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 has given rise to 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 administratively divided into 27 provinces. Each province consists of *regencies* and *municipalities*. Altogether, there are 249 regencies and 65 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 1997, there were 4,028 subdistricts and 66,913 villages (7,230 urban villages and 59,683 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 was oriented toward overall development.

After more than 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 increase 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. Per capita income has increased to around US $1,124 in 1996, while the economic growth was around 5 percent. All of this increase ended in mid-1997 when the Asian economy collapsed. The value of the currency plummeted, prices increased, and unemployment rose dramatically. In addition, parts of the country suffered from relatively long droughts and extensive forest fires.

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 1997 National Socio-Economic Survey (Susenas) show that in the past 25 years Indonesia has undergone a major improvement in the area of education. The percentage of persons age 10 years and over who were literate increased from 61 percent in 1971 to 84 percent in 1990 and to 89 percent in 1997. The improvement in education is most visible among females. Whereas school attendance among children age 7 to 12 years in 1971 was 62 percent for males and 58 percent for females, the corresponding rate for both in 1997 was 95 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 persons who finished primary school only increased from 20 percent in 1971 to 30 percent in 1990 and to 33 percent in 1997, while persons who attended junior high school or had higher education increased from 7 percent in 1971 to 22 percent in 1990, and to 30 percent in 1997. At all levels, the increase in education among females has been greater than that of males.

One possible effect of more girls staying in school longer is the rise in the average age at first marriage. The 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 41 percent in 1997. Most women work in agriculture, trade, or the service industries.

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 201.4 million in 1997. 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 73.4 million (36 percent of the population) living there in 1997.

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 (see Table 1.1). The population growth rate is projected to have declined further to 1.7 percent between 1990 and 1997.

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 and projected to be 104 persons per square kilometer in 1997.

Past census and survey data show that Indonesia's fertility has declined significantly since the 1960s. 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. The CBR declined further to 28 births per 1,000 population in the period 1986-89, 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 the more recent years. The 1997 CBR was projected to be 23 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 is projected to be 2.6 children per woman in 1997.

Table 1.1 Basic demographic indicators

Demographic indicators from selected sources, Indonesia 1971-1997

Index	1971 Census	1980 Census	1985 Intercensal Survey	1990 Census	1997 Projection[1]
Population (millions)	119.2	147.5	164.6	179.4	201.4
Growth rate (GR)[2] (percent)	2.10	2.32	2.22	1.98	1.67
Density (pop/km^2)	62.4	77.0	85.0	93.0	103.5
Percent urban	17.3	22.3	26.2	30.9	36.0
Reference period	1967-70	1976-79	1981-84	1986-89	1997
Crude birth rate (CBR)[3]	40.6	35.5	32.0	27.9	22.7
Crude death rate (CDR)[4]	19.1	13.1	11.4	8.9	7.7
Total fertility rate (TFR)[5]	5.6	4.7	4.1	3.3	2.6
Infant mortality rate[6] (per 1,000 births)	142	112	71	70	50
Life expectancy[6]					
Male	45.0	50.9	57.9	57.9	62.8
Female	48.0	54.0	61.5	61.5	66.7

[1] Projected based on the 1990 Population Census and the 1995 Intercensal Population Survey
[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, 1987; 1992; 1997a, 1997b; 1998; 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) spanning the period between 1969-70 and 1993-94 was the reduction of infant and child mortality, which was achieved 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 is projected to reach 50 deaths per 1,000 live births in 1997. 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 is projected to be 8 deaths per 1,000 population in 1997.

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 called the Indonesian Planned Parenthood Association (IPPA), which works under the auspices of the International Planned Parenthood Federation (IPPF). IPPA 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 has been 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 5-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 ten provinces outside Java-Bali, i.e. Dista Aceh, North Sumatra, West Sumatra, South Sumatra, Lampung, West Nusa Tenggara, West Kalimantan, South Kalimantan, North Sulawesi, and South Sulawesi. In the third Repelita, the programs were further expanded to include the remaining eleven provinces. The ten provinces that started family planning programs in Repelita II are called the Outer Java-Bali I Region, whereas those that started the programs in Repelita III are grouped as the Outer Java-Bali II Region.

In less than three decades, the population policy has not only contributed to reducing the fertility rate of the country by half, but is also helping to improve family welfare. One of several factors that contributes to the success of the family planning program in Indonesia has been the involvement of the community in running the programs on the notion that family planning is more than simply controlling births. In the Act No.10 passed in 1992, family planning is explicitly defined as the efforts to increase the society's concern and participation through delaying marriage, controlling births, fostering family resilience, and improving family welfare to create small, happy, and prosperous families.

Additionally, during Repelita VII, the national family planning movement will be maintained and improved. As stated in the 1998 Broad State Policy (GBHN), "The national family planning movement as one of main activities to achieve family welfare will continue to be aimed at controlling population growth through limiting births in order to achieve harmony and balance between the growth of the population and the economy to achieve more self-reliant, happy, and prosperous families." Furthermore, the 1998 GBHN stated that family planning self-reliance and institutionalization should be improved through better accessibility and quality of both contraceptive information and supply.

