

# Indonesia



## National Indonesia Contraceptive Prevalence Survey 1987

SUMMARY REPORT



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This report summarizes the findings of the National Indonesia Contraceptive Prevalence Survey 1987 (NICPS). The survey was conducted by the National Family Planning Coordinating Board and the Central Bureau of Statistics. The Institute for Resource Development provided funding and technical assistance. Additional funding was provided by USAID/Jakarta, the United Nations Population Fund (UNFPA) and the Government of Indonesia. Editorial and production support for this report was provided by the IMPACT project of the Population Reference Bureau.

The Indonesia survey is part of the worldwide Demographic and Health Surveys (DHS) 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 No. 8, Jakarta 10710, Indonesia (telephone: 372808), or the National Family Planning Coordinating Board, Jl. Let. Jen. M.T. Haryono, Jakarta 10002, Indonesia (telephone: 8191308). Additional information about the DHS program may be obtained by writing to: DHS, Institute for Resource Development/Macro Systems, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, Maryland 21045, U.S.A. (telephone: 301-290-2800; telex: 87775; fax: 301-290-2999).

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**EXECUTIVE SUMMARY**

The National Indonesia Contraceptive Prevalence Survey of 1987 reveals that fertility levels have fallen rapidly in Indonesia. At recent fertility rates, Indonesian women will have 3.3 children on average, versus 5.5 children at the fertility rates prevailing almost two decades ago.

Without doubt, the most important reason for this decline in fertility is a dramatic increase in the use of contraceptives. Nearly 95 percent of currently married women in Indonesia recognize at least one modern



contraceptive method, and virtually all women who recognize a method also know a place to get it. About two-thirds of all currently married Indonesian women have used a contraceptive method at some time, and nearly half are presently using one.

The more children a woman has, the more likely she is to use contraception; the rate peaks at 60 percent

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*If recent fertility rates continue, Indonesian women will have an average of 3.3 children during their lives.*

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among women with three children. The pill is the most commonly used family planning method in Indonesia, followed by the IUD and the injection. As she has more children, a woman is also more likely to use a long-term contraceptive method — IUD, sterilization or Norplant. The most important sources of family planning services in Indonesia are family planning clinics, hospitals, and health centers, supplying 57 percent of all users. Community-based distribution points also play a role in the distribution of the pill, while pharmacies are a source of condoms for many people.

Contraceptive use is highest in Java and Bali, where Indonesia's Family Planning Program was initiated. The family planning program's norm of a two-child family apparently is becoming widely accepted. Although among all ever-married women the average ideal family size is 3.2 children, over half of women with no children or only one child say that the ideal family size is two children. Over half of married Indonesian women say they do not want any more children, and more than a

quarter wish to delay their next birth for at least two years. The changing family-size preferences among younger Indonesian women suggest further decreases in fertility in the future.

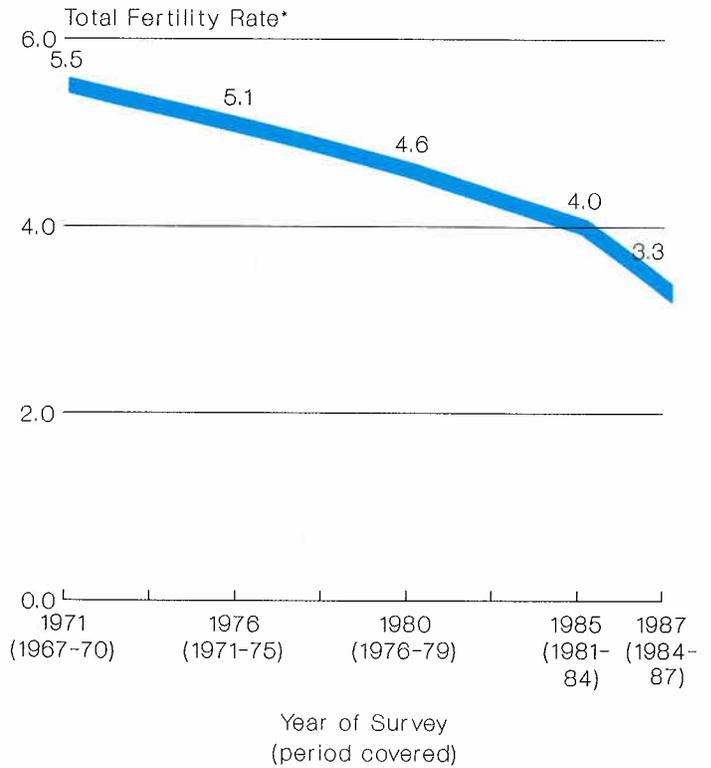
Indonesia has also experienced dramatic gains in child survival during the past 15 years. Child mortality rates have decreased by over 40 percent during this period. Children born to mothers with a secondary education or living in an urban area have a greater than average chance of surviving to age five. Being born more than two years after the birth of a previous child also increases a child's chances of survival.

