39.9	79.8	27.5	46.7	35.5	72.7	85.6	51.1	52.9	35.2	1,365
20-24	68.2	75.2	52.7	44.0	40.7	81.7	29.0	45.9	38.8	74.0	85.8	52.9	56.9	34.6	4,105
25-29	69.0	75.5	53.5	42.7	38.8	80.6	29.2	45.0	38.7	74.1	85.4	53.9	57.5	33.7	5,453
30-34	67.0	73.0	49.7	40.9	37.6	79.5	31.3	46.2	40.0	72.7	83.4	54.3	57.6	34.4	5,660
35-39	66.4	71.5	48.3	40.6	36.6	78.6	32.3	46.2	40.2	71.8	81.3	55.2	56.9	34.0	4,869
40-44	68.2	71.1	50.3	40.9	38.6	77.6	36.8	47.7	43.1	72.0	83.1	57.1	57.4	36.9	3,662
45-49	62.2	65.8	41.2	35.0	31.8	74.2	29.6	41.2	37.1	67.7	78.1	51.3	50.5	29.6	3,055
Residence															
Urban	72.3	84.9	65.1	54.9	50.3	85.8	34.2	53.0	46.6	83.4	89.2	55.2	66.4	41.4	8,196
Rural	65.3	67.6	43.7	35.6	32.6	76.3	29.8	42.6	36.6	67.9	80.9	53.6	52.2	31.0	19,972
Region/Residence															
Java-Bali	73.9	77.0	57.4	49.4	45.0	82.5	36.8	53.7	45.4	74.4	85.3	64.8	65.8	40.8	17,953
Urban	77.8	86.9	70.4	61.8	56.4	90.2	38.6	59.2	51.3	86.0	92.5	62.4	73.7	46.3	5,991
Rural	71.9	72.1	50.8	43.2	39.3	78.6	35.8	51.0	42.4	68.6	81.7	65.9	61.9	38.0	11,962
Outer Java-Bali I	56.9	66.2	38.0	28.6	26.7	71.6	22.8	33.1	30.7	67.5	78.4	37.7	41.1	24.2	7,108
Urban	57.1	78.0	49.7	36.7	34.8	71.4	24.0	36.8	34.3	73.2	77.4	37.4	46.8	28.8	1,520
Rural	56.8	63.0	34.8	26.4	24.5	71.6	22.5	32.1	29.7	66.0	78.7	37.8	39.6	23.0	5,588
Outer Java-Bali II	53.4	62.2	34.1	23.1	21.3	76.2	17.2	27.2	25.5	71.7	82.6	29.5	36.1	17.5	3,106
Urban	57.6	82.5	53.0	35.1	32.3	78.5	17.9	34.5	32.4	83.2	86.2	32.4	45.5	27.2	685
Rural	52.2	56.4	28.8	19.8	18.2	75.6	17.0	25.1	23.5	68.5	81.5	28.7	33.4	14.8	2,422
Education															
No education	54.5	54.2	30.8	27.3	24.1	66.2	28.2	36.8	32.9	58.4	72.2	50.6	40.0	26.1	4,489
Some primary	67.8	70.8	45.7	38.7	35.2	77.7	33.2	45.8	39.6	69.6	81.9	56.3	55.3	34.4	8,997
Completed primary	71.1	76.1	51.7	41.0	37.7	81.4	29.4	45.4	38.1	73.4	85.4	55.8	58.6	33.0	7,904
Some secondary+	70.6	83.4	66.1	54.1	50.3	86.7	32.2	51.3	45.3	84.1	89.9	51.3	65.8	40.0	6,778
Total	67.3	72.7	49.9	41.2	37.7	79.1	31.1	45.6	39.5	72.4	83.3	54.0	56.3	34.0	28,168

The majority of women believe that doctors (72 percent), midwives (83 percent), and family planning officers (79 percent) are appropriate sources of family planning information. Women's groups and village leaders were considered as good sources of family planning information by more than half of women. Television and radio are also popular mass media (73 percent and 67 percent, respectively); other sources are thought to be appropriate by half of women or less.

There is little difference by urban-rural residence in the sources considered appropriate for family planning information except for television and those sources requiring reading skills, which are more widely accepted in urban areas. Primarily due to their availability, doctors, midwives, and family planning workers are more popular in urban than in rural areas. The government currently has a policy to post midwives in villages throughout the country.

Overall, women with higher education are more likely than women with less education to accept the various media as a source for family planning information. At least eight in ten women with some secondary or higher education thought of doctors, midwives, family planning officers and television as appropriate sources for family planning information.

Provincial differentials in the proportion of women who believe that a specific source of family planning information is appropriate are shown in Table 4.7.2. In most provinces, midwives are the most popular source of family planning information, followed by family planning workers and doctors. Meanwhile, the importance of television and radio is emphasized in all provinces. In Java-Bali, a relatively large proportion of women believe that teachers and community and religious leaders are appropriate sources of family planning information.

Table 4.7.2 Appropriate sources for family planning information: region and province

Percentage of ever-married women who believe specific sources are appropriate for obtaining family planning information, by region and province, Indonesia 1994

Region and province	Radio	Television	Newspaper/Magazine	Poster	Pamphlet	Family planning officer	Teacher	Community leader	Religious leader	Doctor	Midwife	Village leader	Women's group	Pharmacy	Number of women
Java-Bali	73.9	77.0	57.4	49.4	45.0	82.5	36.8	53.7	45.4	74.4	85.3	64.8	65.8	40.8	17,953
DKI Jakarta	86.9	95.7	85.9	72.3	65.8	96.8	36.4	57.5	49.6	95.9	97.6	61.1	72.8	52.9	1,249
West Java	71.4	75.5	58.1	49.5	40.3	81.0	36.3	52.1	45.0	74.6	83.9	56.7	62.1	32.3	5,551
Central Java	70.7	68.7	36.3	23.1	21.0	76.0	18.0	33.5	26.8	55.7	78.5	59.5	55.9	19.3	4,578
DI Yogyakarta	88.5	89.9	80.6	74.1	73.3	98.7	69.3	86.4	82.2	96.5	98.6	88.8	92.6	72.2	457
East Java	74.3	79.5	65.6	63.5	62.1	84.0	49.9	68.7	57.4	81.7	87.7	76.4	74.0	61.2	5,685
Bali	79.9	85.2	55.2	48.5	44.8	92.7	35.5	46.5	37.4	89.9	96.3	55.9	63.4	40.2	432
Outer Java-Bali I	56.9	66.2	38.0	28.6	26.7	71.6	22.8	33.1	30.7	67.5	78.4	37.7	41.1	24.2	7,108
Dista Aceh	49.1	66.4	35.1	26.8	20.6	83.9	11.8	25.0	16.6	75.5	79.7	22.2	41.3	18.0	522
North Sumatra	60.2	76.7	47.8	37.8	34.8	74.7	33.0	42.2	39.1	71.4	74.5	46.2	51.0	37.9	1,446
West Sumatra	68.1	74.5	49.3	39.9	38.3	82.5	30.3	41.4	42.3	78.8	83.8	52.1	59.5	33.1	531
South Sumatra	37.4	46.0	18.7	4.3	4.3	56.2	5.5	6.6	5.8	37.7	71.3	15.7	16.4	9.8	900
Lampung	68.7	70.1	39.4	26.8	24.7	83.6	14.7	30.7	26.9	78.1	89.7	45.9	47.9	21.0	834
West Nusa Tenggara	79.3	80.8	45.2	43.8	43.9	87.4	45.3	60.0	59.0	74.1	85.0	62.0	51.5	35.0	527
West Kalimantan	66.4	77.7	48.0	37.7	35.4	84.4	36.5	45.3	42.0	84.9	90.1	40.6	45.0	28.1	519
South Kalimantan	79.4	86.3	62.9	53.4	53.1	88.1	43.3	65.9	64.5	82.1	86.2	58.6	69.7	42.3	447
North Sulawesi	47.4	62.4	32.1	16.1	18.3	70.5	12.7	29.9	28.1	59.4	72.0	30.5	39.3	12.6	333
South Sulawesi	35.2	41.5	18.2	14.5	11.9	38.4	7.9	12.5	11.3	54.0	67.3	18.6	15.2	7.6	1,049
Outer Java-Bali II	53.4	62.2	34.1	23.1	21.3	76.2	17.2	27.2	25.5	71.7	82.6	29.5	36.1	17.5	3,106
Riau	68.4	84.6	46.0	31.6	29.5	81.3	22.9	33.6	33.5	78.9	89.0	36.7	50.3	29.2	552
Jambi	30.6	46.3	21.1	11.3	10.3	54.1	9.0	13.9	13.4	49.8	72.8	23.6	29.4	10.7	335
Bengkulu	84.4	92.1	59.3	42.6	43.7	95.2	36.7	61.8	48.7	94.6	97.3	68.8	67.1	33.6	190
East Nusa Tenggara	42.1	29.6	22.2	16.6	13.9	84.1	20.4	27.5	29.0	72.6	89.0	30.1	28.1	12.5	436
East Timor	24.5	21.2	8.9	6.5	7.0	47.6	6.6	10.6	8.6	63.8	62.0	3.6	8.5	6.5	124
Central Kalimantan	65.5	81.2	32.5	25.5	24.5	80.8	10.3	20.1	19.9	84.4	88.7	17.6	28.4	13.4	244
East Kalimantan	60.9	88.6	47.4	34.7	29.1	85.4	21.7	43.6	38.4	85.1	83.7	37.8	40.3	23.5	321
Central Sulawesi	66.9	71.9	41.4	28.7	23.0	87.5	11.3	18.8	17.0	78.7	83.2	25.4	47.4	10.0	238
Southeast Sulawesi	53.9	55.4	28.3	17.4	18.4	62.7	15.4	17.7	16.4	49.0	69.9	15.5	19.4	14.1	191
Maluku	55.3	63.0	39.1	18.8	20.5	77.4	17.6	26.0	21.5	69.3	81.2	25.4	40.0	17.3	225
Irian Jaya	25.1	31.0	16.8	11.2	8.6	62.9	7.7	14.4	15.8	53.3	72.2	22.8	18.1	9.5	250
Total	67.3	72.7	49.9	41.2	37.7	79.1	31.1	45.6	39.5	72.4	83.3	54.0	56.3	34.0	28,168

4.5 Ever Use of Family Planning Methods

For each method recognized, the respondent was asked if she had ever used that method. Seventy-three percent of ever-married women, and 76 percent of currently married women reported that they had used a method of family planning at some time (see Table 4.8). The percentage of women who have ever used a method has increased since 1991 when it was 66 percent for ever-married women, and 69 percent for currently married women. This is also true for ever users of modern methods.

Among ever-married women, the most common method used is the pill (43 percent), followed by injection (35 percent). IUD is the third most widely used method, with 21 percent of women having used it. Much smaller proportions of women report having used Norplant (6 percent), condoms (5 percent), and female sterilization (3 percent). Nine percent of women have used a traditional method at some time: periodic abstinence (4 percent), withdrawal (3 percent), herbs (2 percent), and massage (1 percent).

Table 4.9 presents the percent distribution of ever-married women by the number of living children at the time of first use of family planning, according to current age. The table is useful in identifying the acceptance of the small family norm and the adoption of family planning for spacing purposes. The data show that 32 percent of women started using a family planning method when they had only one child and 15 percent when they had two children. There is a shift in the timing of first contraceptive use. While only 1 percent of women 45-49 used contraception when they had no children, the proportion for women 20-24 is 15 percent, and for women 15-19 it is one in four. The proportion of women who started using contraception when they had one child increases rapidly from 24 percent among women 15-19 to 46 percent or higher among women in their twenties. Higher proportions among older women after having two children suggest that they use family planning for limiting purposes. The same conclusion can be reached regarding the median number of children at first use of contraception—younger women tend to start using family planning at a lower parity.

Table 4.8 Ever use of contraception

Percentage of ever-married women and currently married women who have ever used any contraceptive method, by specific method and age, Indonesia 1994

Age	Modern method									Traditional method							Number of women	
	Any method	Any modern method	Pill	IUD	Injection	Intravag/ Diaphragm/ Foam	Condom	Norplant	Female sterilization	Male sterilization	Abortion	Any trad. method	Periodic abstinence	Withdrawal	Herbs	Massage		Other
EVER-MARRIED WOMEN																		
15-19	50.0	49.0	29.8	2.8	23.2	0.0	0.9	3.7	0.0	0.0	0.0	2.1	0.6	0.7	1.2	0.1	0.0	1,365
20-24	70.6	69.3	38.2	10.5	40.7	0.2	2.3	7.6	0.0	0.0	0.1	5.2	1.6	2.1	0.9	0.5	0.2	4,105
25-29	78.8	76.8	44.2	18.9	44.7	0.2	4.1	7.6	0.8	0.2	0.3	7.6	3.3	3.1	2.1	0.3	0.4	5,453
30-34	81.2	78.7	47.7	25.0	41.8	0.3	6.3	8.3	2.3	0.7	0.5	10.7	4.7	4.4	2.2	0.8	0.6	5,660
35-39	78.6	76.2	47.0	26.4	33.2	0.4	7.0	6.8	5.6	1.4	0.6	9.9	5.2	3.2	2.4	0.4	0.6	4,869
40-44	71.1	68.6	44.3	25.3	24.6	0.1	5.6	3.2	5.9	1.2	0.6	9.6	4.0	3.3	2.9	0.6	0.8	3,662
45-49	58.2	55.4	33.9	22.5	13.0	0.3	5.6	2.3	5.4	0.9	1.2	10.3	5.9	2.6	3.1	0.7	0.6	3,055
Total	73.4	71.2	42.7	20.6	34.5	0.2	5.0	6.3	2.9	0.7	0.5	8.6	3.9	3.1	2.2	0.5	0.5	28,168
CURRENTLY MARRIED WOMEN																		
15-19	50.6	49.5	29.5	2.9	24.2	0.0	1.0	3.9	0.0	0.0	0.0	2.2	0.6	0.8	1.3	0.1	0.0	1,291
20-24	71.7	70.4	38.9	10.5	41.5	0.2	2.4	8.0	0.0	0.0	0.1	5.3	1.7	2.2	0.9	0.5	0.2	3,936
25-29	80.3	78.2	45.2	19.3	45.6	0.2	4.1	7.7	0.9	0.2	0.2	7.7	3.4	3.2	2.1	0.3	0.4	5,234
30-34	82.7	80.4	48.6	25.9	42.7	0.3	6.4	8.6	2.3	0.8	0.5	10.8	4.8	4.5	2.2	0.7	0.6	5,387
35-39	80.9	78.6	49.0	27.2	34.4	0.4	6.9	7.1	5.9	1.4	0.5	10.3	5.3	3.2	2.4	0.4	0.7	4,483
40-44	74.9	72.4	46.9	27.1	26.5	0.1	5.6	3.4	6.3	1.4	0.7	10.0	4.1	3.5	3.1	0.5	0.9	3,262
45-49	62.7	59.8	37.2	24.1	14.7	0.3	5.9	2.7	6.1	0.9	1.1	10.9	6.2	2.9	3.2	0.8	0.6	2,594
Total	75.7	73.6	44.2	21.3	36.0	0.3	5.0	6.6	3.1	0.7	0.5	8.8	4.0	3.2	2.2	0.5	0.5	26,186

Table 4.9 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at the time of first use of contraception and median number of children at first use, according to current age, Indonesia 1994

Current age	Never used contraception	Number of living children at time of first use of contraception					Missing	Total	Number of women	Median number of children at first use of contraception
		0	1	2	3	4+				
15-19	50.0	24.7	24.0	1.3	0.0	0.0	0.0	100.0	1,365	1.0
20-24	29.4	14.6	46.1	8.3	1.2	0.3	0.0	100.0	4,105	1.4
25-29	21.2	5.8	47.8	17.5	5.6	2.0	0.0	100.0	5,453	1.7
30-34	18.8	3.0	37.3	20.9	11.6	8.3	0.0	100.0	5,660	2.0
35-39	21.4	2.3	23.0	19.5	15.2	18.5	0.1	100.0	4,869	2.7
40-44	28.9	1.6	14.1	14.7	12.8	27.9	0.1	100.0	3,662	3.4
45-49	41.8	1.4	9.9	8.0	9.7	28.9	0.3	100.0	3,055	4.0
Total	26.6	5.8	31.5	15.0	9.0	12.1	0.1	100.0	28,168	2.0

CHAPTER 5

CURRENT USE OF FAMILY PLANNING

Information on the current level of contraceptive use, i.e., contraceptive prevalence, is important for measuring the success of the national family planning movement. Contraceptive prevalence is defined as the proportion of currently married women age 15-49 who were using some method of family planning at the time of the survey. This chapter presents data concerning levels, trends, and differentials in current use, sources of family planning methods, age at time of first use of contraception, reasons for using a particular method, and some indicators of the quality of use of the pill, injection and condom.

5.1 Current Use of Family Planning

Table 5.1 shows that 55 percent of currently married women are using contraception, 52 percent modern methods and 3 percent traditional methods. As with ever use, the pill (17 percent), injection (15 percent), and IUD (10 percent) are the most commonly used methods, together accounting for 78 percent of current contraceptive use. Other modern methods with significant proportions of users are Norplant and female sterilization, used by 5 and 3 percent of married women, respectively.

Table 5.1 Current use of contraception

Percent distribution of ever-married women and of currently married women who are currently using a contraceptive method by specific method, according to age, Indonesia 1994

Age	Modern method								Traditional method				Not currently using	Total	Number of women	
	Any method	Any modern method	Pill	IUD	Injection	Condom	Norplant	Female sterilization	Male sterilization	Any trad. method	Periodic abstinence	Withdrawal				Other methods
EVER-MARRIED WOMEN																
15-19	34.4	33.7	13.8	2.1	14.8	0.0	3.0	0.0	0.0	0.7	0.1	0.1	0.6	65.6	100.0	1,365
20-24	53.2	51.8	17.3	5.9	22.2	0.2	6.2	0.0	0.0	1.4	0.4	0.7	0.4	46.8	100.0	4,105
25-29	57.3	55.5	18.9	8.9	20.3	0.6	5.7	0.8	0.2	1.7	0.7	0.5	0.5	42.7	100.0	5,453
30-34	58.1	54.8	17.9	10.7	15.9	1.2	6.1	2.3	0.7	3.3	1.2	1.3	0.8	41.9	100.0	5,660
35-39	55.2	51.9	17.6	11.3	10.5	1.3	4.5	5.6	1.2	3.2	1.6	0.8	0.8	44.8	100.0	4,869
40-44	47.8	44.4	13.4	13.1	7.6	1.0	2.2	5.9	1.2	3.4	1.4	0.7	1.3	52.2	100.0	3,662
45-49	28.2	25.8	6.4	9.6	2.5	0.4	0.9	5.4	0.6	2.4	1.2	0.4	0.8	71.8	100.0	3,055
Total	51.0	48.5	15.9	9.5	14.1	0.8	4.5	2.9	0.6	2.5	1.0	0.7	0.8	49.0	100.0	28,168
CURRENTLY MARRIED WOMEN																
15-19	36.4	35.6	14.6	2.2	15.7	0.0	3.2	0.0	0.0	0.8	0.1	0.1	0.6	63.6	100.0	1,291
20-24	55.5	54.0	18.0	6.1	23.2	0.2	6.5	0.0	0.0	1.5	0.4	0.7	0.4	44.5	100.0	3,936
25-29	59.6	57.8	19.7	9.3	21.2	0.7	5.9	0.9	0.2	1.8	0.7	0.6	0.5	40.4	100.0	5,234
30-34	61.0	57.5	18.8	11.2	16.7	1.3	6.4	2.3	0.7	3.4	1.2	1.3	0.9	39.0	100.0	5,387
35-39	59.7	56.2	19.1	12.3	11.4	1.4	4.8	5.9	1.3	3.5	1.8	0.8	0.9	40.3	100.0	4,483
40-44	53.4	49.5	15.1	14.7	8.5	1.1	2.5	6.3	1.4	3.9	1.6	0.8	1.5	46.6	100.0	3,262
45-49	32.9	30.1	7.5	11.3	2.9	0.4	1.1	6.1	0.7	2.8	1.4	0.5	0.9	67.1	100.0	2,594
Total	54.7	52.1	17.1	10.3	15.2	0.9	4.9	3.1	0.7	2.7	1.1	0.8	0.8	45.3	100.0	26,186

Note: Total includes 2 users of Intravag/Diaphragm/Foam.

Modern methods are popular among women of all ages. However, younger and older women are less likely to be using contraception than women in the mid-childbearing ages (25 to 39 years). Injection and Norplant are more common among women under 30, while the IUD, male sterilization, and female sterilization are more common among women over 30.

Use of family planning is higher among urban women than rural women (see Table 5.2.1 and Figure 5.1). Sixty percent of currently married urban women are using a method, compared with 53 percent of rural women. The mix of methods also differs, with urban women relying more heavily on the IUD and female sterilization. The pill, Norplant, and male sterilization are used more commonly by rural women.

Contraceptive use increases with the respondent's level of education. Forty percent of currently married women with no education are using a method, compared with 63 percent of those with secondary or higher education. The type of contraceptive method used also varies by level of education. Although IUD use is higher among women who have some secondary education than among those with no education (15 percent, compared with 8 percent), the proportion of women using Norplant is higher among women with no education than among those with secondary or higher education (5 percent, compared with 3 percent). Women with a higher level of education are more likely to use long-term methods, such as the IUD, injection, and female sterilization, than women with less education.

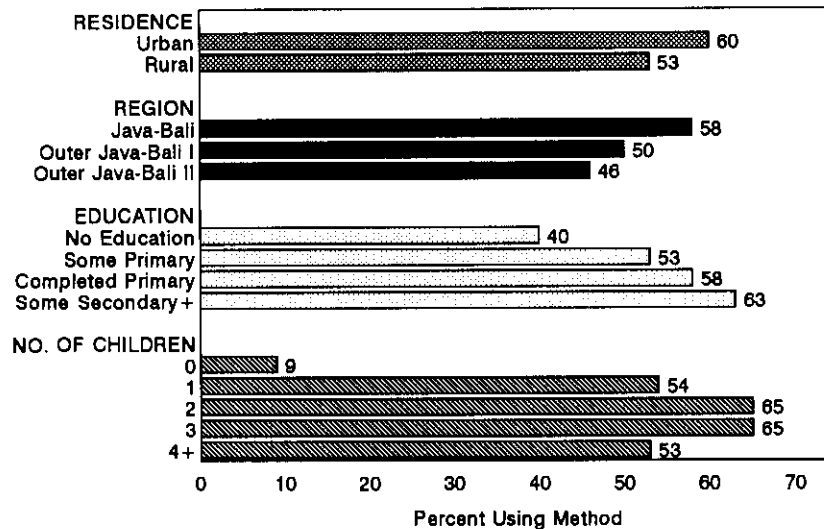
Table 5.2.1 Current use of contraception: background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Indonesia 1994

Background characteristic	Modern method									Traditional method				Not currently using	Total	Number of women
	Any method	Any modern method	Pill	IUD	Injection	Con-dom	Nor-plant	Female steri-liza-tion	Male steri-liza-tion	Any trad. meth-od	Peri-odic absti-nence	With-draw-al	Other meth-ods			
Residence																
Urban	60.2	55.8	15.8	12.2	16.8	2.2	2.8	5.6	0.4	4.4	2.2	1.0	1.2	39.8	100.0	7,591
Rural	52.5	50.5	17.7	9.5	14.6	0.3	5.7	2.0	0.8	2.0	0.6	0.7	0.7	47.5	100.0	18,595
Region/Residence																
Java-Bali	58.4	56.4	16.7	12.1	16.8	0.9	5.5	3.5	0.9	2.0	0.7	0.6	0.6	41.6	100.0	16,663
Urban	62.0	58.6	15.3	13.0	18.0	2.2	3.5	6.1	0.5	3.5	1.6	0.8	1.0	38.0	100.0	5,523
Rural	56.6	55.4	17.4	11.7	16.2	0.2	6.5	2.2	1.1	1.2	0.3	0.5	0.4	43.4	100.0	11,140
Outer Java-Bali I	49.5	45.5	18.8	7.4	11.9	0.8	3.7	2.5	0.3	4.0	1.8	1.2	0.9	50.5	100.0	6,619
Urban	55.8	48.1	16.3	10.6	13.4	2.0	1.1	4.6	0.2	7.7	4.5	1.5	1.6	44.2	100.0	1,423
Rural	47.8	44.8	19.5	6.5	11.5	0.5	4.5	1.9	0.3	3.0	1.1	1.2	0.7	52.2	100.0	5,197
Outer Java-Bali II	45.7	41.8	15.4	6.0	13.6	0.6	4.0	1.8	0.3	3.9	1.4	0.7	1.8	54.3	100.0	2,903
Urban	54.0	48.7	18.7	9.2	14.1	1.9	0.6	4.1	0.1	5.3	2.7	1.1	1.5	46.0	100.0	645
Rural	43.3	39.8	14.5	5.0	13.5	0.3	5.0	1.1	0.3	3.5	1.1	0.6	1.9	56.7	100.0	2,259
Education																
No education	39.6	38.1	15.0	7.5	8.2	0.0	5.2	1.4	0.9	1.5	0.1	0.3	1.1	60.4	100.0	3,904
Some primary	52.6	50.6	18.5	8.5	13.7	0.3	5.8	3.0	0.9	1.9	0.5	0.6	0.8	47.4	100.0	8,299
Completed primary	58.2	56.1	18.8	9.9	17.9	0.4	5.8	2.7	0.6	2.1	0.7	0.8	0.6	41.8	100.0	7,526
Some secondary+	62.6	57.5	14.7	14.6	18.3	2.5	2.5	4.5	0.3	5.1	2.9	1.3	0.9	37.4	100.0	6,457
Number of living children																
0	9.0	8.9	6.4	0.0	2.0	0.0	0.3	0.0	0.0	0.2	0.1	0.0	0.0	91.0	100.0	2,203
1	54.1	52.1	18.8	8.1	19.3	0.4	5.2	0.2	0.1	2.0	0.7	0.7	0.6	45.9	100.0	5,779
2	65.2	61.8	20.5	14.9	18.0	0.9	5.8	1.1	0.6	3.4	1.4	1.0	1.0	34.8	100.0	6,234
3	65.4	62.3	18.3	14.4	16.6	1.1	6.0	4.6	1.2	3.1	1.4	0.9	0.8	34.6	100.0	4,672
4+	53.3	50.2	15.4	8.5	12.7	1.2	4.5	6.9	1.0	3.1	1.2	0.8	1.1	46.7	100.0	7,298
Total	54.7	52.1	17.1	10.3	15.2	0.9	4.9	3.1	0.7	2.7	1.1	0.8	0.8	45.3	100.0	26,186

Note: Total includes 2 users of Intravag/Diaphragm/Foam.

Figure 5.1
Percentage of Currently Married Women Age 15-49
Who Are Using a Contraceptive Method



1994 IDHS

Contraceptive use increases with the number of living children a woman has, reaching 65 percent among women with two or three children, then declines among women with four or more children. Nine percent of childless women are current users of family planning (mostly the pill), presumably to delay their first birth. After having one child, women tend to use the pill, injection, and IUD. Use of female and male sterilization increases with the number of living children.

Table 5.2.2 shows the proportion of married women who are using contraception by region and province. Contraceptive use is highest in Java-Bali (58 percent), followed by Outer Java-Bali I (50 percent) and Outer Java-Bali II (46 percent). Women in Java-Bali tend to rely more heavily on modern methods than women in the Outer Islands.

There are major differentials in the use of contraception within regions. In Java-Bali, contraceptive use is highest in DI Yogyakarta (70 percent), followed by Bali (68 percent); East Java and West Java have the lowest levels of contraceptive use (56 and 57 percent, respectively). In Outer Java-Bali I, contraceptive use is highest in North Sulawesi (73 percent) and lowest in Dista Aceh (32 percent). The highest level of contraceptive use in Outer Java-Bali II occurs in Bengkulu (62 percent) and the lowest in East Timor (23 percent).

The mix of methods varies considerably by province. Provinces with the highest overall prevalence rate have the smallest proportion of pill users. For example, in Bali and DI Yogyakarta, pill use accounts for only 7 and 13 percent of contraceptive use, respectively, while in East Java and West Java, 34 percent of users depend on the pill. In Bali, 41 percent of currently married women—or 60 percent of users—are using the IUD. Injection and female sterilization are the second most widely used contraceptive methods in Bali (12 and 6 percent, respectively). DI Yogyakarta shows a pattern similar to that in Bali, with the IUD and injection predominating. It is interesting to note that although contraceptive prevalence in DI Yogyakarta is

Table 5.2.2 Current use of contraception: region and province

Percent distribution of currently married women by contraceptive method currently used, according to region and province, Indonesia 1994

Region and province	Modern method									Traditional method					Total	Number of women
	Any method	Any modern method	Pill	IUD	Injection	Condom	Norplant	Female sterilization	Male sterilization	Any trad. method	Periodic abstinence	Withdrawal	Other methods	Not currently using		
Java-Bali	58.4	56.4	16.7	12.1	16.8	0.9	5.5	3.5	0.9	2.0	0.7	0.6	0.6	41.6	100.0	16,663
DKI Jakarta	59.7	54.8	14.5	12.4	19.0	1.9	1.2	5.7	0.0	5.0	2.8	0.7	1.5	40.3	100.0	1,140
West Java	56.7	56.0	19.1	7.2	21.0	0.9	4.8	1.4	1.6	0.7	0.4	0.1	0.2	43.3	100.0	5,170
Central Java	61.1	59.6	13.9	10.8	19.0	1.1	10.0	3.6	1.2	1.5	0.6	0.6	0.4	38.9	100.0	4,302
DI Yogyakarta	69.5	59.7	8.8	27.3	12.3	3.7	2.8	4.0	0.9	9.7	3.1	3.8	2.8	30.5	100.0	423
East Java	55.9	53.5	18.8	14.5	11.1	0.4	4.0	4.6	0.1	2.3	0.6	0.9	0.9	44.1	100.0	5,209
Bali	68.4	66.5	4.8	41.1	12.0	0.9	0.6	6.3	0.8	1.9	1.3	0.2	0.4	31.6	100.0	418
Outer Java-Bali I	49.5	45.5	18.8	7.4	11.9	0.8	3.7	2.5	0.3	4.0	1.8	1.2	0.9	50.5	100.0	6,619
Dist. Aceh	32.3	30.1	12.5	2.2	12.9	0.9	1.1	0.4	0.1	2.2	1.5	0.0	0.7	67.7	100.0	477
North Sumatra	47.0	40.2	13.9	8.0	9.7	1.3	2.1	5.1	0.2	6.8	3.6	2.4	0.8	53.0	100.0	1,374
West Sumatra	44.2	41.1	6.4	14.0	14.4	0.7	3.1	2.6	0.0	3.1	1.4	1.3	0.4	55.8	100.0	489
South Sumatra	52.9	50.1	19.6	4.9	10.9	1.3	10.0	3.0	0.4	2.8	2.4	0.2	0.3	47.1	100.0	843
Lampung	59.3	57.9	28.9	9.5	13.6	0.5	2.7	1.8	1.1	1.3	0.2	0.6	0.5	40.7	100.0	801
West Nusa Tenggara	49.8	47.9	17.8	10.8	9.7	0.1	8.4	1.1	0.0	1.9	0.6	0.1	1.2	50.2	100.0	469
West Kalimantan	50.6	49.5	25.2	5.0	15.0	1.3	1.6	1.0	0.4	1.1	0.5	0.0	0.6	49.4	100.0	489
South Kalimantan	54.7	51.2	33.9	3.0	7.6	0.7	2.8	3.1	0.1	3.6	1.2	0.1	2.2	45.3	100.0	398
North Sulawesi	72.5	69.1	21.5	21.4	18.7	0.0	4.7	2.6	0.0	3.5	2.1	0.1	1.3	27.5	100.0	318
South Sulawesi	42.6	35.2	16.5	3.1	11.7	0.4	2.1	1.3	0.0	7.4	2.0	3.7	1.7	57.4	100.0	962
Outer Java-Bali II	45.7	41.8	15.4	6.0	13.6	0.6	4.0	1.8	0.3	3.9	1.4	0.7	1.8	54.3	100.0	2,903
Riau	41.0	38.6	18.0	4.5	11.0	1.2	1.8	1.7	0.3	2.4	1.5	0.6	0.2	59.0	100.0	520
Jambi	55.1	54.1	24.5	6.0	13.7	0.7	8.5	0.6	0.1	1.0	0.6	0.0	0.4	44.9	100.0	316
Bengkulu	61.6	60.2	19.6	14.6	12.0	1.0	10.2	2.7	0.1	1.4	0.2	0.5	0.6	38.4	100.0	179
East Nusa Tenggara	37.3	32.6	3.2	8.0	13.8	0.0	4.0	2.5	1.1	4.7	2.4	1.6	0.7	62.7	100.0	393
East Timor	22.6	20.7	2.0	1.0	14.4	0.2	3.0	0.1	0.0	1.9	0.9	0.0	1.0	77.4	100.0	115
Central Kalimantan	44.5	41.1	26.4	1.5	10.4	0.0	2.4	0.4	0.0	3.4	0.0	0.0	3.4	55.5	100.0	227
East Kalimantan	60.5	54.7	23.7	9.0	14.6	1.5	2.0	3.6	0.2	5.8	1.9	1.8	2.1	39.5	100.0	304
Central Sulawesi	52.5	48.3	15.7	6.4	20.9	0.1	4.0	1.2	0.0	4.2	1.3	1.0	1.8	47.5	100.0	225
Southeast Sulawesi	46.3	41.8	12.9	6.0	16.6	0.1	4.2	1.9	0.1	4.5	3.1	1.0	0.4	53.7	100.0	178
Maluku	34.9	33.4	8.9	4.9	14.2	0.3	3.3	1.3	0.3	1.5	1.1	0.1	0.4	65.1	100.0	209
Irian Jaya	41.3	29.1	7.5	2.6	12.0	0.9	3.5	2.6	0.0	12.1	1.6	0.3	10.2	58.7	100.0	238
Total	54.7	52.1	17.1	10.3	15.2	0.9	4.9	3.1	0.7	2.7	1.1	0.8	0.8	45.3	100.0	26,186

Note: Total includes 2 users of Intravag/Diaphragm/Foam.

the highest in Java-Bali, the proportion of current users of traditional methods is also high (10 percent of current users).

5.2 Trends in Contraceptive Use

The dramatic changes that have taken place in the level and pattern of contraceptive use in Indonesia over the past 18 years are shown in Tables 5.3 through 5.5. Table 5.3 and Figure 5.2 focus on the provinces that constitute the Java-Bali region, for which it is possible to construct comparable estimates of contraceptive prevalence over an 18-year period between 1976 and 1994. Overall, prevalence doubled in Java-Bali between 1976 and 1987. However, between 1987 and 1991, the percentage of married women using family planning increased only slightly (from 51 to 53 percent), as it did between 1991 and 1994 (from 53 to 58 percent). The largest increase in Java-Bali between 1991 and 1994 occurred in Central Java (11 percentage points), while in Bali there was actually a decrease of 4 percentage points.

Table 5.3 Trends in contraceptive use by province: Java-Bali 1976-1994

Percentage of currently married women who are currently using a method of contraception, by province, Java-Bali, 1976-1994

Province	IFS 1976	NICPS 1987	IDHS 1991	IDHS 1994	Ratio 1991/ 1987	Ratio 1994/ 1991
DKI Jakarta	28	54	56	60	1.04	1.07
West Java	16	46	51	57	1.11	1.12
Central Java	28	54	50	61	0.93	1.22
DI Yogyakarta	40	68	71	70	1.04	0.99
East Java	32	50	55	56	1.10	1.02
Bali	38	69	72	68	1.04	0.94
Total	26	51	53	58	1.04	1.09

Figure 5.2
Percentage of Currently Married Women Age 15-49 Using Contraception, by Province, Java-Bali 1976-1994

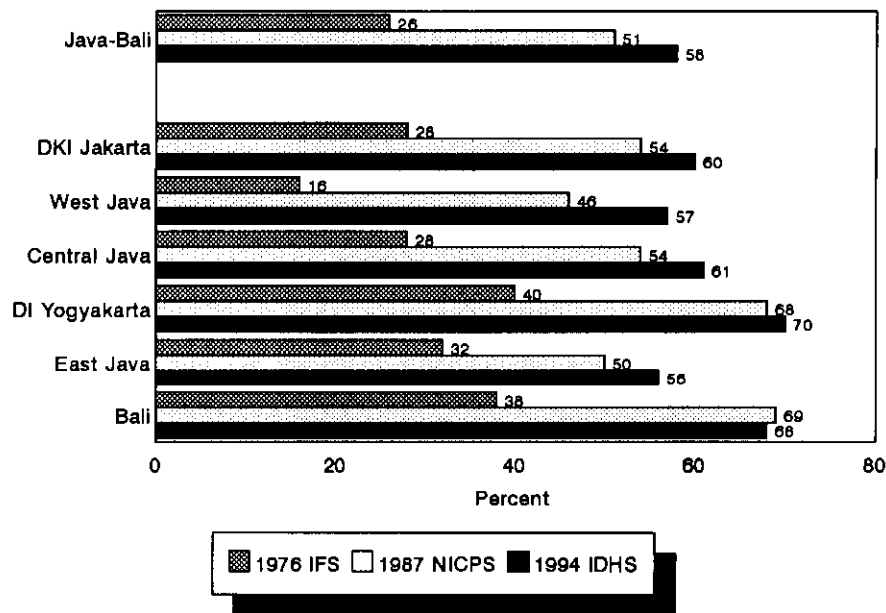


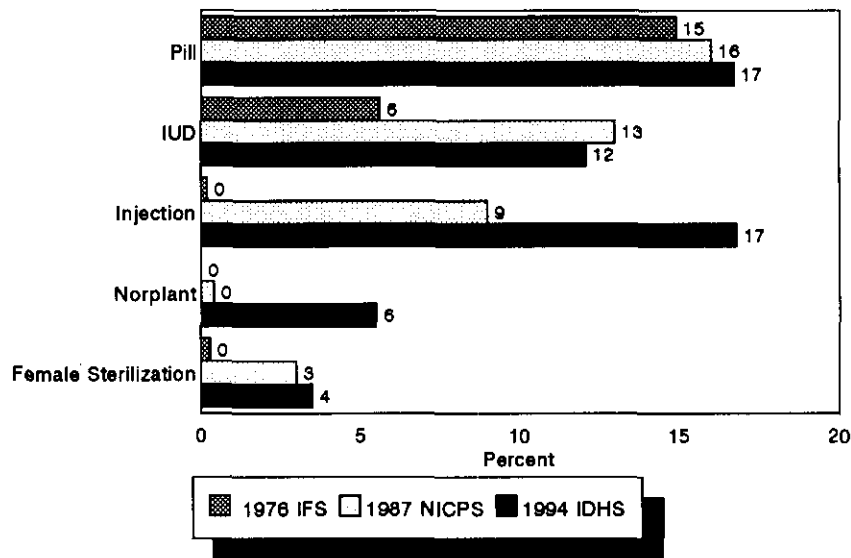
Table 5.4 and Figure 5.3 show trends in the use of specific contraceptive methods among currently married women in Java-Bali. Between 1991 and 1994, use of injection and Norplant showed the greatest gain—from 13 to 17 percent for injection and from 3 to 6 percent for Norplant. Use of the pill and female sterilization increased also, while IUD use actually decreased from 16 to 12 percent. Condom use continued to be less than 1 percent.

Table 5.4 Trends in use of specific contraceptive methods: Java-Bali, 1976-1994

Percentage of currently married women who are currently using a specific contraceptive method, by method, Java-Bali, 1976-1994

Method	IFS 1976	NICPS 1987	IDHS 1991	IDHS 1994
Any method	26.3	50.9	53.4	58.4
Pill	14.9	16.0	14.5	16.7
IUD	5.6	15.5	16.1	12.1
Injection	0.2	10.7	13.0	16.8
Condom	1.8	1.8	0.8	0.9
Female sterilization	0.3	3.5	2.9	3.5
Male sterilization	0.0	0.2	0.7	0.9
Norplant	-	0.4	3.1	5.5
Periodic abstinence	0.8	1.1	1.0	0.7
Withdrawal	0.3	0.7	0.5	0.6
Other	2.3	2.3	0.6	0.6
Number of women	7,974	7,265	13,419	16,663

Figure 5.3
Percentage of Currently Married Women Age 15-49
Using Specific Modern Contraceptive Methods
Java-Bali, 1976-1994



Note: Other methods are 1 percent or less.

Table 5.5 and Figure 5.4 show trends in the use of specific contraceptive methods among currently married women in Indonesia in the 1991 and 1994 surveys. The overall prevalence increased from 50 percent in 1991 to 55 percent in 1994. The largest increase was in the use of injection (from 12 to 15 percent) and the pill (from 15 to 17 percent). On the other hand, IUD use decreased from 13 percent in 1991 to 10 percent in 1994.

5.3 Contraceptive Use among Women over Thirty and among Those with Three or More Children

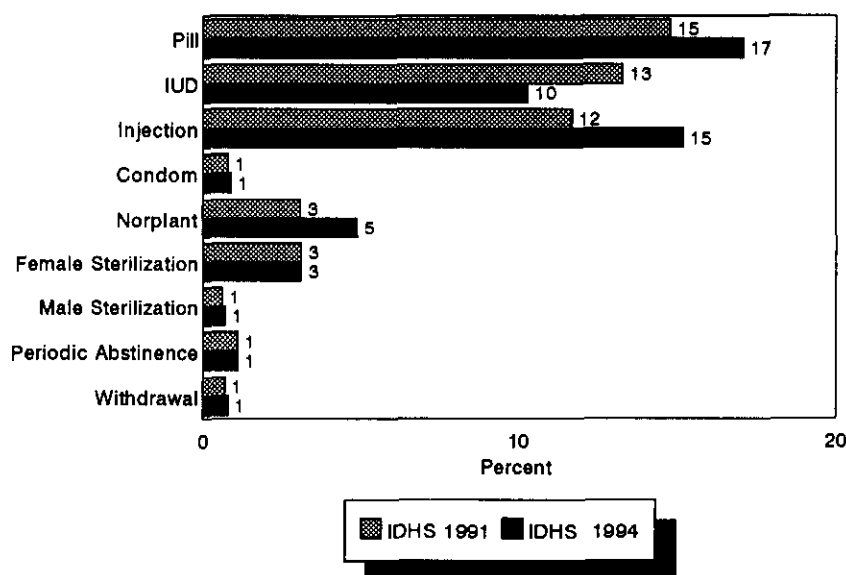
One of the five principles of the family planning movement is that women over 30 and those with three or more children should be using the most effective means of fertility control available. Table 5.6 presents information on contraceptive use status and type of method used by current users. This information can be used to evaluate the success of the family planning program in meeting these goals.

Table 5.5 Trends in use of specific contraceptive methods: Indonesia, 1991 and 1994

Percentage of currently married women who are currently using a specific contraceptive method, by method, Indonesia 1991 and 1994

Method	IDHS 1991	IDHS 1994
Any method	49.7	54.7
Pill	14.8	17.1
IUD	13.3	10.3
Injection	11.7	15.2
Condom	0.8	0.9
Norplant	3.1	4.9
Female sterilization	2.7	3.1
Male sterilization	0.6	0.7
Periodic abstinence	1.1	1.1
Withdrawal	0.7	0.8
Other	0.9	0.8
Number of women	21,109	26,186

Figure 5.4 Percentage of Currently Married Women Age 15-49 Using Specific Contraceptive Methods, Indonesia, 1991 and 1994



Note: Other methods are less than 1 percent.

The data in Table 5.6 show that among currently married women, 26 percent have never used a modern contraceptive method, 22 percent have used a modern method in the past, and 52 percent are currently using a modern method. The proportion of married women in their 20s who are using long-term methods (about 15 percent) is higher than among women in their 30s (over 20 percent). These proportions are

Table 5.6 Contraceptive use status and type of method used

Percent distribution of currently married women by contraceptive use status, and among current users of modern methods, the type of method used (temporary or long-term) by number of living children, according to current age, Indonesia 1994

Current age	Percentage who never used modern method	Percentage who used modern method in the past	Percentage who are currently using a modern method by number of living children					Total	Number
			0	1-2		3+			
			Any modern method	Temporary method	Long-term method ¹	Temporary method	Long-term method ¹		
15-19	50.5	13.9	9.4	21.2	5.1	0.0	0.0	100.0	1,291
20-24	29.6	16.3	1.3	38.4	12.1	1.8	0.5	100.0	3,936
25-29	21.8	20.4	0.2	30.9	11.8	10.5	4.4	100.0	5,234
30-34	19.6	22.9	0.1	15.5	10.1	21.3	10.6	100.0	5,387
35-39	21.4	22.4	0.0	7.2	6.3	24.6	18.0	100.0	4,483
40-44	27.6	22.9	0.1	3.1	4.5	21.5	20.3	100.0	3,262
45-49	40.2	29.7	0.0	1.0	1.6	9.9	17.6	100.0	2,594
Total	26.4	21.5	0.7	17.9	8.3	14.6	10.5	100.0	26,186

¹ Long-term methods include female and male sterilization, the IUD, and Norplant.

roughly similar to those in 1991, indicating little if any increase in the proportion of older women or higher-parity women who are using long-term methods. There has been a slight shift to greater use of long-term methods among women who are *both* over age 35 *and* who have three or more children.

5.4 Reasons for Choice of Contraceptive Method

The reasons women give for choosing their current contraceptive method are important for the family planning movement, particularly in view of the current emphasis on program self-sustainability. As shown in Table 5.7, side effects of other methods (30 percent), the desire for a more effective method (18 percent), and convenience (15 percent) were the most common reasons given for choosing a specific method.

Reasons for using a specific method vary according to method. The majority (58 percent) of condom users reported that they chose condoms because the side effects were less than with other methods. This reason was also reported most frequently by pill and injection users (39 and 33 percent, respectively). Among IUD and injection users, 22 percent and 24 percent, respectively, said they chose their method because of its effectiveness, while more than 20 percent of Norplant and injection users said that convenience was the reason they chose their method.

A substantial proportion of pill users (13 percent) said that they chose this method because of its accessibility or availability, and about 11 percent stated that they chose the pill because of its affordability. These reasons were not commonly reported by other modern method users. Most sterilized women said that they chose this method because they wanted a permanent or more effective method.

Table 5.7 Reasons for using current method of contraception

Percent distribution of contraceptive users by reason for deciding to use current contraceptive method, according to specific method, Indonesia 1994

Reason for using current method	Method						Female sterilization	Male sterilization	Total
	Pill	IUD	Injection	Condom	Norplant				
Recommended by FP worker	7.4	16.7	4.1	5.3	18.7	8.4	17.5	9.5	
Recommended by friend/relative	3.7	4.1	4.0	0.5	4.2	2.6	3.9	3.8	
Side effects of other methods	38.5	21.6	32.8	57.5	17.4	13.1	11.6	30.0	
Convenience	6.9	15.6	22.5	4.2	20.6	9.3	5.2	14.5	
Access, availability	12.8	1.1	2.3	5.2	0.7	0.0	0.0	5.3	
Lower cost	11.0	3.3	1.4	0.7	4.6	0.4	2.2	5.1	
Want permanent method	0.8	9.3	2.0	1.5	9.6	27.6	18.0	5.5	
Husband preferred	2.0	0.7	2.3	15.3	1.4	1.5	17.4	2.1	
Want more effective method	12.1	21.5	23.7	7.9	16.8	19.6	12.5	18.2	
Other	3.4	5.6	4.3	1.7	4.4	16.6	8.1	5.0	
Don't know	1.3	0.7	0.6	0.1	1.5	0.8	3.6	1.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	4,484	2,686	3,985	224	1,278	829	172	13,661	

Note: Total includes some users of other methods not shown separately.

5.5 Quality of Use of the Pill, Injection and Condoms

The pill is the most popular method of contraception used in Indonesia. In order to study the "quality" of pill use, the 1994 IDHS included a series of questions for women who said they were using the pill. Each respondent was first asked if she had a packet of pills in the house. If not, the respondent was asked why she did not have a pill packet and was requested to identify the brand of pills she was using from a brand chart carried by the interviewer. If the respondent said she did have a packet of pills in the house, the interviewer asked to see it, then recorded the brand and noted on the questionnaire whether pills were missing in order. If no pills were missing or pills were missing out of order, the interviewer asked why. Finally, all pill users were asked when they last took a pill.

Table 5.8.1 indicates that 94 percent of pills users were able to show their pill packet to the interviewer, and most of those who could not said that they had run out of supplies (84 percent) (data not shown). Among those who had a pill packet, 86 percent had taken the pills in order. Among women who had not taken pills in order, 33 percent said that they did not know what to do, 23 percent had started a new packet, and 15 percent were menstruating (data not shown). Of concern is the fact that only 85 percent of pill users said they had taken a pill in the two days before the interview. Most of the women who had not taken a pill during that period said that they were menstruating (49 percent), 15 percent ran out of pills, and 10 percent had an absent husband (data not shown). Although many women who missed taking a pill for two consecutive days are still protected from the risk of pregnancy, the data indicate that the effective level of pill use is somewhat lower than the reported level.

Table 5.8.1 shows no meaningful differences in the quality of pill use by the respondent's background characteristics, except by age. The respondent's age has a negative association with the quality of pill use; older women are less likely than younger women to have taken a pill in the last two days.

Table 5.8.1 Pill use compliance: background characteristics

Percentage of currently married women using the pill, and the percentage of pill users who could show pill packet, who took pills in order, and who took a pill less than two days ago, by background characteristics, Indonesia 1994

Background characteristic	Percent using pill	Percentage of pill users who:			Number of pill users
		Could show pill packet	Took pills in order	Took pill <2 days ago	
Age					
15-19	14.6	95.8	85.2	94.0	188
20-24	18.0	94.5	86.8	83.3	709
25-29	19.7	94.4	89.0	87.0	1,032
30-34	18.8	92.8	87.4	85.1	1,013
35-39	19.1	93.3	83.0	85.7	856
40-44	15.1	93.8	83.5	78.6	492
45-49	7.5	91.2	85.6	76.9	195
Residence					
Urban	15.8	94.3	88.0	86.9	1,198
Rural	17.7	93.5	85.6	83.8	3,286
Region/Residence					
Java-Bali	16.7	93.9	84.4	84.2	2,790
Urban	15.3	95.2	88.5	88.6	846
Rural	17.4	93.4	82.6	82.3	1,944
Outer Java-Bali I	18.8	93.6	89.1	85.6	1,246
Urban	16.3	91.9	86.0	82.9	231
Rural	19.5	94.0	89.8	86.2	1,015
Outer Java-Bali II	15.4	92.7	89.8	85.0	448
Urban	18.7	92.1	88.8	82.5	120
Rural	14.5	92.9	90.2	85.9	327
Education					
No education	15.0	94.2	86.6	85.2	587
Some primary	18.5	92.7	84.3	84.6	1,534
Completed primary	18.8	94.1	87.0	86.0	1,412
Some secondary+	14.7	94.4	88.0	82.5	951
Total	17.1	93.7	86.2	84.7	4,484

The variability of pill compliance among regions and provinces is shown in Table 5.8.2. In only three provinces (DI Yogyakarta, Jambi, and Maluku) was the percentage of pill users who could show a packet less than 90 percent. Between 82 percent (East Java) and 95 percent (Central Kalimantan) of women took their pills in order. Pill use compliance—i.e., took a pill less than two days before the interview—was highest in Central Kalimantan (93 percent) and lowest in Maluku (71 percent).

Table 5.8.2 Pill use compliance: region and province

Percentage of currently married women using the pill, and the percentage of pill users who could show pill packet who took pills in order, and who took a pill less than two days ago, by region and province, Indonesia 1994

Region and province	Percent using pill	Percentage of pill users who:			Number of pill users
		Could show pill packet	Took pills in order	Took pill <2 days ago	
Java-Bali	16.7	93.9	84.4	84.2	2,790
DKI Jakarta	14.5	95.4	92.8	90.3	166
West Java	19.1	93.4	82.3	87.3	990
Central Java	13.9	94.3	89.1	79.8	597
DI Yogyakarta	8.8	89.9	87.8	83.0	37
East Java	18.8	94.1	81.8	82.7	980
Bali	4.8	95.8	94.0	83.7	20
Outer Java-Bali I	18.8	93.6	89.1	85.6	1,246
Dista Aceh	12.5	95.9	90.1	80.4	59
North Sumatra	13.9	93.1	86.5	85.9	190
West Sumatra	6.4	90.8	88.7	86.5	31
South Sumatra	19.6	95.3	89.1	84.7	165
Lampung	28.9	92.5	88.9	82.7	232
West Nusa Tenggara	17.8	92.4	87.4	85.6	83
West Kalimantan	25.2	95.9	91.1	91.0	123
South Kalimantan	33.9	95.1	88.7	89.4	135
North Sulawesi	21.5	95.3	93.8	88.1	68
South Sulawesi	16.5	90.8	89.7	83.7	159
Outer Java-Bali II	15.4	92.7	89.8	85.0	448
Riau	18.0	93.0	88.3	88.3	94
Jambi	24.5	89.5	88.7	85.8	77
Bengkulu	19.6	91.7	88.1	83.5	35
East Nusa Tenggara	*	*	*	*	13
East Timor	*	*	*	*	2
Central Kalimantan	26.4	97.3	95.4	92.6	60
East Kalimantan	23.7	95.6	92.5	86.9	72
Central Sulawesi	15.7	91.8	87.6	81.9	35
Southeast Sulawesi	12.9	90.2	87.6	79.3	23
Maluku	8.9	87.0	82.1	71.3	19
Irian Jaya	7.5	92.8	92.8	72.3	18
Total	17.1	93.7	86.2	84.7	4,484

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

All pill users were asked about the brand of pills they used. Table 5.9 shows that the most popular brand is Microgynon 30 (Schering) (22 percent), followed by Nordette 28 (20 percent), Microgynon (Kimia Farma) (17 percent), and Marvelon 28 (16 percent). A sizable number of users named Microgynon 30 ED (8 percent), Exluton (7 percent), and Blue Circle Microgynon 30 ED (3 percent). Other brands are used by very few women.

Table 5.9 Use of pill and condom brands

Percent distribution of currently married pill users and condom users by pill/condom brand used, Indonesia 1994

Pill/condom brand	Percent	Number of users
Pill		
Microgynon 30 ED	8.2	370
Microgynon 50 ED	0.9	40
Microgynon 30 (Schering)	22.0	985
Blue Circle Microgynon 30 ED	3.3	150
Marvelon 28	15.7	705
Restovar 28 micro	0.7	32
Ovostat 28	0.8	34
Nordette 28	20.3	912
Exluton	6.6	294
Microgynon (Kimia Farma)	17.2	773
Other	2.9	132
Don't know	1.3	58
Total	100.0	4,484
Condom		
BKKBN	31.5	71
Dua Lima	22.2	50
Other/Don't know	46.2	100
Total	100.0	224

This pattern of pill use is very different from that found in the 1987 NICPS, where the majority of pill users used Pil Keluarga Berencana (89 percent). In 1991, Marvelon 28 and BKKBN Microgynon were the most popular pill brands (each used by 21 percent of users). Other popular pill brands in 1991 were Stophamil (17 percent) and Microgynon 30 ED (14 percent).

Only two condom brands have substantial numbers of users: BKKBN (32 percent) and Dua Lima (22 percent). Other brands include Young Young 002, Young Young Super Skin, and Kingtex Longtime (data not shown due to the small number of users). This pattern is similar to that in 1991, when the most popular condom brands were KB and KB Dua Lima (30 percent and 15 percent, respectively). Although the number of condom users is small, these findings suggest that the use of subsidized brands (BKKBN and Dua Lima) has increased in the past three years.

In addition to the quality of pill use, the quality of injection use was also investigated in the 1994 IDHS. Interviewers asked all injection users when they received their last injection. Table 5.10 indicates that 97 percent of injection users received an injection less than three months before the survey, suggesting that 3 percent of injection users may be at risk of pregnancy. Among those who had not received an injection, 15 percent said they had forgotten to get it (data not shown). The variability in the quality of injection use by background characteristics and region is very small, which is why data by province are not presented.

Table 5.10 Use of injection

Percentage of currently married women using injection, and the percentage of injection users who received an injection in the last three months, by background characteristics, Indonesia 1994

Background characteristic	Percent using injection	Injection users	
		Percent who received injection <3 months ago	Number of injection users
Age			
15-19	15.7	94.1	202
20-24	23.2	98.7	911
25-29	21.2	97.7	1,109
30-34	16.7	97.7	901
35-39	11.4	96.9	509
40-44	8.5	96.9	277
45-49	2.9	89.6	76
Residence			
Urban	16.8	98.3	1,274
Rural	14.6	97.0	2,712
Region/Residence			
Java-Bali	16.8	98.2	2,802
Urban	18.0	98.8	992
Rural	16.2	97.9	1,810
Outer Java-Bali I	11.9	95.5	787
Urban	13.4	96.1	190
Rural	11.5	95.3	597
Outer Java-Bali II	13.6	95.7	396
Urban	14.1	97.8	91
Rural	13.5	95.1	305
Education			
No education	8.2	96.2	318
Some primary	13.7	97.5	1,138
Completed primary	17.9	97.4	1,348
Some secondary+	18.3	97.8	1,181
Total	15.2	97.4	3,985

5.6 Problems with Current Method

All contraceptive users in the 1994 IDHS were asked whether they had experienced problems with the method they were using. Respondents were asked separately about health problems and problems not related to health. Table 5.11 shows that, in general, most contraceptive users did not have problems with their method.

The proportion of users who experienced health problems is higher among users of hormonal contraceptives than users of other methods. This is seen from the lower percentages of users who reported having *no health problems* among injection users (78 percent), Norplant users (81 percent), and pill users (89 percent). The most common health problem reported by users of the pill, IUD, and Norplant is headache, while women who use injection experience irregular menstrual periods most frequently.

Table 5.11 Problems with current method of contraception

Percent distribution of current users of modern contraceptive methods by the main health problem with the method and by other non-health problem with the method, according to specific methods, Indonesia 1994

Main problem with current method	Method						Female sterilization	Male sterilization
	Pill	IUD	Injection	Condom	Norplant			
Health problem								
No health problem	89.4	92.2	77.7	100.0	80.5	92.2	98.0	
Weight gain	0.9	0.5	0.9	0.0	0.8	0.3	0.0	
Weight loss	0.2	0.4	0.3	0.0	0.9	0.1	0.0	
Bleeding	0.1	1.1	1.2	0.0	0.7	1.1	0.0	
Hypertension	0.1	0.1	0.1	0.0	0.0	0.1	0.0	
Headache	5.9	1.7	4.7	0.0	5.3	0.7	0.0	
Nausea	0.8	0.4	0.2	0.0	0.1	0.2	0.0	
Amenorrhea	0.6	0.2	9.4	0.0	4.6	0.1	0.0	
Weak/tired	0.2	0.1	0.7	0.0	0.7	1.0	1.8	
Other	1.6	3.3	4.7	0.0	5.9	3.6	0.2	
Don't know	0.1	0.0	0.0	0.0	0.3	0.7	0.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	4,484	2,686	3,985	224	1,278	829	172	
Other problem								
Any other problem	1.0	0.5	2.6	1.4	3.0	1.1	3.8	
No other problem	99.0	99.5	97.4	98.6	97.0	98.9	96.2	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	4,484	2,686	3,985	224	1,278	829	172	

5.7 Cost of Methods

The Indonesian national family planning movement is implemented by the government, with active participation by the community and private sectors. One indicator of community participation in the program is self-sustainability, which is measured by the proportion of users who pay for the methods and services. All women who were using modern contraceptives were asked where they obtained the method the last time and how much the method cost (i.e., the cost for the method and any associated services).

Table 5.12 shows that about 48 percent of users obtained services from a government outlet, and most (64 percent) paid for both the method and the services. Around 28 percent of users obtained services from the private sector; only 10 percent obtained their methods and services free of charge. Most users who obtained services from other sources—such as village delivery posts (*polindes*), health posts (*posyandu*), family planning posts, traditional birth attendants, and friends—also paid for family planning methods and services.

The highest level of self-sustainability is among users of injection, 94 percent of whom pay for their method. Almost 80 percent of condom users pay for their method, as do 70 percent of women using female sterilization and 56 percent of Norplant users.

Table 5.12 Payment for contraceptive methods and services

Percent distribution of current users of modern contraceptive methods by source of method and whether method is free or respondent pays for it, according to method and region, Indonesia 1994

Method/Region	Source of contraceptive method and method of payment						Total	Number
	Government		Private		Other			
	Free	Pay	Free	Pay	Free	Pay		
Method								
Pill	7.9	24.3	1.7	12.8	9.2	44.0	100.0	4,484
IUD	44.6	21.2	5.1	20.2	7.5	1.4	100.0	2,686
Injection	3.7	38.2	1.0	49.4	1.1	6.6	100.0	3,985
Condom	8.1	12.3	3.8	62.5	9.0	4.3	100.0	224
Norplant	33.6	44.1	1.5	6.4	8.8	5.6	100.0	1,278
Female sterilization	25.1	45.8	5.1	21.7	0.3	2.0	100.0	829
Region								
Java-Bali	15.9	29.9	2.0	28.3	5.0	18.9	100.0	9,274
DKI Jakarta	9.6	28.7	3.7	52.5	2.1	3.4	100.0	625
West Java	8.8	24.0	2.0	33.4	3.4	28.4	100.0	2,817
Central Java	19.9	33.1	1.3	26.0	6.5	13.2	100.0	2,517
DI Yogyakarta	23.2	30.3	2.4	27.4	7.7	9.1	100.0	250
East Java	20.3	32.0	2.0	19.1	5.9	20.7	100.0	2,789
Bali	15.7	41.5	3.4	36.8	0.9	1.8	100.0	275
Outer Java-Bali I	18.9	32.9	3.4	22.8	7.2	14.8	100.0	3,007
Outer Java-Bali II	25.7	32.6	3.3	14.6	9.6	14.2	100.0	1,207
Total	17.5	30.8	2.4	25.9	5.9	17.6	100.0	13,489

Note: Total includes 2 users of Intravag/Diaphragm/Foam.

Among the regions, the highest level of self-sustainability is in Java-Bali (77 percent), followed by Outer Java-Bali I (71 percent) and Outer Java-Bali II (61 percent). Among provinces in Java-Bali, the highest levels of self-sustainability are in West Java and DKI Jakarta (85 percent or more).

Table 5.13 shows the distribution of current users according to source of methods and mean cost of methods (including services). Contraceptive users who obtain their method from a government source pay, on average, about half the cost of methods obtained from a private source (Rp. 12,058, compared with Rp. 23,104).¹ The difference in the mean cost varies by method. For example, IUD users who obtain their method from a private source pay more than four times as much as those who obtain the method from a government source. The cost of methods and services from the public sector is most expensive in the Java-Bali region. By contrast, the private sector cost is highest in the Outer Java-Bali I region.

The mean cost of contraceptive methods and services from a government source varies by province (see Table 5.13).² Women in West Sumatra pay the most for contraceptive methods and services (Rp. 43,477), while women in Central Sulawesi pay the least (Rp. 1,974).

¹ The exchange rate is about Rp. 2,200 to US \$1.00.

² This analysis is limited due to the small number of cases in some provinces.

Table 5.13 Source of contraceptive methods and mean cost of methods

Percentage of current users of modern contraceptive methods who get their method free and the mean cost (in rupiahs) of the method (including services) for those who pay, by type of source, method, region, and province, Indonesia 1994

Method/Region	Source of contraceptive method and mean cost of method								
	Government			Private			Other		
	Free	Mean cost (Rp.) ¹	Number of users	Free	Mean cost (Rp.) ¹	Number of users	Free	Mean cost (Rp.) ¹	Number of users
Method									
Pill	24.4	621	1,441	12.0	1,532	654	17.3	455	2,389
IUD	67.8	8,489	1,767	20.1	34,051	681	84.6	1,057	238
Injection	8.8	2,765	1,670	2.0	4,367	2,008	14.3	2,474	308
Condom	*	*	45	5.7	2,250	148	(67.5)	(439)	30
Norplant	43.2	5,878	993	19.2	7,780	101	60.9	3,552	185
Female sterilization	35.4	103,736	588	19.2	337,496	222	*	*	19
Region/Province									
Java-Bali	34.8	12,910	4,246	6.5	22,181	2,810	20.8	832	2,218
DKI Jakarta	25.1	15,683	239	6.7	71,725	351	(38.7)	(491)	35
West Java	26.9	21,790	925	5.6	16,418	997	10.7	898	895
Central Java	37.5	10,745	1,334	4.8	7,385	688	33.1	1,037	496
DI Yogyakarta	43.4	5,692	134	8.0	15,025	74	45.8	283	42
East Java	38.8	7,594	1,458	9.5	21,073	588	22.3	652	743
Bali	27.4	16,353	157	8.4	23,107	111	*	*	7
Outer Java-Bali I	36.5	9,919	1,555	13.0	26,514	789	32.9	1,015	662
DI Aceh	38.3	12,354	80	23.3	27,346	38	62.6	490	26
North Sumatra	45.4	24,647	279	10.3	31,179	225	(16.7)	(1,525)	53
West Sumatra	64.3	43,477	109	21.8	49,384	64	58.8	799	29
South Sumatra	35.8	4,601	211	18.0	19,882	117	33.2	2,064	92
Lampung	19.0	3,150	193	7.1	5,922	133	13.0	730	130
West Nusa Tenggara	58.2	7,353	140	(8.5)	(35,384)	21	77.9	1,922	65
West Kalimantan	15.1	6,184	130	3.3	62,448	40	25.6	597	71
South Kalimantan	36.1	2,363	94	8.5	9,007	39	29.8	263	71
North Sulawesi	26.1	3,485	109	14.0	13,431	60	23.1	1,478	51
South Sulawesi	30.4	8,773	210	20.8	50,445	53	35.8	604	75
Outer Java-Bali II	44.1	11,408	705	18.3	23,548	215	40.3	832	288
Riau	37.0	11,703	108	9.7	29,710	49	29.2	554	43
Jambi	39.7	5,223	103	12.9	4,219	38	36.2	1,072	30
Bengkulu	54.4	20,746	53	8.6	5,946	22	44.1	1,202	33
East Nusa Tenggara	(75.6)	(16,293)	74	*	*	5	86.8	2,486	44
East Timor	(82.3)	(2,913)	18	*	*	1	(100.0)	-	5
Central Kalimantan	30.0	2,490	68	(8.2)	(4,008)	12	24.1	393	14
East Kalimantan	22.7	24,524	72	26.2	48,980	52	10.6	760	42
Central Sulawesi	24.7	1,974	59	(18.1)	(25,027)	14	27.5	585	37
Southeast Sulawesi	43.6	15,209	47	*	*	3	31.1	980	24
Maluku	57.7	7,125	52	(43.1)	(7,231)	12	*	*	6
Irian Jaya	56.1	21,885	52	(16.6)	(18,309)	7	(51.5)	(563)	10
Total	36.2	12,058	6,506	8.5	23,104	3,815	25.1	868	3,168

Note: Total includes 2 users of Intravag/Diaphragm/Foam. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ The exchange rate is about Rp. 2,200 to US\$ 1.00.

5.8 Source of Method

Information concerning sources of contraceptives is important for family planning program administrators since the family planning movement is currently directed toward self-sustainability. Table 5.14 and Figure 5.5 show that the government is the most common source of methods (49 percent), followed by medical private sources (28 percent) and other private sources (23 percent).

Most women who obtain a family planning method through the public sector obtain it from a health center (37 percent). Among private medical sources, midwives are the most popular (16 percent), and among other private sources, health posts (*posyandu*) are the primary choice for family planning services (13 percent).

Table 5.14 Source of supply for modern contraceptive methods

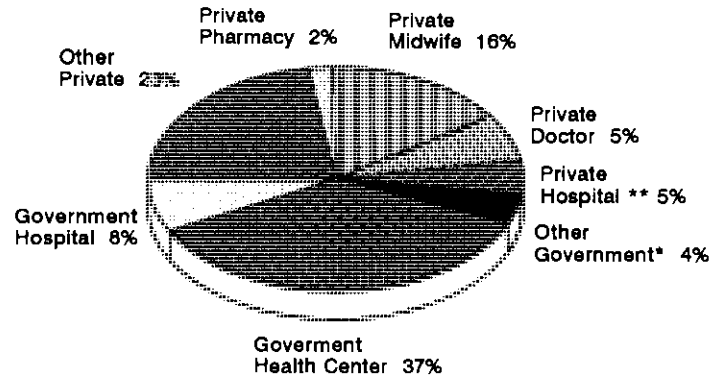
Percent distribution of current users of modern contraceptive methods by most recent source of supply or information, according to specific methods, Indonesia 1994

Source of supply	Contraceptive method						Female sterilization	Male sterilization	Total
	Pill	IUD	Injection	Condom	Norplant				
Public	32.1	65.8	41.9	20.4	77.7	70.9	77.3	48.6	
Government hospital	0.8	8.3	1.5	3.5	4.9	69.3	54.2	7.7	
Health center (<i>puskesmas</i>)	24.9	53.0	39.4	13.4	62.1	1.7	23.2	36.5	
Family planning fieldworker	4.9	0.2	0.5	2.2	0.4	0.0	0.0	1.9	
Family planning mobile clinic	0.1	1.2	0.2	0.4	4.8	0.0	0.0	0.8	
Other government	1.4	3.1	0.3	0.8	5.5	0.0	0.0	1.7	
Medical private	14.6	25.4	50.4	66.3	7.9	26.8	14.0	28.1	
Hospital	0.7	4.2	1.2	2.0	0.3	24.1	10.7	3.1	
Family planning clinic	1.3	2.5	2.4	1.4	0.7	1.0	0.9	1.8	
Doctor	0.5	8.5	9.2	2.6	2.9	1.7	2.4	5.0	
Midwife	8.5	10.2	37.5	3.9	3.5	0.0	0.0	16.1	
Pharmacy	3.3	0.0	0.0	56.3	0.0	0.0	0.0	2.0	
Other private	0.1	0.0	0.0	0.0	0.4	0.0	0.0	0.1	
Other private	53.1	8.8	7.7	13.4	14.4	0.8	8.0	23.1	
Village delivery post (<i>polindes</i>)	0.3	0.4	0.2	0.0	1.9	0.0	0.0	0.4	
Health post (<i>posyandu</i>)	26.0	6.1	6.4	9.3	7.7	0.0	0.0	12.5	
Family planning post	15.7	0.5	0.7	3.9	2.3	0.0	0.0	5.7	
Traditional birth attendant (<i>dukun</i>)	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.2	
Friend/relative	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.8	
Other source	8.0	1.9	0.4	0.2	2.6	0.8	8.0	3.5	
Don't know	0.0	0.0	0.0	0.0	0.0	0.3	0.7	0.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number of users	4,484	2,686	3,985	224	1,278	829	172	13,661	

Note: Total includes 2 users of Intravag/Diaphragm/Foam.

The source for family planning methods varies by type of method. The majority of sterilized women go to a government hospital for their operation, while public health centers supply more than half of Norplant and IUD users. Pill users, on the other hand, commonly obtain their supplies from health posts (26 percent) and public health centers (25 percent).

Figure 5.5
Distribution of Current Users of Modern
Contraceptive Methods by Source of Supply



* Includes family planning fieldworker and family planning mobile units
 ** Includes private family planning clinic

1994 IDHS

Private sources play an important role in providing some methods, especially injection and condoms. One in three injection users obtains her method from a private midwife. At the same time, more than half of condom users obtain their supplies from a pharmacy.

5.9 Reason for Using Source of Supply

People select the place where they get family planning services for various reasons, including convenience, service, and cost. In the 1994 IDHS, data on satisfaction with source of supply were obtained by asking current users the main reason they were using their current source of supply (rather than another source). Table 5.15.1 and Figure 5.6 show that more than half (52 percent) of current users selected a source of supply because of its proximity to their home. Other reasons commonly cited are lower cost (8 percent), use of other services at the facility (8 percent), availability of transportation (7 percent), and friendly staff (6 percent).

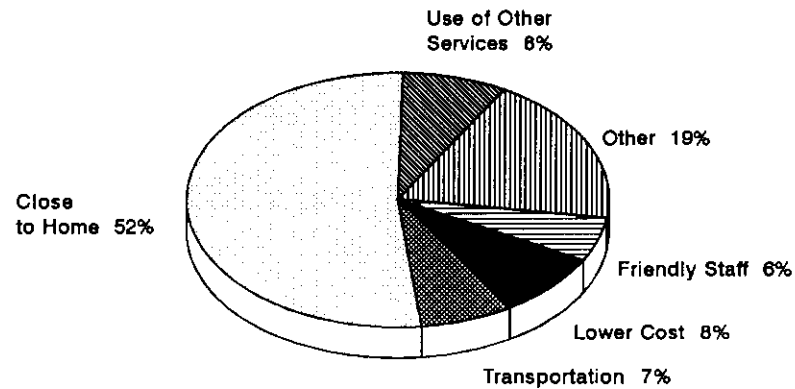
There is little difference in the selection of source of supply between users in urban and rural areas, although urban women are more likely to choose their family planning source for reasons related to quality of service, such as more competent/friendly staff and more privacy (see Table 5.15.1).

Table 5.15.1 Reason for selecting current sources of supply for contraceptive methods: background characteristics

Percent distribution of current users of modern contraceptive methods by main reason for using current source of supply (rather than another source), according to background characteristics, Indonesia 1994

Background characteristic	Main reason for using current source of supply															Total	Number of users	
	Closer to home	Closer to market/work	Availability of transport	More competent/friendly staff	Cleaner facility	Offers more privacy	Shorter waiting time	More hours of operation	Use other services	Availability of services	Lower cost	Recommended by local authority/employer	Recommended by family planning provider	Wanted anonymity	Other			Don't know/ Missing
Residence																		
Urban	46.0	1.4	6.2	8.7	0.8	5.2	1.9	0.9	8.6	1.1	9.9	1.1	1.8	0.2	5.6	0.4	100.0	4,248
Rural	55.1	1.0	7.5	4.3	0.4	2.4	0.9	1.0	7.1	1.8	7.7	2.1	1.7	0.5	6.0	0.5	100.0	9,412
Region/Residence																		
Java-Bali	50.0	0.8	6.5	6.0	0.5	3.0	1.3	1.0	8.4	1.7	8.3	2.3	2.1	0.5	7.1	0.3	100.0	9,420
Urban	45.6	0.9	5.5	8.9	0.8	5.0	2.1	0.9	8.8	1.1	10.4	1.1	2.1	0.2	6.3	0.3	100.0	3,242
Rural	52.3	0.8	7.1	4.4	0.3	2.0	1.0	1.0	8.2	2.0	7.2	2.9	2.2	0.7	7.6	0.4	100.0	6,178
Outer Java-Bali I	56.9	1.5	8.1	5.5	0.6	4.4	0.8	1.1	5.4	1.3	9.3	0.7	0.9	0.2	2.8	0.6	100.0	3,025
Urban	47.8	2.2	8.4	8.8	0.9	6.6	0.8	0.9	8.5	1.1	8.8	1.0	0.6	0.1	3.0	0.5	100.0	691
Rural	59.5	1.3	8.0	4.5	0.6	3.8	0.8	1.2	4.5	1.4	9.4	0.6	1.0	0.2	2.7	0.7	100.0	2,335
Outer Java-Bali II	58.4	2.4	8.9	3.5	0.5	2.5	1.4	0.6	6.2	1.9	7.2	0.4	0.9	0.3	4.0	0.8	100.0	1,215
Urban	46.4	4.7	8.7	6.7	1.0	4.3	3.0	0.6	6.7	1.5	7.7	0.9	1.9	0.6	4.4	0.9	100.0	316
Rural	62.6	1.6	9.0	2.3	0.4	1.9	0.9	0.6	6.0	2.0	7.1	0.3	0.5	0.2	3.9	0.7	100.0	900
Education																		
No education	53.5	0.8	4.3	2.4	0.2	1.7	0.6	1.0	7.1	1.9	10.3	3.5	2.0	0.6	9.0	0.9	100.0	1,494
Some primary	55.6	0.6	5.9	3.9	0.3	2.6	0.9	1.0	8.1	1.7	8.8	2.1	2.2	0.5	5.4	0.5	100.0	4,213
Completed primary	54.6	0.7	9.2	4.6	0.5	3.0	1.0	1.0	7.0	1.3	7.9	1.4	1.4	0.4	5.7	0.2	100.0	4,231
Some secondary+	45.3	2.3	7.1	10.1	1.0	5.0	2.1	1.0	7.8	1.8	7.8	1.1	1.5	0.3	5.3	0.4	100.0	3,723
Reason for using method																		
To space births	58.3	1.1	6.3	6.0	0.3	3.3	1.5	0.9	5.9	1.3	6.6	1.3	1.3	0.3	5.2	0.3	100.0	5,646
To limit births	48.0	1.1	7.6	5.4	0.7	3.3	1.1	1.0	8.7	1.8	9.7	2.1	2.1	0.5	6.3	0.6	100.0	8,014
Total	52.3	1.1	7.1	5.6	0.5	3.3	1.2	1.0	7.5	1.6	8.4	1.8	1.8	0.4	5.9	0.4	100.0	13,661

Figure 5.6
Distribution of Current Users of Modern Contraceptive Methods by Reason for Using Most Recent Source of Supply



IDHS 1994

There is little variation in the main reason for selecting a family planning source by province (see Table 5.12.2). In all provinces, proximity to home is the most common reason cited. Women in Central Kalimantan are more likely than women in other provinces to base their decision on the availability of transportation (24 percent); while 12 percent of women in Bali indicated that competent and friendly staff are an important reason for choosing a source.

As part of the strategy of the family planning movement, programs are being developed to enhance the accessibility and availability of family planning services in remote areas, and to provide users with better quality services.

Table 5.15.2 Reason for selecting current sources of supply for contraceptive methods: region and province

Percent distribution of current users of modern contraceptive methods by main reason for using current source of supply (rather than another source), according to region and province, Indonesia 1994

Region and province	Main reason for using current source of supply																Total	Number of users
	Closer to home	Closer to market/work	Availability of transport	More competent/friendly staff	Cleaner facility	Offers more privacy	Shorter waiting time	More hours of operation	Use other services	Availability of services	Lower cost	Recommended by local authority/employer	Recommended by family planning provider	Wanted anonymity	Other	Don't know/Missing		
Java-Bali	50.0	0.8	6.5	6.0	0.5	3.0	1.3	1.0	8.4	1.7	8.3	2.3	2.1	0.5	7.1	0.3	100.0	9,420
DKI Jakarta	54.6	1.1	5.0	6.6	0.2	6.3	0.8	0.7	5.5	0.8	14.1	0.2	1.0	0.1	2.9	0.0	100.0	625
West Java	54.5	0.3	5.1	4.7	0.5	5.7	1.6	0.8	6.6	1.8	8.2	2.3	1.6	0.1	5.8	0.5	100.0	2,901
Central Java	47.8	0.6	16.1	4.7	0.3	1.6	1.1	1.6	9.7	0.5	8.5	0.9	0.5	0.5	5.3	0.2	100.0	2,569
DI Yogyakarta	52.2	1.9	1.3	9.7	0.2	1.7	1.6	1.1	3.4	2.3	5.9	2.6	5.3	0.5	10.2	0.4	100.0	254
East Java	46.0	1.5	0.6	7.4	0.8	1.1	1.4	0.8	9.6	2.7	7.4	4.1	4.2	1.1	11.0	0.4	100.0	2,793
Bali	51.2	1.0	0.4	12.0	0.4	1.1	1.0	1.3	13.5	2.6	5.8	1.6	2.7	0.1	5.3	0.1	100.0	278
Outer Java-Bali I	56.9	1.5	8.1	5.5	0.6	4.4	0.8	1.1	5.4	1.3	9.3	0.7	0.9	0.2	2.8	0.6	100.0	3,025
Dista Aceh	50.7	2.7	6.4	9.0	0.0	8.0	0.7	2.3	5.4	0.6	10.4	0.3	0.3	1.0	1.6	0.7	100.0	145
North Sumatra	47.8	1.9	4.3	9.0	0.7	6.0	0.7	0.4	11.5	1.1	7.6	1.1	2.0	0.0	5.3	0.7	100.0	561
West Sumatra	43.7	1.2	3.5	4.7	0.0	8.6	1.7	1.2	5.3	5.7	12.0	1.8	2.5	0.0	7.9	0.2	100.0	202
South Sumatra	56.2	2.2	10.8	6.1	1.1	1.2	0.6	1.2	4.1	0.6	13.0	0.5	0.4	0.4	1.3	0.4	100.0	424
Lampung	60.2	0.7	5.9	3.1	1.2	4.9	1.1	2.8	2.1	1.0	13.6	0.2	0.3	0.1	1.9	1.0	100.0	464
West Nusa Tenggara	52.7	2.0	12.0	5.9	0.5	1.7	0.9	0.7	4.8	1.5	11.5	2.0	0.7	0.0	2.8	0.3	100.0	225
West Kalimantan	74.2	0.9	4.0	4.4	0.2	1.4	0.2	0.5	3.6	1.7	4.6	0.0	1.7	0.0	2.0	0.6	100.0	243
South Kalimantan	58.1	2.0	13.2	3.1	0.4	4.0	1.8	0.7	8.4	1.4	2.7	0.6	0.4	0.4	2.2	0.6	100.0	204
North Sulawesi	52.5	0.3	15.0	6.0	0.9	3.6	0.4	0.0	4.0	0.3	13.6	0.3	0.4	0.0	1.3	1.3	100.0	220
South Sulawesi	70.9	1.0	10.3	2.9	0.4	5.8	0.4	0.9	2.7	0.7	2.3	0.0	0.2	0.0	0.9	0.6	100.0	338
Outer Java-Bali II	58.4	2.4	8.9	3.5	0.5	2.5	1.4	0.6	6.2	1.9	7.2	0.4	0.9	0.3	4.0	0.8	100.0	1,215
Riau	53.9	3.0	5.7	5.7	0.3	5.0	0.9	0.2	5.4	3.7	5.8	0.8	0.7	0.4	7.9	0.6	100.0	202
Jambi	60.8	3.2	10.2	2.3	0.4	1.5	1.3	0.7	9.2	0.0	7.3	0.0	0.2	0.4	2.4	0.0	100.0	171
Bengkulu	58.3	1.0	5.7	4.3	0.0	1.4	0.6	1.5	6.9	1.0	15.0	2.0	0.0	0.5	1.8	0.0	100.0	108
East Nusa Tenggara	66.4	2.4	3.0	3.8	0.4	0.4	0.3	0.0	4.0	2.4	7.9	0.0	1.0	0.3	6.7	0.8	100.0	128
East Timor	75.9	0.0	3.2	7.1	1.0	4.0	0.4	0.0	3.1	1.9	1.1	0.0	0.0	0.0	2.2	0.0	100.0	24
Central Kalimantan	46.4	1.1	24.4	0.6	0.0	1.8	0.6	0.2	11.2	3.6	7.6	0.0	0.2	0.0	0.8	1.5	100.0	93
East Kalimantan	58.6	3.1	5.3	2.9	0.9	4.4	3.2	0.0	5.1	1.1	7.2	0.6	2.8	0.3	3.9	0.7	100.0	167
Central Sulawesi	64.1	2.1	13.6	1.2	0.7	2.0	3.0	1.9	2.4	1.4	4.1	0.0	0.2	0.0	1.1	2.2	100.0	109
Southeast Sulawesi	59.5	1.5	15.2	2.9	1.0	0.8	1.1	2.7	6.1	0.7	4.8	0.2	0.0	0.2	2.7	0.7	100.0	74
Maluku	56.4	1.2	7.7	4.2	0.8	4.0	1.7	0.0	7.4	0.4	7.0	0.0	1.3	0.5	5.9	1.6	100.0	70
Irian Jaya	52.5	4.0	7.9	5.3	1.2	0.2	1.8	0.0	5.9	4.6	7.4	0.4	2.8	0.0	4.4	1.4	100.0	69
Total	52.3	1.1	7.1	5.6	0.5	3.3	1.2	1.0	7.5	1.6	8.4	1.8	1.8	0.4	5.9	0.4	100.0	13,661

5.10 Timing of Sterilization

Female sterilization is an important way for women in high-risk groups to avoid becoming pregnant. The family planning movement provides information about this method as well as about facilities that provide services. As with other methods, voluntary sterilization is provided to a woman in accordance with her age and health status. Trends in the use of this method, especially regarding women's age at the time of the operation, provide important information for program planners. In using these data, however, the problem of censoring must be taken into account. Since the survey included only ever-married women 15-49, women age 50 and over who had been sterilized were not covered.

Table 5.16 presents the percent distribution of sterilized women by age at the time of sterilization, according to the number of years since the operation. A total of 65 percent of women were sterilized at age 30 or over. The median age at the time of sterilization is 31.6 years, which suggests there has been no change since 1991 (31.4 years).

Years since operation	Age at time of sterilization						Total	Number of women	Median age ¹
	<25	25-29	30-34	35-39	40-44	45-49			
<2	2.0	25.8	24.4	34.5	12.5	0.8	100.0	120	34.2
2-3	3.5	20.4	40.2	27.6	2.8	5.4	100.0	125	32.7
4-5	5.0	25.4	42.4	20.1	7.1	0.0	100.0	98	30.8
6-7	8.9	20.9	34.4	33.5	2.4	0.0	100.0	133	32.0
8-9	6.0	33.9	34.2	25.9	0.0	0.0	100.0	117	31.3
10+	8.5	39.1	39.2	13.2	0.0	0.0	100.0	236	a
Total	6.1	29.1	36.1	24.3	3.5	0.9	100.0	829	31.6

¹Median age was calculated only for women less than 40 years of age to avoid problems of censoring.
^aNot calculated due to censoring

5.11 Knowledge of the Fertile Period

A basic knowledge of female reproductive physiology and the fertile period is useful for the successful practice of periodic abstinence. The success of periodic abstinence depends on women's understanding of the monthly cycle and the days when a woman is most likely to conceive. Table 5.17 presents information on knowledge of the fertile period among current users of periodic abstinence, current users of calendar rhythm, and current users of any method.

The data indicate that knowledge of the reproductive cycle is generally limited. One in three current users of contraception does not know when a woman is most likely to conceive, 30 percent believe a woman can conceive at any time in her cycle, and 17 percent say that a woman is most likely to conceive just after her period has ended. Only 17 percent gave the "correct" response: that a woman has the greatest probability of conceiving in the middle of her ovulatory cycle.

Women who are using periodic abstinence are considerably more knowledgeable about the ovulatory cycle than women in general. Two out of three of these women know when they are most fertile; only 2 percent say they do not know. It should be noted that the precoded response categories for this question are only one way of dividing the cycle into periods. It is possible that women who gave "other" responses, such as "one week after her period," were coded in the category "right after period has ended," instead of in the category "in the middle of the cycle." Thus, women may actually have a more accurate understanding of their cycle than is presented in Table 5.17.

Table 5.17 Knowledge of fertile period

Among currently married women who are currently using a method of contraception, the percent distribution of all users of periodic abstinence, of users of calendar rhythm, and of users of any method by knowledge of the fertile period during the ovulatory cycle, Indonesia 1994

Perceived fertile period	Current users of:		
	Periodic abstinence	Calendar rhythm	Any method
During menstrual period	0.9	0.4	0.2
Right after period has ended	19.9	22.0	17.2
In the middle of the cycle	63.4	67.3	17.2
Just before period begins	6.2	8.0	2.4
No particular time	5.3	0.0	29.9
Other	1.7	2.0	0.4
Don't know	2.4	0.3	32.6
Missing	0.2	0.0	0.1
Total	100.0	100.0	100.0
Number	286	219	14,334

CHAPTER 6

FERTILITY PREFERENCES

This chapter addresses questions that allow an assessment of the extent of unwanted fertility in Indonesia, the degree of acceptance of the two-child family norm, and the level of need for contraceptive services. Respondents in the 1994 IDHS were asked questions concerning whether they wanted more children; if so, how long they would prefer to wait before the next child; and if they could start afresh, how many children in all they would want. Since an underlying objective of the Indonesian family planning program is to persuade couples to have only two children and to space them at least five years apart, it is important to understand to what extent these fertility preferences have been accepted. Two other issues are examined here as well: the extent to which unwanted or mistimed births occur and the effect that the prevention of such births would have on fertility rates.

Interpretation of data on fertility preferences has always been the subject of controversy. Survey questions have been criticized on the grounds that (1) answers are misleading because they may reflect unformed, ephemeral views, which are held with weak intensity and little conviction, and (2) they do not take into account the effect of social pressures or the attitude of other family members, particularly the husband, who may exert a major influence on reproductive decisions.

The first objection has greater force in noncontracepting societies where the idea of conscious reproductive choice may still be alien; preference data from these settings should be interpreted with caution. This objection probably has little relevance in Indonesia where widespread public exposure to the family planning program has probably caused most people to establish opinions regarding fertility regulation prior to the interview. The second objection is correct in principle. In practice, however, its importance is doubtful; for instance, the evidence from surveys in which both husbands and wives are interviewed separately suggests that there is little difference in their views.

The inclusion of women who are currently pregnant complicates the measurement of views on future childbearing. For these women the question on desire for more children was rephrased to refer to desire for another child after the one that they were expecting. To take into account the way in which the preference variable is defined for pregnant women, the results have been classified by number of living children, including current pregnancies. In addition, the question on preferred waiting time before the next birth was rephrased for pregnant women to make clear that the information wanted is the preferred waiting time after the birth of the child the respondent was expecting.

Data of women who have been sterilized for contraceptive purposes also require special analytic treatment. The general strategy in some tables in this chapter is to classify these women as wanting no more children.

6.1 Desire for Additional Children

Table 6.1 presents the distribution of currently married women by desire for more children according to the number of living children. Figures in the last column show that 48 percent of these women indicated that they wanted no more children, while 4 percent have been sterilized. Forty-three percent of married women said that they wanted to have additional children; 14 percent wanted the child within two years, 25 percent wanted the child after two years, and 4 percent were unsure about the time. Four percent of women were not sure whether they wanted another child (see Figure 6.1).

Table 6.1 Fertility preferences by number of living children

Percent distribution of currently married women by desire for more children, according to number of living children, Indonesia 1994

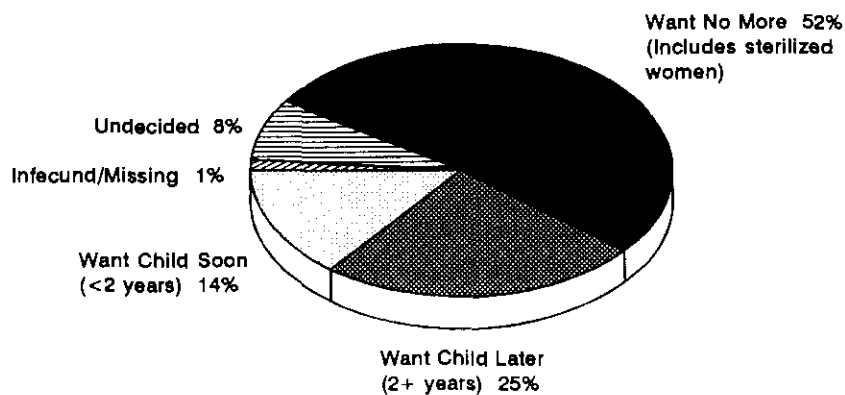
Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Have another soon ²	77.6	23.2	10.9	5.8	3.1	1.9	0.9	14.4
Have another later ³	11.5	59.8	26.8	14.6	8.3	4.2	2.2	24.8
Have another, undecided when	4.2	6.0	4.6	2.7	2.2	1.3	1.2	3.7
Undecided	1.5	2.6	5.8	5.2	3.8	4.2	5.4	4.3
Want no more	2.9	7.4	49.7	65.3	73.0	78.1	79.7	47.8
Sterilized	0.1	0.3	1.7	5.7	8.4	7.7	6.8	3.7
Declared infecund	2.2	0.9	0.5	0.8	1.1	2.3	3.7	1.3
Missing	0.0	0.0	0.1	0.0	0.2	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,666	5,852	6,357	4,802	3,039	1,945	2,524	26,186

¹Includes current pregnancy

²Want next birth within 2 years

³Want to delay next birth for 2 or more years

**Figure 6.1
Fertility Preferences of
Currently Married Women 15-49**



1994 IDHS

More than half of married women with two children want no more children or have been sterilized. Almost three-quarters of women with three children either have been sterilized or want no more children, and 15 percent want to delay the next birth for at least two years. Findings from the 1991 IDHS show similar patterns, with slightly more desire for terminating childbearing.

Table 6.2 shows the distribution of currently married women by desire for children, according to current age. The table indicates the expected pattern, i.e., younger women (15-29) are more likely to want to have another child soon or to space their children, whereas older women (30 years and over) tend to want to stop childbearing. For example, nine in ten women age 15-19 want to have another child, while among women 30-34 the corresponding proportion is less than 40 percent, and among women 40-44 it is only 12 percent. At the same time, six in ten women 15-24 want to delay their next child for at least two years, while at most 18 percent of women 30 years and older want to do so.

Desire for children	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Have another soon ¹	29.6	18.4	15.9	16.8	12.3	8.1	4.6	14.4
Have another later ²	57.3	58.1	40.4	17.8	6.4	2.3	0.7	24.8
Have another, undecided when	5.5	5.0	4.5	3.9	3.6	1.6	1.3	3.7
Undecided	2.9	3.7	5.3	5.1	5.1	3.4	2.1	4.3
Want no more	4.8	14.7	32.8	53.0	65.0	74.9	75.3	47.8
Sterilized	0.0	0.0	1.0	3.0	7.2	7.7	6.8	3.7
Declared infecund	0.0	0.0	0.0	0.3	0.4	2.0	9.0	1.3
Missing	0.0	0.0	0.0	0.2	0.0	0.1	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,291	3,936	5,234	5,387	4,483	3,262	2,594	26,186

¹Want next birth within 2 years
²Want to delay next birth for 2 or more years

Table 6.3.1 shows the percentage of married women who want no more children by number of living children and background characteristics. Figures in the bottom row show that the desire to stop childbearing increases significantly among women with two or more children. More than half of women who have two children want no more children, and at least eight in ten women who have four or more children want to stop childbearing.

Looking at differentials by background characteristics, the table shows that in general, urban women, and women in Java-Bali are more likely to want to terminate childbearing than other women. These differentials were also evident in the 1991 IDHS (see CBS et al., 1992). There is an interesting pattern in the data on proportion wanting no more children by education. At parities zero and one, women with less education are more likely to want no more children than women with more education. At parity two, differences by education are negligible. At parities four and higher, the proportion who want no more children increases with increasing education.

Table 6.3.1 Desire to limit childbearing: background characteristics

Percentage of currently married women who want no more children, by number of living children and selected background characteristics, Indonesia 1994

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	2.5	6.5	54.7	79.6	88.3	91.7	94.4	56.1
Rural	3.2	8.1	50.0	67.2	78.1	83.6	83.8	49.7
Region/Residence								
Java-Bali	3.5	8.5	58.7	78.6	86.6	89.7	89.4	53.3
Urban	2.7	6.6	58.3	81.4	89.4	93.2	97.3	56.7
Rural	3.8	9.3	58.9	77.1	84.9	87.9	85.5	51.6
Outer Java-Bali I	2.0	5.5	34.8	58.4	74.9	82.1	83.5	49.0
Urban	2.1	6.2	43.0	74.4	88.1	87.5	89.0	55.4
Rural	2.0	5.3	32.3	54.5	71.0	80.7	82.3	47.2
Outer Java-Bali II	1.6	6.0	36.0	57.2	71.9	80.5	83.7	47.3
Urban	1.2	6.8	46.3	73.9	79.0	92.1	88.3	52.5
Rural	1.7	5.7	32.8	51.9	69.9	77.8	82.9	45.8
Education								
No education	10.0	18.5	51.6	70.0	79.2	83.4	82.2	59.6
Some primary	5.3	11.6	48.5	65.6	77.4	85.5	88.0	56.9
Completed primary	0.8	5.9	52.2	72.3	83.1	85.8	85.3	46.3
Some secondary+	0.1	3.8	53.3	77.7	88.1	90.2	92.6	45.8
Total	3.0	7.6	51.4	70.9	81.3	85.8	86.5	51.5

Note: Women who have been sterilized are considered to want no more children.

¹Includes current pregnancy

Table 6.3.2 shows the percentage of currently married women who want no more children by province. Women in Java-Bali (except West Java) are generally more likely to want to stop childbearing than women in other regions regardless of the number of surviving children they already have (53 percent, compared with 49 percent or less). The desire to stop childbearing is particularly high in DI Yogyakarta, Bali and North Sulawesi (59 percent or more), and low in West Nusa Tenggara and East Timor (40 percent and 23 percent, respectively).

As observed in the 1991 IDHS, Balinese women stand out as having adopted a two-child norm. Four in five Balinese women and more than 65 percent of women in DI Yogyakarta, East Java, and North Sulawesi are ready to stop childbearing after having two children.

Table 6.3.2 Desire to limit childbearing: region and province

Percentage of currently married women who want no more children, by number of living children, region, and province, Indonesia 1994

Region and province	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Java-Bali	3.5	8.5	58.7	78.6	86.6	89.7	89.4	53.3
DKI Jakarta	2.4	9.5	50.4	80.3	92.5	94.9	94.6	55.6
West Java	0.9	3.6	44.1	65.4	76.2	83.8	84.8	47.1
Central Java	5.3	7.6	59.8	80.4	91.3	93.1	90.2	57.9
DI Yogyakarta	1.7	11.9	78.2	93.9	97.6	(97.9)	(97.8)	65.1
East Java	5.0	11.9	67.9	87.5	90.6	93.1	98.2	53.0
Bali	0.0	14.7	80.3	93.2	92.6	(89.4)	93.4	66.7
Outer Java-Bali I	2.0	5.5	34.8	58.4	74.9	82.1	83.5	49.0
Dista Aceh	0.0	3.7	15.8	40.9	51.7	69.7	82.6	40.1
North Sumatra	(0.0)	4.2	31.6	57.4	76.9	83.6	82.6	52.7
West Sumatra	(2.1)	2.1	31.3	55.3	77.2	73.0	89.0	47.9
South Sumatra	2.7	5.7	32.5	67.8	86.7	88.7	86.2	52.1
Lampung	(3.0)	4.7	40.2	71.7	81.1	94.2	92.0	54.4
West Nusa Tenggara	(0.0)	4.3	29.2	40.8	64.2	76.4	82.5	39.7
West Kalimantan	7.0	4.1	37.4	58.3	71.2	82.6	77.9	46.9
South Kalimantan	4.3	8.7	44.2	63.6	80.7	82.6	88.5	47.1
North Sulawesi	(0.0)	17.1	65.6	77.6	88.5	(97.2)	(77.5)	59.1
South Sulawesi	1.6	4.5	26.9	48.7	70.6	76.9	77.3	44.4
Outer Java-Bali II	1.6	6.0	36.0	57.2	71.9	80.5	83.7	47.3
Riau	1.5	4.3	34.0	51.0	74.9	85.8	85.8	48.4
Jambi	0.0	9.3	38.8	63.5	81.3	87.3	91.6	51.3
Bengkulu	(0.0)	1.2	46.5	74.6	86.7	91.5	96.3	57.9
East Nusa Tenggara	(6.3)	7.1	27.9	45.4	61.4	80.4	90.6	46.7
East Timor	2.9	3.7	13.7	22.6	30.9	42.3	44.1	23.2
Central Kalimantan	0.0	5.3	49.1	68.0	84.1	81.8	76.3	47.6
East Kalimantan	2.2	5.7	52.7	73.5	77.0	79.8	75.9	49.9
Central Sulawesi	2.0	4.7	29.4	55.5	75.8	86.8	77.8	44.2
Southeast Sulawesi	(0.0)	5.9	28.9	63.5	60.8	67.5	76.3	44.6
Maluku	(0.0)	6.8	25.8	52.3	67.1	74.4	84.0	44.6
Irian Jaya	0.0	10.2	33.3	54.3	74.8	89.2	94.0	47.4
Total	3.0	7.6	51.4	70.9	81.3	85.8	86.5	51.5

Note: Women who have been sterilized are considered to want no more children. Figures in parentheses are based on 25-49 unweighted women.

