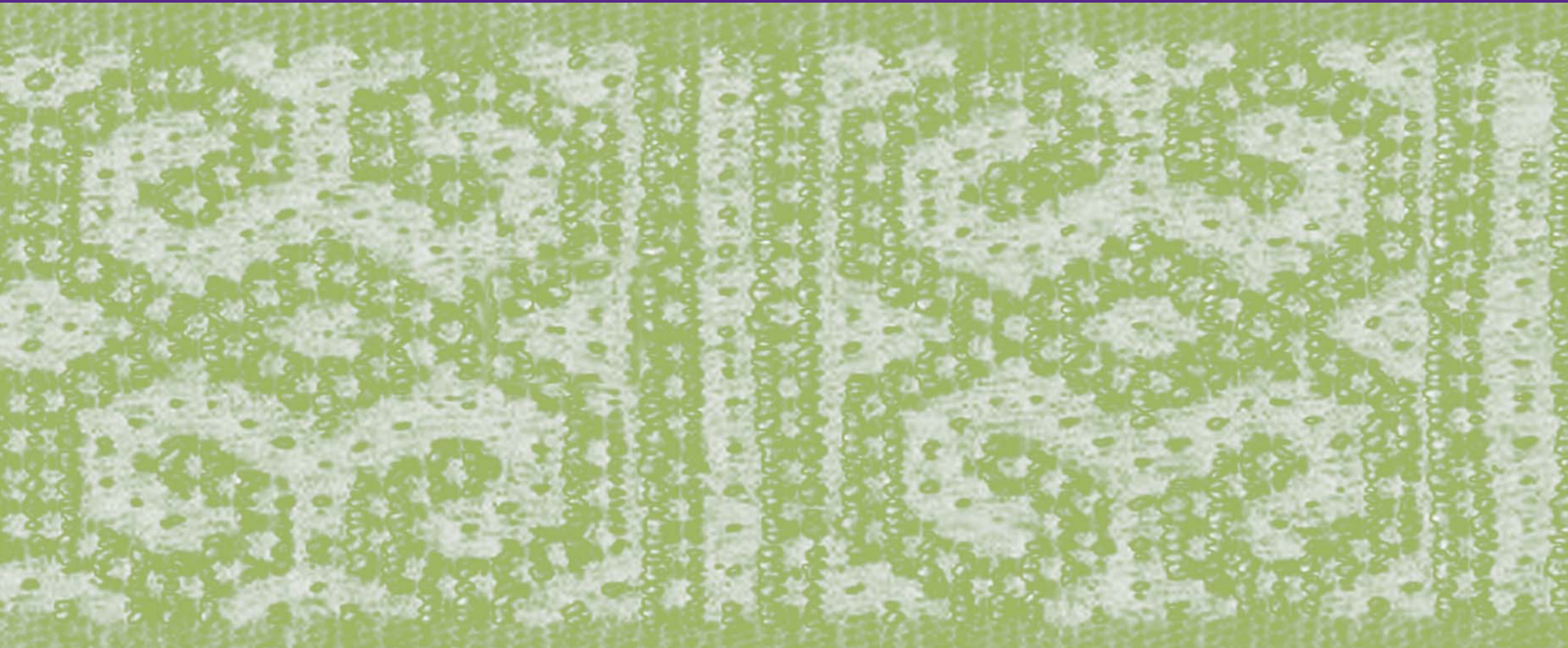


Indonesia

Indonesia 2003



**Demographic and
Health Survey**

2002-2003

Demographic and Health Survey

World summit for children indicators, Indonesia 2002-2003

Under-five mortality rate	46 per 1,000
Infant mortality rate	35 per 1,000
Maternal mortality rate	0.24
Use of improved drinking water sources ¹	61.1
Use of improved sanitary means of excreta disposal	51.6
Contraceptive prevalence – currently married women	60.3
Contraceptive prevalence – ever-married women	57.3
Antenatal care ²	91.5
Childbirth care	66.2
Low birth weight ³	7.6
Children receiving vitamin A supplements	75.1
Mothers receiving vitamin A supplements	42.5
Night blindness in pregnant women	1.7
Exclusive breastfeeding	39.5
Continued breastfeeding at 12-15 months	82.7
Continue breastfeeding at 20-23 months	55.7
Timely complementary feeding	75.0
Tuberculosis immunization coverage	82.5
DPT immunization coverage	58.3
Polio immunization coverage	65.6
Measles immunization coverage	71.6
Children protected against neonatal tetanus	50.7
Oral rehydration therapy (ORT)	48.4
Home management of diarrhea	26.2
Treatment of ARI	61.3
Birth registration	55.1
Children's living arrangements	4.5
Orphans in households	3.2
Treatment of illness	55.8
Malaria treatment	0.7
Knowledge of preventing HIV/AIDS ⁴	19.3
Knowledge of misconceptions of HIV/AIDS ⁵	2.3
Knowledge of mother-to-child transmission of HIV	30.0
Women who know where to be tested for HIV	13.7

¹Piped water or protected well water

² For the last live birth in the five years preceding the survey

³For children without a reported birth weight, the proportion with low birth weight is assumed to be the same as the proportion with low birth weight in each birth size category among children who have a reported birth weight.

⁴Having sex with only one partner who has no other partners and using a condom every time they have sex

⁵They say that AIDS cannot be transmitted through mosquito bites and that a healthy-looking person can have the AIDS virus.

Indonesia Demographic and Health Survey 2002-2003

Statistics Indonesia
Jakarta, Indonesia

National Family Planning Coordinating Board
Jakarta, Indonesia

Ministry of Health
Jakarta, Indonesia

ORC Macro
Calverton, Maryland USA

December 2003

This report summarizes the findings of the 2002-2003 Indonesia Demographic and Health Survey (IDHS) carried out by Badan Pusat Statistik-Statistics Indonesia (BPS). 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.

The Government of Indonesia provided most of the survey costs through a loan from the World Bank. The United States Agency for International Development (USAID) provided funding for implementation of the survey in three newly established provinces and for technical assistance from ORC Macro.

Additional information about the survey may be obtained from the Directorate for Population Statistics, BPS, Jalan Dr. Sutomo No. 6-8, Jakarta 10710, Indonesia (Telephone/fax 345-6285, email: kependudukan@mailhost.bps.go.id), or the National Family Planning Coordinating Board, BKKBN, Jalan Permata 1, Halim Perdanakusumah, Jakarta 13650, Indonesia (Telephone/fax 800-8535), or the Institute for Research and Development, Ministry of Health, Jalan Percetakan Negara 29, Jakarta 10560, Indonesia (Telephone/fax 4287-1604).

Additional information about the DHS program may be obtained by writing to: MEASURE DHS, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone 301-572-0200; Fax 301-572-0999; email: reports@orcmacro.com).

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PREFACE

The 2002-2003 Indonesia Demographic and Health Survey (IDHS) is the fifth survey on demography and health in Indonesia and was conducted as part of the worldwide Demographic and Health Surveys (DHS) project. The first survey was the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS), the second, third, and the fourth surveys were the 1991 IDHS, 1994 IDHS, and 1997 IDHS. The 2002-2003 IDHS was designed as a collaborative effort of four institutions, i.e., BPS-Statistics Indonesia (BPS), National Family Planning Coordinating Board (NFPCB), the Ministry of Health (MOH), and ORC Macro. The Government of Indonesia provided most of the survey costs through a loan from the World Bank. The U.S. Agency for International Development (USAID) provided funding for implementation of the survey in three newly established provinces and for technical assistance from ORC Macro. The BPS was responsible for conducting the survey, including survey design, fieldwork, and data processing.

The 2002-2003 IDHS fieldwork was carried out from October 2002 to April 2003 in selected enumeration areas of the 26 provinces in Indonesia. Due to security reasons, four provinces were excluded: Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua. The sampling frame for this survey is the list of census blocks (CBs) developed for the 2002 National Socioeconomic Household Surveys (Susenas). The 2002-2003 IDHS sample is aimed at providing reliable estimates of key characteristics of ever-married women 15-49 and married men 15-54 in Indonesia as a whole, in urban and rural areas, and in each of the 26 provinces.

The main objective of the 2002-2003 IDHS is to provide policymakers and program managers in population and health with detailed information on population, family planning, and health. In particular, the 2002-2003 IDHS collected information on the female respondents' socioeconomic background, fertility levels, marriage and sexual activity, fertility preferences, knowledge and use of family planning methods, breastfeeding practices, childhood and adult mortality including maternal mortality, maternal and child health, and awareness and behavior regarding AIDS and other sexually transmitted infections in Indonesia.

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

Dr. Soedarti Surbakti
Director General
BPS-Statistics Indonesia

PREFACE

Until 1997, the Indonesia Demographic and Health Surveys (IDHS) had been conducted every three years. The current survey is conducted more than five years after the last one. In the course of the global rapid development progress, there have been tremendous changes in the country's political and socioeconomic situation, which have led to changes in the strategic environment of the Indonesian Family Planning Program. BKKBN has adopted a new Family Planning Movement (FPM) paradigm, which has moved from concentrating on demographic objectives to a people- and family-centered approach. This approach emphasizes the importance of human and family development, and strives to change reproductive health and family planning attitudes. The new paradigm also strives to provide high quality information and services, and to improve family welfare and prosperity. The new paradigm is presented in the new vision "The Quality Family by 2015".

Under this new vision, due to continued fertility decline and widely accepted norm of a small family, the program's future activities will be focused on the enhancing the quality of services on contraceptive methods and information, education and communication, as well as welfare programs.

In addition, we have taken a stock of new knowledge and integrated this into our strategic plan on the provision of services. This is particularly true of recent landmark studies on male participation in family planning. These studies have shed light on these elusive issues and have enabled us to address them strategically. The 2002-2003 IDHS includes new features, in which use of contraception by married men and participation of women in household decision-making are also examined.

I consider this report monumental not only because of the breadth of its coverage, but more importantly because it provides us with greater chances for in-depth analysis that goes into formulating it.

I therefore congratulate the 2002-2003 IDHS Steering and Technical Committees for spearheading the effort to prepare this report. I would like to express my deepest gratitude to BPS-Statistics Indonesia, the Ministry of Health, and ORC Macro. Our appreciation goes to the World Bank for the funding support, without which this survey could not have been completed. Our appreciation also goes to USAID for the funding support necessary to cover the new three provinces and the technical assistance rendered through ORC Macro in collaboration with BKKBN, BPS, and the Ministry of Health.

Dr. Sumarjati Arjoso, SKM
Chairperson, National Family Planning
Coordinating Board

PREFACE

The goal of health development is to increase the awareness, willingness, and ability of everyone to live a healthy life. To meet this goal the government of Indonesia, entering the third millennium, has reformed its health policies by the adoption of the new vision of Healthy Indonesia 2010, which provides the basis for determining the goals and strategies for health development. This health development reform will be implemented through evidence-based programming, which requires the availability of reliable health information. Surveys are one of many methods used to generate needed health information.

Many health-related surveys have been and are being conducted in Indonesia to provide the health data needed by the Ministry of Health and other sectors. An attempt to integrate national surveys that collect health data to support the need for optimal health information should be carried out. The 2002-2003 Indonesia Demographic and Health Survey (IDHS), which was implemented through collaboration and partnership among many parties including the National Family Planning Coordinating Board, BPS Statistics, and the Ministry of Health, is an example of the efficient provision of survey-based data to many parties. The Ministry of Health has indeed benefited from the IDHS data. The result of the 2002-2003 IDHS together with data from various other sources will be used effectively to support evidence-based programming. I also recommend that the results of the 2002-2003 IDHS should be disseminated to decisionmakers at different administrative levels and to the community at large.

Finally, I would like to extend my gratitude and appreciation to BPS Statistics, the National Family Planning Coordinating Board, the World Bank, USAID, ORC Macro in Calverton, Maryland (USA), and all other parties who have contributed to the success of the 2002-2003 IDHS. Special appreciation goes to the Steering Committee and the Technical and Survey Field Teams, without whose relentless effort and dedication the survey could not have been realized.

Dr. Achmad Sujudi
Minister of Health Republic of Indonesia

SUMMARY OF FINDINGS

The 2002-2003 Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey of 29,483 ever-married women age 15-49 and 8,310 currently married men age 15-54. The main purpose of the 2002-2003 IDHS is to provide policymakers and program managers with detailed information on fertility, family planning, childhood and adult mortality, maternal and child health, and knowledge of and attitudes related to HIV/AIDS and other sexually transmitted diseases. The 2002-2003 IDHS is the fifth national sample survey of its kind to be undertaken in Indonesia. Caution needs to be exercised when analyzing trends using the IDHS data sets because of differences in geographic coverage. The current survey excludes Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua provinces. Past IDHS surveys included East Timor.

CURRENT STATUS AND PROGRESS

FERTILITY

The 2002-2003 IDHS indicates that there has been a steady decline in fertility in Indonesia from 3.0 children per woman in 1988-1991 to 2.6 children per woman in 2000-2002. The decline took place in most provinces. Compared with selected southeast Asian countries such as Cambodia, the Philippines, Malaysia, and Myanmar, the TFR in Indonesia is low, although not as low as that in Singapore and Thailand.

Fertility varies enormously across subgroups of women. Urban women have, on average, 0.3 children fewer than rural women (2.4 compared with 2.7, respectively). The relationship between education and fertility takes the form of an inverted U-shape curve. Women with some primary and completed primary education have the highest TFRs. There are sharp variations in TFRs by level of wealth. Women in the poorest households have significantly higher fertility than those in the richest households (4.4 births and 3.4 births, respectively).

Variations across province are notable; Central Java, DI Yogyakarta, East Java, and Bali have reached or surpassed replacement level (2.1 children per woman), while East Nusa Tenggara and South Sulawesi, have the highest TFRs (4.1 and 3.6 children per woman, respectively).

WHY DID FERTILITY DECLINE?

The decline in fertility is brought about by, among other things, increased education among women (which delays marriage), increased age at first birth, desire for fewer children, and greater use of contraceptive methods.

Better education. Women of reproductive age are increasingly better educated. In 1997, 13 percent of women age 15-49 had no education. In 2002-2003, this figure had declined to 8 percent. Furthermore, the percentage of women who have had some secondary education increased from 28 percent in 1997 to 38 percent in 2002-2003.

Later marriage. The 2002-2003 IDHS shows that more Indonesian women remain single. Women who marry, do so at a later age. In 1997 half of women age 25-49 were married by age 18.6 years; in 2002-2003 the median age at marriage was 19.2 years.

Later childbearing. Women are also delaying their first births. The median age at first birth for women 25-49 has increased from 20.8 years in 1997 to 21.0 years in 2002-2003. Furthermore, teenage childbearing has declined from 12 percent in the 1997 IDHS to 10 percent in the 2002-2003 IDHS.

Longer birth intervals. Fertility decline can also be attributed to longer birth intervals, implying a delay in the second birth. Results of the 2002-2003 IDHS indicate that half of births occur 54 months after the previous birth, which is a much longer interval than that reported in the 1997 IDHS and 1994 IDHS (45 months and 42 months, respectively).

Increased desire for smaller families. The IDHS data indicate that the desire to limit child-bearing continues to increase. The percentage of married women who say that they want no more children or have been sterilized increased from 50 percent in 1997 to 54 percent in 2002-2003.

Gap between wanted fertility and actual fertility. Despite an increasing use of contraception, the survey data show that one in ten pregnancies were mistimed and one in fourteen were not wanted at all. If unwanted births could be prevented, the total fertility rate in Indonesia would be 2.2 births per woman instead of the actual level of 2.6. This gap remains the same as that recorded in 1997, but the fertility levels in 2002-2003 are lower than in 1997 (2.4 and 2.8 births per woman, respectively).

USE OF CONTRACEPTION

Contraceptive use among currently married women in Indonesia has increased from 57 percent in 1997 to 60 percent in 2002-2003. Most of the increase is due to an increase in the use of injectables from 21 percent to 28 percent (accounting for 47 percent of family planning users).

Method mix. Other than injectables, popular family planning methods in 2002-2003 include the pill (13 percent), IUD (6 percent), and implants and female sterilization (4 percent each). The gain in the use of injectables is accompanied by a decrease in the use of the IUD and implants of 2 percentage points each.

There has been a shift in the use of specific modern family planning methods. While in 1991, 30 percent of contraceptive users used the pill, in 2002-2003 the proportion had declined to 22 percent. Use of the IUD declined from 27 percent in 1991 to 10 percent in 2002-2003. Male sterilization and condoms continue to have limited numbers of users.

Large differentials in use of contraception. There are large differences in the use of modern contraceptive methods across subgroups of married women. Use of modern family planning methods is much higher in urban areas than in rural areas (42 and 15 percent, respectively),

among women in the middle of their reproductive years (20-34), better-educated women, and women with a larger number of children.

Contraceptive prevalence varies across provinces. It is 65 percent or higher in DI Yogyakarta, North Sulawesi, Bengkulu, East Java, Central Java, and Bangka Belitung. On the other hand, East Nusa Tenggara has the lowest level of contraceptive prevalence (35 percent).

Source of supply. In Indonesia, contraceptive users are increasingly more likely to rely on private medical sources for their method. Use of government sources decreased from 43 percent in 1997 to 28 percent in 2002-2003, while use of private medical sources increased from 42 percent to 63 percent, and use of other sources decreased from 15 percent to 8 percent. The substantial increase in use of private sources is mainly due to the increased use of private midwives (18 percentage points).

Quality of use of contraception. In the 2002-2003 IDHS, 90 percent of pills users were able to show a package to the interviewer and among these women, 83 percent had taken the pills in order. Among users of contraceptive injectables, only 2 to 5 percent may actually be at risk of pregnancy because they did not have an injection in time

Unmet need for family planning. Unmet need for family planning services is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. The 2002-2003 IDHS data show that the total unmet need for family planning services in Indonesia is 9 percent, of which 5 percent is for limiting and 4 percent is for spacing. The level of unmet need has not changed since 1997.

Overall, the total demand for family planning in Indonesia is 70 percent, of which 88 percent has been satisfied. If all of this need were satisfied, a contraceptive prevalence rate of about 68 percent could, theoretically, be expected. Comparison with the 1997 IDHS indicates that the percentage of demand satisfied has increased only slightly.

Self-reliance in family planning. Overall, 89 percent of users pay for their contraceptives, while

11 percent receive the method and services free of charge. Injectables and pill users are most likely to pay for their contraceptive method (98 percent and 97 percent, respectively). Self-reliance is much lower for IUDs, with only 57 percent of users paying for their method. Users of contraception were more self-reliant in 2002-2003 than in 1997. For example, the percentage of users who received family planning services from a government source free of charge has decreased from 11 percent in 1997 to 7 percent in 2002-2003.

REPRODUCTIVE HEALTH

Antenatal care. Nine in ten mothers received care from a medical professional during their pregnancy while 4 percent received no antenatal care. Coverage of K4—at least one visit in the first trimester, at least one visit in the second trimester, and at least two visits in the third trimester—is 64 percent. Mothers who live in urban areas more likely to receive antenatal care from a medical professional than those living in rural areas.

Delivery care. Four in ten births in the five years preceding the survey were delivered in a health facility, 9 percent in a public facility (government hospital or health center) and 31 percent were delivered in a private health facility. This is a significant change from 1997, when only two in ten births were delivered in a health facility.

Medical staff (midwives and doctors) assisted 66 percent of births in the five years before the survey while traditional birth attendant (TBA) assisted 32 percent of births. Again, this is a substantial increase from 1997, when 43 percent of deliveries were assisted by medical staff and 54 percent of births were assisted by TBAs.

Postnatal care. In the 2002-2003 IDHS, women who had given birth outside a health facility were asked if they had received postnatal care. Overall, eight in ten of these women received postnatal care; with 62 percent receiving postnatal care within 2 days of delivery, 13 per-

cent 3-6 days after delivery, and 8 percent 7-41 days after delivery.

CHILD HEALTH

Childhood immunization. Information from health cards and mothers' reports (combined) shows that 52 percent of children 12-23 months are fully immunized. This percentage is lower than the 55 percent reported in the 1997 IDHS, but higher than that reported in the 1994 and 1991 IDHS (50 percent and 48 percent, respectively).

Childhood illnesses. Acute respiratory infections (ARI), diarrhea and malaria are common causes of child death. In the two weeks before the survey, 8 percent of children were reported to have symptoms of ARI, of whom 60 percent were taken to a health facility. Eleven percent of children had diarrhea in the two weeks preceding the survey, 45 percent of whom were taken to a health provider. Sixty-one percent of children with diarrhea were given oral rehydration therapy, that is, oral rehydration salts (ORS), a recommended homemade fluid, or increased fluids.

Breastfeeding. Breastfeeding is universally practiced in Indonesia, with 98 percent of babies breastfed for at least some period of time. However, only 4 percent of babies are put to the breast within one hour of birth (as recommended), while 27 percent initiated breastfeeding in the first day of life. The overall median duration of any breastfeeding is 22.3 months, which is a month and a half less than in 1997 (23.9 months).

Exclusive breastfeeding is not widely practiced in Indonesia. Despite the government's recommendation that infants receive breast milk exclusively through the first six months of life, only 64 percent of infants under 2 months are exclusively breastfed. At age 4 to 5 months, only one in seven infants receives breast milk without complementary feeding.

Perceived problems in accessing health care. In the 2002-2003 IDHS, women were asked whether they have problems seeking medical advice or treatment for themselves. The main problem cited by women is economic in nature (24 percent). The next big problems are the distance to a health facility (12

percent) and having to take transportation (12 percent).

FATHER'S PARTICIPATION IN FAMILY HEALTH CARE

In the survey, fathers were asked questions about their involvement in ensuring safe motherhood for the mother of their last-born child and their involvement in ensuring the health of their last-born child. The questions are in response to the newly established policies of the Indonesian government to involve men in the health care of their wives and children.

The survey shows that for 87 percent of births in the five years preceding the survey the mothers are reported by their husbands to have received advice or care during pregnancy, 77 percent received care during delivery, and 71 percent received care in the six weeks after delivery (postpartum period).

Two in three fathers know their last child has been immunized. However, only four in ten fathers had any contact with a health care provider during their wife's pregnancy with that child.

Most fathers discussed the preparations for their child's delivery. The most frequently mentioned topics of discussion were the place of delivery and the delivery assistant (65 percent and 64 percent, respectively), followed by payment for the services (57 percent). A topic less frequently discussed by fathers is transportation to the place of delivery (33 percent), probably because many deliveries take place at home.

AWARENESS OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Knowledge of HIV/AIDS. While increasing, knowledge of HIV/AIDS in Indonesia is fairly low. The level of knowledge among women increased gradually from 38 percent in 1994 to 51 percent in 1997. In 2002-2003, 59 percent of ever-married women and 73 percent of married men reported having heard of HIV/AIDS.

Knowledge of the three principal ways to reduce HIV transmission—abstinence, use of condoms, and reducing the number of partners—is extremely limited. One percent of women and one percent of men cited abstinence, 6 percent of women and 10 percent of men mentioned limiting the number of sexual partners, and 5 percent of women and 13 percent of men cited the use of condoms. The most common responses on ways to avoid getting AIDS were avoiding having sex with prostitutes (16 percent for women and 41 percent for men) and having sex with only one partner (14 percent for women and 18 percent for men).

Knowledge of mother-to-child transmission.

In the IDHS, respondents were asked if the virus that causes AIDS can be transmitted from a mother to a child. They were then asked if transmission occurs during pregnancy, delivery, or breastfeeding. One in three women said that HIV/AIDS can be transmitted from mother to child during all three. The corresponding figures for married men are 45 percent, 48 percent, and 46 percent, respectively.