The National Indonesia Contraceptive Prevalence Survey provides evidence of the country's dramatic transformation in reproductive behavior; the goals of the National Family Planning Program to reduce fertility are being achieved. However, about four married women in ten are not using any contraceptive method, although they do not want to have more children or wish to delay their next birth. Despite many indicators of success, the survey also shows further potential for increasing contraceptive prevalence.

**BACKGROUND**

The National Indonesia Contraceptive Prevalence Survey (NICPS) collected data on fertility and family planning in order to provide policymakers and program managers with information useful for evaluating and improving Indonesia's National Family Planning Program. The Indonesian Central Bureau of Statistics conducted the survey from September to December 1987. Interviews were conducted with 11,884 ever-married women age 15-49, from a sample of households representing 93 percent of the population of Indonesia.

*Figure 1*  
**FERTILITY DECLINE**  
1971-1987



\* Average number of children a woman bears in a lifetime at the fertility rates during the period

## DECLINING FERTILITY

Fertility in Indonesia has declined rapidly in recent years. At the childbearing rates during the period 1984-87 for women age 15 to 49, Indonesian women will have an average of 3.3 children over their reproductive lives. In contrast, at the fertility rates prevailing during the period 1967-70, women gave birth to an average of 5.5 children (see Figure 1). Another indicator of fertility decline among younger women in Indonesia is the fact that women in their forties, whose reproductive years are ending, have given birth to an average of 5.4 children each.

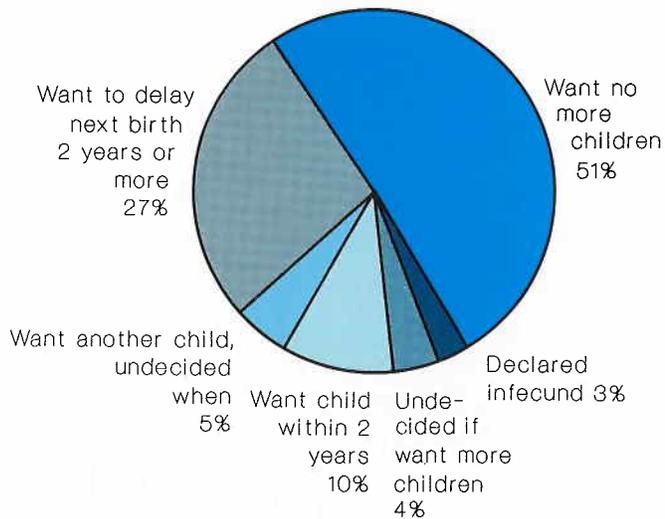
The most important reason for the recent decline in fertility in Indonesia is the increased use of contraceptives. Other demographic factors such as marriage patterns, the age at which women first give birth, breastfeeding and sexual abstinence practices following childbirth have also affected fertility rates.

Current fertility levels and the extent of the fertility decline vary by women's level of education and place of residence. Java and Bali have the lowest fertility — 3.1 children per woman for the five-year period before the survey, versus 4 or more children per woman in the outer islands. Fertility is lowest, and the decline in fertility has been faster, among women with a secondary or higher education. Similarly, urban women have lower fertility than rural women, and fertility has fallen faster in urban areas than in rural areas during the 1980s.



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Figure 2  
**FERTILITY PREFERENCES**  
 (Currently Married Women 15-49)



NICPS 1987

### Fertility and Family Size Preferences

Over half of married Indonesian women do not want any more children, and more than a quarter wish to delay their next birth for at least two years (see Figure 2). While most women with one child want another child, the majority of them want to wait two years or longer. Among all ever-married Indonesian

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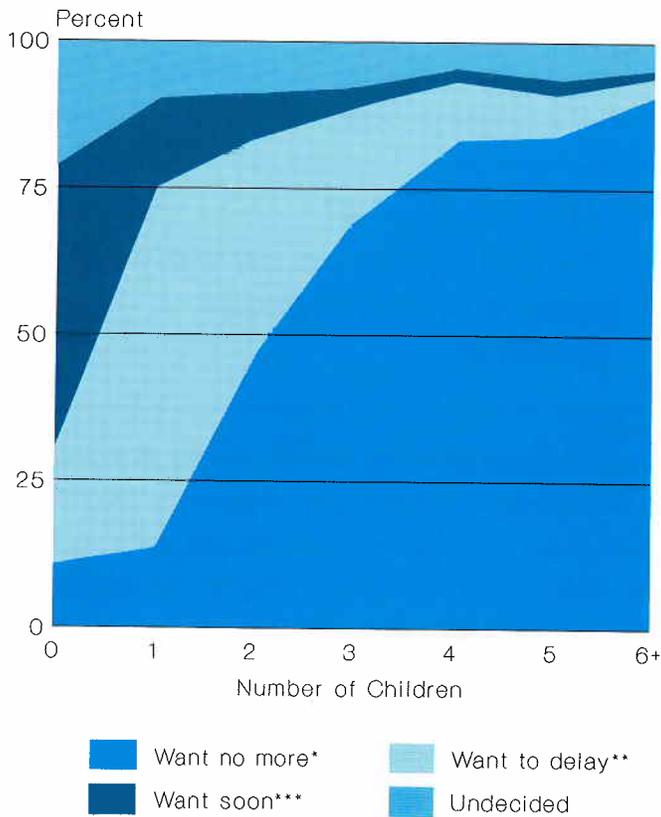
*More than three in four married women either want no more children or want to delay their next birth for at least two years.*

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women, the ideal average family size is 3.2 children, but the two-child family seems to be widely accepted. For example, among women without any children or with only one child (most of whom are younger than age 25), about half say that the ideal family size is two children.