¹Includes current pregnancy

6.2 Ideal Number of Children

Previously, this chapter focused on the respondent's wishes for the future, implicitly taking into account the number of children she already had. In ascertaining the ideal number of children (i.e., ideal family size), the respondent is required to perform the more difficult task of considering, abstractly and independently of her actual family size, the number of children she would choose if she could start again. About 22 percent of the women in the IDHS gave a non-numeric reply when asked this question (see Table 6.4).

Table 6.4 Ideal and actual number of children

Percent distribution of ever-married women by ideal number of children, and mean ideal number of children for ever-married women and for currently married women, according to number of living children, Indonesia 1994

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	4.6	3.0	1.1	1.1	0.4	0.2	0.4	1.5
2	54.4	56.9	48.1	24.8	17.9	13.3	7.8	36.4
3	12.4	19.4	19.9	31.1	13.1	15.2	11.0	19.3
4	8.7	7.1	13.2	16.4	29.0	12.4	14.2	13.9
5	1.6	1.6	2.5	3.8	6.2	13.0	5.5	3.9
6+	0.5	0.9	1.3	2.5	4.6	6.2	11.5	3.1
Non-numeric response	17.6	11.2	13.9	20.3	28.8	39.8	49.7	21.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,944	6,366	6,744	5,096	3,271	2,070	2,677	28,168
Ever-married women								
Mean ideal number	2.4	2.4	2.7	3.1	3.5	3.8	4.2	2.9
Number of women	1,603	5,652	5,805	4,061	2,330	1,246	1,347	22,044
Currently married women								
Mean ideal number	2.4	2.5	2.7	3.1	3.5	3.8	4.2	2.9
Number of women	1,421	5,275	5,523	3,877	2,177	1,188	1,281	20,742

Note: The means exclude women who gave non-numeric responses.

¹ Includes current pregnancy

The distribution of ever-married women 15-49 by ideal number of children is presented in Table 6.4. Since most ever-married women are currently married, the ideal number of children for both groups is almost the same. Overall, ideal family size in Indonesia declined from 3.1 children in 1991 to 2.9 children in 1994. Observance of the two-child family norm was stronger in 1994 than in 1991; 36 percent of women reported two children as their ideal family size, compared with 34 percent in 1991. At the same time, the percentage of women whose ideal number of children was three or more declined by 2 percentage points.

The correlation between actual and ideal family size can be seen in the fact that women who have a small number of children are more likely to want a small number of children. As parity increases, the ideal number of children also increases. Two reasons have been suggested. First, to the extent that women want to achieve their fertility desires, women who want large families tend to have larger families. Second, women may rationalize their ideal family size. As the actual number of children increases, their preference increases also. Further, women with larger families—being on average older than women with small families—may have larger ideal family sizes because of attitudes they acquired 20 to 30 years ago.

Despite the likelihood of some rationalization, respondents frequently state ideal family sizes that are lower than their actual number of living children. This can be taken as an indicator of surplus or unwanted fertility. At three and higher numbers of surviving children, the proportion of women stating ideal family sizes smaller than their own becomes sizeable. In fact, among women with six or more children, 39 percent say that if they were to start again they would have fewer children. The corresponding proportion in 1991 was 45 percent.

Table 6.5.1 presents the mean ideal number of children for ever-married women by age and selected background characteristics. Ideal number of children varies across age groups: older women tend to want larger families than younger women. Urban women and women with some secondary education are slightly more likely to want small families than rural women and women with less education. The mean ideal number of children is negatively associated with the woman's education: the higher the level of education, the lower the ideal number of children.

Table 6.5.1 Mean ideal number of children: background characteristics

Mean ideal number of children for ever-married women, by age and selected background characteristics, Indonesia 1994

Background characteristic	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	2.5	2.4	2.6	2.7	3.0	3.0	3.3	2.8
Rural	2.4	2.6	2.8	3.1	3.2	3.4	3.5	3.0
Region/Residence								
Java-Bali	2.3	2.3	2.6	2.7	2.9	3.0	3.1	2.7
Urban	2.5	2.3	2.6	2.6	2.9	2.9	3.2	2.7
Rural	2.3	2.4	2.6	2.8	2.9	3.0	3.1	2.7
Outer Java-Bali I	2.6	3.0	3.1	3.4	3.6	3.8	4.0	3.4
Urban	(2.4)	2.7	2.9	3.1	3.3	3.5	3.7	3.1
Rural	2.7	3.0	3.2	3.5	3.8	3.9	4.2	3.5
Outer Java-Bali II	2.7	2.9	3.1	3.5	3.7	4.0	4.3	3.4
Urban	(2.5)	2.6	2.8	2.9	3.1	3.5	3.5	3.0
Rural	2.8	3.0	3.2	3.7	3.9	4.1	4.5	3.6
Education								
No education	(2.3)	3.0	3.0	3.2	3.3	3.2	3.5	3.2
Some primary	2.6	2.7	2.9	3.1	3.2	3.3	3.5	3.1
Completed primary	2.3	2.5	2.6	2.9	3.1	3.2	3.5	2.8
Some secondary+	2.4	2.5	2.7	2.8	3.0	3.2	3.2	2.8
Total	2.4	2.5	2.8	3.0	3.2	3.2	3.4	2.9

Note: Figures in parentheses are based on 25 to 49 unweighted women.

There are notable differences in the mean ideal number of children between regions (see Table 6.5.2). Women in Java-Bali want an average of 0.7 children less than women in other regions. Variation between provinces is even more substantial, ranging from a low of 2.4 children in Bali and North Sulawesi to 4 children or more in Dista Aceh, East Nusa Tenggara and East Timor. In Java-Bali, mean ideal number of children is highest in West Java and Central Java (2.9 children). Since 1991, the mean ideal number of children has declined or remained the same in all provinces. In 1994, the mean ideal number of children was less than three in all the provinces of Java and Bali, North Sulawesi, and East Kalimantan.

Table 6.5.2 Mean ideal number of children: region and province

Mean ideal number of children for ever-married women, by age, region, and province, Indonesia 1994

Region and province	Age of woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Java-Bali	2.3	2.3	2.6	2.7	2.9	3.0	3.1	2.7
DKI Jakarta	(2.3)	2.4	2.5	2.8	2.8	2.9	3.1	2.7
West Java	2.5	2.5	2.8	3.0	3.2	3.4	3.2	2.9
Central Java	2.3	2.4	2.6	2.9	3.1	3.1	3.5	2.9
DI Yogyakarta	*	2.1	2.3	2.3	2.5	2.8	3.2	2.5
East Java	2.2	2.2	2.3	2.4	2.7	2.7	2.9	2.5
Bali	(2.4)	2.2	2.3	2.3	2.4	2.6	2.5	2.4
Outer Java-Bali I	2.6	3.0	3.1	3.4	3.6	3.8	4.0	3.4
Dista Aceh	*	3.7	3.8	3.8	4.5	4.4	4.6	4.0
North Sumatra	*	3.5	3.5	3.7	3.8	4.4	4.2	3.8
West Sumatra	*	2.9	3.2	3.7	3.7	3.8	4.3	3.5
South Sumatra	(2.7)	2.9	3.0	3.4	3.4	3.4	3.5	3.2
Lampung	(2.4)	2.6	2.8	3.2	3.2	3.5	(3.6)	3.0
West Nusa Tenggara	(2.6)	2.9	3.0	3.2	3.9	4.1	(4.1)	3.4
West Kalimantan	(2.8)	2.8	2.9	3.3	3.4	3.8	4.4	3.2
South Kalimantan	(2.6)	2.3	2.7	2.9	3.5	(3.2)	3.8	3.0
North Sulawesi	*	2.1	2.2	2.5	2.6	2.7	(2.7)	2.4
South Sulawesi	(2.4)	3.0	3.1	3.6	3.7	3.5	4.0	3.4
Outer Java-Bali II	2.7	2.9	3.1	3.5	3.7	4.0	4.3	3.4
Riau	(2.8)	3.1	3.2	3.4	3.8	3.7	4.3	3.5
Jambi	(2.7)	2.9	3.0	3.1	3.5	4.0	3.6	3.2
Bengkulu	(2.5)	2.6	2.9	3.4	3.6	4.0	3.8	3.2
East Nusa Tenggara	*	3.0	3.7	4.1	4.2	4.7	5.4	4.1
East Timor	*	4.3	4.2	4.5	4.9	*	*	4.4
Central Kalimantan	(3.6)	2.8	3.0	3.7	3.9	(4.1)	(4.9)	3.4
East Kalimantan	(2.1)	2.6	2.6	3.0	3.4	3.3	(3.1)	2.9
Central Sulawesi	*	2.8	2.8	3.2	3.3	(3.9)	(3.8)	3.1
Southeast Sulawesi	*	2.8	2.9	3.7	3.7	(3.8)	(4.2)	3.3
Maluku	*	3.0	3.3	3.4	3.8	3.9	(4.1)	3.4
Irian Jaya	*	2.9	3.0	3.4	3.4	(3.4)	*	3.2
Total	2.4	2.5	2.8	3.0	3.2	3.2	3.4	2.9

Note: Figures in parentheses are based on 25 to 49 unweighted women; an asterisk indicates that a figure is based on fewer than 25 women and has been suppressed.

6.3 Unmet Need

Unmet need is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. Women with an unmet need for *spacing* include pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Measures of unmet need for family planning are used to evaluate the extent to which programs are meeting the demand for services. According to these criteria, in 1994 the total unmet need in Indonesia was 11 percent—of which about half was for limiting and half for spacing (see Table 6.6.1). A similar pattern was found in 1991, when total unmet need was 13 percent, evenly split between the need for spacing and for limiting.

Table 6.6.1 Need for family planning services: background characteristics

Percentage of currently married women with unmet need for family planning, and met need for family planning, and the total demand for family planning services, by selected background characteristics, Indonesia 1994

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	12.7	1.0	13.7	34.7	1.7	36.4	48.6	2.7	51.3	73.4	1,291
20-24	9.1	1.8	10.9	47.4	8.1	55.5	57.8	10.0	67.8	83.9	3,936
25-29	7.2	3.2	10.4	37.1	22.5	59.6	45.8	26.0	71.8	85.6	5,234
30-34	4.0	6.8	10.8	20.6	40.4	61.0	25.1	47.7	72.8	85.2	5,387
35-39	2.1	9.4	11.5	9.3	50.4	59.7	11.8	60.1	71.9	84.0	4,483
40-44	0.8	9.6	10.5	3.2	50.2	53.4	4.1	60.0	64.1	83.7	3,262
45-49	0.5	6.8	7.3	0.7	32.1	32.9	1.3	38.9	40.2	81.8	2,594
Residence											
Urban	4.2	5.8	10.1	21.6	38.6	60.2	26.6	44.6	71.2	85.9	7,591
Rural	5.0	5.8	10.8	23.0	29.6	52.5	28.6	35.7	64.3	83.2	18,595
Region/Residence											
Java-Bali	4.3	5.5	9.8	23.8	34.6	58.4	28.9	40.3	69.1	85.9	16,663
Urban	4.0	5.6	9.6	22.5	39.5	62.0	27.2	45.4	72.6	86.7	5,523
Rural	4.4	5.4	9.9	24.5	32.1	56.6	29.7	37.7	67.4	85.4	11,140
Outer Java-Bali I	5.5	6.3	11.8	20.9	28.6	49.5	27.1	35.3	62.4	81.1	6,619
Urban	4.8	6.5	11.3	19.5	36.3	55.8	25.2	43.1	68.3	83.5	1,423
Rural	5.7	6.3	11.9	21.3	26.4	47.8	27.7	33.1	60.8	80.4	5,197
Outer Java-Bali II	5.8	6.8	12.6	19.0	26.7	45.7	25.4	33.6	58.9	78.7	2,903
Urban	4.8	6.3	11.1	18.9	35.1	54.0	24.1	41.6	65.7	83.1	645
Rural	6.1	6.9	13.0	19.0	24.3	43.3	25.7	31.3	57.0	77.2	2,259
Education											
No education	4.1	7.6	11.7	12.0	27.7	39.6	16.2	35.3	51.5	77.3	3,904
Some primary	4.4	7.3	11.6	18.3	34.3	52.6	23.3	41.8	65.1	82.1	8,299
Completed primary	5.1	5.4	10.5	27.7	30.5	58.2	33.8	36.2	70.0	85.0	7,526
Some secondary+	5.3	3.4	8.7	28.5	34.1	62.6	34.7	37.8	72.4	88.0	6,457
Total	4.8	5.8	10.6	22.6	32.2	54.7	28.1	38.3	66.3	84.0	26,186

¹Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for *spacing* are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of *better contraception*). Also excluded are menopausal or infecund women.

²Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³Total demand includes pregnant or amenorrheic women who became pregnant while using a method (method failure). They account for 1.0 percent of all currently married women.

Demand for family planning is defined as the sum of contraceptive prevalence (including currently pregnant or amenorrheic women whose pregnancy or last birth was the result of a contraceptive failure) and unmet need (Westoff and Ochoa, 1991). Overall, the total demand for family planning is 66 percent; 84 percent of this demand is satisfied. Comparison of the 1991 and 1994 IDHS survey findings indicates that demand for family planning services and the percentage of the demand that is satisfied has increased by 3 and 4 percentage points, respectively.

Unmet need varies with age. Younger women are more likely to express a need for spacing births, while older women more often want to limit births. This can be seen from the inverse relationship between a woman's age and unmet need to space births, contraceptive use, and, in consequence, demand for family planning to space births. There is no notable difference in the need for family planning between urban and rural women. Total unmet need declines linearly with increasing education; the more educated the women, the lower the percentage with unmet need. Women with no education and women with some primary school are in need of family planning for limiting births, whereas more educated women report greater need for spacing. Additional motivational and service delivery efforts should be directed toward the *limiting* needs of older and less educated women and the *spacing* needs of younger and more educated women.

The total unmet need figures for the Outer Java-Bali regions are slightly higher than for Java-Bali (see Table 6.6.2). The lower unmet need in Java-Bali might reflect the earlier initiation of family planning efforts in that region. Of the 27 provinces, Dista Aceh, East Nusa Tenggara and Maluku have the highest levels of unmet need (16 percent or higher), while unmet need in Bali and DI Yogyakarta is less than 6 percent.

For Java-Bali, total unmet need is slightly higher in West Java than in the other provinces; additionally, West Java is the only province in Java-Bali in which unmet need for family planning (12 percent) exceeds the national average. In the Outer Java-Bali regions, unmet need for limiting and spacing varies by province. In Dista Aceh and East Timor, for example, most of the unmet need is for spacing births (56 percent and 62 percent, respectively); in Maluku, on the other hand, 61 percent of the unmet need is for limiting births.

Table 6.6.2 indicates that 84 percent of the demand for family planning services has been met. If all of this need were satisfied, a contraceptive prevalence rate of about 66 percent could, theoretically, be expected. DI Yogyakarta, Bali and North Sulawesi lead the other provinces in fulfilling the demand for family planning (90 percent or more), while Dista Aceh, East Nusa Tenggara, East Timor, and Maluku lag behind (70 percent or less).

Table 6.6.2 Need for family planning services: region and province

Percentage of currently married women with unmet need for family planning, and met need for family planning, and the total demand for family planning services, by region and province, Indonesia 1994

Region and province	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Java-Bali	4.3	5.5	9.8	23.8	34.6	58.4	28.9	40.3	69.1	85.9	16,663
DKI Jakarta	3.8	5.3	9.1	22.1	37.6	59.7	26.4	43.0	69.5	87.0	1,140
West Java	5.3	6.1	11.5	28.4	28.3	56.7	34.6	34.7	69.3	83.5	5,170
Central Java	3.7	5.9	9.6	21.6	39.4	61.1	26.0	45.4	71.4	86.5	4,302
DI Yogyakarta	2.0	3.7	5.7	19.4	50.1	69.5	22.2	54.4	76.6	92.6	423
East Java	4.3	4.8	9.0	22.7	33.2	55.9	27.6	38.4	66.0	86.3	5,209
Bali	1.8	4.1	5.9	14.8	53.7	68.4	17.4	57.8	75.1	92.2	418
Outer Java-Bali I	5.5	6.3	11.8	20.9	28.6	49.5	27.1	35.3	62.4	81.1	6,619
Dista Aceh	9.7	7.6	17.3	18.0	14.3	32.3	27.9	22.2	50.0	65.5	477
North Sumatra	5.3	7.5	12.9	16.0	31.0	47.0	22.2	39.0	61.2	79.0	1,374
West Sumatra	5.5	7.5	13.0	17.7	26.5	44.2	24.5	34.6	59.1	78.0	489
South Sumatra	4.4	5.2	9.7	20.8	32.1	52.9	25.6	37.6	63.2	84.7	843
Lampung	3.5	7.2	10.7	24.7	34.6	59.3	29.0	42.7	71.8	85.1	801
West Nusa Tenggara	7.4	5.4	12.8	27.4	22.5	49.8	35.4	28.0	63.3	79.8	469
West Kalimantan	3.3	4.5	7.8	23.8	26.8	50.6	28.1	31.6	59.7	87.0	489
South Kalimantan	4.4	4.6	9.0	27.1	27.6	54.7	32.5	32.3	64.8	86.1	398
North Sulawesi	2.5	4.0	6.5	24.9	47.6	72.5	28.0	52.4	80.4	91.9	318
South Sulawesi	7.7	6.3	14.0	19.6	23.0	42.6	28.0	29.4	57.4	75.6	962
Outer Java-Bali II	5.8	6.8	12.6	19.0	26.7	45.7	25.4	33.6	58.9	78.7	2,903
Riau	7.1	7.6	14.7	17.3	23.7	41.0	24.8	31.5	56.3	74.0	520
Jambi	3.3	6.1	9.4	22.7	32.5	55.1	26.7	38.6	65.2	85.6	316
Bengkulu	4.7	4.6	9.2	21.4	40.2	61.6	27.5	45.3	72.8	87.3	179
East Nusa Tenggara	7.6	8.9	16.5	17.0	20.2	37.3	25.4	29.1	54.5	69.7	393
East Timor	8.2	5.1	13.3	13.8	8.8	22.6	22.3	14.2	36.5	63.6	115
Central Kalimantan	3.1	5.5	8.6	17.7	26.8	44.5	21.3	32.4	53.7	84.0	227
East Kalimantan	4.0	4.8	8.8	24.3	36.2	60.5	28.8	41.1	69.9	87.4	304
Central Sulawesi	5.9	5.0	10.9	22.4	30.1	52.5	28.7	35.1	63.8	83.0	225
Southeast Sulawesi	9.4	4.8	14.1	19.7	26.5	46.3	30.0	31.4	61.4	77.0	178
Maluku	7.4	11.9	19.4	16.5	18.4	34.9	24.2	30.3	54.5	64.5	209
Irian Jaya	3.6	7.3	10.9	14.4	26.9	41.3	18.5	34.2	52.7	79.3	238
Total	4.8	5.8	10.6	22.6	32.2	54.7	28.1	38.3	66.3	84.0	26,186

¹Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of *better contraception*). Also excluded are menopausal or infertile women.

²Using for *spacing* is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³Total demand includes pregnant or amenorrheic women who became pregnant while using a method (method failure). They account for 1.0 percent of all currently married women.

6.4 Unplanned and Unwanted Fertility

In the 1994 IDHS, women were asked a series of questions about each child born in the preceding five years and any current pregnancy, to determine whether the pregnancy was wanted then, wanted but at a later time, or unwanted. These questions form a particularly powerful indicator of the degree to which couples successfully control childbearing. In addition, the data can be used to gauge the effect of the prevention of unwanted births on fertility.

The IDHS questions are extremely demanding. The respondent is required to recall accurately her wishes at one or more points in time the last five years, and to report them honestly. The danger of rationalization is present; an unwanted conception may well have become a cherished child. Despite these potential problems of comprehension, recall and truthfulness, results from previous surveys have proved surprisingly plausible. Respondents clearly are willing to report unwanted conceptions, although some postpartum rationalization probably occurs. The result is probably an underestimate of unwanted fertility.

Table 6.7 shows the percent distribution of births in the five years preceding the survey and current pregnancies by fertility planning status, according to birth order and mother's age at birth. Eight of ten births were wanted at the time of conception an additional 10 percent were wanted but at a later time. Only 8 percent were not wanted at all. These findings indicate that women are becoming increasingly successful at planning their families—the proportion of births wanted at the time of conception has increased from 77 percent in 1991 to 82 percent in 1994 and the proportion of mistimed births has declined from 16 to 10 percent.

Table 6.7 Fertility planning status						
Percent distribution of births in the five years preceding the survey and current pregnancies, by fertility planning status, according to birth order and mother's age, Indonesia 1994						
Birth order and mother's age	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	93.1	6.4	0.2	0.3	100.0	5,429
2	84.5	14.2	1.2	0.1	100.0	4,297
3	79.8	11.3	8.6	0.3	100.0	3,177
4+	71.3	7.9	20.4	0.4	100.0	5,846
Age at birth						
<20	91.1	8.4	0.5	0.1	100.0	2,546
20-24	86.0	11.9	1.8	0.3	100.0	5,351
25-29	83.5	10.1	6.2	0.2	100.0	5,149
30-34	77.7	8.0	13.9	0.4	100.0	3,426
35-39	68.7	6.1	24.5	0.7	100.0	1,726
40-44	57.6	5.4	36.7	0.3	100.0	517
45-49	63.6	4.7	30.6	1.2	100.0	34
Total	82.1	9.5	8.2	0.3	100.0	18,749

Note: Birth order includes current pregnancy.

Birth order strongly affects the planning status of births. In the 1994 IDHS, the proportion of births that were wanted at the time of conception decreases with increasing birth order, while the percentage wanted later or not wanted at all increases. While almost all first births were wanted, one in five of fourth or higher order births were unwanted (see Table 6.7).

The planning status of births is also affected by the age of the mother. In general, the older the mother, the smaller the percentage of children that were wanted at conception. The proportion wanted later increases up to age 25-29 years, and then decreases. The percentage of births that were not wanted increases substantially with age. While almost none of the births to women under 20 years were unwanted, more than 30 percent of births to women age 40-49 were not wanted. This level of unwanted births among older women is higher than that reported in the 1991 IDHS (25 percent for women 40-49).

Tables 6.8.1 and 6.8.2 present *wanted* fertility rates. These are calculated in the same manner as conventional age-specific fertility rates, except that only births classified as *wanted* are included in the numerator. A birth is considered wanted if the number of living children at the time of conception was less than or equal to the current ideal number of children reported by the respondent. Wanted fertility rates express the level of fertility that would theoretically result if all unwanted births were prevented. Comparison of actual fertility rates and wanted fertility rates suggests the potential demographic impact of the elimination of unwanted births.

Overall, the total wanted fertility rate is 17 per cent lower than the total fertility rate. Thus, if unwanted births could be eliminated, total fertility in Indonesia would be around 2.4 births per woman, instead of 2.9. The differences in wanted fertility rates by various background characteristics are similar to those for actual fertility rates, except they are all slightly lower. Wanted fertility rates range from lows of 1.5 to 1.8 children per woman in DKI Jakarta, DI Yogyakarta, East Java and Bali to a high of 4.5 children in East Timor. The wanted fertility rate is 3 children or more in Dista Aceh, North Sumatra, West Nusa Tenggara, East Nusa Tenggara, East Timor, Southeast Sulawesi and Maluku.

Table 6.8.1 Wanted fertility rates: background characteristics

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Indonesia 1994

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	1.8	2.3
Rural	2.7	3.2
Region/Residence		
Java-Bali	2.1	2.6
Urban	1.7	2.2
Rural	2.4	2.9
Outer Java-Bali I	2.8	3.3
Urban	2.1	2.5
Rural	3.0	3.5
Outer Java-Bali II	2.9	3.3
Urban	2.3	2.9
Rural	3.1	3.5
Education		
No education	2.6	2.9
Some primary	2.7	3.3
Completed primary	2.4	3.0
Some secondary+	2.1	2.6
Total	2.4	2.9

Note: Rates are based on births to women 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 3.5.1.

Table 6.8.2 Wanted fertility rates: region and province

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by region and province, Indonesia 1994

Region and province	Total wanted fertility rate	Total fertility rate
Java-Bali	2.1	2.6
DKI Jakarta	1.6	1.9
West Java	2.6	3.2
Central Java	2.3	2.8
DI Yogyakarta	1.5	1.8
East Java	1.8	2.2
Bali	1.7	2.1
Outer Java-Bali I	2.8	3.3
Dista Aceh	3.0	3.3
North Sumatra	3.2	3.9
West Sumatra	2.6	3.2
South Sumatra	2.5	2.9
Lampung	2.9	3.4
West Nusa Tenggara	3.0	3.6
West Kalimantan	2.9	3.3
South Kalimantan	2.1	2.3
North Sulawesi	2.2	2.6
South Sulawesi	2.6	2.9
Outer Java-Bali II	2.9	3.3
Riau	2.6	3.1
Jambi	2.4	3.0
Bengkulu	2.8	3.5
East Nusa Tenggara	3.4	3.9
East Timor	4.5	4.7
Central Kalimantan	2.1	2.3
East Kalimantan	2.7	3.2
Central Sulawesi	2.7	3.1
Southeast Sulawesi	3.2	3.5
Maluku	3.4	3.7
Irian Jaya	2.7	3.1
Total	2.4	2.9

Note: Rates are based on births to women 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 3.5.1.

CHAPTER 7

NONUSE AND INTENTION TO USE FAMILY PLANNING

This chapter focuses on women who are not using family planning and the reasons women stop using contraceptive methods. Five topics are discussed: contraceptive discontinuation rates, reasons for discontinuing contraception, reasons for nonuse, intention to use contraception in the future, and methods potential users intend to use.

7.1 Discontinuation Rates

Improvement in the *quality* of contraceptive use is one of the goals of Indonesia's family planning program. One measure of the quality of use is the rate at which users discontinue using a method of contraception. Reasons for discontinuation may include contraceptive failure, dissatisfaction with the method, side effects, lack of availability, or other reasons. High rates of discontinuation, method failure, and method switching may indicate that improvements are needed in counseling in the selection of methods, follow-up care, and accessibility of services.

Life-table contraceptive discontinuation rates derived from the survey are presented in Table 7.1. These are cumulative first-year discontinuation rates and represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of discontinuations for each reason at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then summed to produce a one-year rate. The reasons for discontinuation are treated as competing risks (net rates). Three specific reasons for discontinuation—method failure (became pregnant while using contraception), desire to become pregnant, and side effects or health concerns—were identified.

The rates were calculated from information collected in the calendar portion of the 1994 IDHS individual questionnaire. All episodes of contraceptive use between January 1989 and the date of interview were recorded in the calendar along with the reason for any discontinuation of use during this period. The dis-

Table 7.1 Contraceptive discontinuation rates

First-year contraceptive discontinuation rates due to method failure, desire to become pregnant, health reasons, or other reasons, according to specific method, Indonesia 1994

Contraceptive method	Reason for discontinuation				All reasons
	Method failure	To become pregnant	Health/Side effects	All other reasons	
Pill	4.1	10.7	10.9	8.1	33.8
IUD	1.8	0.9	8.4	4.1	15.2
Injection	1.6	4.5	15.0	8.0	29.1
Condom	5.5	9.3	2.2	33.9	50.9
Periodic abstinence	12.1	6.2	0.7	13.3	32.3
Withdrawal	11.6	6.2	0.0	18.3	36.1
Total	2.8	5.8	10.5	7.7	26.8

continuation rates presented here refer to all episodes of contraceptive use that *began* during the period of time covered by the calendar, not all episodes that *occurred* during this period. Specifically, the first-year contraceptive discontinuation rates presented in Table 7.1 refer to the period 3-63 months prior to the interview; the month of interview and the preceding two months are ignored in order to avoid bias that may be introduced by unrecognized pregnancies.

Overall, 27 percent of contraceptive users discontinued using a method within 12 months of starting use; 3 percent stopped using because they became pregnant while using the contraceptive method (method failure), 6 percent stopped in order to become pregnant, 11 percent stopped because they experienced side effects or were concerned about health problems, and 8 percent stopped for other reasons (including cost, infrequent sex, and availability of method). The highest overall one-year discontinuation rate is for condom users (51 percent), followed by the pill (34 percent), injection (29 percent), and the IUD (25 percent). The rates of discontinuation for traditional methods are 36 percent for withdrawal and 32 percent for periodic abstinence.

The rates of discontinuation according to specific reasons vary by method. For example, the proportion of users who stopped using because they became pregnant (method failure) is very low for injection and the IUD (2 percent each), higher for the pill (4 percent) and condom (6 percent) and considerably higher for traditional methods such as periodic abstinence and withdrawal (12 percent each).

There was virtually no change in discontinuation rates between 1991 and 1994. While rates for the pill and condom increased slightly (4 and 3 percentage points, respectively), rates for injection, periodic abstinence and withdrawal decreased.

7.2 Reasons for Discontinuation of Contraceptive Use

Another perspective on contraceptive discontinuation is provided by Table 7.2 which shows the percent distribution of discontinuations in the five years preceding the survey by reason for discontinuation, according to method. The most common reason for discontinuing a method is the desire to become pregnant (31 percent). This is true for all methods, except the condom, for which the most common reason given for discontinuing is because it is inconvenient to use, and withdrawal, for which the most common reason given is method failure. Other reasons for discontinuing a method are health concerns (15 percent), side effects (14 percent), and method failure (12 percent) (see Figure 7.1). Health concerns and side effects are mentioned frequently for Norplant and injection (by 20 percent or more), while method failure is a commonly cited reason for discontinuing traditional methods. The reasons for discontinuing contraceptive methods have changed little since 1991.

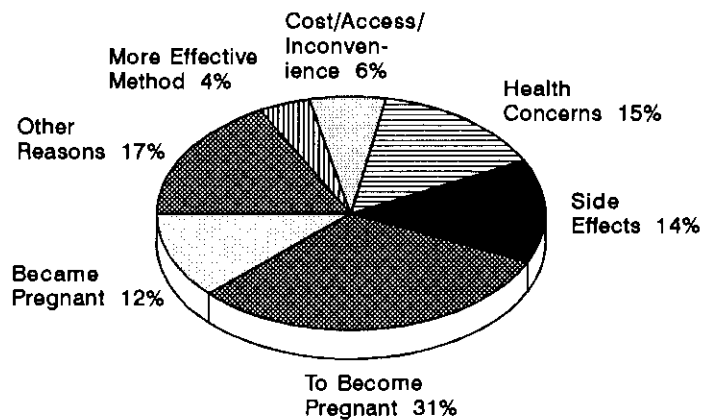
Table 7.2 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the last five years by main reason for discontinuation, according to specific methods, Indonesia 1994

Reason for discontinuation	Method								
	Pill	IUD	Injection	Condom	Norplant	Periodic abstinence	Withdrawal	Other methods	All methods
Became pregnant	13.6	12.9	6.8	18.8	1.6	32.3	38.2	22.8	12.0
To become pregnant	38.9	31.0	24.6	19.6	25.4	36.0	27.4	32.6	31.2
Husband disapproved	0.8	1.2	0.5	5.3	0.0	1.3	6.1	2.0	1.0
Side effects	10.5	16.1	19.6	1.1	25.1	0.7	0.0	3.7	14.2
Health concerns	12.7	13.3	20.3	3.2	20.9	1.6	0.0	2.3	14.8
Access/availability	0.8	0.5	2.1	1.3	0.1	0.0	0.0	5.0	1.3
More effective method	5.2	1.5	3.6	7.1	2.7	10.0	7.1	7.2	4.3
Inconvenient to use	1.0	2.8	1.0	23.9	0.2	2.3	9.4	0.3	2.0
Infrequent sex	2.3	0.5	1.3	1.3	0.2	4.2	0.7	5.7	1.7
Cost	0.4	0.1	7.0	0.0	1.8	0.0	0.0	0.2	2.8
Fatalistic	1.0	0.4	0.7	0.5	0.0	0.0	0.7	0.7	0.7
Menopause	1.9	1.9	1.0	0.6	0.7	1.3	0.6	1.1	1.4
Marital dissolution	2.3	3.2	1.4	1.5	1.8	0.5	2.1	1.9	2.0
IUD expelled	0.6	8.1	0.5	2.2	1.0	0.8	1.4	1.0	1.6
Other	7.4	5.9	8.9	13.7	18.4	8.7	6.0	11.7	8.4
Don't know	0.6	0.6	0.4	0.1	0.0	0.2	0.4	1.9	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	4,349	1,480	4,237	283	353	319	234	208	11,494

Note: Total includes 19 discontinuations of IntraVag/Diaphragm/Foam and 11 discontinuations of male sterilization.

**Figure 7.1
Reasons for Discontinuation of Contraceptive Methods**



Note: Based on discontinuations in the last 5 years.

1994 IDHS

7.3 Intention to Use Contraception in the Future

Intention to use contraception in the future provides a forecast of potential demand for family planning services and represents a summary indicator of attitudes toward contraception among current nonusers. The distinction between intention to use in the next 12 months and intention to use later is useful in assessing the extent of demand in the near future. In Indonesia, where the contraceptive prevalence rate is high, nonusers are the group most targeted by family planning programs and providers.

Respondents who were not using any method of contraception at the time of the interview were asked if they intended to use a method at any time in the future. Table 7.3 presents the distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children. According to the data, 43 percent of nonusers intend to use family planning some time in the future and 43 percent do not intend to use. The remaining women are unsure about their intentions. Among women who intend to use, 68 percent intend to use contraception in the next 12 months, and 27 percent intend to use later. Intention to use a family planning method is highest among women with one child; however, women with 2 or 3 children are more likely to want to use contraception within the next 12 months. It is interesting to note that 47 percent of women with no children intend to use family planning some time in the future.

Table 7.3 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by past experience with contraception and intention to use in the future, according to number of living children, Indonesia 1994

Past experience with contraception and future intentions	Number of living children ¹					Total
	0	1	2	3	4+	
Never used contraception						
Intend to use in next 12 months	10.6	21.5	9.4	6.3	5.2	10.6
Intend to use later	23.4	8.6	2.5	2.5	1.1	6.1
Unsure as to timing	4.7	1.4	0.5	1.0	0.2	1.2
Unsure about use	17.1	8.0	8.1	6.4	6.5	8.4
Do not intend to use	30.8	26.1	22.7	24.0	31.1	27.2
Missing	0.0	0.1	0.0	0.1	0.1	0.1
Previously used contraception						
Intend to use in next 12 months	1.7	12.6	26.6	30.7	19.3	18.7
Intend to use later	5.4	9.6	7.1	4.5	2.0	5.5
Unsure as to timing	1.1	1.6	2.0	0.9	0.8	1.3
Unsure about use	1.7	3.1	5.5	4.6	5.5	4.4
Do not intend to use	3.2	6.9	14.9	18.5	27.9	16.1
Missing	0.2	0.6	0.5	0.6	0.3	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
All currently married nonusers						
Intend to use in next 12 months	12.3	34.1	36.1	37.0	24.5	29.3
Intend to use later	28.8	18.2	9.7	6.9	3.1	11.6
Unsure as to timing	5.8	3.0	2.6	1.8	1.0	2.5
Unsure about use	18.8	11.1	13.6	11.0	12.0	12.8
Do not intend to use	34.0	32.9	37.5	42.5	59.0	43.3
Missing	0.3	0.7	0.5	0.7	0.4	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,467	2,726	2,292	1,749	3,619	11,852

¹Includes current pregnancy

Most nonusers who say they intend to use contraception in the future have used a method in the past. Of the 43 percent who say they plan to use, 26 percent have used a method previously; only 18 percent have never used a method.

7.4 Reasons for Nonuse

One of the best ways of assessing obstacles to family planning programs is to ask women why they are not using a contraceptive method; this was done in the 1994 IDHS. Table 7.4 gives the distribution of currently married nonusers who do not intend to use family planning by reason for not using, according to age.

The major reason for not intending to use a contraceptive method is the desire to become pregnant. Overall, 18 percent of nonusers cite this reason. Additionally, 14 percent say that they are either menopausal or have had a hysterectomy. As expected, the proportion who do not intend to use because they want to have more children is greater among younger than older women (36 percent, compared with 14 percent). Seventeen percent of nonusers age 30 and over say that they do not intend to use contraception because they are menopausal or have had a hysterectomy.

Side effects and health concerns are the next most commonly cited reasons for nonuse. Based on this finding, family planning counseling is recommended to eliminate any misunderstandings women may have about methods and to explain more about the possible side effects. This would enable nonusers to make informed choices about the use of contraceptive methods.

Table 7.4 Reasons for not using contraception

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future, by main reason for not using, according to age, Indonesia 1994

Reason for not using contraception	Age		Total
	15-29	30-49	
Infrequent sex	2.7	2.5	2.6
Menopausal/hysterectomy	0.0	16.9	14.0
Subfecund/infecund	0.1	8.8	7.4
Postpartum/breastfeeding	1.2	0.3	0.5
Want children	36.1	14.1	17.8
Respondent opposed	6.5	6.4	6.4
Husband opposed	11.5	6.5	7.3
Others opposed	0.4	0.3	0.3
Religious prohibition	1.2	0.5	0.6
Knows no method	4.8	2.1	2.6
Knows no source	0.8	0.3	0.4
Health concerns	8.9	8.6	8.7
Side effects	14.6	8.5	9.5
Hard to get	0.3	0.2	0.2
Cost	0.4	0.5	0.5
Inconvenient	0.0	0.2	0.2
Interferes with body	0.1	0.7	0.6
Other	9.5	21.4	19.4
Don't know	0.9	0.8	0.8
Missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Number of women	862	4,272	5,134

7.5 Preferred Method

Table 7.5 presents data on women who are not currently using family planning but intend to use in the future. An overwhelmingly large proportion of women want to use injection (43 percent), while 27 percent say that they want to use the pill. There is little variation in the potential method choice between women who intend to use in the next 12 months and those who intend to use later.

Comparing the results of this survey with those from the 1987 NICPS and the 1991 IDHS, larger proportions of women intend to use injection (34 percent in 1987, 39 percent in 1991, and 43 percent in 1994), and smaller proportions intend to use the pill (40 percent in 1987, 32 percent in 1991, and 27 percent in 1994).

Preferred method of contraception	Intend to use			Total
	In next 12 months	After 12 months	Unsure as to timing	
Pill	26.9	25.5	26.2	26.5
IUD	9.4	10.8	8.3	9.7
Injection	42.4	42.9	42.4	42.6
Intravag/Diaphragm/Foam	0.2	0.0	0.0	0.1
Condom	0.5	0.5	0.0	0.5
Norplant	6.4	6.4	1.6	6.1
Female sterilization	3.3	2.2	2.1	3.0
Male sterilization	0.1	0.0	0.0	0.1
Periodic abstinence	1.1	1.1	0.4	1.0
Withdrawal	0.4	0.5	0.1	0.4
Other method	1.2	0.5	0.5	1.0
Missing	8.1	9.6	18.4	9.1
Total	100.0	100.0	100.0	100.0
Number of women	3,468	1,373	296	5,137

CHAPTER 8

OTHER PROXIMATE DETERMINANTS OF FERTILITY

The principal factors, other than contraception, that affect a woman's risk of becoming pregnant—marriage, sexual intercourse, postpartum amenorrhea, postpartum abstinence from sexual relations, and secondary infertility—are discussed in this chapter. Marriage is a primary indicator of exposure to the risk of pregnancy and is, therefore, important for an understanding of fertility. Low age at first marriage usually is associated with early childbearing and high fertility. Trends in the age at which women marry can help explain trends in fertility levels.

This chapter also presents information on more direct measures of the beginning of exposure to pregnancy and levels of exposure, such as age at first sexual intercourse and the frequency of intercourse. Other factors that influence the risk of pregnancy, including the durations of postpartum amenorrhea, postpartum abstinence, and secondary infertility are discussed.

In the 1994 IDHS, women age 15-49 who had ever been married were identified during the household interview and, during the individual interview, were asked about their current marital status, i.e., currently married, divorced, or widowed. Some of the tables in this report are based on data from both ever-married and never-married women. Figures that include never-married women are calculated by multiplying the number of interviewed ever-married women by an inflation factor that is the ratio of all women to ever-married women as reported in the household questionnaire. This procedure expands the denominators of the tables to be representative of all women. The inflation factors are calculated by single years of age and, if results are presented by background characteristics, the single-year inflation factors are calculated separately for each category of the background characteristic.

8.1 Current Marital Status

Table 8.1 shows the marital status of women at the time of the survey, by age. Overall, 27 percent of women have never been married, 68 percent are currently married, 3 percent are divorced, and 3 percent are widowed. The proportion of single women has not changed from that reported for the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS) and the 1991 IDHS. In the 1994 IDHS, the percentage

Table 8.1 Current marital status

Percent distribution of the household population of women age 15-49 by current marital status, according to age, Indonesia 1994

Age	Marital status				Total	Number of women
	Never married	Married	Divorced	Widowed		
15-19	82.0	17.0	0.9	0.1	100.0	7,580
20-24	37.5	60.0	2.0	0.6	100.0	6,563
25-29	14.0	82.5	2.7	0.8	100.0	6,342
30-34	5.1	90.3	2.8	1.8	100.0	5,964
35-39	3.0	89.3	3.2	4.4	100.0	5,019
40-44	2.4	86.9	4.3	6.4	100.0	3,754
45-49	1.8	83.4	4.1	10.8	100.0	3,111
Total	26.5	68.3	2.6	2.6	100.0	38,334

Note: Figures may not add to 100.0 due to rounding.

of women never married decreases rapidly from 82 percent among teenagers to 38 percent at age 20-24. The proportion of divorced women increases gradually with age from 2 percent for women 20-24 to 4 percent for women age 40-49. The proportion of women who are widowed increases steadily with age, from less than 1 percent of women under age 30 to 6 percent among women age 40-44, and then to 11 percent among women age 45-49.

8.2 Marital Exposure

Tables 8.2.1 and 8.2.2 show variations in marital exposure for the five years preceding the survey by age and selected background characteristics of women. The tables are calculated using information collected in the calendar located in the back of the questionnaire (see Appendix E). The data show the percentage of months spent married in the five years prior to the survey,¹ and incorporate the effects of age at first marriage, marital dissolution, and remarriage.

Background characteristic	Current age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	3.1	24.7	63.6	85.7	89.4	87.8	83.7	53.1
Rural	9.9	56.4	84.1	91.6	90.9	89.1	86.6	68.5
Region/Residence								
Java-Bali								
Urban	3.5	24.8	64.8	86.0	90.2	88.9	84.8	53.9
Rural	13.7	64.9	88.4	92.6	91.2	89.6	88.4	72.7
Outer Java-Bali I								
Urban	4.5	39.1	74.0	88.2	89.8	87.4	83.2	60.0
Rural	1.8	23.6	58.7	82.8	86.3	85.8	81.0	50.5
Outer Java-Bali II								
Urban	5.4	45.2	79.4	89.9	90.9	87.9	84.0	63.2
Rural	5.0	38.6	74.7	90.4	90.4	87.6	83.6	60.5
Urban	2.4	26.5	64.5	90.2	89.4	85.8	82.8	52.9
Rural	5.9	43.6	78.4	90.4	90.7	88.2	83.7	63.0
Education								
No education	18.4	68.0	79.7	85.3	86.1	81.5	83.4	80.4
Some primary	14.7	62.9	88.3	92.9	91.5	90.1	86.4	79.5
Completed primary	10.9	60.0	85.4	91.7	93.2	91.3	88.5	65.2
Some secondary+	2.5	25.6	61.1	86.0	90.0	90.6	85.1	42.5
Total	7.3	44.8	76.8	89.7	90.5	88.6	85.6	63.3

The percentage of months spent married increases with age from less than 10 percent among women 15-19 to about 90 percent among women age 30-44, and then declines. This pattern reflects the pace of entry into marriage among young women and the increasing incidence of widowhood among women age 40 and above. The same pattern was found in previous DHS surveys.

¹ Note that the table is based on all women, so 60 months are added to the denominator for each never-married woman.

Table 8.2.2 Marital exposure: region and province

For all women 15-49, the percentage of months in the five years preceding the survey spent in marital union, by region and province, Indonesia 1994

Region and province	Current age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Java-Bali	9.0	48.4	78.4	90.2	90.7	89.3	86.9	65.1
DKI Jakarta	1.9	24.2	59.0	82.1	86.8	87.4	83.9	49.4
West Java	12.0	53.0	82.4	90.1	94.5	93.2	88.5	66.8
Central Java	5.8	49.5	81.3	94.0	92.5	87.5	91.2	67.4
DI Yogyakarta	3.6	27.2	62.9	84.7	90.0	85.9	89.3	58.9
East Java	12.2	54.2	79.3	89.6	86.5	87.6	81.9	67.1
Bali	3.2	31.7	72.8	88.9	92.8	91.2	88.6	61.0
Outer Java-Bali I	4.5	39.0	74.0	88.2	89.9	87.6	83.3	60.0
Dista Aceh	3.9	34.9	73.4	87.7	92.7	89.5	80.5	59.7
North Sumatra	2.2	32.6	72.8	88.8	88.7	89.5	84.2	58.1
West Sumatra	2.7	26.4	65.7	88.6	94.6	90.2	89.2	55.1
South Sumatra	5.8	43.4	76.1	89.5	90.6	85.7	85.7	61.9
Lampung	8.4	54.7	88.0	94.4	95.2	95.5	93.0	69.2
West Nusa Tenggara	5.3	47.4	78.1	86.4	90.3	87.3	80.5	61.3
West Kalimantan	7.2	49.3	79.7	90.7	91.0	86.2	89.5	63.2
South Kalimantan	6.2	43.3	82.5	87.9	91.9	81.7	75.1	61.7
North Sulawesi	1.8	35.2	72.9	88.5	90.7	88.2	89.5	60.9
South Sulawesi	3.9	33.4	58.7	82.2	83.2	80.6	78.4	54.9
Outer Java-Bali II	5.1	38.6	74.7	90.3	90.4	87.5	83.6	60.7
Riau	5.0	35.9	75.5	93.0	92.4	88.8	82.2	62.0
Jambi	7.7	42.9	78.1	93.9	93.0	88.4	85.0	64.9
Bengkulu	5.7	50.7	79.6	94.3	91.2	93.6	87.0	64.6
East Nusa Tenggara	2.1	23.8	63.3	82.3	85.4	81.3	80.9	52.9
East Timor	4.1	40.3	76.5	92.1	89.5	91.9	83.4	65.3
Central Kalimantan	7.0	49.3	77.1	93.7	92.4	86.7	84.4	62.7
East Kalimantan	6.8	40.8	75.2	92.8	89.4	86.4	88.7	61.1
Central Sulawesi	5.0	39.9	75.8	87.9	88.5	90.5	90.7	64.1
Southeast Sulawesi	4.5	38.0	81.3	87.8	86.5	83.8	78.6	59.1
Maluku	3.1	34.4	72.3	87.3	91.1	86.1	78.5	53.9
Irian Jaya	7.5	48.2	79.8	92.8	93.4	92.6	84.4	65.8
Total	7.3	44.8	76.8	89.7	90.5	88.6	85.6	63.3

There are significant differentials in marital exposure between urban and rural women. Overall, the percentage of months spent married is lower among urban women than among rural women in all age groups. The difference is most striking among women age 20 to 30 years. At these ages, urban women have 20 to 30 percentage points less marital exposure than their counterparts in the rural areas. This is true in all regions, but is most pronounced in Java-Bali. Overall, women in Java-Bali spend more time in marital union than women in the outer islands, a pattern that holds in urban and rural areas.

Marital exposure varies widely by women's education. Women with less than completed primary education spend almost twice as much time married as women with some secondary education (80 percent and 43 percent, respectively). This pattern most likely reflects the higher age at first marriage among more educated women. Among women under 30, those with no education spend more time married than women with some secondary education. The pattern changes at older ages, where all women spend between 80 to 90 percent of their time in marital union.

There are large differentials in marital exposure by province. For example, women in DKI Jakarta were in marital union for less than half of the time in the past five years, while women in West Java, Central Java, East Java, Lampung, East Timor and Irian Jaya were married for 65 percent or more of the period. The variations are more pronounced among younger women. Women age 20-24 in DKI Jakarta were married for less than 25 percent of the five-year period, while the same age group in West Java, East Java, Lampung, and Bengkulu were married for more than 50 percent of the time.

8.3 Age at First Marriage

Table 8.3 shows the percentage of women ever married by selected exact ages and median age at first marriage, according to current age. There is a substantial increase in age at marriage across cohorts. One in four women age 40 and over was married by age 15, compared with only 17 percent of women age 30-34 and less than 10 percent of women age 20-24. Similarly, while 7 in 10 women age 40 and older were married by age 20, less than half of women 20-24 were.

The median age at first marriage is defined as the age by which 50 percent of women in the age group x to $x + 4$ have been married. For example, 50 percent of women age 25-29 were married by age 19.2. The median age at marriage has increased from 17.2 years among women in the oldest age cohort to 19.2 years among those age 25-29. Between 1991 and 1994, the median age at first marriage increased from 17.7 to 18.1 years among women age 25-49 (CBS et al., 1992).

Current age	Percentage of women who were first married by exact age:					Percentage not/never married	Number of women	Median age at first marriage
	15	18	20	22	25			
15-19	4.0	NA	NA	NA	NA	82.0	7,580	a
20-24	9.4	30.8	48.5	NA	NA	37.5	6,563	a
25-29	13.5	39.6	56.0	68.7	80.8	14.0	6,342	19.2
30-34	16.9	48.1	67.1	79.1	88.3	5.1	5,964	18.2
35-39	21.0	50.8	68.2	80.8	89.8	3.0	5,019	17.9
40-44	25.0	57.4	71.6	81.3	90.6	2.4	3,754	17.3
45-49	26.7	57.4	72.3	82.1	91.4	1.8	3,111	17.2
20-49	17.2	45.2	62.1	73.4	82.1	12.8	30,754	18.5
25-49	19.4	49.1	65.8	77.5	87.4	6.2	24,191	18.1

NA = Not applicable
^aOmitted because less than 50 percent of the women in the age group x to $x + 4$ were first married by age x .

Large differences in age at marriage according to women's residence and level of education can be seen in Table 8.4.1. For all age cohorts, urban women marry at least two years later than their rural counterparts; this pattern is true throughout the country. The difference between women with some secondary education and all other women is especially pronounced. Overall, women who have attended secondary school marry at least five years later than women with less than completed primary education. Among women with some secondary education, the median age at marriage is 21.9 years; for women with less than secondary

Table 8.4.1 Median age at first marriage: background characteristics

Median age at first marriage among women age 25-49 years, by current age and selected background characteristics, Indonesia 1994

Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	22.0	19.6	19.7	18.8	18.5	20.0
Rural	18.1	17.6	17.1	16.7	16.5	17.4
Region/Residence						
Java-Bali	18.6	17.6	17.2	16.6	16.5	17.5
Urban	21.6	18.9	19.2	18.1	17.9	19.5
Rural	17.3	16.8	16.2	15.8	15.8	16.5
Outer Java-Bali I	20.3	19.2	18.9	18.3	18.1	19.1
Urban	23.3	21.0	20.6	20.1	19.9	21.2
Rural	19.4	18.7	18.5	17.9	17.5	18.6
Outer Java-Bali II	20.2	19.5	19.1	18.9	18.6	19.4
Urban	22.4	20.7	21.1	20.1	20.1	21.0
Rural	19.3	18.9	18.5	18.6	18.4	18.8
Education						
No education	16.9	16.8	16.6	16.4	15.9	16.5
Some primary	17.2	17.2	16.8	16.5	16.5	16.9
Completed primary	18.1	17.9	17.8	17.2	17.6	17.8
Some secondary+	23.0	21.7	21.3	20.7	21.0	21.9
Total	19.2	18.2	17.9	17.3	17.2	18.1

Note: The medians for women 15-19 and 20-24 could not be determined because less than 50 percent of the women were first married by age 15 and 20, respectively.

education, age at marriage ranges from 16.5 to 17.8 years. In addition, the gap between women with secondary schooling and other women has increased among younger women. For example, the difference in age at marriage between women with a secondary education and those who completed primary education increased from 3.4 years for women 45-49 to 4.9 years for women 25-29.

Women in Java-Bali marry about two years earlier than women in the outer islands. The median age at marriage is 17.5 in Java-Bali, compared with 19.1 in Outer Java-Bali I and 19.4 in Outer Java-Bali II.

There is a great deal of variation in the median age at first marriage by province (see Table 8.4.2). In Java-Bali, the median for women 25-49 ranges from 17 years in West Java to 20 years or older in DKI Jakarta and DI Yogyakarta (see Figure 8.1). Since 1987, age at marriage has generally increased in all of the provinces in Java-Bali, as well as in the Outer Islands (see Figure 8.2). A few provinces have shown slight declines.

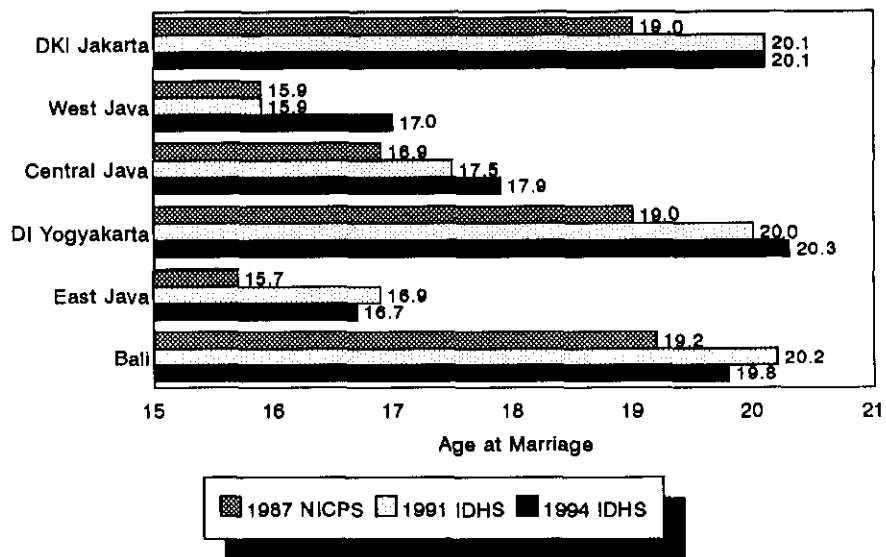
Table 8.4.2 Median age at first marriage: region and province

Median age at first marriage among women age 25-49 years, by current age and region and province, Indonesia 1994

Region and province	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Java-Bali	18.6	17.6	17.2	16.6	16.5	17.5
DKI Jakarta	22.4	19.2	18.8	19.1	19.4	20.1
West Java	17.7	17.2	16.2	15.9	16.4	17.0
Central Java	18.9	17.9	18.1	17.1	16.7	17.9
DI Yogyakarta	22.2	20.6	20.4	19.0	18.0	20.3
East Java	18.0	17.2	16.3	15.5	15.5	16.7
Bali	20.9	20.0	19.6	18.7	19.1	19.8
Outer Java-Bali I	20.3	19.2	18.9	18.3	18.1	19.1
Dista Aceh	19.6	18.9	18.2	17.6	17.1	18.4
North Sumatra	21.2	20.3	19.9	19.8	19.6	20.3
West Sumatra	22.2	19.7	18.6	18.8	18.5	19.6
South Sumatra	20.6	18.7	19.0	18.2	16.8	18.9
Lampung	18.0	16.9	17.0	16.2	16.2	16.9
West Nusa Tenggara	18.4	18.4	18.2	17.9	18.3	18.3
West Kalimantan	19.2	19.4	18.8	17.9	18.1	18.8
South Kalimantan	18.4	18.3	17.3	16.3	15.9	17.4
North Sulawesi	21.1	20.3	20.6	20.4	21.2	20.7
South Sulawesi	22.0	19.6	19.4	18.9	18.3	19.8
Outer Java-Bali II	20.2	19.5	19.1	18.9	18.6	19.4
Riau	20.4	19.3	18.6	17.7	16.3	18.6
Jambi	18.9	18.0	18.2	16.6	16.5	17.9
Bengkulu	19.8	18.3	18.0	17.6	16.7	18.1
East Nusa Tenggara	22.4	21.3	20.9	20.9	20.3	21.2
East Timor	20.3	20.7	22.0	20.6	22.1	20.8
Central Kalimantan	19.0	18.8	19.6	18.9	20.3	19.2
East Kalimantan	20.5	19.7	18.4	18.7	18.4	19.4
Central Sulawesi	19.9	19.4	19.1	19.8	19.8	19.6
Southeast Sulawesi	19.1	18.0	17.9	18.8	20.4	18.6
Maluku	20.6	20.5	20.1	20.5	21.1	20.5
Irian Jaya	19.0	18.7	19.5	18.5	18.7	18.8
Total	19.2	18.2	17.9	17.3	17.2	18.1

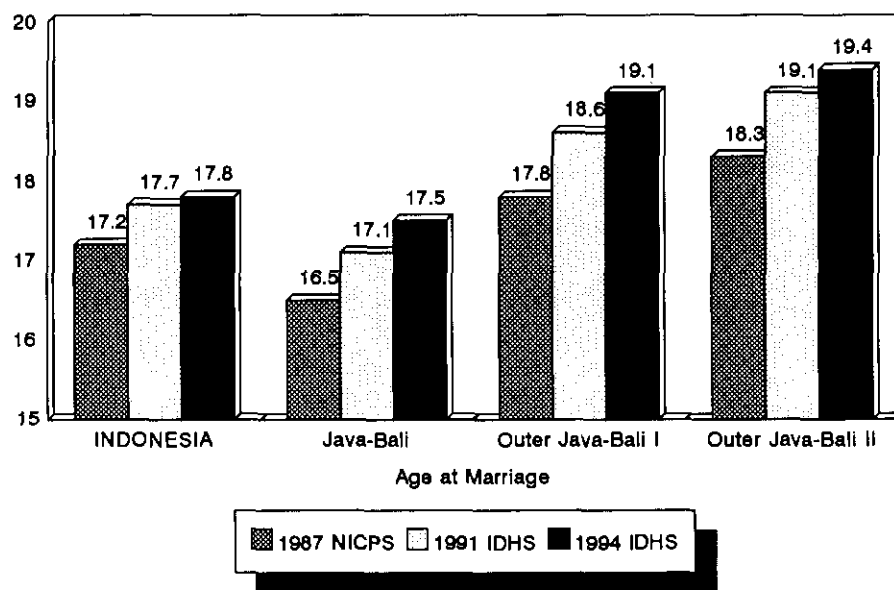
Note: The medians for women 15-19 and 20-24 could not be determined because less than 50 percent of the women were first married by age 15 and 20, respectively.

Figure 8.1
Median Age at Marriage by Province
Java-Bali 1987, 1991, and 1994



1994 IDHS

Figure 8.2
Median Age at Marriage by Region
Indonesia 1987, 1991 and 1994



1994 IDHS

8.4 Age at First Sexual Intercourse

Currently married IDHS respondents were asked at what age they first had sexual intercourse. This information is presented in Table 8.5. In the table, divorced and widowed women are assigned an age at first intercourse equal to that of the last currently married women in the data file who got married at the same age, while never-married women are assumed to have not had sex. For Indonesia as a whole, 6 percent of women 25-49 reported never having had sexual intercourse. At age 15, fewer than one in five women have had intercourse; by age 18, this figure rises to almost one in two. The patterns shown in this table are almost identical to those for age at first marriage, indicating that, for most women, first sexual intercourse occurs at the time of first marriage.

Table 8.5 Age at first sexual intercourse

Percentage of women who had first sexual intercourse by exact age 15, 18, 20, 22, and 25, and median age at first intercourse, according to current age, Indonesia 1994

Current age	Percentage of women who had first intercourse by exact age:					Percentage who never had intercourse	Number of women	Median age at first intercourse
	15	18	20	22	25			
15-19	4.1	NA	NA	NA	NA	82.1	7,580	a
20-24	9.3	31.0	48.9	NA	NA	37.5	6,563	a
25-29	13.7	40.0	56.3	69.0	80.7	14.0	6,342	19.2
30-34	16.7	48.2	67.3	79.2	88.2	5.1	5,964	18.2
35-39	19.9	50.7	68.3	80.9	89.8	3.0	5,019	17.9
40-44	23.3	56.9	71.4	81.6	90.4	2.5	3,754	17.3
45-49	24.9	56.9	71.9	81.7	91.1	1.8	3,111	17.3
20-49	16.6	45.2	62.2	73.5	82.0	12.9	30,754	18.5
25-49	18.6	49.0	65.9	77.6	87.3	6.2	24,191	18.1

Note: Divorced and widowed women are assigned an age at first intercourse that is the same as that of the last currently married women in the data file who got married at the same age. Never-married women are assumed to have not had intercourse.

NA = Not applicable

^a Median was not calculated because less than 50 percent of the women in the group x to $x + 4$ had had intercourse by age x .

The differentials in age at first intercourse (see Tables 8.6.1 and 8.6.2) are similar to the differentials in age at first marriage, with rural women, women in Java-Bali, and women with less than secondary education first having sexual intercourse at an earlier age than urban women, women in the outer islands, and those with secondary or higher education.

Table 8.6.1 Median age at first intercourse: background characteristics						
Median age at first sexual intercourse among women age 25-49 years, by current age and selected background characteristics, Indonesia 1994						
Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	21.9	19.5	19.6	18.9	18.5	20.0
Rural	18.1	17.6	17.1	16.8	16.7	17.4
Region/Residence						
Java-Bali	18.6	17.6	17.3	16.7	16.7	17.6
Urban	21.6	18.9	19.1	18.4	17.9	19.5
Rural	17.4	16.8	16.3	16.0	15.9	16.6
Outer Java-Bali I	20.2	19.1	18.9	18.3	18.1	19.1
Urban	23.2	20.9	20.6	20.0	19.9	21.1
Rural	19.3	18.7	18.4	17.9	17.5	18.5
Outer Java-Bali II	20.1	19.4	19.0	18.8	18.6	19.3
Urban	22.2	20.6	21.0	19.8	19.9	20.9
Rural	19.2	18.9	18.5	18.5	18.4	18.7
Education						
No education	17.0	16.8	16.7	16.6	16.0	16.6
Some primary	17.2	17.2	16.9	16.7	16.5	17.0
Completed primary	18.1	17.8	17.7	17.3	17.6	17.8
Some secondary+	22.9	21.6	21.3	20.7	20.9	21.8
Total	19.2	18.2	17.9	17.3	17.3	18.1

Table 8.6.2 Median age at first intercourse: region and province

Median age at first sexual intercourse among women age 25-49 years, by current age and region and province, Indonesia 1994

Region and province	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Java-Bali	18.6	17.6	17.3	16.7	16.7	17.6
DKI Jakarta	22.4	19.0	18.8	19.1	19.3	20.1
West Java	17.7	17.1	16.4	15.9	16.5	17.0
Central Java	19.0	17.9	18.1	17.3	17.0	17.9
DI Yogyakarta	22.0	20.6	20.5	19.1	18.3	20.3
East Java	18.0	17.2	16.4	15.9	15.8	16.8
Bali	20.8	20.0	19.5	18.7	19.1	19.7
Outer Java-Bali I	20.2	19.1	18.9	18.3	18.1	19.1
Dista Aceh	19.6	18.9	18.1	17.7	17.3	18.4
North Sumatra	21.2	20.3	19.9	19.7	19.6	20.3
West Sumatra	22.3	19.7	18.5	18.8	18.5	19.6
South Sumatra	20.5	18.7	19.0	18.2	16.8	18.9
Lampung	17.9	16.8	16.9	16.3	16.6	16.9
West Nusa Tenggara	18.4	18.3	18.1	17.9	18.3	18.2
West Kalimantan	19.1	19.4	18.7	17.8	18.1	18.8
South Kalimantan	18.4	18.2	17.3	16.3	15.9	17.4
North Sulawesi	20.8	20.1	20.2	20.0	20.8	20.3
South Sulawesi	22.0	19.5	19.5	19.0	18.3	19.8
Outer Java-Bali II	20.1	19.4	19.0	18.8	18.6	19.3
Riau	20.3	19.2	18.5	17.7	16.2	18.5
Jambi	18.9	18.0	18.1	16.6	16.5	17.9
Bengkulu	19.8	18.3	17.9	17.6	16.9	18.1
East Nusa Tenggara	22.3	21.2	20.9	20.7	20.3	21.1
East Timor	19.9	20.3	21.5	20.1	20.6	20.3
Central Kalimantan	18.9	19.0	19.6	18.9	20.2	19.3
East Kalimantan	20.5	19.7	18.5	18.8	18.5	19.4
Central Sulawesi	19.8	19.2	19.3	19.6	19.6	19.5
Southeast Sulawesi	19.2	17.9	18.0	18.6	20.4	18.5
Maluku	20.0	20.1	19.9	20.4	20.6	20.2
Irian Jaya	18.6	18.6	18.8	18.2	18.7	18.5
Total	19.2	18.2	17.9	17.3	17.3	18.1

8.5 Recent Sexual Activity

In the absence of contraception, the probability of pregnancy is related to the frequency of sexual intercourse. Thus, information on intercourse is important for refining the measurement of exposure to pregnancy. Several questions in the 1994 IDHS covered the topic of recent sexual intercourse. For example, currently married women were asked how long ago they had last had sexual intercourse and how many times they had had sex in the last four weeks.

Tables 8.7.1 and 8.7.2 present the results of the question on time since last intercourse. The data allow an assessment of the level of sexual activity according to age, marital duration, and other background

Table 8.7.1 Recent sexual activity: background characteristics

Percent distribution of currently married women by sexual activity in the four weeks preceding the survey, and among those who were not sexually active, the length of time they had been postpartum abstaining or were abstaining for other reasons, according to selected background characteristics and contraceptive method currently used, Indonesia 1994

Background characteristic/ Contraceptive method	Sexually active in last 4 weeks	Not sexually active in last 4 weeks				Missing	Total	Number of women
		Postpartum abstaining		Abstaining for other reason				
		0-1 years	2+ years	0-1 years	2+ years			
Age								
15-19	85.6	6.3	0.1	7.3	0.0	0.3	100.0	1,291
20-24	84.2	6.3	0.2	8.9	0.1	0.3	100.0	3,936
25-29	85.7	5.1	0.3	8.6	0.1	0.2	100.0	5,234
30-34	85.0	3.6	0.3	10.3	0.4	0.3	100.0	5,387
35-39	82.8	3.1	0.2	12.5	1.2	0.2	100.0	4,483
40-44	77.2	1.6	0.3	18.2	2.4	0.3	100.0	3,262
45-49	64.5	0.3	0.2	28.0	5.9	1.0	100.0	2,594
Duration of marriage (years)								
0-4	84.0	7.3	0.1	8.2	0.1	0.2	100.0	4,645
5-9	85.9	4.6	0.2	8.9	0.1	0.3	100.0	4,592
10-14	86.5	4.3	0.2	8.2	0.4	0.4	100.0	5,054
15-19	83.5	2.8	0.5	12.4	0.7	0.1	100.0	4,320
20-24	80.7	1.7	0.2	15.3	1.8	0.3	100.0	3,481
25-29	73.4	1.4	0.2	21.3	3.3	0.4	100.0	2,554
30+	57.3	0.3	0.1	33.5	7.9	0.9	100.0	1,540
Residence								
Urban	86.1	2.8	0.1	9.9	0.8	0.3	100.0	7,591
Rural	79.9	4.2	0.3	13.9	1.4	0.3	100.0	18,595
Region/Residence								
Java-Bali	80.8	3.6	0.2	13.7	1.4	0.2	100.0	16,663
Urban	85.8	2.8	0.1	10.2	0.9	0.3	100.0	5,523
Rural	78.2	4.1	0.3	15.5	1.7	0.2	100.0	11,140
Outer Java-Bali I	84.8	3.6	0.2	10.2	0.8	0.4	100.0	6,619
Urban	88.0	2.6	0.0	8.3	0.7	0.3	100.0	1,423
Rural	84.0	3.9	0.2	10.7	0.8	0.4	100.0	5,197
Outer Java-Bali II	79.8	5.0	0.5	12.8	1.3	0.5	100.0	2,903
Urban	84.4	3.4	0.1	11.0	0.9	0.2	100.0	645
Rural	78.4	5.5	0.7	13.3	1.4	0.5	100.0	2,259
Education								
No education	70.9	3.5	0.6	21.3	3.3	0.3	100.0	3,904
Some primary	80.2	3.7	0.4	14.0	1.4	0.4	100.0	8,299
Completed primary	83.4	4.1	0.1	11.2	0.8	0.4	100.0	7,526
Some secondary+	88.1	3.7	0.0	7.6	0.3	0.1	100.0	6,457
Contraceptive method								
No method	73.2	6.9	0.3	16.9	2.2	0.5	100.0	11,852
Pill	92.3	0.4	0.2	6.8	0.2	0.0	100.0	4,484
IUD	87.0	1.9	0.2	9.7	1.1	0.2	100.0	2,686
Sterilization	83.1	1.6	0.0	13.6	0.9	0.9	100.0	971
Periodic abstinence	91.1	0.2	0.0	8.7	0.0	0.0	100.0	286
Other	87.5	1.5	0.4	10.3	0.3	0.1	100.0	5,907
Total	81.7	3.8	0.3	12.7	1.2	0.3	100.0	26,186

Table 8.7.2 Recent sexual activity: region and province

Percent distribution of currently married women by sexual activity in the four weeks preceding the survey, and among those who were not sexually active, the length of time they had been postpartum abstaining or were abstaining for other reasons, according to region and province, Indonesia 1994

Region and province	Sexually active in last 4 weeks	Not sexually active in last 4 weeks				Missing	Total	Number of women
		Postpartum abstaining		Abstaining for other reasons				
		0-1 years	2+ years	0-1 years	2+ years			
Java-Bali	80.8	3.6	0.2	13.7	1.4	0.2	100.0	16,663
DKI Jakarta	87.1	2.1	0.2	9.3	1.3	0.0	100.0	1,140
West Java	86.3	2.3	0.1	10.6	0.5	0.2	100.0	5,170
Central Java	77.8	4.4	0.4	15.8	1.4	0.2	100.0	4,302
DI Yogyakarta	76.5	4.7	1.3	13.6	3.7	0.1	100.0	423
East Java	75.7	4.7	0.2	16.8	2.2	0.3	100.0	5,209
Bali	92.6	2.0	0.1	4.9	0.2	0.2	100.0	418
Outer Java-Bali I	84.8	3.6	0.2	10.2	0.8	0.4	100.0	6,619
Dista Aceh	88.0	3.3	0.2	7.2	0.8	0.3	100.0	477
North Sumatra	85.7	3.8	0.2	9.7	0.2	0.3	100.0	1,374
West Sumatra	87.3	3.9	0.2	7.8	0.6	0.2	100.0	489
South Sumatra	85.8	2.1	0.0	11.1	0.8	0.3	100.0	843
Lampung	81.4	5.0	0.6	12.4	0.2	0.4	100.0	801
West Nusa Tenggara	82.3	5.9	0.3	9.8	1.7	0.0	100.0	469
West Kalimantan	81.1	3.7	0.0	13.8	0.7	0.6	100.0	489
South Kalimantan	92.3	1.5	0.1	5.1	0.8	0.2	100.0	398
North Sulawesi	89.6	1.3	0.1	8.2	0.6	0.1	100.0	318
South Sulawesi	81.2	3.8	0.0	12.3	1.6	1.0	100.0	962
Outer Java-Bali II	79.8	5.0	0.5	12.8	1.3	0.5	100.0	2,903
Riau	82.1	2.8	0.0	13.4	1.3	0.3	100.0	520
Jambi	78.3	3.9	0.0	16.3	0.9	0.5	100.0	316
Bengkulu	85.8	3.1	0.0	9.6	1.0	0.4	100.0	179
East Nusa Tenggara	71.1	12.2	1.4	12.6	2.6	0.1	100.0	393
East Timor	83.2	5.1	0.1	10.3	0.3	0.8	100.0	115
Central Kalimantan	89.6	1.5	0.2	8.5	0.0	0.2	100.0	227
East Kalimantan	83.8	3.4	0.1	11.6	1.0	0.0	100.0	304
Central Sulawesi	84.1	3.7	0.1	9.4	1.4	1.2	100.0	225
Southeast Sulawesi	79.4	4.2	0.3	14.6	0.9	0.6	100.0	178
Maluku	74.1	7.2	0.7	16.6	1.0	0.4	100.0	209
Irian Jaya	71.5	6.6	3.0	15.1	2.3	1.2	100.0	238
Total	81.7	3.8	0.3	12.7	1.2	0.3	100.0	26,186

characteristics. Overall, 82 percent of married women were sexually active in the month preceding the survey, 4 percent were postpartum abstaining, and 14 percent were not sexually active for reasons other than a recent birth (e.g., spousal separation, illness). The proportion sexually active and the proportion postpartum abstaining declines as age and duration of marriage increase. At the same time, the proportion not sexually active for other reasons increases with increasing age and duration of marriage.

Urban women are more likely to be sexually active than rural women, primarily because rural women tend to spend more time abstaining for reasons other than a recent birth. The percentage of women who were sexually active in the month preceding the survey is closely associated with education. Seventy-one percent of women with no education were sexually active, compared with 80 percent of those with some primary education, 83 percent of those who had completed primary school and 88 percent of those with some secondary or higher education. These differences by education are due mainly to the greater proportions of less educated women who are abstaining for reasons other than a recent birth.

Among contraceptive users, the proportion of women who are sexually active varies little according to method (from 83 to 92 percent). However, women who are not using any method of family planning are less likely to be sexually active than those who are using a method. Among women who were not using family planning, only 73 percent had had sex in the month prior to the survey; 7 percent were postpartum abstaining and 19 percent were abstaining for other reasons.

Although there are small differences between regions in the proportion of women who were sexually active in the four weeks preceding the survey, there are substantial variations by province. Proportions range from 72 percent or less in East Nusa Tenggara and Irian Jaya to 93 percent in Bali. Within the Java-Bali region, proportions range from 76 percent in East Java to 93 percent in Bali.

8.6 Postpartum Amenorrhea, Abstinance and Insusceptibility

Among women who are not using contraception, exposure to the risk of pregnancy in the period following a birth is influenced by two factors: breastfeeding and sexual abstinence. Postpartum protection from conception can be prolonged by breastfeeding—which can lengthen the duration of amenorrhea—and by delaying the resumption of sexual relations.

Table 8.8 shows the percentage of births for which mothers are postpartum amenorrheic, abstaining, and postpartum insusceptible by the number of months since the birth. Women who are insusceptible are defined as those who are either amenorrheic or abstaining following a birth and, thus, are not exposed to the risk of pregnancy. The estimates shown in Tables 8.8, 8.9.1 and 8.9.2 are based on current status data. That is, they refer to whether or not the woman was amenorrheic or abstaining at the time of the survey. All births occurring during the three years prior to the survey are included. Table 8.8 uses cross-sectional data, representing all women at a single point in time, rather than showing the experience of an actual cohort over time. For this reason, the proportions at increasing durations do not always decline smoothly. Such fluctuations have been reduced by grouping the births in two-month intervals.

Table 8.8 Postpartum amenorrhea, abstinence and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrheic, abstaining and insusceptible, by number of months since birth, and median and mean durations, Indonesia 1994

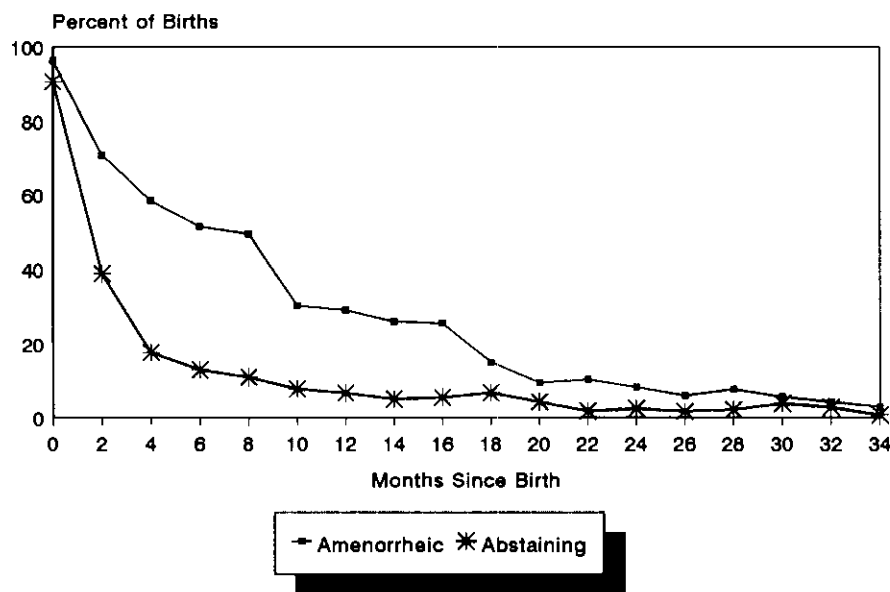
Months since birth	Percentage of births for which mothers are:			Number of births
	Amenorrheic	Abstaining	Insusceptible	
< 2	96.3	90.7	98.7	490
2-3	70.7	38.9	75.2	564
4-5	58.3	17.6	61.5	538
6-7	51.2	12.9	55.5	583
8-9	49.2	10.9	51.4	548
10-11	30.2	7.7	33.3	570
12-13	29.0	6.6	31.8	644
14-15	26.0	5.0	27.8	545
16-17	25.6	5.4	28.2	544
18-19	14.9	6.7	19.3	495
20-21	9.4	4.2	12.5	465
22-23	10.3	1.7	11.9	514
24-25	8.2	2.4	10.5	719
26-27	5.9	1.6	7.5	611
28-29	7.6	2.1	9.7	543
30-31	5.6	3.8	8.0	603
32-33	4.2	2.7	6.8	500
34-35	2.9	0.7	3.6	576
Total	27.6	11.7	30.2	10,052
Median	7.1	2.4	7.8	NA
Mean	10.4	4.7	11.3	NA
Prevalence/ Incidence mean ¹	9.8	4.2	10.7	NA

NA = Not applicable

¹The prevalence-incidence mean is borrowed from epidemiology and is defined as the number of children whose mothers are amenorrheic (prevalence) divided by the average number of births per month (incidence).

The percentage of women who are still amenorrheic is 71 percent at 2 to 3 months after birth, 51 percent at 6 to 7 months, and 29 percent at 12 to 13 months. Figure 8.3 shows the rapid drop in postpartum abstinence, compared with amenorrhea. Only 39 percent of women are still abstaining from sexual relations 2-3 months after a birth and only about 7 percent are still abstaining after a year. Overall, half of the women are susceptible to the risk of pregnancy 8 months after the birth of a child (excluding contraceptive use).

Figure 8.3
Percentage of Births in the last Three Years for Which Mothers Are Amenorrheic or Abstaining



1994 IDHS

The median duration of postpartum amenorrhea, abstinence and insusceptibility by various background characteristics of the women is shown in Table 8.9.1. Women less than 30 years of age and urban women are amenorrheic for a shorter period of time than women over age 30 and rural women, although the period of abstinence is similar. The duration of amenorrhea in the three major regions varies little, ranging from 6.3 months in the Outer Java-Bali II region to 7.4 months in Java-Bali. Education has an inverse relationship with the duration of amenorrhea. Women with no education are amenorrheic twice as long (8.5 months) as women with some secondary education (4.5 months). The difference is largely due to longer breastfeeding among rural and older women (see Table 13.4.1).

The combined effect of amenorrhea and abstinence is reflected in the median duration of insusceptibility, which is shown in Tables 8.9.1 and 8.9.2. Women under 30 years are insusceptible to the risk of pregnancy 3 months less than women 30 years and over (6.7 months versus 9.7 months); the corresponding periods for urban and rural women are 4.4 and 8.3 months, respectively. Women with less education are insusceptible for a longer period than more educated women. The period of insusceptibility is 9.1 months for women with no education and 5.3 months for women with some secondary education.

Table 8.9.1 Median duration of postpartum amenorrhea, abstinence, and insusceptibility: background characteristics

For births in the three years preceding the survey, the median number of months mothers are postpartum amenorrheic, postpartum abstaining, and postpartum insusceptible, by selected background characteristics, Indonesia 1994

Background characteristic	Median number of months mothers are:			Number of births
	Postpartum amenorrheic	Postpartum abstaining	Postpartum insusceptible	
Age				
<30	5.8	2.4	6.7	6,114
30+	8.6	2.5	9.7	3,938
Residence				
Urban	3.8	2.2	4.4	2,798
Rural	7.9	2.5	8.3	7,254
Region/Residence				
Java-Bali	7.4	2.4	8.2	5,780
Urban	3.6	2.2	4.3	1,928
Rural	8.2	2.6	8.6	3,851
Outer Java-Bali I	6.7	2.3	7.1	2,966
Urban	4.6	2.1	4.9	582
Rural	7.4	2.4	7.8	2,383
Outer Java-Bali II	6.3	2.6	7.3	1,307
Urban	3.5	2.2	4.3	288
Rural	7.3	2.9	8.4	1,019
Education				
No education	8.5	2.9	9.1	1,077
Some primary	8.2	2.4	9.4	2,979
Completed primary	6.9	2.4	7.8	2,999
Some secondary+	4.5	2.3	5.3	2,997
Total	7.1	2.4	7.8	10,052

Note: Medians are based on current status.

Table 8.9.2 presents the differentials in postpartum amenorrhea by region and province. Postpartum amenorrhea ranges from less than 3 months in DKI Jakarta to 9 months or longer in Central Java, West Nusa Tenggara and East Nusa Tenggara. In Java-Bali, the median duration of amenorrhea is 3 months in DKI Jakarta, 5 months in DI Yogyakarta, about 7 months in West Java, East Java, and Bali, and 10 months in Central Java.

Subgroup differences in the duration of abstinence tend to be less pronounced than differences in amenorrhea. In almost all subgroups, women abstain for 2 to 3 months following a birth. In DI Yogyakarta and Irian Jaya, the duration of abstinence is somewhat longer, about 4 months. It is of interest to note that the duration of postpartum abstinence in East Nusa Tenggara, almost 6 months, is extremely long, resulting in a period of insusceptibility of more than one year (13.4 months). Regional differences in the duration of insusceptibility generally replicate the differences in the duration of amenorrhea.

Table 8.9.2 Median duration of postpartum amenorrhea, abstinence, and insusceptibility: region and province

For births in the three years preceding the survey, the median number of months mothers are postpartum amenorrheic, postpartum abstaining, and postpartum insusceptible, by region and province, Indonesia 1994

Region and province	Median number of months mothers are:			Number of births
	Postpartum amenorrheic	Postpartum abstaining	Postpartum insusceptible	
Java-Bali	7.4	2.4	8.2	5,780
DKI Jakarta	2.8	1.8	3.2	371
West Java	7.3	2.1	7.4	2,147
Central Java	10.2	3.2	10.7	1,513
DI Yogyakarta	5.3	4.2	8.8	108
East Java	6.9	3.5	8.3	1,517
Bali	6.9	1.9	7.6	124
Outer Java-Bali I	6.7	2.3	7.1	2,966
Dista Aceh	6.4	2.4	6.6	213
North Sumatra	5.6	2.3	5.6	754
West Sumatra	6.5	2.4	6.5	223
South Sumatra	5.6	2.0	5.8	318
Lampung	8.8	2.6	9.1	348
West Nusa Tenggara	9.2	2.8	10.3	233
West Kalimantan	6.0	2.2	6.5	220
South Kalimantan	5.0	2.0	5.1	124
North Sulawesi	3.8	1.6	4.4	119
South Sulawesi	7.9	2.4	8.8	414
Outer Java-Bali II	6.3	2.6	7.3	1,307
Riau	5.9	2.2	5.9	213
Jambi	5.3	2.5	6.9	121
Bengkulu	3.8	2.2	4.4	81
East Nusa Tenggara	9.0	5.6	13.4	221
East Timor	7.3	2.1	7.5	76
Central Kalimantan	3.2	1.7	4.1	69
East Kalimantan	7.9	2.2	8.4	128
Central Sulawesi	4.5	2.4	5.0	96
Southeast Sulawesi	5.8	2.4	6.2	90
Maluku	6.5	3.1	9.3	113
Irian Jaya	7.4	4.2	8.8	99
Total	7.1	2.4	7.8	10,052

Note: Medians are based on current status.

8.7 Termination of Exposure

Two measures of exposure, menopause and long-term abstinence, are shown in Table 8.10. Menopause is an indicator of secondary infertility—the proportion of non-pregnant, non-amenorrheic currently married women whose last menstrual period occurred six or more months prior to the survey or who report that they are menopausal. This proportion rises rapidly with age, particularly after age 42. The proportion menopausal is 6 to 9 percent before age 41, and reaches 51 percent in the oldest age group (48-49).

Table 8.10 Termination of exposure to the risk of pregnancy

Indicators of menopause, terminal infertility and long-term abstinence among currently married women age 30-49, by age, Indonesia 1994

Age	Menopausal ¹		Long-term abstinence ²	
	Percent	Number	Percent	Number
30-34	6.6	4,373	0.5	5,387
35-39	5.7	3,936	1.0	4,483
40-41	8.5	1,465	1.5	1,574
42-43	13.2	1,147	2.5	1,203
44-45	23.5	1,167	2.8	1,183
46-47	35.1	886	5.1	898
48-49	51.0	996	5.5	998
Total	13.5	13,969	1.6	15,725

¹Percentage of non-pregnant, non-amenorrheic currently married women whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal.

²Percentage of currently married women who did not have intercourse in the three years preceding the survey.

Long-term abstinence is an indicator of terminal abstinence—the percentage of currently married women who did not have sexual intercourse in the three years prior to the survey. Although long-term abstinence is an important factor in the termination of exposure in some countries, especially in sub-Saharan Africa, it is not significant in Indonesia, where only 6 percent of women in the oldest age group are terminally abstaining.

CHAPTER 9

INFANT AND CHILD MORTALITY

9.1 Background

For some time, Indonesia's health programs have focused on reducing the high levels of infant and childhood mortality. Various efforts have been carried out to achieve the goal of "a healthy population by the year 2000." To reach this goal, the government developed the National Health System, which is part of the national development plan. The infant mortality rate has been identified as one of the key indicators used to assess improvements in health development.

Infant and child mortality rates are relevant not only in evaluating the progress of health programs, but can also be used to monitor the current demographic situation and to provide input for population projections. In addition, they can be used to identify subgroups of the population that have high mortality risks.

This chapter reports on levels, trends, and differentials in infant and child mortality based on the 1994 IDHS and selected earlier surveys. The following rates are used to measure early childhood mortality:

Neonatal mortality:	the probability of dying within the first month of life;
Postneonatal mortality:	the probability of dying after the first month of life but before exact age one year;
Infant mortality:	the probability of dying between birth and exact age one year;
Child mortality:	the probability of dying between exact age one and exact age five;
Under-five mortality:	the probability of dying between birth and exact age five.

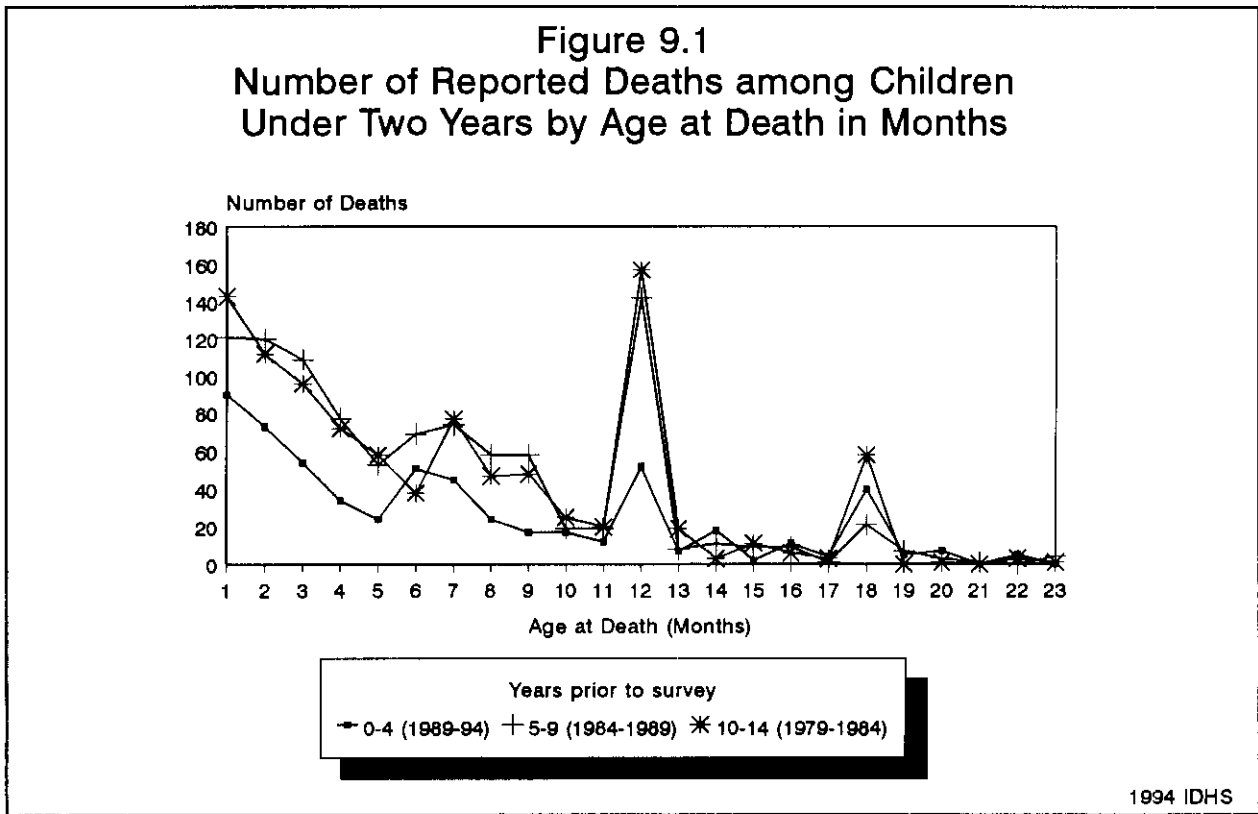
Data on infant and child mortality in the 1994 IDHS are derived from the birth history section of the individual questionnaire. The section begins with questions about the respondent's childbearing experience, i.e., the number of sons and daughters who live in the household, who live elsewhere, and who have died. Next, for each live birth, information on name, date of birth, sex, whether the birth was single or multiple, and survivorship status was recorded. For living children, information about his/her age at last birthday and whether the child resides with his/her mother was obtained. For children who had died, the respondent was asked to provide the age at death.

9.2 Assessment of Data Quality

A retrospective birth history, such as that included in the 1994 IDHS, is susceptible to several possible data collection errors. First, only surviving women age 15-49 were interviewed; therefore, no data were available for children of women who died. The resulting mortality estimates will be biased if the fertility of surviving and nonsurviving women differs substantially. In Indonesia, this bias is likely to be negligible. Another possible error is underreporting of events; respondents are likely to forget events that occurred in the past. Also, the misreporting of date of birth and/or age at death can bias rates. In general, these problems are less serious for time periods in the recent past than for those in the more distant past.

The existence and extent of some of these potential biases can be examined with the 1994 IDHS data. As shown in Table C.4 in Appendix C, there is a deficit of births in calendar year 1989 and an excess in calendar year 1988. This pattern, which has been found in previous DHS surveys, is thought to result from interviewers' transference of births out of the period for which the health and calendar data were collected (i.e., January 1989 through the date of the survey) in order to reduce their workload.

The most common source of error in the reporting of children's age at death is the tendency of mothers to report them as occurring at multiples of six months. To reduce this type of error, detailed instructions were given to the interviewers to record age at death under one month in *days*, and age at death under two years in *months*. Interviewers were also instructed to probe for exact age at death in months when it was reported as "one year" or "12 months." Nevertheless, as shown in Figure 9.1, there is considerable heaping of deaths at age 12 months. The same pattern was found in the 1991 IDHS. Heaping in age at death is more severe for deaths that occurred farther in the past than for those that occurred more recently. It should be noted that although misreporting of age at death may result in biased estimates of infant and child mortality, a simulation study using DHS data indicates that the magnitude of misreporting evident in the 1994 IDHS would bias estimates by no more than 5 percent (Sullivan et al., 1990). Thus, the results presented in this report are unadjusted for misreporting. In particular, all deaths reported as occurring at 12 months are not included in the calculation of the infant mortality rate.



It should also be noted that most infant and child mortality estimates using survey data are based on relatively small numbers of cases, particularly when fertility levels are low. This situation can lead to unstable estimates. To reduce this problem, mortality measures based on the 1994 IDHS are calculated for five- or ten-year periods.

Another problem concerns the fact that the mortality estimates are based only on those births reported by women of reproductive age at a given point in time and these are truncated because women past age 49 are not interviewed. As the time-period covered extends further into the past, the resulting censoring of information becomes progressively more severe, and the higher rates of infant and child mortality are usually associated with more advanced maternal ages. To minimize the effect of censoring, analysis of infant and child mortality trends from the 1994 IDHS is limited to a period no more than 15 years prior to the survey.

9.3 Levels and Trends in Infant and Child Mortality

Table 9.1 presents estimates of childhood mortality for three five-year periods preceding the survey. The data indicate that infant mortality has declined 24 percent during the fifteen-year period, from 75 deaths per 1,000 live births in the period mid-1979 to mid-1984 to 57 per 1,000 in the period mid-1989 to mid-1994. During the same period, postneonatal mortality, child mortality, and under-five mortality declined at a faster rate (30 percent, 31 percent, and 26 percent, respectively), while the neonatal mortality rate declined by only 18 percent. The direct estimate of infant mortality for the most recent five-year period, 57 deaths per 1,000 births, is similar to an estimate, calculated using an indirect estimation technique referring to the year 1993 (58 deaths per 1,000 births)¹ (CBS, 1993a).

Table 9.1 also gives infant mortality rates for the ten-year period preceding the survey. For infant mortality, the rate is 66 deaths per 1,000 live births; the neonatal mortality rate is 33 per 1,000, and the ratio of postneonatal to neonatal mortality is 1.05. For the same time period, the probability of dying between birth and the fifth birthday was 93 per 1,000 live births. The data indicate that the under-five mortality rates declined from 110 deaths per 1,000 live births in the period 10-14 years prior to the survey to 81 per 1,000 in the period 0-4 years preceding the survey. The ratio of postneonatal to neonatal mortality decreased from 1.02 to 0.87 during the fifteen-year period before the survey, due to the more rapid decline in postneonatal deaths in the most recent five-year period.

Years preceding survey	Approximate calendar periods	Neonatal mortality (NN)	Post-neonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)	Post-neonatal/neonatal mortality ratio
0-4	mid-1989 to mid-1994	30.4	26.5	57.0	25.8	81.3	0.87
5-9	mid-1984 to mid-1989	34.3	40.6	74.9	30.4	103.1	1.18
10-14	mid-1979 to mid-1984	37.3	38.0	75.3	37.5	109.9	1.02
0-9	mid-1984 to mid-1994	32.5	34.0	66.4	28.3	92.8	1.05

Trends in mortality can also be studied using estimates based on the 1971, 1980, and 1990 population censuses, the 1987 NICPS, and the 1991 and 1994 IDHS. Infant mortality based on the census data is estimated indirectly using information on the number of children ever born and the number of children who died; estimates from the 1987 NICPS and the 1991 IDHS are obtained from the birth history data. Figure 9.2 shows that in 24 years, the infant mortality rate has declined by 60 percent, from 142 deaths per 1,000 births in 1968 to 57 per 1,000 births in 1992.

Table 9.2 shows the trends in mortality by region based on the results of the 1987 NICPS, the 1991 IDHS, and the 1994 IDHS. Infant and child mortality have declined in all regions and regional variations have narrowed; however, the 1991 IDHS results are not in line with those from the 1987 NICPS and the 1994 IDHS. The 1987 NICPS and 1994 IDHS rates for Java-Bali are either lower or about the same as those in

¹ The 1993 infant mortality rate projection was calculated based on the 1990 population census.

