

4. CURRENT USE OF FAMILY PLANNING METHODS

This chapter is especially useful for the National Family Planning Program, because an important measure of program success is the level of family planning use. Use in this context is defined as the proportion of currently married women 15-49 who were using some method of family planning at the time of the survey. This chapter presents data concerning levels and differentials in current use, sources of family planning methods, age at time of first contraceptive use, cost of methods, and some indication of the quality of pill, injection, and condom use.

4.1 Current Use of Family Planning Methods

Table 4.1 shows that 48 percent of currently married women are using contraception in Indonesia, 44 percent using modern methods and 4 percent using traditional methods (periodic abstinence, withdrawal, and other methods such as pijat, herbs, and abstinence). As with ever-use, the pill (16 percent), IUD (13 percent), and injection (9 percent) are the most commonly used methods, together accounting for over 80 percent of current users. Other contraceptive methods account for lower percentages--female sterilization (3 percent), condom (2 percent), periodic abstinence and withdrawal (1 percent each), and male sterilization and Norplant (less than 1 percent each).

The high proportion of modern method use is true for virtually all categories of background characteristics; however clear differences in the overall level of use are observed among subgroups. Younger and older women are less likely to be using contraception than women in the mid-childbearing years; the highest rate of use is reported for women aged 30-34 (59 percent). The pill and injection are more common among younger women (15-30 years), whereas the IUD, condom, male sterilization, and female sterilization are more commonly used by women over 30.

Family planning use is higher among urban women than rural women (see Figure 4.1). Over half (54 percent) of currently married urban women are using a method, compared to 45 percent of rural women. The mix of methods also differs, with urban women relying more heavily on use of condoms, injection, female sterilization, and periodic abstinence, and rural women relying more heavily on the pill and the IUD. It is interesting to see that there is no difference between urban and rural areas in the proportion of women using Norplant.

It is not surprising that contraceptive use is highest in Java-Bali (51 percent), intermediate in Outer Java-Bali I (42 percent) and lowest in Outer Java-Bali II (40 percent), since this is the order in which the family planning program was initiated. Women in Java-Bali tend to rely more heavily on the IUD, injection, and female sterilization than women in the outer islands.

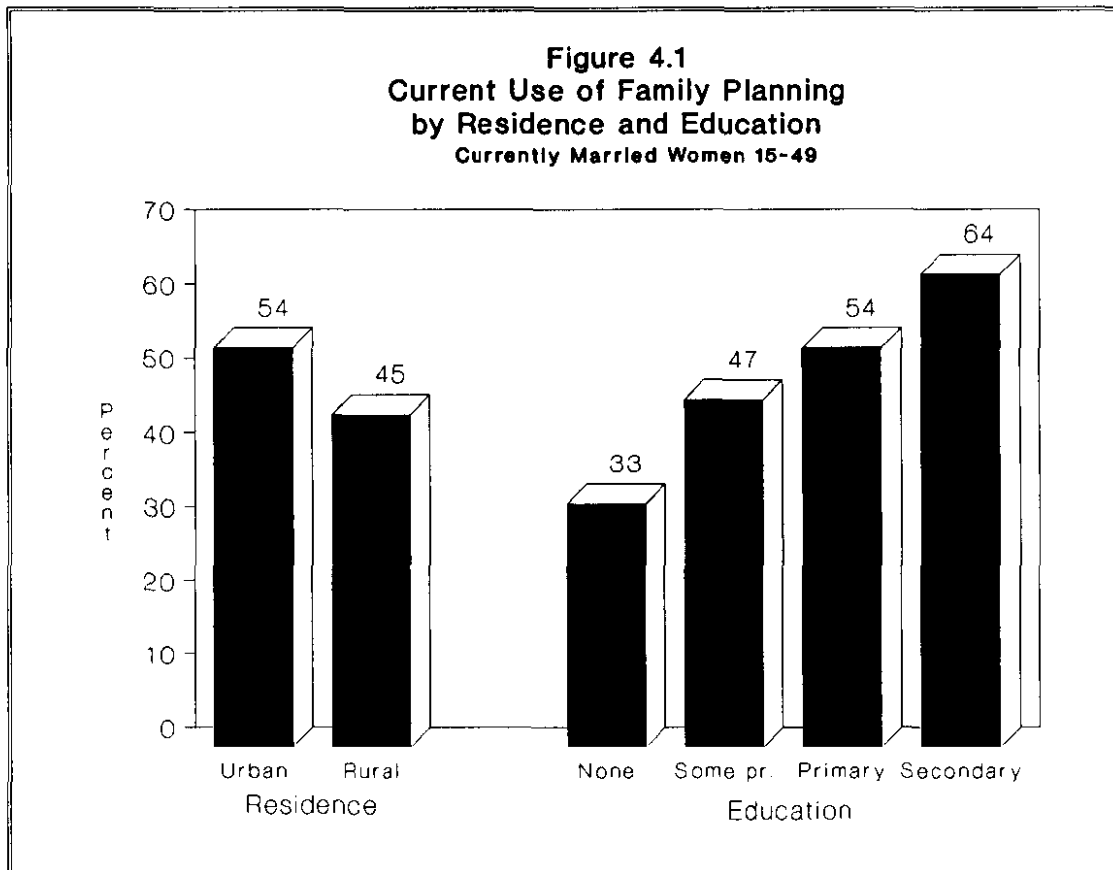
In the Java-Bali region, contraceptive use is highest in Bali and Yogyakarta, and lowest in West and East Java. Almost 70 percent of currently married women in Bali are using contraceptive methods, 97 percent of which are modern methods. This level of contraceptive use is similar to that found in more urbanized, industrial countries, such as Thailand and Brazil, where the prevalence rate is 66 percent (Chayovan, et al. 1988 and Arruda, et al. 1987).