Desire for additional children is strongly related to the number of living children a woman already has. Over 80 percent of women with no children or with only one child want another child, but only half of women with two children want a third child. Among women with four or more children, at least 80 percent want to stop childbearing (see Figure 3). These statistics suggest considerable potential demand for family planning.

*Figure 3*  
**FERTILITY PREFERENCES BY NUMBER OF LIVING CHILDREN**  
 (Currently Married Women 15-49)



\* Infecund included in want no more  
 \*\* Want child after 2 years  
 \*\*\* Want child within 2 years

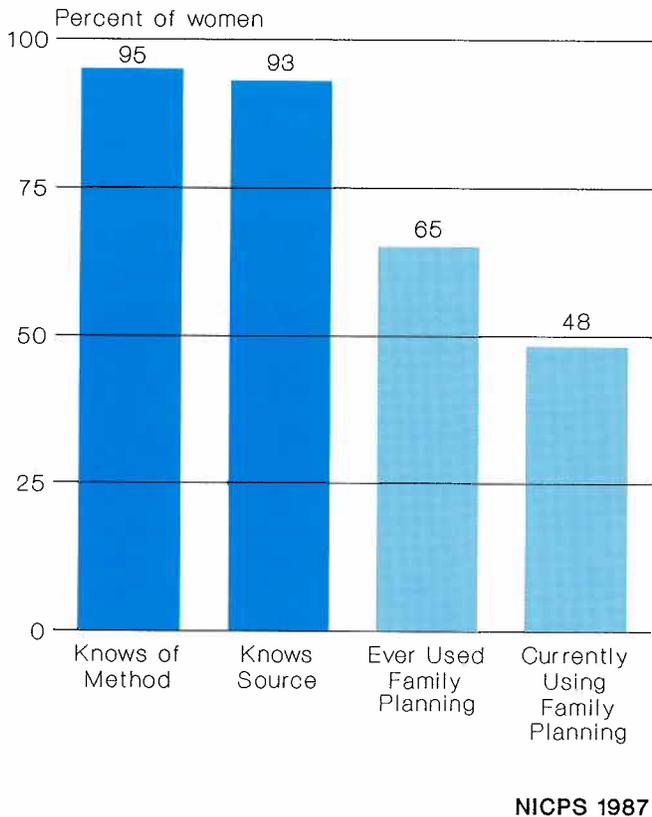
NICPS 1987

**FAMILY PLANNING**

**Knowledge of Family Planning Methods and Sources**

Knowledge of family planning has increased dramatically since 1976, and today nearly 95 percent of currently married women in Indonesia recognize at least one modern method. More than eight in ten married women recognize the pill, injection and IUD, while over half know of condoms and female sterilization. Virtually all women who are aware of a family planning method also know a place where they could obtain it.

Figure 4  
**FAMILY PLANNING KNOWLEDGE AND USE**  
 (Currently Married Women 15-49)



### Use of Family Planning Methods

Contraceptive use has become widespread in Indonesia. Among currently married women, about two-thirds have used a contraceptive method at some time, and 48 percent are presently using one — 44 percent a modern method and 4 percent a traditional method (see Figure 4). The pill is the most

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*Almost half of all married women are currently using a method of family planning.*

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common family planning method, used by 16 percent of all currently married women, followed by the IUD, about 13 percent. The next most popular methods are injection, used by 9 percent, and female sterilization, 3 percent (see Figure 5).

Contraceptive use increases rapidly with the number of living children a woman has, peaking at 60 percent among women with three children, then declining to about half of women with four or more children. As the number of children increases, the use of long-term methods — the IUD, Norplant and sterilization — also increases. The National Family Planning Program encourages the use of the long-term methods among women who have at least three children, and also among those who have reached the age of 30.

Women between the ages of 25 and 40 are most likely to be using contraception. The proportion peaks at 59 percent of the 30-34 age group. Use of the pill

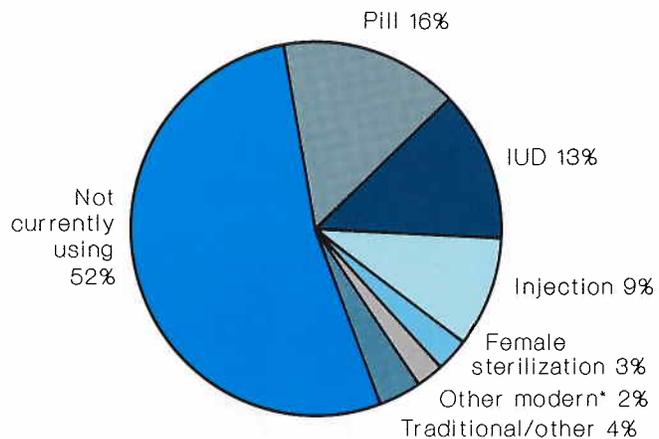
and injection is more common among women below age 30, whereas the IUD, condom and sterilization (both female and male) are more commonly used after age 30.