Figure 9.2
Infant Mortality Rates
Selected Sources, Indonesia 1971-1994

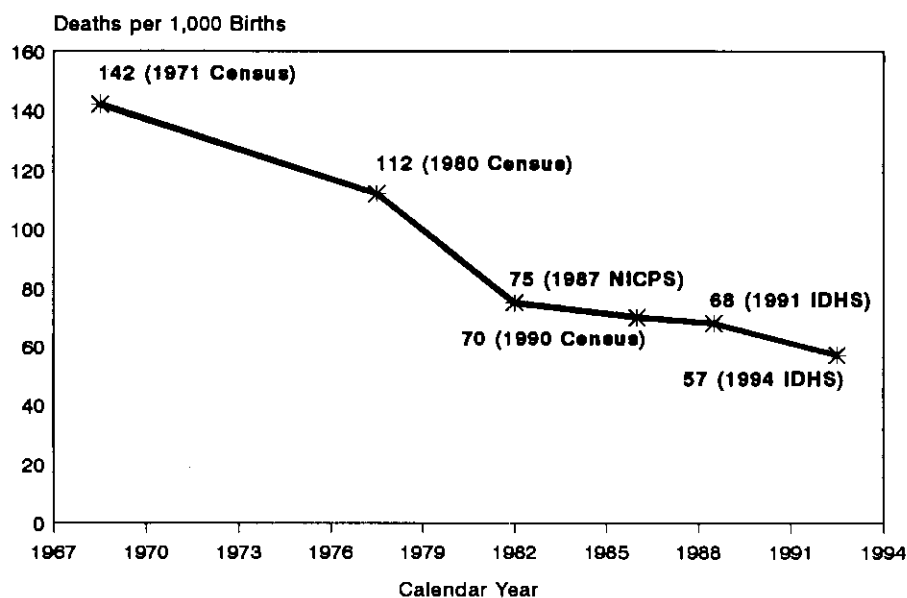


Table 9.2 Trends in infant and child mortality by region

Infant and child mortality for the ten-year period preceding the surveys by region, 1987 NICPS, 1991 IDHS, and 1994 IDHS

Region and province	Infant mortality rate			Child mortality rate			Under-five mortality rate		
	1987 NICPS	1991 IDHS	1994 IDHS	1987 NICPS	1991 IDHS	1994 IDHS	1987 NICPS	1991 IDHS	1994 IDHS
Java-Bali	70.3	78.8	66.5	36.9	34.3	25.3	104.5	110.3	90.1
DKI Jakarta	52.9	44.9	29.8	26.9	15.7	21.1	78.4	59.9	50.3
West Java	94.7	116.9	88.8	51.3	53.3	33.8	141.1	164.0	119.6
Central Java	47.8	48.8	51.1	35.4	32.6	25.0	81.6	79.8	74.8
DI Yogyakarta	37.6	37.5	30.4	19.1	11.8	4.9	56.0	48.9	35.1
East Java	71.4	69.3	62.1	27.6	20.6	17.8	97.0	88.5	78.8
Bali	65.6	49.1	58.0	16.3	12.2	5.2	80.8	60.7	62.9
Outer Java-Bali I	83.7	69.2	66.8	42.0	37.3	32.4	122.2	104.0	97.0
Outer Java-Bali II	75.5	65.9	65.3	47.1	36.0	31.8	119.1	99.6	95.0
Total	75.2	74.2	66.4	39.1	35.4	28.3	114.1	107.0	92.8

Note: Approximate calendar periods covered: 1987 NICPS (1977-1987), 1991 IDHS (1981-1991), 1994 IDHS (1984-1994)

Outer Java-Bali I and II, while the 1991 IDHS rates are higher for infant and under-five mortality. The 1994 IDHS data indicate that infant and child mortality rates in Outer Java-Bali II are converging with the rates in other regions; the difference in infant mortality rates between Java-Bali and Outer Java-Bali I in the 1987 NICPS was 13 deaths per 1,000 live births, while the 1994 IDHS found the rates to be about the same for all three regions.

Despite the fact that mortality rates in West Java have declined in recent years, this province continues to have the highest mortality in Java (see Table 9.2). At the same time, DI Yogyakarta generally has the lowest mortality in the Java-Bali region. (Results from the 1980 and 1990 Population Censuses indicate the same pattern.) The infant mortality rate in DKI Jakarta has declined from 48 to 26 deaths per 1,000 live births, which is the same level found in DI Yogyakarta.

Table 9.3 and Figure 9.3 show that the infant mortality rates in Outer Java-Bali I and Outer Java-Bali II and in all the provinces in Java-Bali have declined in the past fifteen years, although at varying rates. In West Java, the rate was stable, then declined rapidly in recent years. The pattern is consistent with findings from the population censuses; the infant mortality rate in West Java may have increased in the mid-1980s, and then declined. On the other hand, the patterns of infant mortality rates in Central Java and East Java in the past 15 years are not stable; they seem to fluctuate, with higher rates for the period 5-9 years prior the survey.

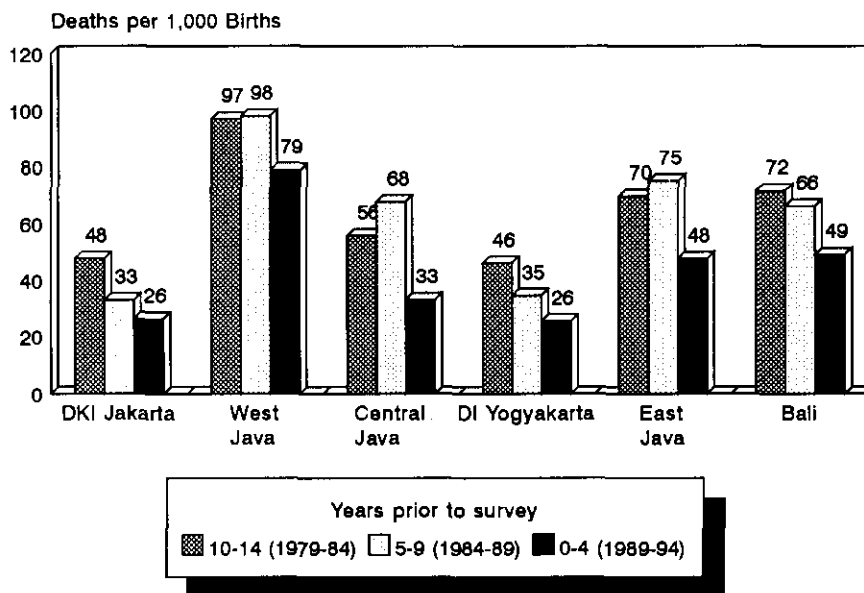
Table 9.3 Infant mortality for five-year periods by region

Infant mortality rates for three five-year period preceding the survey by region, Indonesia 1994

Region and province	Years preceding survey		
	0-4	5-9	10-14
Java-Bali	53.7	78.0	73.8
DKI Jakarta	26.3	32.9	47.6
West Java	78.7	98.0	97.0
Central Java	33.0	67.6	55.7
DI Yogyakarta	25.5	34.5	46.1
East Java	47.7	75.0	69.7
Bali	49.1	66.1	71.6
Outer Java-Bali I	60.6	72.5	80.5
Outer Java-Bali II	63.0	67.3	70.5

Note: Approximate calendar periods covered: 0-4 years (mid-1989 to mid-1994), 5-9 years (mid-1984 to mid-1989), and 10-14 years (mid-1979 to mid-1984).

**Figure 9.3
Infant Mortality Rates by Province
Java-Bali 1979-1994**



1994 IDHS

9.4 Mortality Differentials

A number of socioeconomic, environmental and biological factors influence infant and child mortality. Mosley and Chen's (1984) framework for the study of child mortality in developing countries outlines various proximate and socioeconomic determinants of infant mortality. In the following section, infant and child mortality differentials are discussed according to biodemographic and socioeconomic variables that were included in the 1994 IDHS. Several variables, namely age of the mother, parity, and birth interval, were used as the biodemographic determinants. The socioeconomic determinants, which operate through the biodemographic determinants to influence infant mortality, include place of residence and mother's educational attainment. Additionally, several variables related to health, such as the type of birth attendant and birth weight, as well as variation among provinces are discussed.

Table 9.4 presents mortality rates by socioeconomic characteristics of the mother for the ten-year period preceding the survey, i.e., from 1984 to 1994. Children born to women living in urban areas have lower mortality rates than those born to women in rural areas. The same pattern was found in the 1987 NICPS and 1991 IDHS, for all ages at death, and in all regions. The lower mortality rates in the urban areas may be related to the greater availability of health facilities.

Table 9.4 Infant and child mortality by background characteristics					
Infant and child mortality rates for the ten-year period preceding the survey, by selected socioeconomic characteristics, Indonesia 1994					
Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Residence					
Urban	22.9	20.1	43.1	16.2	58.5
Rural	36.0	39.1	75.2	33.0	105.7
Region/Residence					
Java-Bali	32.5	33.9	66.5	25.3	90.1
Urban	20.4	22.0	42.4	16.5	58.2
Rural	38.6	39.9	78.5	29.9	106.0
Outer Java-Bali I	32.6	34.2	66.8	32.4	97.0
Urban	29.7	15.7	45.4	17.3	61.9
Rural	33.3	38.5	71.8	36.1	105.3
Outer Java-Bali II	31.8	33.5	65.3	31.8	95.0
Urban	26.5	16.0	42.5	10.8	52.8
Rural	33.1	37.8	70.9	37.0	105.3
Education					
No education	38.4	52.2	90.5	44.8	131.2
Some primary	37.6	41.5	79.2	34.3	110.8
Completed primary	29.0	30.2	59.2	22.3	80.2
Some secondary+	25.2	14.4	39.5	11.6	50.7
Medical/maternity care¹					
No antenatal or delivery care	52.4	54.6	107.0	53.5	154.8
Either antenatal or delivery care	25.8	26.0	51.8	22.7	73.3
Both antenatal and delivery care	26.0	12.9	39.0	10.4	49.0
Total	32.5	34.0	66.4	28.3	92.8

Note: The approximate calendar period covered is mid-1984 to mid-1994.
¹ Rates are for the five-year period preceding the survey.

Mother's level of education is closely associated with socioeconomic factors such as income, life style, health practices, nutrition, and housing and living conditions. Women who have limited education usually have low income and live in less sanitary housing conditions; thus, their children usually have a higher risk of morbidity and mortality. The 1994 IDHS data show that mother's educational attainment is inversely associated with childhood mortality levels; children of less educated mothers generally have higher mortality than those born to better educated mothers.

Table 9.4 also shows the relationship of infant and child mortality to antenatal care and delivery assistance. Mortality among children whose mothers had neither antenatal care nor medical assistance at the time of delivery is noticeably highest, followed by that for children with either antenatal care or delivery assistance by a medical professional. As expected, childhood mortality is lowest for children of mothers who received antenatal care and were assisted by a medical professional at delivery. The same pattern was found in the 1991 IDHS.

The relationship between infant and child mortality rates for the ten-year period prior to the survey (1984 to 1994) and various biodemographic variables can be seen in Table 9.5. Mortality rates for males in Indonesia are higher than for females. Infant and under-five mortality rates for males are about 20 percent higher than those for females, postneonatal and childhood mortality rates are about 10 percent higher, and neonatal mortality is 45 percent higher. Sex differentials in childhood mortality were also observed in the 1987 NICPS and the 1991 IDHS.

Table 9.5 Infant and child mortality by biodemographic characteristics					
Infant and child mortality rates for the ten-year period preceding the survey, by selected biodemographic characteristics, Indonesia 1994					
Biodemographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Sex of child					
Male	38.2	35.4	73.5	29.9	101.2
Female	26.3	32.4	58.8	26.5	83.8
Age of mother at birth¹					
< 20	44.4	42.3	86.8	29.8	114.0
20-29	28.4	31.8	60.2	27.3	85.8
30-39	33.4	33.9	67.2	29.9	95.1
40-49	42.1	30.3	72.4	25.9	96.4
Birth order					
1	29.9	29.8	59.7	21.8	80.2
2-3	29.9	29.8	59.7	23.7	81.9
4-6	34.1	38.6	72.7	33.4	103.7
7+	46.9	52.1	98.9	54.1	147.6
Previous birth interval					
< 2 yrs	57.2	60.4	117.7	46.2	158.4
2-3 yrs	27.8	35.3	63.1	31.9	93.0
4 yrs +	24.2	18.4	42.6	15.6	57.5
Size at birth¹					
Very small (238.9)	18.7	257.6	(67.8)	308.0	
Small	50.7	42.8	93.5	31.0	121.6
Average or larger	22.4	22.4	44.8	21.3	65.1
Don't know	84.3	75.4	159.6	57.2	207.7

Note: The approximate calendar period covered is mid-1984 to mid-1994. Figures in parentheses are based on 250-499 births.

¹ Rates are for the five-year period preceding the survey.

Mother's age at birth can affect a child's chances of survival. As in the 1987 NICPS and 1991 IDHS, the 1994 IDHS results indicate that childhood mortality rates follow a U-shaped pattern according to mother's age. Rates are high among children whose mothers are younger than 20 years at the time of delivery, lower for mothers who are age 20-29 at the child's birth, and increase again among mothers age 30 years or older. These data support the family planning program's efforts to encourage women to have children when they are in their 20s.

Table 9.5 also shows that birth order affects a child's chances of survival. It is often hypothesized that first births and higher order births have higher mortality risks. However, the data in Table 9.5 indicate that mortality rates for first births are no higher than those for second and third births. Data from the 1994 IDHS show that mortality risk for fourth or higher births increases considerably. For example, the under-five mortality rate is 80 per 1,000 live births for first births, more than 100 per 1,000 for birth orders 4 to 6, and close to 150 per 1,000 for seventh and higher births.

As expected, there is an inverse relationship between mortality rates and the interval since the previous birth; childhood mortality rates decline as the birth interval increases. Mortality rates for children born less than two years after a previous birth are almost three times those for children born after an interval of four or more years.

Except for postneonatal mortality, the probability of dying for infants who were judged by their mothers to be *very small* at birth is higher than for infants described as *average or larger* at birth (see Table 9.5). The period after birth is critical, especially for babies reported to be very small. The probability of dying during the month after birth for this group is 10 times higher than for infants reported to be of average size or larger than average at birth. However, it should be noted that the information on infant size at birth presented here is subjective (because it is based on the judgment of mothers), and is not comparable with actual birth weight.

In a country as large and geographically dispersed as Indonesia, considerable variation in mortality among regions and provinces is not surprising. Table 9.6 shows patterns of provincial mortality in the 1994 IDHS that are similar to those found in the 1990 Population Census. The lowest infant mortality rates in the country are found in DKI Jakarta and DI Yogyakarta (30 deaths per 1,000 live births),² and the highest are in West Nusa Tenggara (110 per 1,000). Another province that has relatively low infant mortality is Lampung (38 deaths per 1,000 live births), while West Java, West Kalimantan, South Kalimantan, and Central Sulawesi have relatively high levels of infant mortality, above 80 deaths per 1,000 live births.

In Java-Bali, West Java is the only province that has infant and child mortality rates higher than those for Indonesia as a whole. The variation in infant and child mortality among the provinces in the Outer Java-Bali regions is greater than among the provinces in Java-Bali. Since infant and child mortality rates in the two regions outside Java-Bali cannot be presented by province from the 1991 IDHS data, the estimates from the 1994 IDHS are compared with those of the 1990 Population Census. The 1994 IDHS estimates of infant mortality are lower than the 1990 Population Census estimates for Lampung, and Central Kalimantan (not shown); estimates based on the 1994 IDHS are higher than those from the 1990 Population Census for West Kalimantan, Riau, and Bengkulu.

² Central Kalimantan has an exceptionally low rate of 16 per 1,000, which should be used with caution.

Table 9.6 Infant and child mortality by region and province

Infant and child mortality rates for the ten-year period preceding the survey, by region and province, Indonesia 1994

Region and province	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (${}_1Q_0$)	Child mortality (${}_4Q_1$)	Under-five mortality (${}_5Q_0$)
Java-Bali	32.5	33.9	66.5	25.3	90.1
DKI Jakarta	16.0	13.8	29.8	21.1	50.3
West Java	43.6	45.3	88.8	33.8	119.6
Central Java	24.0	27.1	51.1	25.0	74.8
DI Yogyakarta	*	15.8	30.4	4.9	35.1
East Java	31.4	30.7	62.1	17.8	78.8
Bali	*	34.6	58.0	5.2	62.9
Outer Java-Bali I	32.6	34.2	66.8	32.4	97.0
Dista Aceh	(32.8)	25.7	58.4	21.9	79.0
North Sumatra	37.9	23.5	61.4	37.8	96.9
West Sumatra	(27.5)	40.0	67.6	32.5	97.9
South Sumatra	25.8	33.8	59.6	34.5	92.0
Lampung	13.3	24.8	38.1	20.2	57.6
West Nusa Tenggara	(46.0)	63.8	109.8	55.9	159.5
West Kalimantan	(42.9)	53.9	96.8	42.3	135.0
South Kalimantan	*	41.4	82.9	30.6	111.0
North Sulawesi	*	45.0	65.6	18.3	82.7
South Sulawesi	34.1	29.5	63.7	23.6	85.8
Outer Java-Bali II	31.8	33.5	65.3	31.8	95.0
Riau	(44.2)	27.6	71.7	24.1	94.1
Jambi	*	25.2	60.2	29.0	87.5
Bengkulu	*	(36.2)	74.1	54.2	124.2
East Nusa Tenggara	(30.0)	40.6	70.6	39.7	107.5
East Timor	*	(30.3)	(45.8)	(58.8)	101.9
Central Kalimantan	*	(9.4)	16.4	21.7	37.8
East Kalimantan	*	31.9	61.1	16.2	76.4
Central Sulawesi	*	(53.3)	87.4	42.9	126.5
Southeast Sulawesi	*	(38.5)	78.9	27.8	104.5
Maluku	*	41.8	68.0	24.5	90.8
Irian Jaya	*	(33.0)	61.3	28.6	88.1
Total	32.5	34.0	66.4	28.3	92.8

Note: The approximate calendar period covered is mid-1984 to mid-1994. Figures in parentheses are based on 250-499 births. An asterisk indicates that a figure is based on fewer than 250 births and has been suppressed.

9.5 High-risk Fertility Behavior

Table 9.7 presents the distribution of women and children according to fertility behavior characteristics that place children at an elevated risk of dying. Children at elevated risk include those whose mothers are too young or too old when they give birth, those of high birth order, and those born after short birth intervals. Assumptions about these risks are that the physiological condition of young women (18 years or younger) is not sufficiently mature for healthy reproduction, which leads to greater risk of neonatal death. On the other hand, women age 35 years or older may be physically debilitated as a result of having many children, which may adversely affect the baby's health. Short birth intervals can affect the health of both mother and child, and reduce the baby's chances of survival. Table 9.7 also shows the relative risk of dying for children born in the five years preceding the survey by comparing the proportion dead in each high-risk category to the proportion dead among children who are not in any high-risk category.

Table 9.7 shows that 45 percent of children born in the five years preceding the survey have an elevated risk of dying; 30 percent are in a single high-risk category, while 15 percent are in a multiple high-risk category. Among children in single high-risk categories, 17 percent are fourth births or higher, 6 percent

Table 9.7 High-risk fertility behavior

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality, and the percent distribution of currently married women at risk of conceiving a child with an elevated risk of mortality, by category of increased risk, Indonesia 1994

Risk category	Births in 5 years preceding the survey		Percentage of currently married women ^a
	Percentage of births	Risk ratio	
Not in any high-risk category	55.1	1.00	33.6 ^b
Single high-risk category			
Mother's age < 18	4.9	1.77	0.7
Mother's age > 34	1.8	1.39	8.9
Birth interval < 24 months	6.3	1.80	8.0
Birth order > 3	17.4	1.36	12.8
Subtotal	30.4	1.52	30.5
Multiple high-risk category			
Age <18 & birth interval <24 mo ^c	0.4	4.34	0.2
Age >34 & birth interval <24 mo	0.2	3.47	0.1
Age >34 & birth order >3	8.9	1.40	28.3
Age >34 & birth interval <24 & birth order >3	1.2	3.01	2.6
Birth interval <24 & birth order >3	3.8	2.73	4.7
Subtotal	14.5	1.99	35.9
In any high-risk category	44.9	1.67	66.4
Total	100.0	-	100.0
Number of births	16,804	-	26,186

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births *not in any high-risk category*.

^a Women were assigned to risk categories according to the status they would have at the birth of a child, if the child were conceived at the time of the survey: age less than 17 years and 3 months, age older than 34 years and 2 months, latest birth less than 15 months ago, and latest birth of order 4 or higher.

^b Includes sterilized women

^c Includes the combined categories *Age <18 and birth order >3*.

are children born less than two years after a prior birth, and 5 percent are children born to mothers younger than 18 years. Among children in multiple high-risk categories, 9 percent were born to mothers 35 or older and are of birth order 4 or higher.

The second column in Table 9.7 presents risk ratios for children in various risk categories. Children in the single high-risk categories have a 1.5 greater risk of dying prematurely than children who are not in any high-risk category, and children in multiple high-risk categories have twice the risk of dying as those who are not in any high-risk category. The highest mortality risks are found in the combination of short birth interval and early childbearing (risk ratio of 4.3) as well as the combination of short birth interval and late childbearing (risk ratio of 3.5).

The third column in Table 9.7 shows that two in three currently married women are at risk of conceiving a child with an elevated risk of dying. Three in ten women are at risk due to a single risk, while 36 percent are at risk due to multiple risk factors. The most likely risks are due to high birth order (13 percent), giving birth at age 35 years or older (9 percent), and short birth intervals (8 percent). The table also indicates that high birth order combined with late childbearing accounts for 28 percent of currently married women being in the multiple high-risk category.

CHAPTER 10

MATERNAL AND CHILD HEALTH

This chapter presents findings on three issues relevant to maternal and child health—antenatal care and delivery assistance, immunization, and childhood morbidity. The information is important because it provides baseline data for maternal and child health programs, the main objective of which is to reduce the infant mortality rate.

In line with the program, the Indonesian Government has improved health care services by providing health centers in every subdistrict (*kecamatan*), with emphasis on maternal and child health services. To make the health care facilities more accessible, ambulatory health services, auxiliary health centers (*puskesmas pembantu*), and health posts (*posyandu*) have been established. By the end of the fifth Five-Year Development Plan (1989-90 to 1993-94), village delivery posts will have been established to provide antenatal care and delivery assistance by trained traditional birth attendants under the supervision of a midwife.

10.1 Antenatal Care

Table 10.1.1 shows the percent distribution of live births in the five years preceding the survey by selected background characteristics. The Government of Indonesia defines antenatal care as pregnancy-related health care provided by a medical professional (doctor, nurse, or midwife). Excluded are traditional birth attendants, friends, etc. Although women reported all sources from whom they obtained antenatal care, in this report, the evaluation of medical care for early detection of high-risk pregnancies is based on the most qualified provider. The location for antenatal care recorded in the survey is the most frequently visited service in the last 3-month period.

Among the 28,168 ever-married women age 15-49 interviewed in the survey, 13,393 were mothers who gave birth to a total of 16,983 live births in the five years preceding the survey. Eighty-two percent of these births were to mothers who received antenatal care from a medical professional—about 72 percent were cared for by a nurse/midwife or an auxiliary nurse/midwife.

Antenatal care coverage is slightly lower among births to mothers age 35 and older. Low birth-order births and births to mothers living in urban areas and in Java-Bali are more likely to have received antenatal care from medical personnel than other births. Overall, women in Java-Bali are also more likely to have had care from a medical professional than women in other regions.

There is a strong relationship between mother's education and antenatal care. More than 40 percent of births to mothers with no education did not receive antenatal care from medical personnel, compared with only 4 percent of children whose mothers had some secondary education. The corresponding proportions for children whose mothers had some primary education and who have completed primary school are 25 percent and 13 percent, respectively.

Doctors are the most common antenatal care providers among women 25-34, mothers with first to third births, respondents who live in urban areas, and those with some secondary education. On the other hand, higher-order births and rural births are more likely not to receive antenatal care. Although there is little variation in antenatal care coverage by health professionals between regions, there are sharp differentials between urban and rural areas within regions.

Table 10.1.1 Antenatal care: background characteristics

Percent distribution of live births in the five years preceding the survey by source of antenatal care (ANC) during pregnancy, according to selected background characteristics, Indonesia 1994

Background characteristic	Source of antenatal care ¹						Total	Number of births
	Doctor	Nurse/ Midwife	Auxiliary nurse/ Midwife	Tradi- tional birth attendant	Other	No one		
Mother's age at birth								
< 20	6.8	66.8	7.8	5.7	0.7	12.2	100.0	2,374
20-24	9.7	68.9	6.8	3.3	0.5	10.8	100.0	4,855
25-29	13.5	64.2	5.5	3.6	0.8	12.4	100.0	4,645
30-34	11.2	63.2	6.5	4.4	1.1	13.6	100.0	3,057
35+	9.7	60.7	5.6	6.0	1.1	17.0	100.0	2,052
Birth order								
1	13.3	68.9	6.2	2.9	0.6	8.2	100.0	4,930
2-3	11.4	67.3	6.4	3.3	0.7	11.0	100.0	6,726
4-6	7.9	61.4	6.6	5.6	1.2	17.2	100.0	3,861
7+	4.7	54.3	6.7	9.5	1.0	23.8	100.0	1,466
Residence								
Urban	22.5	68.3	4.6	0.9	0.3	3.4	100.0	4,646
Rural	6.1	64.2	7.1	5.5	1.0	16.2	100.0	12,337
Region/Residence								
Java-Bali	11.0	70.3	5.0	3.1	0.6	10.0	100.0	9,678
Urban	21.9	69.5	4.6	0.9	0.2	3.0	100.0	3,184
Rural	5.6	70.8	5.3	4.1	0.8	13.4	100.0	6,494
Outer Java-Bali I	10.1	60.9	8.4	5.5	1.0	14.1	100.0	5,073
Urban	23.6	66.2	5.1	0.9	0.4	3.8	100.0	995
Rural	6.8	59.6	9.2	6.6	1.2	16.6	100.0	4,077
Outer Java-Bali II	10.1	53.6	7.7	6.4	1.0	21.1	100.0	2,233
Urban ¹	24.4	64.9	3.5	1.4	0.6	5.2	100.0	467
Rural	6.3	50.6	8.8	7.7	1.1	25.4	100.0	1,766
Mother's education								
No education	2.4	48.5	5.8	8.1	1.6	33.6	100.0	2,012
Some primary	5.2	63.4	6.9	6.4	1.0	17.1	100.0	5,246
Completed primary	6.5	73.1	7.3	3.6	0.7	8.9	100.0	5,010
Some secondary+	24.4	66.3	5.1	0.9	0.4	2.9	100.0	4,715
Total	10.6	65.3	6.4	4.2	0.8	12.7	100.0	16,983

Note: Total includes births with missing information on ANC provider.

¹ If the respondent mentioned more than one provider, only the *most* qualified was considered.

Table 10.1.2 shows the provincial differentials in antenatal care coverage. Virtually all women in DKI Jakarta and DI Yogyakarta were examined during pregnancy. The level of antenatal coverage is also high (90 percent or higher) in Central Java, Bali, West Sumatra, and North Sulawesi. On the other hand, antenatal care is limited in East Timor (50 percent). The care giver also varies between provinces; doctors are popular in DKI Jakarta, North Sulawesi, and East Kalimantan, while traditional birth attendants are more common in South Kalimantan, Jambi, and Southeast Sulawesi.

Table 10.1.2 Antenatal care: region and province

Percent distribution of live births in the five years preceding the survey by source of antenatal care (ANC) during pregnancy, according to region and province, Indonesia 1994

Region and province	Source of antenatal care ¹						Total	Number of births
	Doctor	Nurse/ Midwife	Auxiliary nurse/ Midwife	Tradi- tional birth attendant	Other	No one		
Java-Bali	11.0	70.3	5.0	3.1	0.6	10.0	100.0	9,678
DKI Jakarta	25.5	67.6	4.2	0.7	0.5	1.6	100.0	618
West Java	8.3	66.3	7.3	5.7	1.2	11.2	100.0	3,675
Central Java	8.9	75.2	6.1	0.9	0.5	8.4	100.0	2,599
DI Yogyakarta	18.3	70.3	9.4	0.0	0.0	1.9	100.0	182
East Java	13.2	71.1	0.3	2.6	0.0	12.8	100.0	2,393
Bali	9.6	78.6	3.4	0.5	0.4	7.4	100.0	210
Outer Java-Bali I	10.1	60.9	8.4	5.5	1.0	14.1	100.0	5,073
Dista Aceh	10.7	54.0	5.8	0.4	0.8	28.2	100.0	374
North Sumatra	11.4	63.9	5.3	7.3	0.7	11.4	100.0	1,298
West Sumatra	15.8	70.6	4.1	5.7	0.3	3.4	100.0	366
South Sumatra	10.0	59.2	10.5	8.5	2.2	9.3	100.0	563
Lampung	2.9	60.4	18.3	7.5	1.7	9.2	100.0	563
West Nusa Tenggara	6.4	56.5	8.4	3.6	0.0	25.1	100.0	399
West Kalimantan	7.4	54.8	13.3	1.6	2.8	20.0	100.0	380
South Kalimantan	5.2	60.5	8.9	11.2	0.2	14.0	100.0	225
North Sulawesi	23.9	51.9	16.5	1.0	0.4	6.5	100.0	203
South Sulawesi	11.2	64.1	2.8	3.5	0.7	17.7	100.0	701
Outer Java-Bali II	10.1	53.6	7.7	6.4	1.0	21.1	100.0	2,233
Riau	9.6	56.9	9.3	9.7	1.4	13.1	100.0	389
Jambi	8.9	49.8	11.3	15.4	0.9	13.6	100.0	207
Bengkulu	6.8	61.5	5.7	7.3	0.6	18.2	100.0	138
East Nusa Tenggara	4.5	59.7	4.9	1.7	1.1	28.2	100.0	361
East Timor	7.5	41.0	1.8	0.3	0.0	49.4	100.0	123
Central Kalimantan	6.5	42.0	20.5	4.3	0.4	26.2	100.0	126
East Kalimantan	24.3	52.3	6.0	4.1	2.2	11.1	100.0	215
Central Sulawesi	12.3	46.9	6.5	7.0	0.7	26.2	100.0	166
Southeast Sulawesi	13.7	60.6	4.4	14.2	1.1	5.9	100.0	149
Maluku	11.1	49.8	4.2	3.3	0.7	30.6	100.0	190
Irian Jaya	7.2	55.7	12.6	1.7	0.3	22.5	100.0	167
Total	10.6	65.3	6.4	4.2	0.8	12.7	100.0	16,983

Note: Includes births with missing information on ANC provider.

¹ If the respondent mentioned more than one provider, only the *most* qualified was considered.

10.2 Number of Antenatal Care Visits and Stage of Pregnancy

Table 10.2.1 indicates that public health centers are the facility most often used by women for antenatal care (42 percent of births).

Rural women are more likely to go to a health center for antenatal care than urban women (46 percent, compared with 32 percent). Twenty-eight percent of women use private medical services; of these, 18 percent go to a midwife. Since not every village has a health post or a delivery post, the antenatal care

Table 10.2.1 Place of antenatal care: background characteristics

Percent distribution of live births in the five years preceding the survey by place of antenatal care (ANC) during pregnancy, according to selected background characteristics, Indonesia 1994

Background characteristic	Place of antenatal care												Total	Number of births
	Government				Private									
	Hospital	Health center	Delivery post	Health post	Hospital	Family planning clinic	Doctor	Midwife	TBA visit	Other	No one	Missing		
Mother's age at birth														
< 20	3.4	46.3	0.5	10.7	0.9	2.8	2.1	15.0	4.6	1.5	12.2	0.1	100.0	2,374
20-24	4.0	44.0	0.3	7.7	2.0	4.3	3.3	19.7	2.6	0.9	10.8	0.4	100.0	4,855
25-29	5.2	39.5	0.5	6.0	3.8	5.0	5.4	17.9	3.3	0.8	12.4	0.2	100.0	4,645
30-34	4.7	41.8	0.3	6.9	3.3	4.1	3.5	16.7	3.9	0.9	13.6	0.4	100.0	3,057
35+	4.1	38.6	0.1	6.4	1.9	2.5	3.2	18.9	5.6	1.2	17.0	0.4	100.0	2,052
Birth order														
1	4.8	45.2	0.4	7.4	3.4	4.7	4.5	18.0	2.4	0.7	8.2	0.2	100.0	4,930
2-3	4.3	42.7	0.4	7.6	2.9	4.5	4.7	18.3	2.7	0.8	11.0	0.3	100.0	6,726
4-6	4.3	40.3	0.2	7.6	1.7	3.2	2.1	16.6	5.0	1.4	17.2	0.3	100.0	3,861
7+	3.7	33.3	0.1	5.1	0.7	1.7	1.2	19.6	8.8	1.8	23.8	0.2	100.0	1,466
Residence														
Urban	7.9	32.4	0.2	2.3	7.9	8.1	8.7	27.8	0.9	0.2	3.4	0.2	100.0	4,646
Rural	3.1	45.7	0.4	9.3	0.6	2.5	1.9	14.2	4.7	1.3	16.2	0.3	100.0	12,337
Region/Residence														
Java-Bali	3.2	44.2	0.5	6.6	2.7	3.7	4.4	21.1	2.5	0.9	10.0	0.3	100.0	9,678
Urban	6.0	32.4	0.3	2.0	7.8	7.1	8.7	31.7	0.9	0.1	3.0	0.1	100.0	3,184
Rural	1.8	50.0	0.6	8.8	0.2	2.0	2.3	15.9	3.3	1.4	13.4	0.3	100.0	6,494
Outer Java-Bali I	6.0	38.9	0.2	7.0	2.2	5.6	3.0	16.7	5.0	0.9	14.1	0.3	100.0	5,073
Urban	11.5	30.3	0.0	2.0	7.3	13.1	9.4	21.2	0.7	0.4	3.8	0.3	100.0	995
Rural	4.7	41.0	0.2	8.2	1.0	3.8	1.4	15.6	6.1	1.0	16.6	0.4	100.0	4,077
Outer Java-Bali II	5.8	39.6	0.1	11.5	3.0	2.0	2.5	7.1	5.4	1.6	21.1	0.3	100.0	2,233
Urban	13.3	36.6	0.1	5.1	10.0	4.5	7.9	15.6	1.1	0.4	5.2	0.3	100.0	467
Rural	3.8	40.4	0.2	13.2	1.1	1.4	1.1	4.8	6.5	1.9	25.4	0.3	100.0	1,766
Mother's education														
No education	1.8	36.0	0.0	8.5	0.2	0.7	0.5	9.3	7.4	1.5	33.6	0.6	100.0	2,012
Some primary	3.3	42.3	0.6	9.5	0.6	2.5	1.1	15.5	5.6	1.6	17.1	0.3	100.0	5,246
Completed primary	3.1	48.3	0.5	8.5	1.2	3.3	2.3	20.1	2.7	0.9	8.9	0.2	100.0	5,010
Some secondary+	8.0	37.7	0.1	3.3	7.2	8.0	9.6	21.9	0.8	0.3	2.9	0.2	100.0	4,715
Total	4.4	42.0	0.3	7.4	2.6	4.0	3.7	17.9	3.6	1.0	12.7	0.3	100.0	16,983

TBA = Traditional birth attendant

received in these facilities is limited (7 percent and less than 1 percent, respectively). In urban areas, more than half of mothers seek private services for antenatal care, compared with 19 percent in the rural areas. Obtaining antenatal care through private facilities is more common among better educated women—47 percent of mothers with some secondary education, compared with 11 percent of women with no education.

Table 10.2.2 shows provincial variations in place of antenatal care. In most provinces, public health centers are the most common source of antenatal care; however, in DKI Jakarta and North Sumatra, private midwives are the main source. Government hospitals are particularly popular in North Sulawesi (17 percent) and in Central Sulawesi, South Sulawesi, and East Timor (10 percent or higher).

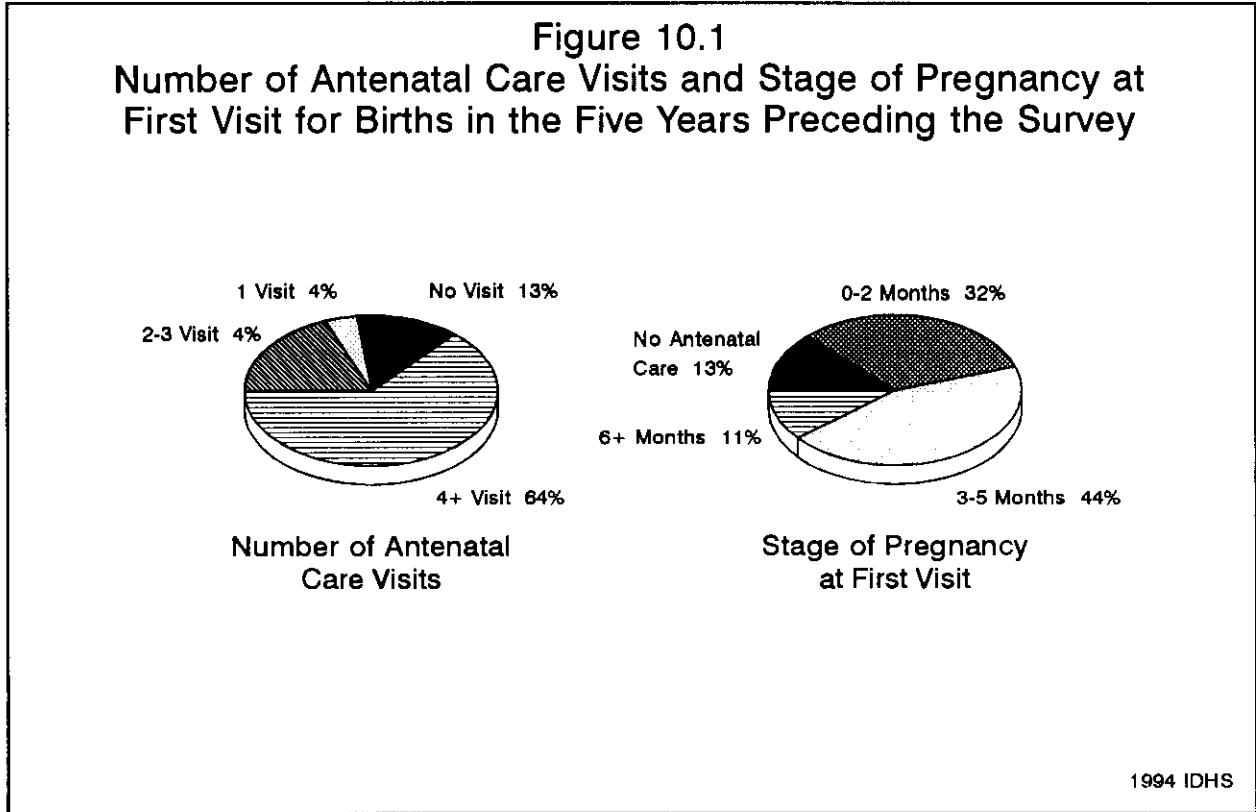
Table 10.2.2 Place of antenatal care: region and province

Percent distribution of live births in the five years preceding the survey by place of antenatal care (ANC) during pregnancy, according to region and province, Indonesia 1994

Region and province	Place of antenatal care												Total	Number of births
	Government				Private									
	Hospital	Health center	Delivery post	Health post	Hospital	Family planning clinic	Doctor	Mid-wife	TBA visit	Other	No one	Missing		
Java-Bali	3.2	44.2	0.5	6.6	2.7	3.7	4.4	21.1	2.5	0.9	10.0	0.3	100.0	9,678
DKI Jakarta	7.1	24.0	0.0	0.1	12.0	6.5	8.2	39.7	0.9	0.0	1.6	0.0	100.0	618
West Java	4.2	34.3	0.0	9.3	1.8	3.6	3.4	25.8	4.2	2.0	11.2	0.3	100.0	3,675
Central Java	1.3	56.7	1.2	5.3	1.3	2.4	5.1	16.8	0.9	0.1	8.4	0.5	100.0	2,599
DI Yogyakarta	7.5	59.0	0.0	2.7	3.3	3.4	7.3	14.9	0.0	0.0	1.9	0.0	100.0	182
East Java	2.4	50.3	0.6	6.2	3.2	4.7	3.9	12.7	2.5	0.6	12.8	0.0	100.0	2,393
Bali	2.5	41.6	0.0	1.5	1.1	1.0	5.7	37.9	0.3	0.6	7.4	0.1	100.0	210
Outer Java-Bali I	6.0	38.9	0.2	7.0	2.2	5.6	3.0	16.7	5.0	0.9	14.1	0.3	100.0	5,073
Dista Aceh	2.7	35.0	0.0	3.9	1.8	7.3	3.5	16.1	0.4	0.7	28.2	0.4	100.0	374
North Sumatra	6.2	24.4	0.2	4.1	1.2	12.2	3.6	27.9	6.8	1.5	11.4	0.4	100.0	1,298
West Sumatra	6.3	39.8	0.2	4.5	3.6	2.7	5.1	27.2	6.5	0.5	3.4	0.3	100.0	366
South Sumatra	6.3	39.3	0.0	8.0	1.1	4.9	3.7	17.8	8.3	0.9	9.3	0.4	100.0	563
Lampung	1.3	47.0	0.0	9.8	0.8	4.2	0.9	19.6	6.6	0.5	9.2	0.0	100.0	563
West Nusa Tenggara	1.4	44.8	0.5	19.2	0.8	0.9	1.1	1.3	3.5	1.2	25.1	0.2	100.0	399
West Kalimantan	4.4	52.5	0.0	8.1	3.2	3.4	1.9	4.3	1.2	0.7	20.0	0.4	100.0	380
South Kalimantan	3.7	45.2	0.0	5.4	0.9	3.3	3.1	14.9	7.8	1.7	14.0	0.0	100.0	225
North Sulawesi	17.3	50.2	0.8	9.9	3.7	1.7	5.2	4.2	0.2	0.0	6.5	0.4	100.0	203
South Sulawesi	12.1	44.9	0.1	4.6	5.7	1.4	2.6	7.0	3.0	0.1	17.7	0.7	100.0	701
Outer Java-Bali II	5.8	39.6	0.1	11.5	3.0	2.0	2.5	7.1	5.4	1.6	21.1	0.3	100.0	2,233
Riau	5.6	38.9	0.0	6.2	2.9	2.4	3.7	17.8	8.5	0.6	13.1	0.2	100.0	389
Jambi	6.3	39.4	0.0	4.2	1.8	4.0	2.3	12.2	14.8	1.0	13.6	0.2	100.0	207
Bengkulu	3.4	29.3	0.2	18.0	0.2	1.3	2.2	18.9	6.7	1.7	18.2	0.1	100.0	138
East Nusa Tenggara	3.8	33.6	0.2	22.1	3.1	4.0	0.8	0.6	1.6	1.8	28.2	0.2	100.0	361
East Timor	11.1	29.4	0.6	4.7	0.5	1.6	0.3	0.5	0.3	1.1	49.4	0.4	100.0	123
Central Kalimantan	0.7	59.4	0.0	1.9	1.6	0.5	0.0	3.8	3.9	0.7	26.2	1.3	100.0	126
East Kalimantan	4.5	47.6	0.0	9.7	8.4	2.6	7.0	4.8	3.7	0.5	11.1	0.2	100.0	215
Central Sulawesi	10.2	42.0	0.0	8.0	0.8	0.4	1.3	2.8	3.7	3.4	26.2	1.1	100.0	166
Southeast Sulawesi	5.7	49.4	0.0	18.3	0.5	0.0	2.6	2.7	9.3	5.7	5.9	0.0	100.0	149
Maluku	7.1	33.1	0.0	8.4	7.8	0.0	2.8	5.1	3.1	1.7	30.6	0.2	100.0	190
Irian Jaya	7.5	41.3	1.0	20.6	1.0	1.4	2.3	0.4	0.9	0.9	22.5	0.2	100.0	167
Total	4.4	42.0	0.3	7.4	2.6	4.0	3.7	17.9	3.6	1.0	12.7	0.3	100.0	16,983

TBA = Traditional birth attendant

The Indonesian maternal health program recommends that pregnant women have at least four antenatal care visits during pregnancy, according to the following schedule: one visit in the first trimester, one visit in the second trimester, and two visits in the third trimester. Table 10.3 shows that the median number of antenatal care visits was 6.2, well above the recommended number. Sixty-three percent of births were to mothers who had four or more antenatal care visits (see Figure 10.1).



In addition to the 13 percent of births to mothers had no antenatal care, 75 percent were to mothers who had their first antenatal care in the first or second trimester, and 12 percent were to mothers who had their first antenatal visit in the third trimester. The median number of months at the first antenatal visit is 3.5, which means that 50 percent of pregnant women had their first antenatal care earlier than 3.5 months of pregnancy. Column 2 in Table 10.3 gives the same information for women who obtained their antenatal care from a medical professional (doctor, nurse, or midwife).

Table 10.3 Number of antenatal care visits and stage of pregnancy

Percent distribution of live births in the five years preceding the survey by number of antenatal care (ANC) visits, and by the stage of pregnancy at the time of the first visit, according to type of antenatal care, Indonesia 1994

Antenatal care indicator	Any antenatal care	Any antenatal care from a medical professional ¹
Number of ANC visits		
0	12.7	17.7
1	4.3	3.7
2-3	19.2	17.0
4-6	26.6	25.2
7-9	21.0	20.6
10+	15.5	15.4
Don't know/missing	0.8	0.4
Total	100.0	100.0
Median	6.2	6.1
Number of months pregnant at time of first ANC visit		
No antenatal care	12.7	17.7
0-2 months	31.8	30.9
3-5 months	43.5	40.8
6+ months	11.5	10.3
Don't know/missing	0.5	0.2
Total	100.0	100.0
Median	3.5	3.4
Number of births	16,983	16,983

¹ Medical professional includes doctor, nurse, and midwife.

10.3 Tetanus Toxoid Vaccination

Immunization of pregnant women is a coordinated activity of the Expanded Program on Immunization (EPI) and the maternal and child health care (MCH) units of the Ministry of Health, which recommends that women receive two tetanus toxoid injections during the first pregnancy. Booster injections are given once during each subsequent pregnancy to maintain full protection. In recent years, tetanus toxoid immunization was also given to women before marriage, so that any pregnancy occurring within three years of the wedding would be protected against tetanus. Antenatal cards, on which tetanus toxoid immunizations are recorded, are distributed to every pregnant woman.

Of 16,983 live births in the five years preceding the survey, 43 percent were to mothers who received antenatal cards (KMS) (see Table 10.4.1). Antenatal card coverage is higher in urban areas than in rural areas (57 percent, compared with 38 percent). Women in Java-Bali are more likely to have an antenatal card than women in the Outer Islands (49 percent, compared with 35 percent or less). The percentage of mothers with antenatal cards is higher among those with higher education.

Table 10.4.1 Tetanus toxoid vaccinations: background characteristics

Percent distribution of live births in the five years preceding the survey by number of tetanus toxoid injections received by mothers during pregnancy, according to background characteristics, Indonesia 1994

Background characteristic	Number of tetanus toxoid injections				Total	Number of births	Percent with antenatal card
	None	One dose	Two doses or more	Don't know/ Missing			
Mother's age at birth							
< 20	32.1	17.3	50.3	0.3	100.0	2,374	45.9
20-24	29.3	16.2	52.9	1.6	100.0	4,855	46.7
25-29	33.0	16.5	49.2	1.2	100.0	4,645	42.8
30-34	34.6	16.6	47.4	1.3	100.0	3,057	42.6
35+	43.9	16.0	38.5	1.6	100.0	2,052	33.4
Birth order							
1	25.3	17.4	55.8	1.5	100.0	4,930	49.8
2-3	30.3	16.9	51.6	1.3	100.0	6,726	47.1
4-6	41.0	15.3	42.7	1.0	100.0	3,861	35.3
7+	55.2	15.0	28.7	1.1	100.0	1,466	23.7
Residence							
Urban	20.9	19.1	58.4	1.7	100.0	4,646	56.9
Rural	38.2	15.5	45.2	1.1	100.0	12,337	38.0
Region/Residence							
Java-Bali	26.8	17.2	55.0	1.1	100.0	9,678	49.2
Urban	17.9	19.2	61.5	1.4	100.0	3,184	61.2
Rural	31.2	16.2	51.8	0.9	100.0	6,494	43.4
Outer Java-Bali I	42.4	16.2	39.9	1.6	100.0	5,073	35.4
Urban	29.4	18.9	49.2	2.5	100.0	995	46.4
Rural	45.5	15.5	37.6	1.3	100.0	4,077	32.7
Outer Java-Bali II	41.9	14.3	42.4	1.3	100.0	2,233	34.4
Urban	23.0	18.5	56.5	2.0	100.0	467	49.7
Rural	46.9	13.2	38.7	1.1	100.0	1,766	30.4
Mother's education							
No education	58.6	14.4	25.4	1.7	100.0	2,012	21.7
Some primary	41.3	15.9	41.9	0.8	100.0	5,246	36.1
Completed primary	27.9	15.7	55.6	0.9	100.0	5,010	46.3
Some secondary+	19.8	18.9	59.3	1.9	100.0	4,715	56.8
All births	33.4	16.5	48.8	1.3	100.0	16,983	43.2

Because less than half of mothers have antenatal cards, tetanus toxoid immunization coverage cannot be estimated from cards alone. Respondents' recall is used to supplement information on immunization status. As a result, the proportion of births that are fully protected against tetanus may be underestimated. In addition, some women may have received tetanus toxoid immunization before marriage or during a previous pregnancy, so they might not need another injection or a booster immunization. On the other hand, women may incorrectly report other types of injections as tetanus, which will overestimate the level of immunization coverage. It is difficult to evaluate the extent to which each of these biases exist in the DHS data. Therefore, the information on tetanus immunization should be regarded as an approximate indicator of the level of coverage.

Overall, 49 percent of births in the five years before the survey were to mothers who received two or more tetanus toxoid injections during the pregnancy, 17 percent were to mothers who received one injection, and 33 percent were to mothers who received no injection. The percentage of mothers with no tetanus toxoid injection tends to increase as the mother's age and the birth order increase (see Table 10.4.1). The percentage of unprotected births in rural areas is substantially higher than in urban areas and is higher in the Outer Java-Bali regions (42 percent) than in the Java-Bali region (27 percent). Fifty-nine percent of births to mothers without education never received a tetanus toxoid immunization, compared with 20 percent of births to mothers with some secondary education.

In the five years preceding the survey, the proportion of births for which an antenatal card was presented varies significantly by province (see Table 10.4.2), from 17 percent in East Timor to 61 percent in Bali. Tetanus toxoid injection coverage also varies among provinces. While only 10 percent of births in DI Yogyakarta were to women who did not receive this injection, the proportion in Dista Aceh, West Nusa Tenggara, Riau, and East Timor is 50 percent or higher.

Table 10.4.2 Tetanus toxoid vaccinations: region and province

Percent distribution of live births in the five years preceding the survey by number of tetanus toxoid injections received by mothers during pregnancy, according to region and province, Indonesia 1994

Region and province	Number of tetanus toxoid injections				Total	Number of births	Percent with antenatal card
	None	One dose	Two doses or more	Don't know/ Missing			
Java-Bali	26.8	17.2	55.0	1.1	100.0	9,678	49.2
DKI Jakarta	25.6	17.5	55.8	1.1	100.0	618	59.8
West Java	27.4	17.2	53.9	1.5	100.0	3,675	54.0
Central Java	20.2	16.1	63.0	0.7	100.0	2,599	42.1
DI Yogyakarta	10.0	21.6	66.8	1.6	100.0	182	48.0
East Java	35.8	17.4	46.0	0.8	100.0	2,393	46.0
Bali	13.1	23.4	63.2	0.3	100.0	210	60.7
Outer Java-Bali I	42.4	16.2	39.9	1.6	100.0	5,073	35.4
Dista Aceh	52.1	15.6	31.4	0.8	100.0	374	33.3
North Sumatra	49.9	14.8	33.3	2.1	100.0	1,298	22.6
West Sumatra	41.0	15.3	40.9	2.8	100.0	366	32.1
South Sumatra	41.4	16.5	40.2	1.9	100.0	563	35.9
Lampung	34.9	12.2	51.7	1.3	100.0	563	44.8
West Nusa Tenggara	50.8	12.8	35.5	1.0	100.0	399	41.6
West Kalimantan	41.1	13.9	44.3	0.7	100.0	380	39.1
South Kalimantan	38.9	14.4	44.3	2.4	100.0	225	27.1
North Sulawesi	16.6	22.3	59.1	2.0	100.0	203	59.5
South Sulawesi	35.2	24.5	39.7	0.7	100.0	701	44.0
Outer Java-Bali II	41.9	14.3	42.4	1.3	100.0	2,233	34.4
Riau	50.2	12.6	36.1	1.2	100.0	389	29.9
Jambi	48.4	10.8	40.1	0.7	100.0	207	32.1
Bengkulu	41.4	9.3	48.9	0.4	100.0	138	37.1
East Nusa Tenggara	39.3	16.4	44.1	0.3	100.0	361	35.3
East Timor	53.9	7.9	37.4	0.7	100.0	123	16.6
Central Kalimantan	36.4	16.2	45.2	2.3	100.0	126	24.3
East Kalimantan	26.4	18.8	52.8	2.1	100.0	215	46.3
Central Sulawesi	43.4	13.2	41.5	1.8	100.0	166	30.4
Southeast Sulawesi	31.4	12.3	56.2	0.1	100.0	149	47.6
Maluku	49.3	13.3	36.1	1.3	100.0	190	35.3
Irian Jaya	35.5	24.3	35.4	4.8	100.0	167	40.4
Total	33.4	16.5	48.8	1.3	100.0	16,983	43.2

Table 10.5 Iron tablets taken during pregnancy

Percent distribution of women whose last birth occurred in the five years preceding the survey, by the number of iron tablets taken during the pregnancy, according to selected background characteristics, Indonesia 1994

Background characteristic	Number of iron tablets taken during pregnancy							Total	Number of women
	0	1-14	15-29	30-59	60-89	90+	Don't know		
Mother's age at birth									
< 20	28.5	11.7	11.9	20.0	9.4	12.5	6.0	100.0	1,822
20-24	22.6	12.9	11.6	20.8	10.6	14.9	6.5	100.0	3,687
25-29	24.0	12.3	10.3	20.4	9.1	16.9	7.1	100.0	3,641
30-34	27.4	11.6	12.9	19.7	8.6	13.7	6.1	100.0	2,466
35+	35.6	10.4	10.4	17.6	8.1	11.3	6.7	100.0	1,777
Birth order									
1	20.3	10.0	12.5	21.3	11.2	18.0	6.8	100.0	3,716
2-3	22.8	12.8	10.9	20.7	9.8	16.1	6.9	100.0	5,458
4-6	33.3	13.8	11.2	17.5	7.8	10.3	6.0	100.0	3,100
7+	45.3	10.0	10.2	18.8	4.9	5.3	5.5	100.0	1,119
Residence									
Urban	13.5	9.2	9.7	20.7	12.7	25.0	9.2	100.0	3,767
Rural	31.4	13.1	12.0	19.7	8.0	10.3	5.5	100.0	9,626
Region/Residence									
Java-Bali	21.6	12.2	12.1	21.8	10.8	18.1	3.5	100.0	8,019
Urban	12.2	8.5	9.3	21.5	13.5	29.5	5.5	100.0	2,664
Rural	26.2	14.0	13.6	21.9	9.4	12.4	2.5	100.0	5,355
Outer Java-Bali I	32.6	12.9	10.5	17.5	6.8	7.9	11.8	100.0	3,743
Urban	16.6	12.3	11.0	18.6	10.4	11.9	19.2	100.0	750
Rural	36.6	13.1	10.3	17.3	5.9	6.8	9.9	100.0	2,992
Outer Java-Bali II	36.0	8.9	9.6	16.7	7.9	11.3	9.5	100.0	1,632
Urban	16.8	7.7	9.7	19.5	12.1	18.7	15.5	100.0	353
Rural	41.3	9.3	9.6	16.0	6.8	9.2	7.9	100.0	1,278
Mother's education									
No education	52.7	10.8	11.1	12.4	4.6	5.5	3.0	100.0	1,518
Some primary	33.2	14.4	12.2	18.7	7.6	9.0	4.9	100.0	4,090
Completed primary	21.9	12.9	12.4	22.1	10.5	13.6	6.6	100.0	4,072
Some secondary+	13.1	8.8	9.5	22.1	11.8	24.9	9.7	100.0	3,713
Number of months pregnant at first ANC visit									
No antenatal care	93.1	2.4	0.9	1.7	0.3	0.4	1.3	100.0	2,078
0-2	10.0	10.3	9.8	21.4	13.5	26.5	8.5	100.0	4,229
3-5	14.5	14.3	14.6	26.4	10.7	12.6	6.9	100.0	5,688
6+	25.2	22.5	18.7	16.7	4.6	5.6	6.8	100.0	1,383
Place of antenatal care									
Government hospital	14.1	15.2	9.1	18.5	11.2	20.8	11.1	100.0	584
Health center	14.1	14.4	14.3	26.2	10.3	14.4	6.4	100.0	5,850
Delivery post	(16.3)	(19.3)	(28.3)	(28.4)	(2.3)	(2.9)	(2.5)	(100.0)	42
Health post	18.9	18.5	15.2	18.6	7.8	14.9	6.1	100.0	991
Private hospital	10.2	7.5	8.0	17.7	7.0	43.2	6.4	100.0	339
Private FP clinic	7.0	10.4	10.9	24.2	12.8	21.9	12.8	100.0	533
Private doctor	12.4	10.3	7.6	13.7	14.4	30.5	11.0	100.0	510
Private midwife	14.5	12.1	12.9	22.6	13.5	15.9	8.5	100.0	2,473
TBA visit	(94.5)	(1.8)	(1.3)	(1.2)	(0.3)	(0.4)	(0.5)	(100.0)	420
Other	54.5	14.8	12.2	5.3	0.7	4.2	8.2	100.0	132
No one	97.1	1.3	0.3	0.5	0.1	0.0	0.6	100.0	1,492
Total	26.4	12.0	11.4	20.0	9.3	14.4	6.5	100.0	13,393

Note: Totals include women with missing information as to number of months pregnant at first ANC visit and place of antenatal care (ANC). Figures in parentheses are based on 25-49 unweighted cases.
TBA = Traditional birth attendant

10.4 Iron Pills

Anemia during pregnancy is still prevalent in Indonesia. Iron pills are distributed to pregnant women during their antenatal care visits. The maternal health program of the Indonesia Ministry of Health recommends that pregnant women take at least 90 iron pills during their pregnancy. In order to evaluate this program, in the 1994 IDHS, all women who gave birth during the five years before the survey were asked if they had received iron tablets during their most recent pregnancy, and if so, how many they had taken. Among 13,393 women whose last-born child was born in the five years before the survey, only 14 percent took at least 90 iron pills during pregnancy, and 26 percent took none (see Table 10.5). Mothers less than 20 years or 35 years and over, high parity women, and women whose level of education is low are more likely to have not taken any iron pills during pregnancy.

Iron pills are better distributed in urban areas than in rural areas. In the Java-Bali region, 18 percent of last-born children were to mothers who had taken least 90 iron pills during pregnancy, while 22 percent were to mothers who did not take any pills. In the Outer Java-Bali regions, only 11 percent or less of pregnant women had taken 90 or more iron pills during pregnancy, and over 30 percent took none.

Table 10.5 shows that over 90 percent of mothers who received no antenatal care or who received antenatal care from a traditional birth attendant took no iron pills during pregnancy. Among mothers who had their first antenatal care visit in the first trimester, only 10 percent did not take iron pills, compared with 25 percent among those who had their first antenatal care visit in the third trimester. The number of pills taken varies by place of antenatal care. Women who received antenatal care at a private hospital and from a private doctor were much more likely than other women to have taken 90 or more iron pills.

10.5 Place of Delivery

Table 10.6.1 shows that a large proportion of births in Indonesia are delivered at either the mother's home or another home (77 percent) and 5 percent are delivered at the midwife's home. Women less than 20 years are slightly more likely to deliver at home than older women (86 percent, compared with 80 percent). Seventy percent of first births are delivered at home, compared with over 80 percent of fourth or higher births. This implies that a relatively large proportion of high-risk births are delivered at home.

Births in rural areas are twice as likely to be delivered at home as those in urban areas (90 percent, compared with 43 percent). There is a slightly higher percentage of home deliveries in the Outer Java-Bali regions (79 percent or more) than in Java-Bali (74 percent). Births to mothers who have no education are twice as likely to be delivered at home as births to mothers who have some secondary education (94 percent and 49 percent, respectively).

Of the 23 percent of births that occur in health facilities, approximately equal proportions are delivered in government hospitals, midwives' homes, and private hospitals or clinics (roughly 5 percent of births). The utilization of private hospitals or private clinics for delivery is considerably higher in urban than rural areas. It is also higher for first through third births, and among births to mothers with secondary education.

Significant variations are found in the place of delivery by province (see Table 10.6.2). A majority of births are delivered at home in all provinces except DKI Jakarta and Bali, where the majority are delivered in a health facility. In DKI Jakarta, one in five births takes place at the respondent's home or someone else's home, one in three births occurs in a private midwife's home, and 30 percent are born in hospitals. It is interesting to note that the proportion of births delivered in a private midwife's home is 20 percent or more in Bali, West Sumatra, and DKI Jakarta, while the role of the hospital (whether public or private) is important in DKI Jakarta, DI Yogyakarta, Bali, North Sulawesi, South Sulawesi, and East Kalimantan.

Table 10.6.1 Place of delivery: background characteristics

Percent distribution of live births in the five years preceding the survey by place of delivery, according to selected background characteristics, Indonesia 1994

Background characteristic	Place of delivery										Total	Number of births
	Respondent's home	Other home	Mid-wife's home	Government			Private			Missing		
				Hospital	Health center	Delivery post	Hospital	Clinic	Other private			
Mother's age at birth												
< 20	72.7	13.6	4.1	2.8	1.8	0.0	2.0	2.8	0.1	0.0	100.0	2,374
20-24	68.7	7.3	6.0	5.5	2.6	0.1	4.0	5.1	0.2	0.3	100.0	4,855
25-29	66.4	5.3	6.2	7.4	2.2	0.1	6.5	5.6	0.3	0.1	100.0	4,645
30-34	73.6	2.6	5.0	5.4	1.7	0.0	6.4	4.5	0.1	0.5	100.0	3,057
35+	78.1	2.1	4.4	6.0	1.2	0.2	4.1	3.4	0.1	0.4	100.0	2,052
Birth order												
1	60.2	9.8	6.4	8.2	2.4	0.0	6.6	5.7	0.3	0.2	100.0	4,930
2-3	69.2	5.8	6.0	5.6	2.5	0.1	5.4	5.0	0.1	0.3	100.0	6,726
4-6	80.5	3.6	4.0	3.9	1.3	0.0	2.9	3.2	0.1	0.4	100.0	3,861
7+	86.6	2.2	3.0	2.3	0.5	0.2	1.9	2.9	0.0	0.3	100.0	1,466
Residence												
Urban	37.6	5.5	13.9	12.5	4.1	0.2	13.4	12.2	0.3	0.2	100.0	4,646
Rural	83.1	6.4	2.2	3.1	1.3	0.0	1.6	1.7	0.1	0.3	100.0	12,337
Region/Residence												
Java-Bali	67.7	6.7	7.6	4.9	2.3	0.1	5.7	4.6	0.2	0.3	100.0	9,678
Urban	36.1	5.5	17.8	10.2	4.9	0.2	13.9	10.8	0.5	0.1	100.0	3,184
Rural	83.2	7.3	2.6	2.3	1.1	0.0	1.6	1.5	0.1	0.3	100.0	6,494
Outer Java-Bali I	73.2	5.6	3.1	6.5	1.8	0.1	3.9	5.4	0.1	0.3	100.0	5,073
Urban	40.5	6.0	5.0	16.5	2.5	0.0	11.9	17.3	0.1	0.2	100.0	995
Rural	81.2	5.5	2.6	4.1	1.7	0.1	1.9	2.5	0.1	0.3	100.0	4,077
Outer Java-Bali II	77.8	5.4	1.5	7.1	1.3	0.0	3.6	2.9	0.2	0.3	100.0	2,233
Urban	42.0	4.4	6.3	19.8	2.3	0.0	13.4	11.2	0.1	0.5	100.0	467
Rural	87.2	5.6	0.2	3.7	1.0	0.0	1.0	0.7	0.2	0.2	100.0	1,766
Mother's education												
No education	88.3	5.2	1.7	1.5	1.0	0.2	0.5	0.5	0.1	0.8	100.0	2,012
Some primary	83.5	6.0	2.8	2.1	1.3	0.1	1.6	2.2	0.1	0.2	100.0	5,246
Completed primary	76.2	6.9	5.8	3.4	2.3	0.0	1.9	3.2	0.1	0.2	100.0	5,010
Some secondary+	43.0	6.1	9.6	13.9	3.0	0.0	13.4	10.5	0.3	0.1	100.0	4,715
Number of antenatal care visits												
0	90.6	6.6	0.3	0.4	0.0	0.1	0.4	0.1	0.1	1.3	100.0	3,009
1-3	83.5	7.6	1.4	2.8	1.1	0.1	0.9	2.4	0.1	0.1	100.0	3,515
4+	60.6	5.6	8.2	8.2	2.9	0.0	7.5	6.7	0.2	0.0	100.0	10,385
Total	70.6	6.2	5.4	5.7	2.1	0.1	4.9	4.6	0.2	0.3	100.0	16,983

Note: Total includes 75 births for which the number of antenatal care visits is missing.

Table 10.6.2 Place of delivery: region and province

Percent distribution of live births in the five years preceding the survey by place of delivery, according to region and province, Indonesia 1994

Background characteristic	Place of delivery										Total	Number of births
	Government						Private					
	Respond-ent's home	Other home	Mid-wife's home	Hos-pital	Health center	Deliv-ery post	Hos-pital	Clinic	Other private	Miss-ing		
Java-Bali	67.7	6.7	7.6	4.9	2.3	0.1	5.7	4.6	0.2	0.3	100.0	9,678
DKI Jakarta	16.3	3.5	32.7	12.6	7.9	0.1	16.3	8.7	1.8	0.0	100.0	618
West Java	69.2	11.5	6.2	3.4	1.2	0.0	3.7	4.5	0.0	0.3	100.0	3,675
Central Java	77.7	3.3	3.1	4.2	1.6	0.3	4.7	4.5	0.0	0.6	100.0	2,599
DI Yogyakarta	54.4	4.3	8.0	8.4	4.7	0.0	10.8	9.4	0.0	0.0	100.0	182
East Java	71.5	3.7	6.6	4.8	2.9	0.0	6.6	3.6	0.3	0.0	100.0	2,393
Bali	35.0	9.0	25.4	15.9	6.8	0.0	5.1	2.3	0.3	0.1	100.0	210
Outer Java-Bali I	73.2	5.6	3.1	6.5	1.8	0.1	3.9	5.4	0.1	0.3	100.0	5,073
Dista Aceh	85.2	3.9	0.5	4.8	0.8	0.0	0.7	3.6	0.0	0.4	100.0	374
North Sumatra	70.1	7.8	2.6	6.3	0.7	0.2	3.7	8.3	0.0	0.3	100.0	1,298
West Sumatra	48.9	4.2	20.2	8.8	6.6	0.0	4.7	5.1	0.8	0.6	100.0	366
South Sumatra	68.8	4.8	4.2	7.3	0.4	0.0	4.4	9.7	0.0	0.4	100.0	563
Lampung	83.6	3.2	2.6	2.7	0.7	0.2	1.5	5.5	0.0	0.0	100.0	563
West Nusa Tenggara	87.1	4.0	0.2	4.1	2.0	0.0	1.1	1.2	0.2	0.0	100.0	399
West Kalimantan	76.7	5.8	0.0	6.5	0.6	0.0	6.0	3.8	0.2	0.4	100.0	380
South Kalimantan	86.3	3.9	0.1	5.8	0.3	0.0	1.6	1.9	0.0	0.0	100.0	225
North Sulawesi	63.0	10.9	1.0	12.7	4.0	0.6	3.8	3.5	0.2	0.2	100.0	203
South Sulawesi	69.2	5.7	0.5	9.0	4.4	0.0	8.3	2.5	0.1	0.3	100.0	701
Outer Java-Bali II	77.8	5.4	1.5	7.1	1.3	0.0	3.6	2.9	0.2	0.3	100.0	2,233
Riau	68.3	5.7	3.7	6.2	1.1	0.0	4.9	9.7	0.0	0.2	100.0	389
Jambi	77.5	3.1	0.8	7.1	3.7	0.0	2.7	4.7	0.1	0.2	100.0	207
Bengkulu	82.9	8.4	0.1	3.5	0.0	0.0	0.5	1.4	1.7	0.1	100.0	138
East Nusa Tenggara	83.4	6.0	0.0	5.1	0.6	0.0	3.5	1.0	0.0	0.2	100.0	361
East Timor	89.4	0.7	0.0	7.0	0.9	0.0	0.4	1.3	0.0	0.2	100.0	123
Central Kalimantan	89.3	4.7	0.0	3.2	0.0	0.0	0.8	0.7	0.0	1.3	100.0	126
East Kalimantan	56.3	8.7	7.2	11.9	1.0	0.0	11.2	3.2	0.4	0.2	100.0	215
Central Sulawesi	75.0	13.6	0.3	8.5	0.4	0.0	1.5	0.0	0.2	0.6	100.0	166
Southeast Sulawesi	91.3	3.1	0.0	4.5	0.2	0.0	0.8	0.1	0.0	0.0	100.0	149
Maluku	87.0	1.3	0.0	5.2	0.2	0.0	5.8	0.1	0.0	0.4	100.0	190
Irian Jaya	74.2	1.7	0.4	15.8	6.0	0.0	1.1	0.8	0.1	0.0	100.0	167
Total	70.6	6.2	5.4	5.7	2.1	0.1	4.9	4.6	0.2	0.3	100.0	16,983

10.6 Assistance during Delivery

In the survey, respondents were asked about all of the persons assisting during the delivery. If more than one delivery attendant was present, only the *least* qualified attendant was recorded, since the person was usually the first choice to assist during delivery. Only complicated cases are referred to the more qualified attendants.

Table 10.7.1 shows that most births (60 percent) are assisted by a traditional birth attendant; 34 percent are assisted by a midwife. Deliveries to mothers under age 20 and those 35 years and over are more

Table 10.7.1 Assistance during delivery: background characteristics

Percent distribution of live births in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, Indonesia 1994

Background characteristic	Assistance during delivery ¹						Total	Number of births
	Doctor	Midwife	Traditional birth attendant	Relative	Other	No one		
Mother's age at birth								
< 20	1.2	22.2	74.0	2.4	0.2	0.1	100.0	2,374
20-24	2.2	34.6	59.7	3.0	0.3	0.2	100.0	4,855
25-29	3.4	40.3	51.7	3.7	0.4	0.4	100.0	4,645
30-34	3.8	34.5	57.0	3.1	0.8	0.7	100.0	3,057
35+	2.5	29.2	63.5	3.4	0.7	0.7	100.0	2,052
Birth order								
1	3.7	39.1	54.8	2.1	0.3	0.0	100.0	4,930
2-3	2.9	36.3	57.4	3.0	0.4	0.1	100.0	6,726
4-6	1.9	27.3	64.9	4.3	0.7	0.9	100.0	3,861
7+	0.8	21.4	70.8	5.2	0.6	1.2	100.0	1,466
Residence								
Urban	7.3	66.3	25.2	0.9	0.2	0.1	100.0	4,646
Rural	1.0	21.5	72.4	4.0	0.6	0.5	100.0	12,337
Region/Residence								
Java-Bali	3.1	31.0	64.9	0.6	0.3	0.1	100.0	9,678
Urban	7.9	62.5	28.9	0.6	0.1	0.0	100.0	3,184
Rural	0.8	15.5	82.5	0.6	0.4	0.2	100.0	6,494
Outer Java-Bali I	2.3	41.5	51.1	3.8	0.7	0.5	100.0	5,073
Urban	5.9	77.1	16.0	0.8	0.1	0.1	100.0	995
Rural	1.4	32.9	59.6	4.6	0.9	0.6	100.0	4,077
Outer Java-Bali II	1.8	28.2	55.3	12.9	0.6	1.2	100.0	2,233
Urban	6.3	69.0	19.7	3.9	0.8	0.3	100.0	467
Rural	0.6	17.4	64.8	15.3	0.6	1.4	100.0	1,766
Mother's education								
No education	0.7	8.8	80.0	8.7	0.8	1.0	100.0	2,012
Some primary	0.9	20.3	74.3	3.6	0.2	0.6	100.0	5,246
Completed primary	1.2	29.1	66.4	2.5	0.5	0.2	100.0	5,010
Some secondary+	7.2	64.3	26.8	1.1	0.5	0.1	100.0	4,715
Number of antenatal care visits								
0	0.2	5.9	82.7	8.6	1.3	1.3	100.0	3,009
1-3	0.8	21.2	72.9	4.4	0.4	0.3	100.0	3,515
4+	4.1	46.0	48.3	1.2	0.2	0.1	100.0	10,385
Total	2.7	33.8	59.5	3.2	0.4	0.4	100.0	16,983

Note: Total includes 75 births for which the number of antenatal care visits is missing.

¹ If the respondent mentioned more than one attendant, only the *least* qualified attendant was considered (see text for explanation).

likely than those to mothers age 20-34 to be assisted by a traditional birth attendant (74 percent and 64 percent, respectively), despite the fact that these births are known to have a higher risk of negative pregnancy outcome and should, therefore, have more highly trained delivery assistance. Similarly, seventh and higher births are more likely to be assisted by traditional birth attendants (71 percent) or relatives (5 percent) than lower-order births.

Use of traditional birth attendants is much higher among mothers with no education than among those with some secondary education (80 percent, compared with 27 percent). More than 80 percent of births to women who had no antenatal care are assisted by a traditional birth attendant.

In urban areas, most deliveries are assisted by a midwife (66 percent), while in rural areas more mothers were assisted by traditional birth attendants (72 percent). In the Java-Bali region, 65 percent of births are assisted by a traditional birth attendant and 34 percent by a medical professional (doctor or midwife). More than half of deliveries in the Outer Java-Bali I region were assisted by a traditional birth attendant and 44 percent by a medical professional, but in the Outer Java-Bali II region, 55 percent of births are assisted by a traditional birth attendant, 13 percent by relatives, and 30 percent by a medical professional. Deliveries assisted by relatives (especially elderly relatives or friends) may involve higher mortality and more risk than those assisted by a traditional birth attendant because relatives generally have no training and are less experienced in assisting delivery than traditional birth attendants.

Over 70 percent of deliveries in West Java, Central Java, Lampung, Southeast Sulawesi, West Nusa Tenggara, and Maluku are assisted by a traditional birth attendant (see Table 10.7.2). Some provinces may need special attention due to the high proportion of deliveries assisted by relatives. These provinces are Bengkulu (11 percent), South Sulawesi (12 percent), Central Sulawesi (17 percent), East Nusa Tenggara (22 percent), Irian Jaya (34 percent), and East Timor (67 percent).

Table 10.7.2 Assistance during delivery: region and province

Percent distribution of live births in the five years preceding the survey by type of assistance during delivery, according to region and province, Indonesia 1994

Region and province	Assistance during delivery ¹						Total	Number of births
	Doctor	Midwife	Traditional birth attendant	Relative	Other	No one		
Java-Bali	3.1	31.0	64.9	0.6	0.3	0.1	100.0	9,678
DKI Jakarta	9.4	76.9	12.6	0.5	0.3	0.2	100.0	618
West Java	3.1	23.9	72.7	0.2	0.1	0.0	100.0	3,675
Central Java	2.2	25.0	71.5	0.3	0.7	0.1	100.0	2,599
DI Yogyakarta	0.5	47.1	52.4	0.0	0.0	0.0	100.0	182
East Java	2.8	32.0	64.0	0.8	0.0	0.4	100.0	2,393
Bali	3.2	67.7	19.6	8.7	0.8	0.1	100.0	210
Outer Java-Bali I	2.3	41.5	51.1	3.8	0.7	0.5	100.0	5,073
Dista Aceh	2.4	38.9	55.8	2.2	0.4	0.3	100.0	374
North Sumatra	3.6	56.7	32.7	4.7	1.4	0.9	100.0	1,298
West Sumatra	3.2	67.0	28.4	0.9	0.5	0.0	100.0	366
South Sumatra	2.7	46.1	46.6	2.8	1.0	0.5	100.0	563
Lampung	0.6	27.5	71.0	0.7	0.2	0.0	100.0	563
West Nusa Tenggara	1.8	11.4	84.4	2.4	0.0	0.1	100.0	399
West Kalimantan	1.4	28.9	67.8	1.2	0.6	0.0	100.0	380
South Kalimantan	0.6	35.1	63.7	0.3	0.0	0.2	100.0	225
North Sulawesi	3.1	39.9	55.0	1.0	1.0	0.0	100.0	203
South Sulawesi	1.5	35.9	48.7	12.1	0.6	1.1	100.0	701
Outer Java-Bali II	1.8	28.2	55.3	12.9	0.6	1.2	100.0	2,233
Riau	1.9	41.7	54.5	1.5	0.3	0.2	100.0	389
Jambi	5.9	28.9	63.1	1.7	0.4	0.0	100.0	207
Bengkulu	0.8	29.4	58.0	10.5	0.4	0.9	100.0	138
East Nusa Tenggara	0.4	16.4	58.2	21.6	0.6	2.9	100.0	361
East Timor	1.5	15.3	8.5	67.4	2.0	5.2	100.0	123
Central Kalimantan	0.5	29.2	65.4	3.7	1.2	0.0	100.0	126
East Kalimantan	3.5	48.9	44.5	2.6	0.5	0.0	100.0	215
Central Sulawesi	1.7	17.6	62.7	16.7	0.5	0.4	100.0	166
Southeast Sulawesi	0.9	14.7	82.0	1.4	0.5	0.6	100.0	149
Maluku	1.0	21.2	73.1	3.0	0.5	1.0	100.0	190
Irian Jaya	1.2	32.8	28.9	34.1	0.7	2.3	100.0	167
Total	2.7	33.8	59.5	3.2	0.4	0.4	100.0	16,983

Note: Total includes 75 births for which the number of antenatal care visits is missing.

¹ If the respondent mentioned more than one attendant, only the *least* qualified attendant was considered (see text for explanation).

10.7 Delivery Characteristics

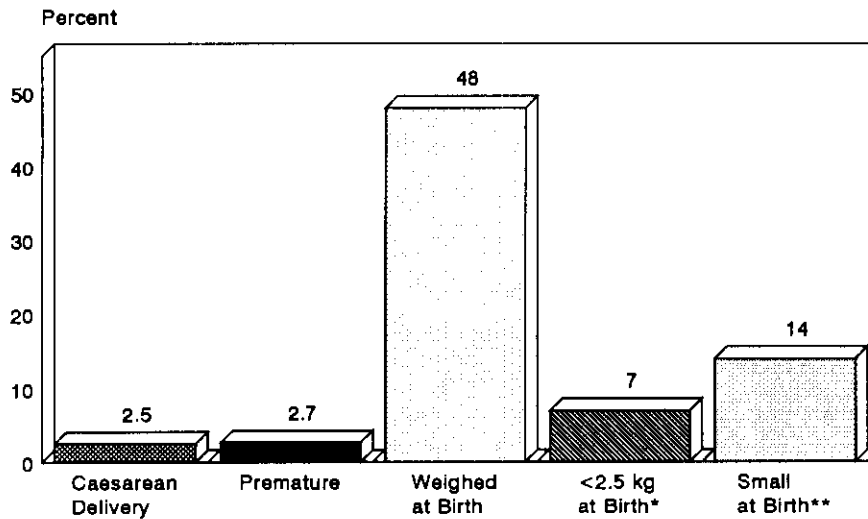
In Indonesia, caesarean sections generally are performed only for certain medical indications and to terminate complicated deliveries. According to the 1994 IDHS, only 3 percent of births were reported as delivered by a caesarean operation (see Table 10.8.1 and Figure 10.2). This percentage is slightly higher among first births (3 percent) and among mothers with some secondary education (4 percent). Caesarean sections are more common in the urban areas (5 percent) than in the rural areas (2 percent).

Table 10.8.1 Delivery characteristics: background characteristics

Among births in the five years preceding the survey, the percentage of deliveries by caesarean section, the percentage of premature births, and the percent distribution by birth weight and by the mother's estimate of baby's size at birth, according to background characteristics, Indonesia 1994

Background characteristic	Delivery by C-section	Pre-mature birth	Birth weight			Size of child at birth				Total	Number of births
			Less than 2.5 kg	2.5 kg or more	Don't know/ Missing	Very small	Smaller than average	Average or larger	Don't know/ Missing		
Mother's age at birth											
<20	1.9	4.9	10.4	89.6	58.3	2.1	16.2	80.1	1.5	100.0	2,374
20-24	2.1	2.2	8.2	91.8	49.2	1.4	12.1	84.9	1.6	100.0	4,855
25-29	3.1	3.0	5.6	94.4	46.8	1.5	11.3	85.4	1.7	100.0	4,645
30-34	2.2	1.3	5.6	94.4	52.3	1.0	10.8	86.3	2.0	100.0	3,057
35+	3.1	2.7	6.9	93.1	58.6	1.7	13.2	82.8	2.3	100.0	2,052
Birth order											
1	3.4	4.0	8.0	92.0	43.2	1.9	13.3	83.3	1.5	100.0	4,930
2-3	2.5	2.3	6.4	93.6	48.6	1.2	11.3	85.8	1.7	100.0	6,726
4-6	1.8	1.9	5.6	94.4	60.2	1.4	12.2	84.3	2.1	100.0	3,861
7+	1.3	2.0	11.9	88.1	69.6	1.6	14.5	81.6	2.3	100.0	1,466
Residence											
Urban	4.8	4.0	6.8	93.2	17.6	1.6	10.8	86.3	1.3	100.0	4,646
Rural	1.6	2.2	7.3	92.7	64.3	1.4	12.9	83.7	2.0	100.0	12,337
Region/Residence											
Java-Bali	2.4	3.2	7.3	92.7	47.1	1.8	13.0	84.2	1.0	100.0	9,678
Urban	4.6	4.4	7.4	92.6	17.0	1.9	11.4	85.8	0.9	100.0	3,184
Rural	1.4	2.6	7.1	92.9	61.8	1.7	13.8	83.5	1.1	100.0	6,494
Outer Java-Bali I	2.8	2.2	6.1	93.9	54.6	1.0	11.6	85.0	2.4	100.0	5,073
Urban	5.6	3.2	4.9	95.1	16.9	0.7	9.8	88.0	1.6	100.0	995
Rural	2.1	2.0	6.8	93.2	63.8	1.1	12.1	84.3	2.6	100.0	4,077
Outer Java-Bali II	2.1	1.5	8.8	91.2	63.9	1.3	11.4	83.6	3.7	100.0	2,233
Urban	4.3	3.3	7.0	93.0	22.5	1.8	9.2	86.0	3.0	100.0	467
Rural	1.5	1.1	10.3	89.7	74.9	1.1	12.0	83.0	3.9	100.0	1,766
Mother's education											
No education	0.6	1.7	9.4	90.6	82.1	2.5	14.7	80.1	2.6	100.0	2,012
Some primary	1.6	1.8	8.1	91.9	65.4	1.5	12.8	83.8	1.9	100.0	5,246
Completed primary	1.7	2.6	7.3	92.7	51.6	1.1	12.8	84.3	1.8	100.0	5,010
Some secondary+	5.2	4.2	6.2	93.8	23.0	1.4	10.3	86.9	1.3	100.0	4,715
Total	2.5	2.7	7.1	92.9	51.5	1.5	12.4	84.4	1.8	100.0	16,983

Figure 10.2
Delivery Characteristics of Births in
the Five Years Preceding the Survey



* Based on infants weighed at birth
 ** Identified by mother as "very small" or "smaller than average"

1994 IDHS

There are only negligible differences in the percentage of caesarean sections between the Java-Bali and Outer Java-Bali regions. However, in certain provinces, such as DKI Jakarta, Bali, West Sumatra, North Sulawesi, and East Kalimantan, more than 5 percent of births are delivered by caesarean section (see Table 10.8.2).

Since most deliveries are attended by traditional birth attendants at home, birth weights were not reported for 52 percent of births in the 1994 IDHS. This proportion is higher in rural than in urban areas (64 percent and 18 percent, respectively). Among babies who were weighed at birth, 7 percent were under 2.5 kilograms (i.e., low birth weight). The prevalence of low birth weight is 10 percent among children born to mothers less than 20 years. The prevalence of low birth weight fluctuates with birth order: it is 8 percent among first births, declines to 6 percent among second through sixth births, and increases to 12 percent for seventh and higher births.

The prevalence of low birth weight declines slightly as mother's level of education increases; 8 to 9 percent of children born to mothers with less than primary education were low birth weight, compared with 6 percent among those born to mothers with some secondary education.

There is no significant difference in the prevalence of low birth weight between births in rural and urban areas. In the Outer Java-Bali II region, 9 percent of births weighed less than 2.5 kilograms, compared with 6 percent in Outer Java-Bali I, and 7 percent in Java-Bali.

Survey respondents were asked their perception of the size of their newborns. Approximately 14 percent of births were perceived by their mothers as being either *very small* or *smaller than average*. Younger mothers and those with less education are more likely to report that their newborn is smaller than average (see Table 10.8.1).

Table 10.8.2 Delivery characteristics: region and province

Among births in the five years preceding the survey, the percentage of deliveries by caesarean section, the percentage of premature births, and the percent distribution by birth weight and by the mother's estimate of baby's size at birth, according to region and province, Indonesia 1994

Region and province	Delivery by C-section	Pre-mature birth	Birth weight			Size of child at birth				Total	Number of births
			Less than 2.5 kg	2.5 kg or more	Don't know/ Missing	Very small	Smaller than average	Average or larger	Don't know/ Missing		
Java-Bali	2.4	3.2	7.3	92.7	47.1	1.8	13.0	84.2	1.0	100.0	9,678
DKI Jakarta	5.7	3.5	7.3	92.7	8.5	1.5	13.1	83.6	1.9	100.0	618
West Java	2.2	2.6	8.6	91.4	51.8	1.3	18.1	80.2	0.4	100.0	3,675
Central Java	1.7	0.9	4.1	95.9	45.6	1.0	4.8	91.5	2.7	100.0	2,599
DI Yogyakarta	1.9	3.0	5.5	94.5	30.1	1.0	11.4	87.3	0.2	100.0	182
East Java	2.5	6.5	9.3	90.7	54.1	3.5	14.6	81.9	0.0	100.0	2,393
Bali	6.1	4.3	7.4	92.6	29.8	2.1	8.3	89.5	0.1	100.0	210
Outer Java-Bali I	2.8	2.2	6.1	93.9	54.6	1.0	11.6	85.0	2.4	100.0	5,073
Dista Aceh	2.1	1.4	5.1	94.9	73.7	0.7	18.4	79.4	1.5	100.0	374
North Sumatra	3.8	2.0	2.3	97.7	53.8	0.5	10.1	88.3	1.1	100.0	1,298
West Sumatra	6.5	5.3	5.3	94.7	23.8	0.7	10.8	85.4	3.2	100.0	366
South Sumatra	2.4	0.9	6.5	93.5	45.2	0.1	9.4	85.1	5.4	100.0	563
Lampung	0.9	1.6	6.5	93.5	60.7	0.6	9.3	87.1	3.0	100.0	563
West Nusa Tenggara	1.2	3.2	8.1	91.9	58.3	4.3	13.2	81.8	0.7	100.0	399
West Kalimantan	1.9	1.9	6.9	93.1	65.2	0.8	15.2	83.0	0.9	100.0	380
South Kalimantan	1.9	3.4	8.6	91.4	56.1	1.1	12.6	84.5	1.8	100.0	225
North Sulawesi	5.9	4.4	10.0	90.0	57.4	4.2	12.7	76.0	7.1	100.0	203
South Sulawesi	2.2	1.4	10.5	89.5	55.3	0.7	11.4	85.6	2.3	100.0	701
Outer Java-Bali II	2.1	1.5	8.8	91.2	63.9	1.3	11.4	83.6	3.7	100.0	2,233
Riau	3.1	1.5	7.9	92.1	55.1	0.6	8.6	87.0	3.8	100.0	389
Jambi	0.7	1.2	3.6	96.4	57.9	0.4	8.6	90.8	0.2	100.0	207
Bengkulu	0.6	2.1	4.0	96.0	64.1	1.0	9.0	89.4	0.5	100.0	138
East Nusa Tenggara	1.1	0.8	13.1	86.9	71.0	1.1	16.2	77.9	4.7	100.0	361
East Timor	0.9	0.5	2.8	97.2	85.5	1.5	10.3	87.8	0.4	100.0	123
Central Kalimantan	0.8	0.5	12.3	87.7	77.4	0.3	4.4	93.4	1.9	100.0	126
East Kalimantan	5.1	3.5	7.9	92.1	36.0	1.7	12.2	84.4	1.8	100.0	215
Central Sulawesi	1.8	1.3	16.7	83.3	60.6	1.5	17.9	68.7	11.9	100.0	166
Southeast Sulawesi	2.9	1.5	11.1	88.9	74.0	2.0	8.7	80.3	8.9	100.0	149
Maluku	1.6	0.8	6.6	93.4	72.7	1.6	12.6	84.6	1.2	100.0	190
Irian Jaya	2.7	3.2	10.1	89.9	70.5	3.3	12.3	79.6	4.8	100.0	167
Total	2.5	2.7	7.1	92.9	51.5	1.5	12.4	84.4	1.8	100.0	16,983

According to respondents' reports, about 3 percent of births were delivered prematurely. This figure is relatively low considering the actual percentage of low birth weight deliveries and the percentage of newborns reported as small by their mothers.

The prevalence of low birth weight is more than 10 percent in some provinces, such as all of the provinces in Sulawesi, East Nusa Tenggara, Central Kalimantan, and Irian Jaya (see Table 10.8.2).

10.8 Complications of Delivery

Information on all live births in the five years prior to the survey were recorded in the IDHS. To identify complications associated with delivery, respondents were asked about certain signs and symptoms that they had experienced. Table 10.9 shows that of 16,983 live births, 24 percent involved complications.

Prolonged labor was reported for 19 percent of births, while 7 percent were reported to involve excessive bleeding, 4 percent had associated vaginal infection, and 2 percent involved convulsions. There is little difference in the prevalence of delivery complications by the respondent's residence.

The prevalence of delivery complications was 31 percent among deliveries by caesarean section, mostly due to prolonged labor (23 percent) and excessive bleeding (13 percent). Thirty-two percent of births followed by early neonatal deaths involved complications: 25 percent with prolonged labor, 12 percent with excessive bleeding, 12 percent with vaginal infection, and 4 percent with convulsions (see Table 10.9).

Table 10.9 Complications of delivery						
Percentage of live births in the five years preceding the survey for which respondents had complications associated with delivery, by type of complication, residence, and selected medical maternity care indicators, Indonesia 1994						
Medical maternity care indicator	Type of complication					Number of births
	Prolonged labor	Excessive bleeding	Vaginal infection	Convulsions	None	
URBAN						
Antenatal care/ delivery assistance						
Both ANC and DA	20.5	8.5	3.5	1.5	74.1	3,501
ANC only	14.4	4.3	3.3	1.6	83.2	931
DA only	19.1	14.2	5.4	1.2	74.6	50
Neither ANC nor DA	17.3	6.6	7.0	1.0	77.9	164
Caesarean section	21.1	15.1	4.8	1.0	71.0	223
Early neonatal death	33.9	10.8	11.5	2.7	61.6	93
Total	19.1	7.7	3.6	1.5	76.0	4,646
RURAL						
Antenatal care/ delivery assistance						
Both ANC and DA	25.7	8.9	6.1	3.4	68.3	3,057
ANC only	14.9	5.8	3.7	1.8	80.4	6,485
DA only	32.0	18.3	12.7	4.5	61.4	152
Neither ANC nor DA	17.7	8.8	5.4	2.4	76.8	2,643
Caesarean section	25.7	10.8	7.2	6.7	67.2	203
Early neonatal death	22.1	13.0	12.2	4.5	70.8	253
Total	18.4	7.4	4.7	2.4	76.4	12,337
TOTAL						
Antenatal care/ delivery assistance						
Both ANC and DA	22.9	8.7	4.7	2.4	71.4	6,558
ANC only	14.9	5.6	3.6	1.8	80.8	7,416
DA only	28.8	17.3	10.9	3.7	64.7	201
Neither ANC nor DA	17.7	8.6	5.5	2.3	76.9	2,807
Caesarean section	23.3	13.1	6.0	3.7	69.2	426
Early neonatal death	25.3	12.4	12.1	4.0	68.3	346
Total	18.6	7.4	4.4	2.1	76.3	16,983

ANC = Antenatal care (from medical professional)
DA = Delivery assistance (from medical professional)

CHAPTER 11

IMMUNIZATION OF CHILDREN

The Expanded Program of Immunization, launched by the Indonesia Ministry of Health in 1977, recommended that all children should receive immunization against six diseases: tuberculosis (BCG), diphtheria, pertussis, tetanus (DPT), polio, and measles. In the fifth Five-Year Development Plan (1989-90 to 1993-94), efforts to reduce childhood morbidity and mortality by improving the immunization coverage among children have been continued.

Infants who were brought to health centers or to health posts for postnatal care were provided with a health card on which feeding, growth, and immunization information could be recorded. The type and date of vaccinations received were also recorded in a registration book maintained by the field vaccinators. The cards were given to the mothers to monitor the child's health. However, not all of the mothers kept the cards. Further, not all infants received postnatal care; therefore, they never received cards.

In this survey, immunization information was collected for children born in the five years before the survey. For children with a health card, the interviewer asked to see the card, then copied the vaccination dates onto the questionnaire. If the child had never received a health card or if the mother was unable to show the card to the interviewer, the mother was asked questions about the types of immunizations her children received—i.e., BCG, DPT, polio and measles vaccine—and the number of doses of DPT and polio vaccines received.

11.1 Health Cards

Table 11.1.1 shows the percentage of children for whom mothers reported they had a health card and whether or not it was seen by the interviewer. Overall, among children age 12-59 months, 79 percent had been given a health card, but only 24 percent had health cards that were actually seen by the interviewer. Fifty-three percent were reported by their mothers to have cards but these were not seen by the interviewer. The large proportion of children reported to have cards but whose mothers could not show them to the interviewers probably reflects the fact that many cards are held at the health centers or kept by health cadres.

The percentage of children whose mothers could show their health cards declines with increasing age of the child. The decline with age may reflect either an increase in the use of health cards over time or the fact that the health cards of older children are more likely to have been lost or discarded. There is virtually no difference in health card coverage by the sex of the child, although coverage is higher for children of low birth order, urban children, and children of educated women. While 53 percent of children born to mothers with no education have a health card, only 14 percent were able to show it to the survey interviewer (see Figure 11.1). Among children of women with some secondary education 93 percent have a health card and 30 percent were able to show it to the interviewer.

Children in Outer Java-Bali I are less likely to have a health card than children in other regions (see Table 11.1.2). The percentage of children who have a health card varies by province, ranging from 54 percent in Dista Aceh to 95 percent in DI Yogyakarta, while the percentage with cards seen varies from 9 percent in West Nusa Tenggara to 45 percent in DI Yogyakarta. Provinces in which health card coverage is relatively high (90 percent or higher) include DKI Jakarta, DI Yogyakarta, and Bali. However, the percentage of children for whom a health card was issued but was no longer available in the respondent's house is particularly high in DKI Jakarta (8 percent).

Table 11.1.1 Health cards: background characteristics

Among children one to four years of age, the percentage who had a health card that was seen by the interviewer, the percentage who had a health card that was not seen, the percentage who no longer had a health card, and the percentage who never had a health card, by background characteristics, Indonesia 1994

Background characteristic	Card seen	Card not seen	No longer has card	Never had card	Missing	Total	Number of children
Child's age							
12-23 months	38.7	39.5	1.5	20.2	0.1	100.0	3,065
24-35 months	25.5	52.4	2.2	19.7	0.2	100.0	3,352
36-47 months	19.6	55.2	3.1	21.8	0.3	100.0	3,165
48-59 months	12.8	62.5	3.4	21.2	0.2	100.0	3,148
Child's sex							
Male	24.5	51.8	2.8	20.8	0.1	100.0	6,449
Female	23.7	53.2	2.3	20.6	0.2	100.0	6,282
Birth order							
1	29.2	53.2	2.6	14.9	0.1	100.0	3,689
2-3	26.6	54.3	2.1	16.9	0.2	100.0	5,062
4-6	17.9	52.0	3.4	26.6	0.2	100.0	2,917
7+	11.6	42.7	2.3	42.9	0.5	100.0	1,063
Residence							
Urban	29.1	58.8	3.0	9.1	0.1	100.0	3,526
Rural	22.2	50.1	2.4	25.2	0.2	100.0	9,204
Region/Residence							
Java-Bali	27.1	52.1	3.5	17.3	0.1	100.0	7,307
Urban	31.1	58.1	3.9	7.0	0.0	100.0	2,418
Rural	25.1	49.2	3.3	22.4	0.1	100.0	4,889
Outer Java-Bali I	19.0	52.5	1.4	26.7	0.4	100.0	3,766
Urban	24.7	59.7	0.8	14.5	0.3	100.0	755
Rural	17.6	50.7	1.5	29.7	0.4	100.0	3,011
Outer Java-Bali II	22.4	54.0	1.0	22.4	0.2	100.0	1,658
Urban	24.7	61.5	1.7	11.7	0.4	100.0	353
Rural	21.8	52.0	0.9	25.3	0.1	100.0	1,305
Education							
No education	14.0	35.9	2.9	47.0	0.2	100.0	1,513
Some primary	19.9	48.7	3.5	27.6	0.3	100.0	4,014
Completed primary	27.4	55.1	2.1	15.2	0.2	100.0	3,734
Some secondary+	29.8	61.2	1.7	7.2	0.1	100.0	3,469
Total	24.1	52.5	2.5	20.7	0.2	100.0	12,731

The presence of a health card in the child's house is important, because the purpose of having a health card is to enable the mother to monitor the child's growth process and to keep a record of the immunization schedule. In this survey, a large proportion of the health cards issued to children were not seen, possibly because they were being kept at the local health center or at the health post.