The mix of methods varies considerably by province. Interestingly, the provinces with the highest overall prevalence rate have the smallest proportion of pill users and those with the lowest prevalence rates have the highest proportion of pill users. For example, in Bali and Yogyakarta, pill users account for only 7 and 10 percent of contraceptive use, respectively, while in East and West Java, 36 and 39 percent of users depend on the pill. In Bali, almost half (49 percent) of currently married women--accounting for 72 percent of users--are using the IUD. Injection is the second most widely used contraceptive method in Bali. Yogyakarta shows a pattern similar to that in Bali, with the IUD predominating, and injection and the pill running a distant second and third. In Central Java and Jakarta, the IUD is also the most popular method, but the pill and injection follow more closely behind. Finally, in East and West Java, as already mentioned,

Table 4.1 Percent distribution of currently married women by family planning method currently used, according to background characteristics, NICPS, 1987

Background characteristic	Family planning method currently used												Not currently using	Total	No. of women	
	Any method	Any modern method	Pill	IUD	Injection	Condom	Female sterilization	Male sterilization	Nor-plant	Periodic abstinence	Withdrawal	Other				
Age																
15-19	25.5	23.3	12.7	3.7	6.5	0.1	0.0	0.0	0.3	0.1	0.9	1.2	74.5	100.0	600	
20-24	47.2	43.8	17.0	10.8	13.8	1.1	0.7	0.0	0.4	0.9	1.2	1.3	52.8	100.0	1888	
25-29	54.0	50.1	21.0	12.8	13.2	1.2	1.2	0.1	0.6	1.3	1.2	1.4	46.0	100.0	2406	
30-34	58.7	54.0	19.8	17.2	10.1	2.6	3.7	0.2	0.4	1.3	1.9	1.5	41.3	100.0	1979	
35-39	55.9	51.0	15.1	17.8	8.1	2.5	6.7	0.2	0.6	1.6	1.2	2.1	44.1	100.0	1543	
40-44	42.7	38.2	13.1	13.6	4.1	1.7	5.1	0.3	0.3	1.8	1.1	1.6	57.3	100.0	1271	
45-49	24.4	22.7	4.7	9.8	2.3	0.9	4.6	0.3	0.1	0.4	0.7	0.6	75.6	100.0	1220	
Residence																
Urban	54.3	48.1	12.6	12.9	11.8	4.2	5.9	0.3	0.4	2.8	1.4	2.0	45.7	100.0	2977	
Rural	45.3	42.3	17.4	13.3	8.4	0.6	2.1	0.1	0.4	0.6	1.2	1.2	54.7	100.0	7930	
Region																
Java-Bali	50.9	48.1	16.0	15.5	10.7	1.8	3.5	0.2	0.4	1.1	0.7	1.0	49.1	100.0	7265	
Outer Java-Bali I	41.7	35.7	16.2	8.7	6.6	1.1	2.6	0.0	0.5	1.3	2.5	2.2	58.3	100.0	3191	
Outer Java-Bali II	39.6	33.8	15.3	8.4	7.1	1.4	1.5	0.1	0.0	2.0	1.8	2.0	60.4	100.0	451	
Province																
Jakarta	54.0	48.5	10.6	14.8	11.7	4.9	5.7	0.4	0.4	3.3	0.4	1.8	46.0	100.0	543	
West Java	45.8	43.3	18.0	8.8	13.3	0.8	2.2	0.1	0.1	1.1	0.5	0.9	54.2	100.0	2208	
Central Java	53.5	51.8	15.3	18.8	10.8	2.3	3.6	0.5	0.5	0.6	1.0	0.1	46.5	100.0	1934	
Yogyakarta	68.1	55.7	7.0	31.3	7.3	4.1	5.1	0.9	0.0	4.5	2.6	5.3	31.9	100.0	207	
East Java	49.8	47.5	17.8	15.1	8.5	1.5	3.8	0.0	0.8	0.6	0.5	1.2	50.2	100.0	2182	
Bali	68.5	66.5	5.0	49.1	5.8	1.6	4.6	0.4	0.0	1.4	0.0	0.6	31.5	100.0	191	
Education																
None	32.8	31.3	14.4	10.2	4.5	0.4	1.4	0.0	0.4	0.1	0.5	0.9	67.2	100.0	2406	
Some primary	46.8	43.4	18.3	12.2	9.2	0.8	2.4	0.1	0.4	0.6	1.2	1.6	53.2	100.0	4426	
Primary completed	54.0	49.7	16.3	14.0	12.9	1.7	4.2	0.3	0.3	1.5	1.2	1.6	46.0	100.0	2605	
Secondary or more	64.1	56.0	11.5	19.9	11.7	5.8	6.2	0.5	0.4	4.2	2.6	1.3	35.9	100.0	1470	
No. of living children																
None	7.7	6.5	5.6	0.3	0.4	0.2	0.0	0.0	0.0	0.7	0.2	0.3	92.3	100.0	1053	
1	42.9	39.7	17.7	11.1	9.5	1.0	0.2	0.1	0.1	1.1	1.0	1.1	57.1	100.0	2101	
2	56.8	52.9	20.6	16.6	12.0	1.5	1.4	0.2	0.6	1.1	1.6	1.2	43.2	100.0	2245	
3	60.4	55.6	18.4	18.4	11.5	2.7	3.8	0.1	0.7	1.4	1.5	1.9	39.6	100.0	1840	
4 or more	50.2	45.6	14.1	13.5	9.1	1.8	6.4	0.3	0.4	1.3	1.3	2.0	49.8	100.0	3668	
Total	47.7	44.0	16.1	13.2	9.4	1.6	3.1	0.2	0.4	1.2	1.3	1.2	52.3	100.0	10907	

Note: No current users of diaphragm, foam, or jelly were reported in the survey.



the pill takes precedence. Aside from these three methods, no more than about five percent of women are using any other method in any of the provinces.

Contraceptive use increases with level of education. One-third of currently married women with no education are using a method, compared to two-thirds of those with secondary education. While pill use does not vary much by education level, use of almost all other methods is higher for better educated women. Traditional methods also account for a higher proportion of users among the better educated women than among less educated women.