Family planning use is higher among urban women than rural women, and it increases with level of education (see Figure 6). Contraceptive use is highest in Java and Bali, where the government first launched the National Family Planning Program. Women in Java and Bali are more than twice as likely as women in the outer islands to rely on long-term methods.

### Sources of Family Planning Services

The most important sources of family planning services are family planning clinics, hospitals and health centers, supplying 57 percent of all users. Family planning posts (rural and urban community distribution points) supply 13 percent of users, and private sources, 12 percent. Although pill users rely on clinics, hospitals and health centers, they are also more likely than the users of other methods to use family planning posts, an indication that community-based distribution plays an important role in delivery of the pill. Most condom users receive their supplies from pharmacies, with hospitals the second most widely used source.

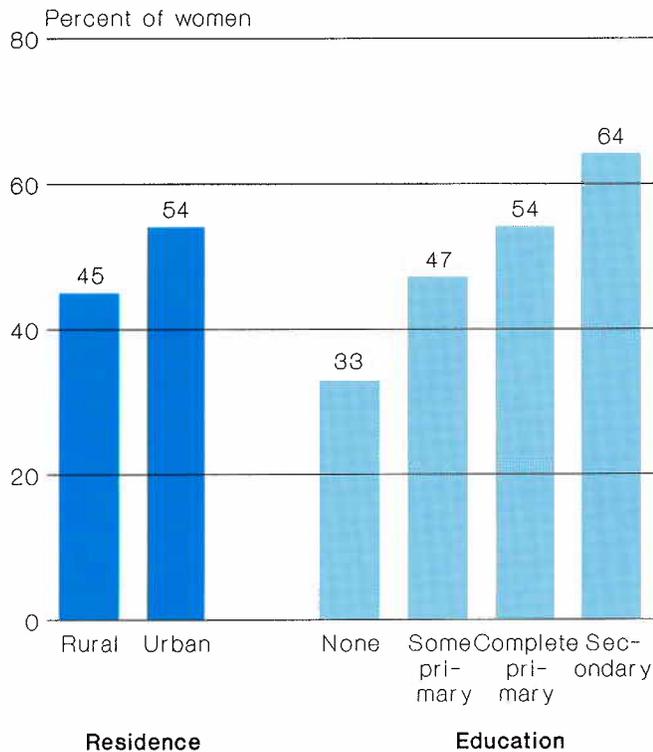
*Figure 5*  
**CURRENT USE OF FAMILY PLANNING BY METHOD**  
(Currently Married Women 15-49)



\* Includes condom (1.6%), Norplant (.4%), male sterilization (.2%)

NICPS 1987

Figure 6  
**CURRENT USE OF FAMILY PLANNING  
 BY RESIDENCE AND EDUCATION**  
 (Currently Married Women 15-49)



NICPS 1987

The National Family Planning Program has recently introduced a “self reliant” family planning movement to encourage greater use of the private sector. Already, over one-third of users are contributing fully or partially to the cost of their family planning methods and services.

**Barriers to Contraceptive Use**

The reason women cite most frequently for discontinuing use of a contraceptive method is to become pregnant. This is the reason given by

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*Over one-fourth of the women discontinuing use of a contraceptive method in the last five years did so because of health concerns.*

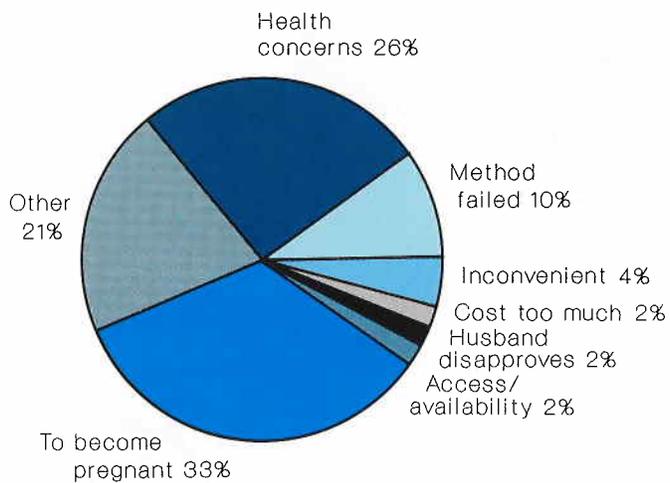
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33 percent of women who discontinued using contraception at some time during the past five years (see Figure 7). Another 26 percent of women who discontinued contracepting cite health concerns as the reason. Health concerns are the most frequently cited reason women discontinue the injection method, and the second most frequent reason for discontinuing use of the pill and IUD. Among women who are not using contraception, however, only 2 percent cite health concerns as the reason. More frequently mentioned are such factors as cost (among women over age 30), access, inconvenience or religious beliefs.