Knowledge of symptoms of sexually transmitted infections (STIs). STIs have been identified as co-factors in HIV/AIDS transmission. Knowledge of the symptoms of STIs among women in Indonesia is limited; 73 percent of ever-married women reported no knowledge of the symptoms associated with STIs in women and 13 percent have no knowledge of the symptoms of STIs in men. Knowledge of the symptoms of STIs among married men is lower than that among ever-married women.

MORTALITY

Childhood Mortality. The infant mortality rate in Indonesia has declined from 142 deaths per 1,000 live births in 1967 to 35 deaths in 2000. At current mortality levels, 46 of every 1,000 children born in Indonesia die before the fifth birthday.

In general, there is a strong inverse relationship between wealth and mortality rates; children living in richer households have lower mortality rates than children in poorer households (17 compared with 61 deaths per 1,000 live births).

Childhood mortality rates decline as the birth interval increases. For example, the infant mortality

rate for children born less than two years after a previous birth is more than three times higher than for children born after an interval of four or more years (102 deaths compared with 31 deaths per 1,000 live births).

ADULT MORTALITY

The female mortality rate for the period 0-4 years before the 2002-2003 IDHS is two deaths per 1,000 population. For the same period, the male mortality rate is also two deaths per 1,000 population. For both sexes, mortality increases with age. In general, male mortality rates are slightly higher than female rates at most ages. The 2002-2003 data suggest that female adult mortality continues to decline gradually.

The maternal mortality ratio estimated using direct procedures, is 307 maternal deaths per 100,000 live births for the period 1998-2002. Because maternal mortality estimates are subject to high sampling errors and wide confidence intervals, it is not possible to conclude that there has been any decline in maternal mortality levels over the past 10 to 15 years.

CONTINUING CHALLENGES

- Despite the increased use of family planning, increased age at first marriage, and continued decline in fertility, the 2002-2003 IDHS reveals continuing challenges. Ten percent of births in the five years preceding the survey were wanted but at a later time and 7 percent were not wanted at all. This situation has not changed since 1997.

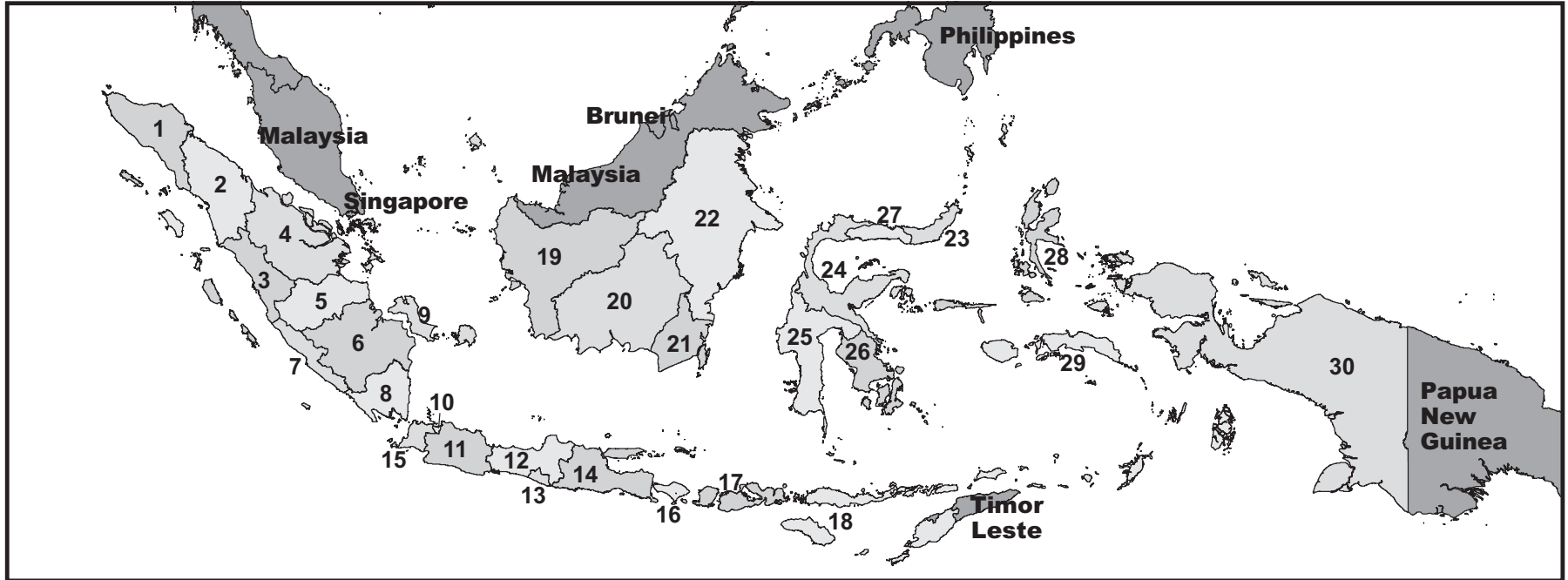
- While use of family planning has been increasing over time, there is heavy reliance on supply methods, particularly injectables and the pill. Greater program emphasis needs to be placed on long-term methods such as the IUD, implants and sterilization.

- In the maternal health sector, while selected health indicators have shown improvement, others show deterioration. The target of 90 percent of women having at least one antenatal care visit in the first trimester has not been reached.

- In the area of child health, the percentage of women who have been immunized against neonatal tetanus has declined from 53 percent in 1997 to 51 percent in 2002-2003. Coverage of childhood immunizations against the six major diseases also declined from 55 percent in 1997 to 52 percent in 2002-2003.

- Although childhood mortality continues to decline, one in three births in Indonesia has an elevated mortality risk that is avoidable. These include births in which the mother is too young (under age 18) or too old (age 35 or older), the birth interval is too short (less than two years), or the mother has had too many prior births (three or more).

INDONESIA



- | | | | | | |
|----|--------------------------|----|--------------------|----|--------------------|
| 1 | Nanggroe Aceh Darussalam | 11 | West Java | 21 | South Kalimantan |
| 2 | North Sumatera | 12 | Central Java | 22 | East Kalimantan |
| 3 | West Sumatera | 13 | DI Yogyakarta | 23 | North Sulawesi |
| 4 | Riau | 14 | East Java | 24 | Central Sulawesi |
| 5 | Jambi | 15 | Banten | 25 | South Sulawesi |
| 6 | South Sumatera | 16 | Bali | 26 | Southeast Sulawesi |
| 7 | Bengkulu | 17 | West Nusa Tenggara | 27 | Gorontalo |
| 8 | Lampung | 18 | East Nusa Tenggara | 28 | North Maluku |
| 9 | Bangka Belitung | 19 | West Kalimantan | 29 | Maluku |
| 10 | DKI Jakarta | 20 | Central Kalimantan | 30 | Papua |

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: Sumatera in the west; Java in the south; Kalimantan straddling the equator; Sulawesi, which resembles the letter “K”; and Irian Jaya or Papua bordering Papua New Guinea on the west. Two remaining groups of islands are Maluku and Nusa Tenggara, running from Sulawesi to Papua 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 provinces. Since 2001, the number of provinces was expanded from 26 to 30. The new provinces are Bangka Belitung, Banten, Gorontalo, and North Maluku. These new provinces formerly were part of South Sumatera, West Java, North Sulawesi, and Maluku province, respectively. Each province is subdivided into regencies and municipalities. Altogether, there are 302 regencies and 89 municipalities in Indonesia. The next lower administrative units are subdistricts and villages. In 2002, there were 4,918 subdistricts and 70,460 villages in Indonesia. The entire village is classified as urban or rural.

Since proclaiming its independence in 1945, Indonesia has experienced several political shifts. In 1948, a rebellious movement 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 multiparty system (which resulted in political and economic instability) and rebellious uprisings 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 approximately US \$1,124 in 1996, while the economic growth was nearly 5 percent. All of these successes 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.

In 1998, Indonesia went through its worst economic crisis, when the economic growth rate dropped to negative 13 percent (BPS, 2003). At the same time, the political situation became unstable in several regions. President Suharto was ousted and replaced by his Vice President, B.J. Habibie. This time was known as the reformation era. Since 1998, Indonesia has had three presidents, B.J. Habibie, Abdurrahman Wahid, and Megawati Soekarnoputri.

In 1999, Law No. 22 on Regional Development was enacted. The law gives full autonomy to districts (*Kota/Kabupaten*). With some limited exceptions, the same law also makes the local government responsible for all deconcentrated central government ministries at the province and district levels. Since 2000, the economy has recovered, with a growth rate of 5 percent in 2000 and 4 percent in 2002. However, the political situation remains unstable in several provinces such as Nanggroe Aceh Darussalam (formerly known as Dista Aceh), Maluku, and Papua.

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 2000 Population Censuses and the 2002 National Socio-Economic Survey (Susenas) show that in the past 32 years Indonesia has undergone a major improvement in the area of education. The literacy rate among persons age 10 years and older increased from 61 percent in 1971 to 91 percent in 2002. The improvement in education is most pronounced among females. Whereas in 1971 school attendance among children age 7-12 years was 62 percent for males and 58 percent for females, the corresponding rates in 2002 were 96 percent and 97 percent, respectively. From 1971 to 2002, the proportion of people who never attended school declined, while that of graduates at all levels increased. The proportion of people who finished primary school only increased from 20 percent in 1971 to 33 percent in 2002, while the proportion of those who attended junior high school or higher education increased from 7 percent in 1971 to 35 percent in 2002. At all levels, the increase in education among females has been greater than that of males (CBS, 1972; BPS 2002b).

The fact that a larger number of girls are enrolled in education longer has a direct impact on the increase of the average age at first marriage. The mean age at first marriage increased from 20 years in 1971 to 22 and 23 years in 1990 and 2000, respectively (BPS, 2002a). This increase was greater in urban areas than in rural areas. The increasing level of completed education has also provided women with greater opportunity to participate in the labor force. Labor force participation among women age 10 and older increased from 33 percent in 1971 to 45 percent in 2002. Most women work in agriculture, trade, or the service industries, with the employment status mostly as an unpaid family worker and regular employee (BPS, 2002b).

1.2 POPULATION

According to the 2000 Population Census, the population of Indonesia was 205.8 million in 2000 and was projected to increase to reach 211.1 million in 2002. This makes Indonesia the fourth most populous country in the world after the People's Republic of China, India, and the United States of America. An estimated 86.5 million people (42 percent of the population) lived in urban areas in 2000, compared with 92.7 million (44 percent of the population) in 2002. In 2000, more than 88 percent of the Indonesian population was Muslim.

Indonesia's population growth rate has declined in the last two decades. Between 1980 and 1990, the average annual population growth rate was 1.98 percent, compared with 1.49 percent between 1990 and 2000 (see Table 1.1). This figure was projected to decline further to 1.25 percent between 2000 and 2002.

Another characteristic of Indonesia is the uneven distribution of the population among the islands and provinces. The 2000 Population Census indicates that the population density varies not only across

islands, but also among provinces of the same island. Java, which covers only 7 percent of the total area of Indonesia, is inhabited by 59 percent of the country's population, making the population density of Java (951 persons per square kilometer) higher than that of other islands. By comparison, Kalimantan has a density of 20 persons per square kilometer. Within provinces in Java, the population density ranges from 12,700 persons per square kilometer in DKI Jakarta to 726 persons per square kilometer in East Java. Population density at the national level was 109 persons per square kilometer in 2000 and projected to be 112 persons per square kilometer in 2002.

Table 1.1 shows that Indonesia's fertility has declined significantly since the 1980s. The crude birth rate (CBR), which was estimated at 28 births per 1,000 people in the period 1986-1989, declined to 23 per 1,000 people during 1996-1999, resulting in an annual decline of 2.1 percent. These figures suggest a more rapid decline in fertility in more recent years. The CBR in 2002 was projected to be 22 births per 1,000 people.

The same data sources also demonstrate that in Indonesia there has been a significant decline in mortality levels, and life expectancy at birth for both males and females has increased. For males, life expectancy increased from 57.9 years in 1990 to 64.3 years in 2002. The corresponding figures for females are 61.5 years and 68.2 years, respectively.

1.3 POPULATION AND FAMILY PLANNING POLICIES AND PROGRAMS

The government of Indonesia has implemented many of its development programs responding 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 a potential hindrance to economic development. To carry out its population policy, the government has launched several programs. Family planning is one of the most important of these programs.

Under the auspices of the International Planned Parenthood Federation (IPPF), the Indonesian Planned Parenthood Association (IPPA) initiated family planning activities in Indonesia in 1957. IPPA provided family planning counseling and services, including 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 nondepartmental body, with the chairman reporting 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.

Table 1.1 Basic demographic indicators

Demographic indicators from selected sources, Indonesia 1990-2002

Indicators	1990 census	2000 census	2002 projection ¹
Population (millions)	179.4	206.3	211.1
Growth rate (GR) ² (percent)	1.98	1.49	1.25
Density (pop/km ²)	93.0	109.0	112
Percent urban	31	42	44
Reference period	1986-89	1996-99	2002
Crude birth rate (CBR) ³	28	23	22
Crude death rate (CDR) ⁴	9	8	10
Life expectancy ⁶			
Male	57.9	63.5	64.3
Female	61.5	67.3	68.2

¹ Projected based on the 1990 and 2000 Population Census

² Calculated using compound interest formula

³ Births per 1,000 population; CBR = 9.48968 + 5.55 TFR

⁴ Deaths per 1,000 population; CDR = CBR - GR per 1,000

⁵ Estimated based on own children method

⁶ Estimated using indirect estimation techniques

Source: BPS-Statistics Indonesia 2001 and 2003

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

A new paradigm was introduced in 1999. During previous years the program's ultimate objective was to institutionalize the small, happy, and prosperous family norm. The objective for the future is to materialize "Quality Families" by the year 2015. Parallel to this new vision is the enactment of Law number 22 in 2000 on Decentralization, which empowers district-level governments to plan and implement their respective development programs, including family planning and reproductive health.

1.4 HEALTH PRIORITIES AND PROGRAMS

Health Law number 23 enacted in 1992 provides a legal basis for the health sector activities. It stipulates that the goal of the health programs and 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 is identified as the key 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 and make them affordable to all, and to promote a healthy lifestyle supported by adequate housing and environmental sanitation.

In mid-September 1998, a new health paradigm was introduced that focuses health development more on the health promotion and prevention than on curative and rehabilitative services. The new vision is reflected in the motto "Healthy Indonesia 2010." Year 2010 was used as a target to allow sufficient time for measuring success in achieving the set goals.

To achieve Healthy Indonesia 2010, the Ministry of Health (MOH) has the following goals:

- To initiate and lead a health orientation of the national development
- To maintain and enhance individual, family, and public health, along with improving the environment
- To maintain and enhance quality, accessible, and affordable health services
- To promote public self-reliance in achieving good health.

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

1.5 OBJECTIVES OF THE SURVEY

The 2002-2003 Indonesia Demographic and Health Survey (IDHS) follows a sequence of several previous surveys: the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS), the 1991 IDHS, the 1994 IDHS, and the 1997 IDHS.¹ The 2002-2003 IDHS is expanded from the 1997 IDHS by including a collection of information on the participation of currently married men and their wives and children in the health care.

The 2002-2003 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/STIs to program managers, policymakers, and researchers to help them evaluate and improve existing programs
- Measure trends in fertility and contraceptive prevalence rates, analyze factors that affect such changes, such as marital status and patterns, residence, education, breastfeeding habits, and knowledge, use, and availability of contraception
- Evaluate achievement of goals previously set by the national health programs, with special focus on maternal and child health
- Assess men's participation and utilization of health services, as well as of their families
- Assist in creating an international database that allows cross-country comparisons that can be used by the program managers, policymakers, and researchers in the area of family planning, fertility, and health in general.

1.6 ORGANIZATION OF THE SURVEY

The 2002-2003 IDHS was implemented by BPS-Statistics Indonesia (BPS). The government of Indonesia provided most of the local costs for the survey through a loan from the World Bank. Additional funds were obtained from the U.S. Agency for International Development (USAID) through ORC Macro, which provided technical assistance under the auspices of the Demographic and Health Surveys (MEASURE *DHS+*) program. USAID also supported the implementation of the survey in three newly established provinces, Bangka Belitung, Banten, and Gorontalo. In addition to ORC Macro, other collaborating partners that were involved in questionnaire development, data analysis, and dissemination include the following: BPS, NFPCB, and MOH.

A survey Steering Committee was established. This committee consists of senior representatives from BPS, NFPCB, MOH, the State Ministry for Women Empowerment, and the Demographic Institute at the University of Indonesia. A 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.

BPS implemented 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

¹ Central Bureau of Statistics, National Family Planning Coordinating Board, and Institute for Resource Development/Westinghouse, 1989; Central Bureau of Statistics, National Family Planning Coordinating Board, Ministry of Health, and Macro International Inc., 1992; Central Bureau of Statistics, State Ministry of Population/National Family Planning Coordinating Board, Ministry of Health, and Macro International Inc., 1995; Central Bureau of Statistics, State Ministry of Population/National Family Planning Coordinating Board, Ministry of Health, and Macro International Inc., 1998.

respective areas. They were assisted by field coordinators, most of whom were chiefs of the social statistics divisions in the provincial offices.

The 2002-2003 IDHS used three questionnaires: the Household Questionnaire, the Women's Questionnaire for ever-married women 15-49 years old, and the Men's Questionnaire for currently married men 15-54 years old. The Household Questionnaire and the Women's Questionnaire were based on the DHS Model "A" Questionnaire, which is designed for use in countries with high contraceptive prevalence. In consultation with the NFPCB and MOH, BPS modified these questionnaires to reflect relevant issues in family planning and health in Indonesia. Inputs were also solicited from potential data users to optimize the IDHS in meeting the country's needs for population and health data. The questionnaires were translated from English into the national language, Bahasa Indonesia.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. Basic information collected for each person listed includes the following: age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. In addition, the Household Questionnaire also identifies unmarried women and men age 15-24 who are eligible for the individual interview in the Indonesia Young Adult Reproductive Health Survey (IYARHS). Information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, construction materials used for the floor and outer walls of the house, and ownership of various durable goods were also recorded in the Household Questionnaire. These items reflect the household's socioeconomic status.

The Women's Questionnaire was used to collect information from all ever-married women age 15-49. These women were asked questions on the following topics:

- Background characteristics, such as age, marital status, education, and media exposure
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery, and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Childhood mortality
- Awareness and behavior regarding AIDS and other sexually transmitted infections (STIs)
- Sibling mortality, including maternal mortality.

The Men's Questionnaire was administered to all currently married men age 15-54 in every third household in the IDHS sample. The Men's Questionnaire collected much of the same information included in the Women's Questionnaire, but was shorter because it did not contain questions on reproductive history, maternal and child health, nutrition, and maternal mortality. Instead, men were asked about their knowledge and participation in the health-seeking practices for their children.

As in previous surveys, data were collected by teams of interviewers. There were 94 interviewing teams, each of which consists of one team supervisor, one field editor, three female interviewers, and one male interviewer. Altogether, 530 persons, 362 women and 168 men participated in the survey as data collectors. They were trained for 16 days, from September 30 to October 17, 2002. The field supervisors and editors received additional training in supervision and editing techniques. Fieldwork took place over a five-and-a-half-month period, from October 21, 2002 to April 9, 2003. In most provinces, data collection took a break for at least one month during the Muslim fasting month, which fell in early November through early December 2002. In the Riau province, fieldwork began only in December 2002. In three provinces, Bangka Belitung, Banten, and Gorontalo, training of field staff occurred February 15 to March

4, 2003, and fieldwork took place March 7 to April 31, 2003. 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 previous IDHS surveys, the 2002-2003 IDHS sample was designed to produce estimates at the national, urban-rural, and provincial levels. Table 1.2 is a summary of the results of the fieldwork for the 2002-2003 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 2002-2003 IDHS are high. A total of 34,738 households were selected for the survey, of which 33,419 were found. Of the encountered households, 33,088 (99 percent) were successfully interviewed. In these households, 29,996 ever-married women 15-49 were identified, and complete interviews were obtained from 29,483 of them (98 percent). From the households selected for interviews with men, 8,740 currently married men 15-54 were identified, and complete interviews were obtained from 8,310 men, or 95 percent of all eligible men. The generally high response rates for both household and individual interviews (for eligible women and men) 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, eligible women, and eligible men.

<u>Table 1.2 Results of the household and individual interviews</u>			
Number of households, number of interviews, and response rates, according to residence, Indonesia 2002-2003			
Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	14,779	19,959	34,738
Households occupied	14,152	19,267	33,419
Households interviewed	13,961	19,127	33,088
Household response rate	98.7	99.3	99.0
Interviews with women			
Number of eligible women	12,537	17,459	29,996
Number of eligible women interviewed	12,318	17,165	29,483
Eligible woman response rate	98.3	98.3	98.3
Interviews with men			
Number of eligible men	3,736	5,004	8,740
Number of eligible men interviewed	3,555	4,755	8,310
Eligible man response rate	95.2	95.0	95.1

This chapter presents information on some demographic and socioeconomic characteristics of the population in the sampled households. This chapter also considers the condition of the households in which the survey population lives, including source of drinking water, availability of electricity, sanitation facilities, building materials, and possession of household durable goods. Information on the characteristics of the households and the individual women and men interviewed is essential for the interpretation of survey findings and can provide an approximate indication of the representativeness of the Indonesia Demographic and Health Survey.

For the purpose of the 2002-2003 IDHS, a household was defined as a person or a group of persons, related or unrelated, who live together in the same dwelling unit and share a common source of food. The Household Questionnaire (see Appendix F) was used to collect information on all usual residents and visitors who spent the night preceding the survey in the household. This method of data collection allows the analysis of either *de jure* (usual residents) or *de facto* (those who are there at the time of the survey) populations.

2.1 HOUSEHOLD POPULATION BY AGE, SEX, AND RESIDENCE

Age and sex are important demographic variables and are the primary basis of demographic classification in vital statistics, censuses, and surveys. They are also important variables in the study of mortality, fertility, and nuptiality.

The distribution of the *de facto* household population in the 2002-2003 IDHS is shown in Table 2.1 by five-year age groups, according to sex and urban rural residence. The 2002-2003 IDHS households constitute a population of 142,610 persons. The data show that there is an equal proportion of women and men in the population (50 percent each). The sex composition of the population does not show significant variation by urban-rural residence. The table further depicts Indonesia as a young population, with a large proportion of the population being in the younger age groups. The population under age 15 constitutes 32 percent of the total population. The older age groups are small in comparison, as can be seen in the population pyramid (Figure 2.1). The population pyramid has a narrow top and a wide base reflecting a pattern typical of countries with relatively high fertility in the past. This type of age structure has a built-in momentum for the growth of the country's population. When the young population eventually reaches reproductive age, the result will be a high population growth for several years to come. The slight tapering at the base is likely to have been caused by a decline in fertility in the recent years.

2.2 HOUSEHOLD COMPOSITION

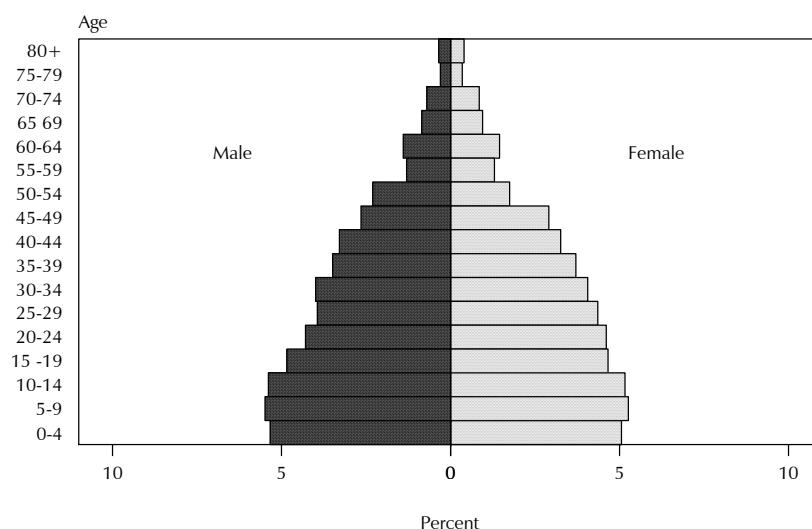
Information about the composition of households by sex of the head of the household and size of the household is presented in Table 2.2. These characteristics are important because they are associated with aspects of household welfare. Female-headed households are, for example, typically poorer than male-headed households. Where households are large, there is generally greater crowding, which is usually associated with unfavorable health conditions and economic hardships.

