Indonesia

Demographic and Health Survey
1991

Central Bureau of Statistics
National Family Planning Coordinating Board
Ministry of Health
Demographic and Health Surveys
Macro International Inc.
This report summarizes the findings of the 1991 Indonesia Demographic and Health Survey (IDHS) conducted by the Indonesia Central Bureau of Statistics, the National Family Planning Coordinating Board and the Ministry of Health. Macro International provided funding and technical assistance. Additional funding for the survey was provided by USAID/Jakarta, UNFPA, and the Government of Indonesia.

The IDHS is part of the worldwide Demographic and Health Surveys program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the Indonesia survey may be obtained from the Central Bureau of Statistics, Jl. Dr. Sutomo 8, Jakarta 10710, Indonesia (Telephone 372808, 374908, 3810291-5), or the National Family Planning Coordinating Board, Jl. Let. Jen. M.T. Haryono, Jakarta 10002, Indonesia (Telephone 8009029), or the Ministry of Health, Institute for Health Research and Development, Jl. Percetakan Negara 29, P.O. Box 1226, Jakarta 10440, Indonesia (Telephone 414146, Ext. 31). Additional information about the DHS program may be obtained by writing to: DHS, Macro International Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, Maryland 21045, U.S.A. (Telephone 410-290-2800; Telex 198116; Fax 410-290-2999).
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PREFACE

The Indonesia Demographic and Health Survey (IDHS) was a project designed as a collaborative effort of four institutions—the National Family Planning Coordinating Board, the Central Bureau of Statistics, the Ministry of Health, and Macro International Inc. The survey received financial assistance from the Government of Indonesia, the U.S. Agency for International Development (USAID)/Jakarta, and the United Nations Population Fund. Technical assistance as well as funds for the survey were provided by Macro International through its Demographic and Health Surveys Program (DHS), a USAID-funded project in many developing countries.

The Central Bureau of Statistics (CBS) had the responsibility of conducting the survey. CBS activities included survey design, fieldwork, and data processing. The IDHS was carried out from May to July 1991 in selected areas of the 27 provinces in Indonesia. The IDHS sample is a subsample of the 1990 Population Census, and was designed to produce reliable estimates of major survey variables for each of the 27 provinces and for urban and rural areas of the three family planning program development areas (Java-Bali, Outer Islands I and Outer Islands II).

As a follow-on to the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS), the IDHS questionnaire is an expanded version of those used in the NICPS. The IDHS will provide important information for program managers and policymakers to evaluate existing programs. A comparison of IDHS and NICPS data provides a picture of the development as well as the achievement of program goals in the field of family planning, population, and health.

This final report is a completed and elaborated version of the earlier preliminary report. The relatively short time required to produce the survey results would not have been possible without the hard work and dedication of all parties involved. To those who gave their active contribution to this project, I would like to extend my sincere thanks and appreciation.

Central Bureau of Statistics

Azwar Rasjid
Director General
Since its inception in 1970, the Indonesian National Family Planning Coordinating Board (NFPCB) has given high priority to monitoring and evaluating family planning program activities throughout the country. The first national survey providing detailed measures of family planning performance was the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS). Results from this survey confirmed that the use of contraception in Indonesia had increased rapidly since 1970 and that fertility had fallen from around 5.6 births per woman in 1970 to 3.3 by 1987.

The 1991 Indonesia Demographic and Health Survey (IDHS) is the second and most recent national survey providing Indonesia's program managers and policymakers with nationally representative information on fertility, infant and child mortality, contraceptive use dynamics, and patterns of family planning service utilization. For the first time, the 1991 IDHS also provides extensive data on the knowledge and use of maternal and child health (MCH) services throughout the country—information that should prove highly useful to Indonesia's Ministry of Health (MOH) and the NFPCB in assessing the coverage and quality of current MCH interventions, and developing new program initiatives designed to further enhance the welfare of mothers and their children.

Results from the 1991 IDHS confirm that Indonesia has continued to make considerable progress in providing effective, high quality family planning services to its people. As of 1991, 49.7 percent of all currently married women were using some form of contraception. By 1991, women were having an average of 3.0 children, a decline of 9 percent since 1987 and 46 percent since 1970. These outcomes clearly indicate that Indonesia's family planning movement is achieving even greater success throughout much of the country.

A particularly encouraging development documented by the 1991 IDHS is the rapid expansion of self-reliant family planning (KB Mandiri) over the past four years. For example, the percentage of clients acquiring family planning services through private sector outlets has increased from 11 percent in 1987 to 22 percent in 1991. This dramatic shift in the composition of Indonesia's service delivery system has exceeded all expectations, and provides confirmation that KB Mandiri is achieving widespread acceptance among family planning clients.