**Figure 7**  
**REASONS FOR DISCONTINUING**  
**CONTRACEPTION**

*(Women Discontinuing a Contraceptive Method during the Five Years before the Survey)*



NICPS 1987

WORLD BANK/A. DRATTEL



AID/D. WEISS

## Intentions to Use Contraception

About 40 percent of married women not currently using a contraceptive method intend to use one in the future. Another 46 percent do not intend to, while 14 percent have not made a decision. Of those who have decided to use contraception, about half plan on doing so within a year. At least half of all nonusers with no children or only one child plan to initiate contraception eventually, but the majority plan to wait at least a year, perhaps because they want to have a child soon. The preferred method for women who plan to initiate contraception is the pill, cited by 40 percent, followed by injection, 34 percent, and the IUD, 12 percent.

## Potential Need for Family Planning

One measure of the potential need for family planning services is the proportion of currently married women who are not presently using

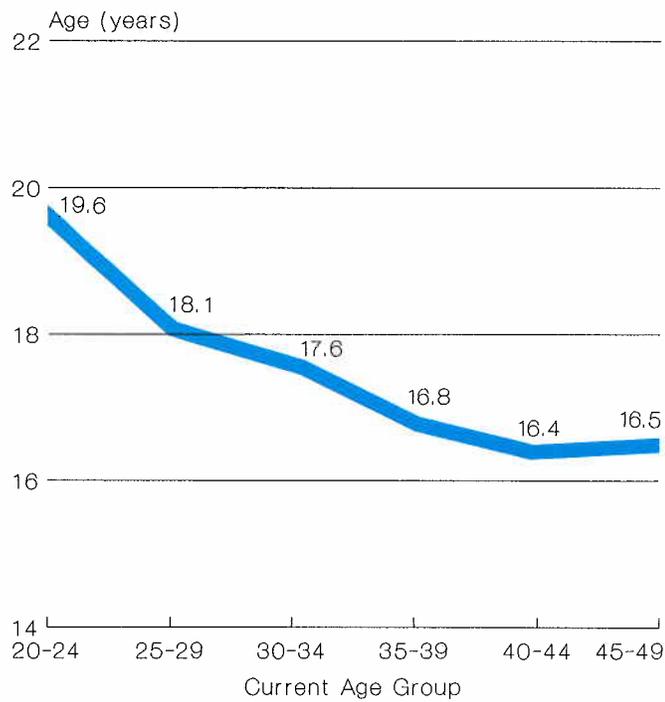
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*Two in five married women are potentially at risk of an unintended pregnancy.*

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contraception, but who do not want any more children or wish to delay their next birth. In Indonesia, 41 percent of currently married women fit these criteria. Only 32 percent of all married women who are at risk of an unplanned pregnancy intend to use family planning in the future. Women with no education are far more likely to be at risk of an unintended pregnancy than women with a secondary education (52 percent versus 28 percent).

*Figure 8*  
**MEDIAN AGE AT FIRST MARRIAGE BY  
 CURRENT AGE OF WOMAN\***



\* Age at which half of women in age group have married

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**OTHER FACTORS AFFECTING FERTILITY**

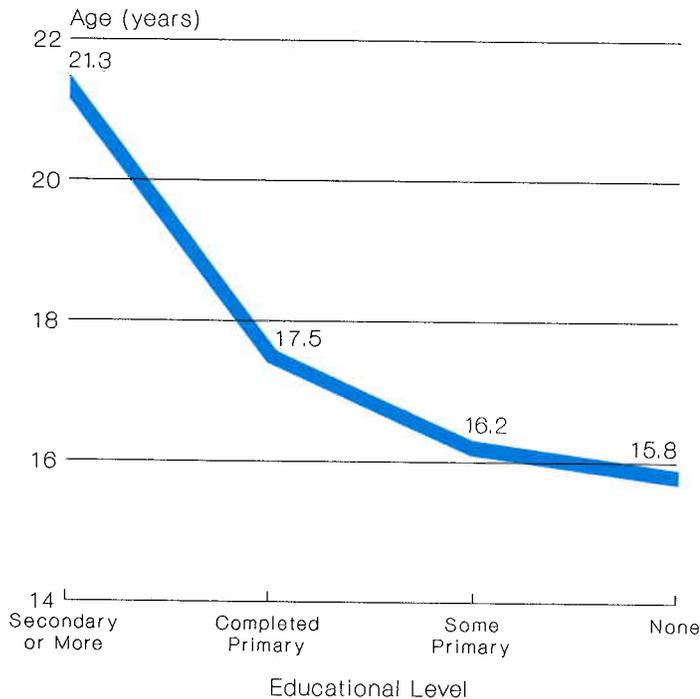
**Age at Marriage and Age at First Birth**

Another reason fertility has declined in Indonesia is that women are waiting longer to marry for the first time (see Figure 8). Women who marry at a later age typically begin childbearing later and have fewer children than women who marry at an early age. While nearly 80 percent of women now age 45-49 had married before they reached age 20, just over half of women age 20-24 had married this early.