Table 11.1.2 Health cards: region and province

Among children one to four years of age, the percentage who had a health card that was seen by the interviewer, the percentage who had a health card that was not seen, the percentage who no longer had a health card, and the percentage who never had a health card, by region and province, Indonesia 1994

Region and province	Card seen	Card not seen	No longer has card	Never had card	Missing	Total	Number of children
Java-Bali	27.1	52.1	3.5	17.3	0.1	100.0	7,307
DKI Jakarta	21.7	64.4	7.6	6.4	0.0	100.0	481
West Java	20.1	51.6	4.0	24.2	0.0	100.0	2,668
Central Java	28.6	55.9	3.1	12.0	0.3	100.0	2,050
DI Yogyakarta	44.6	49.7	1.0	4.7	0.0	100.0	146
East Java	34.7	45.3	2.4	17.6	0.0	100.0	1,806
Bali	36.1	54.4	1.8	7.7	0.0	100.0	155
Outer Java-Bali I	19.0	52.5	1.4	26.7	0.4	100.0	3,766
Dista Aceh	10.9	42.6	0.7	44.9	0.9	100.0	289
North Sumatra	18.9	48.4	0.5	31.9	0.4	100.0	955
West Sumatra	11.2	67.1	1.6	20.0	0.0	100.0	265
South Sumatra	27.8	49.6	1.6	20.5	0.4	100.0	417
Lampung	23.3	55.9	2.2	18.5	0.2	100.0	426
West Nusa Tenggara	8.8	63.4	3.5	23.9	0.3	100.0	283
West Kalimantan	22.3	37.7	2.3	37.3	0.4	100.0	273
South Kalimantan	23.0	55.6	0.4	21.0	0.0	100.0	178
North Sulawesi	19.2	69.3	0.3	10.3	1.0	100.0	153
South Sulawesi	19.8	53.7	1.3	24.8	0.4	100.0	527
Outer Java-Bali II	22.4	54.0	1.0	22.4	0.2	100.0	1,658
Riau	19.9	48.4	1.3	30.3	0.2	100.0	300
Jambi	11.3	59.4	1.4	27.9	0.0	100.0	154
Bengkulu	20.9	56.9	2.6	19.3	0.4	100.0	99
East Nusa Tenggara	33.2	52.1	0.7	13.8	0.2	100.0	261
East Timor	20.0	44.7	0.1	35.1	0.0	100.0	88
Central Kalimantan	12.9	58.3	2.6	26.3	0.0	100.0	102
East Kalimantan	29.2	58.3	0.4	11.8	0.3	100.0	162
Central Sulawesi	21.8	49.2	1.0	27.5	0.5	100.0	117
Southeast Sulawesi	18.6	67.2	1.1	13.1	0.0	100.0	115
Maluku	21.7	51.9	0.1	26.1	0.2	100.0	134
Irian Jaya	26.7	54.4	0.5	18.4	0.0	100.0	125
Total	24.1	52.5	2.5	20.7	0.2	100.0	12,731

11.2 Immunization Coverage

Table 11.2 presents vaccination coverage according to information recorded on health cards (top panel), information from mothers' reports (middle panel), and both sources (bottom panel). The table shows that among children age 12-59 months whose health cards were seen, the percentage fully immunized was 75 percent (see top panel). This is slightly higher than the level reported in the 1991 IDHS (73 percent). The highest coverage rate is for BCG (94 percent), followed by 85 percent for both DPT 3 vaccine and polio 3 vaccine, and 81 percent for measles vaccine.

Immunization coverage rates based on mothers' reports are considerably lower than those based on health cards (see Table 11.2 middle panel). For example, BCG coverage among children age 12-59 months is 73 percent, DPT 3 is 51 percent, and polio 3 is 53 percent. Measles immunization coverage is 62 percent, and the percentage completely immunized is only 46 percent.

Table 11.2 Vaccinations by source of information

Among children one to four years of age, the percentage who had received specific vaccines at any time before the survey, by source of information (health cards, mothers' reports, or both) and current age of child, Indonesia 1994

Vaccine	Child's age				Total
	12-23 months	24-35 months	36-47 months	48-59 months	
HEALTH CARDS					
Health card seen	100.0	100.0	100.0	100.0	100.0
BCG	93.2	94.7	92.8	94.1	93.7
DPT 1	96.2	97.0	95.7	96.3	96.4
DPT 2	90.1	92.6	89.5	92.7	91.0
DPT 3	82.4	87.2	85.6	85.6	84.8
Polio 0	6.5	4.6	5.5	3.4	5.4
Polio 1	97.4	97.0	95.4	95.2	96.6
Polio 2	91.9	92.5	89.1	92.5	91.6
Polio 3	82.9	86.9	85.3	85.4	84.8
Measles	76.5	83.6	83.3	86.5	81.2
All ¹	71.0	75.9	76.6	80.2	74.7
None	1.5	1.5	2.2	1.2	1.6
Number of children	1,187	855	622	402	3,066
MOTHERS' REPORTS					
BCG	68.0	73.3	74.6	74.6	73.0
DPT 1	65.1	70.0	71.7	72.4	70.2
DPT 2	55.2	62.4	63.9	63.5	61.7
DPT 3	44.2	51.4	54.0	53.1	51.2
Polio 0	1.0	1.6	1.5	0.9	1.2
Polio 1	67.0	72.6	73.6	74.2	72.2
Polio 2	57.0	64.2	65.8	65.9	63.7
Polio 3	45.4	52.6	55.6	55.3	52.7
Measles	53.7	62.9	63.6	64.4	61.7
All ¹	37.4	46.3	49.2	47.4	45.7
None	28.4	23.5	22.7	22.4	24.0
Number of children	1,878	2,497	2,544	2,747	9,665
BOTH SOURCES					
Health card seen	38.7	25.5	19.6	12.8	24.1
BCG	77.8	78.8	78.2	77.1	78.0
DPT 1	77.2	76.9	76.4	75.4	76.5
DPT 2	68.7	70.1	68.9	67.3	68.8
DPT 3	59.0	60.6	60.2	57.3	59.3
Polio 0	3.2	2.4	2.3	1.2	2.2
Polio 1	78.8	78.8	77.9	76.9	78.1
Polio 2	70.5	71.4	70.4	69.3	70.4
Polio 3	59.9	61.4	61.4	59.1	60.5
Measles	62.5	68.1	67.5	67.2	66.4
All ¹	50.4	53.9	54.6	51.6	52.7
None	18.0	17.9	18.7	19.7	18.6
Number of children	3,065	3,352	3,165	3,148	12,731

¹ Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine).

11.3 Immunizations by Background Characteristics

Table 11.3.1 shows vaccination coverage by background characteristics among children age 12-23 months at the time of the survey. The figures in this table are based on both health cards and mothers' reports. The table also shows health card coverage.

Table 11.3.1 Vaccinations: background characteristics

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to health card or mother's report) and the percentage with a health card, by selected background characteristics, Indonesia 1994

Background characteristic	Percentage of children who received:											Percent with health card	Number of children
	BCG	DPT			Polio ¹				Measles	All ²	None		
		1	2	3+	0	1	2	3+					
Sex													
Male	77.5	77.1	68.5	58.5	3.4	78.4	70.9	60.2	62.9	50.5	17.7	40.9	1,520
Female	78.0	77.2	69.0	59.5	2.9	79.1	70.2	59.6	62.1	50.3	18.2	36.6	1,545
Birth order													
1	84.3	86.1	80.1	69.0	3.0	87.7	81.0	70.4	72.2	59.9	10.5	44.7	870
2-3	80.1	79.4	72.2	63.2	3.6	80.0	73.2	63.6	65.3	55.1	16.1	40.1	1,258
4-6	74.4	71.6	57.2	47.8	2.9	74.0	61.7	48.5	54.1	39.6	22.2	35.6	701
7+	51.0	48.6	42.5	33.7	2.3	53.5	44.0	35.2	37.0	22.3	43.1	19.1	236
Residence													
Urban	90.6	90.0	83.7	76.6	4.6	92.3	87.1	77.9	76.2	67.0	6.4	46.2	861
Rural	72.8	72.1	62.9	52.2	2.6	73.5	64.1	52.9	57.2	43.9	22.5	35.8	2,204
Region/Residence													
Java-Bali	80.3	80.0	71.4	61.3	1.6	82.2	74.0	62.2	65.8	52.8	14.4	42.0	1,781
Urban	92.2	91.4	85.0	77.9	2.3	94.4	89.0	78.6	77.9	68.3	4.7	47.1	605
Rural	74.2	74.2	64.5	52.8	1.2	76.0	66.3	53.8	59.6	44.8	19.4	39.4	1,176
Outer Java-Bali I	73.0	71.7	62.8	53.0	5.7	72.9	64.0	54.0	55.0	43.9	24.1	33.1	890
Urban	86.2	85.9	79.7	72.3	10.7	86.3	82.5	75.6	69.1	61.4	10.6	44.8	171
Rural	69.9	68.3	58.8	48.3	4.5	69.7	59.6	48.8	51.7	39.8	27.4	30.3	718
Outer Java-Bali II	77.0	76.4	69.8	62.3	4.7	76.4	69.9	62.7	64.4	54.3	20.2	36.6	394
Urban	88.0	88.2	83.4	75.8	8.7	89.2	83.6	77.7	77.6	68.6	9.6	41.9	85
Rural	74.0	73.2	66.1	58.6	3.6	72.9	66.1	58.7	60.8	50.4	23.1	35.2	309
Mother's education													
No education	52.7	46.8	40.7	31.2	2.1	51.1	40.8	29.7	40.3	25.5	44.5	23.6	330
Some primary	65.8	65.4	54.7	43.8	2.7	67.1	55.4	43.0	48.0	34.0	27.4	32.6	905
Completed primary	83.8	84.5	74.8	62.4	2.0	86.0	77.7	65.4	69.8	55.2	11.0	41.7	929
Some secondary+	92.7	92.5	86.8	81.0	5.1	93.2	89.2	82.3	77.7	71.0	6.0	47.4	902
All children	77.8	77.2	68.7	59.0	3.2	78.8	70.5	59.9	62.5	50.4	18.0	38.7	3,065

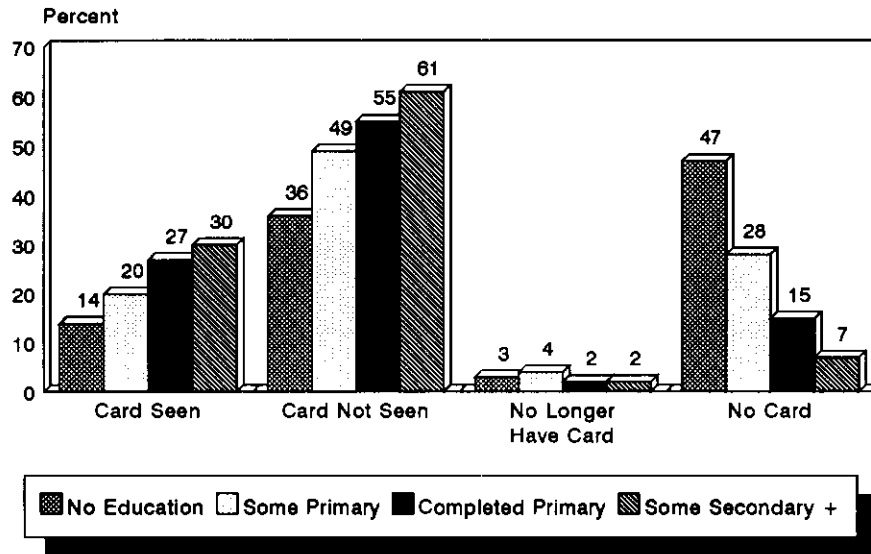
Note: The DPT coverage rate for children without a written record is assumed to be the same as that for polio vaccine since mothers were specifically asked whether the child had received polio vaccine.

¹ Polio 0 is given at birth

² Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine).

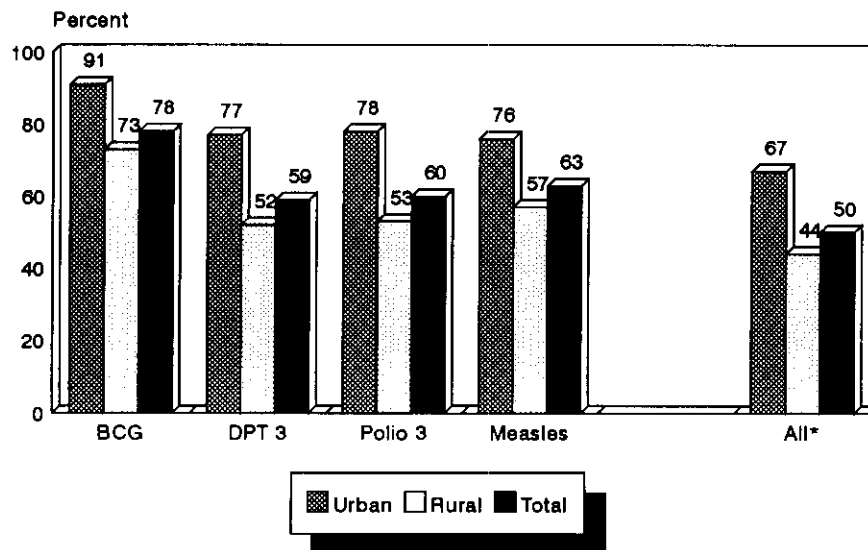
There is practically no difference in vaccination coverage between male and female children, although male children are slightly more likely than female children to have a health card. The percentage of children receiving each vaccine decreases with increasing birth order and increases with increasing level of mother's education. Twenty-six percent of children whose mothers have no education have been fully immunized, compared with 71 percent of children whose mothers have some secondary education. Health card coverage does not vary as much by mother's education. Urban children are more likely to be vaccinated

Figure 11.1
Health Card Coverage for Births in the Five Years
Preceding the Survey, by Mother's Education



1994 IDHS

Figure 11.2
Vaccination Coverage
Among Children Age 12-23 Months



* includes BCG, measles, and three doses each of DPT and polio.

1994 IDHS

than rural children: the percentage of children who have had all their immunizations is 67 percent in urban areas and 44 percent in rural areas (see Figure 11.2). Although immunization coverage among children in the urban areas is high, it should be noted that less than 50 percent of the mothers were able to show the health card.

In 1994, children in Outer Java-Bali II were more likely to be fully immunized than children in other regions (see Table 11.3.2). This differs from 1991, when immunization coverage in Java-Bali was the highest in the country. Within Java-Bali, DI Yogyakarta and Bali show the highest levels of complete vaccination coverage at 76 and 77 percent, respectively. Two provinces, Dista Aceh and West Sumatra, have the lowest immunization coverage (under 30 percent). Health card coverage also varies widely by province, ranging from 19 percent in Dista Aceh to 62 in DI Yogyakarta.

Table 11.3.2 Vaccinations: region and province

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to health card or mother's report) and the percentage with a health card, by region and province, Indonesia 1994

Region and province	Percentage of children who received:											Percent with health card	Number of children
	BCG	DPT			Polio ¹				Measles	All ²	None		
		1	2	3+	0	1	2	3+					
Java-Bali	80.3	80.0	71.4	61.3	1.6	82.2	74.0	62.2	65.8	52.8	14.4	42.0	1,781
DKI Jakarta	92.2	89.8	87.0	79.2	0.0	91.7	88.6	79.9	67.9	62.1	6.8	30.8	107
West Java	73.2	73.9	64.4	53.5	1.6	77.8	68.2	54.6	62.6	43.6	18.0	37.4	681
Central Java	88.5	89.1	82.8	70.0	1.2	90.5	84.8	69.3	73.7	63.3	8.1	47.8	458
DI Yogyakarta	92.0	93.2	86.9	80.4	5.4	93.2	90.2	80.4	83.5	76.2	5.8	61.7	40
East Java	77.7	75.4	63.9	56.3	0.8	76.1	65.4	58.7	59.2	49.7	18.9	42.7	457
Bali	93.7	94.7	91.4	86.4	14.3	95.6	89.9	86.7	83.7	76.7	4.4	57.4	39
Outer Java-Bali I	73.0	71.7	62.8	53.0	5.7	72.9	64.0	54.0	55.0	43.9	24.1	33.1	890
Dista Aceh	49.3	51.1	38.9	31.0	4.2	51.5	40.0	31.0	33.1	25.1	46.1	19.4	65
North Sumatra	68.9	68.5	59.6	50.5	2.9	70.7	62.7	53.3	49.4	40.8	27.5	31.9	232
West Sumatra	77.0	72.3	56.6	42.0	5.6	75.1	56.4	40.2	47.6	28.4	20.1	20.2	65
South Sumatra	78.7	75.8	68.7	59.7	12.2	78.5	72.1	64.9	67.6	56.2	19.5	49.6	98
Lampung	74.5	71.8	67.0	58.8	7.6	75.1	69.7	61.6	57.3	48.1	22.4	40.6	93
West Nusa Tenggara	81.1	79.3	70.5	53.7	8.4	77.6	64.4	46.2	64.0	38.0	17.6	29.3	66
West Kalimantan	68.2	69.1	58.4	48.8	4.8	66.4	54.0	46.6	50.7	41.5	26.1	30.1	63
South Kalimantan	80.9	75.4	63.5	51.8	3.4	77.8	70.3	56.9	64.6	48.2	16.8	39.3	36
North Sulawesi	86.3	86.7	77.0	70.2	12.8	86.7	80.3	73.5	78.1	64.6	12.6	37.6	40
South Sulawesi	76.5	75.9	69.5	61.0	2.5	75.3	69.6	60.3	56.2	50.9	22.2	31.1	132
Outer Java-Bali II	77.0	76.4	69.8	62.3	4.7	76.4	69.9	62.7	64.4	54.3	20.2	36.6	394
Riau	72.6	70.7	67.8	59.0	3.1	70.0	66.2	59.2	61.2	52.1	25.4	33.8	69
Jambi	81.6	76.1	67.6	63.4	6.5	76.1	70.1	64.4	60.3	53.8	17.5	21.2	32
Bengkulu	79.8	78.5	73.8	68.2	7.5	78.7	75.0	66.4	70.0	58.7	19.1	31.7	21
East Nusa Tenggara	78.1	83.1	73.1	66.9	1.9	81.6	72.4	67.8	68.0	57.0	14.7	44.5	76
East Timor	65.0	65.6	60.4	53.4	3.7	66.3	61.7	53.9	53.3	45.3	32.2	29.2	24
Central Kalimantan	77.4	74.8	65.9	52.7	5.6	77.3	66.1	63.9	60.2	43.0	21.7	25.9	23
East Kalimantan	88.3	88.7	83.8	81.3	15.6	90.8	83.4	78.1	81.0	74.7	9.2	46.9	39
Central Sulawesi	69.2	67.4	58.1	47.3	3.3	66.2	59.1	45.8	53.1	41.9	29.6	34.8	27
Southeast Sulawesi	86.8	83.5	73.5	63.9	1.0	84.1	74.2	65.4	70.7	59.9	10.9	38.1	29
Maluku	66.9	65.9	63.5	57.5	4.0	66.0	62.5	52.7	56.2	45.8	30.5	44.2	24
Irian Jaya	77.8	75.4	70.2	58.4	2.5	75.4	71.3	60.4	64.6	51.5	21.2	38.3	30
Total	77.8	77.2	68.7	59.0	3.2	78.8	70.5	59.9	62.5	50.4	18.0	38.7	3,065

Note: The DPT coverage rate for children without a written record is assumed to be the same as that for polio vaccine since mothers were specifically asked whether the child had received polio vaccine.

¹ Polio 0 is given at birth.

³ Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine).

The types of immunization received also vary by province. However, for any vaccination, Dista Aceh consistently shows the lowest level of immunization coverage and highest percentage of children who have never been immunized, while Bali has the highest level of immunization coverage and lowest percentage of children who have never been immunized.

11.4 Immunizations by First Year of Life

The immunization series should be completed by the end of the first year of life. Therefore, immunization coverage for the first 12 months is evaluated in Table 11.4. The top panel presents the immunization coverage based on information recorded in the health cards, and the bottom panel combines two sources of information, health cards and mothers' reports. Information from health cards and mothers' reports shows that 42 percent of children 1 to 4 years have been fully immunized by age one. This is considerably higher than the 28 percent reported in 1991 (CBS et al., 1992).

The patterns of immunization coverage by current age of the child may be interpreted as reflecting time trends in immunization program activities. Based on information from health cards and mothers' reports, the data show increasing coverage for all types of immunizations. With reference to children age 12-23 months (born in the period 1992-93), the percentage fully immunized in the first year of life is 44 percent, compared with 41 percent among children age 48-59 months (born in the period 1989-90). The proportion of children who have received no vaccinations in the first year of life has been decreasing over time—25 percent in the period 1989-90, compared with 20 percent in the period 1992-93.

Based on information from health cards and mothers' reports, BCG vaccinations were received by 73 percent of children by the age of 12 months, 54 percent received polio 3, 53 percent received DPT 3, and 53 percent received measles vaccine. Overall, 42 percent of children age 12-59 months were completely vaccinated during the first year of life.

Table 11.4 Vaccinations in first year of life

Among children one to four years of age, the percentage who had received specific vaccines during the first year of life, by source of information (health cards or health cards and mothers' reports), and age of child, Indonesia 1994

Vaccine	Child's age				Total
	12-23 months	24-35 months	36-47 months	48-59 months	
HEALTH CARDS					
Health card seen	100.0	100.0	100.0	100.0	100.0
BCG	87.1	83.6	78.2	77.3	83.0
DPT 1	92.1	85.9	81.4	82.2	86.9
DPT 2	85.8	80.6	75.2	74.0	80.7
DPT 3	75.0	72.6	66.9	64.5	71.3
Polio 0	5.4	2.9	2.4	1.6	3.6
Polio 1	93.1	85.9	80.5	81.2	87.0
Polio 2	87.4	80.4	74.9	73.4	81.1
Polio 3	75.9	71.7	66.2	64.4	71.3
Measles	63.1	61.2	54.2	62.2	60.7
All ¹	57.6	55.5	49.4	53.8	54.8
None	6.1	12.2	17.6	14.2	11.2
Number of children	1,187	855	622	402	3,066
HEALTH CARDS AND MOTHERS' REPORTS					
Health card seen	38.7	25.5	19.6	12.8	24.1
BCG	75.5	74.4	71.9	71.8	73.4
DPT 1	75.2	71.4	70.0	70.0	71.6
DPT 2	67.0	64.3	61.9	60.0	63.3
DPT 3	56.2	54.1	52.1	49.9	53.0
Polio 0	3.1	2.0	2.1	1.0	2.1
Polio 1	76.9	72.9	70.5	71.3	72.9
Polio 2	68.6	65.4	63.2	61.5	64.7
Polio 3	57.3	54.3	52.4	51.7	53.9
Measles	54.6	53.7	48.6	54.3	52.8
All ¹	44.4	43.1	40.2	41.4	42.3
None	20.2	23.1	27.1	25.2	23.9
Number of children	3,065	3,352	3,165	3,148	12,731

¹ Children who are fully vaccinated (i.e., those who have received BCG, measles, and three doses each of DPT and polio vaccine).

CHAPTER 12

CHILDHOOD DISEASES

12.1 Acute Respiratory Infection

Acute lower respiratory tract infection, primarily pneumonia, is a common cause of morbidity and death among children under five years of age. Pneumonia is characterized by cough with difficult or rapid breathing and chest indrawing. Severe pneumonia needs hospitalization; otherwise, ambulatory treatment with antibiotics is recommended. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths caused by acute lower respiratory infection. It should be noted that in this survey identification of acute respiratory infection is based on the respondent's perceptions of the respiratory symptoms suffered by the child.

Prevalence and Incidence of Acute Respiratory Infection (ARI)

The prevalence of a cough in the two weeks preceding the survey among children under five is 29 percent, and the incidence is 26 percent. The prevalence of a cough with rapid breathing in the two weeks prior to the survey is 10 percent, and the incidence is 9 percent (see Table 12.1.1).¹

Higher rates of prevalence and incidence are observed among children age 6 to 35 months. The prevalence and incidence of a cough is slightly higher among males than females. High birth order children (seventh or higher) are less likely than low birth order children to have cough. Children born to mothers with no education have slightly lower prevalence and incidence rates for cough than children of mothers who have attended school.

There is little variation in the prevalence of cough with rapid breathing by the sex of the child, birth order, and residence, but prevalence is lower among children of better educated mothers than among children of mothers with little or no education.

Children in Java-Bali have slightly higher prevalence and incidence rates for cough than children in the Outer Java-Bali regions, while the prevalence and incidence of cough with rapid breathing show negligible differences by region.

Provinces in which the prevalence and incidence of cough are 30 percent or higher include West Java, West Sumatra, West Nusa Tenggara, and North Sulawesi (see Table 12.1.2). Provinces that have high prevalence and incidence of cough with rapid breathing (15 percent or higher) include West Sumatra, West Nusa Tenggara, and North Sulawesi.

¹ *Prevalence* refers to the percentage of children having ARI in the two weeks preceding the survey; *incidence* refers to the percentage of children who became sick with ARI in the two weeks preceding the survey.

Table 12.1.1 Prevalence and incidence of acute respiratory infection: background characteristics

Among children under five years of age, the prevalence of cough and cough accompanied by rapid breathing, and the incidence of cough and cough accompanied by rapid breathing, according to background characteristics, Indonesia 1994

Background characteristic	Prevalence		Incidence		Number of children
	Cough	Cough and rapid breathing	Cough	Cough and rapid breathing	
Age of child					
<6 months	21.3	6.9	18.9	5.8	1,542
6-11 months	39.9	13.3	34.2	12.2	1,611
12-23 months	35.1	12.3	32.0	11.7	3,065
24-35 months	30.2	11.5	27.0	10.8	3,352
36-47 months	25.1	8.6	22.1	8.0	3,165
48-59 months	22.7	7.4	20.8	6.9	3,148
Sex of child					
Male	30.2	10.7	27.2	10.0	8,113
Female	27.2	9.3	24.1	8.6	7,771
Birth order					
1	28.7	9.4	25.1	8.5	4,665
2-3	29.4	9.7	26.6	9.0	6,314
4-6	29.0	11.3	26.2	10.6	3,585
7+	25.0	10.5	22.2	10.3	1,319
Residence					
Urban	32.8	9.3	29.2	8.7	4,472
Rural	27.1	10.3	24.4	9.5	11,411
Region/Residence					
Java-Bali	30.6	9.9	27.4	9.3	9,111
Urban	35.3	9.4	31.4	8.8	3,072
Rural	28.2	10.2	25.4	9.5	6,038
Outer Java-Bali I	27.2	10.1	24.4	9.4	4,701
Urban	28.6	9.4	25.2	8.7	954
Rural	26.9	10.3	24.2	9.6	3,747
Outer Java-Bali II	24.2	10.2	21.1	9.3	2,071
Urban	25.1	8.9	22.5	8.3	446
Rural	23.9	10.5	20.7	9.6	1,625
Education					
No education	26.5	12.1	23.6	11.6	1,817
Some primary	28.2	11.5	25.6	10.8	4,869
Completed primary	28.0	8.8	25.0	8.1	4,686
Some secondary+	30.9	8.8	27.5	8.1	4,510
Total	28.7	10.0	25.7	9.3	15,883

Table 12.1.2 Prevalence and incidence of acute respiratory infection: region and province

Among children under five years of age, the prevalence of cough and cough accompanied by rapid breathing, and the incidence of cough and cough accompanied by rapid breathing, according to region and province, Indonesia 1994

Region and province	Prevalence		Incidence		Number of children
	Cough	Cough and rapid breathing	Cough	Cough and rapid breathing	
Java-Bali	30.6	9.9	27.4	9.3	9,111
DKI Jakarta	27.6	5.2	24.3	4.5	601
West Java	36.2	14.5	31.8	13.2	3,352
Central Java	24.0	7.8	21.1	7.7	2,493
DI Yogyakarta	29.5	5.1	26.7	4.0	178
East Java	31.5	7.2	29.8	7.0	2,286
Bali	18.9	8.1	15.7	7.7	201
Outer Java-Bali I	27.2	10.1	24.4	9.4	4,701
Dista Aceh	27.9	10.2	24.6	9.8	355
North Sumatra	31.8	10.6	29.3	9.7	1,202
West Sumatra	36.6	15.5	36.1	15.5	336
South Sumatra	17.9	6.8	15.2	6.2	521
Lampung	17.0	4.1	13.8	3.9	537
West Nusa Tenggara	33.4	16.6	31.5	16.0	357
West Kalimantan	28.8	10.4	26.4	9.5	342
South Kalimantan	23.8	8.2	21.3	7.5	209
North Sulawesi	38.1	16.6	32.5	16.0	190
South Sulawesi	23.0	9.2	19.0	7.6	652
Outer Java-Bali II	24.2	10.2	21.1	9.3	2,071
Riau	21.4	11.2	19.9	11.0	361
Jambi	23.2	10.8	21.0	10.4	193
Bengkulu	26.4	10.1	24.4	9.3	125
East Nusa Tenggara	32.7	15.8	26.8	13.3	332
East Timor	18.8	5.7	15.7	5.3	115
Central Kalimantan	17.5	5.9	16.6	5.9	123
East Kalimantan	23.0	7.5	20.6	6.4	202
Central Sulawesi	23.8	11.8	20.0	10.2	150
Southeast Sulawesi	23.4	7.1	19.6	7.0	140
Maluku	27.8	10.7	25.7	10.0	177
Irian Jaya	19.4	6.1	14.3	5.2	153
Total	28.7	10.0	25.7	9.3	15,883

Treatment of Acute Respiratory Infection

More than 60 percent of children with cough and rapid breathing in the two weeks preceding the survey were taken to a health facility or provider, e.g., hospital, health center, health post (*posyandu*), private clinic, doctor, nurse, or midwife (see Table 12.2.1). Twenty-four percent of children received self-treatment (medicine from a pharmacy or shop), and 10 percent received no treatment. A small percentage of ill children (2 percent) were taken to a traditional healer.

Infants under 6 months of age are less likely to be taken to a health facility than older children. One in four infants under 6 months received no treatment, and 6 percent were taken to a traditional healer. There is little variation in the treatment of cough with rapid breathing according to the sex or birth order of the child, although fourth or higher birth-order children are less likely to be taken to a health facility or to receive treatment.

Table 12.2.1 Prevalence and treatment of acute respiratory infection: background characteristics

Among children under five years of age, the percentage who were ill with a cough accompanied by rapid breathing during the two weeks preceding the survey, and the percent distribution of these children by type of treatment received, according to background characteristics, Indonesia 1994

Background characteristic	Percent with cough and rapid breathing	Treatment received by children with cough and rapid breathing				Total	Number of children
		Taken to a health facility or provider ¹	Traditional healer	Self-treatment ²	No advice/treatment sought		
Age of child							
<6 months	6.9	51.7	6.0	18.2	24.1	100.0	1,542
6-11 months	13.3	71.4	2.6	19.9	6.1	100.0	1,611
12-23 months	12.3	63.1	2.8	24.6	9.5	100.0	3,065
24-35 months	11.5	58.2	2.4	28.6	10.8	100.0	3,352
36-47 months	8.6	69.3	0.7	22.9	7.1	100.0	3,165
48-59 months	7.4	59.4	1.7	26.1	12.8	100.0	3,148
Sex of child							
Male	10.7	65.0	2.5	21.6	10.9	100.0	8,113
Female	9.3	60.1	2.2	27.8	9.9	100.0	7,771
Birth order							
1	9.4	66.0	3.3	20.7	10.0	100.0	4,665
2-3	9.7	65.1	1.0	26.4	7.6	100.0	6,314
4-6	11.3	57.3	3.5	24.5	14.7	100.0	3,585
7+	10.5	58.4	2.4	27.3	11.9	100.0	1,319
Residence							
Urban	9.3	77.9	0.5	19.2	2.3	100.0	4,472
Rural	10.3	57.4	3.0	26.3	13.3	100.0	11,411
Region/Residence							
Java-Bali	9.9	65.0	1.1	24.5	9.4	100.0	9,111
Urban	9.4	79.2	0.0	19.3	1.6	100.0	3,072
Rural	10.2	58.4	1.6	27.0	13.1	100.0	6,038
Outer Java-Bali I	10.1	60.6	4.5	23.7	11.2	100.0	4,701
Urban	9.4	75.3	2.2	18.6	3.9	100.0	954
Rural	10.3	57.2	5.1	24.9	12.8	100.0	3,747
Outer Java-Bali II	10.2	58.1	2.9	25.7	13.2	100.0	2,071
Urban	8.9	75.0	0.8	20.2	3.9	100.0	446
Rural	10.5	54.2	3.4	27.0	15.4	100.0	1,625
Education							
No education	12.1	47.0	3.4	26.0	23.7	100.0	1,817
Some primary	11.5	58.6	3.5	26.2	11.7	100.0	4,869
Completed primary	8.8	62.9	1.9	27.1	8.1	100.0	4,686
Some secondary+	8.8	77.2	0.7	18.3	3.7	100.0	4,510
Total	10.0	62.8	2.4	24.4	10.4	100.0	15,883

¹ Includes hospital, health center, health post, private clinic, doctor, nurse, midwife, village delivery post, and health cadre

² Pharmacy or shop

Urban children are more likely than rural children to be taken to a health facility when they have a cough with rapid breathing. Children of better educated mothers are more likely to be taken to a health facility for treatment of cough than children of mothers with less education. Only 47 percent of children of mothers with no education were taken to a health facility—of which 24 percent received no treatment—compared with 77 percent of children of mothers with some secondary education, of which 4 percent received no treatment.

Children in the Java-Bali region who have cough with rapid breathing are more likely to be taken to a health facility than children in the Outer Java-Bali regions (65 percent, compared with 61 percent or less). More than 15 percent of children with cough and rapid breathing received no treatment in 10 provinces (DI Yogyakarta, East Java, West Sumatra, West Nusa Tenggara, South Sulawesi, Bengkulu, East Nusa Tenggara, East Timor, Central Sulawesi, and Southeast Sulawesi) (Table 12.2.2).

Table 12.2.2 Prevalence and treatment of acute respiratory infection: region and province

Among children under five years of age, the percentage who were ill with a cough accompanied by rapid breathing during the two weeks preceding the survey, and the percent distribution of these children by type of treatment received, according to region and province, Indonesia 1994

Region and province	Percent with cough and rapid breathing	Treatment received by children with cough and rapid breathing				Total	Number of children
		Taken to a health facility or provider ¹	Traditional healer	Self-treatment ²	No advice/treatment sought		
Java-Bali	9.9	65.0	1.1	24.5	9.4	100.0	9,111
DKI Jakarta	5.2	79.4	0.0	15.9	4.7	100.0	601
West Java	14.5	61.9	0.0	28.9	9.2	100.0	3,352
Central Java	7.8	75.7	5.1	14.7	4.6	100.0	2,493
DI Yogyakarta	5.1	56.1	0.0	25.9	18.0	100.0	178
East Java	7.2	58.5	0.0	25.4	16.1	100.0	2,286
Bali	8.1	74.7	0.0	16.3	9.0	100.0	201
Outer Java-Bali I	10.1	60.6	4.5	23.7	11.2	100.0	4,701
Dista Aceh	10.2	57.6	3.1	32.0	7.4	100.0	355
North Sumatra	10.6	67.2	0.9	23.4	8.5	100.0	1,202
West Sumatra	15.5	56.6	11.0	16.3	16.1	100.0	336
South Sumatra	6.8	67.9	3.9	24.2	3.9	100.0	521
Lampung	4.1	59.9	4.1	27.2	8.9	100.0	537
West Nusa Tenggara	16.6	59.4	12.7	12.0	15.9	100.0	357
West Kalimantan	10.4	52.7	0.0	37.8	9.5	100.0	342
South Kalimantan	8.2	53.4	0.0	39.8	6.8	100.0	209
North Sulawesi	16.6	68.7	2.8	24.6	3.9	100.0	190
South Sulawesi	9.2	51.6	4.7	22.5	21.3	100.0	652
Outer Java-Bali II	10.2	58.1	2.9	25.7	13.2	100.0	2,071
Riau	11.2	52.8	2.7	33.3	11.3	100.0	361
Jambi	10.8	59.1	7.1	25.4	8.4	100.0	193
Bengkulu	10.1	45.9	11.5	22.7	19.8	100.0	125
East Nusa Tenggara	15.8	62.1	0.0	22.3	15.6	100.0	332
East Timor	5.7	74.2	0.0	4.4	21.4	100.0	115
Central Kalimantan	5.9	75.4	0.0	24.6	0.0	100.0	123
East Kalimantan	7.5	58.4	0.0	32.1	9.5	100.0	202
Central Sulawesi	11.8	46.8	9.7	25.7	17.8	100.0	150
Southeast Sulawesi	7.1	49.5	4.1	31.4	15.0	100.0	140
Maluku	10.7	61.2	0.0	25.0	13.7	100.0	177
Irian Jaya	6.1	72.1	0.0	18.2	9.7	100.0	153
Total	10.0	62.8	2.4	24.4	10.4	100.0	15,883

¹ Includes hospital, health center, health post, private clinic, doctor, nurse, midwife, village delivery post, and health cadre

² Pharmacy or shop

12.2 Prevalence and Treatment of Fever

Information about the presence of fever in children under five years was recorded in the survey, although the causes of fever were not specified. Various infectious diseases are accompanied by fever. In Indonesia, the most common diseases with fever are malaria, respiratory and intestinal infections, measles, and typhoid.

The overall prevalence of fever (including children who also had cough, rapid breathing, or diarrhea) is 28 percent; the prevalence of fever *only* is 7 percent (see Table 12.3.1). The prevalence of any fever is highest among infants age 6-11 months (42 percent), whereas, fever only is 8 percent for this age group. These proportions are higher than for children under 6 months and for those 2 years or older. There are negligible differences in the prevalence of any fever by sex of child, birth order, and mother's education.

The prevalence of any fever is higher in the urban areas (30 percent) than in the rural areas (27 percent) and higher in the Java-Bali and Outer Java-Bali I regions than in the Outer Java-Bali II region. However, the prevalence of fever only shows significant differences by residence and region.

Since fever may accompany cough and diarrhea, the treatment of any fever may overlap with the treatment of cough and diarrhea. Therefore, in this analysis, treatment of fever refers to children with fever *only*, without cough or diarrhea.

Forty-five percent of children with fever *only* were taken to a health facility for treatment, 37 percent received self-treatment, and 16 percent received no treatment. Infants under 6 months of age with fever are more likely to receive no treatment than older children (36 percent, compared with 11-18 percent).

There were no major differences in the utilization of health facilities by sex of child. High birth order children with fever are more likely not to get treatment than low birth order children (20 percent for seventh or higher birth order, compared with 11 percent for first children).

The percentage of children with fever who received no treatment is higher among children of mothers with no education than other children. Three in five children with fever whose mothers had some secondary education were taken to a health facility and 28 percent received self-treatment. Children whose mothers have no education are more likely to get self-treatment (42 percent) than to be taken to a health facility (36 percent).

The prevalence of any fever as well as fever *only* among children born in the five years preceding the survey varies by province (see Table 12.3.2). High prevalence of any fever (36-43 percent) is found in West Java, West Sumatra and North Sulawesi. The prevalence of fever *only* is high in North Sulawesi and Southeast Sulawesi (10 and 14 percent, respectively).

The percentage of children with fever who received no treatment is higher in the Outer Java-Bali regions than in Java-Bali. In Java-Bali, 14 percent of children received no treatment, compared with 18-19 percent of children in the Outer Java-Bali regions.

Table 12.3.1 Prevalence and treatment of fever: background characteristics

Among children under five years of age, the percentage who were ill with a fever during the two weeks preceding the survey, and among those ill with fever only the percent distribution by type of treatment received, according to background characteristics, Indonesia 1994

Background characteristic	Percent with fever ¹	Percent with fever only	Treatment received by children with fever only				Total	Number of children
			Taken to a health facility or provider ²	Traditional healer	Self-treatment ³	No advice/treatment sought		
Age of child								
<6 months	19.9	5.3	34.0	5.1	24.9	36.0	100.0	1,542
6-11 months	41.7	8.0	59.3	0.3	25.7	14.6	100.0	1,611
12-23 months	35.9	8.4	50.0	4.5	33.1	12.4	100.0	3,065
24-35 months	28.6	6.8	43.6	3.3	35.5	17.7	100.0	3,352
36-47 months	23.3	7.2	36.9	1.8	46.8	14.5	100.0	3,165
48-59 months	20.7	6.1	42.3	0.2	46.3	11.3	100.0	3,148
Sex of child								
Male	28.3	6.7	44.9	2.7	35.0	17.4	100.0	8,113
Female	27.4	7.4	44.3	2.3	39.3	14.1	100.0	7,771
Birth order								
1	26.3	6.8	52.7	3.1	32.9	11.3	100.0	4,665
2-3	28.0	6.6	40.5	2.8	39.2	17.5	100.0	6,314
4-6	29.6	8.0	46.2	1.2	36.3	16.3	100.0	3,585
7+	28.1	7.3	30.9	3.1	45.7	20.2	100.0	1,319
Residence								
Urban	29.8	7.4	45.6	0.6	40.1	13.8	100.0	4,472
Rural	27.1	6.9	44.1	3.3	36.0	16.5	100.0	11,411
Region/Residence								
Java-Bali	29.7	7.2	39.7	1.7	45.0	13.5	100.0	9,111
Urban	31.2	7.0	43.1	0.2	44.0	12.6	100.0	3,072
Rural	28.9	7.2	38.1	2.4	45.5	14.0	100.0	6,038
Outer Java-Bali I	26.7	6.8	49.0	4.2	27.9	18.9	100.0	4,701
Urban	27.7	8.0	45.3	1.8	38.1	14.9	100.0	954
Rural	26.4	6.5	50.1	5.0	24.7	20.2	100.0	3,747
Outer Java-Bali II	22.6	7.0	56.6	2.3	22.8	18.4	100.0	2,071
Urban	24.9	8.9	59.8	0.0	22.2	18.0	100.0	446
Rural	22.0	6.5	55.4	3.1	23.0	18.5	100.0	1,625
Education								
No education	28.5	6.9	36.2	0.3	42.3	21.2	100.0	1,817
Some primary	28.8	7.2	40.7	3.0	38.5	17.8	100.0	4,869
Completed primary	26.7	6.3	36.1	4.0	45.0	14.9	100.0	4,686
Some secondary+	27.8	7.7	58.7	1.4	27.5	12.4	100.0	4,510
Total	27.9	7.0	44.6	2.5	37.2	15.7	100.0	15,883

¹ Can include cough with short, rapid breathing, and diarrhea

² Includes hospital, health center, health post, private clinic, doctor, nurse, midwife, village delivery post, and health cadre

³ Pharmacy or shop

Table 12.3.2 Prevalence and treatment of fever: region and province

Among children under five years of age, the percentage who were ill with a fever during the two weeks preceding the survey, and among those ill with fever only the percent distribution by type of treatment received, according to region and province, Indonesia 1994

Background characteristic	Percent with fever ¹	Percent with fever only	Treatment received by children with fever only				Total	Number of children
			Taken to a health facility or provider ²	Traditional healer	Self-treatment ³	No advice/treatment sought		
Java-Bali	29.7	7.2	39.7	1.7	45.0	13.5	100.0	9,111
DKI Jakarta	26.1	4.8	63.3	1.8	27.0	7.8	100.0	601
West Java	38.3	7.9	26.8	0.0	53.2	20.1	100.0	3,352
Central Java	22.6	6.0	47.0	2.1	44.3	6.7	100.0	2,493
DI Yogyakarta	28.4	8.0	65.6	0.0	25.3	9.0	100.0	178
East Java	26.9	7.9	46.5	4.0	39.2	10.2	100.0	2,286
Bali	17.6	5.9	47.9	0.0	29.9	22.2	100.0	201
Outer Java-Bali I	26.7	6.8	49.0	4.2	27.9	18.9	100.0	4,701
Dista Aceh	29.1	8.6	46.2	5.8	24.8	23.2	100.0	355
North Sumatra	28.0	6.4	63.2	0.0	23.9	13.0	100.0	1,202
West Sumatra	35.5	8.8	42.2	16.8	16.0	25.0	100.0	336
South Sumatra	19.8	7.4	46.5	0.0	36.8	16.7	100.0	521
Lampung	16.6	3.9	54.2	8.8	26.1	10.9	100.0	537
West Nusa Tenggara	32.8	5.9	46.0	5.5	17.8	30.7	100.0	357
West Kalimantan	24.6	5.3	44.1	2.8	44.0	9.1	100.0	342
South Kalimantan	29.4	9.9	40.5	6.3	45.9	7.3	100.0	209
North Sulawesi	42.5	10.1	53.7	0.0	42.7	3.6	100.0	190
South Sulawesi	24.2	6.9	35.9	4.5	21.2	38.3	100.0	652
Outer Java-Bali II	22.6	7.0	56.6	2.3	22.8	18.4	100.0	2,071
Riau	22.0	6.1	50.8	1.8	34.6	12.9	100.0	361
Jambi	22.4	7.9	68.5	0.0	20.0	11.5	100.0	193
Bengkulu	23.7	5.4	62.3	0.0	16.8	20.8	100.0	125
East Nusa Tenggara	29.3	8.6	52.3	0.0	24.4	23.3	100.0	332
East Timor	15.2	4.5	65.0	7.8	2.5	24.7	100.0	115
Central Kalimantan	14.8	3.6	57.5	0.0	31.6	10.9	100.0	123
East Kalimantan	21.8	6.8	45.1	0.0	36.2	18.7	100.0	202
Central Sulawesi	22.0	7.8	45.1	5.5	29.7	19.7	100.0	150
Southeast Sulawesi	32.8	13.6	72.8	2.5	6.1	18.6	100.0	140
Maluku	19.1	5.4	62.9	14.8	9.8	12.5	100.0	177
Irian Jaya	17.6	5.8	45.2	0.0	24.3	30.5	100.0	153
Total	27.9	7.0	44.6	2.5	37.2	15.7	100.0	15,883

¹ Can include cough with short, rapid breathing, and diarrhea

² Includes hospital, health center, health post, private clinic, doctor, nurse, midwife, village delivery post, and health cadre

³ Pharmacy or shop

12.3 Diarrheal Disease

Diarrheal diseases continue to be a public health problem in Indonesia. Diarrhea is more prevalent at the end of the dry season or the beginning of the rainy season.

A Diarrhea Control Program has been instituted to reduce the prevalence of diarrhea by improving health services in the hospitals, health centers and health posts. Training for doctors and nurses has been provided in hospitals at the regency level to improve the quality of care. Oral rehydration centers have been

established in health centers and health posts. Education about use of oral rehydration therapy (ORT) for treatment of diarrhea has been introduced through the mass media, especially television.

Prevalence of Diarrhea

In the survey, mothers with children under five years of age were asked if their children had had diarrhea at any time in the two weeks preceding the survey, and whether they still had diarrhea in the last 24 hours. The survey was conducted in July and continued through November 1994, which was the end of the dry season.

Twelve percent of children were reported to have had diarrhea in the two weeks preceding the survey, including 3 percent who had diarrhea in the last 24 hours (see Table 12.4.1). The prevalence of bloody diarrhea (i.e., blood in stools) is 1 percent.

The prevalence of diarrhea in the two-week period and in the 24 hours preceding the survey is high among children age 6-11 months. The prevalence of bloody diarrhea is also slightly higher in this age group.

There are small differences in the prevalence of diarrhea according to background characteristics. Birth order has a positive relationship with the likelihood of getting diarrhea, whereas mother's education has a negative association. For example, the prevalence of diarrhea among children whose mothers have no education is 14 percent, 12 percent among children of mothers with completed primary education, and 10 percent among children of mothers with some secondary education.

Table 12.4.1 also presents the prevalence of persistent diarrhea. A child is said to have persistent diarrhea if s/he had diarrhea in the last 24 hours, and had diarrhea in the preceding two weeks that lasted for at least 14 days. Overall, very few children have persistent diarrhea, and there is little variation by background characteristics. However, infants under one year are more likely to have persistent diarrhea than older children.

The prevalence of diarrhea varies considerably by region. The two-week prevalence in Java-Bali (13 percent) is higher than in the Outer Java-Bali regions (11 percent or less). The prevalence of diarrhea in the two-week period and in the 24 hours preceding the survey is highest in West Java (21 and 7 percent) and Bengkulu (22 and 7 percent) (see Table 12.4.2).

Table 12.4.1 Prevalence of diarrhea: background characteristics

Among children under five years of age, the percentage with diarrhea and diarrhea with blood during the two weeks preceding the survey, and the percentage with diarrhea in the last 24 hours, by background characteristics, Indonesia 1994

Background characteristic	Diarrhea in the preceding 2 weeks ¹		Diarrhea in the last 24 hours	Persistent diarrhea ³	Number of children
	All diarrhea ²	Diarrhea with blood			
Age of child					
<6 months	10.5	0.9	2.4	0.4	1,542
6-11 months	20.2	1.9	6.9	0.6	1,611
12-23 months	18.3	1.5	4.2	0.1	3,065
24-35 months	12.4	1.2	3.8	0.1	3,352
36-47 months	9.0	1.0	2.4	0.0	3,165
48-59 months	5.5	0.6	1.0	0.0	3,148
Sex of child					
Male	13.1	1.3	3.7	0.2	8,113
Female	11.0	1.1	2.8	0.1	7,771
Birth order					
1	10.1	1.0	2.1	0.2	4,665
2-3	12.0	0.8	3.6	0.1	6,314
4-6	13.5	1.5	3.3	0.1	3,585
7+	15.5	2.2	5.1	0.3	1,319
Residence					
Urban	12.4	1.1	2.7	0.0	4,472
Rural	12.0	1.2	3.5	0.2	11,411
Region/Residence					
Java-Bali	13.0	1.3	3.7	0.2	9,111
Urban	13.7	1.3	3.0	0.0	3,072
Rural	12.7	1.3	4.1	0.3	6,038
Outer Java-Bali I	11.3	1.0	2.5	0.0	4,701
Urban	10.1	0.9	1.8	0.0	954
Rural	11.6	1.1	2.6	0.1	3,747
Outer Java-Bali II	9.8	0.9	2.8	0.0	2,071
Urban	8.1	0.2	2.6	0.0	446
Rural	10.3	1.1	2.8	0.0	1,625
Education					
No education	14.2	1.6	4.7	0.1	1,817
Some primary	13.7	1.3	3.7	0.2	4,869
Completed primary	11.5	1.0	3.1	0.2	4,686
Some secondary+	10.1	1.0	2.2	0.1	4,510
Total	12.1	1.2	3.2	0.1	15,883

¹ Includes diarrhea in the last 24 hours

² Includes diarrhea with blood

³ Diarrhea in the last 24 hours and diarrhea in the preceding two weeks that lasted for at least 14 days

Table 12.4.2 Prevalence of diarrhea: region and province

Among children under five years of age, the percentage with diarrhea and diarrhea with blood during the two weeks preceding the survey, and the percentage with diarrhea in the last 24 hours, by region and province, Indonesia 1994

Background characteristic	Diarrhea in the preceding 2 weeks ¹		Diarrhea in the last 24 hours	Persistent diarrhea ³	Number of children
	All diarrhea ²	Diarrhea with blood			
Java-Bali	13.0	1.3	3.7	0.2	9,111
DKI Jakarta	6.9	0.8	1.0	0.0	601
West Java	20.5	2.3	6.5	0.5	3,352
Central Java	7.8	0.2	2.4	0.0	2,493
DI Yogyakarta	4.6	0.5	0.8	0.0	178
East Java	10.5	1.2	2.3	0.1	2,286
Bali	7.5	0.0	1.7	0.0	201
Outer Java-Bali I	11.3	1.0	2.5	0.0	4,701
Dista Aceh	7.9	0.8	1.8	0.0	355
North Sumatra	13.1	1.1	2.2	0.0	1,202
West Sumatra	12.3	1.7	3.5	0.2	336
South Sumatra	7.0	0.6	1.2	0.0	521
Lampung	8.1	0.8	2.3	0.2	537
West Nusa Tenggara	15.3	1.8	5.4	0.0	357
West Kalimantan	14.4	0.4	3.4	0.1	342
South Kalimantan	12.9	1.4	1.4	0.0	209
North Sulawesi	13.2	0.8	2.1	0.0	190
South Sulawesi	10.6	0.9	2.3	0.0	652
Outer Java-Bali II	9.8	0.9	2.8	0.0	2,071
Riau	11.1	0.9	2.6	0.0	361
Jambi	10.9	1.1	5.2	0.0	193
Bengkulu	21.6	1.8	6.9	0.0	125
East Nusa Tenggara	11.0	1.4	3.0	0.0	332
East Timor	6.9	0.5	2.2	0.1	115
Central Kalimantan	5.8	1.9	2.1	0.0	123
East Kalimantan	7.6	0.5	2.0	0.0	202
Central Sulawesi	9.3	0.5	1.3	0.0	150
Southeast Sulawesi	9.0	0.2	1.9	0.0	140
Maluku	3.7	0.6	0.9	0.0	177
Irian Jaya	9.4	0.2	2.6	0.2	153
Total	12.1	1.2	3.2	0.1	15,883

¹ Includes diarrhea in the last 24 hours

² Includes diarrhea with blood

³ Diarrhea in the last 24 hours and diarrhea in the preceding two weeks that lasted for at least 14 days

Duration and Incidence of Diarrhea

The average duration of a diarrheal episode is calculated from the durations for all children who had diarrhea in the preceding two weeks, excluding those who had diarrhea in the last 24 hours (i.e., terminated episodes only). The results indicate that the average duration of a diarrheal episode is 3.1 days (see Table 12.5.1).

There is little difference in the duration of diarrheal episodes by background characteristics. However, the mean duration of diarrhea is slightly longer among children in the rural areas and higher birth order children than among other children. The mean duration of diarrhea among children whose mothers have no education is 3.5 days, compared with 2.8 days among children whose mothers have some secondary education.

The two-week diarrheal incidence is defined as the percentage of children having a diarrheal episode that started in the preceding two weeks and is estimated from the relationship of prevalence to incidence as follows:

$$I_{1-14} = P_{2-14} \times 14 / (13 + D), \text{ incidence in the 14 days preceding the survey}$$

$$P_{2-14} = \text{prevalence in days 2-14 preceding the survey}$$

$$D = \text{average duration of a diarrheal episode in the 2-14 days preceding the survey.}$$

The two-week incidence of diarrhea is 8 percent, which is slightly lower than that recorded in the 1991 Demographic and Health Survey (11 percent) (CBS et al., 1992). Diarrheal incidence is higher among children age 6-23 months (11-12 percent) than among older children, higher in urban areas (9 percent) than rural areas (7 percent), and higher in Java-Bali and Outer Java-Bali I regions (8 percent) than Outer Java-Bali II (6 percent). Diarrheal incidence is higher for children whose mothers have some primary education than for those whose mother have secondary education.

The mean duration of diarrhea that had terminated in the 24 hours preceding the survey is 3.5 days or longer in DI Yogyakarta, West Kalimantan, Bengkulu, East Nusa Tenggara, Central Kalimantan, Maluku, and Irian Jaya (see Table 12.5.2). The incidence of diarrhea in the two weeks preceding the survey is highest in Bengkulu (13 days).

Table 12.5.1 Duration and incidence of diarrhea: background characteristics

Mean duration of diarrhea (days) among children who had diarrhea in the preceding two weeks but not in the last 24 hours and the two-week incidence of diarrhea, by background characteristics, Indonesia 1994

Background characteristic	Mean duration (days)	Number of children	Incidence 1-14
Age of child			
<6 months	3.1	1,542	7.0
6-11 months	3.2	1,611	11.4
12-23 months	3.3	3,065	12.0
24-35 months	2.9	3,352	7.6
36-47 months	3.0	3,165	5.8
48-59 months	3.0	3,148	3.9
Sex of child			
Male	3.1	8,113	8.2
Female	3.1	7,771	7.2
Birth order			
1	2.8	4,665	7.1
2-3	3.0	6,314	7.3
4-6	3.4	3,585	8.6
7+	3.7	1,319	8.8
Residence			
Urban	2.8	4,472	8.6
Rural	3.3	11,411	7.3
Region/Residence			
Java-Bali	3.1	9,111	8.1
Urban	2.7	3,072	9.5
Rural	3.3	6,038	7.3
Outer Java-Bali I	3.1	4,701	7.7
Urban	2.8	954	7.4
Rural	3.1	3,747	7.8
Outer Java-Bali II	3.4	2,071	6.0
Urban	3.1	446	4.7
Rural	3.4	1,625	6.4
Education			
No education	3.5	1,817	8.0
Some primary	3.3	4,869	8.6
Completed primary	3.0	4,686	7.4
Some secondary+	2.8	4,510	6.9
Total	3.1	15,883	7.7

Table 12.5.2 Duration and incidence of diarrhea: region and province

Mean duration of diarrhea (days) among children who had diarrhea in the preceding two weeks but not in the last 24 hours and the two-week incidence of diarrhea, by region and province, Indonesia 1994

Region and province	Mean duration (days)	Number of children	Incidence 1-14
Java-Bali	3.1	9,111	8.1
DKI Jakarta	2.6	601	5.3
West Java	3.4	3,352	12.0
Central Java	2.7	2,493	4.8
DI Yogyakarta	3.5	178	3.3
East Java	2.8	2,286	7.3
Bali	2.6	201	5.2
Outer Java-Bali I	3.1	4,701	7.7
Dista Aceh	3.3	355	5.2
North Sumatra	3.1	1,202	9.5
West Sumatra	2.5	336	7.9
South Sumatra	3.0	521	5.0
Lampung	3.2	537	5.0
West Nusa Tenggara	3.1	357	8.5
West Kalimantan	3.7	342	9.3
South Kalimantan	2.6	209	10.4
North Sulawesi	2.2	190	10.2
South Sulawesi	3.3	652	7.1
Outer Java-Bali II	3.4	2,071	6.0
Riau	3.1	361	7.4
Jambi	3.2	193	5.0
Bengkulu	3.5	125	12.5
East Nusa Tenggara	3.5	332	6.8
East Timor	3.2	115	4.0
Central Kalimantan	4.8	123	2.9
East Kalimantan	3.1	202	4.9
Central Sulawesi	2.9	150	7.0
Southeast Sulawesi	3.3	140	6.1
Maluku	4.4	177	2.3
Irian Jaya	3.9	153	5.7
Total	3.1	15,883	7.7

Knowledge of Diarrhea Care

The recommended treatment for diarrhea is oral rehydration therapy (ORT), including solution prepared from ORS packets (prepackaged oral rehydration salts) and increased fluids. In Indonesia, ORT is promoted through health education and mass media campaigns. A mother is classified as knowing about ORT if she reported ever having heard about *Oralit*—the brand of ORS most commonly used—or had seen an ORS packet.

The vast majority (93 percent) of mothers have heard about or seen ORS packets (see Table 12.6.1). Knowledge of ORT is greater in the urban areas and among more educated mothers. Virtually all women with some secondary education have heard of *Oralit* or seen ORS packets, while only 80 percent of mothers

Table 12.6.1 Knowledge of diarrhea care: background characteristics

Percentage of mothers with births in the last five years who know about the use of oral rehydration therapy (ORT) for treatment of diarrhea and the percent distribution by knowledge of appropriate feeding practices during diarrhea, according to background characteristics, Indonesia 1994

Background characteristic	Know about ORT for treatment of diarrhea ¹	Quantities that should be given during diarrhea								Number of mothers
		Liquids				Solid foods				
		Less	Same	More	Don't know/ Missing	Less	Same	More	Don't know/ Missing	
Age of mother										
15-19	88.1	20.1	27.9	47.6	4.4	32.0	35.2	27.7	5.1	672
20-24	94.2	13.7	24.8	58.6	3.0	31.6	34.8	30.2	3.2	3,127
25-29	93.8	13.1	20.4	63.9	2.6	32.3	33.4	30.9	3.4	3,793
30-34	93.7	11.9	20.5	64.5	3.1	30.8	32.9	32.8	3.4	2,982
35+	89.1	12.3	25.3	58.9	3.6	31.9	36.8	27.6	3.6	2,820
Residence										
Urban	97.3	6.2	15.5	76.8	1.5	26.9	35.0	35.7	2.3	3,767
Rural	90.8	15.9	25.7	54.7	3.8	33.6	34.2	28.2	3.9	9,626
Region/Residence										
Java-Bali	94.0	14.3	21.6	61.9	2.2	33.6	32.0	31.8	2.5	8,019
Urban	97.7	6.5	15.0	77.4	1.1	27.6	33.8	36.5	2.1	2,664
Rural	92.2	18.2	24.9	54.2	2.7	36.6	31.1	29.5	2.6	5,355
Outer Java-Bali I	91.9	10.5	24.5	61.2	3.9	30.3	39.3	25.6	4.7	3,743
Urban	97.6	5.1	15.0	77.7	2.2	27.3	39.0	30.6	3.0	750
Rural	90.4	11.8	26.8	57.0	4.3	31.1	39.4	24.4	5.1	2,992
Outer Java-Bali II	87.5	13.5	25.2	55.4	5.9	25.6	35.1	33.5	5.8	1,632
Urban	93.7	5.9	20.6	70.6	2.8	21.0	35.8	40.2	2.9	353
Rural	85.8	15.6	26.5	51.2	6.7	26.8	34.9	31.6	6.6	1,278
Education										
No education	80.2	21.8	26.1	44.9	7.2	40.8	31.7	19.3	8.1	1,518
Some primary	88.7	15.3	26.9	54.2	3.6	37.4	33.3	25.7	3.5	4,090
Completed primary	95.4	12.9	24.3	60.0	2.8	29.9	35.7	31.3	3.0	4,072
Some secondary+	98.9	7.5	15.3	75.9	1.3	23.7	35.3	38.8	2.1	3,713
Total	92.6	13.1	22.8	60.9	3.1	31.7	34.4	30.3	3.5	13,393

ORT = Oral rehydration therapy
¹ Respondent had heard of or seen *Oralit* packets (i.e., packets of oral rehydration salts commonly used to treat diarrhea in Indonesia).

with no education have. The percentage of mothers with knowledge of ORS packets in the Outer Java-Bali II region is slightly lower than in the other two regions (88 percent, compared with 92 percent or higher). In DKI Jakarta and DI Yogyakarta, virtually all mothers have heard of or seen ORS packets; however, in certain provinces of the Outer Java-Bali regions—Riau, East Timor, Central Sulawesi, Maluku and Irian Jaya—less than 85 percent of mothers have heard of or seen ORS packets (see Table 12.6.2).

Information was collected on mothers' knowledge of appropriate feeding practices during diarrhea. Table 12.6.1 shows that 61 percent of mothers reported they would give increased fluids, 23 percent would give the same amount of fluids, and 13 percent would give less fluids. Mothers age 15-20 years, and those with no education are less likely to increase fluids to their children during a diarrheal episode. Almost one-third of mothers said they would give less food to children with diarrhea, one-third would give the same amount of food, and one-third would give more food to their children during a diarrheal episode.

Table 12.6.2 Knowledge of diarrhea care: region and province

Percentage of mothers with births in the last five years who know about the use of oral rehydration therapy (ORT) for treatment of diarrhea and the percent distribution by knowledge of appropriate feeding practices during diarrhea, according to region and province, Indonesia 1994

Region and province	Know about ORT for treatment of diarrhea ¹	Quantities that should be given during diarrhea								Number of mothers
		Liquids				Solid foods				
		Less	Same	More	Don't know/ Missing	Less	Same	More	Don't know/ Missing	
Java-Bali	94.0	14.3	21.6	61.9	2.2	33.6	32.0	31.8	2.5	8,019
DKI Jakarta	99.5	2.5	11.1	85.3	1.1	33.4	37.3	26.2	3.1	516
West Java	96.6	9.3	18.8	68.6	3.3	28.8	30.7	36.7	3.9	2,966
Central Java	92.8	17.0	21.0	59.9	2.1	34.4	25.3	38.5	1.6	2,167
DI Yogyakarta	97.8	7.8	10.2	81.7	0.3	32.6	24.5	42.3	0.5	160
East Java	89.7	22.3	29.7	46.8	1.1	40.3	39.9	18.4	1.3	2,043
Bali	95.3	13.6	21.4	63.9	1.1	29.5	37.9	31.8	0.8	167
Outer Java-Bali I	91.9	10.5	24.5	61.2	3.9	30.3	39.3	25.6	4.7	3,743
Dista Aceh	89.9	5.5	23.9	67.7	3.0	27.9	46.9	22.2	2.9	271
North Sumatra	92.6	4.7	21.1	71.3	2.9	27.7	40.5	28.3	3.5	860
West Sumatra	91.1	9.9	24.4	61.1	4.6	26.9	40.5	27.0	5.6	277
South Sumatra	95.6	3.7	22.2	70.8	3.3	20.9	43.2	28.4	7.3	440
Lampung	94.1	7.6	44.1	43.4	4.8	24.8	53.5	16.8	4.9	450
West Nusa Tenggara	94.5	32.6	22.5	43.5	1.4	44.5	24.2	30.0	1.1	301
West Kalimantan	84.5	11.3	26.2	60.5	2.0	38.0	46.3	13.7	1.9	284
South Kalimantan	94.5	16.9	31.9	46.8	4.4	19.9	52.3	23.0	4.3	185
North Sulawesi	94.4	18.8	14.6	64.5	2.0	28.1	24.0	45.9	2.0	165
South Sulawesi	87.5	12.9	15.8	62.9	8.3	42.6	21.7	26.1	9.3	510
Outer Java-Bali II	87.5	13.5	25.2	55.4	5.9	25.6	35.1	33.5	5.8	1,632
Riau	82.1	9.7	24.4	59.7	6.3	26.8	35.4	31.6	6.2	287
Jambi	86.5	12.5	18.4	65.7	3.4	41.7	30.2	23.7	4.4	162
Bengkulu	95.7	13.2	29.8	55.1	1.8	41.5	34.3	22.8	1.3	105
East Nusa Tenggara	91.4	18.7	25.4	51.5	4.4	27.1	28.6	39.6	4.8	246
East Timor	83.1	19.6	33.3	43.7	3.4	25.4	34.6	37.3	2.7	80
Central Kalimantan	91.3	14.9	30.5	50.3	4.3	19.2	36.5	40.9	3.0	101
East Kalimantan	95.9	6.5	22.7	69.6	1.2	10.2	50.9	37.6	1.3	168
Central Sulawesi	80.4	15.8	29.2	44.1	10.9	27.0	30.0	31.1	11.2	122
Southeast Sulawesi	92.3	15.3	32.2	43.7	8.7	16.2	46.0	29.8	8.0	109
Maluku	83.4	17.7	21.6	56.1	4.7	30.5	31.8	33.3	4.1	131
Irian Jaya	82.2	9.1	19.5	53.3	18.0	12.4	30.8	39.2	17.3	120
Total	92.6	13.1	22.8	60.9	3.1	31.7	34.4	30.3	3.5	13,393

ORT = Oral rehydration therapy

¹ Respondent had heard of or seen *Oralit* packets (i.e., packets of oral rehydration salts commonly used to treat diarrhea in Indonesia).

Urban mothers are more likely than rural mothers to give more food to their children during a diarrheal episode. There is little difference in mothers' knowledge of appropriate feeding practices during diarrhea by age. Children born to mothers with some secondary education are more likely to be given more food during diarrhea than children of mothers with less education.

Two in three mothers in Java-Bali and in the Outer Java-Bali I regions would give more fluids, and 11-14 percent would reduce the fluid intake of their children during a diarrheal episode. In DKI Jakarta and DI Yogyakarta, 82 percent of mothers would give more fluids to their children during diarrhea, and only 3-8 percent would reduce it (see Table 12.6.2).

In West Java, where outbreaks of diarrheal disease occur frequently, 69 percent of mothers would increase the children's fluid intake and 9 percent would reduce it during a diarrheal episode. More than half of mothers in Bengkulu, where the prevalence and incidence of diarrhea are also high, would increase fluid intake, and 13 percent would reduce it during diarrhea. Less than half of mothers in certain provinces—East Java, Lampung, West Nusa Tenggara, South Kalimantan, East Timor, Central Sulawesi, and Southeast Sulawesi—would give more fluids to their children during diarrheal episodes.

Diarrhea Treatment

More than half of children who had diarrhea in the two weeks preceding the survey were taken to a health facility or provider (hospital, health center, health post, private clinic, doctor, nurse or health volunteer), 23 percent received self-treatment, and 23 percent were not treated (see Table 12.7.1).

Treatment of diarrhea varies by the child's age. Infants under 6 months who have diarrhea are less likely to be taken to a health facility and less likely to receive self-treatment than older children. Forty-six percent of infants under 6 months were taken to a health facility and 12 percent received self-treatment; the corresponding percentages for older children were 49 percent or higher and 18-31 percent.

First children are more likely to be taken to a health facility than other children. Among first children who had diarrhea, 61 percent were taken to a health facility for treatment, compared with 47 to 52 percent for higher birth order children. Urban mothers are more likely to take their children who have diarrhea to a health facility than rural mothers.

Children of mothers with no education are less likely to be taken to a health facility, more likely to receive self-treatment, and more likely to receive no treatment than children whose mothers are better educated. For example, 44 percent of diarrheal cases among children whose mothers had no education were taken to a health facility for treatment, 28 percent were self-treated, and 27 percent were not treated. Among children of mothers who had some secondary education, 63 percent were taken to a health facility, 15 percent received self-treatment, and 21 percent received no treatment (see Table 12.7.1).

There is little difference according to region in the percentage of children with diarrhea who were taken to a health facility. The Outer Java-Bali I region is slightly lower (50 percent) than the Java-Bali and Outer Java Bali II regions (55 and 53 percent, respectively).

In certain provinces—Bali, Dista Aceh, North Sumatra, Lampung, West Kalimantan, South Kalimantan, Riau, Jambi, East Kalimantan, Central Sulawesi, Southeast Sulawesi and Maluku—less than half of the children with diarrhea are taken to a health facility. They are also more likely to receive self-treatment or no treatment (Table 12.7.2).

Table 12.7.1 Source of diarrhea treatment: background characteristics

Among children under five years who had diarrhea in the preceding two weeks, the percent distribution by source of treatment received, according to background characteristics, Indonesia 1994

Background characteristic	Source of treatment received by children with diarrhea				Total	Children with diarrhea
	Taken to a health facility or provider ¹	Traditional healer	Self-treatment ²	No advice/treatment sought		
Age of child						
< 6 months	46.0	1.3	11.5	41.2	100.0	162
6-11 months	60.3	0.4	17.6	21.7	100.0	325
12-17 months	55.3	1.5	22.0	21.2	100.0	561
18-23 months	49.2	1.3	31.2	18.4	100.0	416
24-29 months	51.1	0.6	27.6	20.7	100.0	286
30-35 months	53.5	1.7	21.4	23.4	100.0	172
Sex of child						
Male	52.6	0.9	25.3	21.2	100.0	1,064
Female	54.1	1.5	20.4	24.0	100.0	857
Birth order						
1	60.8	0.1	18.0	21.1	100.0	473
2-3	51.5	1.0	23.5	24.0	100.0	760
4-5	51.0	1.2	25.3	22.4	100.0	484
6+	47.2	3.9	28.6	20.2	100.0	205
Residence						
Urban	59.7	0.7	23.7	16.0	100.0	553
Rural	50.6	1.3	22.9	25.1	100.0	1,368
Region/Residence						
Java-Bali	54.8	0.6	23.6	21.0	100.0	1,187
Urban	59.5	0.8	25.4	14.2	100.0	421
Rural	52.2	0.6	22.6	24.7	100.0	766
Outer Java-Bali I	49.9	1.5	23.3	25.3	100.0	532
Urban	63.2	0.5	17.2	19.0	100.0	97
Rural	47.0	1.7	24.6	26.7	100.0	435
Outer Java-Bali II	53.0	3.1	20.1	23.8	100.0	203
Urban	51.6	0.0	20.5	27.9	100.0	36
Rural	53.3	3.8	20.0	22.9	100.0	167
Education						
No education	43.5	1.6	27.7	27.2	100.0	257
Some primary	47.1	1.6	28.0	23.3	100.0	669
Completed primary	56.9	1.2	21.8	20.1	100.0	541
Some secondary+	63.4	0.3	14.9	21.4	100.0	454
Total	53.2	1.1	23.2	22.5	100.0	1,921

¹ Includes hospital, health center, health post, private clinic, doctor, nurse, midwife, village delivery post, and health cadre

² Pharmacy or shop

Table 12.7.2 Source of diarrhea treatment: region and province

Among children under five years who had diarrhea in the preceding two weeks, the percent distribution by source of treatment received, according to region and province, Indonesia 1994

Region and province	Source of treatment received by children with diarrhea				Total	Children with diarrhea
	Taken to a health facility or provider ¹	Traditional healer	Self-treatment ²	No advice/treatment sought		
Java-Bali	54.8	0.6	23.6	21.0	100.0	1,187
DKI Jakarta	62.0	0.0	19.7	18.3	100.0	42
West Java	53.0	0.6	29.9	16.5	100.0	688
Central Java	58.7	1.7	21.4	18.1	100.0	194
DI Yogyakarta	86.4	0.0	3.8	9.8	100.0	8
East Java	54.6	0.0	9.3	36.1	100.0	240
Bali	47.8	2.2	17.8	32.2	100.0	15
Outer Java-Bali I	49.9	1.5	23.3	25.3	100.0	532
Dista Aceh	42.8	5.5	24.1	27.6	100.0	28
North Sumatra	44.9	0.0	30.2	24.9	100.0	157
West Sumatra	54.5	4.5	17.0	24.0	100.0	41
South Sumatra	66.1	0.0	16.2	17.7	100.0	36
Lampung	41.8	1.3	28.6	28.3	100.0	44
West Nusa Tenggara	52.6	4.5	12.9	30.0	100.0	54
West Kalimantan	44.8	0.9	27.7	26.6	100.0	49
South Kalimantan	45.8	0.0	40.2	14.0	100.0	27
North Sulawesi	63.0	4.4	8.0	24.5	100.0	25
South Sulawesi	56.7	0.0	15.1	28.2	100.0	69
Outer Java-Bali II	53.0	3.1	20.1	23.8	100.0	203
Riau	45.1	2.6	29.4	22.9	100.0	40
Jambi	42.0	5.5	18.0	34.5	100.0	21
Bengkulu	54.5	3.5	14.3	27.7	100.0	27
East Nusa Tenggara	66.6	3.7	17.7	12.0	100.0	37
East Timor	67.2	0.0	7.1	25.8	100.0	8
Central Kalimantan	72.1	0.0	23.2	4.7	100.0	7
East Kalimantan	47.5	0.0	37.2	15.3	100.0	15
Central Sulawesi	42.1	8.9	22.4	26.7	100.0	14
Southeast Sulawesi	41.5	2.4	16.2	39.9	100.0	13
Maluku	48.7	4.5	15.9	30.8	100.0	7
Irian Jaya	64.9	0.0	4.7	30.4	100.0	14
Total	53.2	1.1	23.2	22.5	100.0	1,921

¹ Includes hospital, health center, health post, private clinic, doctor, nurse, midwife, village delivery post, and health cadre
² Pharmacy or shop

Children who have diarrhea may receive ORS solution (prepared from ORS packets), other fluids, other treatments, increased fluids, or receive a combination of these treatments. Although more than 90 percent of mothers reported that they had heard of or seen ORS packets, in practice, only 45 percent of children with diarrhea were treated with ORS (see Table 12.8.1). Forty-four percent of children with diarrhea were given other fluids, 70 percent received either ORS or other fluids, and 78 percent were given some other treatment, including those obtained from a pharmacy. A majority of children with diarrhea (84 percent) were given ORS or increased fluids.

Table 12.8.1 Treatment of diarrhea: background characteristics

Among children under five years who had diarrhea in the preceding two weeks, the percentage who received oral rehydration therapy (solution prepared from ORS packets or increased fluids), the percentage who received neither ORS nor increased fluids, and the percentage given other treatments, by background characteristics, Indonesia 1994

Background characteristic	Oral rehydration therapy (ORT)				Neither ORS nor increased fluids	Other treatment	No treatment	Missing	Children with diarrhea
	ORS packets	Other fluids	ORS or other fluids	In-creased fluids					
Age of child									
< 6 months	23.1	21.9	43.9	23.8	46.7	58.8	34.8	0.0	162
6-11 months	44.6	40.3	70.1	48.7	16.2	78.3	8.5	0.1	325
12-17 months	50.2	45.1	72.8	49.5	16.0	78.8	7.7	0.0	561
18-23 months	44.1	48.5	70.7	67.7	10.1	81.6	4.5	0.1	416
24-29 months	45.4	48.4	76.8	67.6	11.6	79.3	7.6	0.0	286
30-35 months	51.8	50.3	74.2	68.1	12.2	76.6	6.9	2.3	172
Sex of child									
Male	43.7	45.2	69.9	55.8	17.6	78.8	10.5	0.4	1,064
Female	46.8	42.6	70.5	55.0	14.8	76.0	7.9	0.0	857
Birth order									
1	54.0	46.7	76.4	55.3	13.2	78.9	6.0	0.0	473
2-3	42.2	38.9	66.7	55.3	18.3	76.0	11.0	0.1	760
4-5	45.1	47.2	71.6	55.5	15.7	77.6	9.6	0.9	484
6+	35.3	49.4	65.1	56.3	18.0	79.8	10.6	0.0	205
Residence									
Urban	42.1	50.5	74.2	60.5	12.3	84.0	6.9	0.1	553
Rural	46.3	41.4	68.5	53.5	18.0	74.9	10.4	0.3	1,368
Region/Residence									
Java-Bali	44.7	43.8	69.7	58.5	15.8	79.0	9.2	0.3	1,187
Urban	39.7	51.2	73.0	61.8	12.7	85.8	7.1	0.0	421
Rural	47.4	39.8	67.8	56.7	17.5	75.3	10.3	0.5	766
Outer Java-Bali I	43.1	44.1	69.0	52.0	18.0	74.7	10.2	0.0	532
Urban	47.7	49.2	78.7	58.0	9.4	81.0	5.1	0.0	97
Rural	42.1	42.9	66.8	50.6	19.9	73.3	11.3	0.0	435
Outer Java-Bali II	52.7	45.1	76.3	47.0	15.4	76.2	8.5	0.3	203
Urban	54.8	45.3	76.9	51.9	15.0	72.1	9.2	0.8	36
Rural	52.3	45.1	76.2	45.9	15.5	77.1	8.3	0.2	167
Mother's education									
No education	44.3	35.3	69.3	49.0	18.5	72.8	14.2	0.0	257
Some primary	42.0	45.3	66.1	54.7	18.1	76.7	10.9	0.0	669
Completed primary	47.2	43.3	71.8	57.7	14.8	79.9	6.7	0.8	541
Some secondary+	47.5	47.9	74.7	57.7	14.5	78.6	7.6	0.1	454
All children	45.1	44.0	70.2	55.5	16.4	77.5	9.4	0.2	1,921

ORS = Oral rehydration salts

Infants under 6 months with diarrhea are less likely than older children to be given ORS or increased fluids; in fact, they are less likely to be treated at all, probably because most are still being breastfed. There is no difference in the treatment of diarrhea according to the sex of the child. Treatment does vary by the birth order: whereas over half of first children were given ORS, only 35 percent of seventh or higher birth order children were treated with ORS. Overall, urban children with diarrhea are somewhat more likely to be treated than children rural children, and are also more likely to receive increased fluids or other treatments. There is little difference in treatment by mother's level of education; however, children whose mothers have no education are less likely to be treated with oral rehydration therapy than children of mothers who have attended school.

One in eleven children with diarrhea received no treatment at all—that is, neither ORS nor increased fluids, and they were not taken to a health facility and received no self-treatment. Children under six months were more likely than older children to receive no treatment for diarrhea. Urban children with diarrhea were less likely to be treated than rural children.

Fifty-three percent of children with diarrhea in the Outer Java-Bali II region were given ORS, compared with 45 percent in Java-Bali and 43 percent in Outer Java-Bali I. The use of ORS varies substantially across provinces, from 76 percent in DI Yogyakarta to less than 30 percent in North Sumatra and Central Kalimantan (see Table 12.8.2). Ninety-five percent of children with diarrhea in DI Yogyakarta were given ORS or increased fluids; in East Java, Bali and Central Sulawesi the proportion was less than 75 percent.

Table 12.8.2 Treatment of diarrhea: region and province

Among children under five years who had diarrhea in the preceding two weeks, the percentage who received oral rehydration therapy (solution prepared from ORS packets or increased fluids), the percentage who received neither ORS nor increased fluids, and the percentage given other treatments, by region and province, Indonesia 1994

Region and province	Oral rehydration therapy (ORT)				Neither ORS nor increased fluids	Other treatment	No treatment	Missing	Children with diarrhea
	ORS packets	Other fluids	ORS or other fluids	In-creased fluids					
Java-Bali	44.7	43.8	69.7	58.5	15.8	79.0	9.2	0.3	1,187
DKI Jakarta	38.7	37.3	63.6	70.3	12.0	81.7	7.5	0.0	42
West Java	42.7	46.0	70.4	63.3	12.4	83.5	8.2	0.0	688
Central Java	48.8	57.1	81.0	68.6	7.9	81.9	4.7	0.0	194
DI Yogyakarta	75.6	22.3	85.5	69.1	4.9	90.2	4.9	0.0	8
East Java	47.0	28.7	59.1	34.4	31.9	63.9	15.7	1.7	240
Bali	41.7	43.4	65.2	52.5	28.9	67.8	14.0	0.0	15
Outer Java-Bali I	43.1	44.1	69.0	52.0	18.0	74.7	10.2	0.0	532
Dista Aceh	45.5	53.9	79.5	54.2	14.3	72.4	10.8	0.0	28
North Sumatra	24.9	42.9	57.7	50.9	23.1	75.1	13.9	0.0	157
West Sumatra	56.0	46.7	77.6	55.1	14.8	76.0	5.6	0.0	41
South Sumatra	48.6	46.2	76.4	63.8	9.4	82.3	6.7	0.0	36
Lampung	57.3	51.4	86.5	33.5	13.5	71.7	9.3	0.0	44
West Nusa Tenggara	55.9	36.6	67.4	48.4	20.4	70.0	11.8	0.0	54
West Kalimantan	45.6	36.8	65.8	57.7	20.6	73.4	11.7	0.0	49
South Kalimantan	43.0	32.6	60.4	50.5	21.5	86.0	4.9	0.0	27
North Sulawesi	63.2	56.7	80.1	69.1	3.2	75.5	1.6	0.0	25
South Sulawesi	44.7	46.3	73.3	50.2	17.4	71.8	9.3	0.0	69
Outer Java-Bali II	52.7	45.1	76.3	47.0	15.4	76.2	8.5	0.3	203
Riau	54.0	49.4	82.7	48.5	10.1	77.1	6.6	0.0	40
Jambi	44.8	53.0	74.6	41.4	18.6	65.5	16.9	0.0	21
Bengkulu	59.3	45.6	76.5	39.2	17.2	72.3	13.2	0.0	27
East Nusa Tenggara	56.0	48.7	79.8	47.0	15.5	88.0	6.2	0.0	37
East Timor	60.4	27.5	78.1	50.6	6.3	74.2	4.9	0.0	8
Central Kalimantan	29.2	55.4	68.3	64.7	7.8	95.3	4.7	0.0	7
East Kalimantan	52.9	39.2	73.7	50.2	22.5	84.7	1.7	0.0	15
Central Sulawesi	45.5	30.5	61.4	39.3	26.6	73.3	10.4	2.7	14
Southeast Sulawesi	48.8	49.3	77.7	52.6	12.9	60.1	7.4	0.0	13
Maluku	53.0	63.6	81.7	55.8	9.5	69.2	9.5	0.0	7
Irian Jaya	57.8	24.4	68.9	49.9	17.1	69.6	8.3	1.9	14
Total	45.1	44.0	70.2	55.5	16.4	77.5	9.4	0.2	1,921

ORS = Oral rehydration salts

Although use of ORS is low (less than 40 percent) in the provinces of DKI Jakarta and Central Kalimantan, most children with diarrhea received some form of treatment. In North Sumatra, however, not only is the use of ORS low (less than 25 percent), but a relatively large proportion of children with diarrhea received no treatment at all (14 percent). The percentage of children with diarrhea who received no treatment ranges from a low of 2 percent in North Sulawesi and East Kalimantan to a high of 17 percent in Jambi.

Feeding Practices during Diarrhea

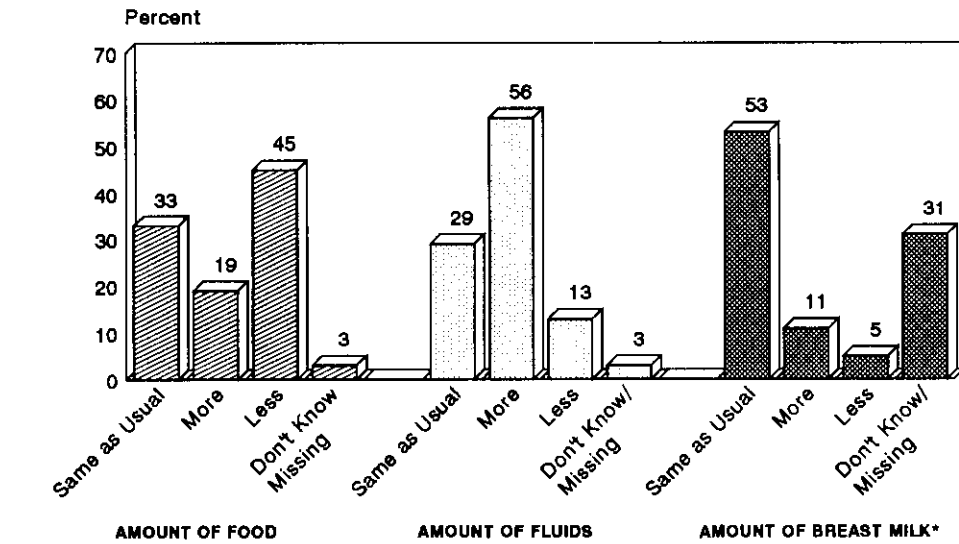
Diarrheal episodes are frequently accompanied by vomiting, which makes feeding difficult because the child frequently refuses food. In the 1994 IDHS, one in three children with diarrhea in the preceding two weeks received the same amount of food, one in five received more food, and 45 percent had less food (see Table 12.9 and Figure 12.1). More than half of the children with diarrhea were given an increased amount of fluids to drink, which suggests that a majority of mothers knew that children should be given more fluids during diarrhea in order to rehydrate them. Twenty-nine percent of mothers gave the same amount of fluids to their children, and 13 percent gave less liquid. Among last-born children with diarrhea who are still breast-fed, 53 percent were given the same amount of breast milk, 11 percent received an increased amount of breast milk, and 5 percent received less breast milk.

Table 12.9 Feeding practices during diarrhea

Percent distribution of children under five who had diarrhea in the preceding two weeks by amount of solid foods given and amount of fluids given, and the percent distribution of last-born children with diarrhea by pattern of breastfeeding, Indonesia 1994

Feeding practices	Total
Amount of solid foods	
Same	33.4
Increased	18.6
Decreased	44.5
Don't know/Missing	3.5
Amount of fluids	
Same	28.5
Increased	55.5
Decreased	12.8
Don't know/Missing	3.1
Total	100.0
Number of children	1,921
Diarrhea breastfeeding pattern	
Unchanged	53.4
Reduced	4.7
Increased	10.8
Stopped	0.3
Don't know/Missing	30.8
Total	100.0
Number	1,712

Figure 12.1
Feeding Practices Among
Children Under Five with Diarrhea



* Last-born children only

1994 IDHS

CHAPTER 13

INFANT FEEDING

Breastfeeding is of utmost importance for the health and survival of infants. In Indonesia, exclusive breastfeeding is recommended for infants under 4 months of age; the introduction of supplementary foods is recommended at age 4 to 6 months.

13.1 Prevalence of Breastfeeding and Supplementation

Table 13.1.1 shows that virtually all children born in the five-year period preceding the survey were breastfed for at least some time (97 percent). There are negligible differences in the proportion of children ever breastfed by background characteristics.

In Indonesia, 8 percent of newborns are breastfed within the first hour, and more than half (52 percent) start within the first day. Differences between subgroups of children in the percentage receiving breast milk during the first day are small. Mothers in Java-Bali are more likely to start giving breast milk to their babies earlier than women in other regions. The percentage of children who breastfed the first day declines as mother's level of education increases; 62 percent of children whose mothers had no education began breastfeeding the first day, compared with 49 percent of those whose mothers attended secondary school.

It is interesting to note that the proportion of first-day breastfeeding is lowest among women who were assisted by a medical professional at delivery, and highest among women who had no assistance at delivery or were assisted by other people, e.g., friends and relatives. About 54 percent of children born at home or assisted by a traditional birth attendant at delivery started receiving breast milk within the first day of life, compared with 48 percent among children born in a health facility or assisted by a doctor or midwife.

The proportion of children receiving breast milk in the first hour of life ranges from less than 1 percent in DI Yogyakarta and South Kalimantan to 20 percent in West Nusa Tenggara (see Table 13.1.2). The proportion breastfeeding in the first day of life varies from 33 percent in Maluku to 72 percent in Bali.

Mothers who were currently breastfeeding were asked if they had given various types of liquids or solid foods to the child in the last 24 hours (see Table 13.2 and Figure 13.1). Children are classified as being exclusively breastfed if they receive breast milk only. Full breastfeeding is defined as receiving plain water in addition to breast milk. Virtually all infants under 7 months were breastfed (96-98 percent). The prevalence of breastfeeding declines to 90 percent at age 10-11 months and to 63 percent at age 22-23 months.

Overall, less than half of infants under 4 months were exclusively breastfed (47 percent). The prevalence of exclusive breastfeeding declines from 58 percent for infants age under 2 months to 38 percent among those age 2-3 months to 17 percent among children 4-5 months. A small percentage of infants under 6 months of age were given plain water only in addition to breast milk.

Table 13.1.1 Initial breastfeeding: background characteristics

Percentage of children under five who were ever breastfed, and the percentage who started breastfeeding within one hour of birth and within one day of birth, by selected background characteristics, Indonesia 1994

Background characteristic	Percentage ever breastfed	Percentage of children who started breastfeeding:		Number of children
		Within 1 hour of birth	Within 1 day of birth ¹	
Sex of child				
Male	96.3	8.1	51.1	8,737
Female	97.1	8.0	53.7	8,246
Residence				
Urban	95.2	8.1	50.6	4,646
Rural	97.2	8.0	53.0	12,337
Region/Residence				
Java-Bali	96.6	9.4	54.5	9,678
Urban	95.3	8.2	52.1	3,184
Rural	97.2	9.9	55.7	6,494
Outer Java-Bali I	96.8	6.9	49.5	5,073
Urban	95.7	9.0	46.1	995
Rural	97.1	6.3	50.4	4,077
Outer Java-Bali II	96.9	5.0	49.3	2,233
Urban	93.5	5.5	49.8	467
Rural	97.8	4.9	49.1	1,766
Education				
No education	97.2	7.8	62.3	2,012
Some primary	97.1	8.9	52.0	5,246
Completed primary	96.4	8.0	51.7	5,010
Some secondary+	96.3	7.2	49.1	4,715
Assistance at delivery				
Medical professional	95.7	7.4	48.3	6,198
Traditional birth attendant	97.3	8.6	54.2	10,103
Other or none	96.1	6.0	60.5	680
Place of delivery				
Health facility	95.2	7.3	48.1	3,890
At home	97.2	8.3	53.6	13,048
Total	96.7	8.0	52.3	16,983

Note: Includes 2 children for whom information on assistance at delivery is missing and 45 for whom place of delivery is missing.

¹ Includes children who started breastfeeding within one hour of birth.

Table 13.1.2 Initial breastfeeding: region and province

Percentage of children under five who were ever breastfed, and the percentage who started breastfeeding within one hour of birth and within one day of birth, by region and province, Indonesia 1994

Region and province	Percentage ever breastfed	Percentage of children who started breastfeeding:		Number of children
		Within 1 hour of birth	Within 1 day of birth ¹	
Java-Bali	96.6	9.4	54.5	9,678
DKI Jakarta	95.6	7.4	56.0	618
West Java	96.4	12.9	43.9	3,675
Central Java	96.8	2.6	54.5	2,599
DI Yogyakarta	98.1	0.0	68.1	182
East Java	96.6	12.5	67.9	2,393
Bali	97.6	10.1	72.4	210
Outer Java-Bali I	96.8	6.9	49.5	5,073
Dista Aceh	95.8	4.1	48.1	374
North Sumatra	96.6	5.1	36.7	1,298
West Sumatra	97.6	3.7	67.5	366
South Sumatra	96.6	5.5	59.6	563
Lampung	98.3	8.8	46.2	563
West Nusa Tenggara	97.8	19.7	68.5	399
West Kalimantan	94.3	5.0	47.8	380
South Kalimantan	96.8	0.6	57.3	225
North Sulawesi	98.3	16.2	63.4	203
South Sulawesi	96.6	5.6	42.7	701
Outer Java-Bali II	96.9	5.0	49.3	2,233
Riau	92.6	1.7	42.9	389
Jambi	97.6	4.0	51.3	207
Bengkulu	97.2	3.7	34.9	138
East Nusa Tenggara	98.5	2.8	58.3	361
East Timor	99.0	8.3	68.9	123
Central Kalimantan	99.7	17.3	66.0	126
East Kalimantan	96.0	10.2	49.0	215
Central Sulawesi	97.4	6.3	40.2	166
Southeast Sulawesi	98.5	2.6	36.6	149
Maluku	98.2	2.0	32.7	190
Irian Jaya	96.1	5.1	65.0	167
Total	96.7	8.0	52.3	16,983

¹ Includes children who started breastfeeding within one hour of birth.

Table 13.2 Breastfeeding status

Percent distribution of living children by breastfeeding status, according to child's age in months, Indonesia 1994

Age in months	Percentage of living children who are:						Total	Number of living children
	Not breast-feeding	Exclusively breast-fed	Breastfeeding and:					
			Plain water only ¹	Other liquids	Other milk ²	Supplements ³		
<2	2.0	58.0	2.3	9.0	9.2	19.7	100.0	478
2-3	3.1	38.0	1.1	12.7	4.5	40.6	100.0	547
4-5	3.5	16.8	3.1	3.3	1.9	71.4	100.0	517
6-7	3.5	4.8	2.4	1.5	0.7	87.2	100.0	556
8-9	7.6	4.0	2.0	2.9	0.2	83.3	100.0	530
10-11	9.9	1.8	0.5	0.7	1.4	85.6	100.0	525
12-13	11.6	1.2	1.7	1.4	0.0	84.1	100.0	615
14-15	12.0	0.4	1.4	0.2	0.0	86.0	100.0	522
16-17	13.7	0.2	0.2	1.5	0.0	84.4	100.0	518
18-19	22.1	1.0	0.2	0.3	0.0	76.4	100.0	478
20-21	36.0	0.0	0.1	0.7	0.0	63.2	100.0	441
22-23	37.4	0.2	1.0	0.0	0.0	61.4	100.0	492
24-25	49.4	0.0	0.0	0.2	0.0	50.4	100.0	681
26-27	60.1	0.0	0.0	0.0	0.0	39.9	100.0	566
28-29	58.7	0.0	0.1	0.1	0.0	41.1	100.0	522
30-31	64.3	0.0	0.0	0.0	0.0	35.7	100.0	576
32-33	70.9	0.1	0.0	1.0	0.0	28.0	100.0	469
34-35	80.8	0.0	0.7	0.0	0.0	18.5	100.0	537
0-3 months	2.6	47.3	1.6	11.0	6.7	30.8	100.0	1,024
4-5 months	1.6	20.3	4.0	5.0	2.1	67.0	100.0	280
6-9 months	5.5	4.4	2.2	2.2	0.5	85.3	100.0	1,086
10-11 months	9.9	1.8	0.5	0.7	1.4	85.6	100.0	525
12-15 months	11.8	0.8	1.6	0.8	0.0	85.0	100.0	1,137
16-19 months	17.8	0.6	0.2	0.9	0.0	80.6	100.0	996
20-23 months	36.7	0.1	0.5	0.3	0.0	62.3	100.0	933
24+ months	59.4	0.9	0.3	0.3	0.1	39.1	100.0	3,589

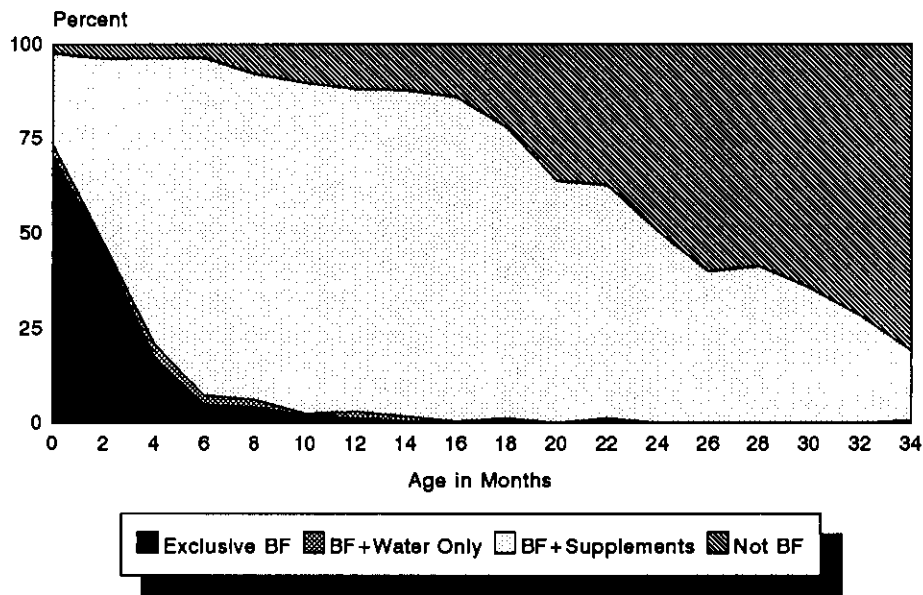
Note: Breastfeeding status refers to preceding 24 hours.

¹ Receive no supplements

² May receive other liquids

³ May receive other liquids or other milk

Figure 13.1
Distribution of Children by Breastfeeding
(BF) Status, According to Age



1994 IDHS

Among currently breastfed children, some were given supplementary liquids such as plain water, water with sugar or honey, fruit juice, tea, starch water, and other types of milk or supplementary foods such as meat, fish, eggs, liver, mashed food or porridge. Supplementary feeding is introduced very early in infancy; 40 percent of infants under 2 months of age were given supplements consisting of plain water (2 percent), other liquids (9 percent), other milk (9 percent), and solid foods (20 percent). The proportion of infants receiving supplementary feeding increases rapidly. Solid foods are given to 41 percent of infants at age 2-3 months, 71 percent of those age 4-5 months and 87 percent of infants age 6-7 months.

Table 13.3 presents data on the types of food given to breastfeeding children under 3 years, the use of a bottle with a nipple in feeding these children, and the use of a pacifier. With regard to the mode of feeding, 8 percent of infants under 2 months were fed using a bottle with a nipple. The proportion increases to 15 percent among infants age 6-7 months.

Besides bottle feeding with a nipple or teat, pacifiers are frequently used to satisfy the infant's sucking demand. Among currently breastfed children, the use of pacifiers decreases with age, from about 9 percent among those under 7 months to 5 percent among those 10-11 months, to less than 2 percent among children 1 year or older (see Table 13.3).