As with age, contraceptive use increases rapidly with the number of living children a woman has, however it reaches a peak among women with 3 children, after which it declines among women with 4 or more children. Eight percent of childless women are using, presumably to space their first birth. They tend to rely almost exclusively on the pill. As the number of children increases, the reliance on the pill diminishes relative to the IUD and injection. Use of female sterilization also increases with number of children.

Some idea of the extent to which contraceptive practice has changed in Indonesia over the past decade can be seen in Table 4.2 and Figure 4.2 which show the contraceptive prevalence rates for the provinces of Java-Bali in 1976 and 1987. In the 11 years between the two surveys, contraceptive use has doubled, from 26 to 51 percent. The greatest increase has occurred in West Java, which, despite the increase, still has the lowest rate in both years. As Table 4.3 indicates, most of the difference in the overall levels of use between 1976 and 1987 can be attributed to increased use of injection, the IUD, and female sterilization.

Table 4.2 Percent of currently married women in Java-Bali who are currently using any family planning method by province, 1976 Indonesia Fertility Survey and 1987 NICPS

Province	1976 IFS	1987 NICPS	Ratio 1987/1976
Province			
Jakarta	28	54	1.9
West Java	16	46	2.9
Central Java	28	54	1.9
Yogyakarta	40	68	1.7
East Java	32	50	1.6
Bali	38	69	1.8
Total	26	51	2.0

Source: Central Bureau of Statistics, 1978, Table 5.6.

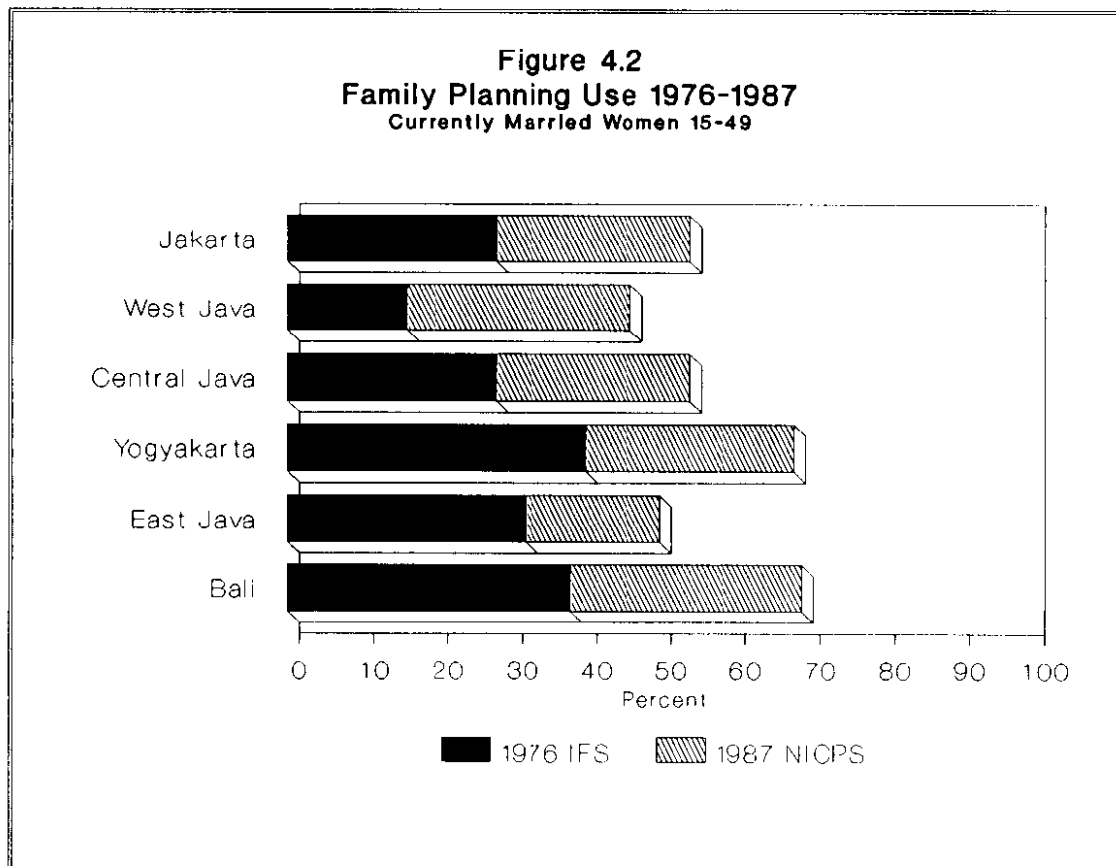


Table 4.3 Percent of currently married women in Java-Bali currently using family planning methods, 1976 Indonesia Fertility Survey and 1987 NICPS

Method	1976 IFS	1987 NICPS
Any method	26.3	50.9
Pill	14.9	16.0
IUD	5.6	15.5
Injection	0.2	10.7
Diaphragm/foam/jelly	0.1	0.0
Condom	1.8	1.8
Female sterilization	0.3	3.5
Male sterilization	0.0	0.2
Norplant	-	0.4
Periodic abstinence	0.8	1.1
Withdrawal	0.3	0.7
Other	2.3	1.0
Number of women	7974	7265

Source: Carrasco, 1981, Table 4.1.