Also, younger Indonesian women are having their first child later than older women did. The median age at first birth is older for women age 25-29 (20.2 years) than for women now in their forties (19.3 years). The percentage of women who have their first child before age 20 has dropped sharply.

In Indonesia, as elsewhere in the world, urban women and women with more education tend to marry later, have their first birth at a later age, and have lower fertility rates than other women. In particular,

Figure 9  
**MEDIAN AGE AT FIRST MARRIAGE BY  
 WOMAN'S EDUCATIONAL LEVEL\***



\* Age at which half of women in educational group have married

NICPS 1987

secondary education has a strong influence on postponement of childbearing and on raising the marriage age (see Figure 9).

### Breastfeeding and Postpartum Abstinence

Almost all Indonesian babies are breastfed and the median duration of breastfeeding is 22 months. The proportion of babies breastfed drops from about

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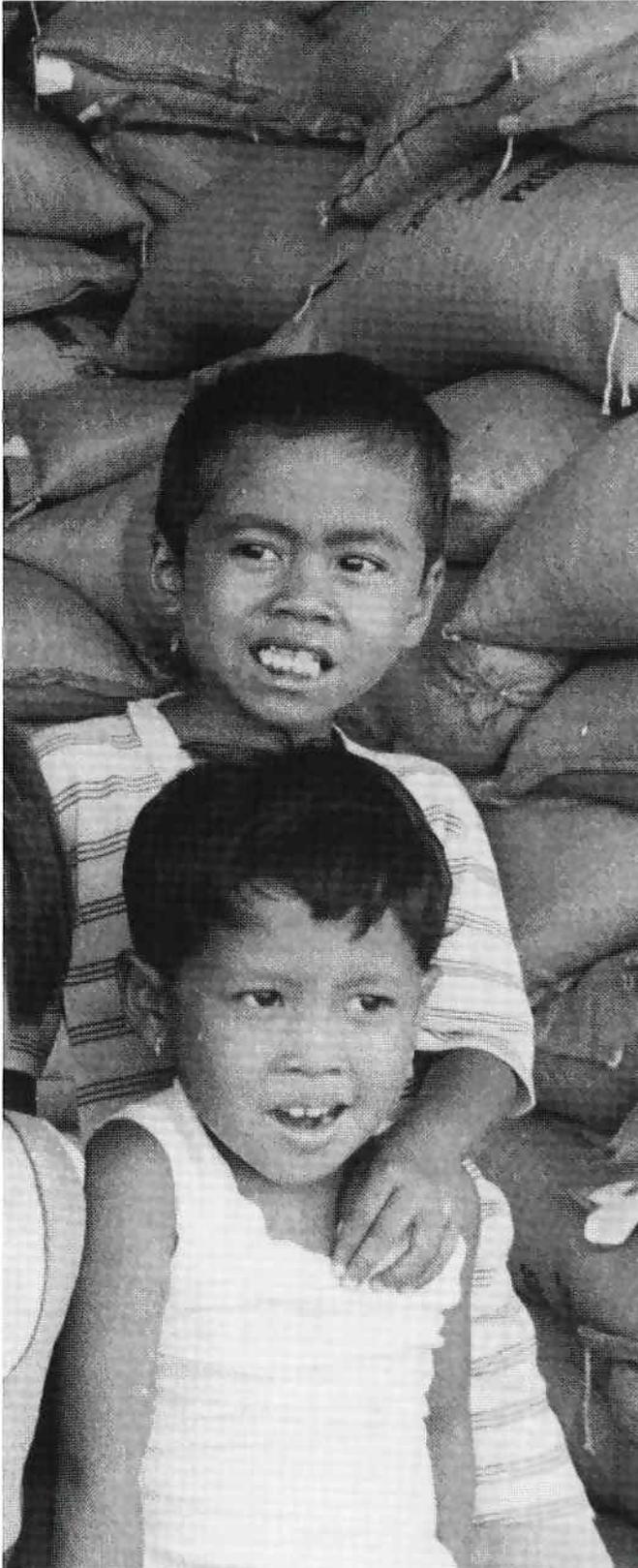
*Almost all Indonesian babies are breastfed and half are breastfed for at least 22 months.*

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90 percent in the fourth month after birth to about 40 percent two years after birth. Breastfeeding protects a woman against pregnancy by prolonging postpartum amenorrhea, the period of infecundity following birth before the normal return of the menstrual cycle.

For Indonesian women, the median duration of postpartum amenorrhea extends nine months after childbirth. By the end of the child's first year, about 36 percent of mothers are still amenorrheic. While most women practice sexual abstinence following a birth, the median duration is only two months.