Table 13.3 Types of food received

Percentage of breastfeeding children under three years who received various types of food in the 24 hours preceding the interview and the percentage using a bottle with a nipple, and using a pacifier, by child's age in months, Indonesia 1994

Age (in months)	Type of food received						Using bottle with a nipple	Using pacifier	Number of children
	Breast milk only	Other milk	Other liquid	Meat, fish, eggs, liver	Other				
<2	59.1	13.2	24.2	0.4	19.9	7.6	9.3	468	
2-3	39.2	10.3	34.0	2.3	41.7	9.7	9.5	530	
4-5	17.4	13.9	38.9	8.3	73.0	9.5	8.7	499	
6-7	5.0	20.9	58.8	31.8	90.2	14.7	9.3	537	
8-9	4.3	17.2	70.1	45.0	90.1	10.2	3.9	490	
10-11	2.0	24.9	75.8	56.1	94.5	14.2	4.7	473	
12-13	1.4	21.0	80.6	65.1	95.1	8.9	1.8	544	
14-15	0.4	24.5	77.9	70.3	96.7	8.7	1.6	459	
16-17	0.2	23.0	82.7	70.8	96.8	9.7	1.3	447	
18-23	0.6	25.0	83.0	81.1	97.4	6.3	2.5	962	
24-29	0.0	21.3	86.8	82.4	99.6	4.6	1.8	786	
30-35	0.1	18.0	84.4	80.7	97.4	6.0	1.8	445	
0-3 months	48.6	11.7	29.4	1.4	31.5	8.7	9.4	998	
4-6 months	13.2	17.3	44.2	15.7	78.9	11.3	7.9	751	
7-9 months	4.6	17.5	67.3	40.6	90.0	11.8	6.9	775	
Total	9.7	19.8	68.2	52.6	84.3	8.8	4.5	6,640	

13.2 Duration of Breastfeeding

In Indonesia, breastfeeding is not only universal, but also relatively long. The median duration of breastfeeding is estimated at 23.8 months (see Table 13.4.1 and Figure 13.2). Children who live in rural areas are breastfed for longer durations than children in urban areas (24.8 months compared with 22.1 months). Children in Java-Bali, those whose mothers have less education and those whose mothers were assisted by a traditional birth attendant are breastfed longer than other children. The median duration of breastfeeding in Java-Bali is 25.3 months, compared with 21.4 months in Outer Java-Bali I and 22.8 months in Outer Java-Bali II. Children born to mothers with no education are breastfed for 9 months longer than those born to mothers who have secondary education. Children whose mothers were assisted by a traditional birth attendant are breastfed for slightly longer durations than children whose mothers were assisted by a medical professional or other persons (25 months compared with less than 23 months).

Supplements to breastfeeding are not recommended until the infant reaches 4 months of age. However, the median durations of exclusive and full breastfeeding are 1.3 months and 1.5 months, respectively, which suggests that food supplements are introduced at an earlier age than recommended. Female infants are exclusively and fully breastfed longer than male infants.

The duration of exclusive and full breastfeeding in the Outer Java-Bali region is longer than in Java-Bali. For example, in Outer Java-Bali II the median duration of full breastfeeding is 2.3 months, compared with 1 month in Java-Bali.

Table 13.4.1 Median duration and frequency of breastfeeding: background characteristics

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under three years, and the percentage of children under 6 months of age who were breastfed six or more times in the 24 hours preceding the interview, according to background characteristics, Indonesia 1994

Background characteristic	Median duration in months ¹			Number of children under 3 years of age	Children under 6 months	
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding ²		Breastfed 6+ times in preceding 24 hours	Number of children
Sex of child						
Male	23.8	0.7	0.8	5,178	88.3	830
Female	23.8	1.7	1.9	4,953	92.1	711
Residence						
Urban	22.1	1.3	1.4	2,817	88.2	432
Rural	24.8	1.2	1.5	7,314	90.8	1,109
Region/Residence						
Java-Bali	25.3	0.9	1.0	5,820	89.8	885
Urban	22.4	1.2	1.2	1,944	88.9	292
Rural	26.9	0.7	0.9	3,876	90.2	592
Outer Java-Bali I	21.4	1.6	1.9	2,992	89.9	456
Urban	22.2	1.7	1.9	583	87.3	94
Rural	21.2	1.6	1.9	2,409	90.5	362
Outer Java-Bali II	22.8	2.2	2.3	1,319	91.8	201
Urban	19.3	1.7	1.8	290	86.0	46
Rural	23.7	2.4	2.6	1,028	93.5	155
Education						
No education	30.5	0.8	0.9	1,092	92.7	177
Some primary	26.9	1.7	1.8	3,004	89.9	418
Completed primary	23.1	0.7	1.3	3,015	89.5	473
Some secondary+	21.5	1.4	1.5	3,021	89.8	473
Assistance at delivery						
Medical professional	22.8	1.3	1.5	4,206	90.4	682
Trad. birth attendant	25.0	1.2	1.3	5,509	90.0	802
Other or none	21.0	2.6	2.9	415	87.1	58
Total	23.8	1.3	1.5	10,131	90.1	1,542
Mean	23.9	3.0	3.3	NA	NA	NA
Prevalence/Incidence ³	23.3	2.3	2.6	NA	NA	NA

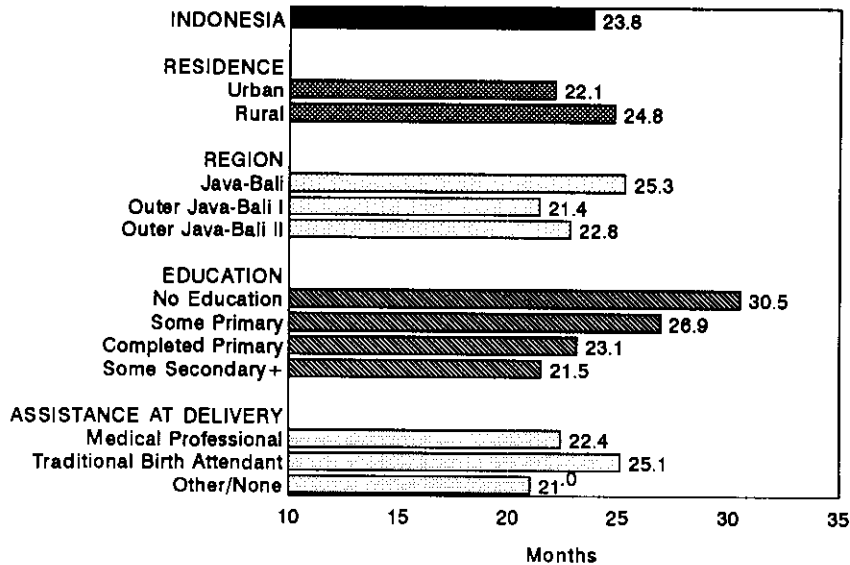
NA = Not applicable

¹Medians and means are based on current status

²Either exclusive breastfeeding or breastfeeding and plain water only

³Prevalence-incidence mean

Figure 13.2
Median Duration of Any Breastfeeding



1994 IDHS

It is recommended that infants under 6 months of age be breastfed frequently. Table 13.4.1 shows that 90 percent of infants under 6 months of age were breastfed 6 or more times in the 24 hours prior to the survey. Differences according to background characteristics are minimal.

Breastfeeding durations range from 18 to 31 months across provinces (see Table 13.4.2). In North Sumatra, West Sumatra, and East Timor, the median duration of breastfeeding is 18 months; whereas in Central Java and Irian Jaya, the medians are 31 months and 26 months, respectively. In some provinces the median duration of exclusive and full breastfeeding is less than 1 month (Central Java, DI Yogyakarta, East Java, Dista Aceh, and South Kalimantan).

The percentage of infants who were breastfed frequently shows little variation according to region. In the Java-Bali region, infants in DKI Jakarta are slightly less likely than infants in other provinces to be given breast milk frequently (83 percent compared with 90 percent for the region as a whole). In the Outer Java-Bali regions, South Kalimantan, Riau, and Irian Jaya have the lowest proportions of infants receiving breast milk more than 6 times during the 24 hours prior to the survey (83 percent or less).

Table 13.4.2. Median duration and frequency of breastfeeding: region and province

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under three years of age, and the percentage of children under 6 months of age who were breastfed six or more times in the 24 hours preceding the interview, according to region and province, Indonesia 1994

Region and province	Median duration in months ¹			Number of children under 3 years of age	Children under 6 months	
	Any breast-feeding	Exclusive breast-feeding	Full breast-feeding ²		Breastfed 6+ times in preceding 24 hours	Number of children
Java-Bali	25.3	0.9	1.0	5,820	89.8	885
DKI Jakarta	21.1	1.4	1.4	372	82.8	58
West Java	25.3	1.6	1.7	2,164	84.6	334
Central Java	30.9	0.6	0.7	1,516	94.4	204
DI Yogyakarta	25.0	0.9	0.9	109	(96.4)	13
East Java	24.2	0.6	0.6	1,534	94.3	253
Bali	22.8	1.7	1.7	126	87.0	22
Outer Java-Bali I	21.4	1.6	1.9	2,992	89.9	456
Dista Aceh	20.6	0.4	0.5	216	87.2	30
North Sumatra	18.1	1.0	1.4	764	87.0	115
West Sumatra	17.9	1.8	1.8	225	93.2	36
South Sumatra	24.6	1.7	1.8	319	(96.4)	42
Lampung	21.0	3.2	3.4	349	92.4	58
West Nusa Tenggara	23.7	1.5	1.5	235	91.4	46
West Kalimantan	22.2	1.3	1.4	221	85.9	37
South Kalimantan	25.4	0.7	0.7	125	(82.5)	13
North Sulawesi	19.9	2.5	2.9	120	(93.3)	13
South Sulawesi	23.5	3.4	3.7	417	89.9	67
Outer Java-Bali II	22.8	2.2	2.3	1,319	91.8	201
Riau	22.3	1.2	1.2	214	82.2	30
Jambi	24.4	2.1	2.1	123	93.6	20
Bengkulu	23.9	2.8	3.2	82	97.9	12
East Nusa Tenggara	22.8	2.8	3.0	225	96.3	32
East Timor	17.8	1.6	1.7	76	93.0	14
Central Kalimantan	20.9	1.3	2.2	69	(93.4)	10
East Kalimantan	24.7	2.1	2.2	129	93.0	22
Central Sulawesi	24.1	2.3	2.7	96	(87.5)	16
Southeast Sulawesi	24.9	4.1	4.1	91	96.2	11
Maluku	19.6	3.2	3.3	114	98.5	20
Irian Jaya	25.9	2.1	2.2	100	(81.5)	14
Total	23.8	1.3	1.5	10,131	90.1	1,542
Mean	23.9	3.0	3.3	NA	NA	NA
Prevalence/Incidence³	23.3	2.3	2.6	NA	NA	NA

Note: Figures in parentheses are based on 25-49 children.

NA = Not applicable

¹Medians and means are based on current status

²Either exclusive breastfeeding or breastfeeding and plain water only

³Prevalence-incidence mean

CHAPTER 14

MATERNAL MORTALITY

In the 1994 Indonesia Demographic and Health Survey (IDHS), data were collected that allow estimation of maternal mortality using both direct and indirect techniques. For each of the respondent's siblings, information was collected on his or her survival status. If alive, the current age was recorded. If dead, the year of death and age at death were recorded. For dead sisters, additional questions were asked to determine if the death was maternity related, i.e., if the death occurred during pregnancy, during delivery, or within 42 days following a delivery or pregnancy termination.

The direct approach for estimating maternal mortality uses data on the age of surviving sisters and age at death and year of death of sisters who died. For well-defined reference periods, the data are aggregated to determine the number of maternal deaths occurring in each reference period. Maternal mortality rates are then directly calculated by dividing the number of deaths by the person-years of exposure.

The indirect approach for maternal mortality estimation, i.e., the original sisterhood method, has simpler data requirements than the direct method. None of the information on dates and ages related to sisters is used, and data on all sisters are used to estimate the life-time risk of maternal death. Since the estimates pertain to the life-time experience of the respondents' sisters, no well-defined calendar reference period is derived, and the estimates represent mortality conditions over the past 50 years or so. Assuming that changes in mortality over time are linear, the reference period can be said to be centered about 12-13 years before the survey date.

14.1 Data Quality

Table 14.1 shows the completeness of information on respondents' siblings. Data on survivorship are missing for less than 1 percent of the siblings. The sex ratio of the siblings was 105, which is consistent with the sex ratio at birth of 106 calculated from the 1994 IDHS birth histories. For less than 1 percent of living siblings, current age was not recorded. For 2 percent of dead siblings, age at death and year of death were missing—making imputation of these data necessary.¹

Another way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility and stability of the adult female mortality estimates. It is reasoned that if estimated rates of overall adult female mortality are plausible, rates based on a subset of these deaths, e.g., maternal deaths, are likely to be free of serious problems. Table 14.2 shows age-specific female mortality rates for women 15-49 for the periods 0-4 and 5-9 years preceding the survey, calculated by direct procedures. The results indicate that adult female mortality was slightly higher 5-9 years before the survey (1984-88) than 0-4 years before the survey (1989-94).

¹ The imputation procedure is based on the assumption that the reported birth ordering of the siblings in the birth history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and for each dead sibling with complete information on both age at death and year of death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age was then calculated from the imputed birth date. In the case of dead siblings, if either age at death or year of death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the age at death was imputed. This imputation was based on the distribution of the ages at death for whom the year of death was unreported, but age at death was reported.

Table 14.1 Data on siblings

Number of siblings reported by survey respondents and completeness of the reported data on age, age at death, and year of death, weighted, Indonesia 1994

Sibling status and completeness of reporting	Sisters		Brothers		Total	
	Number	Percent	Number	Percent	Number	Percent
All siblings	87,419	100.0	91,884	100.0	179,302	100.0
Living	73,287	83.8	76,151	82.9	149,437	83.3
Dead	13,967	16.0	15,716	17.1	29,683	16.6
Status unknown	165	0.2	17	0.0	182	0.1
Living siblings	73,287	100.0	76,151	100.0	149,437	100.0
Age reported	73,033	99.7	75,854	99.6	148,887	99.6
Age missing	253	0.3	297	0.4	550	0.4
Dead siblings	13,967	100.0	15,716	100.0	29,683	100.0
Age at death and year of death reported	12,625	90.4	14,402	91.6	27,027	91.1
Missing only age-at-death information	42	0.3	49	0.3	91	0.3
Missing only year-of-death information	898	6.4	1,034	6.6	1,932	6.5
Missing age-at-death and year-of-death information	401	2.9	231	1.5	632	2.1

Table 14.2 Adult female mortality rates by age

Direct estimates of age-specific female mortality for women 15-49 based on the survivorship of sisters of survey respondents, Indonesia 1984-88 and 1989-94

Age	1984-88			1989-94		
	Female deaths	Exposure years	Mortality rates (000)	Female deaths	Exposure years	Mortality rates (000)
15-19	76	59,254	1.29	98	47,441	2.06
20-24	90	59,685	1.57	62	58,867	1.05
25-29	126	52,809	2.38	93	59,223	1.56
30-34	73	38,015	1.92	71	52,326	1.36
35-39	70	23,837	2.95	87	37,614	2.31
40-44	62	13,092	4.71	102	23,393	4.37
45-49	29	6,388	4.56	63	12,780	4.91
Total	526	253,080	2.42 ^a	576	291,644	2.19 ^a

^a Age adjusted

Table 14.3 presents the adult female mortality rates described in three model mortality schedules corresponding to a female under-five mortality rate of 74 per 1,000 live births.² The table presents adult female mortality rates implied by the Coale-Demeny (C-D) West, East and South model life tables compared with the estimated rates.³ This comparison shows that the rates estimated from the 1994 IDHS data are significantly higher than those described in the C-D South model, significantly lower than those described in the C-D West model, and roughly the same as those drawn from the C-D East model. This analysis suggests that no major problem exists in quality of the data used to calculate maternal mortality, although these examinations are cursory, being relatively insensitive to all but large departures from model patterns.

<u>Table 14.3 Adult female mortality rates: direct estimates and model life table rates</u>					
Direct estimates of adult female mortality based on the survivorship of sisters of survey respondents, Indonesia 1984-88 and 1989-94, and model life table rates, Indonesia 1994					
Age	Estimated female mortality rates		Model life table rates ¹		
	1984-88	1989-94	WEST (63.3)	EAST (66.0)	SOUTH (69.5)
15-19	1.29	2.06	1.79	1.18	0.67
20-24	1.51	1.05	2.40	1.62	0.95
25-29	2.38	1.56	2.81	1.90	1.14
30-34	1.92	1.36	3.28	2.24	1.34
35-39	2.95	2.31	3.92	2.79	1.62
40-44	4.71	4.37	4.86	3.58	2.24
45-49	4.56	4.91	6.41	4.99	3.04
15-49 ^a	2.42	2.19	3.25	2.29	1.37

¹ Model life tables were selected at a level of mortality approximately corresponding to a probability of dying between birth and exact age 5 estimated for the period 1989-94 (i.e., ${}_5q_0$ of 74 per 1,000 female births). Life expectancies at birth are presented in parentheses.

^a Age adjusted

14.2 Direct Estimates of Maternal Mortality

Direct age specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 14.4 for the periods 0-4 and 5-9 years preceding the survey. For the period 0-4 years before the survey (1989-94), the maternal mortality rate is 0.367 maternal deaths per 1,000 woman-years of exposure. The corresponding rate for the period 5-9 years before the survey (1984-88) is 0.418 per 1,000, indicating a slight downward trend in the maternal mortality *rate* (not ratio). Of all female deaths occurring between ages 15 and 49 in the period 0-9 years before the survey, 20 percent were due to maternal causes.

² The female under-five mortality rate was calculated from the 1994 IDHS data for the 0-4 years before the survey.

³ The most commonly used model life tables, and the ones used here, are the Coale-Demeny (C-D) Regional Model Life Tables. The C-D West, East, and South models are employed in this report; the North model is not presented since it closely resembles the West model at the prevailing mortality level.

Table 14.4 Direct estimates of maternal mortality

Direct estimates of maternal mortality based on the survivorship of sisters of survey respondents, Indonesia 1984-88 and 1989-94

Age	1984-88			1989-94		
	Maternal deaths	Exposure years	Mortality rates (000)	Maternal deaths	Exposure years	Mortality rates (000)
15-19	10	59,254	0.169	23	47,441	0.485
20-24	16	59,685	0.268	25	58,867	0.422
25-29	53	52,809	0.996	19	59,223	0.322
30-34	16	38,015	0.425	10	52,326	0.191
35-39	12	23,837	0.521	20	37,614	0.525
40-44	5	13,092	0.400	9	23,393	0.397
45-49	0	6,388	0.000	1	12,780	0.098
Total	112	253,080	0.418 ^a	107	291,644	0.367 ^a
General fertility rate			116			94
Maternal mortality ratio ^b			360			390

^a Age adjusted

^b Per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate.

Conversion of the maternal mortality rate to a maternal mortality ratio can be done by dividing the rate by the general fertility rate estimated for the same calendar period. In this way, the obstetrical risk of pregnancy and childbearing is underlined. By direct estimation procedures, the maternal mortality ratio is estimated at 390 maternal deaths per 100,000 live births during the period 1989-94 and 360 per 100,000 live births during the period 1984-88, indicating a slight increase in the maternal mortality *ratio*. A slight decrease in maternal mortality *rate* is not inconsistent with a slight increase in maternal mortality *ratio*. This can occur when fertility is declining and maternal mortality risk is spread over fewer births.

14.3 Indirect Estimates of Maternal Mortality

The data on the survivorship of sisters can also be used to estimate maternal mortality by the indirect method, i.e., the original sisterhood method. In this method, the data are aggregated by five-year age groups of respondents. For each age group, information on the number of maternal deaths among all sisters of respondents and on the number of "sister units" of risk is used to estimate the lifetime risk of dying from maternal causes. The method also provides an overall estimate of maternal mortality for sisters of all respondents combined, and refers to a period in time centered 12-13 years prior to the survey.

The indirect estimates of maternal mortality are given in Table 14.5. When aggregating the data over all respondents, the lifetime risk of maternal death is 0.015, a risk of dying of maternal causes of about 1 in 66. The lifetime risk of maternal mortality can be converted to an estimate of the maternal mortality ratio as follows:

$$\text{MMR} = 1 - [1 - \text{lifetime risk}]^{1/\text{TFR}}$$

Table 14.5 Indirect estimates of maternal mortality

Estimates of maternal mortality using the indirect method, Indonesia 1994

Age	Number of respondents (a)	Number of sisters 15+ (b)	Maternal deaths (c)	Adjustment factor (d)	Sister units of risk exposure (e)=(b)×(d)	Lifetime risk of maternal death (f)=(c)/e
15-19	7,580	14,719	48	0.107	1,575	0.0303
20-24	6,563	12,745	52	0.206	2,625	0.0199
25-29	6,342	12,316	56	0.343	4,224	0.0132
30-34	5,964	12,231	93	0.503	6,152	0.0150
35-39	5,019	10,159	96	0.664	6,745	0.0142
40-44	3,754	7,421	68	0.802	5,952	0.0114
45-49	3,111	5,496	71	0.900	4,947	0.0143
Total	38,334	75,087	484			0.0150
TFR	4.64 children per woman					
MMR	326 per 100,000 live births					

TFR = Total fertility rate

MMR = Maternal mortality ratio = $(1 - [1 - \text{lifetime risk}]^{1/\text{TFR}}) \times 100,000$, where TFR represents the total fertility rate 10-14 years preceding the survey.

Note: Figures in column (b) are adjusted for age distribution of respondents' sisters (see Graham et al., 1989).

By indirect estimation procedure, the maternal mortality ratio is estimated to be 326 maternal deaths per 100,000 live births, referring to a period roughly centered in the early 1980s.

14.4 Conclusion

The maternal mortality ratio was estimated by direct procedure to be 390 maternal deaths per 100,000 live births applicable to the period 1989-94 and 360 per 100,000 live births applicable to the period 1984-88. By indirect procedure, the maternal mortality ratio was estimated to be 326 per 100,000, referring to a period centered in the early 1980s but extending further back in time. Since earlier estimates are lower, two explanations are possible: (1) a slight rise in the maternal mortality ratio, or (2) an underestimate of maternal mortality during earlier time periods. In either case, the most recent estimate of 390 maternal deaths per 100,000 live births should be taken as the most reliable estimate of maternal mortality.

CHAPTER 15

KNOWLEDGE OF AIDS

In 1986, the Ministry of Health of Indonesia established a coordination board for control of the disease caused by the human immunodeficiency virus (HIV), i.e., acquired immunodeficiency syndrome (AIDS). Since then, various efforts for preventing transmission of the disease have been made, such as public health education through the mass media and nongovernmental organization activities.

In the IDHS, ever-married women age 15–49 years were asked whether they had ever heard of AIDS, and if so, their source(s) of information concerning prevention and treatment of the disease, and their personal perception about the risk of getting the disease. Currently married women were asked about any changes they had made in sexual behavior to avoid getting AIDS, and whether they and their husbands were currently using condoms.

15.1 Source of Information about AIDS

Table 15.1.1 shows the percentage of ever-married women who have heard of AIDS by source of information, according to background characteristics. In this survey, a respondent may report having heard about AIDS from more than one source. Overall, 38 percent of ever-married women have heard of AIDS: 34 percent received information from the television, 15 percent from newspaper or magazines, 12 percent from radio broadcasts, and 7 percent from friends or relatives. For women who have heard of AIDS the proportions are much higher: 89 percent for the television, 38 percent for newspaper or magazines, 32 percent for radio broadcasts, and 18 percent for friends or relatives.

The percentage of women who have heard of AIDS varies by age and follows an inverted U-shaped pattern, i.e., low for the youngest age group and women age 30 years and over, and high among women 20 to 29 years. The percentage of women who have heard of AIDS is higher among currently married women (39 percent) than among those who are widowed (26 percent) or divorced (31 percent).

Urban women are three times more likely to have heard about AIDS than women in the rural areas (70 vs. 25 percent). In the Java-Bali region, 40 percent of women had heard of AIDS compared with 34 to 35 percent in the Outer Java-Bali regions. The percentage of women who know of AIDS increases with level of education. While only 6 percent of women with no education have heard of AIDS, 20 percent of women with some primary education, 40 percent of those who completed primary school, and 82 percent of women with some secondary education have heard of AIDS (see Figure 15.1).

With regard to the source of information about AIDS, for almost all subgroups, television is foremost, followed by newspapers or magazines and radio.

The percentage of women who have heard about AIDS varies by province, from 12 percent in East Timor to 87 percent in DKI Jakarta (see Table 15.1.2). The role of television broadcasting in informing the public about AIDS is notable in DKI Jakarta (84 percent) and East Kalimantan (62 percent). Friends and relatives are an important source of information about AIDS for more than 10 percent of women in DKI Jakarta, Bali, North Sulawesi, Riau and East Kalimantan.

Table 15.1.1 Knowledge of AIDS and sources of AIDS information: background characteristics

Percentage of ever-married women who have heard of AIDS, percentage of ever-married women who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Indonesia 1994

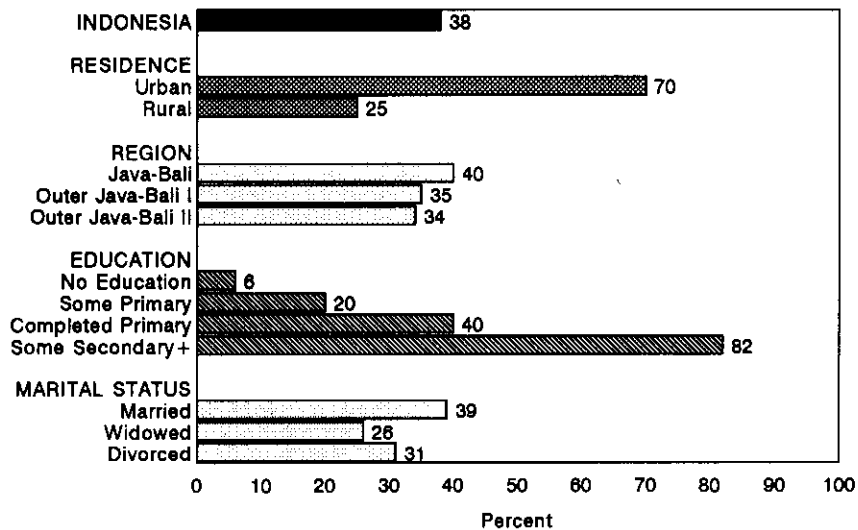
Background characteristic	Sources of AIDS information														Mean number of sources
	Ever heard of AIDS		Radio	TV	Newspaper	Pamphlet	Health worker	Mosque/Church	School	Friend/Relative	Community meeting	Work-place	Other	Number of women	
	Yes	No													
Age															
15-19	39.8	59.9	13.1	34.3	11.6	0.7	0.7	0.0	0.1	7.1	0.7	0.3	0.1	1,365	0.7
20-24	45.4	54.6	16.2	40.7	17.3	0.8	2.3	0.2	0.2	7.7	1.3	0.6	0.2	4,105	0.9
25-29	45.3	54.7	16.3	40.5	17.7	1.6	1.9	0.4	0.2	7.4	1.0	1.4	0.4	5,453	0.9
30-39	36.5	63.5	10.9	32.7	13.9	0.8	1.6	0.3	0.2	6.9	1.1	1.3	0.2	10,528	0.7
40-49	30.1	69.9	8.9	27.0	11.7	0.6	1.7	0.2	0.2	5.5	1.2	0.8	0.3	6,717	0.6
Marital status															
Married	38.9	61.1	12.6	34.8	14.8	0.9	1.8	0.3	0.2	6.8	1.1	1.1	0.2	26,186	0.7
Widowed	26.3	73.7	9.0	23.0	10.3	1.4	1.1	0.1	1.1	6.2	0.6	0.2	0.8	999	0.5
Divorced	30.5	69.5	8.4	26.5	10.3	0.2	0.9	0.4	0.1	6.2	0.7	0.7	0.1	984	0.5
Residence															
Urban	69.6	30.4	21.6	65.8	33.2	2.0	3.1	0.7	0.4	12.8	1.9	2.3	0.6	8,196	1.4
Rural	25.3	74.7	8.6	21.1	6.8	0.4	1.2	0.1	0.1	4.3	0.8	0.5	0.1	19,972	0.4
Region/Residence															
Java-Bali	40.3	59.7	13.9	36.0	15.7	0.9	1.7	0.3	0.2	7.4	1.3	1.2	0.3	17,953	0.8
Urban	68.7	31.3	22.3	64.8	33.8	1.9	3.0	0.7	0.4	12.9	1.9	2.3	0.6	5,991	1.4
Rural	26.0	73.9	9.7	21.6	6.7	0.4	1.1	0.1	0.1	4.6	1.0	0.6	0.1	11,962	0.5
Outer Java-Bali I	34.8	65.2	9.8	31.4	12.8	0.8	1.3	0.1	0.2	5.5	0.5	0.8	0.3	7,108	0.6
Urban	71.8	28.1	19.9	68.3	31.7	2.0	2.5	0.2	0.3	11.6	1.0	2.0	0.7	1,520	1.4
Rural	24.7	75.3	7.1	21.4	7.7	0.5	1.0	0.1	0.1	3.8	0.4	0.5	0.2	5,588	0.4
Outer Java-Bali II	33.6	66.4	9.2	29.1	11.0	1.0	2.7	0.6	0.5	6.5	1.1	1.0	0.3	3,106	0.6
Urban	72.3	27.7	18.5	68.5	31.0	3.1	5.1	1.6	1.2	14.7	3.1	3.3	0.3	685	1.5
Rural	22.6	77.4	6.5	17.9	5.3	0.4	2.0	0.3	0.3	4.2	0.6	0.3	0.3	2,422	0.4
Education															
No education	5.6	94.3	1.4	4.0	0.2	0.0	0.2	0.0	0.0	1.4	0.0	0.1	0.0	4,489	0.1
Some primary	19.7	80.2	4.0	16.6	2.2	0.1	0.7	0.0	0.1	4.0	0.4	0.2	0.0	8,997	0.3
Completed primary	39.7	60.3	11.4	34.5	8.6	0.2	1.1	0.1	0.0	6.0	0.8	0.3	0.2	7,904	0.6
Some secondary+	82.3	17.7	31.8	76.7	47.1	3.4	5.0	1.0	0.8	15.0	3.1	3.7	0.8	6,778	1.9
Total	38.1	61.8	12.3	34.1	14.5	0.9	1.7	0.3	0.2	6.8	1.1	1.1	0.3	28,168	0.7
Ever-married women who have heard of AIDS															
	100.0	0.0	32.4	89.4	37.9	2.4	4.6	0.8	0.6	17.8	2.9	2.8	0.7	10,745	1.9

Table 15.1.2 Knowledge of AIDS and sources of AIDS information: region and province

Percentage of ever-married women who have heard of AIDS, percentage of ever-married women who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by region and province, Indonesia 1994

Region and province	Sources of AIDS information													Number of women	Mean number of sources
	Ever heard of AIDS		Radio	TV	News-paper	Pamph-let	Health worker	Mosque/Church	School	Friend/Relative	Com-munity meeting	Work-place	Other		
	Yes	No													
Java-Bali	40.3	59.7	13.9	36.0	15.7	0.9	1.7	0.3	0.2	7.4	1.3	1.2	0.3	17,953	0.8
DKI Jakarta	87.1	12.9	21.7	83.8	42.8	2.5	3.1	0.7	0.2	16.7	2.6	3.6	0.3	1,249	1.8
West Java	47.4	52.6	15.3	43.3	16.2	1.3	2.0	0.5	0.1	8.3	0.7	0.8	0.4	5,551	0.9
Central Java	28.1	71.8	14.2	24.3	10.2	0.3	1.2	0.2	0.2	5.2	2.0	1.3	0.1	4,578	0.6
DI Yogyakarta	48.7	51.3	25.3	43.5	27.7	1.3	2.5	0.1	0.3	7.3	2.9	1.2	0.3	457	1.1
East Java	32.0	68.0	10.0	27.1	13.1	0.6	1.4	0.1	0.3	5.9	1.0	0.8	0.3	5,685	0.6
Bali	42.1	57.9	9.4	38.4	11.3	1.3	2.5	0.0	0.2	10.7	0.8	1.4	0.2	432	0.8
Outer Java-Bali I	34.8	65.2	9.8	31.4	12.8	0.8	1.3	0.1	0.2	5.5	0.5	0.8	0.3	7,108	0.6
Dista Aceh	30.0	70.0	4.6	28.3	12.2	0.7	1.1	0.1	0.2	5.5	0.5	0.6	0.0	522	0.5
North Sumatra	48.5	51.5	8.6	44.2	18.1	0.6	1.3	0.1	0.1	8.3	0.5	1.1	0.2	1,446	0.8
West Sumatra	38.2	61.7	14.5	33.7	20.3	1.4	2.9	0.3	0.2	7.7	1.1	0.9	0.9	531	0.8
South Sumatra	35.2	64.8	9.5	32.8	13.4	1.2	1.4	0.0	0.1	5.9	0.6	1.6	0.3	900	0.7
Lampung	23.1	76.9	9.9	18.9	6.0	0.8	0.6	0.0	0.1	1.9	0.7	0.2	0.2	834	0.4
West Nusa Tenggara	19.9	80.1	6.9	17.3	7.1	0.9	1.6	0.1	0.3	2.2	0.4	0.6	0.2	527	0.4
West Kalimantan	34.4	65.6	11.2	31.4	12.3	0.9	1.5	0.3	0.2	7.1	0.4	0.9	0.1	519	0.7
South Kalimantan	37.9	62.1	8.9	36.1	9.8	1.1	0.8	0.2	0.1	3.5	0.8	0.8	0.5	447	0.6
North Sulawesi	55.0	45.0	15.3	48.1	21.3	1.2	3.5	0.3	0.4	14.3	0.8	0.8	0.2	333	1.1
South Sulawesi	25.4	74.6	11.3	22.7	8.7	0.2	0.6	0.0	0.1	1.8	0.1	0.6	0.1	1,049	0.5
Outer Java-Bali II	33.6	66.4	9.2	29.1	11.0	1.0	2.7	0.6	0.5	6.5	1.1	1.0	0.3	3,106	0.6
Riau	42.3	57.7	13.9	39.3	17.1	1.2	2.6	0.5	0.5	11.9	1.9	1.1	0.1	552	0.9
Jambi	27.7	72.3	4.2	26.2	5.5	0.2	0.7	0.1	0.0	1.5	0.5	0.4	0.0	335	0.4
Bengkulu	29.3	70.7	12.0	27.3	10.8	0.5	2.0	0.0	0.3	7.3	2.8	1.0	0.2	190	0.6
East Nusa Tenggara	17.0	83.0	3.8	8.3	5.9	1.0	2.3	0.4	0.8	3.5	1.2	0.7	0.3	436	0.3
East Timor	12.4	87.4	4.3	10.2	4.3	0.5	1.4	0.4	0.3	2.7	0.2	0.5	0.0	124	0.2
Central Kalimantan	34.6	65.4	8.6	30.7	6.7	1.2	1.6	0.1	1.1	5.9	0.1	0.8	0.0	244	0.6
East Kalimantan	66.4	33.6	13.2	62.4	21.6	1.2	2.3	1.2	0.8	12.7	0.8	2.1	0.2	321	1.2
Central Sulawesi	28.7	71.3	7.4	23.7	8.2	1.7	2.2	1.9	0.1	1.9	0.1	0.6	0.4	238	0.5
Southeast Sulawesi	20.0	80.0	7.0	17.6	6.2	0.4	0.3	0.0	0.1	0.8	0.0	0.3	0.1	191	0.3
Maluku	37.4	62.4	11.2	31.3	12.0	1.5	4.2	1.0	0.6	9.3	2.0	1.0	0.2	225	0.7
Irian Jaya	33.2	66.8	11.6	24.6	12.8	1.5	10.4	0.9	0.3	6.8	1.7	1.9	1.9	250	0.7
Total	38.1	61.8	12.3	34.1	14.5	0.9	1.7	0.3	0.2	6.8	1.1	1.1	0.3	28,168	0.7
Ever-married women who have heard of AIDS	100.0	0.0	32.4	89.4	37.9	2.4	4.6	0.8	0.6	17.8	2.9	2.8	0.7	10,745	1.9

Figure 15.1
Knowledge of AIDS
Among Ever-Married Women



1994 IDHS

15.2 Knowledge of Ways to Prevent AIDS

One in five women who has heard of AIDS believes there is no way to avoid getting the disease (see Table 15.2.1). Those who said that AIDS is preventable could state more than one way to avoid it. Among these women, the most common response is that AIDS is preventable by avoiding having sex with prostitutes (23 percent) or by having sex with only one partner (20 percent). This is true for almost all subgroups, and particularly among urban and better educated women. A small percentage of women cited avoiding having sex with homosexuals, blood transfusions, and injections (each about 4 percent) as ways to avoid getting AIDS. Three percent of women said using condoms during intercourse can prevent AIDS.

The percentage of women who said that there is no way to avoid AIDS varies little by age group; however, it is slightly higher among married women and women with no education. Rural women are more likely than urban women to say that there is no way to avoid AIDS (26 percent, compared with 17 percent), and women in the Outer Java-Bali regions are more likely than women in Java-Bali to say that AIDS is unavoidable (28 to 30 percent, compared with 18 percent). However, the sharpest contrast is between women in urban and rural areas within each region.

Knowledge of ways to prevent AIDS varies by province. The percentage of women who said that AIDS is not preventable varies from 11 percent in DKI Jakarta to 43 percent in Lampung and East Timor (see Table 15.2.2). In all but two provinces in Java-Bali, less than 20 percent of women said that AIDS is not preventable, while in most other provinces, the proportion ranges from 25 to 35 percent. The percentage of women who said that one way of avoiding AIDS is by having only one sexual partner varies from 10 percent in Lampung to 35 percent in Bengkulu (see Table 15.2.2). The percentage of women who cited avoiding having sex with prostitutes varies from 8 percent in Central Sulawesi to over 30 percent in DKI Jakarta, Dista Aceh, Riau, and East Kalimantan.

Table 15.2.1 Knowledge of ways to avoid AIDS: background characteristics

Among ever-married women who have heard of AIDS, percentage who know of specific ways to avoid AIDS and percentage with misinformation, by background characteristics, Indonesia 1994

Background characteristic	Ways to avoid AIDS											Percentage with any misinformation ¹	Number of women
	No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sexual partner	Avoid sex with prostitutes	Avoid sex with homosexuals	Avoid transfusions	Avoid injections	Avoid kissing	Avoid mosquito bites	Other		
Age													
15-19	20.8	0.0	3.6	17.8	12.5	1.2	0.6	1.3	0.0	0.0	6.3	6.3	544
20-24	21.9	0.6	2.2	17.8	23.5	3.3	2.0	4.7	0.5	0.1	8.1	8.6	1,864
25-29	21.0	0.8	3.5	21.2	26.0	3.3	3.9	5.0	0.7	0.6	6.3	7.4	2,472
30-39	21.7	0.2	3.7	21.2	22.9	3.9	4.6	4.5	0.8	0.1	6.4	7.2	3,841
40-49	20.9	0.3	3.0	19.0	23.2	4.0	4.2	4.0	1.0	0.2	7.8	8.6	2,023
Marital status													
Married	21.6	0.4	3.3	20.1	23.4	3.6	3.8	4.4	0.6	0.2	6.9	7.6	10,183
Widowed	14.6	0.0	3.7	18.1	20.9	4.0	1.6	6.0	4.4	0.8	13.6	15.9	262
Divorced	18.6	1.0	2.5	20.6	19.4	2.1	3.8	3.6	0.5	0.0	3.1	3.6	300
Residence													
Urban	17.3	0.4	4.4	24.8	27.4	4.8	5.3	5.6	1.0	0.2	7.8	8.7	5,701
Rural	26.0	0.4	2.0	14.6	18.5	2.1	2.0	3.0	0.3	0.3	6.0	6.6	5,044
Region/Residence													
Java-Bali	17.6	0.5	3.9	20.5	23.7	2.5	3.6	4.5	0.8	0.2	8.8	9.6	7,229
Urban	13.8	0.5	5.0	25.2	27.7	3.8	5.2	5.7	1.1	0.0	9.5	10.4	4,114
Rural	22.7	0.6	2.6	14.4	18.3	0.9	1.6	2.8	0.4	0.4	7.8	8.4	3,115
Outer Java-Bali I	29.6	0.2	1.5	17.7	21.4	5.5	3.4	3.5	0.5	0.3	3.1	3.7	2,474
Urban	27.9	0.2	2.1	22.8	25.0	7.3	4.3	4.1	0.8	0.4	3.1	4.0	1,092
Rural	30.9	0.2	1.0	13.7	18.5	4.1	2.8	3.0	0.3	0.2	3.0	3.5	1,382
Outer Java-Bali II	27.7	0.3	2.8	22.3	24.8	5.7	5.3	6.0	0.6	0.4	3.7	4.4	1,042
Urban	22.6	0.4	4.2	26.3	30.4	7.2	8.2	8.5	1.1	0.6	3.8	5.1	495
Rural	32.3	0.2	1.6	18.6	19.8	4.4	2.7	3.8	0.1	0.2	3.5	3.8	547
Education													
No education	28.1	0.0	0.4	3.9	3.9	0.1	0.7	0.8	0.0	0.0	2.0	2.0	252
Some primary	24.4	0.1	1.0	9.3	12.4	1.0	0.8	2.1	0.2	0.0	6.1	6.4	1,777
Completed primary	23.8	0.2	1.9	12.0	16.6	1.3	1.3	2.5	0.3	0.2	5.5	5.9	3,139
Some secondary+	18.7	0.6	4.9	28.8	31.4	5.7	6.2	6.3	1.1	0.3	8.2	9.4	5,578
Total	21.4	0.4	3.3	20.0	23.3	3.5	3.7	4.4	0.7	0.2	6.9	7.7	10,745

¹ Includes avoiding kissing, mosquito bites, and "other."

Table 15.2.2 Knowledge of ways to avoid AIDS: region and province

Among ever-married women who have heard of AIDS, percentage who know of specific ways to avoid AIDS and percentage with misinformation, by region and province, Indonesia 1994

Region and province	Ways to avoid AIDS											Percentage with any misinformation ¹	Number of women
	No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sexual partner	Avoid sex with prostitutes	Avoid sex with homosexuals	Avoid transfusions	Avoid injections	Avoid kissing	Avoid mosquito bites	Other		
Java-Bali	17.6	0.5	3.9	20.5	23.7	2.5	3.6	4.5	0.8	0.2	8.8	9.6	7,229
DKI Jakarta	10.6	0.1	4.0	30.7	32.7	2.5	7.1	5.7	0.7	0.1	6.5	7.2	1,088
West Java	16.4	0.5	2.6	21.2	18.5	2.7	3.7	4.6	0.8	0.3	11.7	12.4	2,631
Central Java	32.3	1.0	6.3	14.4	27.7	3.9	2.7	3.0	1.6	0.3	1.7	3.5	1,289
DI Yogyakarta	15.2	0.2	3.0	33.4	18.2	4.6	5.2	4.5	0.0	0.0	8.3	8.3	222
East Java	13.1	0.4	4.4	16.6	23.9	1.1	1.7	4.0	0.4	0.0	11.2	11.6	1,818
Bali	23.2	0.9	4.3	16.8	20.2	2.7	6.6	10.2	0.3	0.2	5.6	6.0	182
Outer Java-Bali I	29.6	0.2	1.5	17.7	21.4	5.5	3.4	3.5	0.5	0.3	3.1	3.7	2,474
Dista Aceh	26.1	0.0	0.7	32.0	34.4	4.7	4.4	2.8	0.0	0.0	2.4	2.4	157
North Sumatra	22.3	0.3	1.5	21.6	21.3	3.0	2.5	4.3	0.0	0.0	4.4	4.4	702
West Sumatra	26.3	0.0	2.1	17.9	20.7	9.6	3.5	5.7	0.6	0.0	6.4	7.0	203
South Sumatra	29.0	0.3	3.4	16.9	25.0	5.6	1.6	1.3	0.6	0.6	1.7	2.6	317
Lampung	42.9	0.0	0.3	9.8	11.9	2.8	1.1	1.7	0.7	0.7	1.9	2.6	193
West Nusa Tenggara	36.1	1.5	0.0	17.8	25.0	9.8	4.3	6.8	0.0	0.5	2.4	2.9	105
West Kalimantan	34.0	0.0	0.0	12.4	21.6	2.9	2.4	3.2	0.2	0.2	2.0	2.3	178
South Kalimantan	33.5	0.0	2.0	20.0	15.3	3.7	1.9	5.6	1.6	0.6	4.2	5.8	169
North Sulawesi	36.7	0.0	0.6	13.3	14.3	7.9	6.9	1.8	1.0	0.2	2.0	3.2	183
South Sulawesi	31.3	0.0	1.6	10.2	24.1	11.1	7.9	2.7	1.0	1.0	0.9	2.8	266
Outer Java-Bali II	27.7	0.3	2.8	22.3	24.8	5.7	5.3	6.0	0.6	0.4	3.7	4.4	1,042
Riau	19.1	0.0	3.2	25.1	30.8	8.9	7.7	9.3	0.8	0.2	9.5	10.0	233
Jambi	32.7	0.0	1.1	19.0	25.9	4.8	4.7	8.9	0.8	0.0	0.8	1.1	93
Bengkulu	34.1	0.0	0.0	34.9	19.5	8.9	4.1	1.6	1.2	0.4	7.6	8.8	56
East Nusa Tenggara	30.8	0.0	0.0	22.4	11.2	1.4	5.0	4.4	0.7	1.5	4.3	6.5	74
East Timor	43.0	0.7	0.0	18.6	17.6	1.4	4.3	2.2	0.0	0.0	2.4	2.4	15
Central Kalimantan	37.8	1.0	3.4	29.7	26.8	6.2	2.8	0.3	0.0	0.0	0.0	0.0	84
East Kalimantan	19.8	0.2	6.1	23.5	32.1	4.6	6.8	7.8	0.0	0.0	2.3	2.3	213
Central Sulawesi	38.1	1.3	0.7	11.1	7.7	4.6	1.2	5.1	0.9	2.1	0.8	3.3	68
Southeast Sulawesi	29.2	0.0	2.1	20.9	18.9	5.9	3.6	4.2	1.5	0.4	0.0	1.5	38
Maluku	39.3	0.0	2.8	13.0	20.8	7.9	3.1	1.5	0.7	0.0	1.0	1.7	84
Irian Jaya	25.3	0.7	1.5	18.8	24.4	1.4	5.9	6.3	0.7	0.4	2.0	3.1	83
Total	21.4	0.4	3.3	20.0	23.3	3.5	3.7	4.4	0.7	0.2	6.9	7.7	10,745

¹ Includes avoiding kissing, mosquito bites, and "other."

15.3 Women's Perceptions of the Risk of Getting AIDS

Sixty-two percent of women who have heard of AIDS believe that the disease cannot be cured, 20 percent said that it is curable, and 18 percent do not know (see Table 15.3.1). The proportion who know that AIDS cannot be cured varies; it is lowest among women 15-19 (48 percent) and women with no education (43 percent) and highest among women in the urban areas of Outer Java-Bali II and women who have had some secondary education (69 percent or higher).

Seven in ten women believe that they have no chance of contracting AIDS, 6 percent say their chance is small, 10 percent say that they have a moderate chance and almost none believe themselves to be at great risk. Differences in the perception of AIDS risks between subgroups are small; however, women with no education are less likely than those with some secondary education to say that they have no risk of getting AIDS (63 percent, compared with 71 percent).

Table 15.3.1 Perception of the risk of getting AIDS: background characteristics

Percent distribution of ever-married women who have heard of AIDS by whether they believe AIDS can be cured, and their perception of the risk of getting AIDS, according to background characteristics, Indonesia 1994

Background characteristic	Believe AIDS can be cured			Perception of the risk of getting AIDS					Total	Number of women
	Yes	No	Don't know	No risk at all	Small	Moderate	Great	Don't know		
Age										
15-19	27.0	48.2	24.8	68.1	4.0	13.6	0.0	14.3	100.0	544
20-24	23.4	60.3	16.2	73.3	5.3	9.0	0.1	12.2	100.0	1,864
25-29	21.5	61.5	17.0	68.6	6.5	11.7	0.6	12.4	100.0	2,472
30-39	17.9	64.0	18.1	71.9	5.5	10.2	0.2	11.8	100.0	3,841
40-49	15.2	64.2	20.5	71.8	7.0	8.9	0.7	11.4	100.0	2,023
Marital status										
Married	19.9	62.1	18.0	71.2	6.1	10.1	0.3	12.0	100.0	10,183
Widowed	14.5	66.0	19.6	74.0	4.2	11.2	0.2	10.4	100.0	262
Divorced	17.0	57.1	26.0	66.8	2.5	14.0	1.4	15.2	100.0	300
Residence										
Urban	16.9	65.8	17.3	69.7	6.9	11.7	0.5	11.0	100.0	5,701
Rural	22.8	57.8	19.4	72.9	4.9	8.6	0.2	13.3	100.0	5,044
Region/Residence										
Java-Bali	21.4	62.0	16.6	70.3	6.7	10.8	0.4	11.8	100.0	7,229
Urban	18.2	65.6	16.2	68.8	7.3	11.9	0.6	11.2	100.0	4,114
Rural	25.8	57.2	17.0	72.2	5.7	9.3	0.2	12.6	100.0	3,115
Outer Java-Bali I	17.3	60.4	22.2	73.1	4.3	9.0	0.2	13.1	100.0	2,474
Urban	14.8	64.4	20.7	72.8	5.2	10.6	0.3	10.8	100.0	1,092
Rural	19.3	57.2	23.4	73.3	3.5	7.8	0.2	14.9	100.0	1,382
Outer Java-Bali II	12.8	66.1	21.1	73.1	5.0	9.7	0.3	11.7	100.0	1,042
Urban	10.7	70.1	19.1	70.3	6.9	12.9	0.1	9.4	100.0	495
Rural	14.7	62.4	22.9	75.7	3.2	6.8	0.5	13.7	100.0	547
Education										
No education	16.7	43.3	40.0	63.4	4.2	7.2	1.4	23.8	100.0	252
Some primary	23.1	49.7	27.1	72.2	4.4	7.2	0.2	15.8	100.0	1,777
Completed primary	21.5	57.3	21.2	71.1	3.1	10.8	0.2	14.6	100.0	3,139
Some secondary+	17.6	69.4	12.9	71.3	8.1	11.1	0.4	8.9	100.0	5,578
Total	19.6	62.0	18.3	71.2	5.9	10.3	0.4	12.1	100.0	10,745

Urban women are more likely than rural women to say that they have a risk of getting AIDS; in urban areas in all regions, the proportion of women who say they are not at risk is smaller than in rural areas, while the proportion who say they have a moderate risk is greater.

Although the percentage of women who believe that AIDS cannot be cured varies slightly by region, there are significant differences by province, ranging from 51 percent in Central Sulawesi to 80 percent in Central Kalimantan (see Table 15.3.2). The percentage of women who considered themselves at no risk of getting AIDS varies from 54 percent in DI Yogyakarta to 85 percent or more in West Kalimantan and Central Kalimantan (see Table 15.3.2).

Table 15.3.2 Perception of the risk of getting AIDS: region and province

Percent distribution of ever-married women who have heard of AIDS by whether they believe AIDS can be cured, and by their perception of the risk of getting AIDS, according to region and province, Indonesia 1994

Region and province	Believe AIDS can be cured			Perception of the risk of getting AIDS					Total	Number of women
	Yes	No	Don't know	No risk at all	Small	Moderate	Great	Don't know		
Java-Bali	21.4	62.0	16.6	70.3	6.7	10.8	0.4	11.8	100.0	7,229
DKI Jakarta	11.1	67.9	21.0	59.4	7.8	13.0	0.1	19.5	100.0	1,088
West Java	23.3	55.6	21.1	71.2	4.3	10.3	0.5	13.5	100.0	2,631
Central Java	19.9	65.3	14.8	79.0	8.9	6.4	0.0	5.7	100.0	1,289
DI Yogyakarta	24.2	70.9	4.9	54.0	14.3	27.1	0.5	4.1	100.0	222
East Java	26.7	63.5	9.8	71.3	7.1	11.4	0.8	9.4	100.0	1,818
Bali	10.8	69.5	19.7	69.2	4.4	9.1	0.3	17.1	100.0	182
Outer Java-Bali I	17.3	60.4	22.2	73.1	4.3	9.0	0.2	13.1	100.0	2,474
Dista Aceh	9.4	73.3	16.9	69.3	4.9	14.0	0.0	11.1	100.0	157
North Sumatra	25.4	52.0	22.4	78.1	2.3	10.4	0.0	9.2	100.0	702
West Sumatra	20.1	64.0	15.9	61.4	6.1	13.4	0.8	18.1	100.0	203
South Sumatra	8.4	67.2	24.4	62.2	4.3	11.0	0.2	21.8	100.0	317
Lampung	13.0	59.6	27.4	78.3	2.8	6.5	0.0	12.4	100.0	193
West Nusa Tenggara	19.2	63.3	17.5	71.4	7.4	14.6	0.0	6.5	100.0	105
West Kalimantan	24.3	58.8	16.9	85.7	3.2	4.7	0.3	5.8	100.0	178
South Kalimantan	20.3	56.8	22.8	72.9	9.8	9.0	0.2	7.9	100.0	169
North Sulawesi	6.0	66.6	27.4	79.3	0.8	1.4	0.9	16.5	100.0	183
South Sulawesi	12.5	62.3	24.9	68.2	7.0	4.6	0.4	19.3	100.0	266
Outer Java-Bali II	12.8	66.1	21.1	73.1	5.0	9.7	0.3	11.7	100.0	1,042
Riau	20.3	64.7	15.0	74.2	1.6	15.0	0.0	9.3	100.0	233
Jambi	15.2	69.6	15.2	79.3	9.7	3.1	0.4	7.2	100.0	93
Bengkulu	13.1	74.3	12.6	78.1	13.2	3.9	0.4	4.4	100.0	56
East Nusa Tenggara	22.1	53.6	24.3	68.2	4.1	10.4	1.2	16.2	100.0	74
East Timor	4.8	75.9	19.3	75.9	3.6	7.9	0.0	12.5	100.0	15
Central Kalimantan	2.9	79.5	17.2	96.2	0.0	1.8	0.0	1.7	100.0	84
East Kalimantan	10.8	69.4	19.8	61.3	8.2	14.6	0.1	15.8	100.0	213
Central Sulawesi	7.2	50.5	42.3	73.5	6.5	2.3	0.0	17.0	100.0	68
Southeast Sulawesi	9.2	68.4	22.5	71.7	3.2	12.0	1.9	11.1	100.0	38
Maluku	11.1	60.6	28.3	77.0	3.3	9.1	0.7	8.3	100.0	84
Irian Jaya	5.5	65.1	29.4	67.1	2.5	7.2	0.4	22.8	100.0	83
Total	19.6	62.0	18.3	71.2	5.9	10.3	0.4	12.1	100.0	10,745

15.4 AIDS Prevention Behavior

Currently married women who had heard of AIDS were asked if they had changed their sexual behavior to avoid getting AIDS (see Table 15.4.1). Virtually all of these women reported that they had not changed their sexual behavior after hearing about the disease (96 percent). There is little variation by background characteristics.

Table 15.4.1 AIDS prevention behavior: background characteristics

Among currently married women who have heard of AIDS, percentage who made specific changes in sexual behavior in order to avoid AIDS, by perception of AIDS risk and background characteristics, Indonesia 1994

Background characteristic	No change in sexual behavior	Change in behavior to avoid AIDS				Number of women	
		Stopped sex	Began using condom	Restricted to one partner	Fewer partners		Other sexual behavior
Perception of AIDS risk							
Among those who believe AIDS cannot be cured or don't know							
No/small risk	97.3	0.0	0.1	0.7	0.0	1.0	6,322
Moderate/great risk	95.3	0.0	0.1	1.0	0.1	2.7	802
Don't know	89.4	0.0	0.0	0.4	0.1	1.2	1,037
Among those who believe AIDS can be cured or don't know							
No/small risk	95.9	0.0	0.0	1.3	0.3	1.8	1,551
Moderate/great risk	91.6	1.6	0.0	2.2	0.1	3.5	265
Don't know	93.6	0.0	0.0	0.6	0.0	2.0	207
Age							
15-19	95.1	0.0	0.0	1.1	0.0	2.7	515
20-24	95.4	0.0	0.2	1.4	0.2	1.6	1,796
25-29	95.8	0.2	0.0	0.5	0.0	1.5	2,408
30-39	95.8	0.0	0.0	0.9	0.1	1.2	3,654
40-49	96.8	0.0	0.0	0.4	0.0	0.8	1,811
Residence							
Urban	96.4	0.0	0.1	0.6	0.0	1.3	5,377
Rural	95.3	0.1	0.0	1.1	0.1	1.4	4,806
Region/Residence							
Java-Bali	96.2	0.1	0.1	0.6	0.0	1.7	6,807
Urban	96.7	0.0	0.1	0.3	0.0	1.6	3,866
Rural	95.5	0.1	0.0	1.0	0.1	1.7	2,941
Outer Java-Bali I	96.1	0.0	0.1	1.0	0.1	0.7	2,377
Urban	96.5	0.0	0.1	0.9	0.0	0.4	1,038
Rural	95.8	0.0	0.1	1.1	0.1	0.9	1,339
Outer Java-Bali II	93.2	0.2	0.1	2.0	0.1	0.8	1,000
Urban	93.6	0.0	0.2	2.5	0.1	1.0	473
Rural	92.9	0.3	0.0	1.6	0.1	0.6	527
Education							
No education	97.0	0.0	0.0	0.2	0.0	0.0	218
Some primary	95.9	0.0	0.0	0.3	0.1	0.8	1,644
Completed primary	94.7	0.2	0.0	0.7	0.1	1.9	3,007
Some secondary+	96.5	0.0	0.1	1.1	0.0	1.3	5,314
Total	95.9	0.1	0.1	0.8	0.1	1.3	10,183

Differentials by province do show some variation (see Table 15.4.2). Women in South Kalimantan, Jambi, and East Timor are slightly more likely than women in other provinces to have changed their sexual behavior, mostly by having only one sex partner (Table 15.4.2).

Table 15.4.2 AIDS prevention behavior: region and province

Among currently married women who have heard of AIDS, percentage who made specific changes in sexual behavior in order to avoid AIDS, by region and province, Indonesia 1994

Region and province	No change in sexual behavior	Change in behavior to avoid AIDS					Number of women
		Stopped sex	Began using condom	Restricted to one partner	Fewer partners	Other sexual behavior	
Java-Bali	96.2	0.1	0.1	0.6	0.0	1.7	6,807
DKI Jakarta	96.7	0.0	0.0	0.1	0.0	0.2	1,016
West Java	96.1	0.0	0.0	0.3	0.0	1.7	2,466
Central Java	97.3	0.0	0.0	1.3	0.3	0.2	1,247
DI Yogyakarta	96.3	0.0	0.0	0.2	0.0	3.4	210
East Java	95.0	0.2	0.2	0.8	0.0	3.5	1,690
Bali	97.9	0.0	0.0	0.6	0.0	1.1	178
Outer Java-Bali I	96.1	0.0	0.1	1.0	0.1	0.7	2,377
Dista Aceh	98.6	0.0	0.0	0.6	0.0	0.0	149
North Sumatra	97.8	0.0	0.2	0.1	0.1	0.8	677
West Sumatra	97.5	0.0	0.0	0.0	0.0	0.3	195
South Sumatra	98.8	0.0	0.0	0.0	0.0	0.0	306
Lampung	93.3	0.0	0.4	0.0	0.5	0.8	191
West Nusa Tenggara	97.7	0.0	0.0	0.0	0.0	1.7	97
West Kalimantan	96.9	0.2	0.0	1.3	0.3	0.8	175
South Kalimantan	89.2	0.0	0.0	6.9	0.0	1.6	158
North Sulawesi	92.6	0.0	0.0	0.6	0.0	0.2	178
South Sulawesi	93.2	0.0	0.0	3.2	0.0	0.9	251
Outer Java-Bali II	93.2	0.2	0.1	2.0	0.1	0.8	1,000
Riau	94.1	0.0	0.0	1.3	0.0	1.1	227
Jambi	89.0	0.0	0.0	6.1	0.7	0.0	91
Bengkulu	98.7	0.0	0.0	0.8	0.5	0.4	54
East Nusa Tenggara	92.0	0.0	0.0	1.3	0.0	2.4	67
East Timor	89.4	0.8	0.0	9.0	0.7	0.0	15
Central Kalimantan	96.1	0.0	0.0	0.6	0.0	0.0	81
East Kalimantan	92.1	0.0	0.6	2.8	0.0	0.8	203
Central Sulawesi	93.9	0.0	0.0	0.0	0.0	0.5	65
Southeast Sulawesi	95.0	0.0	0.0	0.0	0.0	0.8	37
Maluku	93.9	1.8	0.0	1.1	0.0	0.7	79
Irian Jaya	91.2	0.3	0.0	2.8	0.0	0.6	80
Total	95.9	0.1	0.1	0.8	0.1	1.3	10,183

15.5 Knowledge and Use of Condoms

The great majority of currently married women who have heard of AIDS also know about condoms (92 percent) (see Table 15.5.1). The proportions are smaller for women under 20 and women who have no education (78 percent). Knowledge of condoms among women who have heard of AIDS increases with level of education. Urban women are slightly more likely than rural women to know about condoms (95 percent, compared with 88 percent).

Background characteristic	Know about condoms	Source for condoms					Don't know/ Missing	Percentage who have used condoms	Number of women
		Public sector	Private medical	Private pharmacy	Other private				
Age									
15-19	77.9	27.9	12.5	10.0	7.6	42.1	2.5	515	
20-24	92.5	33.4	11.0	24.6	8.3	22.7	4.9	1,796	
25-29	91.6	33.1	12.9	28.8	7.3	17.8	8.2	2,408	
30-39	92.9	35.2	10.9	29.5	9.8	14.5	15.0	3,654	
40-49	93.1	39.4	12.2	25.3	10.1	13.0	15.1	1,811	
Residence									
Urban	95.1	29.0	13.2	39.4	6.6	11.7	15.6	5,377	
Rural	88.1	41.2	10.1	12.6	11.4	24.7	5.9	4,806	
Region/Residence									
Java-Bali	91.9	28.4	11.0	31.5	9.1	20.0	12.1	6,807	
Urban	95.2	24.4	12.0	44.1	6.9	12.6	17.1	3,866	
Rural	87.6	33.8	9.6	14.9	12.0	29.8	5.5	2,941	
Outer Java-Bali I	92.3	44.6	15.3	19.2	7.9	13.1	9.0	2,377	
Urban	94.8	37.6	17.1	30.8	5.0	9.5	11.6	1,038	
Rural	90.3	50.1	13.8	10.1	10.2	15.8	7.0	1,339	
Outer Java-Bali II	89.7	54.3	8.6	12.9	10.0	14.2	8.2	1,000	
Urban	94.6	48.5	13.6	20.3	8.3	9.2	11.1	473	
Rural	85.3	59.6	4.0	6.2	11.5	18.7	5.5	527	
Education									
No education	78.0	36.9	3.7	13.8	10.8	34.8	3.8	218	
Some primary	85.1	36.6	9.5	17.7	10.1	26.1	6.5	1,644	
Completed primary	89.3	35.8	10.7	19.0	10.5	23.9	6.8	3,007	
Some secondary+	95.8	33.5	13.3	34.5	7.5	11.1	15.1	5,314	
Perception of AIDS risk									
No risk at all	91.4	35.0	12.3	25.7	9.2	17.8	10.7	7,254	
Small	97.1	30.9	11.1	38.5	9.3	8.2	16.9	619	
Moderate	93.8	30.8	9.8	34.6	8.6	16.2	16.0	1,033	
Great	92.7	37.4	2.9	35.2	3.3	21.1	1.5	34	
Don't know/Missing	89.6	37.3	10.8	20.3	7.3	24.3	5.9	1,244	
Change in behavior to avoid AIDS									
Changed behavior	91.9	37.5	11.1	23.4	9.6	18.4	6.2	417	
No change	91.8	34.6	11.8	26.9	8.9	17.8	11.2	9,763	
Total	91.8	34.8	11.7	26.8	8.9	17.8	11.0	10,183	

Thirty-five percent of women had heard of AIDS and know about condoms say they would go to a government source for condoms, 12 percent would go to a private hospital, a private family planning clinic, a doctor or a midwife, and 27 percent would go to a pharmacy. Public sources are more popular among older women, rural women, and women in the Outer Java-Bali II region. Pharmacies are a common source among women 20 years and older, urban women, women in Java-Bali, and better educated women.

Overall, only 11 percent of currently married women who know of AIDS have used condoms. The use rate increases with age and education. Urban women are more than twice as likely to have used condoms as rural women (16 percent, compared with 6 percent). Women who said they have a small or moderate risk of getting AIDS are much more likely to have used condoms than women who said that they have a great risk (16 to 17 percent, compared with less than 2 percent). The percentage of women who have used condoms is higher among women who did not change their sexual behavior to avoid AIDS (11 percent) than among those who did change their sexual behavior (6 percent).

The percentage of women who have heard of AIDS and know about condoms varies between 71 percent in East Timor to 99 percent in DI Yogyakarta (see Table 15.5.2). Women in Outer Java-Bali II are more likely to report a public facility as a source for condoms, while women in Java-Bali are more likely to cite a pharmacy as a source.

Table 15.5.2 Knowledge of condoms: region and province

Among currently married women who have heard of AIDS, percentage who know about condoms, percentage who know a specific source for condoms, and percentage who have used condoms, by region and province, Indonesia 1994

Region and province	Know about condoms	Source for condoms					Don't know/ Missing	Percentage who have used condoms	Number of women
		Public sector	Private medical	Private pharmacy	Other private				
Java-Bali	91.9	28.4	11.0	31.5	9.1	20.0	12.1	6,807	
DKI Jakarta	97.1	25.6	11.3	53.7	2.1	7.3	9.4	1,016	
West Java	89.1	24.8	14.3	30.7	4.8	25.4	12.8	2,466	
Central Java	95.5	33.5	10.3	21.1	20.7	14.4	13.3	1,247	
DI Yogyakarta	99.4	36.9	9.6	21.4	29.9	3.3	30.0	210	
East Java	89.5	30.0	6.2	28.9	9.1	25.7	10.0	1,690	
Bali	91.0	35.6	15.3	23.0	2.2	23.8	9.7	178	
Outer Java-Bali I	92.3	44.6	15.3	19.2	7.9	13.1	9.0	2,377	
Dista Aceh	89.0	37.3	15.4	28.7	6.7	11.9	9.0	149	
North Sumatra	95.3	33.4	22.0	27.7	7.5	9.5	9.2	677	
West Sumatra	96.1	46.1	14.3	19.5	6.2	13.9	12.2	195	
South Sumatra	92.3	45.4	14.8	16.3	10.7	12.7	12.2	306	
Lampung	94.4	48.7	21.4	10.6	12.0	7.3	8.7	191	
West Nusa Tenggara	91.1	63.5	5.5	5.0	8.6	17.5	4.4	97	
West Kalimantan	89.5	55.0	6.7	12.4	8.4	17.4	7.8	175	
South Kalimantan	94.2	50.2	7.7	20.1	6.8	15.3	8.0	158	
North Sulawesi	83.8	53.1	9.9	10.0	7.8	19.1	3.6	178	
South Sulawesi	88.8	50.1	11.9	16.3	4.7	17.0	9.5	251	
Outer Java-Bali II	89.7	54.3	8.6	12.9	10.0	14.2	8.2	1,000	
Riau	95.0	51.5	10.5	17.9	12.4	7.7	13.6	227	
Jambi	84.0	42.2	11.6	19.7	4.8	21.7	8.6	91	
Bengkulu	97.0	42.1	17.5	16.2	19.6	4.6	11.9	54	
East Nusa Tenggara	89.1	63.6	7.0	1.3	9.8	18.4	4.9	67	
East Timor	71.4	63.0	4.4	0.7	0.0	31.8	4.5	15	
Central Kalimantan	74.5	54.7	5.6	11.7	1.3	26.8	0.9	81	
East Kalimantan	97.7	51.5	8.5	16.7	15.8	7.4	9.8	203	
Central Sulawesi	82.2	56.7	4.1	2.1	10.0	27.2	3.3	65	
Southeast Sulawesi	91.7	69.8	2.1	9.5	7.7	10.8	4.0	37	
Maluku	84.4	67.9	11.2	3.6	0.5	16.7	1.9	79	
Irian Jaya	86.0	59.6	2.7	11.4	9.2	17.4	8.3	80	
Total	91.8	34.8	11.7	26.8	8.9	17.8	11.0	10,183	

CHAPTER 16

AVAILABILITY OF FAMILY PLANNING AND HEALTH SERVICES

Using the Health and Family Planning Service Availability Questionnaire (SDKI 94-KKB), the 1994 Indonesia Demographic and Health Survey (IDHS) collected information about family planning and health services available to women and children in the sampled clusters. In this analysis, family planning and health services available to women and children refer to those provided at the nearest of selected types of facilities visited by the IDHS interviewers. As such, the service availability sample is representative of the nearest facility to the sampled women and children, and does not represent all facilities in the country.

In the 1994 IDHS, the sample cluster came from the smallest geographic administrative unit—the *desa* in rural areas, and the *kelurahan* in urban areas. The service availability data were collected in two stages; in the first stage, an interview was held with knowledgeable residents, including the head of the sub-unit (*dukuh*, *RT*, or *RW*), at least one ever-married woman age 15 to 49, and other residents who were familiar with the area, to represent users of health and family planning facilities. It should be noted that although the term "area" in this survey should refer to the sampled cluster, it may be perceived by informants as covering a larger geographic entity, such as a village.

Information was collected on the availability of selected family planning service providers: the family planning post (*PAKBD*), the family planning distribution post at the locality level (*PPKBD*), the family planning distribution post at the sub-locality level (*sub-PPKBD*), the family planning acceptors group (*paguyuban KB* or *kelompok akseptor*), and the health post (*posyandu*). In addition, informants were asked to identify various types of stationary facilities located in the area, or nearby, that provide health and family planning services. These facilities are the general hospital, the special hospital, the health center, the auxiliary health center, the village delivery post, the midwife assigned to the village, the private doctor, the private midwife, the pharmacy, and the traditional birth attendant. Specifically, information was recorded on the location of these facilities, distance from the cluster to the facility, most common mode of transportation, and one-way travel time. For each type of facility, a complete address was recorded. If more than one of the same type of facility was reported by informants, the interviewer was instructed to record the facility located closest to the cluster. During the interview, informants were also asked about the accessibility of subdistrict and regency/municipality offices, and visits by family planning fieldworkers in the six months preceding the survey.

The second stage of data collection involved visits by IDHS interviewers to selected types of facilities, namely, general hospitals, health centers, private doctors, private midwives, and pharmacies. Combined, these types of facilities supply 70 percent of modern contraceptive users (see Chapter 5). Moreover, they are the main outlets for other maternal and child health services, e.g., providing antenatal care for 70 percent of births. Hereafter, these five facilities will be referred to as *principal family planning/maternal and child health (FP/MCH) outlets*.

Interviewers visited the nearest of each type of principal FP/MCH outlet if it was located within 10 kilometers of the cluster in urban areas and within 30 kilometers in rural areas. During the facility visit, interviews were conducted with the director or administrator of the hospital, health center and pharmacy, or the private doctor or midwife. Information was obtained from these respondents on the distance and one-way travel time between the facility and the cluster. In addition, questions were asked

about the availability of specific family planning methods, including the pill, IUD insertion/removal, injection, condom, Norplant insertion/removal, and male and female sterilization. For hospitals, health centers, and private doctors, information was obtained on whether the following services were available in the facility: antenatal care, postnatal care, delivery assistance, immunization of children, and child growth monitoring. For private midwives, questions were asked about antenatal care and delivery assistance.

In some cases, a facility was identified as the nearest outlet of its type by community informants in more than one cluster. When this occurred, the facility was visited only once, and information on the availability of family planning methods and health services obtained during that visit was recorded for all other clusters in which the facility was named as the nearest outlet. For these other clusters, distance and travel time data were obtained from information provided by community informants, not from facility respondents.

16.1 Availability of Selected Family Planning Providers in the Area

As mentioned above, in each sample cluster, knowledgeable residents were asked if specific family planning providers were available in their area (without specifying the meaning of "available.") Table 16.1.1 shows the percentage of currently married women who live in areas where these providers are available. Among currently married women, 86 percent live in clusters served by a health post (*posyandu*), while family planning distribution posts at the locality level (PPKBD) and sub-locality level (sub-PPKBD) are available to 57 percent and 60 percent of respondents, respectively. One in three respondents lives in a cluster that is served by a family planning post (PAKBD). This proportion is lower than for other services, because family planning posts are a newly established distribution network. Forty-four percent of currently married women live in clusters where a family planning acceptor group (*paguyuban KB or kelompok akseptor*) is available.

Table 16.1.1 Availability of family planning providers in the area: background characteristics

Percentage of currently married women with selected family planning providers in the area, by type of outlet and background characteristics, Indonesia 1994

Background characteristic	Family planning post (PAKBD)	Family planning post at locality level (PPKBD)	Family planning distribution post at sub-locality level (sub-PPKBD)	Family planning acceptors group (<i>paguyuban KB/ke. akseptor</i>)	Health post (<i>posyandu</i>)	Number of women
Residence						
Urban	36.8	60.8	61.5	47.4	86.8	7,591
Rural	30.7	55.0	58.8	42.9	85.1	18,595
Region/Residence						
Java-Bali	32.0	52.7	56.9	46.7	83.8	16,663
Urban	37.3	60.5	61.1	48.7	86.4	5,523
Rural	29.3	48.9	54.7	45.7	82.6	11,140
Outer Java-Bali I	36.1	68.7	68.7	46.4	90.0	6,619
Urban	37.6	68.1	69.5	52.3	89.8	1,423
Rural	35.7	68.8	68.5	44.8	90.0	5,197
Outer Java-Bali II	27.1	52.1	54.6	24.9	85.5	2,903
Urban	30.2	47.2	47.3	24.9	84.1	645
Rural	26.3	53.5	56.7	24.9	85.9	2,259
Total	32.5	56.7	59.6	44.2	85.6	26,186

Table 16.1.1 also shows that, according to community informants, these providers are slightly less available in rural areas than in urban areas. Women in Outer Java-Bali II are less likely than women in other areas to live close to any of the listed family planning providers. On the other hand, women in Outer Java-Bali I are more likely to be served by a PPKBD, a sub-PPKBD, and a posyandu.

Looking at provincial differentials (see Table 16.1.2), between 9 percent (East Timor) and 58 percent (Bengkulu) of currently married women live in a cluster served by a PAKBD. In Bali, although sub-PPKBD are not widely available, posyandu are available to all women. In fact, posyandu are available to 90 percent or more of currently married women in 14 of the 27 provinces in Indonesia. Family planning acceptor groups are generally less common in the Outer Java-Bali II region.

Table 16.1.2 Availability of family planning providers in the area: region and province

Percentage of currently married women with selected family planning providers in the area, by type of outlet and region and province, Indonesia 1994

Region and province	Family planning post (PAKBD)	Family planning distribution post at locality level (PPKBD)	Family planning distribution post at sub-locality level (sub-PPKBD)	Family planning acceptors group (<i>paguyuban KB/kel. akseptor</i>)	Health post (<i>posyandu</i>)	Number of women
Java-Bali	32.0	52.7	56.9	46.7	83.8	16,663
DKI Jakarta	39.9	51.7	46.0	36.7	89.0	1,140
West Java	44.6	65.0	67.8	54.0	90.3	5,170
Central Java	24.4	45.0	50.2	55.9	90.4	4,302
DI Yogyakarta	44.4	66.5	80.9	66.5	81.5	423
East Java	23.9	44.1	55.7	33.0	69.8	5,209
Bali	20.5	77.5	9.7	38.6	100.0	418
Outer Java-Bali I	36.1	68.7	68.7	46.4	90.0	6,619
Dista Aceh	56.4	57.0	54.5	38.7	91.3	477
North Sumatra	31.7	71.9	81.1	57.5	92.8	1,374
West Sumatra	37.5	63.6	58.0	63.0	95.7	489
South Sumatra	23.0	48.1	37.8	30.6	80.3	843
Lampung	42.0	77.6	85.4	58.2	91.8	801
West Nusa Tenggara	21.0	38.1	28.5	33.6	72.0	469
West Kalimantan	25.0	85.4	81.2	45.6	89.2	489
South Kalimantan	34.7	81.3	64.9	23.4	91.8	398
North Sulawesi	41.7	89.8	97.4	57.9	95.8	318
South Sulawesi	49.9	77.2	82.0	42.5	96.0	962
Outer Java-Bali II	27.1	52.1	54.6	24.9	85.5	2,903
Riau	22.4	35.5	48.7	12.4	80.7	520
Jambi	35.1	63.2	60.5	37.2	95.4	316
Bengkulu	58.4	65.9	89.4	21.0	88.3	179
East Nusa Tenggara	12.9	57.9	64.6	24.0	91.3	393
East Timor	8.6	63.1	50.3	30.5	91.4	115
Central Kalimantan	26.1	49.1	49.7	28.2	59.5	227
East Kalimantan	22.2	40.9	61.7	23.7	85.9	304
Central Sulawesi	48.1	53.4	35.5	20.7	88.8	225
Southeast Sulawesi	50.9	85.9	73.0	34.9	98.6	178
Maluku	16.4	56.8	58.4	40.1	81.2	209
Irian Jaya	14.9	34.7	15.9	19.4	83.6	238
Total	32.5	56.7	59.6	44.2	85.6	26,186

16.2 Distance and Time to Selected FP/MCH Outlets Providing Family Planning Methods

Additional insights into the availability of family planning services in Indonesia are provided through an examination of the data on distance (in kilometers) and one-way travel time (in minutes) from the IDHS clusters to the nearest of each of the five visited principal FP/MCH outlets, i.e., general hospitals, health centers, private doctors, private midwives and pharmacies. In examining these data, it is important to remember that facilities were visited only if they were within 10 kilometers of a cluster in urban areas and within 30 kilometers of a cluster in rural areas. The information collected on family planning was limited to whether or not the facility offered any modern contraceptive method.

Table 16.2.1 presents the percent distribution of currently married women by distance to the nearest visited principal FP/MCH outlet offering modern contraceptive methods. Thirty-eight percent of currently married women live in areas where family planning methods are offered at one of the outlets visited by the interviewers, a similar percentage can obtain this service at a distance of 1 to 4 kilometers, and 16 percent must travel 5 to 9 kilometers to a principal FP/MCH outlet. Urban women are generally closer to an outlet offering family planning than rural women. While virtually all urban women live within 5 kilometers of a principal FP/MCH outlet, fewer than seven in ten rural women do. Women in Java-Bali are slightly less likely than women in the other regions to have an outlet in their cluster, but are more likely to have one within 5 kilometers of their cluster. There are strong urban-rural differentials in all regions.

Table 16.2.1 Distance to nearest principal FP/MCH outlet offering modern contraceptive methods: background characteristics

Percent distribution of currently married women by distance to nearest visited principal FP/MCH outlet offering modern contraceptive methods, according to background characteristics, Indonesia 1994

Background characteristic	Distance (kilometers) to nearest principal FP/MCH outlet offering modern methods						No services known	Total	Number of women
	<1 ¹	1-4	5-9	10-14	15-29	30+			
Residence									
Urban	69.3	28.3	2.2	0.0	0.0	0.0	0.2	100.0	7,591
Rural	24.7	41.1	21.2	6.0	5.6	0.3	1.2	100.0	18,595
Region/Residence									
Java-Bali	36.8	42.8	14.5	3.0	2.9	0.0	0.0	100.0	16,663
Urban	66.5	30.7	2.8	0.0	0.0	0.0	0.0	100.0	5,523
Rural	22.0	48.8	20.4	4.6	4.3	0.0	0.0	100.0	11,140
Outer Java-Bali I	39.6	28.7	18.5	5.5	5.8	0.2	1.5	100.0	6,619
Urban	81.6	18.4	0.0	0.0	0.0	0.0	0.0	100.0	1,423
Rural	28.2	31.5	23.6	7.1	7.4	0.3	2.0	100.0	5,197
Outer Java-Bali II	38.0	26.1	15.6	8.2	6.4	1.2	4.4	100.0	2,903
Urban	66.3	29.6	1.7	0.0	0.0	0.0	2.4	100.0	645
Rural	30.0	25.1	19.6	10.6	8.2	1.6	5.0	100.0	2,259
Total	37.7	37.4	15.7	4.3	4.0	0.2	0.9	100.0	26,186

¹ Includes outlet located in the area

Distance to the nearest visited principal FP/MCH outlet offering modern contraceptive methods varies by region and province (see Table 16.2.2). In Java-Bali, the nearest principal FP/MCH outlet is within a radius of 5 kilometers for all women in DKI Jakarta, while the proportion is 83 percent or less in Central Java and East Java. Variations in distance are larger in the Outer Java-Bali regions. While 82 percent of currently married women in East Kalimantan have an outlet within 5 kilometers of their cluster, about four in ten women in Lampung, East Timor and Irian Jaya, and six in ten women in East Nusa Tenggara have to travel 5 kilometers or more to reach the nearest principal FP/MCH outlet providing family planning methods. In Central Sulawesi, Maluku, and Irian Jaya, family planning services are not known or not available in the specified distances for 8 percent or more of women.

Table 16.2.2 Distance to nearest principal FP/MCH outlet offering modern contraceptive methods: region and province

Percent distribution of currently married women by distance to nearest visited principal FP/MCH outlet offering modern contraceptive methods, according to region and province, Indonesia 1994

Region and province	Distance (kilometers) to nearest principal FP/MCH outlet offering modern methods						No services known	Total	Number of women
	<1 ¹	1-4	5-9	10-14	15-29	30+			
Java-Bali	36.8	42.8	14.5	3.0	2.9	0.0	0.0	100.0	16,663
DKI Jakarta	88.3	11.7	0.0	0.0	0.0	0.0	0.0	100.0	1,140
West Java	46.6	32.2	14.1	1.8	5.2	0.0	0.0	100.0	5,170
Central Java	23.0	46.1	20.5	7.7	2.7	0.0	0.0	100.0	4,302
DI Yogyakarta	33.3	59.7	5.4	1.6	0.0	0.0	0.0	100.0	423
East Java	27.1	55.7	14.1	1.5	1.6	0.0	0.0	100.0	5,209
Bali	41.9	44.6	12.7	0.0	0.8	0.0	0.0	100.0	418
Outer Java-Bali I	39.6	28.7	18.5	5.5	5.8	0.2	1.5	100.0	6,619
Dista Aceh	18.8	53.5	15.3	7.1	3.0	0.0	2.3	100.0	477
North Sumatra	44.2	21.3	28.8	1.9	3.7	0.0	0.0	100.0	1,374
West Sumatra	59.8	19.7	10.4	2.4	3.0	0.0	4.7	100.0	489
South Sumatra	53.1	12.5	13.9	9.8	4.2	0.0	6.4	100.0	843
Lampung	25.8	33.0	25.3	5.8	10.0	0.0	0.0	100.0	801
West Nusa Tenggara	18.0	51.6	24.0	4.5	1.9	0.0	0.0	100.0	469
West Kalimantan	32.7	28.2	20.0	4.3	13.8	0.0	1.2	100.0	489
South Kalimantan	39.8	32.2	18.1	0.0	7.9	0.0	1.9	100.0	398
North Sulawesi	45.4	31.7	13.2	2.2	3.1	4.2	0.0	100.0	318
South Sulawesi	45.1	28.7	6.4	12.2	7.6	0.0	0.0	100.0	962
Outer Java-Bali II	38.0	26.1	15.6	8.2	6.4	1.2	4.4	100.0	2,903
Riau	37.3	29.7	15.4	8.4	1.9	1.5	5.8	100.0	520
Jambi	46.8	28.9	12.4	3.1	4.2	0.0	4.6	100.0	316
Bengkulu	47.0	38.4	11.8	0.0	2.8	0.0	0.0	100.0	179
East Nusa Tenggara	16.0	25.5	23.8	13.5	18.9	2.3	0.0	100.0	393
East Timor	30.2	22.0	29.4	13.0	0.0	2.2	3.2	100.0	115
Central Kalimantan	55.1	9.0	17.4	5.4	5.2	1.6	6.2	100.0	227
East Kalimantan	49.7	32.4	8.9	1.5	4.9	0.0	2.6	100.0	304
Central Sulawesi	33.9	22.2	17.7	10.5	6.6	0.0	9.1	100.0	225
Southeast Sulawesi	51.6	25.3	13.9	4.6	4.6	0.0	0.0	100.0	178
Maluku	31.2	27.8	12.4	7.0	6.6	5.9	9.0	100.0	209
Irian Jaya	30.0	19.2	11.6	23.0	8.2	0.0	7.9	100.0	238
Total	37.7	37.4	15.7	4.3	4.0	0.2	0.9	100.0	26,186

¹ Includes outlet located in the area

Table 16.3 shows the percent distribution of currently married women by distance (in kilometers) to the nearest visited principal FP/MCH outlet offering modern contraceptive methods, according to type of outlet. Overall, the median distance to the nearest outlet providing family planning services (and visited by the IDHS interviewers) is 3.6 kilometers. The median distance to a private midwife or to a health center is 4.2 kilometers, while the distance to a private doctor is 4.8 kilometers. A pharmacy or hospital is 9 kilometers or more from the clusters in which women live.

Table 16.3 Distance to nearest principal FP/MCH outlet offering contraceptive methods by type of outlet						
Percent distribution of currently married women by distance (kilometers) to nearest visited principal FP/MCH outlet offering modern contraceptive methods and by urban-rural residence, according to type of outlet, Indonesia 1994						
Distance to nearest outlet	Type of principal FP/MCH outlet					
	Hospital	Health center	Private doctor	Private midwife	Pharmacy	Any outlet
Urban						
<1 ¹ km	16.6	33.8	43.6	44.0	32.8	68.7
1-4 km	44.2	58.0	35.8	41.4	47.0	28.3
5-14 km	20.3	6.8	6.5	8.0	10.1	2.2
15+ km	0.7	0.2	0.2	0.3	0.6	0.0
Distance unknown	0.5	0.9	2.4	2.8	0.2	0.6
No nearby outlet	17.7	0.3	11.6	3.5	9.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	7,591	7,591	7,591	7,591	7,591	7,591
Median distance	3.5	2.3	2.3	2.4	2.5	1.9
Rural						
<1 ¹ km	1.3	10.8	4.2	14.7	0.1	24.7
1-4 km	5.0	42.6	30.3	35.3	6.6	41.1
5-14 km	25.8	37.0	32.3	27.2	30.3	27.2
15+ km	29.0	7.6	6.7	6.7	23.0	5.9
Distance unknown	0.0	0.0	0.6	0.2	0.9	0.0
No nearby outlet	38.9	1.9	26.0	15.9	39.1	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	18,595	18,595	18,595	18,595	18,595	18,595
Median distance	14.6	5.2	5.7	4.9	12.5	4.7
Total						
<1 ¹ km	5.7	17.5	15.6	23.2	9.6	37.5
1-4 km	16.4	47.0	31.9	37.1	18.3	37.4
5-14 km	24.2	28.3	24.8	21.6	24.5	19.9
15+ km	20.8	5.5	4.8	4.8	16.5	4.2
Distance unknown	0.1	0.3	1.1	1.0	0.7	0.2
No nearby outlet	32.8	1.4	21.8	12.3	30.5	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	26,186	26,186	26,186	26,186	26,186	26,186
Median distance	10.0	4.2	4.8	4.2	8.9	3.6

¹ Includes outlet located in the area

Table 16.4 Time to nearest principal FP/MCH outlet offering contraceptive methods by type of outlet

Percent distribution of currently married women by one-way travel time (minutes) to nearest visited principal FP/MCH outlet offering modern contraceptive methods and by urban-rural residence, according to type of outlet, Indonesia 1994

Time to nearest outlet	Type of principal FP/MCH outlet					
	Hospital	Health center	Private doctor	Private midwife	Pharmacy	Any outlet
Urban						
In the area	2.2	7.2	12.8	9.5	4.6	22.1
<15 min	31.2	54.3	54.1	56.5	53.8	67.2
15-29 min	32.9	30.6	14.5	21.4	24.1	9.2
30-59 min	10.8	6.5	4.0	5.1	7.3	0.3
60-119 min	4.4	0.3	0.1	1.0	0.3	0.0
120+ min	0.0	0.0	0.0	0.0	0.0	0.0
Time unknown	0.8	0.9	2.9	3.0	0.6	1.0
No nearby facility	17.7	0.2	11.6	3.5	9.3	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	7,591	7,591	7,591	7,591	7,591	7,591
Median time	15.4	10.8	10.3	10.5	10.6	6.6
Rural						
In the area	1.1	7.1	2.7	8.4	0.0	16.0
<15 min	3.9	25.6	14.6	21.1	5.1	30.1
15-29 min	15.2	34.1	30.5	29.3	18.4	29.8
30-59 min	23.8	19.7	18.2	16.8	24.4	14.8
60-119 min	14.7	8.9	5.9	6.7	10.5	6.4
120+ min	2.3	2.6	1.4	1.4	1.5	1.5
Time unknown	0.1	0.1	0.7	0.3	0.9	0.2
No nearby facility	38.9	1.9	26.0	15.9	39.1	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	18,595	18,595	18,595	18,595	18,595	18,595
Median time	30.8	20.2	20.6	16.0	30.5	15.7
Total						
In the area	1.4	7.1	5.7	8.7	1.3	17.8
<15 min	11.8	33.9	26.0	31.4	19.2	40.9
15-29 min	20.3	33.1	25.8	27.0	20.0	23.8
30-59 min	20.1	15.9	14.1	13.4	19.4	10.6
60-119 min	11.7	6.4	4.2	5.1	7.6	4.5
120+ min	1.7	1.9	1.0	1.0	1.1	1.1
Time unknown	0.3	0.3	1.3	1.1	0.8	0.4
No nearby facility	32.8	1.4	21.8	12.3	30.5	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	26,186	26,186	26,186	26,186	26,186	26,186
Median time	30.1	15.7	15.7	15.5	20.8	15.1

Women in urban areas are generally closer to any outlet offering family planning methods than rural women; the median distance to the nearest outlet is 1.9 kilometers in urban areas, and 4.7 kilometers in rural areas. In urban areas, all outlets are within 3.5 kilometers of the cluster, while in rural areas the distance varies from 4.9 kilometers for private midwives to 12.5 kilometers or more for pharmacies and hospitals.

Additional insights into the relative accessibility of family planning methods can be obtained by examining the distribution of women by distance to the nearest visited principal FP/MCH outlet. While nine in ten urban women live in a cluster with a health center that provides family planning methods within a radius of 5 kilometers, only about half of rural women do. About 80 percent of urban women live within 5 kilometers of a private doctor, a private midwife, or a pharmacy offering modern contraceptive methods. The corresponding proportion for rural women is 35 percent for a private doctor, 50 percent for a private midwife, and only 7 percent for a pharmacy. The greatest urban-rural difference is found in the accessibility of hospitals; 61 percent of urban women live within 5 kilometers of the nearest hospital providing family planning methods, while only 6 percent of rural women do. In fact, the nearest hospital or pharmacy offering family planning methods is not available within the specified distances for nearly four in ten currently married women in rural areas.

Table 16.4 presents the distribution of currently married women by one-way travel time (in minutes) to the nearest visited principal FP/MCH outlet offering contraceptive methods, according to type of outlet. The data show that, overall, women are about 15 minutes from the nearest outlet. Travel time to general hospitals (30 minutes) and pharmacies (21 minutes) is slightly longer than to health centers, private doctors, and private midwives (16 minutes each).

In general, travel time to an outlet offering contraceptive methods in rural areas is at least twice that in urban areas. The median one-way travel time to the nearest outlet is 15.7 minutes in rural areas, compared with 6.6 minutes in urban areas. This pattern is true for most types of outlets investigated in the survey, i.e., general hospitals, health centers, private doctors, private midwives, and pharmacies. Pharmacies are much more available in urban areas than in rural areas. The median one-way travel time to the nearest pharmacy is 10.6 minutes in urban areas, compared with 30.5 minutes in rural areas.

16.3 Availability of FP/MCH Outlets Offering Maternal and Child Health Services

Table 16.5 shows the percentage of currently married women for whom specific maternal and child health services are available at the nearest of three types of FP/MCH outlets. Again, it is important to note that the nearest FP/MCH outlet of each type was visited *only if* it was located within 10 kilometers of a cluster in urban areas or within 30 kilometers in rural areas. Almost no women live in an area where none of the MCH components included in the survey—antenatal care, tetanus toxoid (TT) immunization for pregnant women, delivery assistance, postnatal care, child growth monitoring, child immunization, and dental and mouth care—are available. In fact, more than half of currently married women in Indonesia live in an area where the nearest hospital provides all of the services mentioned above. Except for delivery assistance, all MCH services are more likely to be available through health centers than through hospitals or private doctors; although, antenatal care and postnatal care from private doctors are available to more than 60 percent of currently married women. Less than 30 percent of women live in an area where a private doctor provides TT injections and child immunization. In this survey, dentists were not included among the private doctors visited; therefore, private doctors were not asked about provision of dental and mouth care.

Table 16.5 Availability of specific MCH services at nearest principal FP/MCH outlets offering MCH services

Percentage of currently married women for whom specific maternal and child health services are available at the nearest visited principal FP/MCH outlets offering MCH services, by type of services, type of outlet, and urban-rural residence, Indonesia 1994

Type of principal FP/MCH outlet	Type of maternal and child health services available								Number of women	
	Antenatal care	Tetanus immunization	Delivery assistance	Postnatal care	Child growth monitoring	Child immunization	Dental and mouth care	All services		No services
Urban										
Hospital	80.9	74.2	80.7	78.4	76.0	74.5	74.7	61.5	1.2	7,591
Health center	99.1	98.6	33.9	92.4	95.8	89.2	89.7	26.4	0.0	7,591
Private doctor	79.3	36.8	18.1	66.4	51.1	38.3	NA	11.2	10.8	7,591
Rural										
Hospital	60.8	58.7	60.3	58.4	57.1	54.9	58.4	48.9	0.8	18,595
Health center	97.3	96.2	60.7	92.2	95.7	89.9	78.1	45.6	0.4	18,595
Private doctor	71.1	22.8	24.0	65.4	52.6	23.0	NA	8.8	9.5	18,595
Total										
Hospital	66.6	63.2	66.2	64.2	62.6	60.6	63.1	52.6	0.9	26,186
Health center	97.8	96.9	53.0	92.3	95.7	89.7	81.5	40.0	0.3	26,186
Private doctor	73.5	26.9	22.3	65.7	52.1	27.4	NA	9.5	9.9	26,186

NA = Not applicable

Comparing urban and rural areas, Table 16.5 indicates that, in general, urban women are closer to a visited principal FP/MCH outlet that offers MCH services than rural women. Overall, urban women are about 20 percent more likely to live in areas where MCH services are offered at the nearest principal FP/MCH outlet. This is true for all types of services except delivery assistance; rural women are more likely to live close to a health center that provides delivery assistance than urban women. On the other hand, urban women are more likely to live close to a hospital that offers delivery assistance.

16.4 Distance and Time to Nearest FP/MCH Outlet Offering Maternal and Child Health Services

As in the case of family planning services, the availability of maternal and child health services can be determined by examining the data collected on distance and one-way travel time from the IDHS cluster to each of the nearest of four principal types of FP/MCH outlets: general hospitals, health centers, private doctors, and private midwives. It is important to remember when examining these data that facilities were visited *only if* they were within 10 kilometers of a cluster in urban areas or within 30 kilometers of a cluster in rural areas.

An FP/MCH outlet facility was considered to provide maternal and child health services if any of the following were offered: antenatal care, postnatal care, delivery assistance, immunization of children, and child growth monitoring. Private midwives were only asked about antenatal care and delivery assistance. In particular, they were asked the number of cases they had in the six months preceding the survey. Virtually all of the midwives visited in the survey reported giving antenatal care to at least one client and assisting at the delivery of at least one baby.

Since in the FP/MCH outlets visited in the survey the provision of family planning services is additional to the provision of basic maternal and child health services, the distribution of women by distance and one-way travel time to the nearest outlet offering MCH services is similar to that by distance to the nearest outlet offering family planning services. This is shown in Tables 16.6.1 through 16.8.