Table 4.4 Percent distribution of currently married women by type of family planning method currently used, age, and number of living children according to region, NICPS, 1987

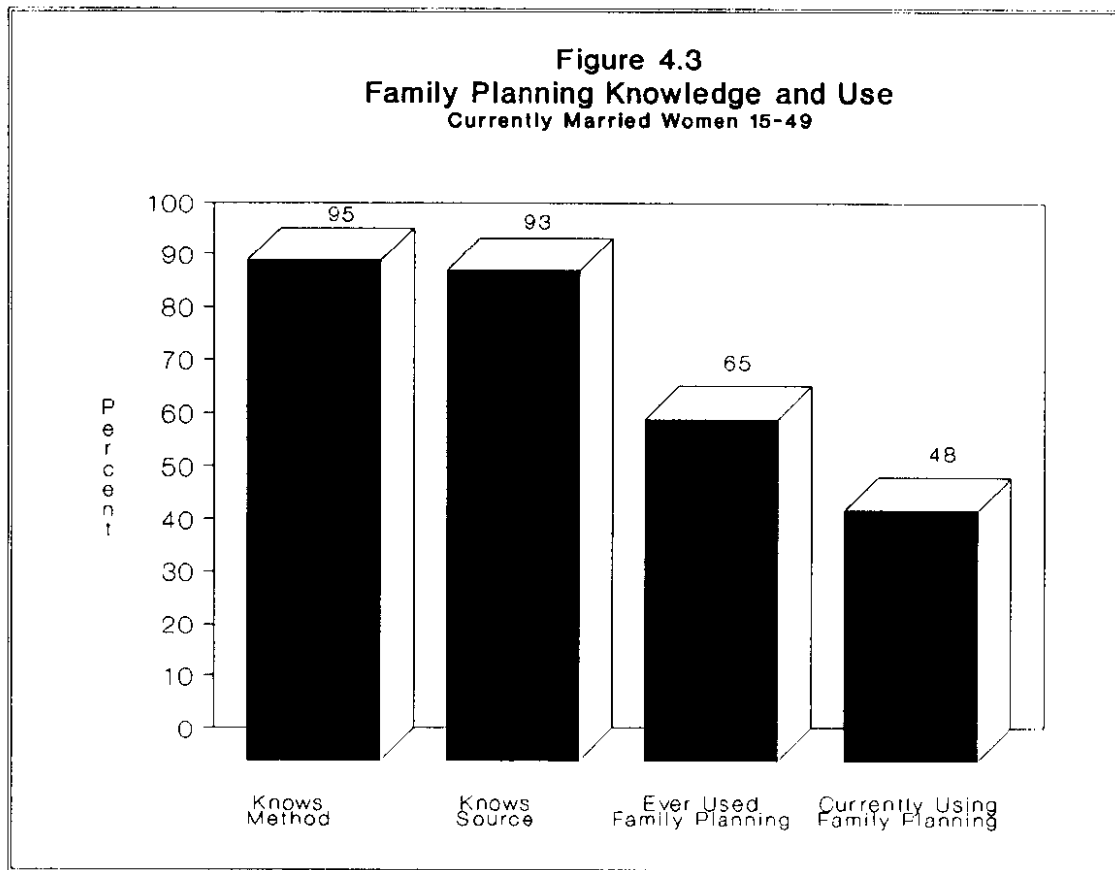
Age/number of living children/type of method used	Region			
	Java-Bali	Outer Java-Bali I	Outer Java-Bali II	Total
Under 30				
Not using any method	48.3	59.5	62.7	52.1
Using temporary methods	37.0	32.9	30.0	35.5
Using long-term methods	14.7	7.6	7.4	12.3
30 or over				
Not using any method	49.7	57.4	58.2	52.3
Using temporary methods	26.5	27.7	29.3	27.0
Using long-term methods	23.7	14.9	12.6	20.7
Fewer than 3 children				
Not using any method	50.6	60.2	62.4	53.5
Using temporary methods	31.7	31.0	28.5	31.4
Using long-term methods	17.7	8.8	9.1	15.1
Three or more children				
Not using any method	45.4	55.8	57.4	49.8
Using temporary methods	30.1	28.6	31.3	29.6
Using long-term methods	24.5	15.7	11.3	20.5
Total				
Not using any method	49.1	58.3	60.4	52.3
Using temporary methods	31.3	30.0	29.6	30.8
Using long-term methods	19.6	11.7	10.0	16.9
Total	100.0	100.0	100.0	100.0

Note: Long-term methods are male or female sterilization, Norplant and IUD, while temporary are all others.

As mentioned in Chapter 1, the National Family Planning Program's policy toward contraceptive use is based upon its "Pancakarya" (five principles), a set of guidelines for maintaining the family planning program. One of the principles involves a specific goal for family planning use, namely, that women over 30 and those with 3 or more children should be using the most effective means of fertility control available. Table 4.4 presents some NICPS data that can be used to evaluate the success of this effort.

The data show that for women 30 and over, only about 20 percent are using long-term methods, and over half are not using any method at all. The results for women with three or more children is very similar to that for women 30 and above--21 percent are using long-term methods and half are not using any method. These results are undoubtedly due to the relatively low rates of sterilization in Indonesia (3 percent of currently married women), since appropriate methods for women 30 and over and women with 3 or more children are the long-term methods such as sterilization, IUD, and Norplant. The Java-Bali region has been much more successful than the outer islands in getting women to use methods appropriate for their status. Twice as many women 30 and over in Java-Bali are using long-term methods than in Outer Java-Bali II. The same ratios apply for women with three or more children.

Figure 4.3 shows the relationship between knowledge and use of family planning among Indonesian women. While 95 percent of married women know at least one contraceptive method and 93 percent know of a source for contraceptives, only 65 percent have ever used a method and only 48 percent are currently using. The proportion of women who know about family planning and know a source but have never used any method is relatively high--28 percent.