Women in urban areas and those with a secondary education have shorter durations of breastfeeding, postpartum amenorrhea and abstinence than other women. This may be because they are more likely to

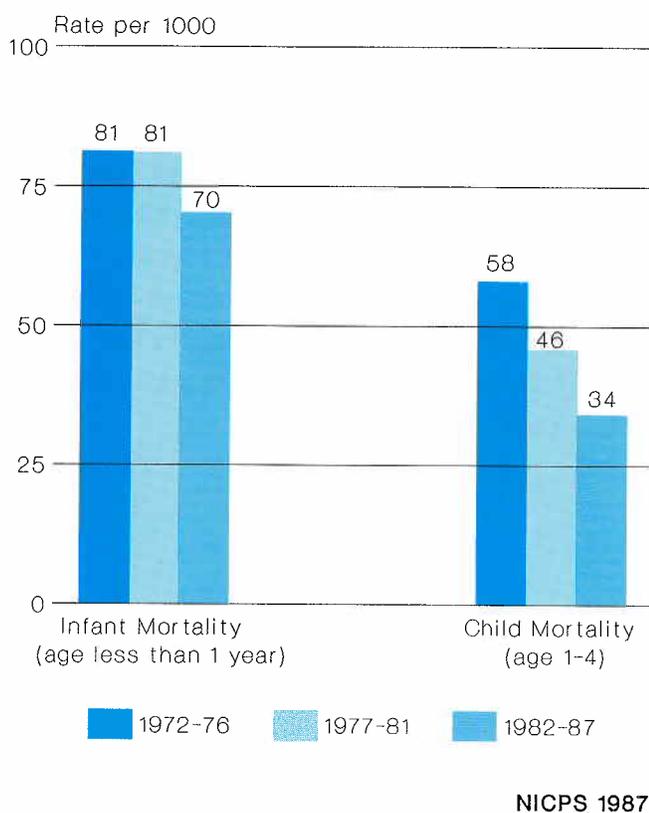


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have occupations that make breastfeeding difficult and are less likely to observe cultural norms related to sexual abstinence after birth. To protect themselves from pregnancy, these women prefer using modern contraceptives.

Duration of breastfeeding does not vary significantly by age of mother, a survey finding which is encouraging for Indonesia's National Family Planning Program. A decrease in the duration of breastfeeding and the associated period of infecundity among younger women would put a greater burden on the family planning program to compensate for the increased risk of unwanted pregnancies and short birth intervals.

Figure 10  
TRENDS IN INFANT AND CHILD MORTALITY



## INFANT AND CHILD MORTALITY

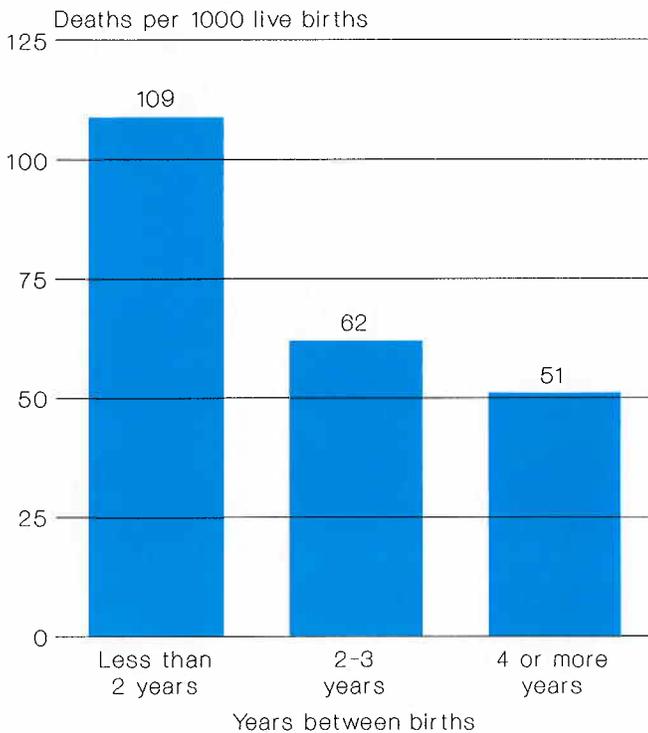
Both infant and child mortality have declined during the past 15 years in Indonesia (see Figure 10). During 1972-76, 81 of every 1,000 children died before the age of one, and 58 of every 1,000 children who

*Children born in rural areas or born to uneducated mothers have a greater risk of dying than other children.*

reached the age of one died before reaching age five. In contrast, during 1982-87, infant mortality was 70 per 1,000 and child mortality was 34 per 1,000. The improvement in child mortality has been greater than the improvement in infant mortality.

Infant and child mortality are affected by the length of birth intervals and the mother's place of residence and level of education. A child born in a rural area has a much greater chance of dying in infancy than one born in an urban area. One possible reason is that health services are less available in rural areas. The lower a mother's educational attainment, the more likely

*Figure 11*  
**INFANT MORTALITY BY BIRTH INTERVAL**



NICPS 1987

her child is to die in infancy. A child's chances of survival are greatest if the mother has completed secondary school.

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*Infant and child mortality rates have declined in the last 15 years.*

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Children's chances of survival greatly increase if they are born more than two years after a previous birth (see Figure 11). A child born less than two years after a sibling is one and three-quarters times as likely to die in infancy as a child born after a two-to-three-year interval, and more than twice as likely to die as a child born after an interval of four years or more.