Table 16.6.1 Distance to nearest principal FP/MCH outlet offering MCH services: background characteristics

Percent distribution of currently married women by distance to the nearest visited principal FP/MCH outlet offering maternal and child health services, according to background characteristics, Indonesia 1994

Background characteristic	Distance (kilometers) to nearest principal FP/MCH outlet offering MCH services						No Distance services		Total	Number of women
	<1 ¹	1-4	5-9	10-14	15-29	30+	unknown	known		
Residence										
Urban	66.2	30.3	2.8	0.0	0.0	0.0	0.5	0.2	100.0	7,591
Rural	24.7	40.8	21.3	6.0	5.7	0.3	0.0	1.2	100.0	18,595
Region/Residence										
Java-Bali	35.9	42.8	15.1	3.0	2.9	0.0	0.2	0.0	100.0	16,663
Urban	63.9	31.8	3.7	0.0	0.0	0.0	0.6	0.0	100.0	5,523
Rural	22.1	48.3	20.8	4.6	4.3	0.0	0.0	0.0	100.0	11,140
Outer Java-Bali I	38.3	30.1	18.4	5.6	5.8	0.2	0.0	1.5	100.0	6,619
Urban	75.2	24.8	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,423
Rural	28.1	31.6	23.4	7.2	7.4	0.3	0.0	2.0	100.0	5,197
Outer Java-Bali II	38.0	26.1	15.3	8.2	6.5	1.2	0.0	4.8	100.0	2,903
Urban	65.7	30.2	1.7	0.0	0.0	0.0	0.0	2.4	100.0	645
Rural	30.1	24.9	19.1	10.5	8.4	1.6	0.0	5.4	100.0	2,259
Total	36.8	37.8	15.9	4.3	4.0	0.2	0.1	0.9	100.0	26,186

¹ Includes outlet located in the area

Table 16.6.2 Distance to nearest principal FP/MCH outlet offering MCH services: region and province

Percent distribution of currently married women by distance to the nearest visited principal FP/MCH outlet offering maternal and child health services, according to region and province, Indonesia 1994

Region and province	Distance (kilometers) to nearest principal FP/MCH outlet offering MCH services						No Distance services		Total	Number of women
	<1 ¹	1-4	5-9	10-14	15-29	30+	unknown	known		
Java-Bali	35.9	42.8	15.1	3.0	2.9	0.0	0.2	0.0	100.0	16,663
DKI Jakarta	82.0	14.9	0.0	0.0	0.0	0.0	3.1	0.0	100.0	1,140
West Java	46.6	32.2	14.1	1.8	5.2	0.0	0.0	0.0	100.0	5,170
Central Java	23.0	43.8	22.8	7.7	2.7	0.0	0.0	0.0	100.0	4,302
DI Yogyakarta	29.2	63.8	5.4	1.6	0.0	0.0	0.0	0.0	100.0	423
East Java	26.0	56.8	14.1	1.5	1.6	0.0	0.0	0.0	100.0	5,209
Bali	42.9	44.9	11.5	0.0	0.8	0.0	0.0	0.0	100.0	418
Outer Java-Bali I	38.3	30.1	18.4	5.6	5.8	0.2	0.0	1.5	100.0	6,619
Dista Aceh	17.1	55.3	15.3	7.1	3.0	0.0	0.0	2.3	100.0	477
North Sumatra	40.4	25.1	28.8	1.9	3.7	0.0	0.0	0.0	100.0	1,374
West Sumatra	58.5	21.0	10.4	2.4	3.0	0.0	0.0	4.7	100.0	489
South Sumatra	53.1	12.5	13.9	9.8	4.2	0.0	0.0	6.4	100.0	843
Lampung	25.8	33.0	25.3	5.8	10.0	0.0	0.0	0.0	100.0	801
West Nusa Tenggara	17.0	52.7	24.0	4.5	1.9	0.0	0.0	0.0	100.0	469
West Kalimantan	31.3	30.0	18.1	5.7	13.8	0.0	0.0	1.2	100.0	489
South Kalimantan	39.8	32.2	18.1	0.0	7.9	0.0	0.0	1.9	100.0	398
North Sulawesi	47.3	29.9	13.2	2.2	3.1	4.2	0.0	0.0	100.0	318
South Sulawesi	43.1	30.6	6.4	12.2	7.6	0.0	0.0	0.0	100.0	962
Outer Java-Bali II	38.0	26.1	15.3	8.2	6.5	1.2	0.0	4.8	100.0	2,903
Riau	38.6	29.7	15.4	7.1	1.9	1.5	0.0	5.8	100.0	520
Jambi	43.4	30.1	12.4	3.1	6.4	0.0	0.0	4.6	100.0	316
Bengkulu	47.0	38.4	11.8	0.0	2.8	0.0	0.0	0.0	100.0	179
East Nusa Tenggara	16.0	25.5	23.8	13.5	18.9	2.3	0.0	0.0	100.0	393
East Timor	33.4	22.0	29.4	13.0	0.0	2.2	0.0	0.0	100.0	115
Central Kalimantan	57.5	9.0	15.0	5.4	5.2	1.6	0.0	6.2	100.0	227
East Kalimantan	49.7	30.9	8.9	3.0	4.9	0.0	0.0	2.6	100.0	304
Central Sulawesi	33.9	22.2	17.7	10.5	6.6	0.0	0.0	9.1	100.0	225
Southeast Sulawesi	51.6	25.3	13.9	4.6	3.4	0.0	0.0	1.1	100.0	178
Maluku	31.2	27.8	10.5	7.0	6.6	5.9	0.0	11.0	100.0	209
Irian Jaya	27.0	19.2	11.6	23.0	8.2	0.0	0.0	10.9	100.0	238
Total	36.8	37.8	15.9	4.3	4.0	0.2	0.1	0.9	100.0	26,186

¹ Includes outlet located in the area

Table 16.7 Distance to nearest principal FP/MCH outlet offering MCH services by type of outlet

Percent distribution of currently married women by distance (kilometers) to nearest visited principal FP/MCH outlet offering maternal and child health services and by urban-rural residence, according to type of outlet, Indonesia 1994

Distance to nearest outlet	Type of principal FP/MCH outlet			
	Hospital	Health center	Private doctor	Any outlet
Urban				
<1 ¹ km	16.7	33.8	41.3	66.0
1-4 km	44.0	58.0	36.9	30.3
5-14 km	20.1	6.8	6.5	2.8
15+ km	0.7	0.2	0.5	0.0
Distance unknown	0.5	1.0	2.6	0.6
No nearby facility	18.0	0.2	12.2	0.2
Total	100.0	100.0	100.0	100.0
Number	7,591	7,591	7,591	7,591
Median distance	3.5	2.3	2.3	2.1
Rural				
<1 ¹ km	1.3	10.8	4.9	24.7
1-4 km	5.0	42.6	31.5	40.8
5-14 km	26.3	37.0	33.2	27.3
15+ km	29.2	7.5	7.5	5.9
Distance unknown	0.0	0.0	0.1	0.0
No nearby facility	38.3	2.1	22.8	1.2
Total	100.0	100.0	100.0	100.0
Number	18,595	18,595	18,595	18,595
Median distance	14.6	5.2	5.8	4.8
Total				
<1 ¹ km	5.8	17.5	15.4	36.7
1-4 km	16.3	47.0	33.1	37.8
5-14 km	24.5	28.3	25.4	20.2
15+ km	20.9	5.4	5.5	4.2
Distance unknown	0.1	0.3	0.8	0.2
No nearby facility	32.4	1.6	19.8	0.9
Total	100.0	100.0	100.0	100.0
Number	26,186	26,186	26,186	26,186
Median distance	10.1	4.2	4.9	3.8

¹ Includes outlet located in the area

Table 16.8 Time to nearest principal FP/MCH outlet offering MCH services by type of outlet

Percent distribution of currently married women by one-way travel time (minutes) to nearest visited principal FP/MCH outlet offering maternal and child health services and by urban-rural residence, according to type of outlet, Indonesia 1994

Time to nearest outlet	Type of principal FP/MCH outlet			
	Hospital	Health center	Private doctor	Any outlet
Urban				
In the area	2.3	7.2	12.8	20.4
<15 min	31.1	54.3	52.2	67.6
15-29 min	32.7	30.6	15.3	9.4
30-59 min	10.7	6.5	4.0	1.4
60-119 min	4.4	0.3	0.3	0.0
120+ min	0.0	0.0	0.0	0.0
Time unknown	0.8	0.9	3.2	1.0
No nearby facility	18.0	0.2	12.2	0.2
Total	100.0	100.0	100.0	100.0
Number	7,591	7,591	7,591	7,591
Median time	15.4	10.8	10.4	10.1
Rural				
In the area	1.1	7.0	3.2	16.1
<15 min	3.9	25.7	15.6	30.3
15-29 min	15.3	34.0	31.3	29.1
30-59 min	24.3	19.7	19.1	15.2
60-119 min	14.8	8.8	6.4	6.3
120+ min	2.3	2.6	1.4	1.7
Time unknown	0.1	0.1	0.2	0.2
No nearby facility	38.3	2.1	22.8	1.2
Total	100.0	100.0	100.0	100.0
Number	18,595	18,595	18,595	18,595
Median time	30.8	20.1	20.6	15.8
Total				
In the area	1.4	7.1	5.9	17.3
<15 min	11.7	34.0	26.2	41.1
15-29 min	20.3	33.0	26.6	23.4
30-59 min	20.4	15.9	14.7	11.2
60-119 min	11.8	6.3	4.7	4.5
120+ min	1.7	1.9	1.0	1.2
Time unknown	0.3	0.3	1.1	0.4
No nearby facility	32.4	1.6	19.8	0.9
Total	100.0	100.0	100.0	100.0
Number	26,186	26,186	26,186	26,186
Median time	30.1	15.7	15.7	15.1

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APPENDIX A
SURVEY DESIGN

APPENDIX A

SURVEY DESIGN

The main objective of the 1994 Indonesia Demographic and Health Survey (IDHS) was to provide information on fertility, family planning, maternal and child health, and maternal and child mortality that can be used by program managers and policymakers to evaluate and improve existing programs. The survey is a follow-on to the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS) and the 1991 IDHS.

A.1 Sample Design and Implementation

Indonesia is divided into 27 provinces. For the implementation of its family planning program, the National Family Planning Coordinating Board (BKKBN) has divided these provinces into three regions as follows:

Java-Bali: DKI Jakarta, West Java, Central Java, DI Yogyakarta, East Java, and Bali

Outer Java-Bali I: Dista Aceh, North Sumatra, West Sumatra, South Sumatra, Lampung, West Nusa Tenggara, West Kalimantan, South Kalimantan, North Sulawesi, and South Sulawesi

Outer Java-Bali II: Riau, Jambi, Bengkulu, East Nusa Tenggara, East Timor, Central Kalimantan, East Kalimantan, Central Sulawesi, Southeast Sulawesi, Maluku, and Irian Jaya

The 1990 Population Census of Indonesia shows that Java-Bali accounts for 62 percent of the national population, Outer Java-Bali I accounts for 27 percent, and Outer Java-Bali II accounts for 11 percent. The sample for the 1994 IDHS was designed to produce reliable estimates of fertility, contraceptive prevalence and other important variables for each of the provinces and for urban and rural areas of the three regions.

In order to meet this objective, between 1,650 and 2,050 households were selected in each of the provinces in Java-Bali, 1,250 to 1,500 households in the ten provinces in Outer Java-Bali I, and 1,000 to 1,250 households in each of the provinces in Outer Java-Bali II, for a total of 35,500 households. With an average of 0.8 ever-married women 15-49 per household, the sample was expected to yield approximately 28,000 women eligible for the individual interview.

The 1994 IDHS sample is a subsample of the 1994 Susenas, a national household survey carried out annually by the Central Bureau of Statistics (CBS) to produce data on various demographic and socioeconomic indicators of the population. Fieldwork for Susenas took place in January and February 1994 and was preceded by a household listing. In March 1994, a second household listing was done as part of the Susenas Post-Enumeration Survey. This second listing was used to select households for the 1994 IDHS.

The 1994 IDHS sample is stratified by province and by urban and rural domain within each province. The sample was selected in three stages. In the first stage, census enumeration areas (EAs) were selected systematically with probability proportional to population size. In each EA, segments of approximately 70 contiguous households with clear boundaries were formed, and only one segment was selected with a probability proportional to size. In the third stage, 25 households were selected from each segment using a systematic sampling; of these, half were selected for the household expenditure survey.

Since the sample was designed to produce estimates at the provincial level, the households selected at the provincial level did not constitute a proportional representation at the national level. Specifically, households in Outer Java-Bali II were oversampled. The results presented in this report are based on data that were weighted to take account of differential sampling probabilities and nonresponse at both the

household and individual levels. The weights are used to produce estimates that are representative at the appropriate level of aggregation (e.g., provincial, regional, and national).

Results of the sample implementation by region and in urban and rural residence as well as by province are shown in Tables A.1 and A.2. As shown in Table A.1, 35,510 households were selected for the 1994 IDHS. Of these, 95 percent were successfully interviewed, 2 percent were found to be vacant, and 2 percent were away during the survey fieldworkers' visit. Other reasons for not interviewing include no competent respondent in the household or the dwelling had been destroyed. The overall household response rate is 99 percent (see Table A.1 for definition). The level of successful household interviews ranges from 90 percent in Southeast Sulawesi to 100 percent in East Timor. The response rates are slightly higher in rural than in urban areas.

Table A.2 presents the survey coverage for the individual interview by region and type of residence. The response rates for eligible women are generally lower than household response rates, but range from less than 95 percent in Bengkulu and Southeast Sulawesi to close to 100 percent in DKI Jakarta, West Nusa Tenggara, East Timor, and Central Kalimantan. There is little variation by urban-rural residence. The eligible woman response rate for the 1994 IDHS is 98 percent. The overall response rate—which is the product of the household response rate and the eligible woman response rate—is 97 percent.

A.2 Pretest

The pretest for the 1994 IDHS was carried out in three provinces: Bengkulu, Central Java, and South Kalimantan. For each province, a team was trained consisting of one field coordinator, one supervisor, one field editor, and four or five interviewers. The Chief of the Population Statistics Division of the Provincial Statistics Office (PSO) in each province acted as field coordinator and was responsible for carrying out the pretest activities in his/her province. All of the fieldworkers were full time PSO staff.

The pretest training began in December 1993 with training of trainers, which was conducted by the CBS staff in their central office. Fieldworker training was held for two weeks in January 1994, followed by the data collection, which lasted for two weeks.

For the pretest fieldwork, a total of 300 households located in 6 urban and 6 rural sample clusters were visited. They yielded 232 ever-married women age 15-49, confirming the estimate of approximately 0.8 eligible women per household. At the request of The World Bank, the pretest household schedule included a sheet used for collecting information on the household's average monthly expenditures. During the fieldwork, it was found that the household expenditure questionnaire extended the interview time considerably. Administering it before the individual questionnaire created a serious problem for the women's questionnaire, because the respondent became fatigued even before the main interview began.

Problems encountered during the pretest training and fieldwork were discussed and errors were corrected by the survey staff. It was decided that the household expenditure questionnaire would be administered separately. Based on the experience in the field trial, the service availability questionnaire was changed to include health and family planning facilities located within 10 kilometers of the sample cluster in urban areas and within 30 kilometers in rural areas.

Table A.1 Sample implementation: results of the household interview

Percent distribution of households in the DHS sample by results of the household interview and household response rates, according to region, province, and urban-rural residence, Indonesia 1994

Region and province	Household present but no		Post-poned (PP)	Refused (R)	Dwelling not found (DNF)	Household absent (HA)	Dwelling vacant (DV)	Dwelling destroyed (DD)	Other (O)	Total percent	Number	Household response rate ¹ (HRR)
	Household interviews completed (C)	competent respondent at home (HP)										
Java-Bali	95.2	0.5	0.0	0.1	0.6	1.1	1.8	0.6	0.1	100.0	11,213	98.8
DKI Jakarta	92.4	0.1	0.0	0.3	2.3	0.9	2.5	1.5	0.0	100.0	2,065	97.1
West Java	93.3	1.0	0.0	0.2	0.8	2.5	1.1	0.9	0.2	100.0	2,104	97.9
Central Java	97.5	0.2	0.0	0.1	0.1	1.3	0.5	0.4	0.0	100.0	1,861	99.7
DI Yogyakarta	96.2	0.7	0.1	0.0	0.1	0.5	1.9	0.1	0.4	100.0	1,658	99.1
East Java	96.6	0.4	0.0	0.1	0.1	0.9	1.4	0.5	0.1	100.0	1,875	99.5
Bali	96.1	0.3	0.0	0.0	0.1	0.1	3.3	0.1	0.0	100.0	1,650	99.6
Outer Java-Bali I	95.3	0.6	0.0	0.1	0.2	1.5	1.6	0.6	0.0	100.0	13,022	99.1
Dista Aceh	96.0	1.5	0.0	0.0	0.0	1.0	1.0	0.5	0.0	100.0	1,250	98.4
North Sumatra	95.3	0.7	0.0	0.3	0.1	0.8	1.7	0.9	0.1	100.0	1,509	98.8
West Sumatra	93.0	0.9	0.0	0.0	0.3	2.0	2.2	1.5	0.0	100.0	1,251	98.7
South Sumatra	95.2	0.7	0.0	0.2	0.3	0.5	2.6	0.4	0.0	100.0	1,250	98.7
Lampung	94.6	0.3	0.0	0.0	0.8	1.0	2.9	0.5	0.0	100.0	1,251	98.8
West Nusa Tenggara	97.9	0.1	0.0	0.0	0.2	0.5	1.0	0.4	0.0	100.0	1,254	99.8
West Kalimantan	96.2	0.6	0.0	0.0	0.1	2.3	0.4	0.4	0.0	100.0	1,251	99.3
South Kalimantan	96.2	0.3	0.0	0.0	0.0	1.8	1.4	0.3	0.0	100.0	1,255	99.7
North Sulawesi	92.1	0.4	0.1	0.0	0.1	5.4	0.6	1.4	0.0	100.0	1,250	99.4
South Sulawesi	96.7	0.3	0.0	0.0	0.1	0.5	2.1	0.2	0.0	100.0	1,501	99.5
Outer Java-Bali II	94.4	0.5	0.0	0.0	0.1	2.4	2.1	0.3	0.1	100.0	11,275	99.3
Riau	94.2	0.6	0.0	0.0	0.0	2.1	2.5	0.3	0.4	100.0	1,250	99.4
Jambi	96.1	0.3	0.0	0.0	0.0	1.4	1.6	0.3	0.3	100.0	1,003	99.7
Bengkulu	98.0	1.2	0.0	0.0	0.0	0.2	0.6	0.0	0.0	100.0	1,002	98.8
East Nusa Tenggara	96.1	0.4	0.0	0.1	0.0	1.7	1.2	0.5	0.0	100.0	1,006	99.5
East Timor	99.8	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	100.0	1,001	99.9
Central Kalimantan	94.1	0.0	0.0	0.0	0.2	4.4	0.9	0.2	0.2	100.0	1,000	99.8
East Kalimantan	92.1	0.8	0.0	0.0	0.0	1.7	4.9	0.5	0.0	100.0	1,012	99.1
Central Sulawesi	91.8	0.1	0.0	0.1	0.4	4.0	3.0	0.4	0.2	100.0	1,000	99.4
Southeast Sulawesi	89.5	1.2	0.0	0.1	0.0	6.8	1.5	0.9	0.0	100.0	1,000	98.6
Maluku	91.5	0.9	0.0	0.0	0.2	3.8	3.3	0.3	0.0	100.0	1,000	98.8
Irian Jaya	95.4	0.5	0.0	0.0	0.3	0.3	3.4	0.1	0.0	100.0	1,001	99.2
Residence												
Urban	93.5	0.7	0.0	0.2	0.7	1.7	2.4	0.6	0.1	100.0	10,401	98.3
Rural	95.6	0.5	0.0	0.0	0.1	1.7	1.5	0.5	0.1	100.0	25,109	99.4
Total	95.0	0.5	0.0	0.1	0.3	1.7	1.8	0.5	0.1	100.0	35,510	99.1

¹ The household response rate (HRR) is calculated as:
$$\frac{C}{C + HP + R + DNF}$$

Table A.2 Sample implementation: results of the individual interview

Percent distribution of eligible women in the sample by results of the individual interview, eligible woman response rates, and overall response rates, according to region, province, and urban-rural residence, Indonesia 1994

Region and province	Individual interviews completed (C)	Not at home (NH)	Post-poned (PP)	Refused (R)	Partly completed (PC)	In-capacitated (I)	Other (O)	Total percent	Number	Eligible woman response rate ¹ (EWRR)	Overall response rate ² (ORR)
Java-Bali	98.0	1.6	0.0	0.0	0.0	0.2	0.1	100.0	8,845	98.0	96.8
DKI Jakarta	99.8	0.2	0.0	0.0	0.0	0.0	0.0	100.0	1,809	99.8	96.9
West Java	96.4	2.8	0.0	0.1	0.0	0.4	0.3	100.0	1,589	96.4	94.4
Central Java	98.0	1.8	0.0	0.0	0.1	0.1	0.0	100.0	1,502	98.0	97.7
DI Yogyakarta	98.9	0.9	0.0	0.0	0.0	0.3	0.0	100.0	1,131	98.9	97.9
East Java	98.0	1.4	0.0	0.1	0.1	0.4	0.0	100.0	1,533	98.0	97.6
Bali	97.0	2.8	0.0	0.0	0.1	0.2	0.0	100.0	1,281	97.0	96.5
Outer Java-Bali I	98.0	1.8	0.0	0.1	0.0	0.1	0.0	100.0	10,438	98.0	97.1
Dista Aceh	98.2	1.7	0.1	0.0	0.0	0.0	0.0	100.0	1,099	98.2	96.6
North Sumatra	98.1	1.4	0.0	0.1	0.0	0.3	0.1	100.0	1,197	98.1	96.9
West Sumatra	97.3	2.1	0.0	0.1	0.0	0.4	0.0	100.0	894	97.3	96.1
South Sumatra	99.2	0.7	0.0	0.1	0.0	0.0	0.1	100.0	1,059	99.2	97.8
Lampung	99.0	0.7	0.0	0.0	0.0	0.3	0.0	100.0	985	99.0	97.8
West Nusa Tenggara	99.5	0.4	0.0	0.0	0.0	0.1	0.0	100.0	972	99.5	99.2
West Kalimantan	98.9	1.0	0.0	0.1	0.0	0.0	0.0	100.0	1,067	98.9	98.1
South Kalimantan	98.0	1.8	0.0	0.1	0.0	0.1	0.0	100.0	1,068	98.0	97.7
North Sulawesi	96.6	3.3	0.0	0.0	0.0	0.1	0.0	100.0	859	96.6	96.0
South Sulawesi	95.5	4.4	0.0	0.1	0.0	0.1	0.0	100.0	1,238	95.5	95.0
Outer Java-Bali II	97.4	2.2	0.1	0.1	0.1	0.2	0.0	100.0	9,517	97.4	96.7
Riau	98.0	1.6	0.0	0.0	0.1	0.3	0.0	100.0	1,067	98.0	97.5
Jambi	99.0	0.7	0.0	0.0	0.0	0.3	0.0	100.0	902	99.0	98.7
Bengkulu	94.4	5.6	0.0	0.0	0.0	0.0	0.0	100.0	868	94.4	93.2
East Nusa Tenggara	98.1	1.7	0.1	0.0	0.0	0.1	0.0	100.0	827	98.1	97.6
East Timor	99.8	0.0	0.0	0.0	0.2	0.0	0.0	100.0	970	99.8	99.7
Central Kalimantan	99.9	0.1	0.0	0.0	0.0	0.0	0.0	100.0	871	99.9	99.7
East Kalimantan	96.5	2.9	0.0	0.0	0.4	0.2	0.0	100.0	853	96.5	95.7
Central Sulawesi	96.4	3.1	0.5	0.0	0.0	0.0	0.0	100.0	795	96.4	95.7
Southeast Sulawesi	93.5	5.0	0.1	0.3	0.1	1.0	0.0	100.0	735	93.5	92.1
Maluku	98.3	1.4	0.0	0.0	0.0	0.1	0.1	100.0	783	98.3	97.2
Irian Jaya	96.2	3.1	0.0	0.4	0.1	0.1	0.1	100.0	846	96.2	95.4
Residence											
Urban	98.0	1.7	0.0	0.1	0.0	0.2	0.0	100.0	8,111	98.0	96.3
Rural	97.7	2.0	0.0	0.0	0.0	0.2	0.0	100.0	20,689	97.7	97.1
Total	97.8	1.9	0.0	0.0	0.0	0.2	0.0	100.0	28,800	97.8	96.9

¹The eligible woman response rate (EWRR) is calculated as:

$$\frac{C}{C + NH + PP + R + PC + I + O}$$

²The overall response rate (ORR) is calculated as: HRR × EWRR.

A.3 Field-Staff Training

Training of the survey field staff for the main survey was preceded by a course held in May 1994 in Bogor to prepare those who were to serve as instructors at the training centers, those who were responsible for the training centers, and the data processing staff.

Training for the main survey took place in nine locations: Medan, Jambi, Jakarta, Salatiga, Malang, Kupang, Samarinda, and Ujung Pandang. The training lasted for 16 days, from 6 to 21 June 1994, and covered the procedures for locating the sample households, conducting an interview, and filling out the forms. Mock interviews and field practice also were included in the training.

A.4 Fieldwork

The 1994 IDHS data were collected by 260 interviewers, 86 field editors and 86 supervisors. Each of the 86 teams consisted of two to four interviewers, one field editor and one supervisor. As in previous DHS surveys, the number of teams in each province was determined by the number of clusters selected in the respective province and their distribution throughout the area. Due to the sensitive nature of some questions asked in the survey, all interviewers and field editors were female. However, for logistical and security reasons, male supervisors were used. Most of the survey fieldworkers were CBS staff at the province or regency/municipality level.

The teams completed work in each cluster before moving to the next cluster. Generally, the teams were responsible for arranging transportation between sample points. However, in some areas local statistics offices provided transportation. PSO and CBS staff visited the field periodically to monitor the progress of the fieldwork. The main survey fieldwork began in early July in Jakarta and East Java, and in the third week of July in the remaining provinces. It was completed in November 1994.

A.5 Data Processing

The first stage of data editing was carried out by the field editors who checked the completed questionnaires for thoroughness and accuracy. Field supervisors then further examined the questionnaires. In many instances, the teams sent the questionnaires to CBS through the regency/municipality statistics offices. In these cases, no checking was done by the PSO. At CBS, the questionnaires underwent another round of editing, primarily for completeness and coding of responses to open-ended questions.

The data were processed using 16 microcomputers and the DHS computer program, ISSA (Integrated System for Survey Analysis). Data entry and office editing were initiated immediately after fieldwork began. Simple range and skip errors were corrected at the data entry stage. Data processing was completed by November 1994, and the preliminary report of the survey was published in January 1995.

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during implementation of the 1994 IDHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 1994 IDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

Sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 1994 IDHS sample is the result of a two-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 1994 IDHS is the ISSA Sampling Error Module. This module uses the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$\text{var}(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_h-1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r \cdot x_{hi}, \text{ and } z_h = y_h - r \cdot x_h$$

where h represents the stratum which varies from 1 to H,
 m_h is the total number of enumeration areas selected in the h^{th} stratum,
 y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum,
 x_{hi} is the sum of the number of cases in EA i in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 1994 IDHS, there were 1,416 non-empty clusters. Hence, 1,416 replications were created. The variance of a rate r is calculated as follows:

$$\text{var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 1,416 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 1,415 clusters (i^{th} cluster excluded), and
 k is the total number of clusters.

In addition to the standard error, the ISSA Sampling Error Module computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 1994 IDHS are calculated for selected variables considered to be of primary interest. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2.1 to B.2.33 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error for a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for estimates of sub-populations. For example, for the variable *currently using any method*, the relative standard errors as a percent of the estimated mean for the whole country, for urban areas, and for rural areas are 1.1 percent, 1.6 percent, and 1.5 percent, respectively.

The confidence interval (e.g., as calculated for *currently using any method*, can be interpreted as follows: the overall national sample proportion is 0.547 and its standard error is 0.006. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $0.547 \pm 2 \times 0.006$. There is a high probability (95 percent) that the *true* contraceptive prevalence rate is between 0.535 and 0.560.

The results are presented in this appendix for the country as a whole, for urban and rural areas, for each of the three regions—Java-Bali, Outer Java-Bali I, and Outer Java-Bali II—and for each of the 27 provinces. It should be pointed out that sampling errors of certain variables for some provinces should be used with caution. For provinces with a small number of cases, the sampling error is quite large. For example, in Central Kalimantan (Table B.2.28), the proportion of children under five who had diarrhea and

were treated with ORS packets is 29.2 percent, although the unweighted number of these children is only 23. The sampling error of this proportion is 10.4 percent, resulting in a very wide confidence interval. The true value could lie anywhere between 8.5 percent and 50 percent.

Table B.1 List of selected variables for sampling errors, Indonesia 1994

Variable	Description	Base population
Urban residence	Proportion	Ever-married women 15-49
No education	Proportion	Ever-married women 15-49
With secondary education or higher	Proportion	Ever-married women 15-49
Currently married	Proportion	Ever-married women 15-49
Children ever born	Mean	Currently married women 15-49
Children ever born to women over 40	Mean	Currently married women 40-49
Children surviving	Mean	Currently married women 15-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Knowing any modern contraceptive method	Proportion	Currently married women 15-49
Knowing source for contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injections	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using Norplant	Proportion	Currently married women 15-49
Using public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	Ever-married women 15-49
Knowledge of AIDS	Proportion	Ever-married women 15-49
Mothers received tetanus injection	Proportion	Births in last 5 years
Mothers received medical care at birth	Proportion	Births in last 5 years
Had diarrhea in the last 2 weeks	Proportion	Children under 5
Had diarrhea in the last 24 hours	Proportion	Children under 5
Treated with ORS packets	Proportion	Children under 5 with diarrhea in last 2 weeks
Sought medical treatment	Proportion	Children under 5 with diarrhea in last 2 weeks
Having health card	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Fully immunized	Proportion	Children 12-23 months
Not immunized	Proportion	Children 12-23 months
Total fertility rate (3 years)	Rate	Woman-years of exposure to childbearing
Neonatal mortality rate (0-9 years)	Rate	Number of births
Postneonatal mortality rate (0-9 years)	Rate	Number of births
Infant mortality rate (0-9 years)	Rate	Number of births
Child mortality rate (0-9 years)	Rate	Number of births
Under-five mortality rate (0-9 years)	Rate	Number of births

Table B 2.1 Sampling errors - National sample, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.291	0.006	28168	28168	2.105	0.020	0.280	0.302
No education	0.159	0.006	28168	28168	2.782	0.038	0.147	0.171
With secondary education or higher	0.241	0.007	28168	28168	2.725	0.029	0.227	0.254
Currently married (in union)	0.930	0.003	28168	28168	1.744	0.003	0.924	0.935
Children ever born	3.064	0.025	26220	26186	1.753	0.008	3.014	3.114
Children ever born to women over 40	4.996	0.058	6065	5855	1.692	0.012	4.880	5.112
Children surviving	2.700	0.021	26220	26186	1.702	0.008	2.659	2.741
Knowing any contraceptive method	0.963	0.002	26220	26186	2.041	0.002	0.958	0.968
Knowing any modern method	0.961	0.002	26220	26186	2.022	0.003	0.956	0.966
Knowing source for contraceptive method	0.950	0.003	26220	26186	2.248	0.003	0.944	0.956
Ever used any contraceptive method	0.757	0.005	26220	26186	2.029	0.007	0.747	0.768
Currently using any method	0.547	0.006	26220	26186	1.997	0.011	0.535	0.560
Currently using a modern method	0.521	0.006	26220	26186	2.044	0.012	0.508	0.533
Currently using pill	0.171	0.005	26220	26186	2.240	0.030	0.161	0.182
Currently using IUD	0.103	0.004	26220	26186	2.141	0.039	0.095	0.111
Currently using injections	0.152	0.005	26220	26186	2.142	0.031	0.143	0.162
Currently using condom	0.009	0.000	26220	26186	Und	0.000	0.009	0.009
Currently using female sterilization	0.031	0.002	26220	26186	2.154	0.075	0.026	0.035
Currently using Norplant	0.049	0.004	26220	26186	2.801	0.076	0.041	0.056
Using public sector source	0.486	0.011	12771	13661	2.429	0.022	0.465	0.508
Want no more children	0.478	0.005	26220	26186	1.709	0.011	0.468	0.489
Want to delay at least 2 years	0.248	0.005	26220	26186	1.874	0.020	0.238	0.257
Ideal number of children	2.924	0.017	20497	22044	1.960	0.006	2.889	2.958
Knowledge of AIDS	0.381	0.009	28168	28168	3.187	0.024	0.363	0.400
Mothers received tetanus injection	0.653	0.009	18196	16983	2.169	0.014	0.635	0.672
Mothers received medical antenatal care	0.823	0.009	18196	16983	2.430	0.010	0.806	0.840
Mothers received medical care at birth	0.398	0.011	18196	16983	2.420	0.027	0.377	0.419
Had diarrhea in the last 2 weeks	0.121	0.005	16997	15883	1.826	0.040	0.111	0.131
Had diarrhea in the last 24 hours	0.032	0.002	16997	15883	1.715	0.077	0.027	0.037
Treated with ORS packets	0.451	0.018	1783	1921	1.548	0.040	0.414	0.487
Consulted medical personnel	0.532	0.018	1783	1921	1.548	0.034	0.496	0.569
Having health card	0.387	0.017	3241	3065	1.935	0.044	0.353	0.422
Received BCG vaccination	0.778	0.014	3241	3065	1.830	0.018	0.750	0.805
Received DPT vaccination (3 doses)	0.590	0.017	3241	3065	1.934	0.029	0.556	0.625
Received polio vaccination (3 doses)	0.599	0.017	3241	3065	1.871	0.028	0.566	0.632
Received measles vaccination	0.625	0.016	3241	3065	1.829	0.026	0.593	0.657
Fully immunized	0.504	0.017	3241	3065	1.906	0.034	0.470	0.539
Not immunized	0.180	0.012	3241	3065	1.773	0.069	0.155	0.205
Total fertility rate (3 years)	2.855	0.057	NA	07581	2.162	0.020	2.742	2.968
Neonatal mortality rate (0-9 years)	32.457	1.722	38911	36071	1.648	0.053	29.012	35.901
Postneonatal mortality rate (0-9 years)	33.950	1.794	38972	36123	1.706	0.053	30.362	37.539
Infant mortality rate (0-9 years)	66.407	2.717	38976	36126	1.833	0.041	60.973	71.841
Child mortality rate (0-9 years)	28.262	1.519	39173	36299	1.619	0.054	25.224	31.299
Under-five mortality rate (0-9 years)	92.792	3.373	39242	36357	1.955	0.036	86.045	99.539

NA = Not applicable

Und = Undefined

Table B.2.2 Sampling errors - Urban sample, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	7947	8196	Und	0.000	1.000	1.000
No education	0.076	0.008	7947	8196	2.837	0.111	0.059	0.092
With secondary education or higher	0.464	0.018	7947	8196	3.198	0.039	0.428	0.500
Currently married (in union)	0.926	0.005	7947	8196	1.839	0.006	0.915	0.937
Children ever born	2.930	0.040	7393	7591	1.568	0.014	2.850	3.010
Children ever born to women over 40	4.764	0.102	1721	1750	1.635	0.021	4.560	4.967
Children surviving	2.685	0.035	7393	7591	1.586	0.013	2.614	2.756
Knowing any contraceptive method	0.993	0.001	7393	7591	Und	0.001	0.991	0.996
Knowing any modern method	0.993	0.001	7393	7591	Und	0.001	0.990	0.995
Knowing source for contraceptive method	0.986	0.002	7393	7591	1.479	0.002	0.981	0.990
Ever used any contraceptive method	0.818	0.007	7393	7591	1.498	0.008	0.804	0.831
Currently using any method	0.602	0.010	7393	7591	1.693	0.016	0.582	0.621
Currently using a modern method	0.558	0.010	7393	7591	1.713	0.018	0.538	0.577
Currently using pill	0.158	0.008	7393	7591	1.971	0.053	0.141	0.175
Currently using IUD	0.122	0.007	7393	7591	1.858	0.058	0.108	0.136
Currently using injections	0.168	0.007	7393	7591	1.650	0.043	0.153	0.182
Currently using condom	0.022	0.002	7393	7591	1.462	0.114	0.017	0.027
Currently using female sterilization	0.056	0.006	7393	7591	2.096	0.100	0.045	0.067
Currently using Norplant	0.028	0.005	7393	7591	2.748	0.189	0.017	0.038
Using public sector source	0.390	0.015	3962	4248	1.911	0.038	0.360	0.419
Want no more children	0.500	0.009	7393	7591	1.597	0.019	0.482	0.519
Want to delay at least 2 years	0.229	0.007	7393	7591	1.519	0.032	0.214	0.244
Ideal number of children	2.794	0.022	6323	6705	1.675	0.008	2.749	2.839
Knowledge of AIDS	0.696	0.018	7947	8196	3.476	0.026	0.660	0.732
Mothers received tetanus injection	0.774	0.010	4643	4646	1.471	0.014	0.753	0.795
Mothers received medical antenatal care	0.954	0.007	4643	4646	1.940	0.007	0.940	0.968
Mothers received medical care at birth	0.764	0.019	4643	4646	2.609	0.024	0.727	0.802
Had diarrhea in the last 2 weeks	0.124	0.011	4460	4472	2.182	0.091	0.101	0.146
Had diarrhea in the last 24 hours	0.027	0.005	4460	4472	2.070	0.189	0.017	0.037
Treated with ORS packets	0.421	0.033	419	553	1.506	0.078	0.355	0.487
Consulted medical personnel	0.597	0.025	419	553	1.216	0.043	0.546	0.648
Having health card	0.462	0.030	843	861	1.762	0.066	0.401	0.522
Received BCG vaccination	0.906	0.016	843	861	1.631	0.018	0.873	0.939
Received DPT vaccination (3 doses)	0.766	0.024	843	861	1.621	0.031	0.718	0.814
Received polio vaccination (3 doses)	0.779	0.026	843	861	1.788	0.033	0.727	0.830
Received measles vaccination	0.762	0.021	843	861	1.391	0.027	0.720	0.803
Fully immunized	0.670	0.024	843	861	1.457	0.035	0.622	0.717
Not immunized	0.064	0.012	843	861	1.400	0.186	0.040	0.087
Total fertility rate (3 years)	2.310	0.071	NA	36538	1.792	0.031	2.168	2.452
Neonatal mortality rate (0-9 years)	22.935	2.444	9789	9856	1.414	0.107	18.048	27.823
Postneonatal mortality rate (0-9 years)	20.126	2.897	9796	9864	1.828	0.144	14.332	25.920
Infant mortality rate (0-9 years)	43.061	4.007	9797	9864	1.711	0.093	35.047	51.076
Child mortality rate (0-9 years)	16.183	1.920	9829	9900	1.527	0.119	12.342	20.024
Under-five mortality rate (0-9 years)	58.548	4.777	9838	9908	1.855	0.082	48.995	68.101

NA = Not applicable
Und = Undefined

Table B.2.3 Sampling errors - Rural sample, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.000	0.000	20221	19972	Und	Und	0.000	0.000
No education	0.194	0.008	20221	19972	2.801	0.040	0.178	0.209
With secondary education or higher	0.149	0.006	20221	19972	2.327	0.039	0.137	0.161
Currently married (in union)	0.931	0.003	20221	19972	1.702	0.003	0.925	0.937
Children ever born	3.119	0.031	18827	18595	1.827	0.010	3.057	3.181
Children ever born to women over 40	5.095	0.070	4344	4105	1.714	0.014	4.954	5.235
Children surviving	2.706	0.025	18827	18595	1.748	0.009	2.656	2.756
Knowing any contraceptive method	0.950	0.003	18827	18595	2.102	0.004	0.944	0.957
Knowing any modern method	0.948	0.003	18827	18595	2.081	0.004	0.941	0.955
Knowing source for contraceptive method	0.935	0.004	18827	18595	2.332	0.004	0.927	0.943
Ever used any contraceptive method	0.733	0.007	18827	18595	2.165	0.010	0.719	0.747
Currently using any method	0.525	0.008	18827	18595	2.113	0.015	0.510	0.541
Currently using a modern method	0.505	0.008	18827	18595	2.166	0.016	0.490	0.521
Currently using pill	0.177	0.006	18827	18595	2.335	0.037	0.164	0.190
Currently using IUD	0.095	0.005	18827	18595	2.281	0.051	0.085	0.104
Currently using injections	0.146	0.006	18827	18595	2.331	0.041	0.134	0.158
Currently using condom	0.003	0.000	18827	18595	Und	0.000	0.003	0.003
Currently using female sterilization	0.020	0.002	18827	18595	2.204	0.112	0.016	0.024
Currently using Norplant	0.057	0.005	18827	18595	2.821	0.083	0.048	0.067
Using public sector source	0.529	0.014	8809	9412	2.624	0.026	0.502	0.557
Want no more children	0.469	0.006	18827	18595	1.756	0.014	0.456	0.482
Want to delay at least 2 years	0.255	0.006	18827	18595	1.996	0.025	0.242	0.268
Ideal number of children	2.981	0.023	14174	15339	2.040	0.008	2.935	3.026
Knowledge of AIDS	0.253	0.010	20221	19972	3.333	0.040	0.232	0.273
Mothers received tetanus injection	0.607	0.012	13553	12337	2.301	0.019	0.584	0.631
Mothers received medical antenatal care	0.773	0.011	13553	12337	2.463	0.014	0.751	0.796
Mothers received medical care at birth	0.260	0.011	13553	12337	2.300	0.040	0.239	0.281
Had diarrhea in the last 2 weeks	0.120	0.005	12537	11411	1.654	0.043	0.109	0.130
Had diarrhea in the last 24 hours	0.035	0.003	12537	11411	1.597	0.082	0.029	0.040
Treated with ORS packets	0.463	0.022	1364	1368	1.574	0.048	0.419	0.507
Consulted medical personnel	0.506	0.023	1364	1368	1.626	0.045	0.461	0.552
Having health card	0.358	0.020	2398	2204	1.988	0.057	0.318	0.399
Received BCG vaccination	0.728	0.017	2398	2204	1.827	0.024	0.693	0.762
Received DPT vaccination (3 doses)	0.522	0.021	2398	2204	1.949	0.040	0.480	0.563
Received polio vaccination (3 doses)	0.529	0.019	2398	2204	1.829	0.037	0.490	0.568
Received measles vaccination	0.572	0.020	2398	2204	1.885	0.035	0.532	0.611
Fully immunized	0.439	0.021	2398	2204	1.991	0.048	0.397	0.481
Not immunized	0.225	0.016	2398	2204	1.784	0.070	0.194	0.257
Total fertility rate (3 years)	3.147	0.078	NA	71038	2.303	0.025	2.992	3.303
Neonatal mortality rate (0-9 years)	36.041	2.153	29122	26215	1.685	0.060	31.736	40.347
Postneonatal mortality rate (0-9 years)	39.125	2.166	29176	26259	1.652	0.055	34.793	43.457
Infant mortality rate (0-9 years)	75.166	3.311	29179	26261	1.813	0.044	68.544	81.789
Child mortality rate (0-9 years)	32.966	1.931	29344	26399	1.613	0.059	29.103	36.828
Under-five mortality rate (0-9 years)	105.654	4.096	29404	26448	1.910	0.039	97.462	113.846

NA = Not applicable

Und = Undefined

Table B.2.4 Sampling errors - Java-Bali, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.334	0.008	8672	17953	1.590	0.024	0.318	0.350
No education	0.163	0.009	8672	17953	2.309	0.056	0.145	0.182
With secondary education or higher	0.208	0.010	8672	17953	2.296	0.048	0.188	0.228
Currently married (in union)	0.928	0.004	8672	17953	1.435	0.004	0.920	0.936
Children ever born	2.848	0.036	8066	16663	1.470	0.013	2.776	2.919
Children ever born to women over 40	4.706	0.085	1912	3654	1.416	0.018	4.536	4.877
Children surviving	2.507	0.029	8066	16663	1.430	0.012	2.449	2.566
Knowing any contraceptive method	0.977	0.003	8066	16663	1.969	0.003	0.970	0.984
Knowing any modern method	0.976	0.003	8066	16663	1.957	0.003	0.969	0.983
Knowing source for contraceptive method	0.963	0.004	8066	16663	2.062	0.004	0.954	0.972
Ever used any contraceptive method	0.807	0.008	8066	16663	1.719	0.009	0.792	0.822
Currently using any method	0.584	0.009	8066	16663	1.617	0.015	0.566	0.602
Currently using a modern method	0.564	0.009	8066	16663	1.649	0.016	0.546	0.583
Currently using pill	0.167	0.008	8066	16663	1.855	0.046	0.152	0.183
Currently using IUD	0.121	0.006	8066	16663	1.645	0.049	0.109	0.133
Currently using injections	0.168	0.007	8066	16663	1.723	0.043	0.154	0.183
Currently using condom	0.009	0.001	8066	16663	1.200	0.139	0.007	0.012
Currently using female sterilization	0.035	0.004	8066	16663	1.717	0.101	0.028	0.042
Currently using Norplant	0.055	0.006	8066	16663	2.248	0.104	0.043	0.066
Using public sector source	0.463	0.015	4686	9420	2.036	0.032	0.433	0.493
Want no more children	0.489	0.008	8066	16663	1.396	0.016	0.474	0.505
Want to delay at least 2 years	0.256	0.007	8066	16663	1.535	0.029	0.241	0.271
Ideal number of children	2.701	0.022	7292	14917	1.764	0.008	2.657	2.746
Knowledge of AIDS	0.403	0.014	8672	17953	2.620	0.034	0.375	0.430
Mothers received tetanus injection	0.721	0.015	4412	9678	2.004	0.021	0.692	0.751
Mothers received medical antenatal care	0.863	0.014	4412	9678	2.299	0.016	0.836	0.891
Mothers received medical care at birth	0.370	0.016	4412	9678	2.005	0.043	0.338	0.402
Had diarrhea in the last 2 weeks	0.130	0.008	4207	9111	1.543	0.062	0.114	0.146
Had diarrhea in the last 24 hours	0.037	0.004	4207	9111	1.396	0.111	0.029	0.046
Treated with ORS packets	0.447	0.028	440	1187	1.278	0.062	0.392	0.502
Consulted medical personnel	0.548	0.027	440	1187	1.291	0.050	0.493	0.602
Having health card	0.420	0.028	825	1781	1.649	0.066	0.365	0.476
Received BCG vaccination	0.803	0.022	825	1781	1.602	0.027	0.760	0.846
Received DPT vaccination (3 doses)	0.613	0.028	825	1781	1.685	0.046	0.557	0.669
Received polio vaccination (3 doses)	0.622	0.027	825	1781	1.619	0.043	0.569	0.676
Received measles vaccination	0.658	0.026	825	1781	1.597	0.039	0.607	0.710
Fully immunized	0.528	0.028	825	1781	1.654	0.053	0.471	0.584
Not immunized	0.144	0.019	825	1781	1.579	0.131	0.106	0.182
Total fertility rate (3 years)	2.603	0.082	NA	66747	1.817	0.031	2.440	2.767
Neonatal mortality rate (0-9 years)	32.523	2.801	9393	20516	1.417	0.086	26.921	38.125
Postneonatal mortality rate (0-9 years)	33.939	2.954	9406	20545	1.448	0.087	28.031	39.847
Infant mortality rate (0-9 years)	66.462	4.452	9406	20545	1.572	0.067	57.557	75.366
Child mortality rate (0-9 years)	25.289	2.344	9436	20638	1.416	0.093	20.600	29.977
Under-five mortality rate (0-9 years)	90.070	5.486	9449	20667	1.688	0.061	79.099	101.041

NA = Not applicable

Table B.2.5 Sampling errors - Outer Java-Bali I, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.214	0.008	10229	7108	2.017	0.038	0.198	0.230
No education	0.141	0.006	10229	7108	1.664	0.041	0.130	0.152
With secondary education or higher	0.304	0.010	10229	7108	2.201	0.033	0.284	0.324
Currently married (in union)	0.931	0.003	10229	7108	1.178	0.003	0.925	0.937
Children ever born	3.479	0.035	9481	6619	1.384	0.010	3.409	3.549
Children ever born to women over 40	5.516	0.070	2238	1551	1.251	0.013	5.377	5.655
Children surviving	3.061	0.029	9481	6619	1.371	0.010	3.002	3.120
Knowing any contraceptive method	0.947	0.004	9481	6619	1.661	0.004	0.940	0.955
Knowing any modern method	0.946	0.004	9481	6619	1.671	0.004	0.938	0.954
Knowing source for contraceptive method	0.938	0.004	9481	6619	1.738	0.005	0.930	0.947
Ever used any contraceptive method	0.684	0.008	9481	6619	1.633	0.011	0.669	0.700
Currently using any method	0.495	0.008	9481	6619	1.560	0.016	0.479	0.511
Currently using a modern method	0.455	0.008	9481	6619	1.594	0.018	0.439	0.471
Currently using pill	0.188	0.006	9481	6619	1.607	0.034	0.175	0.201
Currently using IUD	0.074	0.005	9481	6619	1.771	0.064	0.065	0.084
Currently using injections	0.119	0.004	9481	6619	1.249	0.035	0.111	0.127
Currently using condom	0.008	0.001	9481	6619	Und	0.155	0.006	0.011
Currently using female sterilization	0.025	0.002	9481	6619	1.195	0.076	0.021	0.029
Currently using Norplant	0.037	0.003	9481	6619	1.515	0.079	0.032	0.043
Using public sector source	0.518	0.013	4459	3025	1.787	0.026	0.492	0.545
Want no more children	0.462	0.007	9481	6619	1.278	0.014	0.449	0.475
Want to delay at least 2 years	0.240	0.006	9481	6619	1.291	0.024	0.229	0.252
Ideal number of children	3.375	0.026	7068	5002	1.540	0.008	3.323	3.428
Knowledge of AIDS	0.348	0.010	10229	7108	2.124	0.029	0.328	0.368
Mothers received tetanus injection	0.561	0.012	7028	5072	1.678	0.021	0.537	0.584
Mothers received medical antenatal care	0.793	0.011	7028	5072	1.953	0.014	0.771	0.816
Mothers received medical care at birth	0.480	0.016	7028	5072	2.306	0.034	0.447	0.512
Had diarrhea in the last 2 weeks	0.113	0.005	6510	4701	1.133	0.040	0.104	0.122
Had diarrhea in the last 24 hours	0.025	0.002	6510	4701	1.120	0.088	0.020	0.029
Treated with ORS packets	0.431	0.022	745	531	1.159	0.050	0.388	0.474
Consulted medical personnel	0.499	0.022	745	531	1.172	0.044	0.455	0.543
Having health card	0.331	0.017	1234	890	1.252	0.050	0.298	0.364
Received BCG vaccination	0.730	0.018	1234	890	1.404	0.024	0.695	0.765
Received DPT vaccination (3 doses)	0.530	0.018	1234	890	1.288	0.034	0.493	0.566
Received polio vaccination (3 doses)	0.540	0.018	1234	890	1.295	0.034	0.503	0.576
Received measles vaccination	0.550	0.019	1234	890	1.320	0.034	0.513	0.587
Fully immunized	0.439	0.018	1234	890	1.262	0.040	0.404	0.475
Not immunized	0.241	0.018	1234	890	1.489	0.075	0.205	0.277
Total fertility rate (3 years)	3.261	0.067	NA	28478	1.467	0.021	3.126	3.396
Neonatal mortality rate (0-9 years)	32.637	1.992	15051	10785	1.225	0.061	28.654	36.621
Postneonatal mortality rate (0-9 years)	34.160	1.957	15076	10800	1.236	0.057	30.246	38.074
Infant mortality rate (0-9 years)	66.797	3.049	15079	10802	1.346	0.046	60.700	72.895
Child mortality rate (0-9 years)	32.411	2.233	15159	10859	1.440	0.069	27.945	36.878
Under-five mortality rate (0-9 years)	97.044	4.023	15190	10879	1.509	0.041	88.997	105.091

NA = Not applicable
Und = Undefined

Table B.2.6 Sampling errors - Outer Java-Bali II, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.220	0.007	9267	3106	1.679	0.033	0.206	0.235
No education	0.178	0.007	9267	3106	1.768	0.040	0.164	0.192
With secondary education or higher	0.281	0.009	9267	3106	1.988	0.033	0.262	0.299
Currently married (in union)	0.935	0.003	9267	3106	0.980	0.003	0.930	0.940
Children ever born	3.360	0.036	8673	2903	1.366	0.011	3.289	3.431
Children ever born to women over 40	5.380	0.076	1915	651	1.225	0.014	5.229	5.531
Children surviving	2.979	0.032	8673	2903	1.428	0.011	2.915	3.043
Knowing any contraceptive method	0.917	0.005	8673	2903	1.692	0.005	0.906	0.927
Knowing any modern method	0.909	0.005	8673	2903	1.638	0.006	0.899	0.919
Knowing source for contraceptive method	0.899	0.005	8673	2903	1.619	0.006	0.888	0.909
Ever used any contraceptive method	0.640	0.009	8673	2903	1.820	0.015	0.621	0.658
Currently using any method	0.457	0.009	8673	2903	1.750	0.020	0.438	0.476
Currently using a modern method	0.418	0.009	8673	2903	1.758	0.022	0.399	0.437
Currently using pill	0.154	0.006	8673	2903	1.443	0.036	0.143	0.165
Currently using IUD	0.060	0.005	8673	2903	1.837	0.078	0.050	0.069
Currently using injections	0.136	0.006	8673	2903	1.494	0.040	0.125	0.147
Currently using condom	0.006	0.001	8673	2903	Und	0.190	0.004	0.009
Currently using female sterilization	0.018	0.002	8673	2903	1.229	0.098	0.014	0.021
Currently using Norplant	0.040	0.003	8673	2903	1.602	0.084	0.034	0.047
Using public sector source	0.585	0.015	3626	1215	1.843	0.026	0.555	0.615
Want no more children	0.452	0.007	8673	2903	1.313	0.016	0.438	0.466
Want to delay at least 2 years	0.213	0.005	8673	2903	1.186	0.024	0.203	0.224
Ideal number of children	3.422	0.031	6137	2124	1.654	0.009	3.359	3.485
Knowledge of AIDS	0.336	0.010	9267	3106	2.057	0.030	0.315	0.356
Mothers received tetanus injection	0.568	0.014	6756	2233	1.903	0.024	0.540	0.595
Mothers received medical antenatal care	0.714	0.014	6756	2233	2.078	0.020	0.686	0.743
Mothers received medical care at birth	0.334	0.013	6756	2233	1.843	0.038	0.309	0.360
Had diarrhea in the last 2 weeks	0.098	0.005	6280	2071	1.215	0.048	0.088	0.107
Had diarrhea in the last 24 hours	0.028	0.002	6280	2071	1.119	0.086	0.023	0.032
Treated with ORS packets	0.527	0.024	598	203	1.154	0.046	0.479	0.576
Consulted medical personnel	0.530	0.024	598	203	1.153	0.046	0.481	0.578
Having health card	0.366	0.021	1182	394	1.509	0.058	0.323	0.409
Received BCG vaccination	0.770	0.020	1182	394	1.611	0.026	0.731	0.810
Received DPT vaccination (3 doses)	0.623	0.020	1182	394	1.434	0.033	0.582	0.664
Received polio vaccination (3 doses)	0.627	0.020	1182	394	1.404	0.032	0.588	0.667
Received measles vaccination	0.644	0.019	1182	394	1.386	0.030	0.605	0.683
Fully immunized	0.543	0.020	1182	394	1.364	0.037	0.503	0.583
Not immunized	0.202	0.019	1182	394	1.620	0.095	0.163	0.240
Total fertility rate (3 years)	3.327	0.074	NA	12328	1.534	0.022	3.180	3.474
Neonatal mortality rate (0-9 years)	31.764	2.232	14467	4770	1.341	0.070	27.299	36.229
Postneonatal mortality rate (0-9 years)	33.520	2.001	14490	4778	1.223	0.060	29.518	37.521
Infant mortality rate (0-9 years)	65.284	3.180	14491	4778	1.354	0.049	58.924	71.643
Child mortality rate (0-9 years)	31.830	2.307	14578	4802	1.435	0.072	27.215	36.444
Under-five mortality rate (0-9 years)	95.035	4.307	14603	4811	1.552	0.045	86.422	103.648

NA = Not applicable

Und = Undefined

Table B.2.7 Sampling errors - DKI Jakarta, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	1.000	0.000	1805	1249	Und	0.000	1.000	1.000
No education	0.075	0.010	1805	1249	1.691	0.140	0.054	0.096
With secondary education or higher	0.474	0.019	1805	1249	1.616	0.040	0.436	0.512
Currently married (in union)	0.913	0.009	1805	1249	1.388	0.010	0.895	0.931
Children ever born	2.821	0.063	1642	1140	1.221	0.022	2.695	2.947
Children ever born to women over 40	4.467	0.154	414	276	1.273	0.034	4.160	4.774
Children surviving	2.582	0.057	1642	1140	1.276	0.022	2.468	2.695
Knowing any contraceptive method	0.999	0.000	1642	1140	Und	0.000	0.999	0.999
Knowing any modern method	0.999	0.000	1642	1140	Und	0.000	0.999	0.999
Knowing source for contraceptive method	0.998	0.001	1642	1140	1.084	0.001	0.995	1.000
Ever used any contraceptive method	0.811	0.010	1642	1140	1.009	0.012	0.791	0.830
Currently using any method	0.597	0.013	1642	1140	1.070	0.022	0.571	0.623
Currently using a modern method	0.548	0.014	1642	1140	1.152	0.026	0.519	0.576
Currently using pill	0.145	0.007	1642	1140	0.801	0.048	0.131	0.159
Currently using IUD	0.124	0.012	1642	1140	1.428	0.094	0.101	0.147
Currently using injections	0.190	0.014	1642	1140	1.432	0.073	0.162	0.217
Currently using condom	0.019	0.004	1642	1140	1.104	0.194	0.012	0.027
Currently using female sterilization	0.057	0.004	1642	1140	0.746	0.075	0.049	0.066
Currently using Norplant	0.012	0.003	1642	1140	1.005	0.229	0.006	0.017
Using public sector source	0.383	0.029	901	625	1.767	0.075	0.325	0.440
Want no more children	0.499	0.016	1642	1140	1.261	0.031	0.468	0.530
Want to delay at least 2 years	0.207	0.013	1642	1140	1.269	0.061	0.182	0.232
Ideal number of children	2.699	0.032	1378	953	1.280	0.012	2.635	2.762
Knowledge of AIDS	0.871	0.010	1805	1249	1.273	0.012	0.851	0.891
Mothers received tetanus injection	0.733	0.018	885	618	1.099	0.025	0.697	0.769
Mothers received medical antenatal care	0.973	0.007	885	618	1.162	0.007	0.959	0.987
Mothers received medical care at birth	0.867	0.017	885	618	1.370	0.020	0.832	0.901
Had diarrhea in the last 2 weeks	0.069	0.010	861	601	1.179	0.145	0.049	0.089
Had diarrhea in the last 24 hours	0.010	0.004	861	601	1.276	0.421	0.002	0.019
Treated with ORS packets	0.387	0.070	63	42	1.113	0.181	0.247	0.527
Consulted medical personnel	0.620	0.055	63	42	0.878	0.089	0.510	0.730
Having health card	0.308	0.043	157	107	1.160	0.140	0.222	0.394
Received BCG vaccination	0.922	0.026	157	107	1.211	0.028	0.870	0.974
Received DPT vaccination (3 doses)	0.792	0.042	157	107	1.283	0.053	0.709	0.876
Received polio vaccination (3 doses)	0.799	0.042	157	107	1.305	0.053	0.715	0.883
Received measles vaccination	0.679	0.049	157	107	1.315	0.073	0.580	0.778
Fully immunized	0.621	0.057	157	107	1.465	0.092	0.507	0.736
Not immunized	0.068	0.021	157	107	1.021	0.305	0.026	0.109
Total fertility rate (3 years)	1.903	0.092	NA	5930	1.153	0.048	1.719	2.087
Neonatal mortality rate (0-9 years)	15.993	3.085	1904	1326	1.011	0.193	9.822	22.164
Postneonatal mortality rate (0-9 years)	13.782	3.020	1904	1326	1.102	0.219	7.742	19.821
Infant mortality rate (0-9 years)	29.775	4.398	1904	1326	1.029	0.148	20.979	38.571
Child mortality rate (0-9 years)	21.129	3.179	1913	1332	1.002	0.150	14.772	27.486
Under-five mortality rate (0-9 years)	50.275	5.493	1913	1332	1.050	0.109	39.288	61.262

NA = Not applicable

UND = Undefined

Table B.2.8 Sampling errors - West Java, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.350	0.021	1532	5551	1.693	0.059	0.309	0.391
No education	0.122	0.015	1532	5551	1.762	0.121	0.093	0.151
With secondary education or higher	0.216	0.021	1532	5551	2.023	0.099	0.173	0.258
Currently married (in union)	0.931	0.008	1532	5551	1.192	0.008	0.916	0.947
Children ever born	3.285	0.086	1428	5170	1.287	0.026	3.112	3.458
Children ever born to women over 40	5.641	0.224	288	1025	1.269	0.040	5.193	6.090
Children surviving	2.766	0.064	1428	5170	1.186	0.023	2.637	2.895
Knowing any contraceptive method	0.977	0.008	1428	5170	1.926	0.008	0.962	0.992
Knowing any modern method	0.976	0.008	1428	5170	1.905	0.008	0.961	0.992
Knowing source for contraceptive method	0.962	0.009	1428	5170	1.730	0.009	0.944	0.979
Ever used any contraceptive method	0.819	0.016	1428	5170	1.573	0.020	0.787	0.852
Currently using any method	0.567	0.017	1428	5170	1.289	0.030	0.533	0.601
Currently using a modern method	0.560	0.017	1428	5170	1.310	0.031	0.526	0.595
Currently using pill	0.191	0.015	1428	5170	1.425	0.078	0.162	0.221
Currently using IUD	0.072	0.008	1428	5170	1.103	0.105	0.057	0.087
Currently using injections	0.210	0.015	1428	5170	1.397	0.072	0.180	0.240
Currently using condom	0.009	0.003	1428	5170	1.048	0.296	0.004	0.014
Currently using female sterilization	0.014	0.004	1428	5170	1.225	0.271	0.006	0.022
Currently using Norplant	0.048	0.009	1428	5170	1.679	0.198	0.029	0.067
Using public sector source	0.344	0.030	791	2901	1.771	0.087	0.284	0.403
Want no more children	0.441	0.015	1428	5170	1.108	0.033	0.412	0.470
Want to delay at least 2 years	0.289	0.014	1428	5170	1.169	0.049	0.261	0.317
Ideal number of children	2.909	0.053	1023	3728	1.281	0.018	2.803	3.014
Knowledge of AIDS	0.474	0.025	1532	5551	1.979	0.053	0.423	0.524
Mothers received tetanus injection	0.711	0.028	1012	3675	1.730	0.040	0.654	0.768
Mothers received medical antenatal care	0.820	0.029	1012	3675	2.041	0.036	0.761	0.878
Mothers received medical care at birth	0.289	0.030	1012	3675	1.818	0.103	0.229	0.348
Had diarrhea in the last 2 weeks	0.205	0.017	926	3352	1.254	0.084	0.171	0.240
Had diarrhea in the last 24 hours	0.065	0.009	926	3352	1.126	0.144	0.046	0.084
Treated with ORS packets	0.427	0.039	190	688	1.037	0.091	0.350	0.505
Consulted medical personnel	0.530	0.033	190	688	0.896	0.062	0.465	0.596
Having health card	0.374	0.047	193	681	1.327	0.125	0.281	0.468
Received BCG vaccination	0.732	0.042	193	681	1.299	0.057	0.648	0.816
Received DPT vaccination (3 doses)	0.535	0.053	193	681	1.460	0.099	0.428	0.641
Received polio vaccination (3 doses)	0.546	0.048	193	681	1.328	0.088	0.450	0.643
Received measles vaccination	0.626	0.044	193	681	1.256	0.071	0.537	0.715
Fully immunized	0.436	0.047	193	681	1.305	0.108	0.342	0.531
Not immunized	0.180	0.036	193	681	1.297	0.202	0.107	0.253
Total fertility rate (3 years)	3.172	0.186	NA	20422	1.556	0.059	2.800	3.544
Neonatal mortality rate (0-9 years)	43.554	4.998	2142	7795	1.036	0.115	33.557	53.550
Postneonatal mortality rate (0-9 years)	45.281	5.627	2145	7804	1.080	0.124	34.028	56.535
Infant mortality rate (0-9 years)	88.835	8.295	2145	7804	1.178	0.093	72.246	105.424
Child mortality rate (0-9 years)	33.783	4.399	2161	7864	1.067	0.130	24.986	42.581
Under-five mortality rate (0-9 years)	119.617	10.256	2164	7873	1.283	0.086	99.105	140.129

NA = Not applicable

Table B.2.9 Sampling errors - Central Java, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.251	0.012	1472	4578	1.048	0.047	0.228	0.275
No education	0.171	0.016	1472	4578	1.664	0.095	0.138	0.204
With secondary education or higher	0.151	0.017	1472	4578	1.783	0.110	0.117	0.184
Currently married (in union)	0.940	0.007	1472	4578	1.127	0.007	0.926	0.954
Children ever born	2.942	0.061	1383	4302	1.077	0.021	2.821	3.063
Children ever born to women over 40	4.802	0.144	333	1030	1.082	0.030	4.515	5.090
Children surviving	2.675	0.057	1383	4302	1.138	0.021	2.561	2.788
Knowing any contraceptive method	0.994	0.002	1383	4302	1.010	0.002	0.990	0.998
Knowing any modern method	0.994	0.002	1383	4302	1.010	0.002	0.990	0.998
Knowing source for contraceptive method	0.987	0.003	1383	4302	1.021	0.003	0.981	0.993
Ever used any contraceptive method	0.820	0.014	1383	4302	1.316	0.017	0.793	0.848
Currently using any method	0.611	0.020	1383	4302	1.546	0.033	0.570	0.651
Currently using a modern method	0.596	0.021	1383	4302	1.553	0.034	0.555	0.637
Currently using pill	0.139	0.014	1383	4302	1.485	0.099	0.111	0.166
Currently using IUD	0.108	0.014	1383	4302	1.650	0.128	0.080	0.135
Currently using injections	0.190	0.015	1383	4302	1.415	0.079	0.160	0.220
Currently using condom	0.011	0.003	1383	4302	1.051	0.272	0.005	0.017
Currently using female sterilization	0.036	0.008	1383	4302	1.583	0.219	0.020	0.052
Currently using Norplant	0.100	0.017	1383	4302	2.055	0.166	0.067	0.133
Using public sector source	0.533	0.027	825	2569	1.557	0.051	0.479	0.587
Want no more children	0.530	0.015	1383	4302	1.130	0.029	0.500	0.561
Want to delay at least 2 years	0.261	0.015	1383	4302	1.240	0.056	0.232	0.290
Ideal number of children	2.856	0.047	1333	4134	1.635	0.017	2.762	2.951
Knowledge of AIDS	0.281	0.023	1472	4578	1.983	0.083	0.235	0.328
Mothers received tetanus injection	0.791	0.026	832	2599	1.646	0.032	0.740	0.842
Mothers received medical antenatal care	0.902	0.017	832	2599	1.475	0.019	0.869	0.936
Mothers received medical care at birth	0.319	0.030	832	2599	1.671	0.095	0.258	0.379
Had diarrhea in the last 2 weeks	0.078	0.012	798	2493	1.231	0.151	0.054	0.101
Had diarrhea in the last 24 hours	0.024	0.006	798	2493	1.095	0.258	0.012	0.037
Treated with ORS packets	0.488	0.061	62	194	0.953	0.126	0.365	0.611
Consulted medical personnel	0.587	0.075	62	194	1.195	0.128	0.436	0.738
Having health card	0.478	0.041	147	458	0.987	0.085	0.397	0.559
Received BCG vaccination	0.885	0.027	147	458	1.045	0.031	0.830	0.940
Received DPT vaccination (3 doses)	0.700	0.047	147	458	1.256	0.068	0.605	0.795
Received polio vaccination (3 doses)	0.693	0.048	147	458	1.275	0.070	0.596	0.790
Received measles vaccination	0.737	0.049	147	458	1.358	0.067	0.638	0.835
Fully immunized	0.633	0.059	147	458	1.479	0.093	0.515	0.750
Not immunized	0.081	0.024	147	458	1.050	0.292	0.034	0.128
Total fertility rate (3 years)	2.771	0.154	NA	16846	1.283	0.056	2.464	3.079
Neonatal mortality rate (0-9 years)	23.955	4.362	1759	5485	1.013	0.182	15.230	32.679
Postneonatal mortality rate (0-9 years)	27.110	4.662	1761	5492	1.144	0.172	17.787	36.433
Infant mortality rate (0-9 years)	51.065	6.699	1761	5492	1.156	0.131	37.667	64.463
Child mortality rate (0-9 years)	25.041	4.945	1766	5508	1.201	0.197	15.151	34.930
Under-five mortality rate (0-9 years)	74.827	9.532	1768	5514	1.347	0.127	55.763	93.890

NA = Not applicable

Table B.2.10 Sampling errors - DI Yogyakarta, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.417	0.021	1118	457	1.394	0.049	0.376	0.458
No education	0.162	0.019	1118	457	1.716	0.117	0.124	0.200
With secondary education or higher	0.376	0.022	1118	457	1.528	0.059	0.332	0.420
Currently married (in union)	0.927	0.008	1118	457	0.992	0.008	0.912	0.942
Children ever born	2.495	0.062	1035	423	1.210	0.025	2.371	2.619
Children ever born to women over 40	3.812	0.138	287	116	1.253	0.036	3.536	4.088
Children surviving	2.345	0.058	1035	423	1.218	0.025	2.229	2.460
Knowing any contraceptive method	0.998	0.001	1035	423	0.996	0.001	0.995	1.000
Knowing any modern method	0.998	0.001	1035	423	0.996	0.001	0.995	1.000
Knowing source for contraceptive method	0.997	0.002	1035	423	0.997	0.002	0.994	1.000
Ever used any contraceptive method	0.882	0.009	1035	423	0.943	0.011	0.863	0.901
Currently using any method	0.695	0.012	1035	423	0.839	0.017	0.671	0.719
Currently using a modern method	0.597	0.016	1035	423	1.062	0.027	0.565	0.630
Currently using pill	0.088	0.010	1035	423	1.080	0.108	0.069	0.107
Currently using IUD	0.273	0.016	1035	423	1.146	0.058	0.241	0.304
Currently using injections	0.123	0.010	1035	423	0.986	0.082	0.102	0.143
Currently using condom	0.037	0.007	1035	423	1.233	0.197	0.022	0.051
Currently using female sterilization	0.040	0.006	1035	423	0.928	0.141	0.029	0.051
Currently using Norplant	0.028	0.008	1035	423	1.664	0.307	0.011	0.044
Using public sector source	0.528	0.025	624	254	1.275	0.048	0.477	0.579
Want no more children	0.602	0.016	1035	423	1.056	0.027	0.569	0.634
Want to delay at least 2 years	0.200	0.010	1035	423	0.774	0.048	0.181	0.219
Ideal number of children	2.524	0.032	1043	426	1.215	0.013	2.459	2.589
Knowledge of AIDS	0.487	0.021	1118	457	1.423	0.044	0.445	0.530
Mothers received tetanus injection	0.884	0.022	445	182	1.286	0.024	0.841	0.927
Mothers received medical antenatal care	0.981	0.007	445	182	1.127	0.007	0.966	0.995
Mothers received medical care at birth	0.513	0.044	445	182	1.667	0.085	0.426	0.600
Had diarrhea in the last 2 weeks	0.046	0.011	434	178	1.048	0.229	0.025	0.067
Had diarrhea in the last 24 hours	0.008	0.004	434	178	1.042	0.575	0.000	0.016
Treated with ORS packets	0.756	0.110	20	8	1.145	0.145	0.536	0.976
Consulted medical personnel	0.864	0.085	20	8	1.107	0.098	0.694	1.000
Having health card	0.617	0.073	97	40	1.468	0.118	0.471	0.762
Received BCG vaccination	0.920	0.041	97	40	1.491	0.045	0.838	1.000
Received DPT vaccination (3 doses)	0.804	0.049	97	40	1.213	0.061	0.706	0.902
Received polio vaccination (3 doses)	0.804	0.049	97	40	1.213	0.061	0.706	0.902
Received measles vaccination	0.835	0.057	97	40	1.502	0.068	0.722	0.949
Fully immunized	0.762	0.052	97	40	1.203	0.068	0.657	0.866
Not immunized	0.058	0.038	97	40	1.607	0.655	0.000	0.135
Total fertility rate (3 years)	1.793	0.129	NA	1950	1.292	0.072	1.534	2.051
Neonatal mortality rate (0-9 years)	14.582	3.591	1009	414	0.958	0.246	7.401	21.763
Postneonatal mortality rate (0-9 years)	15.809	4.234	1010	414	1.102	0.268	7.341	24.276
Infant mortality rate (0-9 years)	30.391	6.233	1010	414	1.147	0.205	17.924	42.858
Child mortality rate (0-9 years)	4.876	2.152	1009	414	1.034	0.441	0.572	9.181
Under-five mortality rate (0-9 years)	35.119	6.642	1010	414	1.118	0.189	21.835	48.402

NA = Not applicable

Table B.2.11 Sampling errors - East Java, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.237	0.009	1503	5685	0.810	0.037	0.219	0.255
No education	0.212	0.021	1503	5685	2.005	0.100	0.170	0.254
With secondary education or higher	0.173	0.019	1503	5685	1.910	0.108	0.136	0.211
Currently married (in union)	0.916	0.008	1503	5685	1.135	0.009	0.900	0.932
Children ever born	2.386	0.055	1376	5209	1.128	0.023	2.276	2.496
Children ever born to women over 40	3.957	0.150	292	1102	1.102	0.038	3.656	4.258
Children surviving	2.119	0.049	1376	5209	1.144	0.023	2.022	2.217
Knowing any contraceptive method	0.955	0.007	1376	5209	1.276	0.007	0.941	0.970
Knowing any modern method	0.953	0.007	1376	5209	1.273	0.008	0.939	0.968
Knowing source for contraceptive method	0.933	0.011	1376	5209	1.553	0.011	0.912	0.954
Ever used any contraceptive method	0.773	0.014	1376	5209	1.242	0.018	0.745	0.802
Currently using any method	0.559	0.015	1376	5209	1.140	0.027	0.528	0.589
Currently using a modern method	0.535	0.016	1376	5209	1.177	0.030	0.504	0.567
Currently using pill	0.188	0.016	1376	5209	1.528	0.086	0.156	0.220
Currently using IUD	0.145	0.013	1376	5209	1.359	0.089	0.119	0.171
Currently using injections	0.111	0.012	1376	5209	1.362	0.104	0.088	0.134
Currently using condom	0.004	0.002	1376	5209	1.068	0.471	0.000	0.007
Currently using female sterilization	0.046	0.008	1376	5209	1.448	0.177	0.030	0.063
Currently using Norplant	0.040	0.007	1376	5209	1.299	0.171	0.026	0.054
Using public sector source	0.523	0.028	740	2793	1.534	0.054	0.467	0.580
Want no more children	0.483	0.015	1376	5209	1.129	0.031	0.453	0.514
Want to delay at least 2 years	0.245	0.015	1376	5209	1.279	0.061	0.215	0.274
Ideal number of children	2.474	0.036	1398	5288	1.466	0.015	2.402	2.546
Knowledge of AIDS	0.320	0.029	1503	5685	2.422	0.091	0.261	0.378
Mothers received tetanus injection	0.634	0.030	634	2393	1.407	0.047	0.574	0.694
Mothers received medical antenatal care	0.846	0.023	634	2393	1.368	0.027	0.800	0.893
Mothers received medical care at birth	0.380	0.030	634	2393	1.427	0.079	0.320	0.440
Had diarrhea in the last 2 weeks	0.105	0.013	606	2285	0.975	0.120	0.080	0.130
Had diarrhea in the last 24 hours	0.023	0.006	606	2285	0.926	0.264	0.011	0.035
Treated with ORS packets	0.470	0.055	64	240	0.840	0.118	0.359	0.581
Consulted medical personnel	0.546	0.072	64	240	1.112	0.132	0.402	0.690
Having health card	0.427	0.071	121	457	1.575	0.166	0.285	0.569
Received BCG vaccination	0.777	0.047	121	457	1.250	0.061	0.682	0.872
Received DPT vaccination (3 doses)	0.563	0.055	121	457	1.212	0.097	0.454	0.673
Received polio vaccination (3 doses)	0.587	0.056	121	457	1.260	0.096	0.474	0.700
Received measles vaccination	0.592	0.055	121	457	1.232	0.093	0.482	0.703
Fully immunized	0.497	0.056	121	457	1.237	0.113	0.384	0.610
Not immunized	0.189	0.042	121	457	1.179	0.222	0.105	0.273
Total fertility rate (3 years)	2.217	0.125	NA	20271	1.175	0.056	1.968	2.466
Neonatal mortality rate (0-9 years)	31.385	6.180	1339	5070	1.200	0.197	19.024	43.746
Postneonatal mortality rate (0-9 years)	30.668	6.327	1342	5081	1.215	0.206	18.014	43.321
Infant mortality rate (0-9 years)	62.053	9.100	1342	5081	1.248	0.147	43.852	80.254
Child mortality rate (0-9 years)	17.818	3.626	1345	5093	1.019	0.203	10.566	25.070
Under-five mortality rate (0-9 years)	78.765	9.511	1348	5104	1.194	0.121	59.742	97.788

NA = Not applicable

Table B.2.12 Sampling errors - Bali, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.252	0.018	1242	432	1.500	0.073	0.215	0.289
No education	0.236	0.011	1242	432	0.947	0.048	0.213	0.258
With secondary education or higher	0.243	0.019	1242	432	1.572	0.079	0.205	0.281
Currently married (in union)	0.967	0.005	1242	432	0.966	0.005	0.957	0.977
Children ever born	2.647	0.063	1202	418	1.188	0.024	2.521	2.773
Children ever born to women over 40	4.122	0.141	298	105	1.180	0.034	3.841	4.404
Children surviving	2.386	0.054	1202	418	1.183	0.022	2.279	2.493
Knowing any contraceptive method	0.985	0.003	1202	418	0.897	0.003	0.978	0.991
Knowing any modern method	0.985	0.003	1202	418	0.897	0.003	0.978	0.991
Knowing source for contraceptive method	0.978	0.004	1202	418	0.936	0.004	0.970	0.986
Ever used any contraceptive method	0.837	0.014	1202	418	1.307	0.017	0.809	0.865
Currently using any method	0.684	0.020	1202	418	1.506	0.030	0.644	0.725
Currently using a modern method	0.665	0.021	1202	418	1.539	0.032	0.623	0.707
Currently using pill	0.048	0.008	1202	418	1.318	0.170	0.032	0.064
Currently using IUD	0.411	0.026	1202	418	1.817	0.063	0.359	0.462
Currently using injections	0.120	0.013	1202	418	1.368	0.107	0.095	0.146
Currently using condom	0.009	0.003	1202	418	1.150	0.357	0.002	0.015
Currently using female sterilization	0.063	0.007	1202	418	0.983	0.109	0.050	0.077
Currently using Norplant	0.006	0.002	1202	418	0.817	0.298	0.003	0.010
Using public sector source	0.574	0.024	805	278	1.367	0.042	0.526	0.622
Want no more children	0.596	0.016	1202	418	1.134	0.027	0.564	0.628
Want to delay at least 2 years	0.147	0.010	1202	418	1.003	0.070	0.127	0.168
Ideal number of children	2.362	0.023	1117	387	1.101	0.010	2.315	2.408
Knowledge of AIDS	0.421	0.025	1242	432	1.801	0.060	0.370	0.471
Mothers received tetanus injection	0.866	0.025	604	210	1.490	0.029	0.816	0.916
Mothers received medical antenatal care	0.916	0.025	604	210	1.788	0.028	0.866	0.967
Mothers received medical care at birth	0.716	0.049	604	210	2.186	0.069	0.618	0.814
Had diarrhea in the last 2 weeks	0.075	0.014	582	201	1.254	0.184	0.047	0.102
Had diarrhea in the last 24 hours	0.017	0.005	582	201	0.901	0.286	0.007	0.026
Treated with ORS packets	0.417	0.074	41	15	0.963	0.177	0.270	0.565
Consulted medical personnel	0.478	0.115	41	15	1.490	0.240	0.248	0.708
Having health card	0.574	0.061	110	39	1.265	0.106	0.453	0.695
Received BCG vaccination	0.937	0.026	110	39	1.127	0.028	0.885	0.989
Received DPT vaccination (3 doses)	0.864	0.032	110	39	0.966	0.036	0.801	0.927
Received polio vaccination (3 doses)	0.867	0.036	110	39	1.122	0.042	0.794	0.939
Received measles vaccination	0.837	0.043	110	39	1.225	0.051	0.751	0.923
Fully immunized	0.767	0.049	110	39	1.223	0.064	0.668	0.865
Not immunized	0.044	0.023	110	39	1.177	0.519	0.000	0.090
Total fertility rate (3 years)	2.143	0.140	NA	1750	1.277	0.065	1.864	2.423
Neonatal mortality rate (0-9 years)	23.405	6.072	1240	427	1.333	0.259	11.262	35.549
Postneonatal mortality rate (0-9 years)	34.631	6.970	1244	428	1.127	0.201	20.690	48.571
Infant mortality rate (0-9 years)	58.036	9.749	1244	428	1.250	0.168	38.537	77.535
Child mortality rate (0-9 years)	5.184	1.912	1242	428	0.965	0.369	1.361	9.007
Under-five mortality rate (0-9 years)	62.919	9.828	1246	429	1.176	0.156	43.263	82.576

NA = Not applicable

Table B.2.13 Sampling errors - Dista Aceh, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.150	0.016	1079	522	1.452	0.105	0.119	0.182
No education	0.167	0.014	1079	522	1.253	0.085	0.138	0.195
With secondary education or higher	0.333	0.023	1079	522	1.613	0.070	0.286	0.379
Currently married (in union)	0.913	0.011	1079	522	1.283	0.012	0.891	0.935
Children ever born	3.666	0.075	987	477	0.963	0.020	3.517	3.816
Children ever born to women over 40	5.628	0.164	270	131	1.090	0.029	5.299	5.956
Children surviving	3.304	0.063	987	477	0.913	0.019	3.178	3.429
Knowing any contraceptive method	0.825	0.021	987	477	1.709	0.025	0.784	0.866
Knowing any modern method	0.822	0.021	987	477	1.726	0.026	0.780	0.864
Knowing source for contraceptive method	0.822	0.021	987	477	1.735	0.026	0.780	0.864
Ever used any contraceptive method	0.469	0.025	987	477	1.578	0.053	0.419	0.519
Currently using any method	0.323	0.025	987	477	1.674	0.077	0.273	0.373
Currently using a modern method	0.301	0.025	987	477	1.718	0.083	0.251	0.352
Currently using pill	0.125	0.015	987	477	1.424	0.120	0.095	0.155
Currently using IUD	0.022	0.007	987	477	1.498	0.317	0.008	0.036
Currently using injections	0.129	0.014	987	477	1.340	0.111	0.101	0.158
Currently using condom	0.009	0.003	987	477	0.867	0.292	0.004	0.014
Currently using female sterilization	0.004	0.002	987	477	1.106	0.526	0.000	0.009
Currently using Norplant	0.011	0.005	987	477	1.599	0.491	0.000	0.021
Using public sector source	0.556	0.043	306	145	1.494	0.076	0.471	0.641
Want no more children	0.395	0.019	987	477	1.200	0.047	0.358	0.432
Want to delay at least 2 years	0.272	0.016	987	477	1.119	0.058	0.241	0.304
Ideal number of children	3.994	0.078	591	283	1.191	0.020	3.838	4.151
Knowledge of AIDS	0.300	0.022	1079	522	1.590	0.074	0.256	0.344
Mothers received tetanus injection	0.471	0.026	775	374	1.191	0.055	0.419	0.523
Mothers received medical antenatal care	0.706	0.029	775	374	1.438	0.041	0.647	0.764
Mothers received medical care at birth	0.437	0.033	775	374	1.533	0.077	0.370	0.503
Had diarrhea in the last 2 weeks	0.079	0.013	736	355	1.218	0.160	0.053	0.104
Had diarrhea in the last 24 hours	0.018	0.006	736	355	1.307	0.357	0.005	0.031
Treated with ORS packets	0.455	0.069	58	28	0.999	0.151	0.317	0.592
Consulted medical personnel	0.428	0.076	58	28	1.121	0.178	0.275	0.581
Having health card	0.194	0.046	133	64	1.334	0.236	0.103	0.286
Received BCG vaccination	0.493	0.049	133	64	1.142	0.100	0.395	0.592
Received DPT vaccination (3 doses)	0.310	0.052	133	64	1.318	0.169	0.205	0.415
Received polio vaccination (3 doses)	0.310	0.051	133	64	1.284	0.165	0.208	0.412
Received measles vaccination	0.331	0.045	133	64	1.110	0.136	0.241	0.421
Fully immunized	0.251	0.043	133	64	1.163	0.173	0.164	0.338
Not immunized	0.461	0.048	133	64	1.124	0.105	0.364	0.558
Total fertility rate (3 years)	3.302	0.186	NA	2109	1.175	0.056	2.930	3.673
Neonatal mortality rate (0-9 years)	32.752	5.479	1698	817	1.230	0.167	21.794	43.711
Postneonatal mortality rate (0-9 years)	25.651	4.788	1699	817	1.200	0.187	16.076	35.226
Infant mortality rate (0-9 years)	58.403	7.610	1699	817	1.228	0.130	43.184	73.623
Child mortality rate (0-9 years)	21.927	4.081	1708	821	1.076	0.186	13.765	30.088
Under-five mortality rate (0-9 years)	79.050	9.109	1709	822	1.250	0.115	60.832	97.267

NA = Not applicable

Table B.2.14 Sampling errors - North Sumatra, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.317	0.031	1174	1446	2.259	0.097	0.255	0.378
No education	0.037	0.009	1174	1446	1.584	0.237	0.019	0.054
With secondary education or higher	0.402	0.029	1174	1446	2.023	0.072	0.345	0.460
Currently married (in union)	0.950	0.007	1174	1446	1.047	0.007	0.936	0.963
Children ever born	3.742	0.107	1115	1373	1.415	0.029	3.528	3.957
Children ever born to women over 40	5.717	0.197	253	307	1.168	0.034	5.323	6.110
Children surviving	3.323	0.088	1115	1373	1.374	0.026	3.148	3.499
Knowing any contraceptive method	0.930	0.013	1115	1373	1.738	0.014	0.903	0.956
Knowing any modern method	0.929	0.013	1115	1373	1.736	0.014	0.902	0.956
Knowing source for contraceptive method	0.920	0.015	1115	1373	1.858	0.016	0.889	0.950
Ever used any contraceptive method	0.640	0.019	1115	1373	1.348	0.030	0.602	0.679
Currently using any method	0.470	0.021	1115	1373	1.437	0.046	0.427	0.513
Currently using a modern method	0.402	0.023	1115	1373	1.561	0.057	0.356	0.448
Currently using pill	0.139	0.018	1115	1373	1.758	0.131	0.102	0.175
Currently using IUD	0.080	0.016	1115	1373	1.915	0.195	0.049	0.111
Currently using injections	0.097	0.009	1115	1373	1.016	0.093	0.079	0.115
Currently using condom	0.013	0.004	1115	1373	1.249	0.330	0.004	0.021
Currently using female sterilization	0.051	0.007	1115	1373	1.032	0.133	0.037	0.065
Currently using Norplant	0.021	0.005	1115	1373	1.173	0.242	0.011	0.031
Using public sector source	0.504	0.048	463	561	2.065	0.095	0.408	0.600
Want no more children	0.473	0.017	1115	1373	1.128	0.036	0.439	0.507
Want to delay at least 2 years	0.257	0.015	1115	1373	1.183	0.060	0.226	0.288
Ideal number of children	3.757	0.078	983	1205	1.619	0.021	3.601	3.914
Knowledge of AIDS	0.485	0.027	1174	1446	1.846	0.055	0.432	0.539
Mothers received tetanus injection	0.480	0.031	1039	1298	1.590	0.064	0.418	0.542
Mothers received medical antenatal care	0.806	0.030	1039	1298	1.880	0.037	0.746	0.866
Mothers received medical care at birth	0.657	0.044	1039	1298	2.311	0.067	0.569	0.745
Had diarrhea in the last 2 weeks	0.131	0.010	961	1202	0.913	0.079	0.110	0.152
Had diarrhea in the last 24 hours	0.022	0.005	961	1202	1.036	0.222	0.012	0.032
Treated with ORS packets	0.249	0.048	122	157	1.218	0.192	0.154	0.345
Consulted medical personnel	0.449	0.049	122	157	1.048	0.109	0.351	0.547
Having health card	0.319	0.043	183	232	1.266	0.136	0.232	0.406
Received BCG vaccination	0.689	0.048	183	232	1.372	0.070	0.593	0.785
Received DPT vaccination (3 doses)	0.505	0.044	183	232	1.183	0.087	0.416	0.593
Received polio vaccination (3 doses)	0.533	0.044	183	232	1.170	0.082	0.446	0.620
Received measles vaccination	0.494	0.049	183	232	1.303	0.098	0.397	0.591
Fully immunized	0.408	0.043	183	232	1.185	0.106	0.322	0.494
Not immunized	0.275	0.049	183	232	1.457	0.180	0.176	0.374
Total fertility rate (3 years)	3.882	0.185	NA	6161	1.041	0.048	3.512	4.251
Neonatal mortality rate (0-9 years)	37.946	5.862	2145	2651	1.146	0.154	26.222	49.669
Postneonatal mortality rate (0-9 years)	23.459	3.920	2146	2652	1.116	0.167	15.619	31.300
Infant mortality rate (0-9 years)	61.405	8.208	2146	2652	1.305	0.134	44.988	77.821
Child mortality rate (0-9 years)	37.771	5.685	2159	2666	1.237	0.151	26.401	49.141
Under-five mortality rate (0-9 years)	96.857	10.621	2160	2667	1.448	0.110	75.616	118.098

NA = Not applicable

Table B.2.15 Sampling errors - West Sumatra, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.154	0.019	870	531	1.525	0.121	0.117	0.192
No education	0.039	0.012	870	531	1.893	0.320	0.014	0.063
With secondary education or higher	0.419	0.031	870	531	1.871	0.075	0.356	0.481
Currently married (in union)	0.920	0.012	870	531	1.287	0.013	0.897	0.944
Children ever born	3.492	0.106	801	489	1.221	0.030	3.279	3.705
Children ever born to women over 40	5.358	0.220	195	119	1.188	0.041	4.918	5.798
Children surviving	3.065	0.095	801	489	1.301	0.031	2.875	3.256
Knowing any contraceptive method	0.972	0.010	801	489	1.690	0.010	0.952	0.992
Knowing any modern method	0.972	0.010	801	489	1.690	0.010	0.952	0.992
Knowing source for contraceptive method	0.956	0.011	801	489	1.555	0.012	0.933	0.978
Ever used any contraceptive method	0.667	0.035	801	489	2.093	0.052	0.598	0.737
Currently using any method	0.442	0.029	801	489	1.663	0.066	0.384	0.501
Currently using a modern method	0.411	0.029	801	489	1.669	0.071	0.353	0.470
Currently using pill	0.064	0.010	801	489	1.103	0.149	0.045	0.083
Currently using IUD	0.140	0.019	801	489	1.518	0.133	0.102	0.177
Currently using injections	0.144	0.016	801	489	1.283	0.110	0.112	0.176
Currently using condom	0.007	0.003	801	489	1.006	0.433	0.001	0.013
Currently using female sterilization	0.026	0.004	801	489	0.788	0.171	0.017	0.035
Currently using Norplant	0.031	0.011	801	489	1.871	0.371	0.008	0.054
Using public sector source	0.539	0.026	336	202	0.971	0.049	0.486	0.592
Want no more children	0.453	0.022	801	489	1.273	0.049	0.408	0.498
Want to delay at least 2 years	0.249	0.020	801	489	1.308	0.080	0.209	0.289
Ideal number of children	3.506	0.076	683	418	1.440	0.022	3.354	3.658
Knowledge of AIDS	0.382	0.028	870	531	1.723	0.074	0.325	0.439
Mothers received tetanus injection	0.562	0.046	596	366	1.903	0.081	0.471	0.654
Mothers received medical antenatal care	0.905	0.024	596	366	1.658	0.026	0.857	0.953
Mothers received medical care at birth	0.736	0.040	596	366	1.872	0.055	0.656	0.817
Had diarrhea in the last 2 weeks	0.123	0.014	550	336	0.933	0.111	0.095	0.150
Had diarrhea in the last 24 hours	0.035	0.007	550	336	0.807	0.199	0.021	0.048
Treated with ORS packets	0.560	0.066	66	41	1.048	0.118	0.427	0.693
Consulted medical personnel	0.545	0.078	66	41	1.282	0.142	0.390	0.700
Having health card	0.202	0.030	107	65	0.778	0.150	0.142	0.263
Received BCG vaccination	0.770	0.050	107	65	1.226	0.065	0.670	0.870
Received DPT vaccination (3 doses)	0.420	0.047	107	65	1.000	0.113	0.325	0.515
Received polio vaccination (3 doses)	0.402	0.051	107	65	1.066	0.127	0.300	0.504
Received measles vaccination	0.476	0.064	107	65	1.343	0.135	0.347	0.605
Fully immunized	0.284	0.052	107	65	1.189	0.181	0.181	0.387
Not immunized	0.201	0.045	107	65	1.150	0.222	0.112	0.290
Total fertility rate (3 years)	3.191	0.204	NA	2265	1.324	0.064	2.784	3.598
Neonatal mortality rate (0-9 years)	27.526	4.364	1279	786	0.938	0.159	18.799	36.253
Postneonatal mortality rate (0-9 years)	40.043	9.199	1282	788	1.470	0.230	21.645	58.441
Infant mortality rate (0-9 years)	67.569	9.777	1282	788	1.310	0.145	48.014	87.124
Child mortality rate (0-9 years)	32.494	9.817	1289	792	1.635	0.302	12.860	52.128
Under-five mortality rate (0-9 years)	97.867	13.257	1292	794	1.407	0.135	71.353	124.382

NA = Not applicable

Table B.2.16 Sampling errors - South Sumatra, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.253	0.012	1050	900	0.900	0.048	0.228	0.277
No education	0.120	0.014	1050	900	1.407	0.117	0.092	0.149
With secondary education or higher	0.272	0.032	1050	900	2.360	0.119	0.207	0.337
Currently married (in union)	0.936	0.009	1050	900	1.129	0.009	0.919	0.953
Children ever born	3.416	0.077	985	843	1.006	0.022	3.262	3.569
Children ever born to women over 40	5.495	0.142	247	210	0.889	0.026	5.212	5.778
Children surviving	3.037	0.074	985	843	1.097	0.024	2.889	3.185
Knowing any contraceptive method	0.966	0.006	985	843	1.102	0.007	0.953	0.979
Knowing any modern method	0.966	0.006	985	843	1.102	0.007	0.953	0.979
Knowing source for contraceptive method	0.963	0.006	985	843	1.043	0.006	0.951	0.976
Ever used any contraceptive method	0.698	0.026	985	843	1.752	0.037	0.647	0.750
Currently using any method	0.529	0.021	985	843	1.348	0.041	0.486	0.572
Currently using a modern method	0.501	0.020	985	843	1.264	0.040	0.461	0.541
Currently using pill	0.196	0.019	985	843	1.528	0.099	0.157	0.234
Currently using IUD	0.049	0.009	985	843	1.369	0.193	0.030	0.067
Currently using injections	0.109	0.011	985	843	1.135	0.103	0.087	0.132
Currently using condom	0.013	0.005	985	843	1.324	0.371	0.003	0.022
Currently using female sterilization	0.030	0.007	985	843	1.277	0.230	0.016	0.044
Currently using Norplant	0.100	0.016	985	843	1.663	0.159	0.068	0.132
Using public sector source	0.504	0.033	490	424	1.455	0.065	0.438	0.570
Want no more children	0.487	0.018	985	843	1.155	0.038	0.450	0.524
Want to delay at least 2 years	0.210	0.014	985	843	1.092	0.067	0.182	0.239
Ideal number of children	3.188	0.060	675	574	1.469	0.019	3.067	3.309
Knowledge of AIDS	0.352	0.031	1050	900	2.124	0.089	0.290	0.415
Mothers received tetanus injection	0.566	0.030	655	563	1.356	0.053	0.506	0.627
Mothers received medical antenatal care	0.797	0.025	655	563	1.368	0.031	0.747	0.847
Mothers received medical care at birth	0.509	0.043	655	563	1.887	0.084	0.423	0.595
Had diarrhea in the last 2 weeks	0.070	0.012	605	521	1.195	0.177	0.045	0.094
Had diarrhea in the last 24 hours	0.012	0.005	605	521	1.175	0.435	0.002	0.022
Treated with ORS packets	0.486	0.069	44	36	0.891	0.141	0.349	0.623
Consulted medical personnel	0.661	0.068	44	36	0.934	0.103	0.525	0.797
Having health card	0.496	0.051	113	98	1.099	0.104	0.393	0.599
Received BCG vaccination	0.787	0.042	113	98	1.104	0.054	0.702	0.872
Received DPT vaccination (3 doses)	0.597	0.053	113	98	1.152	0.089	0.491	0.702
Received polio vaccination (3 doses)	0.649	0.055	113	98	1.225	0.084	0.539	0.758
Received measles vaccination	0.676	0.053	113	98	1.204	0.078	0.571	0.782
Fully immunized	0.562	0.047	113	98	1.012	0.084	0.468	0.656
Not immunized	0.195	0.050	113	98	1.347	0.256	0.095	0.294
Total fertility rate (3 years)	2.870	0.156	NA	3529	1.186	0.054	2.558	3.181
Neonatal mortality rate (0-9 years)	25.755	4.735	1446	1241	0.970	0.184	16.284	35.225
Postneonatal mortality rate (0-9 years)	33.817	5.864	1447	1242	1.105	0.173	22.090	45.544
Infant mortality rate (0-9 years)	59.571	7.741	1447	1242	1.091	0.130	44.089	75.053
Child mortality rate (0-9 years)	34.505	7.815	1458	1252	1.443	0.227	18.874	50.136
Under-five mortality rate (0-9 years)	92.021	10.495	1459	1252	1.235	0.114	71.031	113.011

NA = Not applicable

Table B.2.17 Sampling errors - Lampung, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.079	0.016	975	834	1.832	0.200	0.047	0.111
No education	0.128	0.013	975	834	1.218	0.102	0.102	0.154
With secondary education or higher	0.185	0.022	975	834	1.736	0.117	0.141	0.228
Currently married (in union)	0.961	0.008	975	834	1.261	0.008	0.945	0.976
Children ever born	3.293	0.114	937	801	1.525	0.035	3.065	3.520
Children ever born to women over 40	5.470	0.207	191	165	1.126	0.038	5.057	5.883
Children surviving	2.998	0.108	937	801	1.648	0.036	2.781	3.214
Knowing any contraceptive method	0.993	0.002	937	801	0.825	0.002	0.989	0.998
Knowing any modern method	0.993	0.002	937	801	0.825	0.002	0.989	0.998
Knowing source for contraceptive method	0.990	0.003	937	801	0.877	0.003	0.985	0.996
Ever used any contraceptive method	0.811	0.016	937	801	1.213	0.019	0.780	0.842
Currently using any method	0.593	0.024	937	801	1.476	0.040	0.545	0.640
Currently using a modern method	0.579	0.023	937	801	1.422	0.040	0.534	0.625
Currently using pill	0.289	0.020	937	801	1.320	0.068	0.250	0.329
Currently using IUD	0.095	0.017	937	801	1.726	0.174	0.062	0.128
Currently using injections	0.136	0.015	937	801	1.374	0.113	0.105	0.167
Currently using condom	0.005	0.002	937	801	0.904	0.436	0.001	0.009
Currently using female sterilization	0.018	0.004	937	801	0.991	0.242	0.009	0.026
Currently using Norplant	0.027	0.007	937	801	1.332	0.263	0.013	0.041
Using public sector source	0.425	0.034	542	464	1.616	0.081	0.356	0.493
Want no more children	0.516	0.025	937	801	1.517	0.048	0.466	0.565
Want to delay at least 2 years	0.209	0.019	937	801	1.427	0.091	0.171	0.247
Ideal number of children	3.017	0.049	676	574	1.200	0.016	2.919	3.114
Knowledge of AIDS	0.231	0.029	975	834	2.126	0.124	0.174	0.289
Mothers received tetanus injection	0.638	0.039	660	563	1.771	0.061	0.561	0.716
Mothers received medical antenatal care	0.816	0.031	660	563	1.725	0.038	0.754	0.878
Mothers received medical care at birth	0.300	0.041	660	563	1.959	0.135	0.219	0.381
Had diarrhea in the last 2 weeks	0.081	0.011	632	537	0.949	0.134	0.059	0.103
Had diarrhea in the last 24 hours	0.023	0.007	632	537	1.224	0.318	0.008	0.038
Treated with ORS packets	0.573	0.061	52	44	0.850	0.107	0.450	0.695
Consulted medical personnel	0.418	0.075	52	44	1.023	0.179	0.268	0.567
Having health card	0.406	0.040	109	93	0.842	0.098	0.327	0.485
Received BCG vaccination	0.745	0.044	109	93	1.041	0.058	0.658	0.832
Received DPT vaccination (3 doses)	0.588	0.053	109	93	1.130	0.091	0.482	0.695
Received polio vaccination (3 doses)	0.616	0.050	109	93	1.075	0.082	0.515	0.716
Received measles vaccination	0.573	0.050	109	93	1.046	0.087	0.474	0.672
Fully immunized	0.481	0.055	109	93	1.148	0.114	0.371	0.591
Not immunized	0.224	0.045	109	93	1.127	0.201	0.134	0.314
Total fertility rate (3 years)	3.447	0.198	NA	2988	1.118	0.057	3.051	3.843
Neonatal mortality rate (0-9 years)	13.304	3.073	1412	1208	0.848	0.231	7.158	19.449
Postneonatal mortality rate (0-9 years)	24.837	4.638	1413	1209	1.075	0.187	15.561	34.114
Infant mortality rate (0-9 years)	38.141	5.576	1414	1210	0.950	0.146	26.990	49.293
Child mortality rate (0-9 years)	20.246	4.023	1417	1213	1.033	0.199	12.199	28.293
Under-five mortality rate (0-9 years)	57.615	7.540	1420	1216	1.058	0.131	42.534	72.695