1.4 Health Priorities and Programs

Health Law No. 23/1992 provides a legal basis for health sector activities. It stipulates that the goal of health development is to increase the awareness, willingness, and ability of everyone to live a healthy life. The law emphasizes the decentralization of operational responsibility and authority to the local level as a prerequisite for successful and sustainable development.

In the Second 25-Year Development Plan (1994-2019), economic and human development are identified as the keys to national development and self-reliance. Following the National Guidelines on State Policy issued in 1993, the strategy adopted to improve the health and nutritional status of the population is two-pronged: to improve the quality of health services that must become affordable to all and to promote a healthy lifestyle supported by adequate housing and environmental sanitation.

The Indonesia Ministry of Health's priorities are to improve the quality and equity of services, with particular attention to the poor. In the health sector, the major objectives of the Sixth Five-Year Development Plan (Repelita VI, 1994-1998) are to:

- Strengthen preventive and promotive activities aimed at reducing maternal, infant, and child mortality and morbidity; reducing fertility; and improving nutritional status
- Improve the quality of health services and associated referral systems
- Increase the efficiency and effectiveness of services and promote improved management of health resources
- Transform public hospitals into self-supporting units through improved cost recovery
- Promote the use of high-quality generic drugs
- Provide a health card for the poorest families, entitling them to free health services
- Promote and facilitate joint public and private financing of health care services
- Encourage the private sector to finance preventive and promotive health care
- Decentralize health service management to the district level.

The government puts great emphasis on intersectoral coordination of efforts, joint responsibility of local government and the community, region-specific programs, targeting of vulnerable groups, and support of a strong information and communication program.

1.5 Objectives of the Survey

The 1997 Indonesia Demographic and Health Survey (IDHS) is a follow-on project to the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS), the 1991 IDHS, and the 1994 IDHS. The 1997 IDHS was expanded from the 1994 survey to include a module on family welfare; however, unlike the 1994 survey, the 1997 survey no longer investigated the availability of family planning and health services. The 1997 IDHS also included as part of the household schedule a household expenditure module that provided a means of identifying the household's economic status. The findings on family welfare, household expenditures, as well as maternal mortality, are discussed in separate reports.

The 1997 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 household expenditure data that 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, 1991 IDHS and 1994 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

- Provide indicators for classifying families according to their welfare status.

1.6 Organization of the Survey

The 1997 IDHS was implemented by the Central Bureau of Statistics (CBS) at the request of the State Ministry of Population/National Family Planning Coordinating Board (NFPCB). These organizations and the Ministry of Health (MOH) collaborated in the development of the questionnaire and in the analysis and dissemination of the results. The Government of Indonesia provided all of the local costs through the NFPCB development budget. Macro International Inc. furnished technical assistance through the Demographic and Health Surveys Program (DHS), a project funded by the U.S. Agency for International Development (USAID).

A survey Steering Committee was established; it consisted of senior representatives from the State Ministry of Population/NFPCB, CBS, MOH, the National Development Planning Board (Bappenas), 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 CBS executed the survey and processed the data. The directors of the provincial statistical offices 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 provincial offices.

The 1997 IDHS used three questionnaires: the household questionnaire, the questionnaire on family welfare, and the individual questionnaire for ever-married women 15-49 years old. The general household and individual questionnaires were based on the DHS Model "A" Questionnaire, which is designed for use in countries with high contraceptive prevalence. Additions and modifications to the model questionnaire were made in order to provide detailed information specific to Indonesia. The questionnaires were developed mainly in English and were translated into Indonesian. One deviation from the standard DHS practice is the exclusion of the anthropometric measurement of young children and their mothers. A separate survey carried out by MOH provides this information.

The household questionnaire includes an expenditure schedule adapted from the core Susenas questionnaire model. Susenas is a national household survey carried out annually by CBS to collect data on various demographic and socioeconomic indicators of the population. The family welfare questionnaire was aimed at collecting indicators developed by the NFPCB to classify families according to their welfare status. Families were identified from the list of household members in the household questionnaire. The expenditure module and the family welfare questionnaire were developed in Indonesian. Findings of theses questionnaires were not presented in this report.

As in previous surveys, data were collected by teams of interviewers. Altogether, 284 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 during June to August 1997. The field supervisors and editors received additional training in supervisory tasks and editing techniques. Data collection took place from September to December 1997. For more information about the fieldwork, see Appendix A. A list of persons involved in the implementation of the survey is found in Appendix D. The survey questionnaires are reproduced in Appendix E.

As in the 1991 and 1994 IDHS, the 1997 IDHS was conducted in all 27 provinces in Indonesia. The sample was designed to produce estimates at the national, urban-rural, regional, and provincial levels. 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 1997 IDHS are high. A total of 35,362 households were selected for the survey, of which 34,656 were found. Of the encountered households, 34,255 (99 percent) were successfully interviewed. In these households, 29,317 eligible women were identified, and complete interviews were obtained from 28,810 women, or 98 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 1997

Result	Residence		
	Urban	Rural	Total
Household interviews			
Households sampled	10,302	25,060	35,362
Households found	10,038	24,618	34,656
Households interviewed	9,897	24,358	34,255
Household response rate	98.6	98.9	98.8
Individual interviews			
Eligible women	8,253	21,064	29,317
Interviewed women	8,117	20,693	28,810
Eligible woman response rate	98.4	98.2	98.3