While the 1991 IDHS indicates that Indonesia's family planning program is providing for the needs of more couples than ever before, it should also be recognized that even greater effort will be required to lower Indonesia's fertility rate to replacement level (around 2.1 births per woman). Encouraging women to begin practicing family planning at younger ages and promoting greater use of effective contraception will become increasingly important program priorities in the coming years. In addition, enhancing the quality of family planning and MCH services (especially client counselling and follow-up) and providing more service delivery options for clients will be essential ingredients in the future expansion of Indonesia's family planning program. However, beyond the need to recruit more family planning acceptors and promote greater use effectiveness, there is an overriding need to develop program strategies that enhance the welfare of mothers and children and promote greater economic opportunities for families. This holistic approach to development will help ensure that future generations of Indonesians reap a full reward from their country's dramatic demographic transition and rapid economic expansion.
In conclusion, I would like to thank the Central Bureau of Statistics, Macro International Inc. in Columbia, Maryland (USA), the IDHS Steering Committee, and the Office of Program Development at the NFPCB for their efforts in conducting the 1991 IDHS. In addition, USAID and UNFPA 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. I trust that future demographic and health surveys will be conducted with the same impressive dedication to hard work and technical competence.

National Family Planning Coordinating Board

Haryono Suyono, Ph.D.
Chairman
PREFACE

The evaluation of the effectiveness of health programs rests on the ability to demonstrate changes in the health and nutritional status of the targeted population following the implementation of certain health strategies. Population-based measures of change in mortality and morbidity rates along with changes in objective measures of nutritional status are required. Since coverage by health services is not complete, institution-based data does not provide valid measures of effectiveness for program evaluation purposes. One way of making population-based data available is to conduct household surveys using scientifically acceptable sampling techniques.

The 1991 Indonesia Demographic and Health Survey (IDHS) is such a survey. It was designed to meet the requirements of measuring family planning and health program attainment. The 1991 IDHS has as its objectives, among others, to provide data concerning fertility, family planning, and maternal and child health and to measure the development and achievements of programs related to health policy, particularly those concerning the maternal and child health development program. With these broad objectives and a sample covering all 27 provinces of Indonesia, the 1991 IDHS is indeed a valuable source of data.

Indonesia is now facing demographic and epidemiological transitions. The implications for the health sector are that there will be changes in the types of services needed. Changes in mortality and morbidity patterns will require increased attention to lifestyle and personal choices. Emerging needs of the elderly and other groups will require changes in the way health care is delivered. To afford all the changes, we need to utilize all of our resources in providing needed information for planning and evaluation in health. The IDHS is an example of the collaborative efforts of several institutions in providing good population-based data. We hope that such collaboration can be expanded in the near future to meet the need for high quality data.

This report is the first comprehensive analysis derived from the 1991 IDHS. Further reports of in-depth analyses will hopefully appear soon. We believe that all of the outputs of the 1991 IDHS can be used to complement existing health information. They can be used by program managers, policymakers, as well as researchers to evaluate and improve existing programs.

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SUMMARY OF FINDINGS

The 1991 Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey of ever-married women age 15-49. It was conducted between May and July 1991. The survey was designed to provide information on levels and trends of fertility, infant and child mortality, family planning, and maternal and child health. The IDHS was carried out as a collaboration between the Central Bureau of Statistics, the National Family Planning Coordinating Board, and the Ministry of Health. The IDHS is a follow-on to the National Indonesia Contraceptive Prevalence Survey conducted in 1987.

More than 27,000 households throughout the 27 provinces of Indonesia were visited during the survey and 22,909 women were interviewed. The results show that fertility in Indonesia continues to decline. At current levels, Indonesian women will have an average of 3.0 children during their reproductive years. Since 1985, the total fertility rate (TFR) has declined by one child. Fertility has reached close to replacement level in a few provinces, including Jakarta, Yogyakarta, East Java, and Bali. In the Java-Bali region, the TFR is 2.7 children per woman while it is 3.5 in Outer Java-Bali I and 3.8 in Outer Java-Bali II.

Half of all currently married women in Indonesia are using contraception. The pill (15 percent), IUD (13 percent) and injection (12 percent) are the most commonly used methods, together accounting for over 80 percent of current use. Norplant (3 percent) and female sterilization (3 percent) account for most of the remaining users.