The 2002-2003 IDHS data show that 12 percent of households are headed by women. This proportion is the same as the level observed in the 1997 IDHS (CBS et al., 1998:12). The proportion of female-headed households is slightly higher in urban areas than in rural areas (12 and 11 percent, respectively).

Table 2.1 Household population by age, sex, and residence
 Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Indonesia 2002-2003

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	10.6	9.8	10.2	10.8	10.4	10.6	10.7	10.1	10.4
5-9	10.7	10.0	10.4	11.2	10.9	11.0	11.0	10.5	10.7
10-14	10.3	10.0	10.2	11.3	10.5	10.9	10.8	10.3	10.5
15-19	10.1	10.2	10.2	9.2	8.5	8.9	9.7	9.3	9.5
20-24	9.4	10.0	9.7	7.9	8.6	8.2	8.6	9.2	8.9
25-29	8.5	9.3	8.9	7.4	8.1	7.8	7.9	8.7	8.3
30-34	8.3	8.4	8.4	7.8	7.9	7.8	8.0	8.1	8.1
35-39	7.3	7.7	7.5	6.7	7.2	6.9	7.0	7.4	7.2
40-44	6.8	6.4	6.6	6.4	6.6	6.5	6.6	6.5	6.6
45-49	5.0	5.6	5.3	5.5	5.9	5.7	5.3	5.8	5.5
50-54	4.3	3.5	3.9	4.8	3.6	4.2	4.6	3.5	4.0
55-59	2.4	2.3	2.4	2.8	2.9	2.9	2.6	2.6	2.6
60-64	2.6	2.4	2.5	2.9	3.3	3.1	2.8	2.9	2.8
65-69	1.4	1.7	1.5	2.0	2.1	2.0	1.7	1.9	1.8
70-74	1.0	1.5	1.2	1.7	1.9	1.8	1.4	1.7	1.5
75-79	0.5	0.6	0.6	0.7	0.7	0.7	0.6	0.7	0.6
80 +	0.6	0.7	0.6	0.9	0.9	0.9	0.7	0.8	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	33,543	33,720	67,264	37,629	37,718	75,346	71,172	71,438	142,610

Figure 2.1 Population Pyramid of Indonesia



IDHS 2002-2003

Table 2.2 Household composition
Percent distribution of households by sex of head of household and by household size, according to residence, Indonesia 2002-2003

Characteristic	Residence		Total
	Urban	Rural	
Sex of head of household			
Male	87.7	88.6	88.2
Female	12.3	11.4	11.8
Total	100.0	100.0	100.0
Number of usual members			
1	5.8	4.6	5.1
2	9.9	12.2	11.1
3	16.6	21.5	19.2
4	23.9	23.4	23.6
5	18.5	17.4	17.9
6	11.6	10.5	11.0
7	6.4	5.0	5.6
8	3.4	2.5	2.9
9+	4.0	2.8	3.3
Total	100.0	100.0	100.0
Number of households	15,126	17,962	33,088
Mean size	4.5	4.2	4.3

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

Five percent of households have only one member, with urban areas having a slightly higher proportion of one-member households than rural areas (6 and 5 percent, respectively). However, very large households (nine persons or more) still exist in Indonesia (4 percent in urban and 3 percent in rural areas). The sex composition of the population does not show significant variations by urban-rural residence. Table 2.2 shows that the overall mean household size in Indonesia is 4.3 persons. The household size is roughly the same in rural areas (4.2 persons) and in urban areas (4.5 persons). The same pattern was observed in the 1997 IDHS (CBS et al., 1998:12).

2.3 CHILDREN'S LIVING ARRANGEMENTS AND PARENTAL SURVIVAL

Information on children's living arrangements, specifically fosterhood and orphanhood, is presented in Table 2.3. Several aspects of the table are of interest, particularly the extent of orphanhood (i.e., the proportion of children who have lost one or both parents).

In the 2002-2003 IDHS, information was collected for all persons under age 15 concerning their living arrangements and survival status of their biological parents. A large majority of children under age 15 live with both their parents (88 percent), 7 percent live with one parent, and 4 percent live with neither of their natural parents. Younger children are more likely than older children to live with both parents (for example, 93 percent of children under age 2 compared with 85 percent of those age 10-14). Male children are as likely as female children to live with both parents, while children in urban areas are slightly more likely than in rural areas to live with their parents (89 percent compared with 87 percent).

Table 2.3 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 15 by children's living arrangements and survival status of parents, according to background characteristics, Indonesia 2002-2003

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent			Missing information on father/mother	Total	Number of children	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive				Both dead
Age												
<2	93.2	4.8	0.7	0.1	0.1	0.9	0.1	0.0	0.0	0.1	100.0	5,762
2-4	90.2	4.1	0.6	1.4	0.3	3.0	0.1	0.1	0.1	0.1	100.0	9,010
5-9	88.0	3.7	1.7	1.6	0.4	3.6	0.3	0.2	0.2	0.3	100.0	15,280
10-14	84.5	2.9	3.4	1.6	0.9	4.8	0.5	0.4	0.4	0.7	100.0	14,998
Sex												
Male	88.1	3.6	1.8	1.3	0.5	3.4	0.3	0.2	0.3	0.3	100.0	23,076
Female	87.7	3.7	2.1	1.4	0.4	3.7	0.3	0.2	0.2	0.4	100.0	21,974
Residence												
Urban	89.2	3.3	1.8	1.0	0.4	3.2	0.2	0.2	0.2	0.4	100.0	20,614
Rural	86.9	3.9	2.0	1.6	0.6	3.8	0.4	0.2	0.2	0.3	100.0	24,436
Total	87.9	3.6	1.9	1.4	0.5	3.5	0.3	0.2	0.2	0.4	100.0	45,050

2.4 EDUCATIONAL LEVEL OF HOUSEHOLD POPULATION

Education is a key determinant of the lifestyle and status an individual enjoys in a society. Studies have consistently shown that educational attainment has strong effects on reproductive behavior, contraceptive use, fertility, infant and child mortality, morbidity, and attitudes and awareness related to family health and hygiene. In the 2002-2003 IDHS, information on educational attainment was collected for every member of the household.

2.4.1 EDUCATIONAL ATTAINMENT OF THE HOUSEHOLD POPULATION

Table 2.4 shows the percent distribution of the de facto male and female population age six and over by the highest level of education attained, according to age and residence. Table 2.4 indicates that there are significant differences in the level of education by background characteristics. Overall, men are slightly better educated than women: 13 percent of females age six and above have never to school compared with only seven percent of males. In all age groups except 10-14, males are more likely to have been educated and more likely to stay in school than females. In 1994, based on President's Instruction number 1, the government of Indonesia declared "Nine Years Compulsory Education" for children under 15. This campaign resulted in bringing equity in education for males and females. While there are small differences in the educational attainment between males and females in older ages, the gap in educational attainment is no longer visible among the youngest age cohort. These figures imply that in recent years, girls have had as much opportunity as boys to pursue education.

The percentage of males and females who have never attended school increases steadily with age. Among females, this proportion increases from one percent among those age 10-14 to 68 percent in the oldest age group (65 years or older). The increase is slightly less drastic among males, from one percent to 34 percent, respectively.

Table 2.4 Educational attainment of household population

Percent distribution of the de facto male and female household population age six and over by highest level of education attended or completed, according to background characteristics, Indonesia 2002-2003

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Total	Number	Median number of years
MALE										
Age										
6-9	14.2	84.9	0.0	0.2	0.0	0.0	0.7	100.0	6,530	0.6
10-14	1.3	56.5	10.0	32.1	0.0	0.0	0.0	100.0	7,700	4.6
15-19	0.9	9.4	17.1	60.7	9.7	2.1	0.1	100.0	6,881	8.3
20-24	1.0	7.5	25.1	26.8	28.6	10.9	0.1	100.0	6,129	8.6
25-29	1.6	7.6	30.9	23.0	27.8	9.0	0.2	100.0	5,630	8.4
30-34	2.0	10.9	29.5	21.7	27.6	8.2	0.1	100.0	5,714	8.3
35-39	3.8	16.2	29.3	16.3	24.1	10.2	0.2	100.0	4,979	6.5
40-44	6.2	23.2	31.8	13.0	17.1	8.5	0.2	100.0	4,691	5.6
45-49	6.8	26.9	32.3	13.2	14.9	5.8	0.1	100.0	3,775	5.5
50-54	8.9	27.1	32.5	14.6	11.5	5.4	0.0	100.0	3,257	5.4
55-59	14.4	28.1	30.7	10.5	10.4	5.3	0.6	100.0	1,852	5.2
60-64	22.4	26.9	28.4	9.3	8.0	4.4	0.6	100.0	1,972	5.0
65+	33.8	31.1	23.9	4.4	5.1	1.0	0.7	100.0	3,134	2.1
Residence										
Urban	4.0	23.1	17.8	24.9	20.8	9.3	0.2	100.0	29,377	7.2
Rural	9.1	33.7	26.7	19.6	8.9	1.8	0.3	100.0	32,889	5.3
Total	6.7	28.7	22.5	22.1	14.5	5.3	0.2	100.0	62,266	5.6
FEMALE										
Age										
6-9	14.5	84.7	0.0	0.1	0.0	0.0	0.6	100.0	6,231	0.6
10-14	0.9	52.8	10.0	36.2	0.0	0.1	0.0	100.0	7,328	4.8
15-19	1.1	6.9	18.7	59.4	10.2	3.6	0.0	100.0	6,632	8.4
20-24	1.3	8.1	28.8	23.8	25.5	12.4	0.0	100.0	6,608	8.5
25-29	2.5	9.8	34.8	20.9	23.5	8.6	0.0	100.0	6,192	8.0
30-34	4.9	14.9	31.9	18.3	22.3	7.7	0.1	100.0	5,789	5.9
35-39	9.2	24.3	31.7	13.0	14.7	7.0	0.1	100.0	5,298	5.5
40-44	14.9	29.9	30.5	10.7	9.1	5.0	0.1	100.0	4,652	5.2
45-49	17.1	32.8	28.9	9.9	8.0	3.2	0.1	100.0	4,125	5.0
50-54	26.3	28.9	25.1	10.3	6.3	2.2	0.9	100.0	2,518	3.7
55-59	38.1	30.3	17.6	7.7	4.7	1.0	0.7	100.0	1,885	2.1
60-64	53.1	23.4	13.1	4.8	3.2	0.6	1.9	100.0	2,066	0.0
65+	67.6	17.4	9.8	2.6	1.1	0.4	1.1	100.0	3,593	0.0
Residence										
Urban	9.0	23.3	18.8	23.9	16.8	8.0	0.1	100.0	29,786	5.9
Rural	17.2	33.5	24.6	16.9	6.0	1.5	0.4	100.0	33,159	4.8
Total	13.3	28.7	21.8	20.2	11.1	4.6	0.3	100.0	62,945	5.3

Note: Total includes 20 unweighted men and 25 unweighted women with missing information on age.

¹ Completed 6th grade at the primary level

² Completed 6th grade at the secondary level

Table 2.4 also shows that older people have less education. For example, the median duration of schooling among men age 50-54 years is 5.4 years, whereas for men age 20-24 the median is 8.6 years. The difference for women is even more striking; 3.7 years for age 50-54 years and 8.5 years for age 20-24. Urban residents are much more likely to attend school and stay in school than rural residents. Only 4 percent of men in urban areas have never gone to school, while the proportion in rural areas is 9 percent. For women, the corresponding figures are 9 percent in the urban areas and 17 percent in the rural areas. The urban-rural difference is more pronounced at the level of secondary or higher education. The median years of schooling for urban men is 7.2 years, compared with 5.3 years for rural men. The urban-rural difference among women is less pronounced, 5.9 years and 4.8 years, respectively.

2.4.2 SCHOOL ATTENDANCE RATES

The 2002-2003 IDHS collected information on school attendance among the population that allows the calculation of net attendance ratios (NARs) and gross attendance ratios (GARs). The NAR for primary school is the percentage of the primary school-age population (6-13 years) that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age population (14-17 years) that is attending secondary school. By definition, the NAR cannot exceed 100 percent. The GAR for primary school is the total number of primary school students, of any age, expressed as the percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students up to an age limit of 24 years, expressed as the percentage of the official secondary-school-age population. The GARs are almost always higher than the NARs because the GAR includes participation by those who are older or younger than the official range for that level. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

The Gender Parity Index represents the ratio of the GAR for females to the GAR for males. It is presented for both the primary and secondary levels and offers a summary measure of the extent to which there are gender differences in attendance rates.

Table 2.5.1 and 2.5.2 indicate that among primary school and secondary school there are significant differences in rate of school attendance by background characteristics. Table 2.5.1 shows that in primary school, the NAR and GAR are slightly higher in rural than in urban areas (88 percent compared 87 percent, and 104 percent compared 103 percent). The Gender Parity Index is 1.03 in rural areas and 0.98 in urban areas. There are no significant sex differentials in NAR and GAR by residence. Overall, the NAR and GAR for primary school in all provinces are slightly higher than for secondary school. In primary school, the NAR and GAR are lowest in Gorontalo (81.3 for NAR and 96.4 for GAR), while NAR in West Nusa Tenggara is 90.8 and GAR in Central Kalimantan it is 108.8.

Table 2.5.1 School attendance ratios: primary school

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population attending primary school by sex, residence, and province, Indonesia 2002-2003

Residence/ province	Net attendance ratio ¹			Gross attendance ratio ²			Gender Parity Index ³
	Male	Female	Total	Male	Female	Total	
Residence							
Urban	88.3	85.0	86.7	103.8	102.1	103.0	0.98
Rural	87.3	88.5	87.9	102.2	105.2	103.7	1.03
Region/province							
Sumatera							
North Sumatera	84.1	82.6	83.4	99.4	99.6	99.5	1.00
West Sumatera	87.4	89.9	88.7	104.4	103.7	104.0	0.99
Riau	88.8	86.6	87.8	103.7	103.0	103.3	0.99
Jambi	82.6	84.7	83.6	106.5	105.6	106.0	0.99
South Sumatera	85.0	86.8	85.8	100.4	102.4	101.3	1.02
Bengkulu	89.7	82.9	86.4	111.5	102.7	107.2	0.92
Lampung	91.3	89.4	90.5	107.7	105.8	106.9	0.98
Bangka Belitung	86.1	90.8	88.5	111.7	111.0	111.3	0.99
Java							
DKI Jakarta	86.0	87.8	86.9	109.7	104.8	107.1	0.96
West Java	86.9	88.4	87.6	99.1	103.2	101.0	1.04
Central Java	89.9	89.9	89.9	105.4	107.5	106.4	1.02
DI Yogyakarta	91.3	85.1	88.1	106.1	97.3	101.6	0.92
East Java	91.7	84.7	88.3	106.8	104.3	105.6	0.98
Banten	88.1	85.2	86.7	99.5	103.2	101.2	1.04
Bali and Nusa Tenggara							
Bali	84.4	84.5	84.4	104.1	105.3	104.6	1.01
West Nusa Tenggara	88.3	93.2	90.8	99.4	102.5	101.0	1.03
East Nusa Tenggara	85.7	90.2	88.0	106.2	110.2	108.3	1.04
Kalimantan							
West Kalimantan	82.7	86.1	84.3	105.5	106.9	106.1	1.01
Central Kalimantan	89.1	89.9	89.5	106.0	111.8	108.8	1.05
South Kalimantan	83.2	84.8	84.0	98.3	99.2	98.8	1.01
East Kalimantan	84.1	84.3	84.2	110.5	105.8	108.0	0.96
Sulawesi							
North Sulawesi	84.2	82.5	83.3	102.1	96.9	99.5	0.95
Central Sulawesi	84.9	89.7	86.9	104.5	111.9	107.7	1.07
South Sulawesi	88.7	81.2	85.1	101.0	97.1	99.1	0.96
Southeast Sulawesi	82.3	90.1	86.1	103.6	108.6	106.1	1.05
Gorontalo	81.0	81.7	81.3	93.8	99.4	96.4	1.06
Total	87.7	86.9	87.4	102.9	103.8	103.4	1.01

¹ The NAR for primary school is the percentage of the primary-school age (6-13 years) population that is attending primary school. By definition the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for primary school is the ratio of the primary school GAR for females to the GAR for males.

Table 2.5.2 School attendance ratios: secondary school

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population attending secondary school by sex, residence, and province, Indonesia 2002-2003

Residence/ province	Net attendance ratio ¹			Gross attendance ratio ²			Gender Parity Index ³
	Male	Female	Total	Male	Female	Total	
Residence							
Urban	65.0	63.0	64.0	77.6	76.4	77.0	0.98
Rural	41.8	45.8	43.7	51.3	53.6	52.4	1.05
Region/province							
Sumatera							
North Sumatera	61.7	63.7	62.7	76.0	77.6	76.8	1.02
West Sumatera	60.3	69.7	65.2	70.6	78.1	74.5	1.11
Riau	58.2	61.4	59.7	68.8	73.2	70.9	1.06
Jambi	48.7	45.5	47.0	66.5	56.5	61.2	0.85
South Sumatera	45.3	54.0	49.7	56.8	61.8	59.3	1.09
Bengkulu	57.1	64.9	60.8	65.2	79.3	71.9	1.22
Lampung	48.1	55.9	51.5	55.4	64.1	59.2	1.16
Bangka Belitung	43.5	49.9	46.5	56.2	60.1	58.0	1.07
Java							
DKI Jakarta	69.1	60.3	64.3	82.7	70.9	76.3	0.86
West Java	48.8	50.6	49.7	61.0	62.4	61.7	1.02
Central Java	54.4	56.8	55.5	66.2	67.7	66.9	1.02
DI Yogyakarta	71.1	69.7	70.4	81.6	84.6	83.1	1.04
East Java	54.5	58.2	56.2	63.8	68.9	66.2	1.08
Banten	52.1	48.6	50.3	59.6	56.7	58.1	0.95
Bali and Nusa Tenggara							
Bali	64.9	60.2	62.8	80.8	70.0	76.0	0.87
West Nusa Tenggara	55.1	40.1	47.2	62.9	42.7	52.2	0.68
East Nusa Tenggara	35.9	36.3	36.1	45.0	41.2	43.2	0.92
Kalimantan							
West Kalimantan	46.1	40.7	43.2	60.2	47.2	53.2	0.78
Central Kalimantan	46.2	45.4	45.8	55.2	58.7	56.9	1.06
South Kalimantan	43.2	41.5	42.4	50.6	49.9	50.2	0.99
East Kalimantan	60.8	60.8	60.8	73.6	74.5	74.0	1.01
Sulawesi							
North Sulawesi	51.2	59.5	55.4	67.6	71.1	69.3	1.05
Central Sulawesi	47.0	51.1	48.9	59.6	60.2	59.9	1.01
South Sulawesi	47.2	43.2	45.3	54.9	56.0	55.4	1.02
Southeast Sulawesi	48.3	52.5	50.4	63.3	59.8	61.6	0.95
Gorontalo	25.6	40.5	33.3	29.3	47.0	38.4	1.60
Total	53.0	54.4	53.7	64.0	65.0	64.5	1.02

¹ The NAR for secondary school is the percentage of the secondary-school age (14-17 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.

² The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The Gender Parity Index for secondary school is the ratio of the secondary school GAR for females to the GAR for males.

Table 2.5.2 shows that secondary school attendance ratios are much lower and differ substantially by background characteristics. The NAR and the GAR for secondary school are 54 and 65 percent, respectively. The secondary school attendance is substantially higher in urban areas (64 percent) than in rural areas (44 percent). There are no significant differences in the overall NAR and GAR between males and females. However, among provinces, the GPI varies from 0.68 in West Nusa Tenggara to 1.22 in Bengkulu. This means the attendance of females in secondary school is lower than of males in West Nusa Tenggara, while in Bengkulu the GPI is higher than that of males. Among provinces, the NAR and GAR are the lowest in East Nusa Tenggara (36 and 43 percent, respectively) and the highest in Yogyakarta (70 and 83 percent, respectively).

2.5 HOUSING CHARACTERISTICS AND HOUSEHOLD POSSESSIONS

In the 2002-2003 IDHS, information was collected about certain characteristics of households, including access to electricity, source of drinking water, time to water source, type of sanitation facilities, construction and flooring materials of housing, possession of various durable goods, and distance between the well and the nearest septic tank. These are important determinants of the health status of household members, particularly children. They can also be used as indicators of household socioeconomic status. Proper hygiene and sanitation practices can help to prevent major childhood diseases, such as diarrhea. The information on housing characteristics is summarized in Tables 2.6 and 2.7.

Table 2.6 shows that 91 percent of the households covered in the 2002-2003 IDHS have electricity, a large increase from 80 percent found in the 1997 IDHS (CBS et al., 1998:17). There are significant urban-rural differentials, with 98 percent of urban households having electricity, compared with 85 percent in rural areas (see Figure 2.2).

Table 2.6 shows that protected wells, whether in dwelling, in yard, or public, are the main source of drinking water (42 percent). Seventeen percent of households use water that is either piped into the residence or into the yard or obtained from the public tap, this proportion being significantly higher in urban areas than in rural areas (29 and 7 percent, respectively). Other sources of drinking water include springs (12 percent), other open water such as rivers and ponds (3 percent), and bottled water (3 percent). Rural households are much more likely to use spring water than urban households (19 percent, compared with 3 percent). On the other hand, bottled water is more common in urban areas (6 percent) than in rural areas (1 percent).

The urban-rural differences are also reflected in the time taken to draw water. In urban areas, 97 percent of the households are within 15 minutes of a water source, compared with 86 percent of rural households.

Households without proper toilet facilities are more exposed to the risk of diseases like dysentery, diarrhea, and typhoid fever. More than half of households in the sample (54 percent) have a private toilet, a slight increase from 50 percent found in the 1997 IDHS (CBS et al., 1998:19). Eight percent of households use a shared facility, and the remaining 28 percent do not have a toilet. This presents a slight decrease from the 40 percent found in the 1997 IDHS (CBS et al., 1998:19). The urban-rural differences are significant. Seventy-four percent of households in urban areas have a private toilet, compared with 37 percent in rural areas.

Table 2.6 also presents the distribution of households by the distance from the well to the nearest septic tank. Forty-one percent of households have no well. For 9 percent of the households, the nearest septic tank is less than 7 meters from their well, and for 38 percent, the nearest septic tank is 7 meters or further from the well. Wells are slightly closer to a septic tank in urban areas than in rural areas.

The type of flooring material can be considered as an economic and health indicator of the household. Some floor materials like dirt or earth pose a health problem for the household since they can act as breeding grounds for pests and insects and may be a source of dust. This kind of flooring is also more difficult to keep clean. In Indonesia, 14 percent of households have a dirt floor. More than half of households (52 percent) live in dwellings with a concrete, brick, or tile floor, while 15 percent have a wood floor. There are substantial urban-rural differentials by floor materials. Whereas 58 percent of urban households have a concrete, brick, or tile floor, the proportion of such households in rural areas is 47 percent. Conversely, 22 percent of rural households have a dirt floor, compared with 5 percent in urban areas.