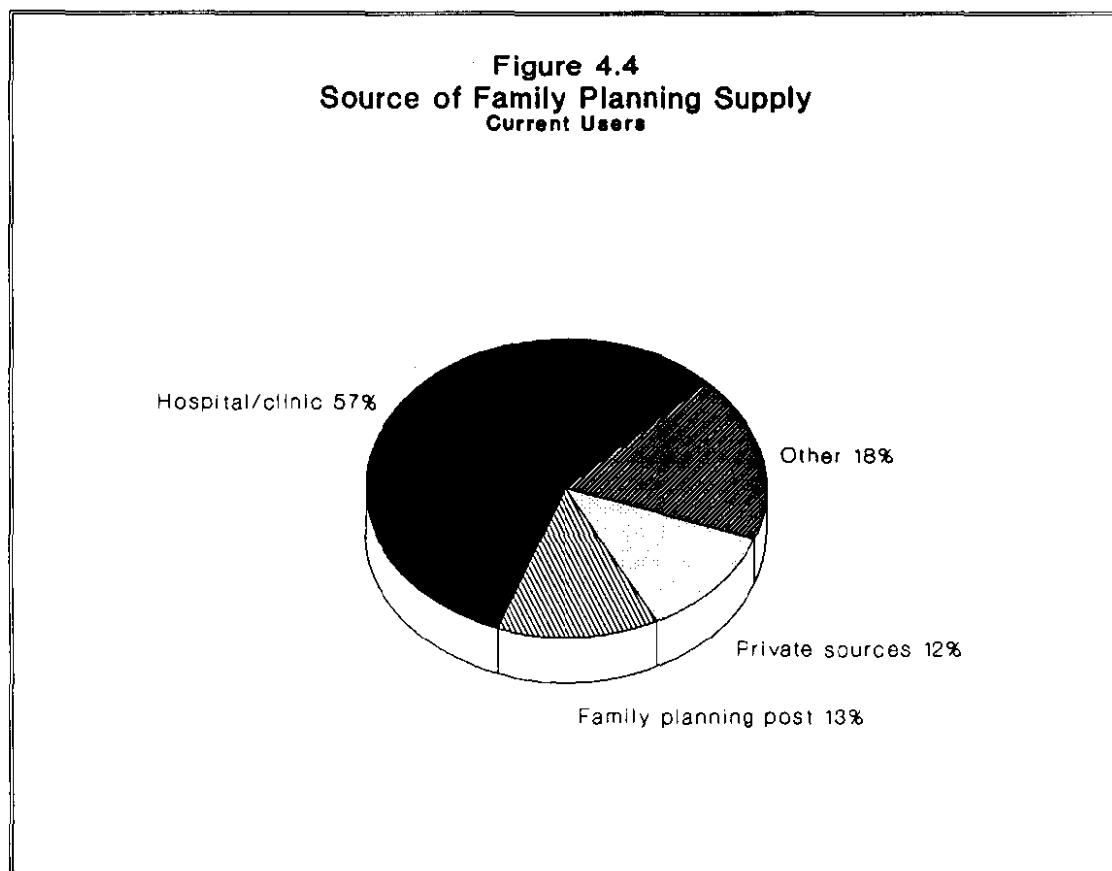


4.2 Sources of Contraceptive Methods

Information concerning sources of contraceptive services is important for family planning administrators, especially given the current emphasis on making programs self-sustaining. As shown in Table 4.5 and Figure 4.4, family planning clinics, hospitals and health centers are the most important source, supplying 57 percent of all users. Family planning posts provide 13 percent of services, family planning field workers supply 5 percent, and integrated service posts (posyandu) account for 4 percent of all users. Private sources include doctors (6 percent), midwives (4 percent), and pharmacies and shops (3 percent).

Sources vary by the method used. Pill users rely on clinics, hospitals and health centers, but also are likely to use family planning posts considerably more than users of other methods. Family planning posts include village family planning posts, which in Bali are carried out through "Banjar," and in other regions through women's clubs with various names. This means that community participation in delivering the pill is high. The proportion of pill users whose source is "other" is high as well (17 percent). It is unclear what this category might consist of, except possibly friends or relatives. Surprisingly, less than 2 percent of pill users obtain their supplies from pharmacies or shops. On the other hand, most condom users are supplied by pharmacies, with hospitals and clinics the second most widely used source. Users of injection, IUD, sterilization and Norplant primarily use clinics, hospitals and health centers. Private doctors and midwives supply about one in 4 injection users, while mobile clinics supply one in 10 Norplant users.

Private sources of supply are mentioned more frequently by urban users than by rural users. As illustrated in Table 4.5, 22 percent of urban users indicate private doctors, midwives, or pharmacists to be



their source of family planning, as opposed to 7 percent of rural respondents. In addition to private sources being more available in urban areas, this may reflect the national family planning program's recent efforts to market the use of private providers for family planning services in the urban areas. Also, probably due to greater availability and accessibility, clinics and hospitals were more frequently mentioned by urban than rural respondents.

Table 4.5 For all current users of supply or clinic methods, the percent distribution by most recent source of supply or information, according to urban-rural residence and method, NICPS, 1987