Contraceptive use is highest in Java-Bali at 53 percent and is approximately 43 percent in the Outer Islands. Fifty-six percent of urban women use contraception compared to 47 percent of rural women. Also, contraceptive use increases as women's education level increases. Slightly over one-third of married women with no education are using a method while 59 percent of those with secondary or higher education do so.

Government facilities are the most important sources of family planning, supplying 76 percent of contraceptive users. Approximately 39 percent of users get their method from a government health center and 16 percent from a health post; the remaining users of government sources obtain their methods mostly from family planning posts and government hospitals. Twenty-two percent of users receive family planning supplies or information from private sources, the most significant being private midwives and doctors.

Women in Indonesia are marrying later than they did previously. The median age at marriage among women age 40-44 was 17.1 years compared to 19.8 years among those age 20-24. There are large differences in age at marriage across regions and provinces. Within Java-Bali, the median age at first marriage ranges from 15.9 years in West Java to 20.2 years in Bali. Compared to results from the 1987 NICPS, the age at marriage has increased in all of the provinces in Java-Bali, except West Java, and in the Outer Islands.

One-half of married women in Indonesia say that they do not want any more children. An additional 25 percent want to wait at least two years before having another child. Among women with three or more children, almost three-quarters want no more children or are sterilized. The average desired family size among married Indonesian women is 3.1 children, varying from 2.5 children among women age 15-19 to 3.7 among women age 45-49. About 34 percent of women say that a two-child family is ideal while 22 percent state that their ideal family size is three children. A significant number of women (16 percent) did not specify the number of children they desire but said that it was "up to God" or gave some other non-numeric response.
Results from the survey suggest that, if all unwanted births were eliminated, the fertility rate at the national level would be 2.5 births per woman or 15 percent lower than its current level. In addition, six percent of married women want no more children but are not using family planning and an additional six percent want to wait two or more years before having their next birth but are not using family planning.

Infant and child mortality in Indonesia has declined dramatically in the past two decades. Estimates suggest that infant mortality decreased by about half during the 20-year period from 1968 to 1988. In the five-year period preceding the IDHS, 68 of every 1000 Indonesian children died before reaching their first birthday and 91 of every 1000 children died before reaching age five.

The level of infant mortality varies significantly according to the age of the mother at the time of the birth and the length of the interval between births. During the ten-year period prior to the IDHS, the infant mortality rate among women age less than 20 at the time of the birth was 60 deaths per 1000 births compared to 29 among women age 20-29 and 25 among women age 30-39. Children born less than two years after a preceding birth were 2.5 times more likely to die during the first year of life than children born at least four years after a preceding birth.

Information on various aspects of maternal and child health—antenatal care, vaccinations, breastfeeding and food supplementation, and illness—was collected in the IDHS on births in the five years prior to the survey. The findings show that 80 percent of children born in the five years preceding the survey had mothers who received antenatal care during pregnancy. The most common providers of antenatal care are health centers, followed by private midwives and health posts. Tetanus, a major cause of infant death, can be prevented by immunization of the mother during pregnancy. Forty-three percent of children under five had mothers who received two or more injections of tetanus toxoid vaccine during pregnancy.

Based on information obtained from health cards and the reports of mothers, 74 percent of children age 12-23 months have been vaccinated for tuberculosis (BCG) and 58 percent for measles. Seventy-three percent have received at least one dose of polio vaccine and one dose of DPT vaccine but the percentage receiving the full three-dose series is only 56 percent. Overall, 48 percent of children age 12-23 months are fully immunized and 24 percent have received no immunizations.

Almost all children in Indonesia (97 percent) are breastfed. The median duration of breastfeeding is relatively long—23 months—but supplemental liquids and foods are introduced at an early age. By the age of 2-3 months, half of all children are being given supplementary foods or liquids.

During the two weeks preceding the survey, 10 percent of children under age five had symptoms of acute lower respiratory infection (cough with fast breathing). Sixty-five percent of these children were taken to a health facility for treatment. Over the same two-week period, 27 percent of children suffered from fever and 7 percent had a fever only unaccompanied by cough, fast breathing, or diarrhea. Of those with fever only, half were taken to a health facility and 27 percent went to a dispensary or drug store for treatment.

Eighteen percent of children under age five had diarrhea during the two weeks preceding the survey. Forty-three percent of these children were given a solution prepared from ORS packets (oral rehydration salts) and 33 percent received a recommended home fluid prepared from ingredients at home (e.g., sugar-salt-water solution). Knowledge and use of ORS packets is widespread in Indonesia. Overall, 85 percent of mothers of children under age five know about these packets and 59 percent have used them at some time.