The majority of the households use kerosene and firewood or straw for cooking (44 percent each), while 10 percent use liquid propane gas or natural gas. There are substantial urban-rural differentials by type of cooking fuel. Whereas 64 percent of urban households use kerosene for cooking, only 28 percent of households do so in rural areas. Furthermore, 19 percent of urban households use gas for cooking compared with 3 percent in rural areas.

The presence of durable goods in the household, such as radio, television, telephone, refrigerator, motorcycle, and private car, is another indicator of the household's socioeconomic status. Moreover, particular goods have specific benefits. Ownership of a radio or television is a measure of access to mass media and exposure to innovative ideas; telephone ownership measures access to an efficient means of communication; refrigerator ownership prolongs the wholesomeness of foods; and ownership of private transport means allows greater access to many services away from the local area.

Table 2.7 shows that 56 percent of households have a radio, 62 percent have a television, 13 percent have a telephone, 18 percent have a refrigerator, 44 percent have a bicycle or boat, and 30 percent have a motorcycle or motorboat. Only 6 percent of households have a private car or truck. One in six households has none of the durable goods listed in Table 2.8. The

Table 2.6 Household characteristics

Percent distribution of households by household characteristics, according to residence, Indonesia 2002-2003

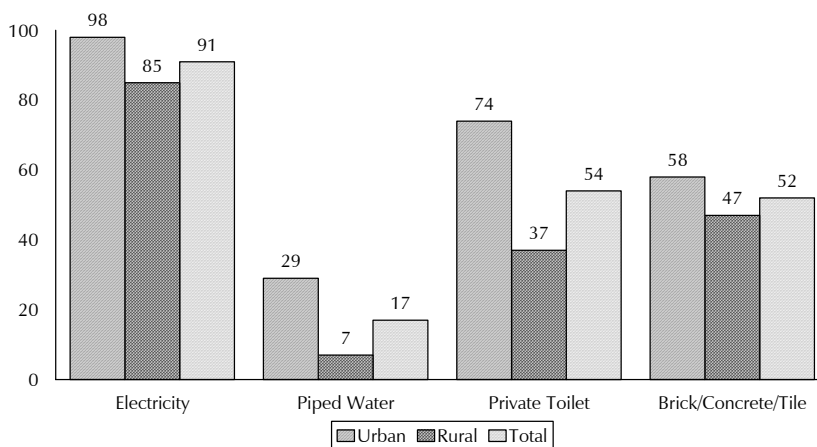
Household characteristic	Residence		Total
	Urban	Rural	
Electricity			
Yes	98.1	84.5	90.7
No	1.9	15.4	9.2
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Source of drinking water			
Piped into dwelling	22.1	4.2	12.4
Piped into yard/plot	2.9	1.4	2.1
Public tap	3.9	1.5	2.6
Open well in dwelling	5.8	3.6	4.6
Open well in yard/plot	5.8	12.4	9.4
Open public well	1.7	4.9	3.5
Protected well in dwelling	24.9	12.8	18.4
Protected well in yard/plot	11.9	18.1	15.3
Protected public well	6.0	9.8	8.0
Spring	3.2	19.1	11.8
River, stream, pond	0.3	6.0	3.4
Rainwater	1.2	3.2	2.3
Tanker truck	3.2	1.6	2.3
Bottled water	6.2	0.8	3.3
Other	0.8	0.4	0.6
Total	100.0	100.0	100.0
Time to water source			
Percentage <15 minutes	96.8	86.3	91.1
Sanitation facility			
Private with septic tank	64.6	26.6	44.0
Private with no septic tank	8.9	10.2	9.6
Shared/public	9.3	6.2	7.6
River/stream/creek	11.3	26.6	19.6
Pit	2.9	16.5	10.3
Bush/forest/yard/field/no facility	0.5	7.1	4.1
Other	2.2	6.7	4.6
Missing	0.3	0.2	0.2
Total	100.0	100.0	100.0
Distance from well to nearest septic tank			
No well	43.8	38.3	40.8
Less than 7 meters	11.4	7.6	9.4
7 meters or farther	36.5	39.4	38.1
Don't know/missing	8.2	14.7	11.7
Total	100.0	100.0	100.0
Flooring material			
Dirt/earth	4.6	21.9	14.0
Bamboo	0.5	2.3	1.5
Wood	9.0	20.0	14.9
Brick/concrete	35.0	33.1	34.0
Tile	23.1	13.5	17.9
Ceramic/marble/granite	27.4	8.7	17.2
Other	0.1	0.2	0.1
Missing	0.4	0.3	0.4
Total	100.0	100.0	100.0
Cooking fuel			
Electricity	0.7	0.2	0.4
LPG, natural gas	18.6	2.8	10.0
Kerosene	63.8	27.7	44.2
Coal, lignite	0.1	0.1	0.1
Charcoal	0.1	0.4	0.3
Firewood, straw	15.9	68.5	44.4
Other	0.8	0.3	0.5
Missing	0.1	0.1	0.1
Total	100.0	100.0	100.0
Number of households	15,126	17,962	33,088

ownership of durable goods, except radio and bicycle or boat, has increased from that recorded in 1997 IDHS (CBS et al., 1998:20). Whereas ownership of radio has decreased since 1997 (62 to 56 percent), ownership of television has increased during the same period (48 to 62 percent).

Ownership of specific durable goods varies by urban-rural residence. In general, these goods are more available in urban households than in rural households. For example, four in five urban households have a television set, while that is true for less than half of rural households (48 percent). A telephone is available in 25 percent of urban households but is almost nonexistent in rural areas. Furthermore, urban households are four times more likely to own a private car than rural households.

Durable consumer goods	Residence		Total
	Urban	Rural	
Radio	64.8	48.4	55.9
Television	79.3	47.8	62.2
Telephone	25.1	2.4	12.8
Refrigerator	31.9	6.2	17.9
Bicycle/rowboat	45.6	42.9	44.2
Motorcycle/motorboat	38.7	21.9	29.6
Car/truck	9.7	2.3	5.7
None of the above	8.4	22.8	16.2
Number of households	15,126	17,962	33,088

Figure 2.2 Housing Characteristics by Residence



IDHS 2002-2003

The purpose of this chapter is to provide a demographic and socioeconomic profile of the 2002-2003 Indonesia Demographic and Health Surveys (DHS) sample of ever-married women and currently married men. Information on the basic background characteristics of the respondents in the survey is essential for the interpretation of findings presented later in the report. The chapter begins by describing basic background characteristics including age, marital status, educational level, and residential characteristics. More detailed information on education, literacy, and exposure to mass media are then discussed. This is followed by data on the employment and earnings of women, decisionmaking in the household, and attitudes on women's position in relation to others in the household.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Table 3.1 presents the distributions of ever-married women age 15-49 and currently married men age 15-54 interviewed in the 2002-2003 IDHS by key background characteristics, including age, marital status, urban-rural residence, and educational level.

The findings show that approximately one-third of the women and one in five men are under age 30. Table 3.1 also shows that 95 percent of the women are currently married, the remaining 5 percent are split halfway, either divorced or widowed. Forty-six percent of female and 47 percent of male respondents live in urban areas.

Eight percent of ever-married women and 4 percent of currently married men have never attended any formal schooling. More women than men completed primary school (34 and 30 percent, respectively). Men tend to be more highly educated than women, with 28 percent of men having completed secondary or higher education, compared with 21 percent of women. Women are becoming better educated. The percentage of ever-married women with no education declined (13 percent in 1997 compared with 8 percent in 2002-2003), while the percentage of those with some secondary school increased (28 percent in 1997 compared with 38 percent in 2002-2003).

Looking at religion, 90 percent of both women and men are Muslim, followed by Christian/Protestant or Catholic (7 to 8 percent). The small remaining percentage are Hindus, Buddhists, or belong to other religions.

Differentials of the background characteristics by province are presented in Appendix Table A.3.1. The majority of respondents live in Java (62 percent of each women and men), followed by Sumatera (20 percent of women and 21 percent of men). Kalimantan Bali and Nusa Tenggara island groups have the lowest proportion of the respondents: 6 and 5 percent of women, respectively, and 5 percent each of men. Notable is the large difference between the weighted number of men and women and the unweighted number in some provinces. The unweighted number represents the number that were actually interviewed in the 2002-2003 IDHS survey; whereas the weighted number represents that province's proportional representation in the population based on the 2002 National Household Survey. For instance, South Sumatera has only 3 percent of the national population of ever-married women age 15-49 (as represented by 809 cases), but 1,242 women were actually interviewed. This is mentioned so that the reader will understand that while weighted numbers are presented throughout the rest of the report, the province estimates may be based on a significantly larger number of unweighted male or female interviews.

Table 3.1 Distribution of respondents by background characteristics

Percent distribution of ever-married women and currently married men by background characteristics, Indonesia 2002-2003

Background characteristic	Weighted percent	Number of ever-married women		Weighted percent	Number of currently married men	
		Weighted	Unweighted		Weighted	Unweighted
Age						
15-19	3.2	956	924	0.1	11	22
20-24	13.1	3,875	3,892	5.1	426	429
25-29	18.2	5,375	5,528	14.6	1,214	1,220
30-34	18.4	5,428	5,529	17.6	1,462	1,580
35-39	17.6	5,181	5,112	18.9	1,572	1,538
40-44	15.5	4,581	4,403	16.8	1,395	1,366
45-49	13.9	4,086	4,095	14.7	1,224	1,178
50-54	na	na	na	12.1	1,007	977
Marital status						
Married	94.5	27,857	27,784	100.0	8,310	8,310
Divorced/separated	2.9	868	850	na	na	na
Widowed	2.6	757	849	na	na	na
Residence						
Urban	45.8	13,499	12,318	46.5	3,866	3,555
Rural	54.2	15,984	17,165	53.5	4,444	4,755
Education						
No education	7.9	2,335	2,248	4.1	341	330
Some primary	20.0	5,902	5,896	20.8	1,730	1,557
Completed primary	33.9	9,995	8,958	29.6	2,462	2,205
Some secondary	17.4	5,136	5,499	17.8	1,477	1,584
Secondary +	20.7	6,114	6,882	27.7	2,301	2,634
Religion						
Islam	89.7	26,447	24,528	90.0	7,480	6,898
Christian/Protestant	5.5	1,630	2,239	5.3	442	637
Catholic	2.2	643	916	1.9	160	237
Hindu	1.6	479	1,377	1.8	146	415
Buddhist	0.7	192	209	0.6	53	57
Confucian	0.1	21	47	0.1	6	14
Other	0.1	34	84	0.1	11	27
Missing	0.1	37	82	0.1	12	25
Total	100.0	29,483	29,483	100.0	8,310	8,310

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable

3.2 EDUCATIONAL ATTAINMENT

Table 3.2 shows the percent distribution of respondents by highest level of schooling attained or completed according to their age and place of residence. Young women and men are more likely to have attended school than the older generation. The distribution of respondents who have never attended school rises with increasing for both men and women. For example, 2 percent of ever-married women and 1 percent of currently married men age 20-24 have no formal education, compared with 17 percent of

women and 7 percent of men age 45-49. Similarly, 28 percent of women 20-24 completed some secondary school, compared with only 9 percent of women age 45-49. For the male respondents, 34 percent of men age 20-24 attended some secondary school, compared with 15 percent of men age 50-54.

The IDHS data indicate that educational opportunities vary among the respondents according to their areas of residence. Urban women and men are more likely to go to school than their rural counterparts. Five percent of urban women and 2 percent of urban men have not attended school, compared with 10 percent and 6 percent in rural areas, respectively. Comparing the median completed years of education shows a similar pattern, with urban women having a median of eight years of schooling and rural women having five years.

Table 3.2 Educational attainment by background characteristics									
Percent distribution of women and men by highest level of schooling attended or completed, and median number of years of schooling, according to age and residence, Indonesia 2002-2003									
Age/residence	Highest level of schooling attended or completed						Total	Number	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
EVER-MARRIED WOMEN									
Age									
15-19	1.5	11.1	40.5	38.3	8.5	0.1	100.0	956	5.9
20-24	1.7	10.2	39.2	27.6	18.9	2.5	100.0	3,875	6.0
25-29	2.4	10.7	37.6	21.8	22.1	5.4	100.0	5,375	6.0
30-34	4.9	15.2	33.2	18.2	21.7	6.7	100.0	5,428	5.9
35-39	9.3	24.2	32.0	12.9	14.7	6.8	100.0	5,181	5.5
40-44	14.7	30.8	30.8	10.3	8.6	4.8	100.0	4,581	5.1
45-49	17.3	32.6	29.3	9.9	7.8	3.2	100.0	4,086	5.0
Residence									
Urban	5.0	13.5	28.9	20.0	24.2	8.4	100.0	13,499	8.0
Rural	10.4	25.5	38.1	15.2	8.7	2.0	100.0	15,984	5.4
Total	7.9	20.0	33.9	17.4	15.8	4.9	100.0	29,483	5.6
CURRENTLY MARRIED MEN									
Age									
15-19	*	*	*	*	*	*	100.0	11	*
20-24	0.9	7.6	37.7	33.9	18.1	1.7	100.0	426	7.8
25-29	1.7	8.9	32.6	24.9	26.8	5.2	100.0	1,214	8.2
30-34	1.0	16.3	25.6	22.6	26.7	7.9	100.0	1,462	8.2
35-39	4.3	16.7	30.0	15.9	21.7	11.4	100.0	1,572	6.0
40-44	6.0	28.9	27.1	12.6	17.0	8.3	100.0	1,395	5.6
45-49	7.0	29.5	30.5	10.1	16.5	6.4	100.0	1,224	5.4
50-54	6.5	32.0	30.6	14.7	10.4	5.8	100.0	1,007	5.4
Residence									
Urban	1.9	14.0	24.0	18.4	29.5	12.3	100.0	3,866	8.5
Rural	6.0	26.7	34.5	17.2	12.2	3.3	100.0	4,444	5.5
Total	4.1	20.8	29.6	17.8	20.2	7.4	100.0	8,310	5.8
Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.									
¹ Completed 6 th grade at the primary level									
² Completed 6 th grade at the secondary level									

Across provinces, differentials in educational attainment are significant (see Appendix Table A.3.2). The proportion of ever-married women who have never gone to school varies from 2 percent in Gorontalo province to 27 percent in West Nusa Tenggara. Furthermore, there are pronounced variations among provinces in the educational attainment and completion.

3.3 LITERACY

The ability to read is an important personal asset allowing women and men increased opportunities in life. Information on the distribution of literate population can help health and family planners to better reach their target population with their messages. In the 2002-2003 IDHS, the level of literacy is defined by the respondent's ability to read none, part, or all of a sentence from a card in a language that the respondent is likely to be able to read. The questions assessing literacy were asked only of women and men who have not attended school or have attended only primary school. Respondents who attended at least secondary are considered literate.

Table 3.3 shows that the literacy rate in Indonesia is quite high, with 86 percent of ever-married women and 93 percent of currently married men being literate. The percentage of women who cannot read at all is 13 percent compared with 7 percent of men. Younger respondents are more likely to be literate than older respondents. While 96 percent of women and 98 percent of men age 20-24 are literate, the proportion drops to 72 percent for women and 88 percent for men age 45-49.

Table 3.3 Literacy								
Percent distribution of ever-married women and currently married men by level of schooling attended and by level of literacy, and percent literate, according to age and residence, Indonesia 2002-2003								
Age/residence	Secondary school or higher	No schooling or primary school				Total	Number	Percent literate ¹
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Missing			
EVER-MARRIED WOMEN								
Age								
15-19	46.9	45.2	4.2	2.4	1.3	100.0	956	96.3
20-24	48.9	43.4	3.9	3.4	0.4	100.0	3,875	96.2
25-29	49.3	40.0	4.9	4.9	0.8	100.0	5,375	94.3
30-34	46.6	38.8	6.4	7.7	0.5	100.0	5,428	91.9
35-39	34.5	39.4	10.0	15.5	0.6	100.0	5,181	83.9
40-44	23.7	39.5	13.2	23.2	0.5	100.0	4,581	76.4
45-49	20.9	37.2	13.5	27.7	0.7	100.0	4,086	71.5
Residence								
Urban	52.6	33.0	5.9	7.9	0.6	100.0	13,499	91.5
Rural	25.9	45.6	10.5	17.3	0.6	100.0	15,984	82.1
Total	38.2	39.8	8.4	13.0	0.6	100.0	29,483	86.4
CURRENTLY MARRIED MEN								
Age								
15-19	*	*	*	*	*	100.0	11	*
20-24	53.8	41.7	2.6	2.0	0.0	100.0	426	98.0
25-29	56.8	37.9	1.8	3.3	0.1	100.0	1,214	96.6
30-34	57.1	35.3	3.4	4.1	0.1	100.0	1,462	95.8
35-39	49.0	39.8	5.7	5.3	0.1	100.0	1,572	94.6
40-44	38.0	42.0	9.9	10.0	0.2	100.0	1,395	89.9
45-49	33.0	46.6	8.8	11.4	0.2	100.0	1,224	88.4
50-54	30.9	45.9	12.5	10.3	0.4	100.0	1,007	89.3
Residence								
Urban	60.1	32.7	3.9	3.2	0.1	100.0	3,866	96.7
Rural	32.7	48.1	8.9	10.1	0.2	100.0	4,444	89.7
Total	45.5	40.9	6.5	6.9	0.2	100.0	8,310	92.9

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
¹ Refers to respondents who attended secondary school or higher and respondents who can read a whole sentence or part of a sentence

Urban residents have a higher level of literacy (92 percent of women and 97 percent of men) than their rural counterparts (82 and 90 percent, respectively). The variation in literacy rate by province is presented in Appendix Tables A.3.3.1 and A.3.3.2. In most provinces, women are less literate than men. For women, West Nusa Tenggara has the lowest literacy rate (67 percent), while North Sulawesi has the highest (96 percent). For men, East Nusa Tenggara has the lowest literacy rate (81 percent), whereas DKI Jakarta province has the highest (99 percent).

3.4 EXPOSURE TO MASS MEDIA

The 2002-2003 IDHS collected information on the exposure of respondents to the various common mass media. Respondents were asked how often they read a newspaper, listened to the radio, or watched television in a week. This information is useful in determining the media channels to use in disseminating family planning program and health information to target audiences. Furthermore, it is important for knowing the likelihood of reaching the respondents by media.

Table 3.4 shows that television is the most popular mass media among ever-married women and currently married men (76 and 79 percent, respectively), followed by radio with 38 percent of women and 46 percent of men listening to the radio weekly. A much lower percentage of both women and men read a newspaper at least once a week (15 percent of women and 29 percent of men). Since 1997, there has been a significant decrease in the proportion of women who are exposed to all three media from 16 percent to the current level of 9 percent based on the 2002-2003 IDHS.

Women and men living in urban areas and those age 25-39 are more likely to have access to all three types of media than their rural counterparts or those in other age groups. Findings also show that education is strongly associated with mass media exposure. For instance, 26 percent of women and 37 percent of men with secondary or higher education were likely to have access to all three types of media versus 2 percent and 5 percent, respectively, of women and men with some primary education. Men have greater exposure to the mass media than women. This differential applies within every population group.

Appendix Tables A.3.4.1 and A.3.4.2 show the variation in media exposure of ever-married women and currently married men according to province. It is important to note that the television exposure is extremely important in DKI Jakarta where 91 percent of women and 94 percent of men watch television programs weekly. DI Yogyakarta has the highest proportion of women who are exposed to all three media (24 percent), while West Nusa Tenggara has the lowest (4 percent). North Sulawesi has the highest proportion of men who are exposed to all three media (45 percent), whereas Bengkulu and Southeast Sulawesi have the lowest (7 percent). It is interesting to note that 64 percent of women and 56 percent of men in East Nusa Tenggara are not exposed to any of the three mass media.

Table 3.4 Exposure to mass media

Percentage of ever-married women and currently married men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Indonesia 2002-2003

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number
EVER-MARRIED WOMEN						
Age						
15-19	8.9	74.9	46.3	5.5	17.9	956
20-24	14.4	79.2	41.5	8.8	15.4	3,875
25-29	17.8	80.1	41.8	11.1	15.1	5,375
30-34	18.6	78.0	40.3	10.8	16.3	5,428
35-39	16.2	75.1	36.1	9.3	19.2	5,181
40-44	12.6	74.7	34.8	7.2	20.0	4,581
45-49	11.2	70.6	31.5	6.3	23.8	4,086
Residence						
Urban	23.7	87.4	39.0	13.6	9.6	13,499
Rural	8.0	67.1	37.4	5.0	25.3	15,984
Education						
No education	0.1	51.7	24.8	0.0	40.8	2,335
Some primary	2.9	64.8	30.2	1.5	28.5	5,902
Completed primary	7.2	75.7	38.8	4.4	18.4	9,995
Some secondary	16.9	83.7	41.0	10.5	11.4	5,136
Secondary +	44.5	92.0	47.3	25.7	4.8	6,114
Total	15.2	76.4	38.1	9.0	18.1	29,483
CURRENTLY MARRIED MEN						
Age						
15-19	*	*	*	*	*	11
20-24	25.6	85.8	51.6	17.2	10.5	426
25-29	30.7	80.1	49.4	17.5	14.5	1,214
30-34	32.5	80.1	50.5	20.0	12.3	1,462
35-39	31.9	81.8	48.6	21.3	12.6	1,572
40-44	28.6	79.0	44.0	16.5	15.0	1,395
45-49	25.4	79.9	36.3	13.3	14.8	1,224
50-54	24.6	70.5	40.2	12.2	22.2	1,007
Residence						
Urban	43.1	87.7	47.7	25.5	8.0	3,866
Rural	16.9	72.1	43.8	10.0	20.3	4,444
Education						
No education	0.9	49.2	26.3	0.7	43.9	341
Some primary	7.1	69.6	37.2	4.5	23.2	1,730
Completed primary	15.6	74.5	44.8	9.6	17.8	2,462
Some secondary	32.5	85.4	50.2	18.3	8.6	1,477
Secondary +	62.0	92.4	52.8	36.7	4.3	2,301
Total	29.1	79.3	45.6	17.2	14.6	8,310

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

3.5 EMPLOYMENT

3.5.1 Employment Status

Respondents in the 2002-2003 IDHS were asked a number of questions to elicit their employment status at the time of the survey and the continuity of their employment in 12 months prior to the survey. The measurement of women's employment, however, is difficult. This difficulty arises largely because some of the work that women do, especially work on family farms, family businesses, or in the informal sector, is often not perceived by women themselves as employment and hence is not reported as such. To avoid underestimating women's employment, the IDHS asked women several questions to ascertain their employment status. First, women were asked, "Aside from your own housework, are you currently working?" Women who answered "no" to this question were then asked, "As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business, or work on the family farm or in the family business. Are you currently doing any of these things or any other work?" Women who answered "no" to this question were asked, "Have you done any work in the last 12 months?" Women are currently employed if they answer "yes" to either of the first two questions. Women who answer "yes" to the third question are not currently employed but have worked in the past 12 months.

Table 3.5.1 and Figure 3.1 show that 51 percent of ever-married women are currently employed, 2 percent were employed at some time during the past 12 months, and 47 percent of women were not employed at all in the same period. Older women, women in rural areas, and women who have no education are more likely to have been employed. Moreover, women who have more children are more likely to be currently employed.

Table 3.5.2 shows that almost all currently married men are currently employed (97 percent), while 1 percent were employed at some time in the past year.

Appendix Tables A.3.5.1 and A.3.5.2 present the percent distribution of ever-married women and currently married men by employment status, according to province. The highest proportion of currently employed women is found in Bengkulu province (75 percent) and the lowest in Central Kalimantan (27 percent). For men, the variation in employment status by province is negligible.