Source of supply	Supply methods				Clinic methods					Total users
	Pill	Condom	Injection	Total	IUD	Female sterilization	Male sterilization	Nor-plant	Total	
Urban Users										
FP clinic/hospital/health center	49.7	20.9	62.8	50.9	70.5	88.1	91.5	73.3	76.2	61.2
FP fieldworker (PLKB)	4.9	3.5	1.0	3.1	0.1	0.0	0.0	0.0	0.1	1.9
FP post (Pos KB)	14.3	9.7	0.6	7.9	2.8	0.0	0.0	0.0	1.8	5.4
Mobile clinic (TKBK/TMK)	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.6	0.2
Safari campaign drive	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.7	0.3
Integrated service post (posyandu)	7.3	1.3	0.9	3.8	0.4	0.0	0.0	13.8	0.5	2.5
Pharmacy/shop	6.7	57.5	0.0	11.4	0.0	0.0	0.0	0.0	0.0	6.8
Private doctor	2.7	1.3	19.9	9.6	19.5	9.9	0.0	9.9	16.1	12.2
Private midwife	4.1	3.6	14.7	8.4	4.3	0.5	0.0	0.0	3.0	6.2
Other	10.2	1.6	0.0	4.7	0.4	1.4	8.5	0.0	0.8	3.1
Don't know	0.0	0.6	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	374	124	351	849	385	177	9	12	583	1432
Rural Users										
FP clinic/hospital/health center	25.8	28.7	66.1	38.7	77.8	98.8	100.0	59.7	80.2	54.4
FP fieldworker (PLKB)	13.4	6.2	1.6	9.5	3.2	0.0	0.0	4.5	2.8	7.0
FP post (Pos KB)	33.5	9.3	4.7	23.7	5.6	0.0	0.0	4.2	4.8	16.6
Mobile clinic (TKBK/TMK)	0.3	0.4	0.9	0.5	1.6	0.0	0.0	13.6	1.7	1.0
Safari campaign drive	0.0	0.0	0.0	0.0	1.8	0.0	0.0	4.3	1.6	0.6
Integrated service post (posyandu)	5.6	1.3	6.1	5.7	3.3	0.0	0.0	0.0	2.8	4.6
Pharmacy/shop	0.2	43.4	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.7
Private doctor	0.5	0.0	7.4	2.7	2.5	1.1	0.0	0.0	2.2	2.5
Private midwife	1.9	4.1	9.9	4.5	2.3	0.0	0.0	0.0	1.9	3.5
Other	18.9	3.6	2.4	13.3	1.6	0.1	0.0	13.6	1.7	9.0
Don't know	0.0	3.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1378	48	670	2096	1057	163	9	34	1263	3359
All Users										
FP clinic/hospital/health center	30.9	23.1	65.2	42.5	76.0	93.5	95.6	63.3	79.1	56.6
FP fieldworker (PLKB)	11.6	4.3	1.5	7.6	2.3	0.0	0.0	3.5	2.0	5.4
FP post (Pos KB)	29.3	9.6	3.3	19.2	4.9	0.0	0.0	3.2	4.0	13.3
Mobile clinic (TKBK/TMK)	0.3	0.1	0.6	0.4	1.4	0.0	0.0	10.3	1.3	0.7
Safari campaign drive	0.0	0.0	0.0	0.0	1.6	0.0	0.0	3.3	1.3	0.5
Integrated service post (posyandu)	6.0	1.3	4.4	5.1	2.5	0.0	0.0	3.6	2.1	3.8
Pharmacy/shop	1.6	53.6	0.0	4.1	0.0	0.0	0.0	0.0	0.0	2.5
Private doctor	1.0	0.9	11.8	4.7	7.1	5.6	0.0	2.6	6.6	5.5
Private midwife	2.4	3.7	11.6	5.6	2.8	0.2	0.0	0.0	2.3	4.4
Other	16.9	2.1	1.6	10.7	1.3	0.5	0.0	10.2	1.3	7.1
Don't know	0.0	1.3	0.0	0.1	0.0	0.1	4.4	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1752	172	1021	2945	1442	340	18	45	1846	4791

Another government program at the village level is the integrated health post (posyandu) which provides five services, including family planning, usually once a month. As expected, slightly more rural (5 percent) than urban users (3 percent) mentioned the posyandu as a source of family planning services. Also, as expected, family planning fieldworkers and village contraceptive distribution centers (FP post) were mentioned more frequently by rural respondents (24 percent) than urban (7 percent).

As stated previously, satisfaction with contraceptive service is an important issue in retaining acceptors. In order to try to measure dissatisfaction with services, NICPS interviewers asked all current users if there was anything they disliked about the service they received at the last place they obtained their methods. Table 4.6 shows that 97 percent of users said they had no problem with the source of service. This is true for all service delivery types except mobile clinics, which had a large proportion in the "other" category. None of the specific problems listed, such as, discourteous staff, long waiting period for service, high cost, inability to get desired method, or use of male staff were cited by more than two percent of users.

Table 4.6 Percent distribution of current users who obtained a method at a source by type of dissatisfaction with the service (if any), according to type of source last visited, NICPS, 1987

Source of supply	Nature of dissatisfaction with service							Number of current users	
	No problem	Wait too long	Staff discourteous	Expensive	Unable to get desired method	Male staff	Other		Total
FP clinic/hospital/health center	97.0	1.3	0.7	0.4	0.0	0.1	0.5	100.0	2702
FP field worker (PLKB)	97.3	0.6	0.0	0.3	1.3	0.0	0.5	100.0	259
FP post (Pos KB)	99.3	0.1	0.0	0.0	0.1	0.0	0.5	100.0	636
Mobile clinic (TKBK/TMK)	76.1	1.2	0.0	0.0	0.0	0.0	22.7	100.0	35
Safari campaign drive	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	25
Integrated service post (posyandu)	96.9	0.0	1.5	0.7	0.8	0.0	0.1	100.0	189
Pharmacy/shop	95.3	0.0	0.0	0.0	1.5	0.0	3.2	100.0	120
Private doctor	99.0	1.0	0.0	0.0	0.0	0.0	0.0	100.0	261
Private midwife	98.5	0.2	0.0	0.0	0.0	0.7	0.6	100.0	207
Total	97.4	0.9	0.5	0.3	0.2	0.1	0.6	100.0	4434

Although only 3 percent of currently married women have been sterilized, making it the fourth most widely used method, it is interesting to note changes over time in the age of women at the time they choose sterilization. Table 4.7 shows that, except for operations performed in the past two years, there has been a general decline in the median age of women at the time that they were sterilized, from 33 years for those sterilized 8 or more years ago, to 31 for those sterilized 2 or 3 years before the survey.

Table 4.7 For sterilized women, the percent distribution by age at the time of sterilization, according to the number of years since the operation, NICPS, 1987

Years since operation	Age at time of operation					Total	No. of women	Median age
	Under 25	25-29	30-34	35-39	40-49			
Less than 2	13.2	12.8	42.8	23.2	8.0	100.0	72	32.5
2-3	11.6	30.1	36.2	13.8	8.3	100.0	86	30.6
4-5	8.5	23.9	38.8	18.3	10.4	100.0	66	31.5
6-7	3.1	27.1	38.2	22.2	9.4	100.0	36	31.7
8-9	3.5	14.3	38.9	43.0	0.3	100.0	46	33.4
10 or more	3.4	20.3	59.8	16.5	-	100.0	34	32.9
Total	8.5	21.8	41.0	21.8	6.9	100.0	340	32.1

- Data not available due to cutoff age of 49 in survey.

Table 4.8 is similar to Table 4.7 except that it shows the number of living children that sterilization acceptors had at the time of the operation instead of their age. The median number of children at time of operation shows an uneven pattern over time, with a slight decline recently. Women have about five children at the time they or their husbands are sterilized. It is interesting that 10 percent chose sterilization when they have only one or two living children.