NA = Not applicable

Table B.2.18 Sampling errors - West Nusa Tenggara, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.149	0.015	967	527	1.328	0.102	0.118	0.179
No education	0.377	0.029	967	527	1.831	0.076	0.320	0.435
With secondary education or higher	0.196	0.020	967	527	1.595	0.104	0.156	0.237
Currently married (in union)	0.889	0.013	967	527	1.284	0.015	0.863	0.915
Children ever born	3.600	0.080	860	469	0.938	0.022	3.441	3.759
Children ever born to women over 40	6.278	0.206	167	91	1.079	0.033	5.866	6.690
Children surviving	2.852	0.065	860	469	1.006	0.023	2.722	2.983
Knowing any contraceptive method	0.993	0.003	860	469	1.015	0.003	0.987	0.999
Knowing any modern method	0.990	0.004	860	469	1.232	0.004	0.982	0.998
Knowing source for contraceptive method	0.985	0.005	860	469	1.264	0.005	0.975	0.996
Ever used any contraceptive method	0.735	0.024	860	469	1.627	0.033	0.686	0.784
Currently using any method	0.498	0.026	860	469	1.525	0.052	0.446	0.550
Currently using a modern method	0.479	0.026	860	469	1.547	0.055	0.427	0.532
Currently using pill	0.178	0.022	860	469	1.709	0.125	0.133	0.223
Currently using IUD	0.108	0.017	860	469	1.574	0.154	0.075	0.142
Currently using injections	0.097	0.011	860	469	1.133	0.118	0.074	0.120
Currently using condom	0.001	0.001	860	469	1.032	0.992	0.000	0.004
Currently using female sterilization	0.011	0.005	860	469	1.358	0.449	0.001	0.020
Currently using Norplant	0.084	0.012	860	469	1.229	0.139	0.060	0.107
Using public sector source	0.621	0.039	419	225	1.625	0.062	0.544	0.698
Want no more children	0.387	0.018	860	469	1.057	0.045	0.351	0.422
Want to delay at least 2 years	0.335	0.016	860	469	0.972	0.047	0.304	0.366
Ideal number of children	3.360	0.082	689	372	1.353	0.025	3.195	3.525
Knowledge of AIDS	0.199	0.023	967	527	1.804	0.116	0.153	0.245
Mothers received tetanus injection	0.483	0.033	720	399	1.526	0.068	0.417	0.548
Mothers received medical antenatal care	0.712	0.034	720	399	1.674	0.048	0.644	0.780
Mothers received medical care at birth	0.161	0.028	720	399	1.792	0.174	0.105	0.217
Had diarrhea in the last 2 weeks	0.153	0.020	645	357	1.424	0.130	0.113	0.192
Had diarrhea in the last 24 hours	0.054	0.007	645	357	0.850	0.137	0.039	0.069
Treated with ORS packets	0.559	0.048	101	54	0.966	0.086	0.463	0.656
Consulted medical personnel	0.526	0.053	101	54	1.048	0.100	0.421	0.632
Having health card	0.293	0.055	119	66	1.305	0.188	0.183	0.403
Received BCG vaccination	0.811	0.045	119	66	1.258	0.055	0.721	0.901
Received DPT vaccination (3 doses)	0.537	0.064	119	66	1.404	0.119	0.409	0.665
Received polio vaccination (3 doses)	0.462	0.057	119	66	1.257	0.124	0.347	0.577
Received measles vaccination	0.640	0.063	119	66	1.449	0.099	0.513	0.767
Fully immunized	0.380	0.065	119	66	1.446	0.170	0.251	0.509
Not immunized	0.176	0.043	119	66	1.232	0.242	0.091	0.262
Total fertility rate (3 years)	3.640	0.204	NA	1993	1.325	0.056	3.233	4.047
Neonatal mortality rate (0-9 years)	46.005	6.508	1551	853	1.094	0.141	32.989	59.022
Postneonatal mortality rate (0-9 years)	63.787	8.102	1558	857	1.187	0.127	47.584	79.990
Infant mortality rate (0-9 years)	109.793	11.314	1559	857	1.321	0.103	87.164	132.422
Child mortality rate (0-9 years)	55.856	8.203	1569	864	1.312	0.147	39.451	72.262
Under-five mortality rate (0-9 years)	159.516	14.948	1578	869	1.480	0.094	129.621	189.412

NA = Not applicable

Table B.2.19 Sampling errors - West Kalimantan, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.189	0.020	1055	519	1.639	0.105	0.149	0.229
No education	0.322	0.026	1055	519	1.816	0.081	0.270	0.374
With secondary education or higher	0.227	0.028	1055	519	2.133	0.121	0.172	0.282
Currently married (in union)	0.943	0.010	1055	519	1.344	0.010	0.924	0.962
Children ever born	3.488	0.098	992	489	1.235	0.028	3.292	3.685
Children ever born to women over 40	5.858	0.201	225	106	1.168	0.034	5.456	6.260
Children surviving	2.940	0.072	992	489	1.098	0.025	2.795	3.084
Knowing any contraceptive method	0.950	0.014	992	489	1.962	0.014	0.922	0.977
Knowing any modern method	0.946	0.015	992	489	2.060	0.016	0.916	0.975
Knowing source for contraceptive method	0.942	0.015	992	489	2.081	0.016	0.911	0.973
Ever used any contraceptive method	0.729	0.028	992	489	2.013	0.039	0.673	0.786
Currently using any method	0.506	0.028	992	489	1.763	0.055	0.450	0.562
Currently using a modern method	0.495	0.028	992	489	1.766	0.057	0.438	0.551
Currently using pill	0.252	0.027	992	489	1.967	0.108	0.197	0.306
Currently using IUD	0.050	0.010	992	489	1.456	0.201	0.030	0.070
Currently using injections	0.150	0.015	992	489	1.286	0.097	0.121	0.179
Currently using condom	0.013	0.006	992	489	1.768	0.486	0.000	0.026
Currently using female sterilization	0.010	0.003	992	489	0.995	0.316	0.004	0.016
Currently using Norplant	0.016	0.006	992	489	1.443	0.355	0.005	0.028
Using public sector source	0.543	0.049	487	243	2.173	0.090	0.445	0.641
Want no more children	0.455	0.016	992	489	1.029	0.036	0.423	0.488
Want to delay at least 2 years	0.225	0.017	992	489	1.304	0.077	0.190	0.260
Ideal number of children	3.232	0.081	712	356	1.546	0.025	3.070	3.394
Knowledge of AIDS	0.344	0.028	1055	519	1.881	0.080	0.289	0.399
Mothers received tetanus injection	0.582	0.030	756	379	1.413	0.051	0.522	0.642
Mothers received medical antenatal care	0.756	0.028	756	379	1.545	0.038	0.699	0.813
Mothers received medical care at birth	0.360	0.033	756	379	1.635	0.093	0.293	0.427
Had diarrhea in the last 2 weeks	0.144	0.017	679	342	1.206	0.116	0.111	0.178
Had diarrhea in the last 24 hours	0.034	0.008	679	342	1.124	0.245	0.017	0.050
Treated with ORS packets	0.456	0.071	98	49	1.364	0.155	0.315	0.597
Consulted medical personnel	0.448	0.067	98	49	1.302	0.150	0.313	0.583
Having health card	0.301	0.046	127	63	1.141	0.154	0.208	0.393
Received BCG vaccination	0.682	0.050	127	63	1.219	0.074	0.582	0.783
Received DPT vaccination (3 doses)	0.488	0.046	127	63	1.045	0.095	0.396	0.581
Received polio vaccination (3 doses)	0.466	0.049	127	63	1.101	0.104	0.369	0.563
Received measles vaccination	0.507	0.046	127	63	1.042	0.091	0.415	0.599
Fully immunized	0.415	0.047	127	63	1.071	0.112	0.322	0.509
Not immunized	0.261	0.045	127	63	1.167	0.174	0.170	0.351
Total fertility rate (3 years)	3.341	0.155	NA	1965	1.149	0.046	3.032	3.651
Neonatal mortality rate (0-9 years)	42.900	5.474	1649	820	1.133	0.128	31.952	53.848
Postneonatal mortality rate (0-9 years)	53.932	8.455	1651	820	1.436	0.157	37.022	70.842
Infant mortality rate (0-9 years)	96.832	11.949	1651	820	1.500	0.123	72.933	120.731
Child mortality rate (0-9 years)	42.255	8.893	1664	829	1.752	0.210	24.470	60.041
Under-five mortality rate (0-9 years)	134.996	17.464	1666	829	1.926	0.129	100.068	169.924

NA = Not applicable

Table B.2.20 Sampling errors - South Kalimantan, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.264	0.017	1047	447	1.219	0.063	0.230	0.297
No education	0.107	0.013	1047	447	1.395	0.124	0.081	0.134
With secondary education or higher	0.279	0.024	1047	447	1.742	0.086	0.231	0.328
Currently married (in union)	0.890	0.009	1047	447	0.957	0.010	0.872	0.909
Children ever born	3.024	0.099	930	398	1.301	0.033	2.827	3.221
Children ever born to women over 40	4.851	0.215	218	94	1.220	0.044	4.420	5.281
Children surviving	2.577	0.065	930	398	1.046	0.025	2.446	2.708
Knowing any contraceptive method	0.986	0.004	930	398	0.942	0.004	0.978	0.993
Knowing any modern method	0.985	0.003	930	398	0.830	0.003	0.978	0.992
Knowing source for contraceptive method	0.975	0.004	930	398	0.884	0.005	0.966	0.984
Ever used any contraceptive method	0.737	0.026	930	398	1.777	0.035	0.685	0.788
Currently using any method	0.547	0.025	930	398	1.508	0.045	0.498	0.597
Currently using a modern method	0.512	0.025	930	398	1.534	0.049	0.461	0.562
Currently using pill	0.339	0.019	930	398	1.205	0.055	0.301	0.376
Currently using IUD	0.030	0.007	930	398	1.283	0.238	0.016	0.045
Currently using injections	0.076	0.010	930	398	1.112	0.127	0.056	0.095
Currently using condom	0.007	0.003	930	398	1.122	0.425	0.001	0.014
Currently using female sterilization	0.031	0.008	930	398	1.348	0.249	0.015	0.046
Currently using Norplant	0.028	0.009	930	398	1.625	0.315	0.010	0.045
Using public sector source	0.463	0.035	474	204	1.513	0.075	0.394	0.533
Want no more children	0.439	0.019	930	398	1.191	0.044	0.400	0.478
Want to delay at least 2 years	0.240	0.019	930	398	1.386	0.081	0.201	0.279
Ideal number of children	2.969	0.082	638	278	1.381	0.027	2.805	3.132
Knowledge of AIDS	0.379	0.027	1047	447	1.777	0.070	0.326	0.432
Mothers received tetanus injection	0.587	0.036	524	225	1.519	0.062	0.515	0.660
Mothers received medical antenatal care	0.746	0.034	524	225	1.590	0.046	0.678	0.815
Mothers received medical care at birth	0.420	0.039	524	225	1.634	0.093	0.342	0.498
Had diarrhea in the last 2 weeks	0.129	0.016	485	209	0.968	0.120	0.098	0.160
Had diarrhea in the last 24 hours	0.014	0.006	485	209	1.149	0.439	0.002	0.026
Treated with ORS packets	0.430	0.070	64	27	1.039	0.162	0.291	0.570
Consulted medical personnel	0.458	0.061	64	27	0.914	0.134	0.335	0.581
Having health card	0.393	0.052	84	36	0.967	0.133	0.288	0.498
Received BCG vaccination	0.809	0.048	84	36	1.116	0.059	0.714	0.905
Received DPT vaccination (3 doses)	0.518	0.073	84	36	1.322	0.140	0.373	0.664
Received polio vaccination (3 doses)	0.569	0.073	84	36	1.339	0.128	0.423	0.715
Received measles vaccination	0.646	0.059	84	36	1.120	0.091	0.528	0.763
Fully immunized	0.482	0.072	84	36	1.314	0.150	0.337	0.626
Not immunized	0.168	0.046	84	36	1.136	0.275	0.076	0.261
Total fertility rate (3 years)	2.327	0.120	NA	1695	0.965	0.052	2.086	2.568
Neonatal mortality rate (0-9 years)	41.572	7.943	1168	496	1.148	0.191	25.687	57.457
Postneonatal mortality rate (0-9 years)	41.372	8.127	1170	497	1.251	0.196	25.119	57.626
Infant mortality rate (0-9 years)	82.944	9.529	1170	497	1.044	0.115	63.887	102.001
Child mortality rate (0-9 years)	30.633	5.982	1181	502	1.039	0.195	18.668	42.597
Under-five mortality rate (0-9 years)	111.036	11.642	1183	503	1.116	0.105	87.752	134.321

NA = Not applicable

Table B.2.21 Sampling errors - North Sulawesi, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.225	0.023	830	333	1.579	0.102	0.179	0.271
No education	0.024	0.006	830	333	1.095	0.244	0.012	0.035
With secondary education or higher	0.461	0.027	830	333	1.555	0.058	0.407	0.515
Currently married (in union)	0.955	0.008	830	333	1.045	0.008	0.940	0.970
Children ever born	2.802	0.083	792	318	1.211	0.030	2.636	2.969
Children ever born to women over 40	4.346	0.243	189	77	1.400	0.056	3.860	4.831
Children surviving	2.506	0.081	792	318	1.377	0.032	2.344	2.667
Knowing any contraceptive method	0.988	0.005	792	318	1.220	0.005	0.978	0.997
Knowing any modern method	0.988	0.005	792	318	1.220	0.005	0.978	0.997
Knowing source for contraceptive method	0.983	0.005	792	318	1.091	0.005	0.973	0.993
Ever used any contraceptive method	0.911	0.010	792	318	1.013	0.011	0.891	0.932
Currently using any method	0.725	0.023	792	318	1.440	0.032	0.680	0.771
Currently using a modern method	0.691	0.023	792	318	1.400	0.033	0.645	0.737
Currently using pill	0.215	0.021	792	318	1.433	0.097	0.173	0.257
Currently using IUD	0.214	0.024	792	318	1.657	0.113	0.166	0.263
Currently using injections	0.187	0.014	792	318	0.987	0.073	0.160	0.215
Currently using condom	0.000	0.000	792	318	Und	Und	0.000	0.000
Currently using female sterilization	0.026	0.007	792	318	1.175	0.257	0.012	0.039
Currently using Norplant	0.047	0.014	792	318	1.878	0.300	0.019	0.075
Using public sector source	0.496	0.032	553	220	1.516	0.065	0.432	0.561
Want no more children	0.566	0.020	792	318	1.111	0.035	0.526	0.605
Want to delay at least 2 years	0.146	0.017	792	318	1.322	0.114	0.113	0.179
Ideal number of children	2.425	0.037	636	255	1.109	0.015	2.351	2.499
Knowledge of AIDS	0.550	0.033	830	333	1.933	0.061	0.483	0.617
Mothers received tetanus injection	0.814	0.017	498	203	0.869	0.021	0.779	0.849
Mothers received medical antenatal care	0.922	0.014	498	203	0.961	0.015	0.895	0.949
Mothers received medical care at birth	0.543	0.033	498	203	1.289	0.060	0.478	0.609
Had diarrhea in the last 2 weeks	0.132	0.015	466	189	0.904	0.114	0.102	0.162
Had diarrhea in the last 24 hours	0.021	0.006	466	189	0.936	0.288	0.009	0.034
Treated with ORS packets	0.632	0.068	59	25	1.122	0.108	0.496	0.768
Consulted medical personnel	0.630	0.079	59	25	1.148	0.126	0.472	0.789
Having health card	0.376	0.049	101	40	1.000	0.129	0.278	0.473
Received BCG vaccination	0.863	0.027	101	40	0.783	0.031	0.810	0.917
Received DPT vaccination (3 doses)	0.702	0.044	101	40	0.962	0.063	0.613	0.790
Received polio vaccination (3 doses)	0.735	0.043	101	40	0.965	0.058	0.650	0.820
Received measles vaccination	0.781	0.034	101	40	0.815	0.043	0.714	0.849
Fully immunized	0.646	0.051	101	40	1.056	0.078	0.545	0.748
Not immunized	0.126	0.026	101	40	0.780	0.206	0.074	0.177
Total fertility rate (3 years)	2.625	0.245	NA	1372	1.362	0.093	2.135	3.115
Neonatal mortality rate (0-9 years)	20.681	4.412	983	397	0.943	0.213	11.856	29.505
Postneonatal mortality rate (0-9 years)	44.964	8.498	987	398	1.121	0.189	27.967	61.960
Infant mortality rate (0-9 years)	65.644	10.477	987	398	1.194	0.160	44.690	86.599
Child mortality rate (0-9 years)	18.285	5.374	985	397	1.212	0.294	7.538	29.032
Under-five mortality rate (0-9 years)	82.729	12.255	989	399	1.257	0.148	58.220	107.238

NA = Not applicable

Und = Undefined

Table B.2.22 Sampling errors - South Sulawesi, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.228	0.013	1182	1049	1.075	0.058	0.201	0.254
No education	0.195	0.021	1182	1049	1.794	0.106	0.154	0.236
With secondary education or higher	0.274	0.030	1182	1049	2.283	0.108	0.215	0.333
Currently married (in union)	0.917	0.008	1182	1049	1.028	0.009	0.901	0.934
Children ever born	3.563	0.112	1082	962	1.419	0.031	3.339	3.786
Children ever born to women over 40	5.521	0.223	283	251	1.318	0.040	5.076	5.966
Children surviving	3.188	0.089	1082	962	1.291	0.028	3.011	3.365
Knowing any contraceptive method	0.914	0.010	1082	962	1.190	0.011	0.893	0.934
Knowing any modern method	0.910	0.011	1082	962	1.210	0.012	0.888	0.931
Knowing source for contraceptive method	0.894	0.012	1082	962	1.298	0.014	0.870	0.919
Ever used any contraceptive method	0.600	0.021	1082	962	1.388	0.034	0.559	0.642
Currently using any method	0.426	0.020	1082	962	1.334	0.047	0.386	0.466
Currently using a modern method	0.352	0.020	1082	962	1.403	0.058	0.311	0.392
Currently using pill	0.165	0.015	1082	962	1.365	0.093	0.134	0.196
Currently using IUD	0.031	0.008	1082	962	1.457	0.247	0.016	0.047
Currently using injections	0.117	0.012	1082	962	1.234	0.103	0.093	0.141
Currently using condom	0.004	0.001	1082	962	0.620	0.284	0.002	0.007
Currently using female sterilization	0.013	0.003	1082	962	0.753	0.199	0.008	0.018
Currently using Norplant	0.021	0.005	1082	962	1.058	0.219	0.012	0.030
Using public sector source	0.621	0.029	389	338	1.192	0.047	0.562	0.680
Want no more children	0.430	0.017	1082	962	1.103	0.039	0.397	0.464
Want to delay at least 2 years	0.242	0.015	1082	962	1.115	0.060	0.213	0.271
Ideal number of children	3.427	0.079	785	686	1.425	0.023	3.270	3.584
Knowledge of AIDS	0.254	0.024	1182	1049	1.894	0.094	0.206	0.302
Mothers received tetanus injection	0.641	0.036	805	701	1.779	0.057	0.569	0.714
Mothers received medical antenatal care	0.781	0.036	805	701	2.043	0.046	0.709	0.853
Mothers received medical care at birth	0.409	0.037	805	701	1.733	0.090	0.335	0.482
Had diarrhea in the last 2 weeks	0.106	0.013	751	652	1.109	0.126	0.079	0.133
Had diarrhea in the last 24 hours	0.023	0.006	751	652	1.099	0.276	0.010	0.036
Treated with ORS packets	0.447	0.071	81	69	1.232	0.158	0.306	0.588
Consulted medical personnel	0.567	0.064	81	69	1.139	0.113	0.439	0.695
Having health card	0.311	0.046	158	132	1.189	0.149	0.218	0.403
Received BCG vaccination	0.765	0.050	158	132	1.456	0.066	0.664	0.866
Received DPT vaccination (3 doses)	0.610	0.054	158	132	1.353	0.088	0.502	0.718
Received polio vaccination (3 doses)	0.603	0.056	158	132	1.393	0.092	0.492	0.715
Received measles vaccination	0.562	0.047	158	132	1.153	0.085	0.467	0.657
Fully immunized	0.509	0.051	158	132	1.223	0.100	0.408	0.611
Not immunized	0.222	0.051	158	132	1.504	0.230	0.120	0.324
Total fertility rate (3 years)	2.923	0.158	NA	4557	1.179	0.054	2.607	3.238
Neonatal mortality rate (0-9 years)	34.142	5.275	1720	1516	1.109	0.155	23.591	44.692
Postneonatal mortality rate (0-9 years)	29.532	4.179	1723	1518	1.015	0.142	21.174	37.890
Infant mortality rate (0-9 years)	63.674	6.749	1724	1519	1.101	0.106	50.176	77.171
Child mortality rate (0-9 years)	23.628	4.321	1729	1523	1.147	0.183	14.986	32.271
Under-five mortality rate (0-9 years)	85.798	8.243	1734	1527	1.138	0.096	69.312	102.283

NA = Not applicable

Table B.2.23 Sampling errors - Riau, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.336	0.023	1046	552	1.602	0.070	0.289	0.382
No education	0.172	0.026	1046	552	2.223	0.151	0.120	0.224
With secondary education or higher	0.274	0.028	1046	552	2.048	0.103	0.217	0.331
Currently married (in union)	0.942	0.006	1046	552	0.885	0.007	0.929	0.954
Children ever born	3.579	0.091	981	520	1.113	0.026	3.397	3.762
Children ever born to women over 40	5.597	0.153	242	126	0.846	0.027	5.290	5.903
Children surviving	3.168	0.081	981	520	1.139	0.026	3.006	3.331
Knowing any contraceptive method	0.946	0.009	981	520	1.302	0.010	0.927	0.965
Knowing any modern method	0.944	0.010	981	520	1.333	0.010	0.924	0.963
Knowing source for contraceptive method	0.927	0.012	981	520	1.475	0.013	0.902	0.951
Ever used any contraceptive method	0.609	0.031	981	520	2.014	0.051	0.547	0.672
Currently using any method	0.410	0.035	981	520	2.208	0.085	0.341	0.479
Currently using a modern method	0.386	0.033	981	520	2.132	0.086	0.320	0.453
Currently using pill	0.180	0.018	981	520	1.456	0.099	0.144	0.216
Currently using IUD	0.045	0.010	981	520	1.525	0.225	0.025	0.065
Currently using injections	0.110	0.018	981	520	1.750	0.159	0.075	0.145
Currently using condom	0.012	0.005	981	520	1.473	0.420	0.002	0.023
Currently using female sterilization	0.017	0.004	981	520	0.934	0.228	0.009	0.025
Currently using Norplant	0.018	0.004	981	520	0.992	0.232	0.010	0.027
Using public sector source	0.544	0.051	380	202	2.002	0.094	0.442	0.647
Want no more children	0.465	0.014	981	520	0.872	0.030	0.437	0.492
Want to delay at least 2 years	0.190	0.009	981	520	0.756	0.050	0.171	0.209
Ideal number of children	3.464	0.101	661	356	1.826	0.029	3.262	3.666
Knowledge of AIDS	0.423	0.036	1046	552	2.325	0.084	0.351	0.494
Mothers received tetanus injection	0.487	0.043	726	389	1.965	0.087	0.402	0.572
Mothers received medical antenatal care	0.758	0.044	726	389	2.176	0.058	0.670	0.845
Mothers received medical care at birth	0.471	0.039	726	389	1.716	0.082	0.394	0.548
Had diarrhea in the last 2 weeks	0.111	0.014	674	361	1.171	0.127	0.083	0.139
Had diarrhea in the last 24 hours	0.026	0.005	674	361	0.841	0.195	0.016	0.036
Treated with ORS packets	0.540	0.075	73	40	1.275	0.138	0.391	0.690
Consulted medical personnel	0.451	0.046	73	40	0.806	0.101	0.360	0.543
Having health card	0.338	0.069	131	69	1.668	0.204	0.200	0.475
Received BCG vaccination	0.726	0.054	131	69	1.401	0.075	0.617	0.835
Received DPT vaccination (3 doses)	0.590	0.056	131	69	1.294	0.094	0.479	0.701
Received polio vaccination (3 doses)	0.592	0.058	131	69	1.361	0.098	0.476	0.709
Received measles vaccination	0.612	0.050	131	69	1.165	0.081	0.513	0.711
Fully immunized	0.521	0.050	131	69	1.153	0.096	0.421	0.621
Not immunized	0.254	0.056	131	69	1.467	0.219	0.143	0.365
Total fertility rate (3 years)	3.102	0.161	NA	2149	1.333	0.052	2.780	3.423
Neonatal mortality rate (0-9 years)	44.152	6.054	1578	839	1.051	0.137	32.043	56.261
Postneonatal mortality rate (0-9 years)	27.557	5.845	1581	841	1.237	0.212	15.868	39.246
Infant mortality rate (0-9 years)	71.709	9.072	1581	841	1.187	0.127	53.565	89.853
Child mortality rate (0-9 years)	24.488	6.150	1586	843	1.438	0.251	12.189	36.788
Under-five mortality rate (0-9 years)	94.441	11.771	1589	844	1.420	0.125	70.900	117.983

NA = Not applicable

Table B.2.24 Sampling errors - Jambi, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.191	0.024	893	335	1.793	0.124	0.144	0.238
No education	0.172	0.019	893	335	1.525	0.112	0.134	0.211
With secondary education or higher	0.274	0.023	893	335	1.509	0.082	0.229	0.319
Currently married (in union)	0.943	0.007	893	335	0.839	0.007	0.930	0.956
Children ever born	3.143	0.073	841	316	0.935	0.023	2.998	3.289
Children ever born to women over 40	4.885	0.225	173	64	1.063	0.046	4.435	5.334
Children surviving	2.852	0.063	841	316	0.936	0.022	2.726	2.978
Knowing any contraceptive method	0.909	0.014	841	316	1.460	0.016	0.881	0.938
Knowing any modern method	0.909	0.014	841	316	1.460	0.016	0.881	0.938
Knowing source for contraceptive method	0.907	0.014	841	316	1.440	0.016	0.878	0.935
Ever used any contraceptive method	0.702	0.028	841	316	1.757	0.039	0.647	0.758
Currently using any method	0.551	0.027	841	316	1.546	0.048	0.498	0.604
Currently using a modern method	0.541	0.025	841	316	1.471	0.047	0.491	0.592
Currently using pill	0.245	0.019	841	316	1.305	0.079	0.206	0.283
Currently using IUD	0.060	0.015	841	316	1.854	0.253	0.030	0.090
Currently using injections	0.137	0.018	841	316	1.477	0.128	0.102	0.172
Currently using condom	0.007	0.003	841	316	1.170	0.472	0.000	0.014
Currently using female sterilization	0.006	0.003	841	316	1.111	0.505	0.000	0.012
Currently using Norplant	0.085	0.015	841	316	1.545	0.175	0.055	0.115
Using public sector source	0.602	0.028	462	171	1.232	0.047	0.546	0.658
Want no more children	0.506	0.021	841	316	1.208	0.041	0.465	0.548
Want to delay at least 2 years	0.221	0.017	841	316	1.155	0.075	0.188	0.254
Ideal number of children	3.244	0.069	741	277	1.512	0.021	3.106	3.383
Knowledge of AIDS	0.277	0.020	893	335	1.309	0.071	0.238	0.317
Mothers received tetanus injection	0.509	0.038	554	207	1.548	0.076	0.432	0.586
Mothers received medical antenatal care	0.700	0.036	554	207	1.520	0.052	0.628	0.773
Mothers received medical care at birth	0.398	0.038	554	207	1.521	0.094	0.323	0.474
Had diarrhea in the last 2 weeks	0.109	0.017	514	193	1.280	0.159	0.075	0.144
Had diarrhea in the last 24 hours	0.052	0.010	514	193	1.068	0.202	0.031	0.072
Treated with ORS packets	0.448	0.059	57	21	0.886	0.132	0.330	0.565
Consulted medical personnel	0.420	0.053	57	21	0.801	0.126	0.314	0.526
Having health card	0.212	0.044	88	32	0.990	0.206	0.124	0.299
Received BCG vaccination	0.816	0.056	88	32	1.346	0.069	0.703	0.928
Received DPT vaccination (3 doses)	0.634	0.062	88	32	1.191	0.098	0.510	0.758
Received polio vaccination (3 doses)	0.644	0.058	88	32	1.128	0.091	0.527	0.761
Received measles vaccination	0.603	0.054	88	32	1.024	0.090	0.494	0.712
Fully immunized	0.538	0.048	88	32	0.887	0.089	0.442	0.634
Not immunized	0.175	0.056	88	32	1.362	0.320	0.063	0.286
Total fertility rate (3 years)	2.971	0.210	NA	1250	1.390	0.071	2.552	3.390
Neonatal mortality rate (0-9 years)	35.090	8.128	1241	470	1.305	0.232	18.834	51.346
Postneonatal mortality rate (0-9 years)	25.150	6.170	1240	469	1.347	0.245	12.811	37.490
Infant mortality rate (0-9 years)	60.241	12.883	1241	470	1.666	0.214	34.475	86.006
Child mortality rate (0-9 years)	29.049	10.257	1249	473	2.054	0.353	8.535	49.563
Under-five mortality rate (0-9 years)	87.540	19.542	1250	473	2.093	0.223	48.455	126.625

NA = Not applicable

Table B.2.25 Sampling errors - Bengkulu, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.196	0.014	819	190	0.974	0.069	0.169	0.223
No education	0.111	0.018	819	190	1.610	0.159	0.076	0.146
With secondary education or higher	0.325	0.026	819	190	1.575	0.079	0.274	0.377
Currently married (in union)	0.944	0.008	819	190	1.007	0.009	0.927	0.960
Children ever born	3.614	0.120	774	179	1.343	0.033	3.375	3.853
Children ever born to women over 40	6.165	0.180	172	39	1.039	0.029	5.805	6.525
Children surviving	3.019	0.088	774	179	1.249	0.029	2.843	3.194
Knowing any contraceptive method	0.994	0.002	774	179	0.633	0.002	0.991	0.998
Knowing any modern method	0.994	0.002	774	179	0.633	0.002	0.991	0.998
Knowing source for contraceptive method	0.991	0.003	774	179	0.904	0.003	0.985	0.997
Ever used any contraceptive method	0.810	0.017	774	179	1.174	0.020	0.777	0.844
Currently using any method	0.616	0.021	774	179	1.208	0.034	0.574	0.658
Currently using a modern method	0.602	0.022	774	179	1.233	0.036	0.559	0.646
Currently using pill	0.196	0.020	774	179	1.419	0.103	0.155	0.236
Currently using IUD	0.146	0.023	774	179	1.818	0.158	0.099	0.192
Currently using injections	0.120	0.016	774	179	1.367	0.133	0.088	0.152
Currently using condom	0.010	0.004	774	179	1.088	0.385	0.002	0.018
Currently using female sterilization	0.027	0.010	774	179	1.628	0.348	0.008	0.047
Currently using Norplant	0.102	0.024	774	179	2.172	0.232	0.055	0.149
Using public sector source	0.490	0.030	469	108	1.282	0.060	0.431	0.549
Want no more children	0.550	0.021	774	179	1.150	0.037	0.509	0.591
Want to delay at least 2 years	0.268	0.018	774	179	1.121	0.067	0.233	0.304
Ideal number of children	3.244	0.053	674	156	1.168	0.016	3.137	3.350
Knowledge of AIDS	0.293	0.027	819	190	1.697	0.092	0.239	0.347
Mothers received tetanus injection	0.581	0.047	584	138	2.051	0.082	0.487	0.676
Mothers received medical antenatal care	0.740	0.048	584	138	2.279	0.064	0.645	0.835
Mothers received medical care at birth	0.370	0.032	584	138	1.403	0.085	0.307	0.433
Had diarrhea in the last 2 weeks	0.216	0.020	529	125	1.139	0.095	0.175	0.257
Had diarrhea in the last 24 hours	0.069	0.014	529	125	1.280	0.208	0.040	0.098
Treated with ORS packets	0.593	0.045	112	27	0.982	0.076	0.502	0.684
Consulted medical personnel	0.545	0.070	112	27	1.488	0.128	0.405	0.684
Having health card	0.317	0.067	92	21	1.384	0.211	0.183	0.451
Received BCG vaccination	0.798	0.040	92	21	0.962	0.050	0.718	0.879
Received DPT vaccination (3 doses)	0.682	0.052	92	21	1.070	0.076	0.578	0.785
Received polio vaccination (3 doses)	0.664	0.050	92	21	1.011	0.075	0.564	0.763
Received measles vaccination	0.700	0.054	92	21	1.124	0.077	0.593	0.808
Fully immunized	0.587	0.048	92	21	0.930	0.081	0.492	0.683
Not immunized	0.191	0.042	92	21	1.017	0.218	0.108	0.274
Total fertility rate (3 years)	3.451	0.175	NA	709	1.069	0.051	3.102	3.801
Neonatal mortality rate (0-9 years)	37.865	6.447	1218	287	1.105	0.170	24.971	50.759
Postneonatal mortality rate (0-9 years)	36.231	8.037	1222	288	1.408	0.222	20.158	52.305
Infant mortality rate (0-9 years)	74.096	10.846	1222	288	1.305	0.146	52.404	95.788
Child mortality rate (0-9 years)	54.156	12.519	1239	292	1.833	0.231	29.119	79.193
Under-five mortality rate (0-9 years)	124.240	19.709	1243	293	1.800	0.159	84.822	163.657

NA = Not applicable

Table B.2.26 Sampling errors - East Nusa Tenggara, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.091	0.013	811	436	1.270	0.141	0.065	0.117
No education	0.221	0.020	811	436	1.375	0.091	0.181	0.261
With secondary education or higher	0.170	0.023	811	436	1.773	0.138	0.123	0.217
Currently married (in union)	0.900	0.007	811	436	0.651	0.008	0.886	0.914
Children ever born	3.704	0.143	731	392	1.518	0.039	3.419	3.990
Children ever born to women over 40	5.673	0.240	206	109	1.225	0.042	5.194	6.152
Children surviving	3.219	0.142	731	392	1.744	0.044	2.936	3.503
Knowing any contraceptive method	0.948	0.014	731	392	1.750	0.015	0.919	0.977
Knowing any modern method	0.943	0.015	731	392	1.751	0.016	0.913	0.973
Knowing source for contraceptive method	0.931	0.015	731	392	1.592	0.016	0.901	0.961
Ever used any contraceptive method	0.639	0.025	731	392	1.398	0.039	0.589	0.689
Currently using any method	0.373	0.023	731	392	1.292	0.062	0.326	0.419
Currently using a modern method	0.326	0.024	731	392	1.399	0.074	0.277	0.375
Currently using pill	0.032	0.008	731	392	1.170	0.237	0.017	0.048
Currently using IUD	0.080	0.021	731	392	2.041	0.256	0.039	0.121
Currently using injections	0.138	0.015	731	392	1.183	0.110	0.108	0.168
Currently using condom	0.000	0.000	731	392	Und	Und	0.000	0.000
Currently using female sterilization	0.025	0.006	731	392	0.971	0.225	0.014	0.036
Currently using Norplant	0.040	0.012	731	392	1.665	0.302	0.016	0.064
Using public sector source	0.602	0.065	240	128	2.052	0.108	0.472	0.732
Want no more children	0.431	0.024	731	392	1.331	0.057	0.383	0.480
Want to delay at least 2 years	0.287	0.021	731	392	1.247	0.073	0.245	0.329
Ideal number of children	4.078	0.109	632	338	1.533	0.027	3.861	4.296
Knowledge of AIDS	0.170	0.021	811	436	1.619	0.126	0.127	0.212
Mothers received tetanus injection	0.605	0.043	666	361	1.899	0.071	0.518	0.691
Mothers received medical antenatal care	0.691	0.045	666	361	2.090	0.066	0.600	0.782
Mothers received medical care at birth	0.183	0.035	666	361	1.902	0.191	0.113	0.253
Had diarrhea in the last 2 weeks	0.110	0.014	614	332	1.111	0.130	0.082	0.139
Had diarrhea in the last 24 hours	0.030	0.008	614	332	1.078	0.253	0.015	0.046
Treated with ORS packets	0.560	0.048	68	37	0.779	0.086	0.463	0.656
Consulted medical personnel	0.666	0.055	68	37	0.895	0.082	0.557	0.775
Having health card	0.445	0.060	138	76	1.413	0.134	0.325	0.564
Received BCG vaccination	0.781	0.064	138	76	1.772	0.082	0.654	0.909
Received DPT vaccination (3 doses)	0.669	0.063	138	76	1.564	0.094	0.543	0.796
Received polio vaccination (3 doses)	0.678	0.058	138	76	1.450	0.086	0.561	0.794
Received measles vaccination	0.680	0.060	138	76	1.491	0.088	0.560	0.800
Fully immunized	0.570	0.064	138	76	1.514	0.112	0.441	0.698
Not immunized	0.147	0.058	138	76	1.839	0.393	0.031	0.262
Total fertility rate (3 years)	3.873	0.220	NA	1979	1.399	0.057	3.433	4.313
Neonatal mortality rate (0-9 years)	29.975	5.207	1398	757	1.112	0.174	19.561	40.390
Postneonatal mortality rate (0-9 years)	40.582	5.365	1401	758	0.951	0.132	29.851	51.313
Infant mortality rate (0-9 years)	70.558	7.902	1401	758	1.119	0.112	54.754	86.361
Child mortality rate (0-9 years)	39.694	6.562	1408	762	1.214	0.165	26.570	52.817
Under-five mortality rate (0-9 years)	107.451	10.634	1411	764	1.287	0.099	86.182	128.720

NA = Not applicable

Und = Undefined

Table B.2.27 Sampling errors - East Timor, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.091	0.009	968	124	0.949	0.096	0.074	0.109
No education	0.634	0.029	968	124	1.859	0.045	0.576	0.691
With secondary education or higher	0.157	0.024	968	124	2.055	0.153	0.109	0.205
Currently married (in union)	0.925	0.013	968	124	1.495	0.014	0.899	0.950
Children ever born	3.463	0.081	895	115	1.045	0.023	3.301	3.624
Children ever born to women over 40	4.420	0.214	168	21	0.992	0.048	3.992	4.847
Children surviving	3.047	0.072	895	115	1.077	0.024	2.902	3.191
Knowing any contraceptive method	0.497	0.016	895	115	0.977	0.033	0.464	0.530
Knowing any modern method	0.483	0.018	895	115	1.089	0.038	0.447	0.520
Knowing source for contraceptive method	0.478	0.018	895	115	1.050	0.037	0.443	0.513
Ever used any contraceptive method	0.315	0.018	895	115	1.181	0.058	0.278	0.352
Currently using any method	0.226	0.016	895	115	1.121	0.069	0.195	0.258
Currently using a modern method	0.207	0.020	895	115	1.444	0.095	0.168	0.246
Currently using pill	0.020	0.004	895	115	0.858	0.199	0.012	0.029
Currently using IUD	0.010	0.006	895	115	1.846	0.617	0.000	0.022
Currently using injections	0.144	0.013	895	115	1.114	0.091	0.117	0.170
Currently using condom	0.002	0.002	895	115	1.317	1.001	0.000	0.006
Currently using female sterilization	0.001	0.000	895	115	Und	0.000	0.001	0.001
Currently using Norplant	0.030	0.010	895	115	1.688	0.320	0.011	0.050
Using public sector source	0.759	0.051	188	24	1.631	0.067	0.657	0.861
Want no more children	0.231	0.020	895	115	1.442	0.088	0.190	0.272
Want to delay at least 2 years	0.151	0.014	895	115	1.190	0.094	0.123	0.180
Ideal number of children	4.417	0.123	370	46	1.379	0.028	4.170	4.664
Knowledge of AIDS	0.124	0.023	968	124	2.210	0.189	0.077	0.171
Mothers received tetanus injection	0.453	0.026	954	123	1.284	0.057	0.401	0.505
Mothers received medical antenatal care	0.503	0.027	954	123	1.312	0.053	0.450	0.556
Mothers received medical care at birth	0.170	0.026	954	123	1.703	0.152	0.118	0.221
Had diarrhea in the last 2 weeks	0.069	0.011	893	115	1.277	0.163	0.046	0.091
Had diarrhea in the last 24 hours	0.022	0.006	893	115	1.078	0.274	0.010	0.034
Treated with ORS packets	0.604	0.078	62	8	1.196	0.129	0.448	0.760
Consulted medical personnel	0.672	0.076	62	8	1.203	0.113	0.521	0.823
Having health card	0.292	0.045	183	23	1.326	0.153	0.203	0.381
Received BCG vaccination	0.650	0.044	183	23	1.242	0.067	0.562	0.737
Received DPT vaccination (3 doses)	0.534	0.046	183	23	1.250	0.086	0.442	0.626
Received polio vaccination (3 doses)	0.539	0.045	183	23	1.235	0.084	0.448	0.630
Received measles vaccination	0.533	0.040	183	23	1.087	0.075	0.453	0.613
Fully immunized	0.453	0.033	183	23	0.898	0.073	0.387	0.519
Not immunized	0.322	0.043	183	23	1.240	0.133	0.236	0.407
Total fertility rate (3 years)	4.688	0.228	NA	480	1.264	0.049	4.233	5.143
Neonatal mortality rate (0-9 years)	15.499	2.837	2008	259	0.987	0.183	9.824	21.173
Postneonatal mortality rate (0-9 years)	30.266	4.432	2009	259	1.116	0.146	21.403	39.130
Infant mortality rate (0-9 years)	45.765	5.124	2009	259	1.014	0.112	35.517	56.013
Child mortality rate (0-9 years)	58.802	6.977	2036	263	1.117	0.119	44.849	72.755
Under-five mortality rate (0-9 years)	101.876	9.114	2037	263	1.114	0.089	83.648	120.104

NA = Not applicable

Und = Undefined

Table B.2.28 Sampling errors - Central Kalimantan, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.192	0.026	870	244	1.963	0.136	0.140	0.245
No education	0.106	0.013	870	244	1.205	0.119	0.081	0.131
With secondary education or higher	0.266	0.027	870	244	1.811	0.102	0.212	0.320
Currently married (in union)	0.933	0.010	870	244	1.202	0.011	0.912	0.953
Children ever born	2.897	0.108	812	227	1.380	0.037	2.680	3.113
Children ever born to women over 40	4.861	0.188	189	52	1.034	0.039	4.485	5.237
Children surviving	2.776	0.102	812	227	1.357	0.037	2.572	2.980
Knowing any contraceptive method	0.958	0.012	812	227	1.692	0.012	0.934	0.982
Knowing any modern method	0.957	0.012	812	227	1.648	0.012	0.933	0.980
Knowing source for contraceptive method	0.953	0.012	812	227	1.630	0.013	0.929	0.977
Ever used any contraceptive method	0.564	0.032	812	227	1.857	0.057	0.499	0.629
Currently using any method	0.445	0.023	812	227	1.336	0.052	0.399	0.492
Currently using a modern method	0.411	0.026	812	227	1.498	0.063	0.359	0.463
Currently using pill	0.264	0.023	812	227	1.471	0.086	0.218	0.309
Currently using IUD	0.015	0.008	812	227	1.961	0.552	0.000	0.032
Currently using injections	0.104	0.013	812	227	1.219	0.125	0.078	0.131
Currently using condom	0.000	0.000	812	227	Und	Und	0.000	0.000
Currently using female sterilization	0.004	0.003	812	227	1.338	0.763	0.000	0.010
Currently using Norplant	0.024	0.009	812	227	1.614	0.362	0.007	0.041
Using public sector source	0.722	0.043	327	93	1.732	0.059	0.637	0.808
Want no more children	0.473	0.024	812	227	1.361	0.051	0.425	0.520
Want to delay at least 2 years	0.167	0.021	812	227	1.619	0.127	0.124	0.209
Ideal number of children	3.444	0.101	562	159	1.489	0.029	3.241	3.647
Knowledge of AIDS	0.346	0.028	870	244	1.759	0.082	0.289	0.403
Mothers received tetanus injection	0.614	0.023	444	126	0.866	0.038	0.567	0.660
Mothers received medical antenatal care	0.690	0.033	444	126	1.273	0.048	0.625	0.756
Mothers received medical care at birth	0.331	0.042	444	126	1.698	0.128	0.247	0.416
Had diarrhea in the last 2 weeks	0.058	0.015	429	123	1.361	0.261	0.028	0.088
Had diarrhea in the last 24 hours	0.021	0.007	429	123	1.039	0.334	0.007	0.036
Treated with ORS packets	0.292	0.104	23	7	1.151	0.355	0.085	0.500
Consulted medical personnel	0.721	0.117	23	7	1.316	0.162	0.487	0.955
Having health card	0.259	0.065	79	23	1.338	0.250	0.130	0.389
Received BCG vaccination	0.774	0.045	79	23	0.976	0.058	0.684	0.864
Received DPT vaccination (3 doses)	0.527	0.062	79	23	1.133	0.118	0.402	0.652
Received polio vaccination (3 doses)	0.639	0.051	79	23	0.959	0.080	0.537	0.740
Received measles vaccination	0.602	0.073	79	23	1.353	0.122	0.456	0.748
Fully immunized	0.430	0.060	79	23	1.093	0.139	0.311	0.550
Not immunized	0.217	0.047	79	23	1.034	0.217	0.122	0.311
Total fertility rate (3 years)	2.306	0.159	NA	934	1.233	0.069	1.987	2.625
Neonatal mortality rate (0-9 years)	7.023	2.354	1049	292	0.848	0.335	2.314	11.732
Postneonatal mortality rate (0-9 years)	9.424	2.854	1049	292	0.861	0.303	3.717	15.131
Infant mortality rate (0-9 years)	16.447	4.368	1049	292	1.025	0.266	7.711	25.183
Child mortality rate (0-9 years)	21.724	3.955	1056	294	0.853	0.182	13.814	29.634
Under-five mortality rate (0-9 years)	37.814	5.811	1056	294	0.851	0.154	26.191	49.436

NA = Not applicable

Und = Undefined

Table B.2.29 Sampling errors - East Kalimantan, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.483	0.027	823	321	1.577	0.057	0.428	0.538
No education	0.089	0.012	823	321	1.200	0.134	0.065	0.113
With secondary education or higher	0.363	0.039	823	321	2.311	0.107	0.286	0.441
Currently married (in union)	0.948	0.008	823	321	1.016	0.008	0.932	0.964
Children ever born	3.053	0.122	781	304	1.411	0.040	2.809	3.297
Children ever born to women over 40	5.423	0.323	167	62	1.587	0.059	4.778	6.068
Children surviving	2.725	0.097	781	304	1.340	0.036	2.531	2.919
Knowing any contraceptive method	0.979	0.013	781	304	2.547	0.013	0.953	1.000
Knowing any modern method	0.976	0.012	781	304	2.219	0.013	0.951	1.000
Knowing source for contraceptive method	0.968	0.014	781	304	2.132	0.014	0.941	0.995
Ever used any contraceptive method	0.811	0.020	781	304	1.461	0.025	0.771	0.852
Currently using any method	0.605	0.023	781	304	1.337	0.039	0.558	0.652
Currently using a modern method	0.547	0.023	781	304	1.278	0.042	0.502	0.593
Currently using pill	0.237	0.020	781	304	1.298	0.083	0.197	0.276
Currently using IUD	0.090	0.017	781	304	1.619	0.184	0.057	0.123
Currently using injections	0.146	0.018	781	304	1.403	0.121	0.111	0.182
Currently using condom	0.015	0.005	781	304	1.121	0.323	0.005	0.025
Currently using female sterilization	0.036	0.008	781	304	1.249	0.232	0.019	0.053
Currently using Norplant	0.020	0.008	781	304	1.610	0.399	0.004	0.037
Using public sector source	0.432	0.047	430	167	1.980	0.110	0.337	0.526
Want no more children	0.461	0.026	781	304	1.431	0.055	0.410	0.512
Want to delay at least 2 years	0.223	0.014	781	304	0.919	0.061	0.195	0.250
Ideal number of children	2.891	0.074	616	240	1.367	0.026	2.743	3.039
Knowledge of AIDS	0.664	0.033	823	321	2.001	0.050	0.598	0.730
Mothers received tetanus injection	0.715	0.036	552	215	1.600	0.050	0.643	0.787
Mothers received medical antenatal care	0.826	0.036	552	215	1.743	0.044	0.753	0.898
Mothers received medical care at birth	0.566	0.051	552	215	2.037	0.089	0.465	0.667
Had diarrhea in the last 2 weeks	0.076	0.014	516	202	1.107	0.180	0.049	0.103
Had diarrhea in the last 24 hours	0.020	0.006	516	202	0.969	0.300	0.008	0.032
Treated with ORS packets	0.529	0.078	47	15	0.923	0.147	0.373	0.685
Consulted medical personnel	0.475	0.118	47	15	1.403	0.248	0.239	0.711
Having health card	0.469	0.060	101	39	1.183	0.128	0.349	0.589
Received BCG vaccination	0.883	0.036	101	39	1.107	0.040	0.812	0.954
Received DPT vaccination (3 doses)	0.813	0.045	101	39	1.145	0.055	0.724	0.902
Received polio vaccination (3 doses)	0.781	0.050	101	39	1.199	0.063	0.682	0.880
Received measles vaccination	0.810	0.034	101	39	0.878	0.043	0.741	0.879
Fully immunized	0.747	0.045	101	39	1.041	0.061	0.656	0.838
Not immunized	0.092	0.037	101	39	1.296	0.406	0.017	0.167
Total fertility rate (3 years)	3.212	0.188	NA	1229	1.240	0.059	2.836	3.589
Neonatal mortality rate (0-9 years)	29.283	5.269	1103	419	0.994	0.180	18.745	39.821
Postneonatal mortality rate (0-9 years)	31.861	7.069	1106	420	1.088	0.222	17.722	45.999
Infant mortality rate (0-9 years)	61.144	9.303	1106	420	1.057	0.152	42.537	79.751
Child mortality rate (0-9 years)	16.198	4.658	1108	421	1.126	0.288	6.881	25.515
Under-five mortality rate (0-9 years)	76.351	12.150	1111	422	1.202	0.159	52.050	100.652

NA = Not applicable

Table B.2.30 Sampling errors - Central Sulawesi, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.155	0.009	766	238	0.698	0.059	0.137	0.174
No education	0.076	0.013	766	238	1.326	0.168	0.050	0.101
With secondary education or higher	0.324	0.024	766	238	1.401	0.073	0.277	0.372
Currently married (in union)	0.945	0.009	766	238	1.037	0.009	0.928	0.962
Children ever born	3.337	0.088	725	225	0.969	0.026	3.161	3.513
Children ever born to women over 40	5.576	0.264	163	50	1.283	0.047	5.048	6.104
Children surviving	2.860	0.087	725	225	1.152	0.030	2.686	3.035
Knowing any contraceptive method	0.916	0.036	725	225	3.499	0.039	0.844	0.988
Knowing any modern method	0.904	0.037	725	225	3.356	0.041	0.831	0.978
Knowing source for contraceptive method	0.879	0.036	725	225	2.933	0.040	0.808	0.950
Ever used any contraceptive method	0.708	0.030	725	225	1.762	0.042	0.648	0.767
Currently using any method	0.525	0.027	725	225	1.458	0.051	0.471	0.580
Currently using a modern method	0.483	0.032	725	225	1.743	0.067	0.419	0.548
Currently using pill	0.157	0.021	725	225	1.542	0.133	0.115	0.198
Currently using IUD	0.064	0.016	725	225	1.706	0.243	0.033	0.095
Currently using injections	0.209	0.022	725	225	1.443	0.104	0.166	0.253
Currently using condom	0.001	0.001	725	225	0.904	1.006	0.000	0.003
Currently using female sterilization	0.012	0.003	725	225	0.751	0.253	0.006	0.018
Currently using Norplant	0.040	0.008	725	225	1.119	0.203	0.024	0.057
Using public sector source	0.539	0.039	360	108	1.498	0.073	0.460	0.618
Want no more children	0.430	0.027	725	225	1.474	0.063	0.375	0.484
Want to delay at least 2 years	0.193	0.018	725	225	1.257	0.096	0.156	0.229
Ideal number of children	3.136	0.091	502	156	1.502	0.029	2.954	3.317
Knowledge of AIDS	0.287	0.030	766	238	1.805	0.103	0.228	0.346
Mothers received tetanus injection	0.547	0.060	529	166	2.243	0.110	0.427	0.668
Mothers received medical antenatal care	0.657	0.075	529	166	2.853	0.115	0.506	0.807
Mothers received medical care at birth	0.230	0.051	529	166	2.288	0.220	0.129	0.332
Had diarrhea in the last 2 weeks	0.093	0.013	481	150	0.912	0.140	0.067	0.119
Had diarrhea in the last 24 hours	0.013	0.007	481	150	1.410	0.551	0.000	0.028
Treated with ORS packets	0.455	0.092	42	14	1.137	0.202	0.271	0.638
Consulted medical personnel	0.421	0.091	42	14	1.187	0.216	0.239	0.602
Having health card	0.348	0.077	86	27	1.499	0.220	0.195	0.501
Received BCG vaccination	0.692	0.086	86	27	1.741	0.124	0.520	0.865
Received DPT vaccination (3 doses)	0.473	0.063	86	27	1.186	0.134	0.346	0.600
Received polio vaccination (3 doses)	0.458	0.064	86	27	1.188	0.139	0.331	0.585
Received measles vaccination	0.531	0.071	86	27	1.335	0.135	0.388	0.674
Fully immunized	0.419	0.057	86	27	1.081	0.136	0.305	0.534
Not immunized	0.296	0.086	86	27	1.756	0.290	0.124	0.468
Total fertility rate (3 years)	3.077	0.226	NA	953	1.330	0.073	2.626	3.529
Neonatal mortality rate (0-9 years)	34.078	8.757	1138	356	1.552	0.257	16.564	51.593
Postneonatal mortality rate (0-9 years)	53.319	9.072	1140	357	1.254	0.170	35.176	71.462
Infant mortality rate (0-9 years)	87.398	14.162	1140	357	1.491	0.162	59.074	115.721
Child mortality rate (0-9 years)	42.860	7.548	1149	360	1.114	0.176	27.765	57.956
Under-five mortality rate (0-9 years)	126.512	16.461	1151	360	1.452	0.130	93.590	159.434

NA = Not applicable

Table B.2.31 Sampling errors - Southeast Sulawesi, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.107	0.014	687	191	1.165	0.128	0.080	0.135
No education	0.124	0.027	687	191	2.177	0.221	0.069	0.179
With secondary education or higher	0.316	0.036	687	191	2.018	0.113	0.245	0.388
Currently married (in union)	0.928	0.010	687	191	1.058	0.011	0.908	0.949
Children ever born	3.504	0.136	644	178	1.453	0.039	3.233	3.776
Children ever born to women over 40	5.447	0.317	129	36	1.358	0.058	4.812	6.082
Children surviving	3.079	0.101	644	178	1.246	0.033	2.876	3.281
Knowing any contraceptive method	0.942	0.023	644	178	2.497	0.024	0.896	0.988
Knowing any modern method	0.936	0.023	644	178	2.413	0.025	0.890	0.983
Knowing source for contraceptive method	0.936	0.023	644	178	2.406	0.025	0.890	0.983
Ever used any contraceptive method	0.622	0.054	644	178	2.841	0.087	0.514	0.731
Currently using any method	0.463	0.045	644	178	2.288	0.097	0.373	0.553
Currently using a modern method	0.418	0.048	644	178	2.473	0.115	0.322	0.514
Currently using pill	0.129	0.023	644	178	1.777	0.182	0.082	0.176
Currently using IUD	0.060	0.010	644	178	1.095	0.171	0.039	0.080
Currently using injections	0.166	0.022	644	178	1.512	0.134	0.122	0.211
Currently using condom	0.001	0.000	644	178	Und	0.000	0.001	0.001
Currently using female sterilization	0.019	0.012	644	178	2.152	0.609	0.000	0.042
Currently using Norplant	0.042	0.010	644	178	1.240	0.233	0.023	0.062
Using public sector source	0.632	0.056	292	74	1.977	0.088	0.520	0.744
Want no more children	0.426	0.031	644	178	1.610	0.074	0.363	0.489
Want to delay at least 2 years	0.266	0.022	644	178	1.282	0.084	0.221	0.310
Ideal number of children	3.342	0.115	409	111	1.716	0.034	3.111	3.572
Knowledge of AIDS	0.200	0.030	687	191	1.939	0.148	0.141	0.259
Mothers received tetanus injection	0.685	0.034	543	149	1.398	0.049	0.618	0.752
Mothers received medical antenatal care	0.788	0.047	543	149	2.183	0.060	0.694	0.881
Mothers received medical care at birth	0.264	0.047	543	149	2.067	0.178	0.170	0.357
Had diarrhea in the last 2 weeks	0.090	0.013	515	140	1.009	0.144	0.064	0.116
Had diarrhea in the last 24 hours	0.019	0.006	515	140	0.969	0.311	0.007	0.031
Treated with ORS packets	0.488	0.089	42	13	1.180	0.183	0.310	0.666
Consulted medical personnel	0.415	0.080	42	13	1.079	0.192	0.256	0.575
Having health card	0.381	0.073	105	29	1.510	0.193	0.234	0.527
Received BCG vaccination	0.868	0.033	105	29	0.976	0.038	0.803	0.934
Received DPT vaccination (3 doses)	0.639	0.082	105	29	1.706	0.129	0.474	0.803
Received polio vaccination (3 doses)	0.654	0.074	105	29	1.548	0.113	0.507	0.802
Received measles vaccination	0.707	0.067	105	29	1.515	0.095	0.572	0.842
Fully immunized	0.599	0.088	105	29	1.803	0.147	0.422	0.776
Not immunized	0.109	0.023	105	29	0.734	0.207	0.064	0.154
Total fertility rate (3 years)	3.505	0.282	NA	776	1.786	0.080	2.941	4.069
Neonatal mortality rate (0-9 years)	40.471	16.480	1174	325	2.246	0.407	7.511	73.432
Postneonatal mortality rate (0-9 years)	38.472	7.435	1175	326	1.311	0.193	23.601	53.343
Infant mortality rate (0-9 years)	78.943	13.833	1175	326	1.518	0.175	51.278	106.609
Child mortality rate (0-9 years)	27.766	8.728	1179	327	1.492	0.314	10.310	45.222
Under-five mortality rate (0-9 years)	104.518	20.076	1180	327	1.992	0.192	64.366	144.669

NA = Not applicable

Und = Undefined

Table B.2.32 Sampling errors - Maluku, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.180	0.021	770	225	1.502	0.116	0.138	0.221
No education	0.068	0.019	770	225	2.121	0.284	0.029	0.106
With secondary education or higher	0.387	0.022	770	225	1.253	0.057	0.343	0.431
Currently married (in union)	0.929	0.010	770	225	1.075	0.011	0.909	0.949
Children ever born	3.404	0.103	715	209	1.157	0.030	3.198	3.609
Children ever born to women over 40	5.178	0.276	146	43	1.271	0.053	4.626	5.731
Children surviving	3.038	0.099	715	209	1.295	0.033	2.840	3.236
Knowing any contraceptive method	0.953	0.014	715	209	1.727	0.014	0.926	0.980
Knowing any modern method	0.953	0.014	715	209	1.727	0.014	0.926	0.980
Knowing source for contraceptive method	0.943	0.015	715	209	1.782	0.016	0.912	0.974
Ever used any contraceptive method	0.548	0.023	715	209	1.225	0.042	0.502	0.594
Currently using any method	0.349	0.022	715	209	1.238	0.063	0.305	0.393
Currently using a modern method	0.334	0.020	715	209	1.147	0.061	0.293	0.374
Currently using pill	0.089	0.014	715	209	1.290	0.154	0.062	0.117
Currently using IUD	0.049	0.008	715	209	1.014	0.168	0.032	0.065
Currently using injections	0.142	0.013	715	209	0.970	0.089	0.117	0.168
Currently using condom	0.003	0.002	715	209	1.022	0.717	0.000	0.007
Currently using female sterilization	0.013	0.005	715	209	1.133	0.376	0.003	0.022
Currently using Norplant	0.033	0.010	715	209	1.494	0.301	0.013	0.053
Using public sector source	0.750	0.044	240	70	1.566	0.058	0.662	0.838
Want no more children	0.430	0.025	715	209	1.360	0.059	0.380	0.481
Want to delay at least 2 years	0.207	0.017	715	209	1.123	0.082	0.173	0.241
Ideal number of children	3.410	0.074	513	149	1.256	0.022	3.261	3.558
Knowledge of AIDS	0.374	0.029	770	225	1.673	0.078	0.316	0.433
Mothers received tetanus injection	0.494	0.036	652	190	1.504	0.073	0.422	0.566
Mothers received medical antenatal care	0.651	0.032	652	190	1.347	0.049	0.588	0.715
Mothers received medical care at birth	0.229	0.019	652	190	0.994	0.085	0.190	0.267
Had diarrhea in the last 2 weeks	0.037	0.009	609	177	1.101	0.247	0.019	0.056
Had diarrhea in the last 24 hours	0.009	0.006	609	177	1.534	0.670	0.000	0.020
Treated with ORS packets	0.530	0.108	23	7	0.944	0.204	0.314	0.747
Consulted medical personnel	0.487	0.062	23	7	0.548	0.128	0.362	0.612
Having health card	0.442	0.058	83	24	1.053	0.131	0.326	0.557
Received BCG vaccination	0.669	0.056	83	24	1.072	0.083	0.558	0.781
Received DPT vaccination (3 doses)	0.575	0.063	83	24	1.159	0.110	0.449	0.702
Received polio vaccination (3 doses)	0.527	0.068	83	24	1.230	0.129	0.391	0.663
Received measles vaccination	0.562	0.065	83	24	1.179	0.115	0.433	0.692
Fully immunized	0.458	0.068	83	24	1.231	0.148	0.323	0.594
Not immunized	0.305	0.059	83	24	1.150	0.192	0.188	0.422
Total fertility rate (3 years)	3.700	0.192	NA	1036	1.042	0.052	3.316	4.084
Neonatal mortality rate (0-9 years)	26.175	5.560	1352	395	1.078	0.212	15.054	37.295
Postneonatal mortality rate (0-9 years)	41.822	6.031	1356	396	1.040	0.144	29.759	53.885
Infant mortality rate (0-9 years)	67.997	8.525	1356	396	1.118	0.125	50.946	85.047
Child mortality rate (0-9 years)	24.519	6.021	1358	397	1.395	0.246	12.478	36.561
Under-five mortality rate (0-9 years)	90.849	10.005	1362	398	1.132	0.110	70.839	110.858

NA = Not applicable

Table B.2.33 Sampling errors - Irian Jaya, Indonesia 1994

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Urban residence	0.189	0.018	814	250	1.340	0.097	0.152	0.226
No education	0.367	0.022	814	250	1.305	0.060	0.323	0.411
With secondary education or higher	0.267	0.033	814	250	2.149	0.125	0.201	0.334
Currently married (in union)	0.952	0.007	814	250	0.932	0.007	0.938	0.966
Children ever born	3.067	0.088	774	238	1.109	0.029	2.890	3.244
Children ever born to women over 40	5.029	0.224	160	49	1.165	0.044	4.582	5.477
Children surviving	2.776	0.073	774	238	1.045	0.026	2.630	2.922
Knowing any contraceptive method	0.782	0.017	774	238	1.145	0.022	0.748	0.816
Knowing any modern method	0.729	0.016	774	238	1.011	0.022	0.697	0.761
Knowing source for contraceptive method	0.717	0.017	774	238	1.031	0.023	0.684	0.750
Ever used any contraceptive method	0.533	0.023	774	238	1.294	0.044	0.487	0.580
Currently using any method	0.413	0.023	774	238	1.294	0.056	0.367	0.459
Currently using a modern method	0.291	0.021	774	238	1.277	0.072	0.250	0.333
Currently using pill	0.075	0.012	774	238	1.285	0.163	0.050	0.099
Currently using IUD	0.026	0.006	774	238	1.123	0.246	0.013	0.039
Currently using injections	0.120	0.015	774	238	1.288	0.125	0.090	0.150
Currently using condom	0.009	0.004	774	238	1.123	0.429	0.001	0.016
Currently using female sterilization	0.026	0.003	774	238	0.516	0.114	0.020	0.031
Currently using Norplant	0.035	0.012	774	238	1.781	0.338	0.011	0.058
Using public sector source	0.753	0.039	238	69	1.382	0.051	0.676	0.831
Want no more children	0.449	0.021	774	238	1.182	0.047	0.406	0.491
Want to delay at least 2 years	0.137	0.017	774	238	1.382	0.125	0.103	0.171
Ideal number of children	3.223	0.090	457	135	1.493	0.028	3.044	3.402
Knowledge of AIDS	0.332	0.026	814	250	1.564	0.078	0.280	0.383
Mothers received tetanus injection	0.597	0.035	552	167	1.380	0.058	0.528	0.667
Mothers received medical antenatal care	0.755	0.036	552	167	1.623	0.047	0.683	0.826
Mothers received medical care at birth	0.348	0.050	552	167	1.924	0.144	0.248	0.448
Had diarrhea in the last 2 weeks	0.094	0.015	506	153	1.053	0.156	0.065	0.123
Had diarrhea in the last 24 hours	0.026	0.007	506	153	0.949	0.278	0.011	0.040
Treated with ORS packets	0.578	0.090	49	14	1.145	0.155	0.399	0.757
Consulted medical personnel	0.649	0.078	49	14	1.035	0.120	0.493	0.805
Having health card	0.383	0.057	96	30	1.123	0.148	0.270	0.496
Received BCG vaccination	0.778	0.079	96	30	1.852	0.101	0.621	0.935
Received DPT vaccination (3 doses)	0.584	0.051	96	30	1.012	0.088	0.481	0.687
Received polio vaccination (3 doses)	0.604	0.051	96	30	1.011	0.084	0.502	0.705
Received measles vaccination	0.646	0.078	96	30	1.581	0.120	0.491	0.801
Fully immunized	0.515	0.057	96	30	1.096	0.110	0.402	0.628
Not immunized	0.212	0.078	96	30	1.866	0.367	0.056	0.368
Total fertility rate (3 years)	3.146	0.268	NA	946	1.355	0.085	2.609	3.682
Neonatal mortality rate (0-9 years)	28.333	6.783	1208	370	1.086	0.239	14.768	41.898
Postneonatal mortality rate (0-9 years)	32.966	5.456	1211	371	1.113	0.165	22.055	43.878
Infant mortality rate (0-9 years)	61.299	10.154	1211	371	1.307	0.166	40.990	81.608
Child mortality rate (0-9 years)	28.556	6.178	1210	371	1.174	0.216	16.201	40.912
Under-five mortality rate (0-9 years)	88.105	12.089	1213	372	1.317	0.137	63.927	112.283

NA = Not applicable

APPENDIX C
DATA QUALITY

APPENDIX C

DATA QUALITY

This appendix provides an initial assessment of the quality of the 1994 IDHS data. For this purpose, misreporting of ages, respondent's recall problems and other problems encountered during data collection are investigated.

Table C.1 presents the distribution of the household population by single years of age. Contrary to expectation, the proportion of children reported to be five years of age at the time of the survey is smaller than the proportions age four and six. This phenomenon is more significant for females than for males. Additionally, heaping is observed in the reporting of ages ending with 0 and 5 after age 20 for both males and females. In particular, there is substantial overreporting of males at age 50 and, to a lesser extent, females. The overreporting of women at age 50 may reflect age displacement as well as heaping, since 49 is the upper limit of eligibility for the individual interview.

Age	Males		Females		Age	Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	1,717	2.3	1,509	2.0	37	865	1.2	965	1.3
1	1,521	2.0	1,572	2.1	38	849	1.1	885	1.2
2	1,687	2.2	1,656	2.2	39	832	1.1	835	1.1
3	1,766	2.3	1,596	2.1	40	1,451	1.9	1,078	1.4
4	1,619	2.2	1,568	2.1	41	769	1.0	768	1.0
5	1,494	2.0	1,447	1.9	42	799	1.1	788	1.0
6	1,737	2.3	1,771	2.3	43	641	0.9	619	0.8
7	1,875	2.5	1,788	2.4	44	645	0.9	560	0.7
8	1,996	2.7	1,717	2.3	45	950	1.3	835	1.1
9	1,974	2.6	1,762	2.3	46	541	0.7	523	0.7
10	2,098	2.8	1,844	2.4	47	451	0.6	567	0.7
11	1,945	2.6	1,773	2.3	48	453	0.6	693	0.9
12	2,225	3.0	1,967	2.6	49	568	0.8	518	0.7
13	1,895	2.5	1,821	2.4	50	920	1.2	705	0.9
14	1,890	2.5	1,684	2.2	51	504	0.7	647	0.9
15	1,795	2.4	1,711	2.3	52	614	0.8	819	1.1
16	1,551	2.1	1,529	2.0	53	445	0.6	505	0.7
17	1,595	2.1	1,548	2.0	54	552	0.7	577	0.8
18	1,448	1.9	1,590	2.1	55	698	0.9	812	1.1
19	1,249	1.7	1,337	1.8	56	393	0.5	468	0.6
20	1,394	1.9	1,548	2.0	57	375	0.5	361	0.5
21	1,073	1.4	1,275	1.7	58	370	0.5	379	0.5
22	1,111	1.5	1,320	1.7	59	350	0.5	373	0.5
23	1,145	1.5	1,200	1.6	60	830	1.1	914	1.2
24	1,151	1.5	1,260	1.7	61	251	0.3	328	0.4
25	1,505	2.0	1,589	2.1	62	404	0.5	373	0.5
26	1,044	1.4	1,138	1.5	63	300	0.4	297	0.4
27	1,048	1.4	1,129	1.5	64	300	0.4	393	0.5
28	1,046	1.4	1,262	1.7	65	498	0.7	592	0.8
29	994	1.3	1,226	1.6	66	173	0.2	200	0.3
30	1,707	2.3	1,577	2.1	67	280	0.4	303	0.4
31	927	1.2	1,110	1.5	68	165	0.2	208	0.3
32	1,089	1.4	1,226	1.6	69	166	0.2	210	0.3
33	901	1.2	931	1.2	70+	2,042	2.7	2,072	2.7
34	1,052	1.4	1,116	1.5	Don't know/ Missing	11	0.0	21	0.0
35	1,507	2.0	1,390	1.8					
36	965	1.3	976	1.3					
					Total	75,193	100.0	75,657	100.0

Table C.2 shows that during the household interview, 38,622 women age 15-49 were recorded, of which 28,324 have been married and are, therefore, eligible for the individual interview. Of these women, 27,675 were successfully interviewed, yielding a response rate of 98 percent. The five-year age distribution of women follows the expected pattern. Compared with past surveys, there is a decrease in the proportion of women 15-29 and an increase in the proportion 30-34.

To investigate the possibility of bias in age reporting in the individual questionnaire, the age distribution of ever-married women (i.e., eligible women) was calculated from the household information and then compared with the age distribution of interviewed women (see Table C.2). The expected pattern of declining percentage with increasing age, seen in the household population of women, is not repeated for ever-married women. At the same time, there is virtually no difference in the age distributions of ever-married women and interviewed women. This suggests there is no bias in age reporting in these populations. Response rates vary slightly by age group; the highest response rates are among women in their 30s.

Table C.2 Age distribution of eligible and interviewed women

Percent distribution of the de jure household population of women age 10-54, of ever-married women age 15-49, and of interviewed women age 15-49, and the percentage of eligible women who were interviewed (weighted) by five-year age groups, Indonesia 1994

Age	Household population of women		Ever-married women		Interviewed women		Percentage of eligible women interviewed (weighted)
	Number	Percent	Number	Percent	Number	Percent	
10-14	9,089	NA	NA	NA	NA	NA	NA
15-19	7,716	20.0	1,385	4.9	1,341	4.8	96.8
20-24	6,603	17.1	4,137	14.6	4,045	14.6	97.8
25-29	6,343	16.4	5,451	19.2	5,349	19.3	98.1
30-34	5,960	15.4	5,655	20.0	5,559	20.1	98.3
35-39	5,052	13.1	4,898	17.3	4,786	17.3	97.7
40-44	3,813	9.9	3,721	13.1	3,607	13.0	96.9
45-49	3,136	8.1	3,077	10.9	2,989	10.8	97.1
50-54	3,254	-	-	-	-	-	-
15-49	38,622	100.0	28,324	100.0	27,675	100.0	97.7

Note: The de jure population includes all usual residents of the household. The number of interviewed women is calculated using the household weights in order to be comparable with the number of ever-married women in the household. Thus, the numbers differ slightly from those shown in the rest of the report, which are based on individual woman weights.
NA = Not applicable

Information on the completeness of reporting in connection with a set of important variables is provided in Table C.3. Among births in the 15 years preceding the survey, the percentage of cases with missing information on month and year of birth or age at death is extremely low (less than 1 percent). When the percentages in this table are compared with those found in the 1991 Indonesia DHS, the reporting of dates is seen to have improved slightly (see CBS et al., 1992).

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Indonesia 1994

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only		11.34	54,856
Month and year		0.04	54,856
Age at death	Deaths to births in last 15 years	0.16	5,301
Age/date at first union ¹	Ever-married women	0.03	28,168
Respondent's education	All women	0.00	28,168
Child's size at birth	Births in last 59 months	1.18	8,331
Diarrhea in last 2 weeks	Living children age 0-59 months	0.64	15,883

¹Both year and age missing

The figures presented in Table C.4 also suggest that the reporting of children's date of birth is more complete in 1994 than in 1991. For example, the percentage of surviving children with known month and year of birth is 85 percent in 1994, compared with 82 percent in 1991 (CBS et al., 1992). For dead children, the percentages are 54 and 49 percent, respectively. Sex ratios vary year by year without any indication of bias. However, women seem to have better recall of dead male children than of dead female children, as indicated by the higher sex ratios for dead children. Observing the calendar ratios, there seems to be a deficit of births in 1989 and a surplus in 1988 (see Figure C.1). For all births, the ratio of births in 1989 to the average of the two adjoining years is 0.91; for births in 1988, the ratio is 1.03. The phenomenon is more serious among dead children (0.88 in 1989 and 1.13 in 1988). These numbers may represent a deliberate attempt by some interviewers to reduce their workloads, in particular to shorten the interview by skipping the health sections that contain extensive questions about children under five.

Table C.4 Births by calendar years

Distribution of births by calendar years for living (L), dead (D), and all (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Indonesia 1994

Year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar ratio ³			Male			Female		
	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T
94	2,035	99	2,133	100.0	100.0	100.0	115.8	156.4	117.4	NA	NA	NA	1,092	60	1,152	943	38	981
93	3,193	190	3,383	99.9	99.4	99.9	101.7	116.1	102.4	120.5	127.3	120.8	1,610	102	1,712	1,583	88	1,671
92	3,267	199	3,466	100.0	95.9	99.7	98.4	140.1	100.4	101.8	90.3	101.1	1,620	116	1,737	1,646	83	1,729
91	3,225	252	3,477	99.4	99.1	99.4	111.3	132.0	112.7	99.6	111.2	100.4	1,699	144	1,842	1,526	109	1,635
90	3,206	254	3,460	99.3	96.1	99.1	98.5	129.5	100.5	103.9	95.2	103.2	1,591	144	1,735	1,615	111	1,725
89	2,947	282	3,229	99.5	96.9	99.3	105.5	137.8	108.0	90.9	88.1	90.7	1,513	163	1,677	1,434	119	1,553
88	3,277	386	3,663	89.0	66.1	86.6	99.0	148.0	103.2	102.2	112.8	103.3	1,631	230	1,861	1,647	155	1,802
87	3,463	402	3,865	88.9	56.0	85.4	102.2	102.2	102.2	102.4	98.9	102.0	1,751	203	1,954	1,713	199	1,911
86	3,486	427	3,913	88.4	53.5	84.6	111.7	111.1	111.7	101.6	98.1	101.2	1,840	225	2,064	1,646	202	1,848
85	3,401	468	3,869	86.5	62.6	83.6	106.7	135.1	109.8	NA	NA	NA	1,756	269	2,025	1,645	199	1,844
90-94	14,925	995	15,919	99.7	97.8	99.6	104.1	131.9	105.6	NA	NA	NA	7,612	566	8,177	7,313	429	7,742
85-89	16,575	1,963	18,539	90.2	64.9	87.5	105.0	124.7	106.9	NA	NA	NA	8,490	1,090	9,580	8,085	874	8,959
80-84	17,293	2,251	19,544	84.2	53.2	80.6	111.4	124.8	112.8	NA	NA	NA	9,111	1,250	10,361	8,182	1,001	9,183
75-79	13,274	2,190	15,464	79.5	45.8	74.7	105.0	118.5	106.8	NA	NA	NA	6,799	1,188	7,987	6,475	1,002	7,477
< 75	13,387	3,069	16,456	69.6	39.0	63.9	104.2	114.4	106.0	NA	NA	NA	6,831	1,638	8,468	6,556	1,431	7,988
All	75,454	10,468	85,922	85.2	53.9	81.4	106.1	121.0	107.8	NA	NA	NA	38,842	5,731	44,573	36,611	4,737	41,349

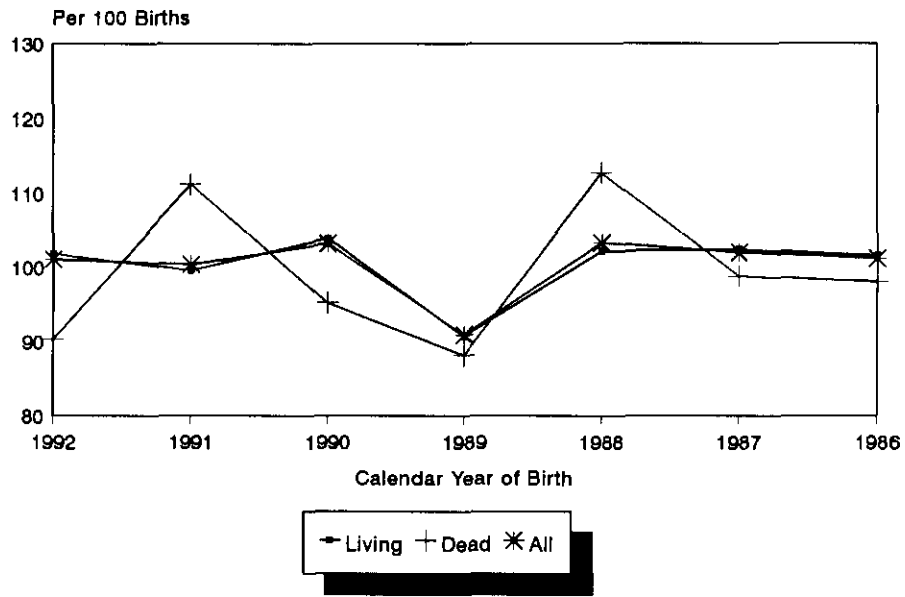
NA = Not applicable

¹Both year and month of birth given

² $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x/(B_{x-1}+B_{x+1})] \times 100$, where B_x is the number of births in calendar year x

Figure C.1
Calendar Birth Ratios for Living,
Dead, and All Children



1994 IDHS

Table C.5 shows that the proportion of early neonatal deaths among all neonatal deaths is consistent with declining infant mortality rates. The same conclusion can be drawn from higher proportions of neonatal deaths among all infant deaths (see Table C.6). Table C.6 shows heaping in age at death in multiples of six months.

Table C.5 Reporting of age at death in days					
Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods preceding the survey (weighted), Indonesia 1994					
Age at death (in days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	123	144	151	117	535
1	109	105	105	103	421
2	29	36	20	19	104
3	19	49	38	36	142
4	15	9	14	7	44
5	20	29	32	24	105
6	32	17	42	22	112
7	42	112	144	125	423
8	15	3	16	28	63
9	15	12	16	16	59
10	16	6	37	29	88
11	6	2	3	6	16
12	1	2	4	16	22
13	6	7	8	1	21
14	11	19	8	10	49
15	11	18	16	7	52
16	4	6	1	1	12
17	0	5	12	7	23
18	6	11	1	8	26
19	2	9	4	0	15
20	7	14	6	22	49
21	7	1	5	8	20
22	2	0	3	0	5
23	3	0	1	0	4
24	1	0	4	0	5
25	3	3	7	9	22
26	0	1	0	0	1
27	1	6	8	4	19
28	5	2	2	6	14
29	0	0	2	1	2
30	2	2	2	0	7
31+	0	1	2	2	5
Total 0-30	510	630	711	631	2,481
Percent early neonatal ¹	67.9	61.7	56.6	51.9	59.0

¹(0-6 days/0-30 days) × 100

Table C.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods preceding the survey (weighted), Indonesia 1994

Age at death (in months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	510	631	713	633	2,486
1	83	122	141	113	459
2	69	117	111	99	395
3	49	101	83	110	344
4	31	79	70	52	233
5	22	50	57	37	165
6	45	71	37	62	215
7	43	66	73	61	243
8	21	53	49	46	169
9	14	53	42	47	156
10	11	24	18	33	86
11	8	17	25	22	72
12	40	124	145	139	449
13	6	9	19	24	57
14	18	10	3	13	44
15	2	9	12	9	31
16	7	9	7	4	28
17	1	5	3	2	11
18	31	19	62	25	137
19	5	7	1	4	16
20	2	8	2	5	16
21	0	0	1	1	2
22	3	1	3	4	12
23	0	4	0	1	5
Total 0-11	904	1,384	1,419	1,315	5,021
Percent neonatal ^b	56.4	45.6	50.2	48.1	49.5

^aIncludes deaths under 1 month reported in days

^b(Under 1 month/under 1 year) × 100

APPENDIX D

PERSONS INVOLVED IN THE 1994 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY

APPENDIX D

PERSONS INVOLVED IN THE 1994 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY

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Prof. Dr. Sujudi, Minister of Health (MOH)
Drs. Azwar Rasjid, Director General, Central Bureau
of Statistics (CBS)
dr. P. P. Sumbung, MPH NFPCB
Sugito, MA CBS
Drs. M. Soedarmadi NFPCB
Dr. Soemarmo Poorwo Soedarmo MOH
Soekayat Darmosuwito, MA CBS
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dr. S. Leimena, MPH MOH
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Soemarsono, SKM NFPCB
dr. Ratna Tjaja, SKM NFPCB
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Dr. Aris Ananta DI-UI
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Sri Budianti, MS CBS
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dr. Nyoman Kumara Rai, MPH, DTPH MOH
Abdul Muhid Meliala, SKM MOH
dr. L. Ratna Budiarmo, MSc PH MOH
Soeharsono Soemantri, Ph.D MOH
Drs. Soegeng Waloeyo, MPH NFPCB

TECHNICAL TEAM

Soekayat Darmosuwito, MA CBS
Drs. M. Soedarmadi NFPCB
Dr. Soemarmo Poorwo Soedarmo MOH
Toto E. Sastrasuanda, MS CBS
Sri Budianti, MS CBS
Drg. Kusnadi Satjawinata, SKM NFPCB
Dr. Rohadi Haryanto, MSc NFPCB
M. Abdulmadjid CBS
Dr. Si Gde Made Mamas CBS
Drs. Soegeng Waloeyo, MPH NFPCB
Ir. Sri Soewasti Soesanto, MPH MOH
dr. L. Ratna Budiarmo, MSc PH MOH
Soeharsono Soemantri, Ph.D MOH
Dr. Sudarti Surbakti CBS
Dr. Pudjo Rahardjo NFPCB
Drs. A. Muchyi NFPCB
Dr. H. Hasan M. Husni, MPH NFPCB
Drs. Tohir Diman, MA NFPCB
Ir. Maesuroh, MS CBS
Happy Hardjo, SE, MSc CBS
Pudji Hastutiningsih, MSc CBS
Drs. Suharno, MSc CBS
Karsidik, BSt CBS
Djamal, MSc CBS
Drs. Eri Hastoto CBS
Dra. Kasmiyati, MSc NFPCB
Drs. Asaad Malik NFPCB
Drs. Razali Ritonga, MA CBS
Ir. Wien Kusdiatmono CBS
Togi Siahaan, DP.Sc CBS
Dra. Suwartiningsih NFPCB
Ir. Siti Fatonah, MPH NFPCB
Yohandarwati, MA NDPB
Ir. Laely Sugiono CBS
Suryanto, BSc CBS
Nurringsih CBS
Herwati Suci W. CBS

DHS STAFF

Alfredo Aliaga
Elizabeth Britton
Trevor Croft
Anne Cross

Sri Poedjastoeti
Kia Reinis
Martin Wulfe

INSTRUCTORS

Ir. Maesuroh, MS	CBS	Ir. Djoko Yuwono	CBS
Drs. Suharno, MSc.	CBS	Ir. S Gultom	CBS
Karsidik, BSt.	CBS	Ir. Lies Rosdiyanti	CBS
Happy Hardjo, SE, MSc	CBS	Ir. Diah Utami	CBS
Pudji Hastutiningsih, MSc	CBS	Yusuf Muharram, MA	CBS
Ir. Wien Kusdiatmono	CBS	Tri Sudiati, MA	CBS
Drs. Razali Ritonga, MA	CBS	Martini, BA	CBS
Togi Siahaan, DPSc	CBS	Djusni Meirida	NFPCB
Ir. Laely Sugiono	CBS		

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Muhammad Taufiq	Theodora H. S.
Awaludin Apriyanto	Heru Birowo
Aan Sujannah	Tri Windiarto

SURVEY FIELD STAFF BY PROVINCE

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Supervisors	Munir Kastabuan Daud Muh. Saichudin
Field Editors	Aidawati Ummi Salamah Siti Rodiah
Interviewers	Rosni Cut Mahani Mimi Sumarni Ir. Farida Husna Yulita Israwati Zabniar Abdullah Malahayati Sudarni Sakdiah

North Sumatra

Chief, Statistics Office Field Coordinator	A. K. Hasibuan M. Nasir Syarbaini
Supervisors	Poltak Manurung M. Yahya Lubis Mangasal Sirait Rasyuddin Tanjung
Field Editors	Nurmauli L. Gaol Julia Daratea Zulaidar Lisnawati
Interviewers	Rosmeri Brahmana Ellen Tampubolon Deliana D. Bulele Nina Inda Masta Juwita Sugiarti Tuti Hidayati Enni Nuryani Rika Pentina Diana Aulia A. T. Meiza Inaya Sri Andriani

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Supervisors	Joni Suryadi Bakhtiar Aspul Marusin
Field editors	Lisayanti Devy Deswati Reniwati
Interviewers	Rahayu Erni Sulastri Afnita Roza Dani Ilhamiwitri Harlinda Yanti Yuslinar Indrawati Dewi Rahmawati Yuni Marlita Hellyan

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Interviewers	Emi Lestari Rahmawati Yuniar Nurnizawati Asnidar Iin Saniah Eloen Madjid Herlina Aisah

Riau

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Field editors	Dewi Kristiani Hartini Ida Rofina
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South Sumatra

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Hamdani Siswojo

Supervisors
Panca Nugraha
Yuliam Efendi
M. Zen

Field editors
Dewi Handayani
Eka Prihartini
Elfa Trimulyani

Interviewers
Yuni Marlina
Srining Karyani
Sukiswati
Chamsiah Hidayani
Erni Herawati
Amalela Netty
Nurlaisa
Elya Sumarni
Litra Debora

DKI Jakarta

Chief, Statistics office
Field coordinator
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Abdul Manaf

Supervisors
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Misbach
Subandi
Asril
Kuswoto
Yahya

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Sardjijem
Pudji P.
Prayekti
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Maryani
Yohmawati
Winda
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Zaitun Z.
Ratna Purba
Aulia Mufrida
Juariyah

Lampung

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Field coordinator
Slamet Mukeno
M. Haslani Haris

Supervisors
Paulus S.
Wildan M.
Saparudin

Field editors
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Taulina A.
Sri Wahyuni

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Hayati
Hasmayati
Mardianah
Siti Soiman
Sartini
Tri Evi Apriani
Farida Iryani
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West Java

Chief, Statistics Office
Field coordinator
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Lukman Ismail

Supervisors
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Sugiri Sutardi
Endang Syamsudin
Warso Suryana

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Bana Bodri
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Susanti
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Sinta

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Field editors	Sri Kadarwati Kuswahyuniati Peni Candraningtias Maria Eny M.
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Bali

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Supervisors	I Wayan Panta A Ngurah Wijaya Ketut Gama
Field editors	Nugrahini Widyawati Ida Ayu Komang W.
Interviewers	A Raka Suryaningsih Ni G. A. Ngh. Suryati Ni Nyoman Rusni Ni Nyoman Surati Ni Made Ratmini Ni Made Wartini Luh Putu Srinadi A Sagung Mas Rani Ni Putu Minarni Komang Yuniarti Ni Ketut Mudawati

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Field coordinator

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Syamsuddin
Jayeng Wahyu Kuncoro

Field editors

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B. Enny Sukriani
Wahyudiarti

Interviewers

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Nur Widyawati
Ida Ayu Nyoman WI
Hurun Ratnawati
Umilailah
Ni Luh A. Utariyani
Etty Mulyati
Zaini Afein
Mardiana
Ni Nengah Ayu H.
Ni Made Tirtha
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Field coordinator

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Y. Ganggar
Johanes Bauk
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Field editors

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Mariana S. Parera
M. Immaculata S.

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Feliksia P. K. S.
Yuliana Esther
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Dorce Welmau
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Y. Teorilde Toa
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Gusmiati
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Suratini
Agustinah
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Ida Royani

Central Kalimantan

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Djarih Soelaiman

Supervisors

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Agus Berlin N.
Isbandi Yatim

Field editors

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Yohana

Interviewers

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Sri Waryani
Yuliati
Sitti Aisyah
Iswahyuni
Anisah
Raihana
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Siti Fariansyah Yana

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Yuyun Jurniah
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Chief, Statistics office
Field coordinator

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Loekito Praptoprijoko

Supervisors

Abdul Sani
Hariyadi

Field editors

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Siti Mulia E.
Renida Rismadewi

Interviewers

Sukasih
Kartini
Noor Kaila
Norjanah
Elly Mariana K.
Muhdiati
Lilik Astiari
Zainatul Saniah
Rusmiati
Sri Harmini
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North Sulawesi

Chief, Statistics office
Field coordinator

Thaib M. Datau
Djumed Cholid

Supervisors

Lempo Tambeo
M. Tenggehi

Field editors

B. Igir
Ruida Liputo
A. Katuuk

Interviewers

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Sylvana Datau
Beby Usman
Aisah Datau
Ningsih P. Ismail
F. Tampemawa
Agustin Pusung
Sylfia Pelealu
Fitri Buhang
Sevelin Paseki
Santje Prang
Meiske Rumawir

Central Sulawesi

Chief, Statistics office
Field coordinator
Kaharso
Kamdin Kiamas

Supervisors
Oce Djanggola
Dede Trinovie Rawung
Alimun P. Lataasad

Field editors
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Yasli H. Tansala
Rahmi Gayanda

Interviewers
Sri Irianai H.
Yohana Ambatoding
Yuniar Tololo
Waode Maliani
Marni Samudin
Ramlah Tangahu
Yeni Datau
Magna Sidiki
Gamar Butudoka

Southeast Sulawesi

Chief, Statistics office
Field coordinator
Soehandono
Saleh

Supervisors
Sunadi
Laode Muh Mufti
Abd.Rahman M.

Field editors
Siti Marwiyah
Sumarni
Saadah

Interviewers
Budianti Kadida
Surianti Taor
Wd. Sirimarjanawati
Titik Nurbaity
Siti Maswiyah
Nuralisa
Saribulan
Nuriaty

South Sulawesi

Chief, Statistics office
Field coordinator
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Gunadi Supena

Supervisors
Ilham
Hasanuddin
Agip Djunaidi
Mansyur M.

Field editors
Henny T.
Hasimi
Murniati A.
Insana
Rosiana
Rosmiati
Sahari B.
Ari Prihandini
Hermin M.
Asma
Asnidar
Nani Ishak
Andi Asmarani
Pasainu
Nuraisah
A. Hermin
Halijah
Astiah

Maluku

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Field coordinator
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Stevanus Nanlohy

Supervisors
M. Sapakoly
Djohar Layn
R. Lopulalan

Field editors
A. Sahetapy
S. de Lima
N. Togubu

Interviewers
H. Holle
R. Salawane
J. Oppier
J. Pupela
A. Riuwpassa
J. Marlissa
Mardiana Mahmud
Maryam Salim
I. Pattipeilohay

Irian Jaya

Chief, Statistics office
Field coordinator

Mansyur Siradz
Soaloon Siahaan

Supervisors

Pudjiono
Arifuddin Syarkardi
Kahar Abd. Gani

Field editors

Beti Ayu Yuningsih
Sitti Rahmawati

Interviewers

Eko Mardiana
Adriana Carolina
Netty M. Siregar
Magdalena Matuan
Yuliana Sanaki
Nelly
Brendina Patongloan
Endang Budi Rahayu
Martina Pasang
Sisca Titaley

APPENDIX E
QUESTIONNAIRES



INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

HOUSEHOLD SCHEDULE

Confidential

IDENTIFICATION	CODE
1. PROVINCE
2. REGENCY/MUNICIPALITY *)
3. SUB-DISTRICT _____
4. VILLAGE _____
5. AREA.....URBAN - 1.....RURAL - 2 **)
6. LARGE CITY -1/SMALL CITY -2/TOWN -3/COUNTRYSIDE -4*)
7. ENUMERATION AREA NUMBER _____
8. SUSENAS 1994 SAMPLE CODE.....
9. IDHS 1994 SAMPLE CODE.....
10. HOUSEHOLD NUMBER.....
11. NAME OF HOUSEHOLD HEAD _____

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEW DATE.....				MONTH <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME....				YEAR <input type="text"/> <input type="text"/>
RESULT ***)				INTERVIEWER <input type="text"/> <input type="text"/>
NEXT VISIT: DATE				FINAL RESULT <input type="text"/> <input type="text"/>
TIME				TOTAL NUMBER OF VISITS <input type="text"/>
***) RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				NUMBER OF HOUSEHOLD MEMBERS <input type="text"/> <input type="text"/> TOTAL EVER-MARRIED WOMEN 15-49 <input type="text"/> <input type="text"/>

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	CODE	KEYED BY	CODE
NAME	_____	_____	_____	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>
DATE	_____	_____	_____	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>

*) Cross out category not used
 **) Circle selected category
 ***) Choose suitable result

HOUSEHOLD

Now I would like some information about

NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		AGE	EDUCATION				
			Is (NAME) male or female?	How old is (NAME)?		FOR ALL PERSONS AGED 5 OR OLDER				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? *				Has (NAME) ever been to school?	What is the highest level of school (NAME) attended?	What is the highest grade (NAME) completed at that level? **	IF AGE LESS THAN 25 YEARS	Is (NAME) still in school?
			M F	YEARS	YES NO	LEVEL GRADE	YES NO	YES NO		
01			1 2		1 2				1 2	
02			1 2		1 2				1 2	
03			1 2		1 2				1 2	
04			1 2		1 2				1 2	
05			1 2		1 2				1 2	
06			1 2		1 2				1 2	
07			1 2		1 2				1 2	
08			1 2		1 2				1 2	
09			1 2		1 2				1 2	
10			1 2		1 2				1 2	
11			1 2		1 2				1 2	
12			1 2		1 2				1 2	
13			1 2		1 2				1 2	
14			1 2		1 2				1 2	
15			1 2		1 2				1 2	

TICK HERE IF CONTINUATION SHEET USED

- Just to make sure that I have a complete listing:
- 1) Are there any other persons such as small children or infants that we have not listed?
 - 2) Are there any other people who may not be members of your family, like servants, friends, lodgers, but who usually live here?
 - 3) Are there any other guests or visitors who have been temporarily staying with you for the past 6 months or more?
 - 4) Are there any persons who usually live here who have been away for less than 6 months?
 - 5) Are there any persons we have listed who have been away for the past six months?

*) CODES FOR COLUMN (3)
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01= HEAD
 02= WIFE OR HUSBAND
 03= SON OR DAUGHTER
 04= SON OR DAUGHTER-IN-LAW
 05= GRANDCHILD
 06= PARENT
 07= PARENT-IN-LAW
 08= BROTHER OR SISTER

09= OTHER RELATIVE
 10= ADOPTED/FOSTER CHILD
 11= STEPCHILD
 12= NOT RELATED
 98= DON'T KNOW

SCHEDULE

the people who usually live in your household.