Table 3.5.1 Employment status: women

Percent distribution of ever-married women by employment status, according to background characteristics, Indonesia 2002-2003

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed	Not currently employed			
Age					
15-19	25.3	3.5	71.2	100.0	956
20-24	33.0	3.4	63.6	100.0	3,875
25-29	41.0	1.6	57.3	100.0	5,375
30-34	52.7	1.5	45.9	100.0	5,428
35-39	56.2	1.7	42.1	100.0	5,181
40-44	62.3	1.5	36.2	100.0	4,581
45-49	63.9	1.1	35.0	100.0	4,086
Marital status					
Married	49.5	1.8	48.7	100.0	27,857
Divorced/widowed	71.6	2.1	26.3	100.0	1,626
Number of living children					
0	44.7	3.8	51.5	100.0	2,422
1-2	47.7	2.0	50.2	100.0	15,344
3-4	55.7	1.3	43.0	100.0	8,418
5+	56.5	0.9	42.6	100.0	3,299
Residence					
Urban	44.6	1.8	53.6	100.0	13,499
Rural	55.9	1.8	42.2	100.0	15,984
Education					
No education	67.0	1.4	31.5	100.0	2,335
Some primary	59.5	2.0	38.5	100.0	5,902
Completed primary	49.4	1.7	48.8	100.0	9,995
Some secondary	39.9	1.7	58.4	100.0	5,136
Secondary +	47.4	2.0	50.6	100.0	6,114
Total	50.7	1.8	47.4	100.0	29,483

Figure 3.1 Employment Status of Women Age 15-49

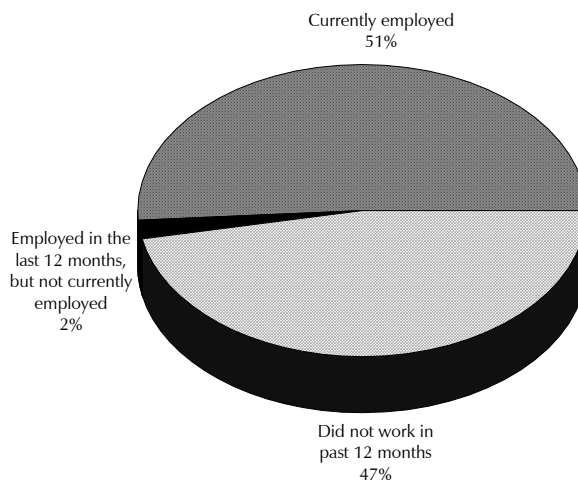


Table 3.5.2 Employment status: men

Percent distribution of currently married men by employment status, according to background characteristics, Indonesia 2002-2003

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed	Not currently employed			
Age					
15-19	100.0	0.0	0.0	100.0	11
20-24	93.6	3.7	2.4	100.0	426
25-29	96.5	2.1	1.4	100.0	1,214
30-34	97.7	1.9	0.4	100.0	1,462
35-39	98.0	1.2	0.7	100.0	1,572
40-44	98.7	0.3	1.0	100.0	1,395
45-49	96.9	1.1	2.0	100.0	1,224
50-54	96.5	1.3	2.2	100.0	1,007
Number of living children					
0	95.1	2.8	2.1	100.0	705
1-2	97.5	1.3	1.1	100.0	4,244
3-4	97.2	1.7	1.2	100.0	2,437
5+	98.2	0.3	1.5	100.0	925
Residence					
Urban	96.3	1.8	1.9	100.0	3,866
Rural	98.1	1.1	0.7	100.0	4,444
Education					
No education	97.1	0.3	2.6	100.0	341
Some primary	97.9	1.0	1.1	100.0	1,730
Completed primary	97.2	2.1	0.6	100.0	2,462
Some secondary	96.8	1.4	1.9	100.0	1,477
Secondary +	97.3	1.2	1.4	100.0	2,301
Total	97.3	1.4	1.3	100.0	8,310

3.5.2 Occupation

Table 3.6.1 presents the percent distribution of ever-married women who were employed in the 12 months preceding the survey by occupation, according to background characteristics. The data show that 45 percent of ever-married women work in agriculture, of whom more than half (24 percent) work on their own land. The majority of women who work in the nonagricultural sector are engaged in sales and services occupations (32 percent).

The respondent's occupation varies by age; younger women who work in agriculture tend to work on family land, while older women tend to work on their own land. In the nonagricultural sector, the engagement of women in sales and services increases with age. Rural and less educated women are more likely to work in agriculture than other women. Urban and better educated women are much more likely to work in sales and services professions.

Table 3.6.1 Occupation: women

Percent distribution of ever-married women employed in the 12 months preceding the survey by occupation, according to background characteristics, Indonesia 2002-2003

Background characteristic	Agricultural				Nonagricultural						Total	Number of women
	Own land	Family land	Someone else's land	Rented land	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Agriculture		
Age												
15-19	23.4	15.2	16.0	0.6	0.3	0.4	21.9	18.9	0.0	0.9	100.0	276
20-24	21.2	8.1	10.5	1.6	2.9	2.3	28.9	23.5	0.1	0.7	100.0	1,411
25-29	22.3	4.6	12.5	2.1	5.2	3.7	30.6	17.0	0.4	1.3	100.0	2,291
30-34	23.1	4.5	12.6	2.0	7.4	3.8	31.3	14.2	0.0	0.9	100.0	2,939
35-39	25.0	2.7	13.9	2.2	9.3	3.0	31.2	10.6	0.0	1.7	100.0	2,998
40-44	24.7	2.7	16.7	2.2	6.7	1.8	34.1	8.9	0.2	1.8	100.0	2,925
45-49	28.5	2.8	17.2	3.3	4.9	1.9	32.7	6.5	0.0	1.8	100.0	2,656
Marital status												
Married	25.1	4.1	14.0	2.3	6.7	2.8	30.4	12.6	0.1	1.4	100.0	14,297
Divorced/widowed	15.9	3.4	17.0	1.7	2.5	1.5	44.9	11.2	0.0	1.0	100.0	1,198
Number of living children												
0	16.4	5.3	12.6	1.2	8.0	6.4	30.2	17.6	0.6	0.9	100.0	1,175
1-2	21.8	4.5	13.7	1.7	6.9	3.4	31.2	15.4	0.0	1.1	100.0	7,628
3-4	27.1	3.2	14.5	2.7	6.6	1.7	32.7	9.2	0.1	2.0	100.0	4,800
5+	33.0	3.9	16.8	4.1	2.6	0.4	31.2	6.1	0.0	1.2	100.0	1,892
Residence												
Urban	4.2	0.7	6.7	0.7	10.1	5.8	51.2	18.7	0.3	1.1	100.0	6,267
Rural	38.1	6.4	19.4	3.3	3.8	0.7	18.3	8.3	0.0	1.6	100.0	9,228
Education												
No education	31.5	3.7	31.2	2.2	0.0	0.0	24.9	4.9	0.1	1.0	100.0	1,599
Some primary	32.3	3.7	23.1	2.8	0.2	0.1	26.0	9.5	0.0	2.1	100.0	3,630
Completed primary	29.6	5.4	13.5	2.8	0.1	0.1	31.2	15.5	0.0	1.3	100.0	5,114
Some secondary	21.1	5.5	6.7	2.0	1.1	0.9	44.1	16.8	0.3	1.2	100.0	2,133
Secondary +	4.6	1.4	1.3	0.7	31.3	13.1	33.5	12.2	0.3	1.0	100.0	3,019
Total	24.4	4.1	14.3	2.2	6.3	2.7	31.6	12.5	0.1	1.4	100.0	15,495

Table 3.6.2 shows the percent distribution of currently married men who were employed in the 12 months preceding the survey by occupation, according to background characteristics. Thirty-eight percent of currently married men work in agriculture, with more than half (19 percent) working on their own land. In the nonagricultural sector, similarly to women, men are by far more likely to work in sales and services than in other professions (38 percent). Men show the same variations across subgroups as women.

Table 3.6.2 Occupation: men

Percent distribution of currently married men employed in the 12 months preceding the survey by occupation, according to background characteristics, Indonesia 2002-2003

Background characteristic	Agricultural					Nonagricultural							Total	Number of men
	Own land	Family land	Some-one else's land	Rented land	Missing	Pro-fessional/technical/managerial	Clerical	Sales and services	Skilled manual	Un-skilled manual	Agri-culture	Missing		
Age														
15-19	*	*	*	*	*	*	*	*	*	*	*	*	*	11
20-24	12.4	10.8	15.6	0.2	0.4	2.8	0.6	42.8	11.4	0.0	3.0	0.0	100.0	414
25-29	15.3	5.9	10.9	2.0	1.7	4.3	3.1	41.2	13.2	0.4	1.9	0.1	100.0	1,196
30-34	15.0	3.5	10.2	1.6	1.8	7.3	3.9	44.7	9.6	0.0	2.3	0.1	100.0	1,456
35-39	17.7	2.4	12.6	0.9	1.2	9.9	6.0	38.4	8.6	0.1	1.8	0.4	100.0	1,559
40-44	22.3	1.1	12.7	1.2	0.8	9.4	5.3	33.4	10.6	0.3	2.3	0.5	100.0	1,381
45-49	20.5	2.2	14.7	2.3	1.0	7.9	4.8	34.8	9.0	0.0	2.9	0.0	100.0	1,200
50-54	30.8	2.4	12.6	2.2	0.8	7.3	6.3	29.6	5.3	0.0	2.6	0.1	100.0	985
Number of living children														
0	13.3	5.8	15.2	0.8	0.8	7.6	2.4	44.6	8.0	0.0	1.5	0.0	100.0	690
1-2	17.4	3.8	10.7	1.3	1.4	7.9	4.6	39.1	11.1	0.2	2.4	0.1	100.0	4,194
3-4	20.8	2.0	13.5	1.7	1.0	8.4	6.1	35.9	8.4	0.0	2.0	0.3	100.0	2,409
5+	28.8	2.5	15.5	3.0	1.1	3.6	3.2	31.2	6.9	0.1	3.7	0.5	100.0	911
Residence														
Urban	3.8	0.8	5.9	0.9	1.3	11.9	6.6	52.9	13.4	0.2	2.0	0.2	100.0	3,793
Rural	32.6	5.5	18.0	2.1	1.1	3.9	3.0	24.7	6.3	0.1	2.5	0.2	100.0	4,411
Education														
No education	34.6	4.1	25.6	3.4	1.3	0.0	0.0	23.3	4.5	0.0	3.1	0.0	100.0	333
Some primary	29.2	3.6	23.1	1.6	0.9	0.4	0.2	30.4	7.2	0.2	3.1	0.0	100.0	1,710
Completed primary	22.8	3.5	16.5	2.2	1.8	0.6	1.6	37.9	10.6	0.0	2.6	0.1	100.0	2,446
Some secondary	18.2	4.1	5.5	1.8	0.3	3.6	3.1	49.3	11.4	0.4	1.7	0.4	100.0	1,449
Secondary +	6.6	2.3	2.4	0.4	1.4	24.2	13.1	37.9	9.8	0.0	1.6	0.4	100.0	2,266
Total	19.3	3.3	12.4	1.6	1.2	7.6	4.7	37.8	9.6	0.1	2.3	0.2	100.0	8,203

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

3.6 FORM OF WOMEN'S EARNINGS

Table 3.7 shows the percent distribution of ever-married women who were employed during the 12-month period prior to the survey by type of earnings received, type of employer, and continuity of employment, and how this varies by type of employment (agricultural or nonagricultural). Fifty-six percent of women receive their earnings in cash; 8 percent receive them as cash and in-kind; and 35 percent receive no payment (Figure 3.2). The majority of women who work in agriculture (58 percent) receive no pay, while for those women in nonagricultural professions, only 16 percent reported no pay.

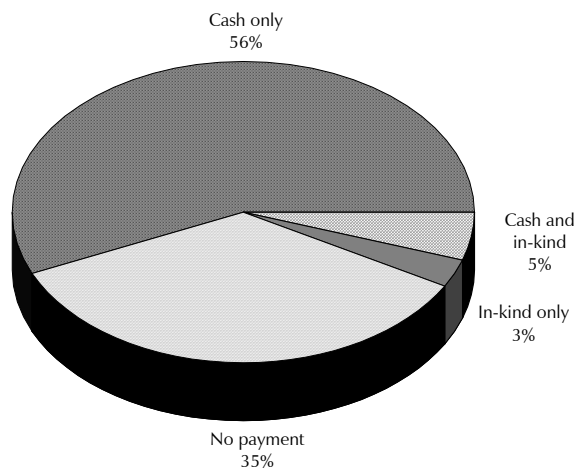
Table 3.7 Employment characteristics

Percent distribution of ever-married women employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Indonesia 2002-2003

Employment characteristic	Agricultural work	Non-agricultural work	Total
Type of earnings			
Cash only	29.1	79.1	56.1
Cash and in-kind	6.5	4.1	5.2
In-kind only	6.8	0.4	3.3
Not paid	57.5	16.4	35.2
Missing	0.1	0.0	0.2
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	60.4	14.9	35.7
Employed by nonfamily member	29.4	46.1	38.4
Self-employed	9.8	38.6	25.4
Missing	0.3	0.4	0.4
Total	100.0	100.0	100.0
Continuity of employment			
All year	55.3	91.4	74.8
Seasonal	40.2	5.3	21.3
Occasional	3.9	3.3	3.5
Missing	0.6	0.1	0.4
Total	100.0	100.0	100.0
Number of women ¹	7,087	8,390	15,495

¹ Total includes women with missing information on type of employment who are not shown separately.

Figure 3.2 Type of Earnings of Employed Women Age 15-49



IDHS 2002-2003

Six in 10 women who work in agriculture sector are employed by a family member, but women who work in the nonagricultural sector are more likely to be employed by a non-family member (46 percent) or self employed (39 percent) or. Nine in 10 women who work in nonagricultural jobs work all year, compared with about half of women in agriculture (55 percent). Forty percent of ever-married women in the agriculture sector work seasonally.

3.7 CONTROL OVER WOMEN'S EARNINGS AND WOMEN'S CONTRIBUTION TO HOUSEHOLD EXPENDITURES

Employed women who earn cash for their work were asked about who the main decisionmaker is with regard to the use of their earnings. This information allows the assessment of women's control over their own earnings. In addition, they were asked about the proportion of household expenditures met by their earnings to assess the relative importance of women's earnings. This information not only allows an evaluation of the relative importance of women's earnings in the household economy, but has implications for the empowerment of women. It is expected that employment and earnings are more likely to empower women if they perceive their earnings as important for meeting the needs of their households. Table 3.8 shows how respondent's degree of control over the use of their earnings and the extent to which the earnings of women meet household expenditures vary by background characteristics.

Table 3.8 shows that 68 percent of ever-married women report they alone decide how their earnings are to be spent, and 29 percent decide jointly with someone else (mostly husbands). Only 2 percent of women reported that someone else makes the decision on how their earnings are used.

The table also shows that the respondent's degree of control over the use of their earnings varies little by background characteristics, except for marital status. Divorced, separated, or widowed women are significantly more likely to decide alone how their earnings are used than women who are married (98 percent versus 65 percent). Thirty-two percent of married women report that this decision is made jointly with someone else, compared with only 1 percent of divorced, separated, or widowed women.

When asked about the proportion of household expenditures that are met by their earnings, 43 percent of women reported that their earnings support all of the household expenditures and 42 percent reported that their earnings support half or more. Across subgroups, the data show that older women, those who are widowed, separated, or divorced, rural women, and those who are less educated are more likely to meet all of their household's expenditures.

Appendix Table A.3.6 shows the provincial variations of the decision on use of earnings in the household and women's contribution to household expenditures. The proportion of women employed for cash in the past year who decide alone on how their earnings are used ranges from 88 percent in South Sulawesi to 26 percent in North Sulawesi. Women in Central Sulawesi and North Sulawesi are the least likely to fully support their households financially (12 and 15 percent, respectively), while women in West Nusa Tenggara and Bangka Belitung are the most likely to do so (62 and 60 percent, respectively).

Table 3.8 Decision on use of earnings and contribution of earnings to household expenditures

Percent distribution of ever-married women employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used and by proportion of household expenditures met by earnings, according to background characteristics, Indonesia 2002-2003

Background characteristic	Person who decides how earnings are used				Total	Proportion of household expenditures met by earnings					Number of women	
	Self only	Jointly ¹	Someone else only ²	Missing		Almost none/none	Less than half	Half or more	All	Missing		Total
Age												
15-19	68.8	18.7	7.5	5.1	100.0	4.8	7.8	43.9	43.5	0.0	100.0	142
20-24	67.2	28.5	3.0	1.3	100.0	3.6	12.5	46.2	36.0	1.7	100.0	829
25-29	65.0	32.5	1.9	0.6	100.0	3.3	14.1	44.4	37.4	0.8	100.0	1,425
30-34	67.8	29.6	2.0	0.6	100.0	2.9	12.5	46.2	37.7	0.7	100.0	1,832
35-39	66.4	31.1	0.9	1.6	100.0	2.9	10.6	40.4	45.3	0.8	100.0	1,861
40-44	69.1	28.5	1.2	1.3	100.0	2.3	7.8	39.7	49.1	1.1	100.0	1,803
45-49	72.0	25.4	1.4	1.3	100.0	2.3	8.2	38.9	50.1	0.5	100.0	1,611
Marital status												
Married	64.6	32.3	1.8	1.3	100.0	2.7	11.4	44.3	40.8	0.9	100.0	8,544
Divorced/widowed	98.2	1.2	0.3	0.2	100.0	4.1	4.2	24.9	66.2	0.6	100.0	959
Number of living children												
0	68.7	26.5	3.9	0.9	100.0	5.0	15.9	48.3	29.1	1.8	100.0	799
1-2	68.1	29.5	1.2	1.2	100.0	2.9	10.9	44.3	41.3	0.6	100.0	4,904
3-4	66.4	31.0	1.5	1.1	100.0	2.7	9.8	39.6	46.7	1.1	100.0	2,850
5+	71.6	23.9	2.6	1.9	100.0	1.0	7.5	34.8	55.9	0.8	100.0	950
Residence												
Urban	69.4	28.1	1.4	1.1	100.0	3.1	12.1	44.5	39.5	0.7	100.0	5,071
Rural	66.4	30.3	2.0	1.3	100.0	2.5	9.0	39.8	47.7	1.0	100.0	4,432
Education												
No education	71.1	25.9	1.6	1.3	100.0	1.6	5.3	29.4	62.7	1.0	100.0	946
Some primary	71.3	25.7	1.3	1.7	100.0	2.2	8.6	34.5	53.6	1.2	100.0	2,022
Completed primary	70.0	27.3	1.7	1.0	100.0	2.2	8.8	41.3	46.9	0.8	100.0	2,766
Some secondary	68.0	28.8	2.1	1.1	100.0	3.2	12.8	46.4	37.1	0.5	100.0	1,268
Secondary +	61.9	35.3	1.8	1.0	100.0	4.4	15.4	52.6	27.0	0.8	100.0	2,501
Total	68.0	29.1	1.7	1.2	100.0	2.8	10.7	42.3	43.3	0.9	100.0	9,503

¹ With husband or someone else

² Includes husband

Table 3.9 shows the control of currently married working women over their own earnings by the extent to which their earnings meet household expenditures. Sixty-five percent of currently married women make their own decisions on how their earnings are used. Interestingly, women who do not contribute any cash in the household expenditures are much more likely to make the decision on cash spending alone (80 percent) compared with those who cover all of their household expenditures (67 percent).

Almost all women who are not currently married make decisions on how their cash will be used by themselves (98 percent), regardless of their contribution to the household expenditures (data not shown).

Table 3.9 Women's control over earnings

Percent distribution of currently married women who received cash earnings for work in the past 12 months by person who decides how earnings are used, according to the proportion of household expenditures met by earnings, Indonesia 2002-2003

Contribution to household expenditures	Self only	Jointly with husband	Jointly with someone else	Husband only	Someone else only	Missing	Total	Number of women
Almost none/none	80.1	17.3	0.5	0.9	0.1	1.2	100.0	230
Less than half	61.2	35.9	0.0	1.9	0.1	0.9	100.0	973
Half or more	63.4	33.2	0.1	2.4	0.2	0.8	100.0	3,782
All	66.7	30.9	0.1	0.9	0.1	1.4	100.0	3,484
Total	64.6	32.2	0.1	1.7	0.2	1.3	100.0	8,544

Note: Total includes 75 women with missing information on contribution to household expenditures

3.8 WOMEN'S EMPOWERMENT

In addition to information on women's education, employment status, and control over earnings, the 2002-2003 IDHS obtained information from both ever-married women and currently married men on some other measures of women's status and empowerment. Specifically, questions were asked on women's participation in specific household decisions, on their degree of acceptance of wife beating, and on their opinions about when a wife should be able to refuse sex with her husband. These data provide insights into women's control over their lives and their environment and their attitudes toward traditional gender roles, which are important aspects of women's empowerment relevant for understanding women's demographic and health behaviors.

3.8.1 Women's Participation in Decisionmaking

To assess women's decisionmaking autonomy, information was collected on women's participation in five different types of decisions: on the respondent's own health care, on making large household purchases, on making household purchases for daily needs, on visits to family or relatives, and on what food should be cooked each day. Table 3.10 shows the percent distribution of ever-married women according to who in the household usually has the final say on each one of specified decisions. Women are considered to participate in decisionmaking if they make decisions alone or jointly with their husband or someone else.

Currently married women are significantly less likely to make the specified household decisions by themselves than women who are currently not married. For instance, about half of currently married women (54 percent) decide by themselves on their own health care versus nine in ten (91 percent) of women who are not married.

Table 3.10 Women's participation in decisionmaking

Percent distribution of ever-married women by person who has the final say in making specific decisions, according to current marital status and type of decision, Indonesia 2002-2003

Decision	Currently married women							Women who are not married ¹						
	Self only	Jointly with husband	Jointly with someone else	Husband only	Some one else only	Decision not made/not applicable	Total	Number of women	Self only	Jointly with someone else	Some one else only	Decision not made/not applicable	Total	Number of women
Own health care	54.0	32.1	0.2	12.7	0.3	0.6	100.0	27,857	90.8	5.6	3.1	0.5	100.0	1,626
Large household purchases	13.9	66.4	0.3	17.8	0.8	0.7	100.0	27,857	76.2	11.6	7.7	4.4	100.0	1,626
Daily household purchases	82.6	13.0	0.8	2.4	0.8	0.3	100.0	27,857	87.0	6.8	5.5	0.7	100.0	1,626
Visits to family or relatives	12.5	74.2	0.2	10.8	0.3	1.9	100.0	27,857	79.4	12.4	4.0	4.1	100.0	1,626
What food to cook each day	89.8	5.9	1.3	1.3	1.1	0.5	100.0	27,857	86.5	7.3	4.8	1.2	100.0	1,626

¹ Divorced or widowed women

Table 3.11 and Figure 3.3 show how women's participation in decisionmaking varies by background characteristics. The findings show that 68 percent of women have a final say (alone or jointly) in all five specific areas of decisionmaking. It is noteworthy that a large majority of women (above 80 percent) have a final say alone or jointly in each of the five specified areas of decisionmaking. Women's decisionmaking autonomy generally increases with age. For example, while 56 percent of women age 15-19 have a final say in all the specified decisions, this is true for 72 percent of women age 45-49. Divorced, separated, or widowed women are more likely to have a final say in all specified decisions than currently married women, 83 versus 68 percent, respectively. Furthermore, women's decisionmaking autonomy increases with their education level. Seventy-four percent of women with secondary or higher education have a final say in all the specified decisions, compared with 65 percent of women with no education.