Table 4.8 For sterilized women, the percent distribution by number of living children at the time of sterilization, according to number of years since the operation, NICPS, 1987

Years since operation	Number of living children				Total	No. of women	Median no. of children
	1	2	3	4+			
Less than 2	2.0	16.5	23.5	58.0	100.0	72	4.4
2-3	0.0	9.3	22.6	68.1	100.0	86	4.8
4-5	0.0	2.4	26.2	71.4	100.0	66	5.3
6-7	0.0	17.5	17.5	65.0	100.0	36	4.8
8-9	0.0	3.3	14.6	82.1	100.0	46	5.9
10 or more	7.9	3.1	11.8	77.2	100.0	34	5.4
Total	1.2	8.9	20.8	69.1	100.0	340	5.0

4.3 Quality of Use of Pill, Injection, and Condom

As stated previously, the pill is the most popular method of contraception used in Indonesia. In order to study the "quality" of pill use, the NICPS included a series of questions for women who said they were using pill. These women were first asked if they had a package of pills in the house. If not, women were asked why they did not have a package and were requested to identify the brand of pills they use from a brand chart that interviewers carried with them. If respondents said they did have a package of pills in the house, the interviewer asked to see one, from which she recorded the brand and noted on the questionnaire whether pills were missing in order. If either 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 4.9 shows results from some of these questions on the quality of pill use. About 94 percent of pill users were able to show the interviewer a packet of their pills. Although not included in the table, virtually all users who could not show a packet gave the reason that they had run out of supplies. Of the users who did produce a pill packet, 91 percent had pills missing in order. About 40 percent of women whose packets showed pills not missing or missing out of order said that the reason for this was that the packets were new, while the remainder of such women gave other reasons. It is rather disconcerting that only 87 percent of all pill users actually took a pill less than two days before the survey. Most women who had not taken a pill less than two days before said that the reason was either that they were having their menstrual periods or that they had run out of pills. A few women said they were not taking because their husbands were away. Although many of the women who have not taken a pill in the last two days can be considered to be still protected by the pill, the data imply that effective pill use is somewhat lower than the reported number of pill users.

Differentials in quality of pill use by background characteristics are small. The only consistent difference is that quality of pill use appears to be higher in Outer Java-Bali II than in either Java-Bali or Outer Java-Bali I.

As mentioned above, all pill users were asked about the brand of pill they used. As shown in Table 4.10, almost 90 percent of pill users are using a brand from the national family planning program (Pil Keluarga Berencana). The only other brands which have a sizable number of users are Marvelon-28 and Ovostat-28.

Table 4.9 Percent of currently married women pill users who have a packet at home, have taken pills in order, and who took a pill less than two days ago, by background characteristics, NICPS, 1987

Background characteristic	Percent using pill	Percent of pill users who can show package	Percent of packets with pills missing in order	Percent of pill users who took pill less than 2 days ago	Number of pill users
Age					
15-19	12.7	97.4	92.2	92.9	76
20-24	17.0	95.4	92.8	90.1	322
25-29	21.0	93.3	90.7	85.7	506
30-34	19.8	96.2	90.4	87.8	391
35-39	15.1	89.3	90.7	83.9	233
40-44	13.1	91.9	90.5	86.6	167
45-49	4.7	89.3	96.2	90.1	57
Residence					
Urban	12.6	94.3	93.1	86.8	374
Rural	17.4	93.5	90.8	87.4	1378
Region					
Java-Bali	16.0	93.6	90.3	86.9	1166
Outer Java-Bali I	16.2	93.4	92.5	87.4	517
Outer Java-Bali II	15.3	98.4	96.8	92.1	69
Province					
Jakarta	10.6	98.2	96.3	92.8	58
West Java	18.0	95.3	90.6	90.5	398
Central Java	15.3	90.4	88.7	82.5	296
Yogyakarta	7.0	85.1	95.5	73.9	15
East Java	17.8	93.7	89.9	86.2	389
Bali	5.0	100.0	98.6	90.5	10
Education					
None	14.4	92.1	90.4	87.1	346
Some primary	18.3	94.9	91.6	89.1	811
Primary completed	16.3	92.6	90.5	84.8	426
Secondary or more	11.5	93.7	93.5	85.3	169
Total	16.1	93.7	91.2	87.3	1752

Table 4.10 Percent distribution of currently married pill users by brand of pill used, NICPS, 1987

Brand of pill	Percent	Number of pill users
Eugynon	0.3	5
Microgynon 30 ED	0.7	12
Neogynon ED	0.5	8
Triquilar ED	0.3	6
Lyndiol	0.2	3
Marvelon 28	2.7	48
Ovostat 28	1.4	25
Nordette 28	0.2	3
Nordiol 28	0.1	2
Ovulen Fe-28	0.1	2
Ovulen 50 Fe-28	0.2	3
Pil Keluarga Berenc.	89.1	1562
Other	3.5	61
Don't know, missing	0.7	12
Total	100.0	1752

Similar to questions on quality of pill use, NICPS interviewers asked all injection users when they received their last injection and all condom users to show a package of condoms. The results are shown in Table 4.11 by background characteristics of women. Ninety-four percent of injection users received an injection less than three months ago, which means that 6 percent of injection users may actually be at risk of pregnancy. Since one brand of injection used in Indonesia requires bimonthly inoculations, the proportion of women at risk may actually be slightly higher, although this brand is not as widely used as the three-month brand. Differences by background characteristics are small.

The proportion of condom users who can show the interviewer a packet is surprisingly high (90 percent), considering that this is a method used by men. In interpreting the data, one should remember that the condom is not widely used in Indonesia, with less than 2 percent of currently married women relying on it. The most popular brands used are Young Young, KB, and DuaLima. Differences by background characteristics in the proportion of condom users who can show a packet are mostly caused by small numbers.