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				MARITAL STATUS	ELIGIBILITY
Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	FOR WOMEN AGE 10 YEARS AND ABOVE	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 FOR INDIVIDUAL INTERVIEW
	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (10)		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (12)	Has (NAME) ever been married?	
(9)		(11)		(13)	(14)
YES NO DK		YES NO DK		YES NO	
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	01
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	02
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	03
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	04
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	05
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	06
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	07
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	08
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	09
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	10
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	11
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	12
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	13
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	14
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2	15

TOTAL NUMBER OF ELIGIBLE WOMEN

YES <input type="checkbox"/>	→ ENTER EACH IN TABLE	NO <input type="checkbox"/>
YES <input type="checkbox"/>	→ ENTER EACH IN TABLE	NO <input type="checkbox"/>
YES <input type="checkbox"/>	→ ENTER EACH IN TABLE	NO <input type="checkbox"/>
YES <input type="checkbox"/>	→ ENTER EACH IN TABLE	NO <input type="checkbox"/>
YES <input type="checkbox"/>	→ DELETE NAMES FROM TABLE	NO <input type="checkbox"/>

** CODES FOR COLUMN (7)
LEVEL OF EDUCATION:
1= PRIMARY SCHOOL
2= JUNIOR HIGH SCHOOL
3= SENIOR HIGH SCHOOL
4= ACADEMY

5= UNIVERSITY
8= DON'T KNOW
GRADE:
7=COMPLETED
8=DON'T KNOW

NO.	PERTANYAAN DAN SARINGAN	KODE	TERUS KE																								
15	What is the main source of drinking water for members of your household?	PIPED INTO RESIDENCE.....11 PIPED INTO YARD OR PLOT.....12 PUBLIC TAP.....13 PUMP.....21 PROTECTED WELL.....22 UNPROTECTED WELL.....23 PROTECTED SPRING.....31 UNPROTECTED SPRING.....32 RIVER.....33 RAINWATER.....41 OTHER.....96 (SPECIFY)	→17																								
16	How long does it take to go there, get water and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																									
17	What kind of toilet facility does your household have?	PRIVATE WITH SEPTIC TANK.....11 PRIVATE WITH NO SEPTIC TANK.....12 SHARED/PUBLIC.....21 RIVER.....31 OTHER.....96 (SPECIFY)																									
18	CHECK 15 WELL (CODES 21,22,23) <input type="checkbox"/>	OTHER CODES <input type="checkbox"/>	→20																								
19	How far is the distance between the well and the nearest cesspool? (IN METER)	DISTANCE..... <input type="text"/> <input type="text"/> METERS DON'T KNOW.....98																									
20	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Electricity?</td> <td>ELECTRICITY.....1</td> <td>2</td> </tr> <tr> <td>A radio or tape recorder?</td> <td>RADIO OR TAPE RECORDER...1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>TELEVISION.....1</td> <td>2</td> </tr> <tr> <td>A gas stove?</td> <td>GAS STOVE.....1</td> <td>2</td> </tr> <tr> <td>A kerosene stove?</td> <td>KEROSENE STOVE.....1</td> <td>2</td> </tr> <tr> <td>An electric stove?</td> <td>ELECTRIC STOVE.....1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>REFRIGERATOR.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY.....1	2	A radio or tape recorder?	RADIO OR TAPE RECORDER...1	2	A television?	TELEVISION.....1	2	A gas stove?	GAS STOVE.....1	2	A kerosene stove?	KEROSENE STOVE.....1	2	An electric stove?	ELECTRIC STOVE.....1	2	A refrigerator?	REFRIGERATOR.....1	2	
	YES	NO																									
Electricity?	ELECTRICITY.....1	2																									
A radio or tape recorder?	RADIO OR TAPE RECORDER...1	2																									
A television?	TELEVISION.....1	2																									
A gas stove?	GAS STOVE.....1	2																									
A kerosene stove?	KEROSENE STOVE.....1	2																									
An electric stove?	ELECTRIC STOVE.....1	2																									
A refrigerator?	REFRIGERATOR.....1	2																									
21	Does any member of your household own:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A bicycle/rowboat?</td> <td>BICYCLE/ROWBOAT.....1</td> <td>2</td> </tr> <tr> <td>A motorcycle/motorboat?</td> <td>MOTORCYCLE/MOTORBOAT...1</td> <td>2</td> </tr> <tr> <td>A car?</td> <td>CAR.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A bicycle/rowboat?	BICYCLE/ROWBOAT.....1	2	A motorcycle/motorboat?	MOTORCYCLE/MOTORBOAT...1	2	A car?	CAR.....1	2													
	YES	NO																									
A bicycle/rowboat?	BICYCLE/ROWBOAT.....1	2																									
A motorcycle/motorboat?	MOTORCYCLE/MOTORBOAT...1	2																									
A car?	CAR.....1	2																									
22	MAIN MATERIAL OF THE FLOOR (RECORD OBSERVATION)	DIRT/EARTH.....11 BAMBOO.....21 WOOD.....22 CONCRETE/BRICK.....31 TILE.....32 CERAMIC/MARBLE/GRANITE.....33 OTHER.....96 (SPECIFY)																									
23	What is the floor area of your building? (IN SQUARE METERS)	AREA..... <input type="text"/> <input type="text"/> <input type="text"/> M2 DON'T KNOW.....998																									
24	What is the primary construction material of the outer wall?	BRICK.....1 WOOD.....2 BAMBOO.....3 OTHER.....6 (SPECIFY)																									
25	What is the primary construction material of the roof?	CONCRETE.....01 WOOD.....02 TILE.....03 ASBESTOS/ZINC.....04 LEAVES.....05 OTHER.....96 (SPECIFY)																									
26	What is the ownership status of your building?	OWN.....01 MORTGAGE.....02 CONTRACT.....03 RENT.....04 OFFICIAL.....05 OTHER.....96 (SPECIFY)																									



INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

INDIVIDUAL QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE
2. REGENCY/MUNICIPALITY *).....
3. SUB-DISTRICT _____
4. VILLAGE _____
5. AREA..... URBAN - 1..... RURAL - 2 **)
6. LARGE CITY -1/SMALL CITY -2/TOWN -3/COUNTRYSIDE -4*)
7. ENUMERATION AREA NUMBER _____
8. SUSENAS 1994 SAMPLE CODE.....
9. IDHS 1994 SAMPLE CODE.....
10. HOUSEHOLD NUMBER.....
11. NAME OF HOUSEHOLD HEAD _____
12. LINE NUMBER OF WOMAN FROM HOUSEHOLD SCHEDULE.....
13. NAME OF WOMAN _____

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEW DATE.....				MONTH
INTERVIEWER'S NAME....				YEAR
RESULT ***)				INTERVIEWER
NEXT VISIT: DATE				FINAL RESULT
TIME				TOTAL NUMBER OF VISITS

***) RESULT CODES:

1 COMPLETED	4 REFUSED	7 OTHER _____
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONED	6 INCAPACITATED	

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	CODE	KEYED BY	CODE
NAME	_____	_____	_____	____	_____	____
DATE	_____	_____	_____	____	_____	____

*) Cross out category not used
 **) Circle selected category
 ***) Choose suitable result

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="checkbox"/> <input type="checkbox"/>
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born? WRITE MONTH IF NOT IN WESTERN CALENDAR MONTH: _____	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	<input type="checkbox"/> <input type="checkbox"/>
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	<input type="checkbox"/>
106A	Are you now married, divorced or widowed?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3	
107	Have you ever attended school?	YES.....1 NO.....2	→114
108	What is the highest level of school you attended: primary, junior high, senior high, academy, or university?	PRIMARY.....1 JUNIOR HIGH SCHOOL.....2 SENIOR HIGH SCHOOL.....3 ACADEMY.....4 UNIVERSITY.....5	
109	What is the highest (GRADE, YEAR) you completed at that level? COMPLETED = 7	GRADE/YEAR.....	<input type="checkbox"/>
110	CHECK 106: AGE LESS THAN 25 <input type="checkbox"/> v AGE 25 OR ABOVE <input type="checkbox"/>		→113
111	Are you currently attending school?	YES.....1 NO.....2	→113
112	What was the main reason you stopped attending school? RECORD ALL MENTIONED	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR CHILDREN.....03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.....07 DID NOT PASS EXAMS.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR.....10 OTHER.....96 (SPECIFY) DK.....98	
113	CHECK 108: PRIMARY <input type="checkbox"/> v JUNIOR HIGH OR HIGHER <input type="checkbox"/>		→115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What religion are you?	MUSLIM.....1 PROTESTANT/CHRISTIAN.....2 CATHOLIC.....3 HINDU.....4 BUDDHIST.....5 OTHER.....6 (SPECIFY)	
119	What is the language used at home?	INDONESIAN.....01 JAVANESE.....02 SUNDANESE.....03 BATAK.....04 MINANG.....05 BUGINESE.....06 OTHER.....96 (SPECIFY)	→201
120	Can you speak Bahasa Indonesia? IF INTERVIEW IS IN BAHASA INDONESIA, DON'T ASK THIS QUESTION. CIRCLE CODE 1.	YES.....1 NO.....2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE, ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but survived only a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE, ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, ENTER '00'.	TOTAL.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY						
210	CHECK 208: ONE OR MORE LIVE BIRTH <input type="checkbox"/>	NO LIVE BIRTHS <input type="checkbox"/>	→223				

211 How I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES

212	213	214	215	216	217	218	219	220
What name was given to your (first, next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS, OR YEARS IF TWO YEARS OR ABOVE. IF LESS THAN ONE DAY, WRITE '00' IN DAYS BOX.	INTERVAL CHECK: CALCULATE THE DIFFERENCE BETWEEN THE YEAR OF BIRTH OF (NAME) AND THE YEAR OF THE PRECEDING BIRTH: IF 4 YEARS OR MORE, ASK: Were there any other live births between the birth of (NAME) and (NAME OF PRECEDING BIRTH)?
01 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
03 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
04 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
05 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
06 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←
07 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO....2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (TO 220) ←	DAYS....1 MONTHS...2 YEARS....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1 NO.....2 (GO TO NEXT BIRTH) ←

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF DEAD:	220 INTERVAL CHECK:
What name was given to your (first, next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS, OR YEARS IF TWO YEARS OR ABOVE. IF LESS THAN ONE DAY, WRITE '00' IN DAYS BOX.	CALCULATE THE DIFFERENCE BETWEEN THE YEAR OF BIRTH OF (NAME) AND THE YEAR OF THE PRECEDING BIRTH: IF 4 YEARS OR MORE, ASK: Were there any other live births between the birth of (NAME) AND (NAME OF PRECEDING BIRTH)?
08 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/>	YES....1 NO.....2 ↓ 219	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO < NEXT BIRTH)
09 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/>	YES....1 NO.....2 ↓ 219	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO < NEXT BIRTH)
10 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/>	YES....1 NO.....2 ↓ 219	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO < NEXT BIRTH)
11 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/>	YES....1 NO.....2 ↓ 219	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO < NEXT BIRTH)
12 _____ (NAME)	SINGLE...1 MULT....2	BOY...1 GIRL...2	MONTH... YEAR... <input type="checkbox"/> <input type="checkbox"/>	YES....1 NO.....2 ↓ 219	AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (TO 220) <	DAYS....1 MONTHS...2 YEARS...3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES.....1 NO.....2 (GO TO < NEXT BIRTH)
221	CALCULATE THE DIFFERENCE BETWEEN THE YEAR OF INTERVIEW AND THE YEAR OF THE LAST BIRTH. IF 4 YEARS OR MORE, ASK: Were there any other live births after (NAME OF LAST CHILD)?							YES.....1 NO.....2
222	COMPARE 208 WITH NUMBER OF BIRTHS ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ↓ CHECK: FOR EACH LIVE BIRTH (Q.215): YEAR OF BIRTH IS RECORDED FOR EACH LIVING BIRTH (Q.217): CURRENT AGE IS RECORDED FOR EACH DEAD BIRTH (Q.219): AGE AT DEATH IS RECORDED FOR AGE AT DEATH 12 MONTH OR ONE YEAR (Q.219): PROBE TO DETERMINE EXACT NUMBER OF MONTHS							
223	CHECK 215: RECORD NUMBER OF BIRTHS SINCE JANUARY 1989. IF NONE, RECORD "0".							<input type="checkbox"/>
224	FOR EACH BIRTH SINCE JANUARY 1989, ENTER "L" IN MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR, AND "H" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME IN FRONT OF THE "L" CODE.							
225	AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1989, IF APPLICABLE.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
226	Are you pregnant now? TAKE CARE WHEN ASKING THIS QUESTION TO DIVORCED OR WIDOWED WOMEN.	YES.....1 NO.....2 UNSURE.....8	→229
227	How many months pregnant are you?	MONTH..... <input type="text"/>	
227A ENTER "H" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT			
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	→235
230	When did the last such pregnancy end?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
231 CHECK 230: LAST PREGNANCY ENDED SINCE JANUARY 1989 <input type="text"/> LAST PREGNANCY ENDED BEFORE JANUARY 1989 <input type="text"/> →235			
232	How many months pregnant were you when that pregnancy ended?	MONTHS..... <input type="text"/>	
232A ENTER "K" IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND "H" FOR THE REMAINING NUMBER OF COMPLETED MONTHS.			
233	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	→235
234 ASK FOR DATE AND DURATION OF ALL PREGNANCIES THAT RESULTED IN MISCARRIAGE, WERE ABORTED OR ENDED IN A STILLBIRTH SINCE JANUARY 1989. ENTER "K" IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND "H" IN EACH PRECEDING MONTH PREGNANT.			
235	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST PREGNANCY.....995 NEVER MENSTRUATED.....996	

SECTION 3: KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

301 Now I would like to talk about family planning - the various ways or methods that a couple can use to delay, avoid or end a pregnancy or a birth. Which of these ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Where would you go if you wanted to use (METHOD)? (USE CODES BELOW)*
01 PILL "Women can take a pill every day".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
02 IUD "Women can have a loop or coil placed inside them by a doctor or a nurse".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
03 INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1, 2 or 3 months".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
04 INTRAVAG/DIAPHRAGM/JELLY/FOAM "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
05 CONDOM "Men can use a rubber sheath during sexual intercourse".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
06 NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
07 FEMALE STERILIZATION/TUBECTOMY "Women can have an operation to avoid having any more children".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
08 MALE STERILIZATION/VASECTOMY "Men can have an operation to avoid having any more children".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your husband had an operation to avoid having children? YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
09 PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____
10 WITHDRAWAL "Men can be careful and pull out before climax".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
11 ABORTION/MENSTRUAL REGULATION "Women can do something or have someone do something to end a pregnancy".	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
12 ANY OTHER METHODS? "Have you heard of any other ways or methods that women or men can use to avoid pregnancy?".	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	* CODES FOR 304 GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 FP FIELDWORKER.....13 FP MOBILE UNIT.....14 OTHER.....15 (SPECIFY) PRIVATE HOSPITAL.....21 FP CLINIC.....22 DOCTOR.....23 MIDWIFE.....24 PHARMACY/DRUGSTORE.....25 OTHER.....26 (SPECIFY) OTHER DELIVERY POST.....31 HEALTH POST.....32 FP POST.....33 TRADITIONAL HEALER.....34 FRIENDS/RELATIVES.....35 OTHER.....96 (SPECIFY) DON'T KNOW.....98
1 _____ (SPECIFY)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>CHECK 302: IS THERE CODE 1 OR 2</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>GO TO 303</p> </div>		
2 _____ (SPECIFY)			
3 _____ (SPECIFY)			

305 | CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	>307
306A ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH ----->308			
307	What have you used or done? (SPECIFY) CORRECT 303-305 (AND ASK 302 IF NECESSARY)	(SPECIFY)	
308	Now I would like to ask you about the first time that you did something or used a method to delay a pregnancy or avoid getting pregnant? What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS/NORPLANT.....04 INTRAVAG/DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	>308B
308A	Where did you go to get this method the first time?	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 FP FIELDWORKER.....13 FP MOBILE UNIT.....14 OTHER.....15 (SPECIFY) PRIVATE HOSPITAL.....21 FP CLINIC.....22 DOCTOR.....23 MIDWIFE.....24 PHARMACY/DRUGSTORE.....25 OTHER.....26 (SPECIFY) OTHER VILLAGE DELIVERY POST.....31 INTEGRATED HEALTH POST.....32 FP POST.....33 TRADITIONAL HEALER.....34 FRIENDS/RELATIVES.....35 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
308B	How many living children did you have at that time, if any? IF NONE, ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
309	CHECK 303 ITEM 07 WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		>312A
310	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		>328
310A	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		>330B
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	>330B
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANT/NORPLANT.....04 INTRAVAG/DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	>317 >316H >317 >317 >316K >317 >328
312A	CIRCLE '07' FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315A	At the time you first started using the pill, did you consult a doctor or a midwife?	YES.....1 NO.....2 DK.....8	
315B	Do you have a package of pills in the house?	YES.....1 NO.....2	->316
315C	Please show me the package of pills you are now using. (RECORD NAME OF BRAND)	PACKAGE SEEN.....1 BRAND NAME: <input type="checkbox"/> <input type="checkbox"/> PACKAGE NOT SEEN.....2	->316A
316	Why don't you have a package of pills in the house?	RAN OUT.....1 COST TOO MUCH.....2 HUSBAND AWAY.....3 HAS PERIOD.....4 OTHER.....6 (SPECIFY)	->316D
316A	CHECK PACKET FOR PILL USE AND MARK A CORRECT CODE.	PILLS MISSING IN ORDER.....1 PILLS MISSING OUT OF ORDER.....2 NO PILLS MISSING.....3	->316E
316B	Why is it that you have not taken the pills (in order)?	DOESN'T KNOW WHAT TO DO.....1 HEALTH REASONS.....2 FOLLOWING FP FIELDWORKER'S INSTRUCTION.....3 NEW PACKET.....4 MENSTRUATING.....5 OTHER.....6 (SPECIFY)	->316E
316D	SHOW BRAND CHART FOR PILLS: Please tell me which of these is the brand of pills that you are using. (RECORD NAME OF BRAND)	BRAND NAME: <input type="checkbox"/> <input type="checkbox"/> DOESN'T KNOW.....98	
316E	When was the last time you took a pill?	DAYS AGO: <input type="checkbox"/> <input type="checkbox"/> MORE THAN ONE MONTH AGO.....97	
316F	CHECK 316E: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		->317
316G	Why aren't you taking the pill these days?	HUSBAND AWAY.....01 FORGOT.....02 HEALTH REASONS.....03 COST TOO MUCH.....04 NO NEED TO TAKE DAILY.....05 RAN OUT.....06 HAS PERIOD.....07 OTHER.....96 (SPECIFY)	->317
316H	When did you last have an injection?	MONTHS AGO..... <input type="checkbox"/> <input type="checkbox"/>	
316I	CHECK 316H: MORE THAN THREE MONTHS AGO <input type="checkbox"/> THREE MONTHS AGO OR LESS <input type="checkbox"/>		->317
316J	Why haven't you had an injection recently?	HUSBAND AWAY.....1 FORGOT.....2 HEALTH REASONS.....3 COST TOO MUCH.....4 OTHER.....6 (SPECIFY)	->317

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316K	Please show me the package of condoms that your husband is using. (RECORD NAME OF BRAND)	BRAND NAME: <input type="text"/> NOT ABLE TO SHOW.....98	<input type="text"/> →317
316L	Why can't you show me the package of condoms that your husband is using?	HUSBAND KEEPS.....1 RAN OUT.....2 OTHER.....6 (SPECIFY)	
316M	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that your husband is using.	BRAND NAME: <input type="text"/> DOESN'T KNOW.....98	
317	How much does (did) it cost you for: <input type="checkbox"/> 1 cycle (packet) of pills <input type="checkbox"/> the IUD <input type="checkbox"/> an injection <input type="checkbox"/> the implant/Norplant <input type="checkbox"/> intravag/diaphragm/foam/jelly <input type="checkbox"/> a package of condoms (contains 3 pieces) <input type="checkbox"/> the sterilization operation How much was the service and registration fee, if any?	METHOD COST (Rp): <input type="text"/> FREE METHOD.....9999995 PACKAGE.....9999994 SERVICE COST (Rp): <input type="text"/> FREE SERVICE.....9999996 FREE METHOD AND SERVICE..9999997 DON'T KNOW.....9999998	→317B
317A1	In obtaining (METHOD) did you pay all, part, or nothing?	YES, ALL.....1 YES, PART.....2 NOTHING.....3 DON'T KNOW.....8	→317B →317B
317A2	Who paid for the family planning method you are using?	COMPANY/INSURANCE.....1 OFFICE.....2 FAMILY.....3 OTHER.....6 (SPECIFY) DON'T KNOW.....8	
317B	CHECK 312: CIRCLE FOR METHOD:	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANT/NORPLANT.....04 INTRAVAG/DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08	→317E
317C	In what month and year did you obtain (METHOD) the last time?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
317C1	CHECK 312: IMPLANT/NORPLANT <input type="checkbox"/> ↓ OTHER METHODS <input type="checkbox"/>		→317D
317C2	CHECK 317C: BEFORE JANUARY 1989 <input type="checkbox"/> ↓ SINCE JANUARY 1989 <input type="checkbox"/>		→317D

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																												
318	Where did the sterilization take place? WRITE THE NAME OF PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 OTHER.....96 (SPECIFY) DON'T KNOW.....98																																																													
319	Do you regret that (YOU/YOUR HUSBAND) had the operation not to have any (more) children?	YES.....1 NO.....2 → 321																																																													
320	Why do (YOU/YOUR HUSBAND) regret the operation?	RESPONDENT WANTS ANOTHER CHILD....1 HUSBAND WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 CHILD DIED.....4 OTHER.....6 (SPECIFY)																																																													
321	In what month and year was the sterilization performed?	MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR.....																																																													
322	CHECK: 321 STERILIZED BEFORE JANUARY 1989 <input type="checkbox"/> STERILIZED SINCE JANUARY 1989 <input type="checkbox"/> ENTER CODE FOR STERILIZATION (CODE 7 OR 8) IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1989 ENTER CODE FOR STERILIZATION (CODE 7 OR 8) IN MONTH OF INTERVIEW OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. GO TO 330B.																																																														
323	People select the place where they get family planning services for various reasons. The place is selected may be more convenient or give better services or is cheaper. In your case, what was the main reason you went to the place you did rather than to some other places? RECORD RESPONSE AND CIRCLE CODE. _____ Any other reasons? RECORD RESPONSE AND CIRCLE CODE. _____	<table border="0"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr> <td colspan="3">ACCESS-RELATED REASONS</td> </tr> <tr> <td>CLOSER TO HOME.....</td> <td>.01</td> <td>01</td> </tr> <tr> <td>CLOSER TO WORK.....</td> <td>.02</td> <td>02</td> </tr> <tr> <td>AVAILABILITY OF TRANSPORT.....</td> <td>.03</td> <td>03</td> </tr> <tr> <td>LONGER HOURS OF OPERATION.....</td> <td>.04</td> <td>04</td> </tr> <tr> <td>USE OTHER SERVICES AT THE FACILITY.....</td> <td>.05</td> <td>05</td> </tr> <tr> <td colspan="3">SERVICE-RELATED REASONS</td> </tr> <tr> <td>STAFF MORE COMPETENT/FRIENDLY.....</td> <td>.06</td> <td>06</td> </tr> <tr> <td>CLEANER.....</td> <td>.07</td> <td>07</td> </tr> <tr> <td>OFFERS MORE PRIVACY.....</td> <td>.08</td> <td>08</td> </tr> <tr> <td>SHORTER WAITING TIME.....</td> <td>.09</td> <td>09</td> </tr> <tr> <td>LOWER COST.....</td> <td>.10</td> <td>10</td> </tr> <tr> <td>WANTED ANONYMITY.....</td> <td>.11</td> <td>11</td> </tr> <tr> <td>OTHER.....</td> <td>96</td> <td></td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>NO OTHER REASON.....</td> <td>12</td> <td></td> </tr> <tr> <td>OTHER.....</td> <td>96</td> <td></td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td>98</td> <td></td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	ACCESS-RELATED REASONS			CLOSER TO HOME.....	.01	01	CLOSER TO WORK.....	.02	02	AVAILABILITY OF TRANSPORT.....	.03	03	LONGER HOURS OF OPERATION.....	.04	04	USE OTHER SERVICES AT THE FACILITY.....	.05	05	SERVICE-RELATED REASONS			STAFF MORE COMPETENT/FRIENDLY.....	.06	06	CLEANER.....	.07	07	OFFERS MORE PRIVACY.....	.08	08	SHORTER WAITING TIME.....	.09	09	LOWER COST.....	.10	10	WANTED ANONYMITY.....	.11	11	OTHER.....	96			(SPECIFY)		NO OTHER REASON.....	12		OTHER.....	96			(SPECIFY)		DON'T KNOW.....	98		
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328	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....3 → 330A																																																													
328A	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8																																																													
328A1	CHECK 312: PERIODIC ABSTINENCE OR WITHDRAWAL <input type="checkbox"/> OTHER METHODS <input type="checkbox"/> → 330A																																																														
328B	Do you abstain from sex on days when you are certain that you have a greater chance of becoming pregnant?	YES.....1 NO.....2 → 330A																																																													
328C	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 OTHER.....96 (SPECIFY) NO SPECIFIC SYSTEM.....05																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
330A	ENTER METHOD CODE FROM 312 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?										
330B	I would like to ask some questions about all of the methods you used to avoid getting pregnant in the last five years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1989. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then? COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "How many months did it take you to get pregnant after you stopped using (METHOD)? ENTER "0" IN EACH SUCH MONTH IN COLUMN 1.										
330C	Did you belong to a group which is related to family planning?	YES.....1 NO.....2 → 330D									
330C1	What is the name of group which you attend the last time?	NAME _____ (SPECIFY)									
330C2	When did the last time you attend that group's meeting?	MONTH..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
330C3	Does the group collect money for use in the family planning activities?	YES.....1 NO.....2									
330D	Have you ever seen a sign or heard about Blue Circle?	YES.....1 NO.....2 DON'T KNOW.....8 → 330E									
330D1	Can you tell me what it is?	PRIVATE FAMILY PLANNING SERVICE...1 OTHER _____ 2 (SPECIFY) DON'T KNOW.....8									
330E	Have you ever seen a sign or heard about Golden Circle?	YES.....1 NO.....2 DON'T KNOW.....8 → 331									
330E1	Can you tell me what it is?	PRIVATE FAMILY PLANNING SERVICE...1 OTHER _____ 2 (SPECIFY) DON'T KNOW.....8									
331	CHECK 226: NOT PREGNANT OR PREGNANT UNSURE Have you contacted/ever been contacted by a family planning worker during the six months before you became pregnant? Have you contacted/ever been contacted by a family planning worker during the past six months?	YES.....1 NO.....2									
331A	CHECK 226: NOT PREGNANT OR PREGNANT UNSURE Have you ever visited a health facility during the six months before you became pregnant? Have you ever visited a health facility during the past six months?	YES.....1 NO.....2 → 332									
331B	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2									
332	Some women think that breastfeeding can affect their chance of becoming pregnant. Do you think a woman's chance of becoming pregnant is <u>increased</u> , <u>decreased</u> , or <u>not affected</u> ?	INCREASED.....1 DECREASED.....2 NOT AFFECTED.....3 DEPENDS.....4 DON'T KNOW.....8 → 335									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																																																							
333	CHECK 20B: ONE OR MORE BIRTHS <input type="checkbox"/>	NO BIRTHS <input type="checkbox"/>	→335																																																																																							
334	Do you know that breastfeeding can be used as a method for delaying or avoiding pregnancy?	YES.....1 NO.....2	→335																																																																																							
334A	Do you believe that breastfeeding can be used to delay or avoid pregnancy?	YES.....1 NO.....2																																																																																								
335	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/>	DIVORCED/ WIDOWED <input type="checkbox"/>	→337																																																																																							
335A	CHECK 312: NOT ASKED/NOT USING A MODERN METHOD <input type="checkbox"/>	CURRENTLY USING A METHOD <input type="checkbox"/>	→337																																																																																							
335B	What is the main reason you are not using a contraceptive method to avoid pregnancy? Any other reasons? RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.	<table border="1"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr><td colspan="3">LACK OF KNOWLEDGE</td></tr> <tr><td>DON'T KNOW METHOD.....</td><td>01</td><td>01</td></tr> <tr><td>DON'T KNOW SOURCE.....</td><td>02</td><td>02</td></tr> <tr><td colspan="3">OPPOSITION TO USE</td></tr> <tr><td>RESPONDENT OPPOSED.....</td><td>03</td><td>03</td></tr> <tr><td>HUSBAND OPPOSED.....</td><td>04</td><td>04</td></tr> <tr><td>OTHERS OPPOSED.....</td><td>05</td><td>05</td></tr> <tr><td>RELIGIOUS PROHIBITION.....</td><td>06</td><td>06</td></tr> <tr><td colspan="3">FERTILITY-RELATED REASONS</td></tr> <tr><td>MENOPAUSAL/HYSTERECTOMY.....</td><td>07</td><td>07</td></tr> <tr><td>SUBFECUND/INFECUND.....</td><td>08</td><td>08</td></tr> <tr><td>POSTPARTUM/BREASTFEEDING.....</td><td>09</td><td>09</td></tr> <tr><td>INFREQUENT SEX.....</td><td>10</td><td>10</td></tr> <tr><td>WANT CHILDREN.....</td><td>11</td><td>11</td></tr> <tr><td colspan="3">METHOD-RELATED REASONS</td></tr> <tr><td>HEALTH CONCERNS.....</td><td>12</td><td>12</td></tr> <tr><td>FEAR OF SIDE EFFECTS.....</td><td>13</td><td>13</td></tr> <tr><td>LACK OF ACCESS/TOO FAR.....</td><td>14</td><td>14</td></tr> <tr><td>COST TOO MUCH.....</td><td>15</td><td>15</td></tr> <tr><td>INCONVENIENT TO USE.....</td><td>16</td><td>16</td></tr> <tr><td>GAIN/LOSE WEIGHT.....</td><td>17</td><td>17</td></tr> <tr><td>PREGNANT.....</td><td>18</td><td>18</td></tr> <tr><td>NO OTHER REASON.....</td><td>19</td><td>19</td></tr> <tr><td>OTHER.....</td><td>96</td><td>96</td></tr> <tr><td colspan="3">(SPECIFY)</td></tr> <tr><td>OTHER.....</td><td>96</td><td>96</td></tr> <tr><td colspan="3">(SPECIFY)</td></tr> <tr><td>DON'T KNOW.....</td><td>98</td><td>98</td></tr> </tbody> </table>		MAIN REASON	OTHER REASON	LACK OF KNOWLEDGE			DON'T KNOW METHOD.....	01	01	DON'T KNOW SOURCE.....	02	02	OPPOSITION TO USE			RESPONDENT OPPOSED.....	03	03	HUSBAND OPPOSED.....	04	04	OTHERS OPPOSED.....	05	05	RELIGIOUS PROHIBITION.....	06	06	FERTILITY-RELATED REASONS			MENOPAUSAL/HYSTERECTOMY.....	07	07	SUBFECUND/INFECUND.....	08	08	POSTPARTUM/BREASTFEEDING.....	09	09	INFREQUENT SEX.....	10	10	WANT CHILDREN.....	11	11	METHOD-RELATED REASONS			HEALTH CONCERNS.....	12	12	FEAR OF SIDE EFFECTS.....	13	13	LACK OF ACCESS/TOO FAR.....	14	14	COST TOO MUCH.....	15	15	INCONVENIENT TO USE.....	16	16	GAIN/LOSE WEIGHT.....	17	17	PREGNANT.....	18	18	NO OTHER REASON.....	19	19	OTHER.....	96	96	(SPECIFY)			OTHER.....	96	96	(SPECIFY)			DON'T KNOW.....	98	98	→337
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337A	<p>Of the sources I am going to mention, which do you think are an appropriate source for family planning information?</p> <p>READ RESPONSES.</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>POSTER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PAMPHLET.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FP OFFICER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TEACHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY LEADER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RELIGIOUS LEADER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DOCTOR.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MIDWIFE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>VILLAGE LEADER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>WOMEN GROUP.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PHARMACY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER/MAGAZINE.....	1	2	POSTER.....	1	2	PAMPHLET.....	1	2	FP OFFICER.....	1	2	TEACHER.....	1	2	COMMUNITY LEADER.....	1	2	RELIGIOUS LEADER.....	1	2	DOCTOR.....	1	2	MIDWIFE.....	1	2	VILLAGE LEADER.....	1	2	WOMEN GROUP.....	1	2	PHARMACY.....	1	2																																					
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337B	<p>During the last six months, have you ever talked about family planning practice with your friends or family?</p>	<p>YES.....1</p> <p>NO.....2 → 337D</p>																																																																																		
337C	<p>With whom?</p> <p>Anyone else?</p> <p>CIRCLE EACH MENTIONED.</p>	<table border="0"> <tbody> <tr> <td>HUSBAND.....</td> <td style="text-align: right;">.A</td> </tr> <tr> <td>MOTHER.....</td> <td style="text-align: right;">.B</td> </tr> <tr> <td>FATHER.....</td> <td style="text-align: right;">.C</td> </tr> <tr> <td>SISTER.....</td> <td style="text-align: right;">.D</td> </tr> <tr> <td>BROTHER.....</td> <td style="text-align: right;">.E</td> </tr> <tr> <td>DAUGHTER.....</td> <td style="text-align: right;">.F</td> </tr> <tr> <td>PARENT-IN-LAW.....</td> <td style="text-align: right;">.G</td> </tr> <tr> <td>FRIEND/NEIGHBOR.....</td> <td style="text-align: right;">.H</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">.X</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	HUSBAND.....	.A	MOTHER.....	.B	FATHER.....	.C	SISTER.....	.D	BROTHER.....	.E	DAUGHTER.....	.F	PARENT-IN-LAW.....	.G	FRIEND/NEIGHBOR.....	.H	OTHER.....	.X		(SPECIFY)																																																														
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337D	<p>In your opinion, among the ever-married women you know, are most of them, some of them, or none of them using a family planning method?</p>	<p>MOST.....1</p> <p>SOME.....2</p> <p>NONE.....3</p> <p>DON'T KNOW.....8</p>																																																																																		
337E	<p>Have you ever recommended family planning to your friends, family, or anyone?</p>	<p>YES.....1</p> <p>NO.....2</p>																																																																																		

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 215: ONE OR MORE LIVE BIRTHS SINCE JANUARY 1989 <input type="checkbox"/>	NO LIVE BIRTHS SINCE JANUARY 1989 <input type="checkbox"/> → (SKIP TO 481)		
402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1989 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some questions about the health of all your children born in the past five years. We will talk about one child at a time.				
402A	LINE NUMBER FROM Q. 212	LINE NUMBER..... <input type="text"/>	LINE NUMBER..... <input type="text"/>	LINE NUMBER..... <input type="text"/>
402B	FROM Q. 212	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST-BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST-BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
402C	FROM Q. 216	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did you want no more children at all?	THEN.....1 (SKIP TO 405)← LATER.....2 NO MORE.....3 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)← LATER.....2 NO MORE.....3 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)← LATER.....2 NO MORE.....3 (SKIP TO 405)←
404	How much longer would you like to have waited?	MONTH.....1 <input type="text"/> YEAR.....2 <input type="text"/> DON'T KNOW.....998	MONTH.....1 <input type="text"/> YEAR.....2 <input type="text"/> DON'T KNOW.....998	MONTH.....1 <input type="text"/> YEAR.....2 <input type="text"/> DON'T KNOW.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else?	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE/ MIDWIFE.....C OTHER PERSON TRADITIONAL HEALER.....D OTHER.....X (SPECIFY) NEVER.....Y (SKIP TO 409)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE/ MIDWIFE.....C OTHER PERSON TRADITIONAL HEALER.....D OTHER.....X (SPECIFY) NEVER.....Y (SKIP TO 409)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE/ MIDWIFE.....C OTHER PERSON TRADITIONAL HEALER.....D OTHER.....X (SPECIFY) NEVER.....Y (SKIP TO 409)←
405A	Where did you go for antenatal care for this pregnancy?	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST.....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 MIDWIFE/AUXILIARY MIDWIFE.....24 OTHER.....96 (SPECIFY)	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST.....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 MIDWIFE/AUXILIARY MIDWIFE.....24 OTHER.....96 (SPECIFY)	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 VILLAGE DELIVERY POST.....13 INTEG. HEALTH POST.....14 PRIVATE HOSPITAL.....21 PRIVATE CLINIC.....22 PRIVATE DOCTOR.....23 MIDWIFE/AUXILIARY MIDWIFE.....24 OTHER.....96 (SPECIFY)
406	Were you given an antenatal card (KMS) for pregnant mothers for this pregnancy?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
407	How many months pregnant were you when you first received antenatal care?	MONTH..... <input type="text"/> DON'T KNOW.....98	MONTH..... <input type="text"/> DON'T KNOW.....98	MONTH..... <input type="text"/> DON'T KNOW.....98
408	How many times did you receive antenatal care during this pregnancy?	TIMES..... <input type="text"/> DON'T KNOW.....98	TIMES..... <input type="text"/> DON'T KNOW.....98	TIMES..... <input type="text"/> DON'T KNOW.....98
409	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? (CHECK HEALTH CARD)	YES.....1 NO.....2 (SKIP TO 410A)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 410A)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 410A)← DON'T KNOW.....8

		LAST BIRTH	SECOND-FROM-LAST-BIRTH	NEXT-TO-LAST-BIRTH
		NAME _____	NAME _____	NAME _____
410	How many times did you get this injection? RECORD NUMBER OF INJECTION FROM HEALTH CARD, IF AVAILABLE	TIMES..... <input type="checkbox"/> DON'T KNOW.....8	TIMES..... <input type="checkbox"/> DON'T KNOW.....8	TIMES..... <input type="checkbox"/> DON'T KNOW.....8
410A	Have you ever received iron pills (increasing blood) when you were pregnant with (NAME)?	YES.....1 NO.....2 (SKIP TO 411)←		
410B	How many iron pills did you take during your pregnancy with (NAME)?	TOTAL..... <input type="text"/> DON'T KNOW.....998		
410C	How many days during the last month did you take the iron pills?	DAYS..... <input type="text"/> TIDAK TAHU.....98		
411	Where did you give birth to (NAME)?	<u>NONE</u> YOUR HOME.....11 OTHER HOME.....12 <u>GOVERNMENT</u> HOSPITAL.....21 HEALTH CENTER.....22 VILLAGE DELIVERY POST..23 OTHER.....24 (SPECIFY) <u>PRIVATE</u> HOSPITAL.....31 CLINIC.....32 OTHER.....33 (SPECIFY)	<u>NONE</u> YOUR HOME.....11 OTHER HOME.....12 <u>GOVERNMENT</u> HOSPITAL.....21 HEALTH CENTER.....22 VILLAGE DELIVERY POST..23 OTHER.....24 (SPECIFY) <u>PRIVATE</u> HOSPITAL.....31 CLINIC.....32 OTHER.....33 (SPECIFY)	<u>NONE</u> YOUR HOME.....11 OTHER HOME.....12 <u>GOVERNMENT</u> HOSPITAL.....21 HEALTH CENTER.....22 VILLAGE DELIVERY POST..23 OTHER.....24 (SPECIFY) <u>PRIVATE</u> HOSPITAL.....31 CLINIC.....32 OTHER.....33 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y	DOCTOR.....A MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....X (SPECIFY) NO ONE.....Y
412A	At the time of the birth of (NAME), did you have:	YES NO DON'T KNOW	YES NO DON'T KNOW	YES NO DON'T KNOW
	Labor, that is the strong and regular contractions lasting more than one day & one night?	1 2 8	1 2 8	1 2 8
	A lot more vaginal bleeding than normal following child-birth (more than 3 cloths)?	1 2 8	1 2 8	1 2 8
	A high fever and foul smelling vaginal discharge?	1 2 8	1 2 8	1 2 8
	Convulsions with loss of consciousness?	1 2 8	1 2 8	1 2 8
	Any other complications? IF YES, SPECIFY	1 2 8 (SPECIFY)	1 2 8 (SPECIFY)	1 2 8 (SPECIFY)
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8
414	Was (NAME) delivered by caesarean section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	When (NAME) was born, was he/she:	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)←	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 419)←

		LAST BIRTH	SECOND-FROM-LAST-BIRTH	NEXT-TO-LAST-BIRTH
		NAME _____	NAME _____	NAME _____
417	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE	GRAMS FROM CARD.....1 <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> DON'T KNOW.....999B	GRAMS FROM CARD.....1 <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> DON'T KNOW.....999B	GRAMS FROM CARD.....1 <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> DON'T KNOW.....999B
418	Did your period return since the birth of (NAME)?	YES1 (SKIP TO 420) <-----2 NO.....2 (SKIP TO 421) <-----		
419	Did your period return between the birth of (NAME) and the next pregnancy?		YES1 NO.....2 (SKIP TO 423) <-----	YES1 NO.....2 (SKIP TO 423) <-----
420	For how many months after the birth of (NAME) did you not have a period?	MONTH..... <input type="text"/> DON'T KNOW.....9B	MONTH..... <input type="text"/> DON'T KNOW.....9B	MONTH..... <input type="text"/> DON'T KNOW.....9B
421	CHECK 226: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 423)		
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 424) <-----		
423	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... <input type="text"/> DON'T KNOW.....9B	MONTHS..... <input type="text"/> DON'T KNOW.....9B	MONTHS..... <input type="text"/> DON'T KNOW.....9B
424	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 426) <-----2 NO.....2	YES.....1 (SKIP TO 426) <-----2 NO.....2	YES.....1 (SKIP TO 426) <-----2 NO.....2
424A RECORD 'N' IN COLUMN 4 OF CALENDAR IN MONTH AFTER (NAME) BIRTH				
425	Why did you not breastfeed (NAME)?	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM.....04 NO MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 KEEPING BREAST BEAUTIFUL.....08 OTHER.....96 (SPECIFY) (SKIP TO 428D) <-----	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM.....04 NO MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 KEEPING BREAST BEAUTIFUL.....08 OTHER.....96 (SPECIFY) (SKIP TO 428D) <-----	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM.....04 NO MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 KEEPING BREAST BEAUTIFUL.....08 OTHER.....96 (SPECIFY) (SKIP TO 428D) <-----
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE RECORD DAYS.	HOURS.....1 <input type="text"/> DAYS.....2 <input type="text"/>	HOURS.....1 <input type="text"/> DAYS.....2 <input type="text"/>	HOURS.....1 <input type="text"/> DAYS.....2 <input type="text"/>
427	CHECK 402C: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428B)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428B)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 428B)
428	Are you still breast- feeding (NAME)?	YES.....1 (SKIP TO 428B) <-----2 NO.....2	YES.....1 (SKIP TO 428B) <-----2 NO.....2	YES.....1 (SKIP TO 428B) <-----2 NO.....2
428A RECORD 'X' IN COLUMN 4 OF CALENDAR IN MONTH AFTER (NAME) BIRTH AND EVERY MONTH UNTIL MONTH OF INTERVIEW-->(SKIP TO 429)				
428B	How many months did you breast- feed (NAME)?	MONTHS..... <input type="text"/> DON'T KNOW.....9B	MONTHS..... <input type="text"/> DON'T KNOW.....9B	MONTHS..... <input type="text"/> DON'T KNOW.....9B

	LAST BIRTH	SECOND-FROM-LAST-BIRTH	NEXT-TO-LAST-BIRTH
	NAME _____	NAME _____	NAME _____
428B1	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH OF BREASTFEEDING		
428C	Why did you stop breastfeeding (NAME)? CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 CHILD REFUSED.....06 BECAME PREGNANT.....07 MOTHER WORKING.....08 WEANING AGE.....09 START USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 CHILD REFUSED.....06 BECAME PREGNANT.....07 MOTHER WORKING.....08 WEANING AGE.....09 START USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)	CHILD DIED.....01 CHILD ILL/WEAK.....02 MOTHER ILL/WEAK.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 CHILD REFUSED.....06 BECAME PREGNANT.....07 MOTHER WORKING.....08 WEANING AGE.....09 START USING CONTRACEPTION.....10 OTHER.....96 (SPECIFY)
428D	CHECK 402C: CHILD ALIVE? ALIVE <input type="checkbox"/> MENINGGAL <input type="checkbox"/> (SKIP TO 430A) (GO TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS GO TO FIRST COLUMN OF 441)	CHECK 402C: CHILD ALIVE? ALIVE <input type="checkbox"/> MENINGGAL <input type="checkbox"/> (SKIP TO 430A) (GO TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS GO TO FIRST COLUMN OF 441)	CHECK 402C: CHILD ALIVE? ALIVE <input type="checkbox"/> MENINGGAL <input type="checkbox"/> (SKIP TO 430A) (GO TO 403 FOR NEXT BIRTH, IF NO MORE BIRTHS GO TO FIRST COLUMN OF 441)
429	How many times did you breastfeed last night between sundown and sunup? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.) NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	How many times did you breastfeed last night between sundown and sunup? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.) NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	How many times did you breastfeed last night between sundown and sunup? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.) NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>
430	How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.) NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.) NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR AN APPROXIMATE NO.) NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>
430A	Was (NAME) given a pacifier yesterday or last night? YES.....1 NO.....2 DON'T KNOW.....8	Was (NAME) given a pacifier yesterday or last night? YES.....1 NO.....2 DON'T KNOW.....8	Was (NAME) given a pacifier yesterday or last night? YES.....1 NO.....2 DON'T KNOW.....8
430B	Did (NAME) drink anything from a nipple yesterday or last night? YES.....1 NO.....2 DON'T KNOW.....8	Did (NAME) drink anything from a nipple yesterday or last night? YES.....1 NO.....2 DON'T KNOW.....8	Did (NAME) drink anything from a nipple yesterday or last night? YES.....1 NO.....2 DON'T KNOW.....8
431	At any time yesterday or last night was (NAME) given any of the following: YES NO Plain water? 1 2 Sugar water? 1 2 Fruit juice (papaya/banana/orange/tomato)? 1 2 Honey/diluted honey? 1 2 Tea? 1 2 Fresh milk? 1 2 Sweetened condensed milk? 1 2 Powdered milk? 1 2 Rice water/other liquid? 1 2 Mushy/solid food/porridge? 1 2 Fish/egg/liver? 1 2 Meat? 1 2 Any other foods? 1 2	At any time yesterday or last night was (NAME) given any of the following: YES NO Plain water? 1 2 Sugar water? 1 2 Fruit juice (papaya/banana/orange/tomato)? 1 2 Honey/diluted honey? 1 2 Tea? 1 2 Fresh milk? 1 2 Sweetened condensed milk? 1 2 Powdered milk? 1 2 Rice water/other liquid? 1 2 Mushy/solid food/porridge? 1 2 Fish/egg/liver? 1 2 Meat? 1 2 Any other foods? 1 2	At any time yesterday or last night was (NAME) given any of the following: YES NO Plain water? 1 2 Sugar water? 1 2 Fruit juice (papaya/banana/orange/tomato)? 1 2 Honey/diluted honey? 1 2 Tea? 1 2 Fresh milk? 1 2 Sweetened condensed milk? 1 2 Powdered milk? 1 2 Rice water/other liquid? 1 2 Mushy/solid food/porridge? 1 2 Fish/egg/liver? 1 2 Meat? 1 2 Any other foods? 1 2

	LAST BIRTH	SECOND-FROM-LAST-BIRTH	NEXT-TO-LAST-BIRTH	
	NAME _____	NAME _____	NAME _____	
432	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY?	AT LEAST ONE "YES" <input type="checkbox"/> NONE <input type="checkbox"/> (SKIP TO 435)	AT LEAST ONE "YES" <input type="checkbox"/> NONE <input type="checkbox"/> (SKIP TO 435)	AT LEAST ONE "YES" <input type="checkbox"/> NONE <input type="checkbox"/> (SKIP TO 435)
433	CHECK 428: STILL BREASTFEEDING?	YES <input type="checkbox"/> NO OR NO PROBE <input type="checkbox"/> (SKIP TO 436)	YES <input type="checkbox"/> NO OR NO PROBE <input type="checkbox"/> (SKIP TO 436)	YES <input type="checkbox"/> NO OR NO PROBE <input type="checkbox"/> (SKIP TO 436)
434	Was (NAME) ever given any water, or something else to drink or eat (other than breast milk) yesterday or last night?	YES.....1 NO.....2 (SKIP TO 436)←	YES.....1 NO.....2 (SKIP TO 436)←	YES.....1 NO.....2 (SKIP TO 436)←
435	(Beside given breast milk), How many times was (NAME) given any food including any mushy/solid food yesterday?	TIMES..... <input type="checkbox"/> DON'T KNOW.....8	TIMES..... <input type="checkbox"/> DON'T KNOW.....8	TIMES..... <input type="checkbox"/> DON'T KNOW.....8
436	On how many days during the last week was (NAME) given any of the following:	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS	RECORD THE NUMBER OF DAYS
	Plain water?	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>	PLAIN WATER <input type="checkbox"/>
	Sugar water?	SUGAR WATER <input type="checkbox"/>	SUGAR WATER <input type="checkbox"/>	SUGAR WATER <input type="checkbox"/>
	Fruit juice?	FRUIT JUICE <input type="checkbox"/>	FRUIT JUICE <input type="checkbox"/>	FRUIT JUICE <input type="checkbox"/>
	Honey?	HONEY <input type="checkbox"/>	HONEY <input type="checkbox"/>	HONEY <input type="checkbox"/>
	Tea?	TEA <input type="checkbox"/>	TEA <input type="checkbox"/>	TEA <input type="checkbox"/>
	Fresh milk?	FRESH MILK <input type="checkbox"/>	FRESH MILK <input type="checkbox"/>	FRESH MILK <input type="checkbox"/>
	Sweetened condensed milk?	SWEETENED CONDENSED MILK <input type="checkbox"/>	SWEETENED CONDENSED MILK <input type="checkbox"/>	SWEETENED CONDENSED MILK <input type="checkbox"/>
	Powdered milk?	POWDERED MILK <input type="checkbox"/>	POWDERED MILK <input type="checkbox"/>	POWDERED MILK <input type="checkbox"/>
	Rice water or other liquid?	RICE WATER/OTHER LIQ. <input type="checkbox"/>	RICE WATER/OTHER LIQ. <input type="checkbox"/>	RICE WATER/OTHER LIQ. <input type="checkbox"/>
	Mashed/solid food/porridge?	MASHED/SOLID FOOD/ PORRIDGE <input type="checkbox"/>	MASHED/SOLID FOOD/ PORRIDGE <input type="checkbox"/>	MASHED/SOLID FOOD/ PORRIDGE <input type="checkbox"/>
	Fish/egg/liver?	FISH/EGG/LIVER <input type="checkbox"/>	FISH/EGG/LIVER <input type="checkbox"/>	FISH/EGG/LIVER <input type="checkbox"/>
	Meat?	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>	MEAT <input type="checkbox"/>
	Any other foods?	ANY OTHER FOODS <input type="checkbox"/>	ANY OTHER FOODS <input type="checkbox"/>	ANY OTHER FOODS <input type="checkbox"/>
	IF DON'T KNOW, RECORD '8'			
44D	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS GO TO COLUMN (1) OF 441			

		LAST BIRTH NAME _____	SECOND-FROM-LAST-BIRTH NAME _____	NEXT-TO-LAST-BIRTH NAME _____
460	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO 479 <	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO 479 <	YES.....1 NO.....2 DON'T KNOW.....8 SKIP TO 479 <
460A	How long did (NAME) have the diarrhea?	DAYS..... <input type="text"/> <input type="text"/> (IF LESS THAN ONE DAY WRITE "00")	DAYS..... <input type="text"/> <input type="text"/> (IF LESS THAN ONE DAY WRITE "00")	DAYS..... <input type="text"/> <input type="text"/> (IF LESS THAN ONE DAY WRITE "00")
464	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
464A	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> TOO MANY.....96 DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> TOO MANY.....96 DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> TOO MANY.....96 DON'T KNOW.....98
465	Did (NAME) have diarrhea in the last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
467	CHECK 428: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> V (SKIP TO 468)		
467A	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP KE 468) <		
467B	Did you reduce the number of feeds or increase them, or did you stop completely?	REDUCED.....1 INCREASED.....2 STOPPED COMPLETELY.....3		
468	(Aside from breast milk) Was he/she given less amount to drink than before the diarrhea, or same, or more?	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8
468A	Was he/she given LESS amount of food to eat than before the diarrhea, or same, or more?	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8	LESS.....1 SAME.....2 MORE.....3 DON'T KNOW.....8
468A1	Was (NAME) given a fluid made from a packet called ORALIT?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 469) <	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 469) <	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 469) <
468B	How many packages of ORALIT was (NAME) given during diarrhea?	PACKAGES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	PACKAGES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	PACKAGES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
469	Was any other fluid given for the diarrhea (other than ORALIT)?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
471	Did you seek advice or treatment for the diarrhea for (NAME)?	YES.....1 NO.....2 (SKIP TO 479) <	YES.....1 NO.....2 (SKIP TO 479) <	YES.....1 NO.....2 (SKIP TO 479) <
472	Where did you seek advice or treatment for (NAME)? Any other place? (CIRCLE EACH MENTIONED)	GOVERNMENT HOSPITAL.....A HEALTH CENTER.....B PRIVATE HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F OTHER PRIVATE SECTOR VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)	GOVERNMENT HOSPITAL.....A HEALTH CENTER.....B PRIVATE HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F OTHER PRIVATE SECTOR VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)	GOVERNMENT HOSPITAL.....A HEALTH CENTER.....B PRIVATE HOSPITAL.....C CLINIC.....D DOCTOR.....E NURSE/MIDWIFE.....F OTHER PRIVATE SECTOR VILLAGE DELIVERY POST...G INTEG. HEALTH POST.....H HEALTH CADRE.....I TRADITIONAL HEALER.....J PHARMACY/DRUGSTORE.....K SHOP.....L OTHER.....X (SPECIFY)
479	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 481			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
481	When a child has diarrhea, should he/she be given <u>less</u> to drink than usual, about the <u>same</u> amount, or <u>more</u> than usual?	LESS FLUIDS.....1 ABOUT THE SAME AMOUNT OF FLUIDS.2 MORE FLUIDS.....3 DON'T KNOW.....8	
482	When a child has diarrhea, should he/she be given <u>less</u> to eat than usual, about the <u>same</u> amount, or <u>more</u> than usual?	LESS FLUIDS.....1 ABOUT THE SAME AMOUNT OF FLUIDS.2 MORE FLUIDS.....3 DON'T KNOW.....8	
483	When a child is sick with <u>diarrhea</u> , what signs of illness would tell you that he/she should be taken to a health facility? RECORD ALL MENTIONED.	MANY WATERY STOOLS.....A REPEATED VOMITING.....B BLOOD IN STOOLS.....C FEVER.....D MARKED THIRST.....E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER.....X (SPECIFY) DON'T KNOW.....Z	
484	When a child is sick with <u>cough</u> , what signs of illness would tell you that he/she should be taken to a health facility? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER.....X (SPECIFY) DON'T KNOW.....Z	
485	CHECK 468A1: NO CHILD RECEIVED ORALIT OR 468A1 <input type="checkbox"/> NOT ASKED	ANY CHILD RECEIVED ORALIT IN 468A1 <input type="checkbox"/>	→485C
485A	Before this interview, have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES.....1 NO.....2	→485C
485B	Have you ever seen a packet like this before? (SHOW PACKAGE)	YES.....1 NO.....2	→501
485C	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? (SHOW PACKAGE)	YES.....1 NO.....2	→501
485D	Where did you get the water you used to prepare ORALIT?	PIPED INTO RESIDENCE.....11 PIPED INTO YARD OR PLOT.....12 PUBLIC TAP.....13 PUMP.....21 PROTECTED WELL.....22 UNPROTECTED WELL.....23 PROTECTED SPRING.....31 UNPROTECTED SPRING.....32 RIVER.....33 RAINWATER.....41 OTHER.....96 (SPECIFY)	
485E	Did you boil the water?	YES.....1 NO.....2 DON'T KNOW.....8	
485F	Where can you usually get the ORALIT packet?	GOVERNMENT HOSPITAL.....11 HEALTH CENTER.....12 PRIVATE HOSPITAL.....21 CLINIC.....22 DOCTOR.....23 NURSE/MIDWIFE.....24 OTHER PRIVATE SECTOR VILLAGE DELIVERY POST.....31 INTEGRATED HEALTH POST.....32 HEALTH CADRE.....33 TRADITIONAL HEALER.....34 PHARMACY/DRUGSTORE.....35 SHOP.....36 OTHER.....96 (SPECIFY)	
485G	Is it easy or difficult to get to (PLACE IN 485F)?	EASY.....1 DIFFICULT.....2 DON'T KNOW.....8	
485H	Is ORALIT <u>always</u> available, <u>sometimes</u> available, or <u>never</u> available in (PLACE IN 485F)?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3 DON'T KNOW.....8	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> V	DIVORCED/ WIDOWED <input type="checkbox"/>	->608
602	CHECK 312 AND 312A: HUSBAND OR RESPONDENT NOT STERILIZED <input type="checkbox"/> V	HUSBAND OR RESPONDENT STERILIZED <input type="checkbox"/>	->608
603	CHECK 226: NOT PREGNANT/ UNSURE <input type="checkbox"/> V Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	PREGNANT <input type="checkbox"/> V Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 ->607 SAYS SHE CAN'T GET PREGNANT.....3 ->608 UNDECIDED OR DON'T KNOW.....8
604	How many (more) sons and daughters do you want?	BOYS GIRLS TOTAL NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UP TO GOD.....999995 OTHER.....999996 (SPECIFY)	
605	What is the main reason you want (more) children?	NOT ENOUGH CHILDREN.....1 HAVE NO SON/DAUGHTER.....2 CUSTOM OR RELIGION.....3 HUSBAND RECOMMENDED.....4 HELP FAMILY ECONOMY.....5 OTHER.....6 (SPECIFY)	
606	CHECK 226: NOT PREGNANT/ UNSURE <input type="checkbox"/> V How long would you like to wait from now before the birth of (a/another) child?	PREGNANT <input type="checkbox"/> V How long would you like to wait after the birth of the child you are expecting before the birth of another child?	WAITING TIME MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> SOON/NOW.....993 ->608 CAN'T GET PREGNANT.....994 OTHER.....996 (SPECIFY) DON'T KNOW.....998
607	What is the main reason you don't want anymore child?	HAVE ENOUGH CHILDREN.....01 TOO OLD.....02 HEALTH.....03 UNABLE TO SUPPORT.....04 GOVERNMENT RECOMMENDED.....05 TOO BUSY.....06 OTHER.....96 (SPECIFY)	
608	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> V If you could go back to the time when you just married and have no children and could choose exactly the number of children to have in your whole life, how many would that be?	NO LIVING CHILDREN <input type="checkbox"/> V If you could choose exactly the number of children to have in your whole life, how many would that be?	TOTAL NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> UP TO GOD.....95 OTHER.....96 (SPECIFY)
	PROBE FOR A NUMERIC RESPONSE, THEN RECORD NUMERIC RESPONSE OR OTHER ANSWER		

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND		
702	Did your (last) husband ever attend school?	YES.....1 NO.....2	→705
703	What was the highest level of school he attended: elementary, junior, senior high school, academy or university?	ELEMENTARY SCHOOL.....1 JUNIOR HIGH SCHOOL.....2 SENIOR HIGH SCHOOL.....3 ACADEMY.....4 UNIVERSITY.....5 DON'T KNOW.....8	→705
704	What was the highest grade he completed at that level? COMPLETED = 7	GRADE..... <input type="checkbox"/> DON'T KNOW.....8	
705	(Does/did) your husband work?	YES.....1 NO.....2	→709
705A	(Does/did) your husband work in agriculture?	YES.....1 NO.....2	→705C
705B	(Does/did) your husband work mainly on his own land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3 OTHER.....6 (SPECIFY)	
705C	What kind of work does (did) your (last) husband mainly do? (DESCRIBE AS COMPLETE AS POSSIBLE, AND DO NOT CIRCLE) _____ _____ _____	PROFESSIONAL, TECHNICAL.....01 MANAGERS AND ADMINISTRATORS.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURAL WORKER.....06 INDUSTRIAL WORKER.....07 OTHER.....96 (SPECIFY) DON'T KNOW.....98	
705D	(Does/did) your (last) husband work as a laborer/staff, officer, or a member of the armed forces?	LABORER/STAFF.....1 OFFICER.....2 MEMBER OF ARMED FORCES.....3 OTHER.....6 (SPECIFY)	
709	As you know, many women work - I mean aside from doing their own housework. Some work in a shop, or in a business, or work for the government. Some women are paid in cash or in kind for their work; others are not paid. In the past 12 months have you done any of these things or any other work?	YES.....1 NO.....2	→717
710	Did/do you work in agriculture or not in agriculture?	AGRICULTURE.....1 NONAGRICULTURE.....2	→710B
710A	Did/do you work mainly on your own land, or on rented land, or on someone else's land?	OWN LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3 OTHER.....6 (SPECIFY)	
710B	What (is/was) your (most recent) occupation? That is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE, AND DO NOT CIRCLE CODE _____ _____	PROFESSIONAL, TECHNICAL.....01 MANAGERS AND ADMINISTRATORS.....02 CLERICAL.....03 SALES.....04 SERVICE.....05 AGRICULTURAL WORKER.....06 INDUSTRIAL WORKER.....07 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
710C	Did/do you work as a laborer/staff in a private company, as government employee, or a member of the armed forces?	LABORER/STAFF.....1 OFFICER.....2 MEMBER OF THE ARMED FORCES.....3 OTHER.....6 (SPECIFY)	
711	Did/do you work for a family member, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
712A	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	
712B	CHECK 106A: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides for the use of the money: you, your husband, you and your husband jointly, someone else, or you and someone else?</p> </div> <div style="text-align: center;"> <p>DIVORCED/ WIDOWED <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides for the use of the money you earn: you, someone else, or you and someone else jointly?</p> </div> </div>	RESPONDENT DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
713	Do you usually work at home or away from home?	AT HOME.....1 AWAY FROM HOME.....2	→801
714	How long do you leave home for working? RECORD TIME SINCE SHE LEAVES HOME UNTIL SHE ARRIVES AT HOME	LENGTH OF TIME... <input type="text"/> <input type="text"/> HOURS	
715	CHECK 217 AND 218: CHILD AGE LESS THAN 5 YEARS <input type="checkbox"/> ↓	NO CHILD <input type="checkbox"/>	→801
716	Who take care of (NAME OF LAST CHILD) when you working?	RESPONDENT.....01 HUSBAND.....02 OLDER SISTER.....03 OLDER BROTHER.....04 FAMILY.....05 NEIGHBOR.....06 FRIEND.....07 SERVANT.....08 AT SCHOOL.....09 PROFESSIONAL CHILD CARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER.....96 (SPECIFY)	→801
717	Do you participate in social activities?	YES.....1 NO.....2	

SECTION 8: KNOWLEDGE OF AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→901
802	From which sources of information have you learned about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TELEVISION.....B NEWSPAPER/MAGAZINE.....C PAMPHLET/poster.....D HEALTH WORKERS.....E MOSQUE/CHURCH.....F SCHOOL/TEACHER.....G COMMUNITY MEETING.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	→805
804	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....B USE CONDOMS DURING SEX.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K OTHER.....X (SPECIFY) OTHER.....W (SPECIFY) DON'T KNOW.....Y	
805	Can a person who has AIDS be cured?	YES.....1 NO.....2 DON'T KNOW.....8	
806	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 DON'T KNOW.....8	
807	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> ↓ DIVORCED/WIDOWED <input type="checkbox"/>		→901
808	Since you heard of AIDS, have you changed your sexual behavior to prevent getting AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	→901
809	What did you do? Anything else? RECORD ALL MENTIONED.	STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO SPOUSE.....D REDUCE SEX PARTNER.....E NO MORE HOMOSEXUAL CONTACT.....F OTHER.....X (SPECIFY)	

SECTION 9. MATERNAL MORTALITY

901 Now I would like to ask you some questions about your brothers and sisters, that is, all of the children who was born to your natural mother, including those who are living with you, those living elsewhere, and those who have died. How many children did your mother give birth to, including yourself?
 NUMBER OF BIRTH TO NATURAL MOTHER IF '01' OR ONLY CHILD → 915

902 How many of these births did your mother have before you were born?
 NUMBER OF PRECEDING BIRTHS.....

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
903 What was the name given to your oldest (next oldest) brother or sister?							
904 Is (NAME) male or female	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2
905 Is (NAME) still alive?	YES.....1 NO.....2 DK.....8 TO (2)<	YES.....1 NO.....2 DK.....8 TO (3)<	YES.....1 NO.....2 DK.....8 TO (4)<	YES.....1 NO.....2 DK.....8 TO (5)<	YES.....1 NO.....2 DK.....8 TO (6)<	YES.....1 NO.....2 DK.....8 TO (7)<	YES.....1 NO.....2 DK.....8 TO (8)<
906 How old is (NAME)?	<input type="text"/> <input type="text"/> <10 TO (2)	<input type="text"/> <input type="text"/> <10 TO (3)	<input type="text"/> <input type="text"/> <10 TO (4)	<input type="text"/> <input type="text"/> <10 TO (5)	<input type="text"/> <input type="text"/> <10 TO (6)	<input type="text"/> <input type="text"/> <10 TO (7)	<input type="text"/> <input type="text"/> <10 TO (8)
907 Has (NAME) ever been married?	YES.....1 NO.....2 TO (2)<	YES.....1 NO.....2 TO (3)<	YES.....1 NO.....2 TO (4)<	YES.....1 NO.....2 TO (5)<	YES.....1 NO.....2 TO (6)<	YES.....1 NO.....2 TO (7)<	YES.....1 NO.....2 TO (8)<
908 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
909 How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (8)
910 Has (NAME) ever been married?	YES.....1 NO.....2 TO (2)<	YES.....1 NO.....2 TO (3)<	YES.....1 NO.....2 TO (4)<	YES.....1 NO.....2 TO (5)<	YES.....1 NO.....2 TO (6)<	YES.....1 NO.....2 TO (7)<	YES.....1 NO.....2 TO (8)<
911 Was (NAME) pregnant when she died, or did she die during childbirth?	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2
912 Did (NAME) die within 42 days after the end of a pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die due to complications of pregnancy or delivery?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
914 How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
903 What was the name given to your oldest (next oldest) brother or sister?
904 Is (NAME) male or female	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2	MALE.....1 FEMALE...2
905 Is (NAME) still alive?	YES.....1 NO.....2 TO 908< DK.....8 TO (9)<	YES.....1 NO.....2 TO 908< DK.....8 TO (10)<	YES.....1 NO.....2 TO 908< DK.....8 TO (11)<	YES.....1 NO.....2 TO 908< DK.....8 TO (12)<	YES.....1 NO.....2 TO 908< DK.....8 TO (13)<	YES.....1 NO.....2 TO 908< DK.....8 TO (14)<	YES.....1 NO.....2 TO 908< DK.....8 TO (15)<
906 How old is (NAME)?	<input type="text"/> <input type="text"/> <10 TO (9)	<input type="text"/> <input type="text"/> <10 TO (10)	<input type="text"/> <input type="text"/> <10 TO (11)	<input type="text"/> <input type="text"/> <10 TO (12)	<input type="text"/> <input type="text"/> <10 TO (13)	<input type="text"/> <input type="text"/> <10 TO (14)	<input type="text"/> <input type="text"/> <10 TO (15)
907 Has (NAME) ever been married?	YES.....1 NO.....2 TO (9)<	YES.....1 NO.....2 TO (10)<	YES.....1 NO.....2 TO (11)<	YES.....1 NO.....2 TO (12)<	YES.....1 NO.....2 TO (13)<	YES.....1 NO.....2 TO (14)<	YES.....1 NO.....2 TO (15)<
908 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
909 How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (13)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (14)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (15)
910 Has (NAME) ever been married?	YES.....1 NO.....2 TO (9)<	YES.....1 NO.....2 TO (10)<	YES.....1 NO.....2 TO (11)<	YES.....1 NO.....2 TO (12)<	YES.....1 NO.....2 TO (13)<	YES.....1 NO.....2 TO (14)<	YES.....1 NO.....2 TO (15)<
911 Was (NAME) pregnant when she died, or did she die during childbirth?	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2	YES.....1 TO 913< NO.....2
912 Did (NAME) die within 42 days after the end of a pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
913 Did (NAME) die due to complications of pregnancy or delivery?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
914 How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
915 RECORD THE TIME					HOURS.....	<input type="text"/> <input type="text"/>	
					MINUTES.....	<input type="text"/> <input type="text"/>	

CALENDAR

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
IN COLUMN 1 AND 3 ALL BOXES SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN.

COLUMN 1: Births, pregnancies, contraceptive use

- L LIVE BIRTH
- H PREGNANCY
- K STILLBIRTH/MISCARRIAGE/ABORTION
- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTION
- 4 IMPLANT/NORPLANT
- 5 INTRAVAG/DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILIZATION/TUBECTOMY
- 8 MALE STERILIZATION/VASECTOMY
- 9 PERIODIC ABSTINENCE
- T WITHDRAWAL
- M OTHER _____
(SPECIFY)

COLUMN 2 : Discontinuation of Contraceptive Use

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 ACCESS/AVAILABILITY
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- M MENOPAUSAL
- C DIVORCED/WIDOWED
- N IUD EXPELLED
- X OTHER _____
(SPECIFY)
- T DON'T KNOW

COLUMN 3 : Marriage

- X MARRIED
- 0 UNMARRIED

COLUMN 4 : Breastfeeding

- X BREASTFEEDING
- 0 BREASTFEEDING LESS THAN 1 MONTH
- N NO BREASTFEEDING

		1	2	3	4		
SEP	01					01	SEP
AGT	02					02	AGT
1	JUL					03	JUL 1
9	JUN					04	JUN 9
9	MAY					05	MAY 9
4	APR					06	APR 4
	MAR					07	MAR
	FEB					08	FEB
	JAN					09	JAN
DEC	10					10	DEC
NOV	11					11	NOV
OCT	12					12	OCT
SEP	13					13	SEP
1	AGT					14	AGT 1
9	JUL					15	JUL 9
9	JUN					16	JUN 9
3	MAY					17	MAY 3
	APR					18	APR
	MAR					19	MAR
	FEB					20	FEB
	JAN					21	JAN
DEC	22					22	DEC
NOV	23					23	NOV
OCT	24					24	OCT
SEP	25					25	SEP
1	AGT					26	AGT 1
9	JUL					27	JUL 9
9	JUN					28	JUN 9
2	MAY					29	MAY 2
	APR					30	APR
	MAR					31	MAR
	FEB					32	FEB
	JAN					33	JAN
DEC	34					34	DEC
NOV	35					35	NOV
OCT	36					36	OCT
SEP	37					37	SEP
1	AGT					38	AGT 1
9	JUL					39	JUL 9
9	JUN					40	JUN 9
1	MAY					41	MAY 1
	APR					42	APR
	MAR					43	MAR
	FEB					44	FEB
	JAN					45	JAN
DEC	46					46	DEC
NOV	47					47	NOV
OCT	48					48	OCT
SEP	49					49	SEP
1	AGT					50	AGT 1
9	JUL					51	JUL 9
9	JUN					52	JUN 9
0	MAY					53	MAY 0
	APR					54	APR
	MAR					55	MAR
	FEB					56	FEB
	JAN					57	JAN
DEC	58					58	DEC
NOV	59					59	NOV
OCT	60					60	OCT
SEP	61					61	SEP
1	AGT					62	AGT 1
9	JUL					63	JUL 9
8	JUN					64	JUN 8
9	MAY					65	MAY 9
	APR					66	APR
	MAR					67	MAR
	FEB					68	FEB
	JAN					69	JAN

LAST CHILD BORN PRIOR TO JANUARY 1989

NAME: _____ MONTH...
YEAR....

INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1994

HEALTH AND FAMILY PLANNING SERVICE AVAILABILITY QUESTIONNAIRE

Confidential

IDENTIFICATION	CODE
1. PROVINCE	<input type="text"/> <input type="text"/>
2. REGENCY/MUNICIPALITY.....	<input type="text"/> <input type="text"/>
3. SUB DISTRICT _____	<input type="text"/> <input type="text"/> <input type="text"/>
4. VILLAGE _____	<input type="text"/> <input type="text"/> <input type="text"/>
5. AREA..... URBAN - 1.....RURAL - 2.....	<input type="text"/>
6. LARGE CITY-1/SMALL CITY-2/TOWN-3/COUNTRYSIDE-4 *)	<input type="text"/>
7. ENUMERATION AREA NUMBER _____	
8. SUSENAS94 SAMPLE CODE.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. IDHS94 SAMPLE CODE.....	<input type="text"/> <input type="text"/> <input type="text"/>
10. INTERVIEWER'S NAME _____	<input type="text"/> <input type="text"/> <input type="text"/>
11. DATE OF FINAL VISIT.....	DATE <input type="text"/> <input type="text"/>
	MONTH <input type="text"/> <input type="text"/>
	YEAR <input type="text" value="9"/> <input type="text" value="4"/>

FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	DATA ENTRY OPERATOR
NAME _____ <input type="text"/> <input type="text"/>	NAME _____ <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
DATE _____	DATE _____		

NOTES: _____

*) Cross out category not used

**) Circle selected category

SECTION 1. COMMUNITY CHARACTERISTICS

Now, I would like to ask you about the availability of health and family planning service facilities in this enumeration area.

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
		YES	NO	
101	Are the following services available in this area?			
	Village family planning post (PAKBD)?	PAKBD.....1	2	
	Village family planning distribution post (PPKBD)?	PPKBD.....1	2	
	Sub PPKBD?	SUB PPKBD.....1	2	
	Family planning acceptor group (Paguyuban KB/KA)?	PAGUYUBAN KB/KA.....1	2	
	Health post?	HEALTH POST.....1	2	

Now, I would like to ask you other information about health and family planning facilities available in this area, or closest to this area.

FACILITY	102. Is (FACILITY) available in this area?		103. Where is (FACILITY) located?	104. How far is (FACILITY) (in kilometer) from this area?	105. What is the most common type of transport to (FACILITY)? *)	106. How long does it take to get to (FACILITY)?
	YES	NO				
1. General hospital	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
2. Special hospital	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
3. Maternity hospital	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
4. Clinic	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
5. Public health center	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
6. Auxiliary public health center	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
7. Delivery post	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
8. Midwife in village	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
9. Private doctor	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
10. Private midwife	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
11. Pharmacy	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
12. Drugstore	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE
13. Traditional birth attendant	1 ↓ 2 →	1 ↓ 2 →	_____	<input type="text"/> <input type="text"/> KM	<input type="text"/> (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> MINUTE

*) Code for 105
 1 = Land motorized/Train
 2 = Water motorized
 3 = Land non-motorized
 4 = Water non-motorized

5 = Animal
 6 = Walking
 7 = Other _____
 (SPECIFY)

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
107	How far is it to the nearest subdistrict capital in kilometer? (WRITE '000' IF LESS THAN 1 KILOMETER)	KM..... <input type="text"/> <input type="text"/> <input type="text"/> IF '000' →	110
108	What is the most common type of transport to the subdistrict capital?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)	
109	What type is the main road to the subdistrict capital?	PAVED ROAD.....1 DIRT ROAD.....2 RIVER.....3 RAILWAY.....4 FOOTPATH.....5 OTHER _____ 6 (SPECIFY)	
110	How far is it to the regency capital in kilometer? WRITE '000' IF THE REGENCY CAPITAL IS IN THIS AREA.	KM..... <input type="text"/> <input type="text"/> <input type="text"/>	
111	Does the family planning fieldworker (PLKB) assigned to this area live in this village?	YES.....1 NO.....2 DON'T KNOW PLKB'S HOUSE.....3 DON'T KNOW PLKB IS IN CLUSTER...4	114
112	Did the family planning fieldworker visit this area in the last 6 months?	YES.....1 NO.....2	114
113	Among the family planning fieldworkers, who visited this area in the last 6 months, and how many visits?	NUMBER OF VISITS DOCTOR..... <input type="text"/> <input type="text"/> MIDWIFE..... <input type="text"/> <input type="text"/> PPLKB/PLKB..... <input type="text"/> <input type="text"/> OTHER _____ <input type="text"/> <input type="text"/> (SPECIFY)	
114	Was this area visited by a mobile family planning clinic in the last 6 month?	YES.....1 NO.....2	201
115	How many times did the mobile family planning clinic visit?	NUMBER OF VISITS..... <input type="text"/> <input type="text"/>	

SECTION 2. GENERAL HOSPITAL VISIT

Date: _____ GENERAL HOSPITAL NAME: _____ TYPE: _____
 IF THE HOSPITAL IS LOCATED IN THIS AREA, OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS
 IN RURAL AREA, ASK QS.201 TO 220. CLUSTER CODE

IF THE HOSPITAL HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 3.

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
201	How far is it to the hospital in kilometer? IF HOSPITAL IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....98	
201A	What is the most common type of transport to the hospital?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
202	How long does it take to get to (HOSPITAL NAME) using the most common type of transport? IF HOSPITAL IS IN THIS CLUSTER, RECORD '000'	MINUTES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....998	
203	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
204	In what year did this hospital open?	YEAR.....19 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
205	How many beds does the hospital have?	NUMBER OF BEDS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
206	On average, how many outpatients are seen daily at this hospital in the past week? (INCLUDE OLD AND NEW PATIENTS)	NUMBER OF DAILY OUTPATIENTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
207	How many regular staff of the following types does the hospital have? General practitioners? Specialists? Dentists? Pharmacists? Assistant pharmacists? Midwives? Nurses? Health analysts? Nutritionists? X-ray operators? Health workers? Administrative staff? Other staff?	NUMBER: GENERAL PRACTITIONERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> SPECIALISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DENTISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> PHARMACISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> ASSISTANT PHARMACISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> MIDWIVES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NURSES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HEALTH ANALYSTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NUTRITIONISTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> X-RAY OPERATORS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HEALTH WORKERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> ADMINISTRATIVE STAFF..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> OTHER STAFF..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	

SERVICES AVAILABLE IN THIS HOSPITAL:

Now, I would like to ask about maternal and child health facility available in the hospital.
 ASK QS. 212 TO 214. IF THE SERVICE IS NOT AVAILABLE, CONTINUE WITH THE NEXT SERVICE.

SERVICES	212 Is (SERVICE) available?	213 How many days per week is (SERVICE) available?	214 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
2 TT immunization for pregnant woman	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
3 Delivery care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
4 Postnatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
6 Child immunization	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
7 Dental and mouth care	YES.....1 NO.....2 215<	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
215	Does this hospital have an ambulance that is available for public use?	YES.....1 NO.....2	
216	How many cases of normal, miscarriage and abnormal delivery were handled in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/> <input type="text"/>	
217	How many cases of emergency operation (related to pregnancy and delivery) in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/> <input type="text"/>	
218	In 1993, how many cases of: Stillbirths? Infant deaths within one week after birth? Maternal deaths?	STILLBIRTHS..... <input type="text"/> <input type="text"/> <input type="text"/> INFANT DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/> MATERNAL DEATHS..... <input type="text"/> <input type="text"/> <input type="text"/>	
219	What family planning services are available in this hospital: Pill? IUD insertion? IUD removal? Injection? Condom? Norplant/implant insertion? Norplant/implant removal? Intravag/diaphragm/jelly/foam? Female sterilization? Male sterilization?	YES NO PILL.....1 2 IUD INSERTION.....1 2 IUD REMOVAL.....1 2 INJECTION.....1 2 CONDOM.....1 2 NORPLANT/IMPL.INSERTION..1 2 NORPLANT/IMPLANT REMOVAL.1 2 INTARVAG/DIAPH. /JELLY/FOAM.....1 2 FEMALE STERILIZATION.....1 2 MALE STERILIZATION.....1 2	
220	Does this hospital handle referrals of contraceptive use side effects or complications?	YES.....1 NO.....2	

SECTION 3. HEALTH CENTER VISIT

Date: _____ NAME: _____
 IF HEALTH CENTER IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS.301 TO 320. CLUSTER CODE

IF HEALTH CENTER HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 4

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	How far is it to the health center in kilometer? IF HEALTH CENTER IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....98	
301A	What is the most common type of transport to the health center ?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER.....96 (SPECIFY)	
302	How long does it take to get to the health center using the most common type of transport? IF HEALTH CENTER IS IN THE CLUSTER, RECORD '000'	MINUTES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....998	
303	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
304	In what year did the health center open?	YEAR.....19 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
305	How many beds does the health center have?	NUMBER OF BEDS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
306	On average, how many outpatients are seen daily at this health center in the past week? (INCLUDE OLD AND NEW PATIENTS)	NUMBER OF DAILY OUTPATIENTS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
307	How many regular staff of the following types does the health center have? General practitioners? Specialists? Dentists? Pharmacists? Assistant pharmacists? Midwives? Nurses? Health analysts? Nutritionists? X-ray operators? Health workers? Administrative staff? Other staff?	NUMBERS: GENERAL PRACTITIONERS..... SPECIALISTS..... DENTISTS..... PHARMACISTS..... ASSISTANT PHARMACISTS..... MIDWIVES..... NURSES..... HEALTH ANALYSTS..... NUTRITIONISTS..... X-RAY OPERATORS..... HEALTH WORKERS..... ADMINISTRATIVE STAFF..... OTHER STAFF.....	
308	Does the health center usually use plastic or glass syringes? or glass?	PLASTIC.....1 GLASS.....2	→ 310

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																														
309	Are the syringes disposable?	NON-DISPOSABLE.....1 DISPOSABLE.....2 OTHER _____ 6 (SPECIFY)																																																																															
310	Does the health center usually use other disposable equipment (intravenous set, catheter, gloves, tongue blade)	YES.....1 NO.....2																																																																															
311	Does the health center have the following equipment/facilities/services?	<table border="0"> <thead> <tr> <th></th> <th data-bbox="1230 558 1268 583">YES</th> <th data-bbox="1365 558 1398 583">NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td>ELECTRICITY.....1</td><td>2</td></tr> <tr><td>Refrigerators?</td><td>REFRIGERATOR.....1</td><td>2</td></tr> <tr><td>Generator?</td><td>GENERATOR.....1</td><td>2</td></tr> <tr><td>Telephone or radio transmitter?</td><td>TELEPHONE OR TRANSMITTER..1</td><td>2</td></tr> <tr><td>Table for gynecological examination?</td><td>GYNEC. EXAM TABLE.....1</td><td>2</td></tr> <tr><td>Light for gynecological examination?</td><td>GYNEC. EXAM LIGHT.....1</td><td>2</td></tr> <tr><td>Weighing scale for baby?</td><td>BABY WEIGHING SCALE.....1</td><td>2</td></tr> <tr><td>Weighing scale for children?</td><td>CHILDREN WEIGHING SCALE...1</td><td>2</td></tr> <tr><td>Weighing scale for adult?</td><td>ADULT WEIGHING SCALE.....1</td><td>2</td></tr> <tr><td>Blood pressure cuff?</td><td>BLOOD PRESSURE CUFF.....1</td><td>2</td></tr> <tr><td>Autoclave?</td><td>AUTOCLAVE.....1</td><td>2</td></tr> <tr><td>Incubator?</td><td>INCUBATOR.....1</td><td>2</td></tr> <tr><td>Hemoglobinometer?</td><td>HEMOGLOBINOMETER.....1</td><td>2</td></tr> <tr><td>Urine protein diagnosis?</td><td>URINE PROTEIN DIAGNOSIS...1</td><td>2</td></tr> <tr><td>Urine sugar diagnosis?</td><td>URINE SUGAR DIAGNOSIS....1</td><td>2</td></tr> <tr><td>Dental care unit?</td><td>DENTAL CARE UNIT.....1</td><td>2</td></tr> <tr><td>IUD kit?</td><td>IUD KIT.....1</td><td>2</td></tr> <tr><td>Implant set?</td><td>IMPLANT SET.....1</td><td>2</td></tr> <tr><td>Sterilization set?</td><td>STERILIZATION SET.....1</td><td>2</td></tr> <tr><td>Resuscitation unit?</td><td>RESUSCITATION UNIT.....1</td><td>2</td></tr> <tr><td>Transfusion unit?</td><td>TRANSFUSION UNIT.....1</td><td>2</td></tr> <tr><td>Baby length measuring tape/scale?</td><td>BABY LENGTH SCALE/TAPE....1</td><td>2</td></tr> <tr><td>Height board/tape?</td><td>HEIGHT BOARD/TAPE.....1</td><td>2</td></tr> <tr><td>Operation room?</td><td>OPERATION ROOM.....1</td><td>2</td></tr> <tr><td>Blood reserve?</td><td>BLOOD RESERVE.....1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	ELECTRICITY.....1	2	Refrigerators?	REFRIGERATOR.....1	2	Generator?	GENERATOR.....1	2	Telephone or radio transmitter?	TELEPHONE OR TRANSMITTER..1	2	Table for gynecological examination?	GYNEC. EXAM TABLE.....1	2	Light for gynecological examination?	GYNEC. EXAM LIGHT.....1	2	Weighing scale for baby?	BABY WEIGHING SCALE.....1	2	Weighing scale for children?	CHILDREN WEIGHING SCALE...1	2	Weighing scale for adult?	ADULT WEIGHING SCALE.....1	2	Blood pressure cuff?	BLOOD PRESSURE CUFF.....1	2	Autoclave?	AUTOCLAVE.....1	2	Incubator?	INCUBATOR.....1	2	Hemoglobinometer?	HEMOGLOBINOMETER.....1	2	Urine protein diagnosis?	URINE PROTEIN DIAGNOSIS...1	2	Urine sugar diagnosis?	URINE SUGAR DIAGNOSIS....1	2	Dental care unit?	DENTAL CARE UNIT.....1	2	IUD kit?	IUD KIT.....1	2	Implant set?	IMPLANT SET.....1	2	Sterilization set?	STERILIZATION SET.....1	2	Resuscitation unit?	RESUSCITATION UNIT.....1	2	Transfusion unit?	TRANSFUSION UNIT.....1	2	Baby length measuring tape/scale?	BABY LENGTH SCALE/TAPE....1	2	Height board/tape?	HEIGHT BOARD/TAPE.....1	2	Operation room?	OPERATION ROOM.....1	2	Blood reserve?	BLOOD RESERVE.....1	2	
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SERVICES AVAILABLE AT THE HEALTH CENTER:

Now, I would like to ask you about maternal and child health services available at this health center. ASK QS.312 TO 314. IF THE SERVICE IS NOT AVAILABLE, CONTINUE WITH THE NEXT SERVICE.

SERVICES	312 Is (SERVICE) available?	313 How many days per week is (SERVICE) available?	313A. How many new or old patients are seen per month?	314 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
2 IT immunization for pregnant women	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
3 Delivery care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
4 Postnatal care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
6 Immunization for children under 5	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
7 Dental and mouth care	YES.....1 NO.....2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>

315<

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																	
315	Does this health center have an ambulance that is available for public use?	YES.....1 NO.....2																																		
316	How many cases of normal, miscarriage, and abnormal delivery were handled in 1993?	NUMBER OF CASES..... <input type="text"/> <input type="text"/>																																		
317	What family planning services are available in this health center?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Pill?</td> <td>PILL.....1</td> <td>2</td> </tr> <tr> <td>IUD insertion?</td> <td>IUD INSERTION.....1</td> <td>2</td> </tr> <tr> <td>IUD removal?</td> <td>IUD REMOVAL.....1</td> <td>2</td> </tr> <tr> <td>Injection?</td> <td>INJECTION.....1</td> <td>2</td> </tr> <tr> <td>Condom?</td> <td>CONDOM.....1</td> <td>2</td> </tr> <tr> <td>Norplant/implant insertion?</td> <td>NORPLANT/IMPL. INSERTION.1</td> <td>2</td> </tr> <tr> <td>Norplant/implant removal?</td> <td>NORPLANT/IMPLANT REMOVAL.1</td> <td>2</td> </tr> <tr> <td>Intravag/diaphragm/foam/jelly?</td> <td>INTRAVAG/DIAPHRAGM/ FOAM/JELLY.....1</td> <td>2</td> </tr> <tr> <td>Female sterilization?</td> <td>FEMALE STERILIZATION.....1</td> <td>2</td> </tr> <tr> <td>Male sterilization?</td> <td>MALE STERILIZATION.....1</td> <td>2</td> </tr> </table>		YES	NO	Pill?	PILL.....1	2	IUD insertion?	IUD INSERTION.....1	2	IUD removal?	IUD REMOVAL.....1	2	Injection?	INJECTION.....1	2	Condom?	CONDOM.....1	2	Norplant/implant insertion?	NORPLANT/IMPL. INSERTION.1	2	Norplant/implant removal?	NORPLANT/IMPLANT REMOVAL.1	2	Intravag/diaphragm/foam/jelly?	INTRAVAG/DIAPHRAGM/ FOAM/JELLY.....1	2	Female sterilization?	FEMALE STERILIZATION.....1	2	Male sterilization?	MALE STERILIZATION.....1	2	
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318	Does this health center handle referrals of contraceptive use side effects or complications?	YES.....1 NO.....2	→319																																	
318A	What kind of contraceptive complications often occurred in 1993?	<table border="0"> <tr> <td>WEIGHT GAIN/LOSS.....1</td> </tr> <tr> <td>VARICOSE VEINS.....2</td> </tr> <tr> <td>BLEEDING.....3</td> </tr> <tr> <td>AMENORRHEA.....4</td> </tr> <tr> <td>IUD TRANSLOCATION.....5</td> </tr> <tr> <td>OTHER.....6</td> </tr> <tr> <td>(SPECIFY)</td> </tr> </table>	WEIGHT GAIN/LOSS.....1	VARICOSE VEINS.....2	BLEEDING.....3	AMENORRHEA.....4	IUD TRANSLOCATION.....5	OTHER.....6	(SPECIFY)																											
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DRUGS AVAILABLE IN THE HEALTH CENTER:

Now, I would like to ask you about drugs available in this facility.
 ASK Q.319 FOR EACH DRUG. IF THE DRUG IS AVAILABLE, ASK Q.320. IF DRUG IS NOT AVAILABLE, ASK ABOUT THE NEXT DRUG.

MEDICINE/VACCINE	319 Is drug available now?	320 Have you ever prescribed (DRUG) in the past 6 months?
1 Paracetamol tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
2 Cotrimoxazole tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetracyclin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
4 Ampicillin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
5 Penicillin injection	YES.....1 NO.....2	YES.....1 NO.....2
6 Gentamicin injection	YES.....1 NO.....2	YES.....1 NO.....2
7 Chloramphenicol injection	YES.....1 NO.....2	YES.....1 NO.....2
8 Chloroquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
9 Pyrimethamine tablet	YES.....1 NO.....2	YES.....1 NO.....2
10 Primaquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
11 Fansidar tablet	YES.....1 NO.....2	YES.....1 NO.....2
12 Quinine tablet	YES.....1 NO.....2	YES.....1 NO.....2
13 Quinine injection	YES.....1 NO.....2	YES.....1 NO.....2
14 Iron folate tablet	YES.....1 NO.....2	YES.....1 NO.....2
15 Salbutamol tablet	YES.....1 NO.....2	YES.....1 NO.....2
16 Oralit (ORT) powder	YES.....1 NO.....2	YES.....1 NO.....2
17 Adrenalin injection	YES.....1 NO.....2	YES.....1 NO.....2
18 Ephedrin injection	YES.....1 NO.....2	YES.....1 NO.....2
19 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
20 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
21 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
22 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
23 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2

FINISH <

SECTION 4. PRIVATE DOCTOR VISIT

Date: _____ NAME: _____
 IF THE DOCTOR'S PRACTICE IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK QS.401 TO 412. CLUSTER CODE

IF THE DOCTOR HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 5

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																																
401	How far is it to the doctor's office in kilometers? IF THE DOCTOR'S OFFICE IS IN THE CLUSTER, RECORD '00'	KM..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....98																																																																																	
401A	What is the most common type of transport to the doctor's office?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)																																																																																	
402	How long does it take to get to the doctor's office using the most common type of transport? IF THE DOCTOR'S OFFICE IS IN THE CLUSTER, RECORD '000'	MINUTES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW.....998																																																																																	
403	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8																																																																																	
404	Do you provide family planning services?	YES.....1 NO.....2	→407																																																																																
405	In what year did you provide family planning services for the first time?	YEAR..... 19 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>																																																																																	
405A	How many days do you provide family planning services in a week?	NUMBER OF DAYS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>																																																																																	
406	What kind of contraceptive methods are available at this office? CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTION.....C CONDOM.....D NORPLANT/IMPLANT.....E INTRAVAG/DIAPHRAGM/FOAM/JELLY.....F FEMALE STERILIZATION/TUBECTOMY.....G MALE STERILIZATION/VASECTOMY.....H OTHER _____ X (SPECIFY) NONE.....0																																																																																	
407	How much do you charge for the following methods: Pill? IUD? Injection? Condom? Implant/Norplant? Intravag/diaphragm/foam/jelly? Female sterilization/tubectomy? Male sterilization/vasectomy? Other _____ (SPECIFY)	Rp. <table border="1" style="display: inline-table; vertical-align: top;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>																																																																																	

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410	What type is the sterilisator? SPECIFY _____																																						
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412	Do you provide the following services: Antenatal care? Delivery care? Postnatal care? Immunization for children under 5? TT immunization for pregnant women? Child growth monitoring?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DELIVERY CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTNATAL CARE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IMMUNIZATION UNDER 5.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TT IMMUNIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CHILD GROWTH MONITORING...1</td> <td></td> <td>2</td> </tr> </tbody> </table>		YES	NO	ANTENATAL CARE.....	1	2	DELIVERY CARE.....	1	2	POSTNATAL CARE.....	1	2	IMMUNIZATION UNDER 5.....	1	2	TT IMMUNIZATION.....	1	2	CHILD GROWTH MONITORING...1		2																
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413	Other than this practice, do you work for the Ministry of Health at the central office, province or regency level, in a government hospital, or for the local government?	YES.....1 NO.....2																																					

SECTION 5. PRIVATE MIDWIFE VISIT

Date: _____ NAME: _____
 IF THE MIDWIFE'S PRACTICE IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK Qs. 501-514. CLUSTER CODE

IF THE MIDWIFE HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 6

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No.	QUESTIONS	CODING CATEGORIES	SKIP TO
501	How far is it to the midwife's office in kilometers? IF THE MIDWIFE'S OFFICE IS IN THE CLUSTER, RECORD '00'	KM..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
501A	What is the most common type of transport to the midwife's office?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)	
502	How long does it take to get to the midwife's office using the most common type of transport? IF THE MIDWIFE'S OFFICE IS IN THE CLUSTER, RECORD '000'	MINUTE..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....998	
503	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
504	Do you provide family planning services?	YES.....1 NO.....2	
505	In what year did you provide family planning services for the first time?	YEAR..... 19 <input type="text"/> <input type="text"/>	
505	How many days do you provide family planning services in a week?	NUMBER OF DAYS..... <input type="text"/> <input type="text"/>	
507	What kind of contraceptive methods are available in this office? CIRCLE ALL MENTIONED.	PILL.....A IUD.....B INJECTION.....C CONDOM.....D INTRAVAG/DIAPHRAGM/FOAM/JELLY.....E OTHER _____ X (SPECIFY) NONE.....0	

508 CHECK 507:

INJECTION <input type="checkbox"/>	OTHER NO INJECTION <input type="checkbox"/>
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→510

SECTION 6. PHARMACY VISIT

Date: _____ NAME: _____
 IF THE PHARMACY IS LOCATED IN THIS AREA, OR OUTSIDE THE CLUSTER BUT WITHIN 10 KILOMETERS IN URBAN AREA OR WITHIN 30 KILOMETERS IN RURAL AREA, ASK Qs. 601-611. CLUSTER CODE

IF THE PHARMACY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, GO TO SECTION 6 [] [] [] []

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
601	How far is it to the pharmacy in kilometers? IF THE PHARMACY IS IN THE CLUSTER, RECORD '00'	KM..... [] [] DON'T KNOW.....98	
601A	What is the most common type of transport to the pharmacy?	LAND MOTORIZED/TRAIN.....01 WATER MOTORIZED.....02 LAND NON-MOTORIZED.....03 WATER NON-MOTORIZED.....04 ANIMAL.....05 WALKING.....06 OTHER _____ 96 (SPECIFY)	
602	How long does it take to get to the pharmacy using the most common type of transport? IF THE PHARMACY IS IN THE CLUSTER, RECORD '000'	MINUTES..... [] [] [] DON'T KNOW.....998	
603	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN BY THE OFFICERS OF THIS AREA IS LONGER, THE SAME, OR SHORTER THAN YOUR ESTIMATE? (COMPLETED BY INTERVIEWER)	OVERESTIMATED.....1 REASONABLE.....2 UNDERESTIMATED.....3 DON'T KNOW.....8	
604	In what year did the pharmacy open?	YEAR.....19 [] []	
605	Does the pharmacy provide/sell contraceptives?	YES.....1 NO.....2	
606	IF 'YES', What kind of contraceptive methods are available at this pharmacy? Pill? IUD? Injection? Condom? Implant/Norplant? Intravag/diaphragm/foam/jelly? Other methods?	PILL.....A IUD.....B INJECTION.....C CONDOM.....D IMPLANT/NORPLANT.....E INTRAVAG/DIAPHRAGM/FOAM/JELLY.....F OTHER _____ X (SPECIFY)	
607	Does the pharmacy have the following equipment facilities: Electricity? Refrigerator? Piped water? Telephone or radio transmitter?	YES NO ELECTRICITY.....1 2 REFRIGERATOR.....1 2 PIPED WATER.....1 2 TELEPHONE/TRANSMITTER.....1 2	
608	Does the pharmacy have: Pharmacists? Assistant pharmacists? IF 'YES' FOR ASSISTANT PHARMACISTS: How many?	YES NO PHARMACISTS.....1 2 ASSISTANT PHARMACISTS.....1 2 NO.OF ASSISTANT PHARMACISTS [] []	

DRUGS AVAILABLE IN PHARMACY

Now, I would like to ask you about drugs available in this facility.

ASK Q.609 FOR EACH DRUG. IF DRUG IS AVAILABLE, ASK Q.610. IF DRUG IS NOT AVAILABLE, GO TO NEXT DRUG.

DRUG/VACCINE	609 Is (DRUG) available now?	610 Have you ever sold (DRUG/VACCINE/OTHER) in the past 6 months?
1 Paracetamol tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
2 Cotrimoxazole tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
3 Tetracyclin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
4 Ampicillin capsule/tablet/syrup	YES.....1 NO.....2	YES.....1 NO.....2
5 Penicillin injection	YES.....1 NO.....2	YES.....1 NO.....2
6 Gentamicin injection	YES.....1 NO.....2	YES.....1 NO.....2
7 Chloramphenicol injection	YES.....1 NO.....2	YES.....1 NO.....2
8 Chloroquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
9 Pyrimethamine tablet	YES.....1 NO.....2	YES.....1 NO.....2
10 Primaquine tablet	YES.....1 NO.....2	YES.....1 NO.....2
11 Fansidar tablet	YES.....1 NO.....2	YES.....1 NO.....2
12 Quinine tablet	YES.....1 NO.....2	YES.....1 NO.....2
13 Quinine injection	YES.....1 NO.....2	YES.....1 NO.....2
14 Iron folate tablet	YES.....1 NO.....2	YES.....1 NO.....2
15 Salbutamol tablet	YES.....1 NO.....2	YES.....1 NO.....2
16 Oralit (ORT) powder	YES.....1 NO.....2	YES.....1 NO.....2
17 Adrenalin injection	YES.....1 NO.....2	YES.....1 NO.....2
18 Ephedrin injection	YES.....1 NO.....2	YES.....1 NO.....2
19 DPT vaccine	YES.....1 NO.....2	YES.....1 NO.....2
20 Polio vaccine	YES.....1 NO.....2	YES.....1 NO.....2
21 Tetanus vaccine	YES.....1 NO.....2	YES.....1 NO.....2
22 Measles vaccine	YES.....1 NO.....2	YES.....1 NO.....2
23 BCG vaccine	YES.....1 NO.....2	YES.....1 NO.....2

FINISH ←

611 Does the pharmacy provide/sell generic medicines?	YES.....1 NO.....2
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