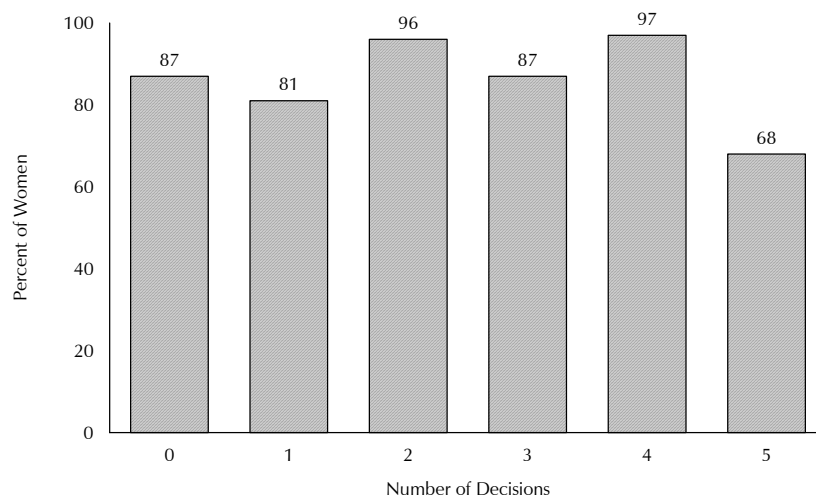
Appendix Table A.3.7 presents women's participation in decisionmaking by province. There are significant variations in the proportion of women who have a final say in all five specified areas of decisionmaking, ranging from 50 percent in West Kalimantan to 91 percent in North Sulawesi.

Table 3.11 Women's participation in decisionmaking

Percentage of ever-married women who say that they alone or jointly have the final say in specific decisions, by background characteristics, Indonesia 2002-2003

Background characteristic	Alone or jointly have final say in:							Number of women
	Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	What food to cook each day	All specified decisions	None of the specified decisions	
Age								
15-19	80.8	71.8	89.3	78.3	89.5	56.0	2.4	956
20-24	85.0	78.0	95.3	85.7	95.2	63.0	0.4	3,875
25-29	86.3	80.5	95.9	87.1	96.5	67.5	0.4	5,375
30-34	87.3	83.5	97.4	87.9	97.4	68.7	0.4	5,428
35-39	87.8	82.0	97.4	88.4	98.1	70.4	0.4	5,181
40-44	87.5	82.6	96.6	86.7	97.7	71.1	0.6	4,581
45-49	88.4	80.8	96.2	88.8	97.6	71.8	0.7	4,086
Marital status								
Married	86.3	80.7	96.5	86.9	97.1	67.6	0.5	27,857
Divorced/widowed	96.4	87.9	93.7	91.8	93.8	83.1	1.4	1,626
Number of living children								
0	85.1	77.7	92.2	84.7	90.8	62.6	1.1	2,422
1-2	87.8	82.5	97.1	87.5	97.2	69.6	0.4	15,344
3-4	86.2	80.7	96.2	87.6	97.6	68.7	0.6	8,418
5+	85.6	77.9	95.9	86.2	97.9	66.5	0.7	3,299
Residence								
Urban	87.5	81.9	97.0	87.6	97.1	69.0	0.5	13,499
Rural	86.4	80.3	95.8	86.8	96.7	68.0	0.6	15,984
Education								
No education	83.5	77.1	95.2	86.2	97.8	64.9	0.9	2,335
Some primary	85.6	78.0	95.6	86.6	97.1	66.2	0.8	5,902
Completed primary	86.5	80.3	96.6	86.0	97.5	67.1	0.5	9,995
Some secondary	86.8	81.7	95.8	86.9	96.1	68.6	0.6	5,136
Secondary +	90.1	86.3	97.3	90.3	96.0	74.0	0.2	6,114
Employment								
Not employed	85.0	78.6	95.7	84.6	96.5	64.2	0.7	14,482
Employed for cash	90.6	85.1	97.9	90.7	97.3	74.2	0.2	9,105
Employed not for cash	85.7	80.9	95.5	88.2	97.3	69.9	0.6	5,834
Missing	90.1	83.3	86.7	79.0	84.2	64.1	4.7	62
Total	86.9	81.1	96.3	87.2	96.9	68.4	0.5	29,483

Figure 3.3 Number of Decisions in Which Women Participate in the Final Say



IDHS 2002-2003

3.8.2 Attitude Toward Wife Beating

To assess women’s degree of acceptance of wife beating, the IDHS survey asked ever-married women, “Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations?” The five situations presented to women for their opinion were: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sex with him. The first five columns in Table 3.12 show how acceptance of wife beating varies for each reason. The last column gives the percentages of women who feel that a husband beating his wife is justified for at least one of the specified reasons. Data show that younger women, those who are married, and women who live in rural areas are more likely than other women to agree with at least one of the specified reason.

It is worth noting that women who have no final say in household decisions are the least likely to agree with wife-beating when compared to other women. However, women who participate in one or two household decisions are more likely to agree with at least one of the specified reasons for wife-beating than women who participate in more household decisions.

According to Appendix Table A.3.8, women in West Nusa Tenggara province are the most likely to agree with at least one specified reason for a husband to beat his wife (64 percent), while women residing in DKI Jakarta are the least likely to do so (13 percent).

Table 3.12 Women's attitude toward wife beating

Percentage of ever-married women who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Indonesia 2002-2003

Background characteristic	Husband is justified in hitting or beating his wife if she:					Agrees with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him		
Age							
15-19	3.6	6.8	24.9	24.3	9.2	29.9	956
20-24	3.2	5.4	21.0	22.9	7.6	28.6	3,875
25-29	3.1	5.7	22.0	23.6	7.0	29.3	5,375
30-34	2.6	4.8	17.8	18.9	6.9	24.2	5,428
35-39	3.3	4.5	15.8	17.3	6.7	22.9	5,181
40-44	2.6	5.3	16.0	17.3	7.0	22.2	4,581
45-49	2.8	5.8	15.2	16.3	5.9	20.4	4,086
Marital status							
Married	2.9	5.2	18.3	19.7	6.9	25.0	27,857
Divorced/widowed	4.3	7.3	16.9	16.5	7.4	21.3	1,626
Number of living children							
0	3.5	6.2	21.3	19.7	7.2	26.3	2,422
1-2	2.7	4.7	17.8	19.4	6.4	24.4	15,344
3-4	2.9	5.5	17.8	18.9	7.2	24.4	8,418
5+	4.2	6.7	19.0	21.7	8.7	26.8	3,299
Residence							
Urban	2.2	4.1	14.9	16.5	5.8	21.6	13,499
Rural	3.6	6.3	21.1	22.1	7.9	27.6	15,984
Education							
No education	3.7	8.0	18.1	18.1	8.3	22.6	2,335
Some primary	3.4	6.0	18.9	20.0	7.6	25.6	5,902
Completed primary	3.4	5.7	19.0	20.3	7.6	25.3	9,995
Some secondary	2.5	4.6	20.2	21.6	6.6	27.6	5,136
Secondary +	2.0	3.4	14.6	16.8	4.9	21.7	6,114
Employment							
Not employed	2.6	4.5	17.8	19.1	6.7	24.1	14,482
Employed for cash	3.0	5.5	17.1	18.2	6.3	23.5	9,105
Employed not for cash	3.8	6.9	21.1	23.0	8.5	28.7	5,834
Number of decisions in which woman has final say¹							
0	4.8	7.0	15.6	12.7	7.9	18.9	159
1-2	5.4	9.7	25.6	26.1	10.8	33.5	1,280
3-4	2.8	6.3	21.8	21.8	7.7	28.8	7,871
5	2.9	4.6	16.4	18.3	6.4	22.8	20,173
Total	3.0	5.3	18.2	19.6	6.9	24.8	29,483

Note: Total includes 62 women with missing information on employment

¹ Either by herself or jointly with others

3.8.3 Women's Attitude Toward Refusing Sex with Husband

The extent of control women have over when and with whom they have sex has important implications for demographic and health outcomes. It is also an indicator of women's empowerment because it measures women's degree of acceptance of norms that make women believe that they do not have the right to refuse to have sex with their husbands for any reason. In the 2002-2003 IDHS, women were asked whether a wife is justified in refusing to have sex with her husband under four circumstances: she knows her husband has a sexually transmitted disease (STD); she knows her husband has sex with other women; she has recently given birth; and she is tired or not in the mood. These four circumstances for which women's opinions are sought have been chosen because they are effective in combining issues of women's rights and consequences for women's health.

Table 3.13 shows the percentage of ever-married women who say that a wife is justified in refusing to have sex with her husband for specific reasons by background characteristics. Findings show that 62 percent of women agree that a wife is justified in refusing sex with her husband for all the specified reasons. On the other hand, 7 percent of women agree with none of the specified reasons. Respondents are most likely to agree with a woman's right to refuse sex if she gave birth recently (91 percent). Women are the least likely to agree that a wife has a right to refuse sex to her husband if she is tired or not in the mood (69 percent). Justification for a wife to refuse sex to her husband does not have a clear pattern with women's background characteristics, except for women's education and employment status. Better-educated women and women who are employed for cash are more likely to agree with all of the reasons for a wife to refuse sex to her husband than other women.

Appendix Table A.3.9 shows that 76 percent of women in East Java and East Kalimantan agree with all of the specified reasons for a wife to refuse sex with her husband, compared with 32 percent of women in South Sumatera.

Table 3.13 Women's attitude toward refusing sex with husband

Percentage of ever-married women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, according to background characteristics, Indonesia 2002-2003

Background characteristic	Wife is justified in refusing sex with her husband if she:				Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood			
Age							
15-19	83.7	84.7	89.6	67.7	61.5	8.0	956
20-24	85.5	85.0	92.3	69.7	61.5	5.7	3,875
25-29	86.5	84.9	90.9	67.3	60.6	6.1	5,375
30-34	86.2	84.2	91.4	70.0	62.6	6.0	5,428
35-39	84.4	83.0	89.9	70.3	62.5	7.2	5,181
40-44	83.0	81.3	90.0	69.2	61.1	7.6	4,581
45-49	81.9	80.4	88.9	68.3	60.8	8.9	4,086
Marital status							
Married	84.9	83.4	90.9	69.2	61.5	6.6	27,857
Divorced/widowed	80.4	80.1	85.0	66.7	61.7	11.8	1,626
Number of living children							
0	84.3	82.3	88.3	68.5	60.8	7.5	2,422
1-2	86.7	85.0	91.8	70.3	63.4	6.1	15,344
3-4	83.2	82.2	90.0	69.2	61.1	7.4	8,418
5+	79.6	78.6	87.8	63.8	54.8	8.8	3,299
Residence							
Urban	88.5	86.0	93.1	69.2	62.9	5.0	13,499
Rural	81.4	81.0	88.4	69.0	60.4	8.5	15,984
Education							
No education	76.1	77.6	85.3	68.1	57.5	11.1	2,335
Some primary	78.4	79.2	87.3	68.7	60.1	9.8	5,902
Completed primary	84.0	83.3	89.8	68.2	60.4	7.2	9,995
Some secondary	89.2	86.1	93.5	70.5	63.5	4.7	5,136
Secondary +	91.3	86.8	94.3	70.1	64.7	3.8	6,114
Employment							
Not employed	86.0	84.6	90.8	68.2	61.5	6.6	14,482
Employed for cash	85.8	83.9	91.7	71.5	64.3	6.3	9,105
Employed not for cash	79.4	78.8	88.1	67.8	57.8	8.8	5,834
Number of decisions in which woman has final say¹							
0	57.6	61.1	69.0	49.9	37.6	26.3	159
1-2	71.6	73.5	80.8	58.3	45.9	13.9	1,280
3-4	83.5	81.8	91.2	69.1	60.0	6.3	7,871
5	86.2	84.6	91.1	69.9	63.3	6.5	20,173
Number of reasons wife beating is justified							
0	84.9	84.2	90.3	69.7	63.4	7.7	22,166
1-2	83.9	79.6	91.5	67.6	55.8	4.4	5,247
3-4	83.0	81.8	91.1	63.9	53.4	4.8	1,590
5	87.6	83.9	88.5	74.4	68.3	6.8	479
Total	84.7	83.3	90.6	69.1	61.6	6.9	29,483

Note: Total includes 62 women with missing information on employment

¹ Either by herself or jointly with others

3.9 LIFE STYLE MEASURES

The use of tobacco in the household adversely affects the health status of all household members, including individuals who are not smoking. To assess the use of tobacco, the 2002-2003 IDHS included questions on tobacco use. Respondents were asked whether they smoke regularly, the type of tobacco they use and how much they smoked in the past 24 hours. When interpreting the data on tobacco use, it is important to recognize the fact that some respondents may have a tendency to under-report tobacco use out of embarrassment.

Table 3.14 shows that two percent of ever married women smoke tobacco regularly. Among women who smoke, 30 percent reported smoking 1-2 cigarettes and 26 percent smoked 3-5 cigarettes in the past 24 hours. It is of interest to note that 19 percent of women who smoke reported having smoked 10 or more cigarettes in the past 24 hours.

Table 3.14 Use of smoking tobacco

Percentage of ever-married women who smoke cigarettes or tobacco and percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics and maternity status, Indonesia 2002-2003

Background characteristic	Uses tobacco		Does not use tobacco	Number of women	Number of cigarettes					Don't know/missing	Total	Number of smokers
	Cigarettes	Other tobacco			0	1-2	3-5	6-9	10+			
Age												
15-19	1.2	0.0	98.8	956	*	*	*	*	*	*	100.0	11
20-34	0.9	0.0	99.0	14,679	6.6	36.9	19.7	15.7	10.9	10.3	100.0	134
35-49	3.0	0.3	96.7	13,848	1.7	26.7	29.3	18.2	22.2	2.0	100.0	418
Residence												
Urban	2.4	0.0	97.5	13,499	2.7	27.6	24.5	21.7	20.6	2.9	100.0	330
Rural	1.5	0.3	98.2	15,984	3.0	34.4	29.2	11.0	17.1	5.4	100.0	234
Education												
No education	2.3	0.4	97.3	2,335	1.8	23.5	30.6	20.0	23.7	0.4	100.0	53
Some primary	2.3	0.5	97.2	5,902	2.5	32.4	35.5	18.5	7.6	3.5	100.0	137
Completed primary	1.7	0.1	98.2	9,995	2.3	41.7	22.0	14.8	11.9	7.2	100.0	167
Some secondary	2.1	0.0	97.9	5,136	3.7	16.3	16.8	21.7	39.7	1.9	100.0	109
Secondary +	1.6	0.0	98.3	6,114	3.9	27.6	29.7	13.4	22.4	3.1	100.0	98
Maternity status												
Pregnant	1.0	0.0	98.9	1,627	*	*	*	*	*	*	100.0	17
Breastfeeding (not pregnant)	0.6	0.1	99.2	6,017	0.3	31.4	20.6	19.3	12.0	16.5	100.0	38
Neither	2.3	0.2	97.5	21,839	2.8	30.2	27.2	17.2	20.2	2.4	100.0	509
Total	1.9	0.2	97.9	29,483	2.9	30.4	26.4	17.3	19.1	3.9	100.0	564

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

The 2002-2003 Indonesia Demographic and Health Survey (IDHS) collected information on current, past, and cumulative fertility. This chapter presents the results of the survey on levels, trends, and differentials in fertility based on the analysis of the birth histories collected from ever-married women age 15-49 interviewed during the survey. Women were first asked a series of questions to determine the total number of live births that occurred in their lifetime. Second, for each live birth, information was collected on the age, sex, and survival status of the child. For dead children, age at death was recorded. Information from birth history is used to assess current fertility (age-specific and total fertility) and completed fertility (number of children ever born alive to the woman), as well as to look at other fertility-related factors, such as age at first birth, birth intervals, and teenage childbearing.

From population censuses and surveys in Indonesia, fertility and mortality rates have been estimated using indirect methods, and are based on the number of children ever born and children surviving. The fertility measures presented here are calculated directly from the birth history. There are some limitations with both procedures. Because interviews were conducted only with living women, there was no information on the fertility of women who have died. The fertility rates would be biased if the mortality of women of childbearing age was high and if there were significant differences in fertility between living and dead women. In Indonesia, neither of these appears to be the case. Also, the census and the 2002-2003 IDHS collected data only from ever-married women. Since most births in Indonesia occur within marriage, the number of births to single women is negligible.

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

4.1 CURRENT FERTILITY LEVELS AND TRENDS

4.1.1 Fertility Levels

The most widely used measures of current fertility are the total fertility rates (TFRs) and the age-specific fertility rates (ASFRs).¹ The TFR is calculated by summing the ASFRs and can be defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed rates of age-specific fertility. To obtain the most recent estimates of fertility—without compromising the statistical precision of estimates and in an attempt to avoid possible displacement of births from five to six years before the survey—the three-year period preceding the survey is used. It corresponds roughly to the calendar period 2000-2002 .

¹ Numerators of the ASFRs are calculated by summing the number of live births that occurred in the period 1 to 36 months preceding the survey (determined by the date of interview and the date of birth of the child) and classifying them by the age (in five-year groups) of the mother at the time of birth (determined by the mother's date of birth). The denominators of the rates are the number of woman-years lived in each of the specified five-year groups during the 1 to 36 months preceding the survey. Since only women who had ever married were interviewed in the IDHS, the numbers of women in the denominators of the rates were inflated by factors calculated from information in the Household Questionnaire on populations ever married in order to produce a count of all women. Never-married women are presumed not to have given birth.

Table 4.1 presents the current TFRs and ASFRs for Indonesia by urban-rural residence. The results indicate that if fertility were to remain constant at the current age-specific rates measured in the survey (for the 36 months preceding the survey), a woman in Indonesia would, on average, bear 2.6 children in her lifetime. The TFRs for urban and rural areas are 2.4 and 2.7 children per woman, respectively. The TFR measured in the 2002-2003 IDHS survey is slightly lower than the corresponding rate of 2.8 obtained in the 1997 IDHS survey.

A further examination of the patterns of fertility in urban and rural areas reveals that rural fertility is higher than urban fertility at almost every age. The peak of childbearing among all women is age 25-29 (143 children per 1,000 women). Results from the 2002-2003 IDHS indicate that the age pattern of fertility is the same as that observed in the 1997 IDHS. However, increased childbearing in urban areas is limited to women age 25-29, while in rural areas childbearing has increased for women age 20-29. Thus, urban women tend to start limiting their family size (or spacing births) at an earlier age than do rural women.

Table 4.1 also presents the general fertility rate (GFR) and the crude birth rate (CBR) for the three years preceding the survey. The GFR is the number of live births per 1,000 women age 15-44. The CBR is the number of births per 1,000 population. In Indonesia, the GFR is 89 and the CBR is 22.

Table 4.1 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Indonesia 2002-2003

Age group	Residence		Total
	Urban	Rural	
15-19	41	63	51
20-24	119	144	131
25-29	143	144	143
30-34	103	95	99
35-39	64	68	66
40-44	18	21	19
45-49	2	5	4
TFR	2.4	2.7	2.6
GFR	85	93	89
CBR	22.1	21.7	21.9

Note: Rates for age group 45-49 may be slightly biased because of truncation.

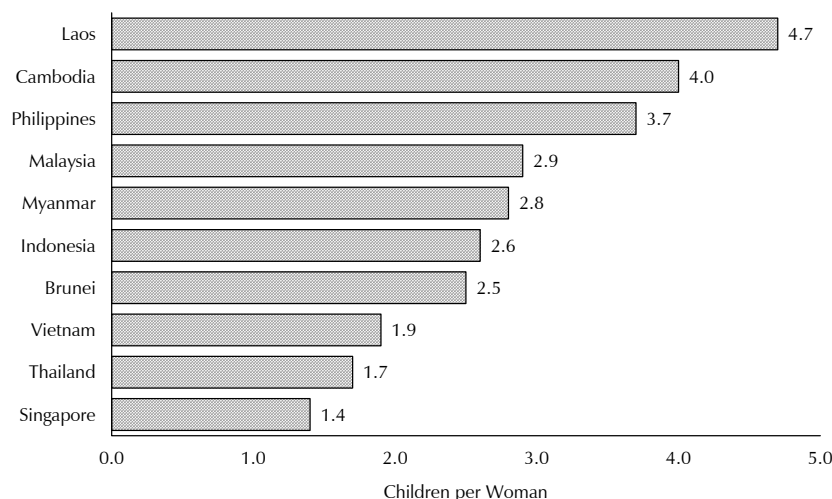
TFR: Total fertility rate for ages 15-49, expressed per woman

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

CBR: Crude birth rate, expressed per 1,000 population

Figure 4.1 shows that the TFR in Indonesia is lower than that in selected Southeast Asian countries, such as Cambodia, Philippines, Malaysia and Myanmar, although not as low as that in Singapore, Thailand, or Vietnam.

Figure 4.1 Total Fertility Rate of Southeast Asian Countries



Source: 2003 United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) Population Data Sheet, DHS reports for Cambodia, Philippines, Vietnam, and Indonesia

4.1.2 Differentials in Current and Completed Fertility

Table 4.2 shows fertility differentials by urban-rural residence, education, and wealth index quintile. In the 2002-2003 IDHS, information was collected on household's ownership of a number of consumer items, such as radio, television, or car, as well as on dwelling characteristics and sanitation facilities. The wealth index is constructed by assigning a weight or factor score to each household asset through principal components analysis. These scores were summed by household, and individuals were ranked according to the total score of the household in which they resided. The sample was then divided into population quintiles—five groups with the same number of individuals in each.

Table 4.2 shows that in addition to urban-rural differentials, some variation exists in the TFR by woman's education and socioeconomic status (measured by the wealth index). Results of the 2002-2003 IDHS show an inverted U-shaped relationship between education and fertility. Women with primary education have a TFR that is somewhat higher than that of other women. A sharper variation in TFR is seen by wealth index: The TFR for women in the lowest (poorest) quintile is 3.0 births per woman, compared with 2.2 births for women in the highest (richest) quintile.

Table 4.2 also shows that at the time of the survey, 4 percent of women were pregnant. The proportions of pregnant women in urban areas, those with no education, and women in the richest quintile are lower than those for the other population subgroups.

The last column of Table 4.2 shows the mean number of children ever born (CEB) to women 40-49. This is an indicator of cumulative fertility; it reflects the fertility performance of older women who are nearing the end of their reproductive period and thus represents completed fertility. If fertility had remained stable over time, the two fertility measures, TFR and CEB, would be equal or similar. The findings show that the mean number of children ever born to women age 40-49 (4.0 children per woman) is much higher than the TFR for the three years preceding the survey (2.6 children per woman), suggesting a substantial recent reduction in fertility.

Appendix Table A.4.1 and Figure 4.2 show provincial differentials in fertility. Fertility variations across provinces are large, with TFRs ranging from 1.9 children per woman in DI Yogyakarta to 3.6 and 4.1 children per woman in Southeast Sulawesi and East Nusa Tenggara, respectively. Figure 4.2 shows the TFR levels by province in descending order.