## CONCLUSION

The National Indonesia Contraceptive Prevalence Survey provides evidence of the transformation in reproductive behavior that has taken place in Indonesia over the past two decades. Awareness of contraceptive methods has become nearly universal. Two-thirds of all married women have used contraception at some time. Nearly half are currently using a contraceptive method. Primarily as a result of this high level of contraceptive use, fertility has fallen dramatically. These changes have occurred among all population groups, but particularly among urban and educated women, and in the regions of the country where the National Family Planning Program has been active for the longest time.

The survey confirms that the goals of the National Family Planning Program to reduce fertility are being achieved. Despite the many indicators of success contained in the survey, however, it also indicates that many married women are still not using any contraceptive method, although they do not want more children, or wish to delay their next birth. Only 20 percent of women who are age 30 or older, or who have at least three children, are using a long-term method. Although fertility rates have fallen throughout the country, some areas still have much higher fertility than other areas. These are the challenges for the future.



## FACT SHEET

*Intercensal Population Survey (SUPAS), 1985*

Population Size (millions, 1985) \_\_\_\_\_ 164

*World Population Data Sheet, 1987, Population Reference Bureau, Inc.***Indonesia:**

Population size (millions, 1987) \_\_\_\_\_ 175  
 Population Growth Rate (percent, 1980-85) \_\_\_\_\_ 2.1  
 Population Doubling Time (years, 1985) \_\_\_\_\_ 33  
 Birth Rate (per 1000 population, 1985) \_\_\_\_\_ 31  
 Death Rate (per 1000 population, 1985) \_\_\_\_\_ 10

*National Indonesia Contraceptive Prevalence Survey, 1987***Sample Population**

Ever-married women 15-49 \_\_\_\_\_ 11,884

**Background Characteristics of Women Interviewed**

Percent urban \_\_\_\_\_ 27.5  
 Percent completing primary education \_\_\_\_\_ 23.4  
 Percent completing secondary or higher education \_\_\_\_\_ 13.1

**Marriage and Other Fertility Determinants**

Percent all women 15-49 currently married \_\_\_\_\_ 67.6  
 Percent all women 15-49 ever-married \_\_\_\_\_ 73.7  
 Median age at first marriage for women 25-29 \_\_\_\_\_ 18.1  
 Median age at first marriage for women 45-49 \_\_\_\_\_ 16.5

Median length of breastfeeding (in months)<sup>1</sup> \_\_\_\_\_ 22.0  
 Median length of postpartum amenorrhea (in months)<sup>1</sup> \_\_\_\_\_ 9.2  
 Median length of postpartum abstinence (in months)<sup>1</sup> \_\_\_\_\_ 2.3

**Fertility**

Total fertility rate (projected completed family size)<sup>2</sup> \_\_\_\_\_ 3.4  
 Mean number of children ever born to women 40-49 \_\_\_\_\_ 5.4  
 Percent of currently married women who are pregnant \_\_\_\_\_ 6.8

**Desire for Children**

## Percent of currently married women:

Wanting no more children (including sterilized women) \_\_\_\_\_ 51.3  
 Wanting to delay next birth at least 2 years \_\_\_\_\_ 26.8  
 Mean ideal number of children for women 15-49 \_\_\_\_\_ 3.2  
 Percent of unwanted births<sup>3</sup> \_\_\_\_\_ 5.9  
 Percent of mistimed births<sup>4</sup> \_\_\_\_\_ 17.9

## Knowledge and Use of Family Planning

### Percent of currently married women:

Knowing any method _____	95
Knowing a method and knowing of a source for the method _____	93
Ever using any method _____	65
Currently using any method _____	47.7

### Percent of couples currently using:

Pill _____	16.1
IUD _____	13.2
Injection _____	9.4
Female sterilization _____	3.1
Condom _____	1.6
Withdrawal _____	1.3
Periodic abstinence _____	1.2
Norplant _____	0.4
Male sterilization _____	0.2
Other _____	1.2

### Percent of contraceptive users obtaining their method from:

Hospital/clinic/health center _____	56.6
Family planning post (Pos KB) _____	13.3
Private doctor/nurse/pharmacy _____	12.4
Field worker (PLKB) _____	5.4
Integrated service post (posyandu) _____	3.8

## Mortality and Health

Infant mortality rate <sup>5</sup> _____	70.2
Under five mortality rate <sup>5</sup> _____	101.3
Percent of births for which the mothers were assisted at delivery by: <sup>6</sup>	
Doctor or trained nurse/midwife _____	36.4
Traditional birth attendant _____	60.9
Percent of children age 0-2 months breastfed _____	88.2
Percent of children age 10-11 months breastfed _____	81.9

<sup>1</sup> Median duration (the point at which half are above and half are below), based on births during the 36 months preceding the survey

<sup>2</sup> Based on births to women 15-49 years during the period 0-4 years before the survey. The rate given in the fertility section of the text (3.3) refers to a 3-year period

<sup>3</sup> Percent of births in the 12-month period before the survey which were unwanted

<sup>4</sup> Percent of births in the 12-month period before the survey which were wanted later

<sup>5</sup> Rates are for the five calendar years preceding the survey, approximately 1982-87 (covering a 5-1/2 year period)

<sup>6</sup> Data given for births occurring in the five years before the survey