All current contraceptive users in the NICPS were asked whether they had experienced problems with the method they were using and if so, what the problems were. As Table 4.12 indicates, 90 percent or more of users of all methods did not report any problems with the methods they were using.

Table 4.11 Percent of currently married women who are using injection and condom, percent of injection users who received an injection less than three months ago, and percent of condom users who can show a packet, by background characteristics, NICPS, 1987

Background characteristic	Injection users			Condom users		
	Percent using	% of users injected less than 3 mos. ago	Number of injection users	Percent using	Percent of users who can show package	Number of condom users
Age						
15-19	6.5	88.7	39	0.1	(50.0)	1
20-24	13.8	95.1	261	1.1	100.0	20
25-29	13.2	94.7	317	1.2	74.7	30
30-34	10.1	92.8	199	2.6	97.1	52
35-39	8.1	94.8	125	2.5	86.7	38
40-44	4.1	97.1	52	1.7	90.3	21
45-49	2.3	91.7	28	0.9	(92.5)	10
Residence						
Urban	11.8	94.5	351	4.2	88.5	124
Rural	8.4	94.2	670	0.6	94.1	48
Region						
Java-Bali	10.7	95.8	777	1.8	92.8	132
Outer Java-Bali I	6.6	89.2	212	1.1	79.6	34
Outer Java-Bali II	7.1	91.5	32	1.4	(88.9)	6
Province						
Jakarta	11.7	94.5	64	4.9	94.8	27
West Java	13.3	98.1	293	0.8	(100.0)	17
Central Java	10.8	96.2	209	2.3	91.9	44
Yogyakarta	7.3	97.7	15	4.1	85.2	9
East Java	8.5	92.5	185	1.5	90.3	32
Bali	5.8	85.6	11	1.6	(92.9)	3
Education						
None	4.5	94.7	108	0.4	(100.0)	9
Some primary	9.2	94.9	405	0.8	79.9	34
Primary completed	12.9	94.5	336	1.7	89.2	44
Secondary or more	11.7	91.9	172	5.8	93.5	85
Total	9.4	94.3	1021	1.6	90.0	172

Note: Numbers in parentheses are based on fewer than 20 unweighted cases.

Although the national family planning program is essentially a government program, it is strongly supported by community participation. One indicator of the level of this support is the "self-sustainability" of the community in the provision of contraceptive services. One means of measuring self-sustainability is the proportion of users who themselves pay for services. In the NICPS, all users were asked how much the method cost, including any costs for service. The results are given in Table 4.13.

The data show that overall, 64 percent of users obtain their methods free of charge. The injection has the highest proportion of self-sustaining users, with only 28 percent of users getting the method free, followed by female sterilization (40 percent), condom (50 percent), Norplant (71 percent), IUD (76 percent), and the pill (84 percent). Generally, a larger percentage of women outside Java-Bali get their methods free. The data show that female sterilization is the most costly method, with a mean cost of Rp. 121,000, followed by the pill at Rp. 17,500, and the IUD at Rp. 15,000. Data on cost of methods should be regarded cautiously. Although the instructions were to put the cost of the method plus service costs, it is not always clear what the cost actually included; for example, users of supply methods, such as the pill and condom, might have given the cost of more than one month's supply. Also, it is particularly easy for interviewers and/or data entry clerks to be off by one column when entering the figures.

Table 4.12 Percent distribution of current users by the type of problem experienced with the method, according to method, NICPS, 1987

Method	Problem experienced with method:									Number of current users	
	None	Method not effective	Husband disapproves	Health concerns	Access availability	Costs too much	Inconvenient to use	Other	Don't know		Total
Pill	91.9	0.0	0.0	7.2	0.2	0.0	0.1	0.2	0.4	100.0	1752
IUD	93.7	0.1	0.1	5.5	0.0	0.0	0.1	0.5	0.0	100.0	1442
Injection	89.9	0.1	0.0	9.0	0.0	0.0	0.0	0.9	0.1	100.0	1021
Condom	90.3	0.0	1.9	0.4	0.0	0.0	3.9	3.5	0.0	100.0	172
Female sterilization	91.7	0.0	0.0	7.2	0.0	0.1	0.0	1.0	0.0	100.0	340
Male sterilization	89.9	0.0	0.0	8.9	0.0	0.0	0.0	1.2	0.0	100.0	18
Norplant	97.5	0.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	100.0	45
Periodic abstinence	97.0	0.2	0.2	0.0	0.0	0.0	2.1	0.5	0.0	100.0	127
Withdrawal	92.0	0.0	0.0	0.1	0.0	0.0	2.4	5.5	0.0	100.0	136
Total	92.3	0.1	0.1	6.3	0.1	0.0	0.3	0.7	0.1	100.0	5207

Note: Excludes methods with fewer than 20 users; total includes all users.

Table 4.13 Percent of current users who get their method free and the mean cost of the method (including services) for those who pay, by method and region, NICPS, 1987

Method	Java-Bali			Outer Java-Bali I			Outer Java-Bali II *		Total		
	Percent getting free	Mean cost (Rp.)	No. of users	Percent getting free	Mean cost (Rp.)	No. of users	Percent getting free	No. of users	Percent getting free	Mean cost (Rp.)	No. of users
Pill	83.2	11300	1166	85.1	26082	516	98.3	69	84.3	17502	1751
IUD	75.2	10960	443	78.2	29340	117	74.5	19	75.8	14956	579
Injection	25.3	1823	775	31.1	2489	212	55.7	32	27.5	1961	1019
Condom	47.8	1385	115	57.3	*	26	51.2	6	49.6	1494	147
Female ster.	35.9	68678	83	52.2	*	24	-	0	39.8	121230	107
Norplant	82.9	*	31	45.4	*	14	-	0	70.9	*	45
Total	61.6	8179	2613	69.3	26264	910	81.8	126	64.2	12481	3649

Note: Women who have been using IUD or female sterilization for more than three years have been excluded to keep cost estimates current. In 1988, U.S.\$1 = about Rp.1650.

* Based on fewer than 20 cases.