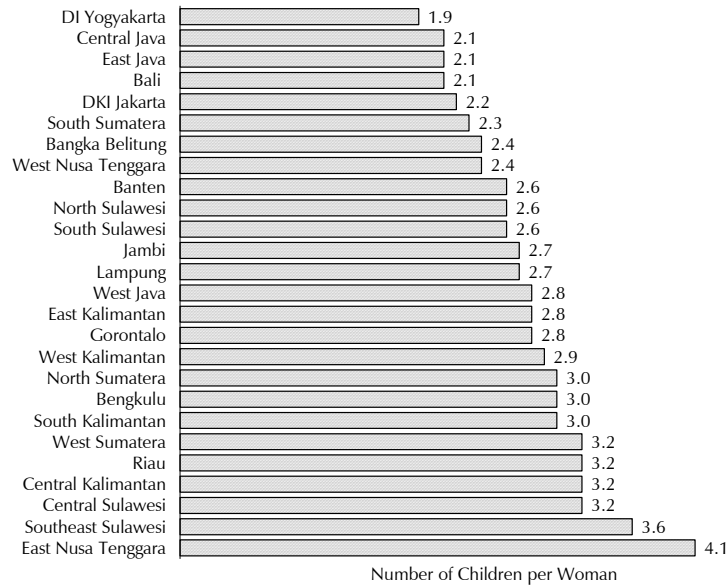
Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49, by background characteristics, Indonesia 2002-2003

Background characteristic	Total fertility rate ¹	Percentage currently pregnant ¹	Mean number of children ever born to women age 40-49
Residence			
Urban	2.4	3.8	4.0
Rural	2.7	4.5	4.1
Education			
No education	2.6	1.7	4.3
Some primary	2.7	3.2	4.4
Completed primary	2.7	4.5	4.0
Some secondary	2.5	4.1	3.7
Secondary+	2.5	5.1	3.0
Wealth index quintile			
Lowest	3.0	4.8	4.4
Second	2.6	4.2	4.3
Middle	2.7	3.9	4.1
Fourth	2.5	4.1	4.0
Highest	2.2	3.7	3.4
Total	2.6	4.1	4.0

¹ Women age 15-49

Figure 4.2 Total Fertility Rate by Province

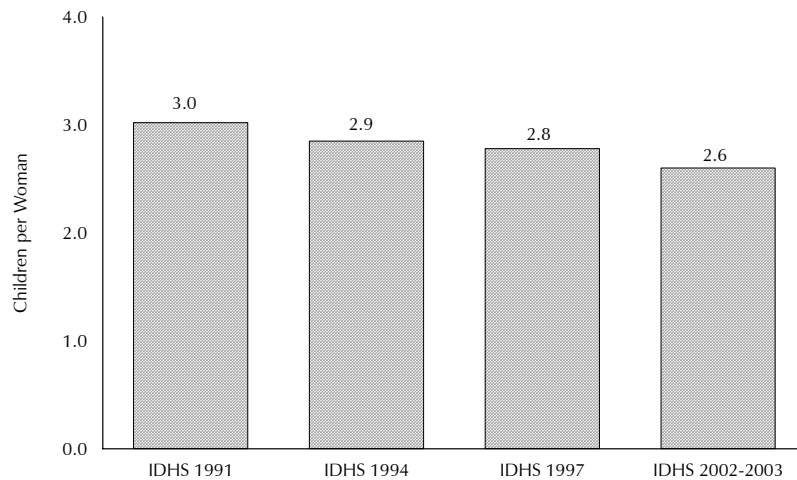


IDHS 2002-2003

4.1.3 Trends in Fertility

Besides comparing the current and completed fertility, the trend in fertility can be assessed by comparing the current TFR with estimates from previous DHS surveys. Figure 4.3 shows the TFRs for the 1991, 1994, 1997 and 2002-2003 IDHS surveys. There is a steady decline from 3.0 children per woman in 1988-1991 to 2.6 children per woman in 1999-2001.

Figure 4.3 Trends in the Total Fertility Rate, 1991-2003



Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

Further information on the fertility trends comes from analysis of the fertility of age cohorts of women in the 2002-2003 IDHS survey (i.e., by examining trends within age groups). Table 4.3 shows ASFRs for successive five-year periods preceding the survey. Because women age 50 and older were not interviewed in the survey, the rates for calendar periods preceding the survey will be increasingly truncated by the exclusion of the fertility experience of older women. For example, fertility rates cannot be calculated for women age 45-49 for the period five years or more preceding the survey, because women in that age group would have been 50 years or older at the time of the survey.

Table 4.3 shows that over time there has been a decline in ASFRs in every age group. For all age groups, the decline is steepest between the periods 15-19 and 10-14 years preceding the survey. The reduction in TFRs over time is due primarily to significant declines in fertility in age groups 20-24 and 25-29.

4.2 CHILDREN EVER BORN AND CHILDREN SURVIVING

Table 4.4 presents the distribution of ever-married women and currently married women by the number of children ever born (CEB). The table also shows the mean number of children ever born and the mean number of living children for each five-year age group. The distribution of children ever born is the outcome of lifetime fertility. It reflects the accumulation of births over the past 30 years to women interviewed in the IDHS. The data may be subject to some recall error, which typically is greater for older than for younger women.

The information on parity is useful for understanding a number of related issues. First, these results show how average family size varies across age groups. They also offer insight into the impact of marital status on women's fertility. Virtually all women in Indonesia are married by age 30 (see Table 9.1). Thus, differences in the parity between ever-married women and currently married women primarily reflect the effects of widowhood and divorce on fertility. In addition, the percentage of women in their 40s who have never had children provides an indicator of the level of primary infertility,² or the inability to bear children. Voluntary childlessness is rare in developing countries like Indonesia; that is, married women in their late 40s with no live births are predominantly unable to bear children. Finally, a comparison of the mean number of children ever born and surviving children among women in their 40s reflects the extent and impact of mortality on the population.

Table 4.4 shows that, on average, women have given birth to less than one child by their mid-20s, more than two children by their mid-30s, and about four children by their mid- to-late 40s.

Differences in the mean number of children ever born between all women and currently married women are large at the younger age groups, after which they narrow.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Indonesia 2002-2003

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	54	69	83	100
20-24	135	150	166	200
25-29	139	149	165	200
30-34	101	112	123	[139]
35-39	61	69	[87]	a
40-44	19	[27]	a	a
45-49	[5]	a	a	a

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

^a Less than 125 woman-years of exposure

² It should be pointed out here that this estimate of primary infertility does not include women who may have had one or more births but who are unable to have more children, or secondary infertility.

Table 4.4 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Indonesia 2002-2003

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	91.7	7.5	0.7	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	6,531	0.09	0.09
20-24	52.0	35.0	10.7	1.9	0.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	6,593	0.63	0.61
25-29	20.0	33.6	30.9	11.6	2.6	1.0	0.2	0.1	0.0	0.0	0.0	100.0	6,234	1.47	1.39
30-34	10.7	17.0	38.5	19.2	8.8	3.4	1.7	0.5	0.2	0.1	0.0	100.0	5,767	2.20	2.05
35-39	6.6	8.4	25.4	28.0	15.3	8.1	4.4	2.0	0.9	0.7	0.2	100.0	5,342	3.01	2.78
40-44	5.5	6.0	16.9	23.5	17.8	11.0	8.2	4.5	2.9	1.7	2.1	100.0	4,679	3.78	3.37
45-49	4.9	6.2	10.2	18.0	18.9	15.5	9.8	6.4	4.9	1.9	3.2	100.0	4,168	4.30	3.74
Total	30.8	17.5	19.0	13.5	8.0	4.7	2.9	1.6	1.0	0.5	0.6	100.0	39,315	1.99	1.81
CURRENTLY MARRIED WOMEN															
15-19	43.0	51.0	4.9	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	912	0.64	0.60
20-24	18.4	59.5	18.6	3.2	0.3	0.1	0.0	0.0	0.0	0.0	0.0	100.0	3,761	1.08	1.03
25-29	6.9	38.5	36.3	13.6	3.1	1.2	0.3	0.1	0.0	0.0	0.0	100.0	5,217	1.72	1.62
30-34	4.5	17.2	41.4	20.9	9.5	3.7	1.8	0.6	0.2	0.1	0.0	100.0	5,150	2.37	2.21
35-39	3.5	7.8	26.1	29.2	16.2	8.6	4.6	2.1	1.0	0.8	0.2	100.0	4,953	3.15	2.91
40-44	2.9	5.6	16.8	24.7	18.5	11.4	8.4	4.6	3.1	1.7	2.3	100.0	4,294	3.92	3.49
45-49	2.6	6.2	10.1	18.8	18.5	16.0	10.6	6.4	5.0	2.1	3.7	100.0	3,570	4.44	3.85
Total	7.4	23.1	25.6	18.3	10.5	6.2	3.9	2.0	1.3	0.7	0.9	100.0	27,857	2.66	2.42

4.3 BIRTH INTERVALS

Information on the length of birth intervals provides insight into birth spacing patterns. Research shows that children born too soon after a previous birth are at an increased risk of dying, particularly when the interval between births is less than 24 months. Maternal health is also jeopardized when births are closely spaced.

Table 4.5 shows the distribution of births in the five years preceding the survey by the number of months since the previous birth, according to background characteristics. First births have been omitted from the table. Results of 2002-2003 IDHS indicate that the overall median birth interval is 54 months, which is much higher than the median birth interval of the 1997 IDHS and 1994 IDHS (45 and 42 months, respectively). Thirteen percent of births in Indonesia occur less than 24 months after the birth of a previous child. About six in ten births (57 percent) take place four or more years after a previous birth.

The 2002-2003 IDHS results indicate that birth intervals tend to be shorter for younger mothers. For example, the median number of months since preceding birth for women age 15-19 is 32 months, versus 65 months for women age 40-49. Additionally, the interval between births is much lower for births after the preceding sibling has died. This relationship is largely a result of replacement fertility, whereby a mother will get pregnant again soon after the death of a child. The median birth interval length is shortened by 25 months when the preceding sibling dies.

Table 4.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	Months since preceding birth					Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	20.4	13.0	33.3	16.2	17.1	100.0	61	31.8
20-29	8.0	9.0	20.9	16.8	45.2	100.0	3,706	44.7
30-39	3.9	5.8	12.8	13.4	64.1	100.0	4,962	61.2
40-49	4.7	6.4	15.7	9.9	63.2	100.0	1,083	64.7
Birth order								
2-3	5.5	6.9	15.0	13.6	59.0	100.0	6,691	56.3
4-6	4.4	6.7	17.1	16.8	55.0	100.0	2,451	52.5
7+	11.4	11.3	25.8	12.8	38.6	100.0	670	36.7
Sex of preceding birth								
Male	5.1	7.1	15.9	14.2	57.7	100.0	4,898	54.6
Female	6.2	7.1	16.7	14.4	55.5	100.0	4,913	53.3
Survival of preceding birth								
Living	4.5	6.8	15.9	14.5	58.3	100.0	9,182	55.5
Dead	21.7	12.0	22.3	11.9	32.1	100.0	629	30.9
Residence								
Urban	6.6	7.4	15.9	14.4	55.7	100.0	4,417	52.5
Rural	4.9	6.9	16.6	14.3	57.4	100.0	5,395	55.1
Education								
No education	9.0	7.2	13.8	14.2	55.8	100.0	617	54.8
Some primary	5.9	5.4	17.5	13.9	57.2	100.0	1,855	55.7
Completed primary	3.7	6.5	14.0	13.8	62.0	100.0	3,425	58.9
Some secondary	6.0	7.8	17.9	13.2	55.1	100.0	1,710	51.8
Secondary +	7.3	9.1	18.2	16.4	49.0	100.0	2,205	47.6
Total	5.6	7.1	16.3	14.3	56.6	100.0	9,811	54.2

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

Appendix Table A.4.2 shows that median birth intervals vary substantially across provinces, ranging from 38 months in North Sumatera and South Sulawesi to 69 months in East Java.

4.4 AGE AT FIRST BIRTH

One of the factors that determine the fertility in a population is the average age at first birth. Women who marry early are typically exposed to pregnancy for a longer period. Thus, early childbearing generally leads to a large family size and is often associated with increased health risks for the mother and child. A rise in the median age at first birth is typically a sign of transition to lower fertility levels.

Table 4.6 presents the percentage of women who have given birth by specified ages and the median age at first birth, according to current age. The results indicate that women are delaying having their first child. The distribution is similar to that in the 1997 IDHS and shows that the prevalence of early childbearing has declined over time. While 7 percent of women age 45-49 had their first child by age 15, less than 1 percent of women age 15-19 did so. Again, the percentage of women who had their first child by age 18 years is highest among women age 45-49 (30 percent) and lowest among women age 20-24 (12 percent). The increase in the median age at first birth among Indonesian women can also be observed in the last column of Table 4.6—20.1 years for women age 45-49 to 21.9 years for women age 25-29.

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	0.7	na	na	na	na	91.7	6,531	a
20-24	1.3	11.9	27.5	na	na	52.0	6,593	a
25-29	2.5	14.9	32.9	51.1	70.5	20.0	6,234	21.9
30-34	4.2	18.4	35.9	53.6	72.1	10.7	5,767	21.6
35-39	4.9	24.3	43.1	59.5	76.2	6.6	5,342	20.9
40-44	7.0	27.5	47.5	65.4	81.5	5.5	4,679	20.2
45-49	7.0	30.2	49.5	66.1	81.9	4.9	4,168	20.1

na = Not applicable
^a Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group

Table 4.7 presents data on differentials in median age at first birth among women age 25-49 by age, residence, and education. Results of the 2002-2003 IDHS indicate that there are wide differences in the age at which women have their first child. Overall, the median age at first birth is 21.0 years, which is slightly higher than the results of the 1997 IDHS and 1994 IDHS (20.8 and 20.3 years, respectively). Urban women start childbearing two years later than their rural counterparts (22.0 years compared with 20.2 years). A positive relationship exists between educational level and median age at first birth. Women with secondary or higher education start childbearing about six years later (median age 25 years) than do women with no education or some primary education (median ages 19.4 and 19.2 years, respectively). This relationship is true for all age groups.

Appendix Table A.4.3 shows the median age at first birth among women age 25-49 by province. The median age at first birth varies substantially by province, ranging from 19.8 years in West Java to 23.2 years in East Nusa Tenggara. West Java is the only province where the median age at first birth is less than 20.0 years.

Table 4.7 Median age at first birth

Median age at first birth among women age 25-49, by current age, residence, and education, Indonesia 2002-2003

Residence/education	Current age					Women age 25-49
	25-20	30-34	35-39	40-44	45-49	
Residence						
Urban	23.2	22.9	21.8	20.7	20.7	22.0
Rural	20.7	20.5	20.0	19.8	19.6	20.2
Education						
No education	19.4	19.3	18.5	19.5	19.9	19.4
Some primary	19.2	18.7	19.4	19.2	19.3	19.2
Completed primary	20.1	20.2	19.7	19.8	19.4	19.9
Some secondary	21.5	21.5	21.2	20.9	20.6	21.2
Secondary +	a	25.3	24.8	24.1	23.8	25.0
Total	21.9	21.6	20.9	20.2	20.1	21.0

^a Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

4.5 TEENAGE FERTILITY

The issue of adolescent fertility is important for both health and social reasons. Adolescent childbearing has potentially negative demographic and social consequences. Children born to very young mothers face an increased risk of illness and death. Teenage mothers themselves, especially those under age 18, are more likely to experience adverse pregnancy outcomes and maternity-related mortality than more mature women. In addition, early childbearing limits a teenager’s ability to pursue educational opportunities and also can limit her access to job opportunities.

Table 4.8 shows the percentage of women age 15-19 who are mothers or pregnant with their first child by background characteristics. Teenagers who have never married are assumed to have had no pregnancies and no births. Findings show that 10 percent of adolescent women have started childbearing: 8 percent are already mothers, and 2 percent are currently pregnant with their first child. Since 1997, there has been a slight decrease in the proportion of adolescents who have begun childbearing—from 12 percent in the 1997 IDHS to the current level of 10 percent.

The proportion of teenagers already on the family formation pathway rises very rapidly with age. While only 1 percent of 15-year-olds have started childbearing, 25 percent of women have had a baby or are pregnant with their first child by age 19.

There is a substantial difference in fertility among teenagers who live in urban and rural areas. In rural areas the proportion of teenagers who have started childbearing is twice the proportion in urban areas (14 and 7 percent, respectively).

Women’s educational attainment is inversely related to the initiation of childbearing; women with less education are more likely to have begun childbearing during adolescence than women with higher education. While 14 percent of women with no formal education have become mothers, only 4 percent of women with secondary or higher education have done so.

Table 4.8 Teenage pregnancy and motherhood				
Percentage of women age 15-19 who are mothers or pregnant with their first child, by background characteristics, Indonesia 2002-2003				
Background characteristic	Percentage who are:		Percentage who have begun childbearing	Number of women
	Mothers	Pregnant with first child		
Age				
15	0.7	0.5	1.2	1,223
16	1.5	1.0	2.5	1,328
17	4.2	2.4	6.6	1,254
18	13.6	2.4	16.0	1,463
19	20.9	3.8	24.7	1,263
Residence				
Urban	6.4	0.9	7.3	3,297
Rural	10.5	3.2	13.7	3,191
Education				
No education	13.5	0.1	13.6	81
Some primary	12.8	3.4	16.2	452
Completed primary	18.5	4.2	22.7	1,240
Some secondary	5.4	1.3	6.7	3,860
Secondary+	4.0	1.6	5.7	910
Total	8.3	2.0	10.4	6,531

Variation in teenage pregnancy and motherhood also exists among provinces. Appendix Table A.4.4 shows that the highest percentage of teenagers who have begun childbearing is in Central Kalimantan (19 percent) and Jambi (18 percent), while the lowest is in North Sumatera (4 percent) and DKI Jakarta (5 percent).

KNOWLEDGE AND EVER USE OF FAMILY PLANNING

5.1 KNOWLEDGE OF FAMILY PLANNING METHODS

Acquiring knowledge about fertility control is an important step toward gaining access to contraceptive methods and using a suitable method in a timely and effective matter. In the 2002-2003 Indonesia Demographic and Health Survey (IDHS), data on knowledge of family planning methods were obtained by first asking the respondent to name the ways that a couple can use to delay or avoid a pregnancy or birth. If the respondent did not spontaneously mention a particular method, the interviewer described the method and asked the respondent if she recognized it. Descriptions were included in the questionnaire for nine modern family planning methods: female sterilization, male sterilization, the pill, intrauterine device (IUD), injectables, implants, condom, intravag/diaphragm, and lactational amenorrhea method (LAM). Information was also collected on two traditional methods: periodic abstinence and withdrawal. All other traditional or folk methods mentioned by the respondent, such as herbs (*jamu*) and abdominal massage (*pijat*), were recorded as well.

Table 5.1 presents knowledge of contraceptive methods for ever-married and currently married women, as well as for currently married men. The results show that almost all ever-married and currently married women (99 percent each) know at least one method of family planning. Similar proportions of ever-married women (98 percent) and currently married women (99 percent) have knowledge of at least one modern method. Knowledge of at least one contraceptive method or a modern method is almost universal among currently married men (97 and 96 percent, respectively). About four in ten of both women and men know at least one traditional method.

The most widely known methods among both ever-married and currently married women are injectables and the pill (97 and 96 percent, respectively). The IUD and implants are also commonly known among women (87 percent each for ever-married and currently married women). LAM (20 percent) and diaphragm (12 percent) are the least known methods among both ever-married and currently married women.

Knowledge of contraceptive methods among men shows a pattern similar to that among women. The pill and injectables are the most well-known methods among men (91 percent each), followed by the male condom (82 percent). LAM (12 percent) and the diaphragm (9 percent) are the least-known methods among currently married among men. In general, women are more knowledgeable about contraceptive

Table 5.1 Knowledge of contraceptive methods

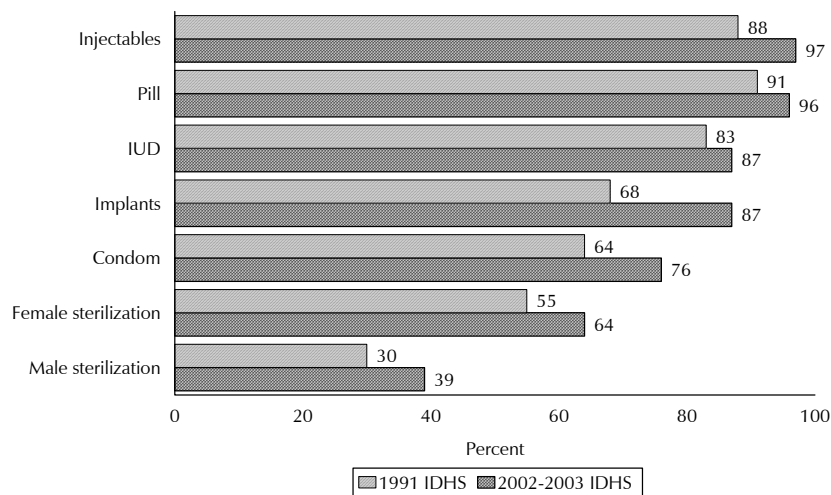
Percentage of ever-married women, currently married women, and currently married men who know any contraceptive method, by specific method, Indonesia 2002-2003

Method	Ever-married women	Currently married women	Currently married men
Any method	98.5	98.7	96.7
Any modern method	98.4	98.5	96.3
Female sterilization	63.1	63.6	44.1
Male sterilization	38.6	39.0	31.9
Pill	96.2	96.4	90.5
IUD	87.0	87.4	73.9
Injectables	96.9	97.1	90.5
Implants	86.7	87.1	63.1
Male condom	75.6	76.3	82.3
Diaphragm	12.0	12.2	8.6
Lactational amenorrhea (LAM)	20.0	20.3	12.3
Any traditional method	41.0	41.6	37.0
Periodic abstinence	33.4	33.9	30.0
Withdrawal	25.7	26.1	22.9
Folk method	7.0	7.1	3.0
Mean number of methods known	6.4	6.5	5.5
Number of women/men	29,483	27,857	8,310

methods than men. The average number of methods known for currently married women is 6.5, compared with an average of 5.5 methods among currently married men.

Figure 5.1 shows that knowledge of contraceptive methods among married women has continued to increase since 1991. Knowledge of implants increased significantly during the last decade—from 68 percent in 1991 to the current level of 87 percent. The level of knowledge of male condoms and injectables has also increased noticeably since the 1991 IDHS.

Figure 5.1 Percentage of Currently Married Women Who Know Specific Modern Contraceptive Methods, Indonesia 1991 and 2003



Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

Table 5.2 presents the percentage of currently married women and currently married men who know of at least one contraceptive method by several background characteristics. Almost all currently married women and 96 percent of currently married men know at least one modern method of family planning methods. Among married women, knowledge is slightly lower among younger and older women than among women in their 20s and 30s. This pattern is also true for knowledge of modern contraceptive methods.

Among women, knowledge of at least one modern family planning method is universally high (95 percent or more) among all subgroups of currently married women and there is not much variation by background characteristics.

For currently married men, knowledge of any contraceptive method and of any modern method decreases slightly with age. Moreover, rural men, those with no education or some primary education, and men in the lowest wealth index quintile have slightly lower levels of knowledge of family planning methods than other men.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and percentage of currently married men who know at least one contraceptive method and who know at least one modern method by background characteristics, Indonesia 2002-2003

Background characteristic	Currently married women			Currently married men		
	Knows any method	Knows any modern method ¹	Number	Knows any method	Knows any modern method ¹	Number
Age						
15-19	97.1	97.1	912	*	*	11
20-24	99.1	99.1	3,761	97.4	97.3	426
25-29	99.4	99.4	5,217	97.6	97.5	1,214
30-34	99.4	99.3	5,150	98.3	98.0	1,462
35-39	98.8	98.6	4,953	97.6	97.4	1,572
40-44	98.0	97.7	4,294	96.5	96.0	1,395
45-49	97.1	96.9	3,570	94.6	93.8	1,224
50-54	na	na	0	94.5	93.9	1,007
Residence						
Urban	99.3	99.2	12,765	98.4	98.2	3,866
Rural	98.1	98.0	15,093	95.3	94.6	4,444
Education						
No education	95.6	95.2	2,089	80.0	78.3	341
Some primary	97.5	97.3	5,435	93.7	92.8	1,730
Completed primary	98.9	98.8	9,499	97.0	96.8	2,462
Some secondary	99.3	99.3	4,902	98.8	98.6	1,477
Secondary +	99.9	99.8	5,932	99.7	99.7	2,301
Wealth index quintile						
Lowest	96.3	96.0	5,737	92.2	90.9	1,772
Second	98.5	98.4	5,478	96.0	95.9	1,627
Middle	99.3	99.1	5,482	97.8	97.5	1,669
Fourth	99.6	99.6	5,545	98.6	98.5	1,516
Highest	99.8	99.7	5,614	99.2	99.2	1,725
Total	98.7	98.5	27,857	96.7	96.3	8,310

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

na = Not applicable

¹ Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, diaphragm, and lactational amenorrhea method (LAM)

Appendix Table A.5.1 shows that there are only slight differences in contraceptive knowledge among provinces. For currently married women, the knowledge of at least one modern method ranges from 90 percent in East Nusa Tenggara to almost all women in Central Kalimantan. Among currently men, the provincial variations are slightly more pronounced, with the lowest percentage of men who know at least one modern method being in Gorontalo province (84 percent) and the highest in DKI Jakarta (all men).

5.2 EXPOSURE TO FAMILY PLANNING MESSAGES

Two important mass media means used to disseminate family planning information in Indonesia include radio and television with spot shows, dramas, reports, discussions, and regular series. The objectives of the information, education, and communication (IEC) component of Indonesia's family planning program include the dissemination of knowledge about family planning in particular and the institutionalization of the "small, happy, and prosperous family" norm in general. IEC activities are conducted through the mass media and through family planning groups and workers. The use of the mass media including newspaper, radio, and television, is integral to the IEC program at both the central and provincial levels. Family planning television programs are shown on both central and regional stations run by the government and the private sector. Family planning information is carried on the radio by government and private stations throughout the country.

Another important means of disseminating family planning information is the family planning worker system, which operates in all parts of the country. Family planning workers include family planning fieldworkers, fieldwork supervisors, cadres, the head and members of village and subvillage family planning posts. Family planning workers focus their efforts on providing family planning information, promoting use of family planning, and recording service statistics. They operate at the grass root level and work with community organizations such as mothers' clubs, religious groups, women's organizations (Pembinaan Kesejahteraan Keluarga (PKK)), and the organization for wives of civil servants (Dharma Wanita). Some of the strategies used to promote family planning awareness and use are the income-generating activities and rewards for long term users, although these strategies are not as widely used as before.

In an effort to investigate which sources of family planning information are reaching the targeted population, ever-married women and currently married men in the 2002-2003 IDHS were asked a series of questions on their exposure to such information. Respondents were asked whether they heard or saw a message on family planning on the radio or television, or if they read it in a newspaper or magazine, poster or pamphlet in the six months preceding the survey. Ever-married women and currently married men were also asked whether they had received any family planning messages through personal contact.

5.2.1 Exposure to Mass Media

The results are shown in Table 5.3. About half of ever-married women and currently married men have seen a family planning message on television in the past six months, while about one in five (19 percent) of both women and men heard such message on the radio. More men than women are reached by the print media, mainly because men are more literate than women. For example, 23 percent of men read a family planning message in a newspaper or magazine compared with 14 percent of women. Forty-eight percent of ever-married women and 45 percent of currently married men were not exposed to any of these media sources for obtaining family planning information in the past six months.

The proportion of ever-married women who have heard family planning information varies somewhat by age. Women age 20-34 are slightly more likely to receive family planning information through any media than women in other age groups. Furthermore, as expected, women who live in rural areas are less likely to be exposed to family planning information through all sources of media than urban women. For instance, 59 percent of women in urban areas watched a family planning message on television in the last six months versus 39 percent in rural areas.

Table 5.3 Exposure to family planning messages

Percentage of ever-married women and currently married men who heard or saw a family planning message on the radio or television, or in a newspaper/magazine, poster or pamphlet in the past six months, according to background characteristics, Indonesia 2002-2003

Background characteristic	Radio	Television	Print media			None of the specified media sources	Number
			Newspaper/magazine	Poster	Pamphlet		
EVER-MARRIED WOMEN							
Age							
15-19	18.8	52.2	9.8	10.1	3.2	43.1	956
20-24	20.4	53.8	13.2	12.8	5.8	42.4	3,875
25-29	20.9	53.8	17.1	14.9	6.6	41.7	5,375
30-34	21.4	53.0	16.4	15.3	7.8	42.1	5,428
35-39	18.3	47.1	14.0	12.3	6.7	48.6	5,181
40-44	16.7	41.7	10.6	9.1	4.3	55.3	4,581
45-49	15.3	35.3	8.8	7.4	4.0	61.6	4,086
Residence							
Urban	20.6	59.3	20.6	16.5	8.4	37.1	13,499
Rural	17.6	38.5	7.5	8.4	3.8	57.2	15,984
Education							
No education	9.1	23.1	0.7	0.8	0.2	74.2	2,335
Some primary	12.6	32.0	2.6	4.5	2.0	64.3	5,902
Completed primary	18.4	45.5	6.9	8.7	2.8	50.9	9,995
Some secondary	21.5	57.4	15.4	14.0	6.5	38.9	5,136
Secondary +	27.6	69.0	38.3	27.9	16.4	25.2	6,114
Total	19.0	48.0	13.5	12.1	5.9	48.0	29,483
CURRENTLY MARRIED MEN							
Age							
15-19	14.4	45.1	12.5	26.3	21.1	50.9	11
20-24	20.7	52.6	17.5	13.9	6.2	42.1	426
25-29	20.5	53.5	26.4	21.3	12.2	40.5	1,214
30-34	22.2	56.7	27.5	22.3	13.5	37.0	1,462
35-39	19.9	54.6	25.3	19.7	11.2	40.1	1,572
40-44	19.1	48.2	23.0	19.1	12.2	46.0	1,395
45-49	15.5	41.3	17.6	13.8	8.0	54.6	1,224
50-54	16.3	39.8	16.2	12.5	6.3	55.9	1,007
Residence							
Urban	20.2	61.3	33.7	25.3	15.3	33.2	3,866
Rural	18.4	39.9	13.3	12.1	6.5	54.8	4,444
Education							
No education	8.0	16.1	0.3	1.4	0.8	79.5	341
Some primary	12.1	30.4	5.5	3.7	2.6	66.6	1,730
Completed primary	17.7	44.1	12.7	10.1	4.7	51.7	2,462
Some secondary	21.1	55.0	21.6	20.2	12.1	38.2	1,477
Secondary +	26.7	72.4	50.7	39.2	23.4	20.0	2,301
Total	19.2	49.9	22.8	18.3	10.6	44.8	8,310

Women with no formal education or with lower education levels have less access to family planning information through any mass media than those with higher education. For example, 69 percent of women with secondary or higher education saw a family planning message on television, while this is true for only 23 percent of women with no formal education. Thirty-eight percent of women with secondary or higher education read a family planning message in a newspaper or magazine in the last six months, compared with only 3 percent of women with some primary education.

The pattern of exposure to family planning messages for men is similar to that by women (Table 5.3). Urban men have better access to family planning information through the mass media than rural men. Additionally, education has a positive association with access to family planning information through the media. For example, 72 percent of men with secondary or higher education saw a family planning message on television, compared with only 16 percent of men with no formal education.

Appendix Table A.5.2 presents the exposure of women to family planning messages by province. Exposure to family planning messages on the radio ranges from 12 percent in Riau and South Sumatera to 40 percent in Gorontalo. The provincial variation in exposure to family planning messages through television is more pronounced; 65 percent of ever-married women in Central and East Kalimantan saw a family planning message on television in the last six months, compared with only 12 percent in East Nusa Tenggara. Provinces with the highest proportion of women who received family planning messages from newspapers and magazines in the preceding six months are North Sulawesi and DKI Jakarta (28 percent each), and the one with the lowest proportion is West Nusa Tenggara (7 percent). Posters are most likely to be reported as a source for family planning messages by women in Bengkulu (25 percent) and the least likely in Southeast Sulawesi (1 percent).

It is important to note the large proportion of ever-married women in a few provinces who have not heard or seen a family planning message in any of the media sources in the past six months. Provinces where 60 percent or more women were not exposed to any family planning messages in any of the media include the following: East Nusa Tenggara, Bangka Belitung, Jambi, South Sumatera, Riau, and South-east Sulawesi.

Table 5.4 presents data on exposure to family planning messages through personal contacts. In the survey, women were asked whether they receive family planning information from various types of persons, including family planning fieldworkers, teachers, health providers, and community leaders. The proportion of ever-married women who reported receiving family planning messages from these persons is relatively low. The persons mentioned most often are nurses and midwives (11 percent), followed by family planning officers (6 percent), women's groups (4 percent), and medical doctors (3 percent). Few women (less than 2 percent each) mention religious leaders, village leaders, teachers, and pharmacists as sources of family planning information. This may be because there is more frequent interaction between women and nurses or midwives regarding health-related matters than family planning matters. Contacts with family planning workers are mainly centered on contraceptive issues.

Table 5.4 shows that the pattern of family planning dissemination through personal contact by specific persons, according to background characteristics. The pattern of family planning dissemination through personal contact does not vary much by age, except for contact by a nurse or midwife. Women age 20-34 are somewhat more likely to have received a family planning message from a nurse or midwife than women in other age groups. Moreover, rural women are slightly more likely to have received a family planning message from a family planning officer in the last six months than urban women (7 and 5 percent, respectively).

Overall, women with higher education are somewhat more likely to have received family planning information from various sources than less educated women.

Provincial differentials in the proportion of women who heard family planning messages through specific persons are shown in Appendix Table A.5.3. The most pronounced variation among provinces is noticed when a family planning officer or a nurse or midwife is the source of the family planning message. For example, the proportion of women who received a family planning message from a family planning officer in the last six months ranges from 2 percent in North Sumatera to 22 percent in Gorontalo. Furthermore, the percentage of women who received family planning information through a nurse or midwife ranges from 8 percent in Central Java and North Sumatera to 22 percent in Bengkulu. It is notable that about one in ten women in North Sulawesi (11 percent) heard a family planning message from a women's group (PKK), while this proportion was lower in other provinces.

Table 5.4 Exposure to family planning messages through personal contact									
Percentage of ever-married women who received (heard or saw) a family planning message as a result of contact with specific persons in the past six months, according to background characteristics, Indonesia 2002-2003									
Background characteristic	Family planning officer	Teacher	Religious leader	Doctor	Nurse/ midwife	Village leader	Women's group	Pharmacist	Number of women
Age									
15-19	4.0	0.7	1.3	2.9	10.0	0.1	1.1	0.9	956
20-24	5.1	0.7	1.2	3.9	13.1	1.7	2.8	0.4	3,875
25-29	6.5	0.5	1.1	3.9	14.4	1.4	4.3	0.3	5,375
30-34	7.6	0.5	2.6	3.7	14.2	2.5	5.2	0.3	5,428
35-39	6.6	0.7	2.1	4.3	10.5	1.8	4.6	0.2	5,181
40-44	5.7	0.5	1.7	2.8	7.8	1.6	4.8	0.0	4,581
45-49	3.7	0.3	1.3	1.6	4.5	1.4	2.8	0.1	4,086
Residence									
Urban	4.6	0.5	1.6	4.2	10.5	1.2	4.1	0.2	13,499
Rural	7.2	0.6	1.8	2.7	11.4	2.1	4.1	0.3	15,984
Education									
No education	3.1	0.0	0.3	0.8	4.2	1.2	2.3	0.0	2,335
Some primary	4.7	0.6	1.4	2.0	7.7	1.4	2.7	0.1	5,902
Completed primary	6.7	0.4	2.0	2.7	11.0	1.7	4.7	0.2	9,995
Some secondary	7.0	0.7	1.8	3.6	14.0	2.8	5.4	0.6	5,136
Secondary +	6.2	0.7	1.9	6.7	14.1	1.3	3.9	0.2	6,114
Total	6.0	0.5	1.7	3.4	11.0	1.7	4.1	0.2	29,483

5.2.2 Dissemination of Family Planning Information

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

In the 2002-2003 IDHS, currently married women who were not using contraception were asked whether they were visited by a family planning worker who discussed family planning in the 12 months prior to the survey. Women were also asked whether they had visited a health facility in the last year and, if so, whether a staff person at that facility spoke to them about family planning. This information is useful in determining if nonusers of family planning are being reached by family planning programs and initiatives in Indonesia.

Table 5.5 shows that only 4 percent of family planning nonusers were visited by a family planning worker who discussed family planning and an equal proportion visited a health facility and discussed family planning with a staff person at that facility. Twenty-two percent of nonusers visited a health facility but did not discuss family planning with any staff member. This is a missed opportunity and may indicate that family planning has not been fully integrated into the health services delivery system for women.

Background characteristic	Women who were visited by fieldworker who discussed family planning	Women who visited a health facility		Women who did not discuss family planning with a fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	2.0	4.3	25.9	94.3	525
20-24	4.5	5.0	31.2	91.6	1,591
25-29	5.2	6.9	32.9	90.5	2,006
30-34	4.7	6.3	27.1	91.1	1,977
35-39	4.6	3.8	18.9	92.6	1,931
40-44	2.6	2.6	15.6	95.6	2,007
45-49	3.0	1.3	11.2	96.4	2,564
Residence					
Urban	3.9	3.7	25.1	93.5	5,672
Rural	4.0	4.5	19.8	93.0	6,928
Education					
No education	1.5	1.0	10.6	97.6	1,338
Some primary	3.4	2.5	14.6	94.7	2,880
Completed primary	4.5	4.0	20.9	93.1	3,987
Some secondary	5.3	6.4	28.4	90.3	2,080
Secondary +	3.9	6.1	34.8	91.6	2,315
Total	4.0	4.1	22.2	93.2	12,600

Adolescent women (age 15-19) and women age 40-49 are slightly less likely to be visited by a fieldworker who discussed family planning with them. Women age 20-34 are slightly more likely than women in other age groups to have missed the opportunity of discussing family planning with a staff member when they visited a health facility. Moreover, women living in urban areas are somewhat more likely than rural women to have visited a health facility but not discussed family planning during their visit (25 versus 20 percent). Uneducated women are also slightly less likely to visit a health facility and discuss family planning than educated women.

The proportion of ever-married women who were visited by a fieldworker who discussed family planning with them in the past 12 months varies moderately by province (Appendix Table A.5.4), and it ranges from 2 percent in North Sumatera, Bangka Belitung, and East Java to 13 percent in Gorontalo. Similarly, women residing in North Sumatera are the least likely to have visited a health facility and have discussed family planning with a staff member (1 percent), while women in Gorontalo are the most likely to have done so (14 percent).

5.4 DISCUSSION OF FAMILY PLANNING WITH HUSBAND

Although discussion between husband and wife about contraceptive use is not a precondition for adoption of contraception, its absence may be an impediment to use. Interpersonal communication is thus an important intermediate step along the path to eventual adoption and especially continuation of contraceptive use. Lack of discussion may reflect a lack of personal interest, hostility to the subject, or customary reticence in talking about sex-related matters. To explore this subject, currently married women and currently married men in the 2002-2003 IDHS were asked whether they discussed family planning with their spouse in the past 12 months. This information is presented in Table 5.6. The data show that 56 percent of women discussed family planning with their spouse at least once in the past year. Women 20-34 are more likely to discuss family planning more frequently with their husbands than women in other age groups. Forty-three percent of currently married women never discussed family planning with their spouse in the past year.

Table 5.6 Discussion of family planning between husband and wife

Percent distribution of currently married women who know a contraceptive method by the number of times they discussed family planning with their husband in the past year, and percentage of currently married men who know a contraceptive method who discussed family planning with their wife in the past year, according to current age, Indonesia 2002-2003

Age	Number of times woman discussed family planning with husband				Total	Number of women	Men who discussed family planning with wife	Number of men
	Never	One or two times	Three or more times	Missing				
15-19	40.1	49.3	9.7	0.8	100.0	886	*	10
20-24	33.2	53.7	12.5	0.7	100.0	3,727	45.6	415
25-29	33.1	53.7	12.3	0.9	100.0	5,186	55.1	1,184
30-34	35.4	51.6	12.2	0.9	100.0	5,118	54.6	1,437
35-39	43.5	46.1	9.8	0.7	100.0	4,893	53.9	1,535
40-44	52.1	39.4	7.2	1.3	100.0	4,207	43.1	1,345
45-49	66.3	28.8	3.8	1.1	100.0	3,466	34.9	1,158
50-54	na	na	na	na	0.0	0	29.6	952
Total	42.7	46.5	9.9	0.9	100.0	27,483	46.3	8,036

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

na = Not applicable

It is interesting to note that women are more likely than men to say that they had discussed family planning with their spouse. Overall, 46 percent of currently married men discussed family planning with their wife in the past 12 months, compared with 56 percent of currently married women.

The proportion of currently married women and currently married men who discussed family planning at least once with their spouse varies somewhat by province (Appendix Table A.5.5). For currently married women, the proportion who discussed family planning with their husbands at least once in

the past 12 months ranges from 38 percent in Central Java to 77 percent in Gorontalo. Currently married men residing in Bangka Belitung (31 percent) are the least likely to have discussed family planning with their wives, while men in Central Kalimantan are the most likely to have done so (73 percent).

5.5 ATTITUDES OF COUPLES TOWARD FAMILY PLANNING

When couples have a positive attitude toward family planning, they are more likely to adopt a family planning method. In the 2002-2003 IDHS survey, currently married women were asked whether they approved of couples using family planning and what they perceived as their husband's attitude toward family planning. This information is important in the formulation of family planning policies since it indicates the extent to which further education and publicity are needed to increase acceptance of family planning.

Table 5.7 shows that 94 percent of currently married women who know a contraceptive method approve of couples using contraception and only 4 percent disapprove. About nine in ten (88 percent) currently married women reported that both they and their husband approved of family planning use by couples. Disagreement between women and their husbands is low. Only 2 percent of currently married women said they approve of family planning, but think that their husbands disapprove, and just 1 percent of women disapproved of family planning while their husbands approve. Disapproval of family planning among couples in Indonesian is low (2 percent).

Table 5.7 Attitudes toward family planning									
Percent distribution of currently married women who know of a method of family planning by approval of family planning and their perception of their husband's attitude toward family planning, according to background characteristics, Indonesia 2002-2003									
Background characteristic	Respondent approves of family planning			Respondent disapproves of family planning			Respondent unsure ¹	Total	Number of women
	Husband approves	Husband disapproves	Husband's attitude unknown, missing	Husband approves	Husband disapproves	Husband's attitude unknown, missing			
Age									
15-19	88.1	1.3	5.0	0.7	1.5	0.3	3.1	100.0	886
20-24	90.4	1.6	3.1	0.7	2.3	0.3	1.6	100.0	3,727
25-29	89.5	2.0	2.1	1.5	2.1	0.4	2.4	100.0	5,186
30-34	90.4	1.7	2.5	1.1	2.0	0.1	2.1	100.0	5,118
35-39	87.6	2.4	3.2	1.3	2.1	0.3	3.1	100.0	4,893
40-44	86.8	2.4	4.0	1.0	2.0	0.3	3.5	100.0	4,207
45-49	83.1	2.7	4.9	0.6	4.1	0.4	4.1	100.0	3,466
Residence									
Urban	89.3	2.3	2.5	0.9	2.6	0.2	2.1	100.0	12,677
Rural	87.2	1.9	3.9	1.2	2.1	0.4	3.3	100.0	14,806
Education									
No education	78.6	2.6	6.7	1.3	3.2	0.8	6.7	100.0	1,997
Some primary	83.5	2.7	4.5	1.4	3.4	0.4	4.1	100.0	5,297
Completed primary	89.8	2.0	2.8	1.1	2.0	0.2	2.1	100.0	9,396
Some secondary	90.2	2.1	2.7	0.8	1.9	0.2	2.0	100.0	4,870
Secondary +	91.4	1.6	2.1	0.8	1.9	0.2	1.9	100.0	5,923
Total	88.2	2.1	3.2	1.1	2.3	0.3	2.8	100.0	27,483

¹ Includes missing

Attitudes toward use of family planning among couples does not vary much by age and residence. However, a woman's education level has a close relationship with the couple's attitude toward family planning. The percentage of couples who approve of family planning ranges from 79 percent among couples where the woman has no formal education to 91 percent among couples where the wife has a secondary or higher education.

5.6 KNOWLEDGE OF THE FERTILE PERIOD

A basic knowledge of female reproductive physiology and the fertile period is useful for the successful practice of periodic abstinence. The success of periodic abstinence as a family planning method depends on women's and men's understanding of the monthly cycle and the days when a woman is most likely to conceive. In the 2002-2003 IDHS, ever-married women were asked about their knowledge of a woman's fertile period. Table 5.8 presents the percent distribution of ever-married women and currently married men by knowledge of the fertile period during the ovulatory cycle, according to current use or nonuse of periodic abstinence.

Perceived fertile period	Women			Men		
	Users of periodic abstinence	Nonusers of periodic abstinence	All women	Users of periodic abstinence	Nonusers of periodic abstinence	All men
Just before period begins	2.8	3.4	3.4	6.5	2.2	2.2
During her period	0.5	0.3	0.3	0.0	0.2	0.2
Right after period has ended	18.5	14.1	14.2	19.0	18.1	18.1
Halfway between two periods	64.9	15.6	16.4	56.2	14.7	15.5
Other	0.0	0.0	0.0	0.0	0.0	0.0
No specific time	6.4	30.0	29.6	1.1	11.9	11.7
Don't know	6.9	36.4	36.0	16.5	52.7	52.0
Missing	0.0	0.1	0.1	0.7	0.2	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women and men	445	29,038	29,483	164	8,146	8,310

The findings show that accurate knowledge of the reproductive cycle is generally limited, which indicates that there is still a significant need for educating women and men about mechanisms of reproduction and the fertile period. Only 16 percent of ever-married women and currently married men gave the "correct" response that a woman has the greatest chance of becoming pregnant in the middle of her ovulatory cycle. Overall, 36 percent of ever-married women and 52 percent of currently married men do not know when a woman is most likely to conceive during the menstrual cycle.

As expected, women and men who are using periodic abstinence are considerably more knowledgeable about the ovulatory cycle than women and men in general. Sixty-five percent of women who are using periodic abstinence have correct knowledge of the fertile period, compared with 16 percent of women who are not using such method. The corresponding figure for men is 56 percent and 15 percent, respectively. Knowledge of the fertile period among women who are using periodic abstinence is almost the same as in the 1997 IDHS (16 percent of women who were using any method and 67 percent of currently married women who were using periodic abstinence gave the correct response).

5.7 EVER USE OF CONTRACEPTION

All women interviewed in the 2002-2003 IDHS survey who reported that they had heard of a method of family planning were asked whether they had ever used that method. This information on ever use of contraception is useful for planning and evaluating family planning programs. Table 5.9 shows the percentage of ever-married women and currently married women who have ever used any contraceptive method, by specific method.

Findings show that 80 percent of ever-married women and 82 percent of currently married women reported having used a method at some time. Moreover, 78 percent of ever-married women and 79 percent of currently married women reported having used a modern method at some time. The percentage of ever users of any method in 2002-2003 increased slightly from the level in 1997 (76 percent for ever-married women and 78 percent for currently married women).

Table 5.9 Ever use of contraception

Percentage of ever-married women and of currently married women who have ever used a contraceptive method, by specific method and age, Indonesia 2002-2003

Age	Modern method										Traditional method				Total	Number of women	
	Using any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	In-jectables	Im-plants	Male condom	Dia-phragm	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal			Any folk meth-od
EVER-MARRIED WOMEN																	
15-19	59.0	58.3	0.0	0.0	24.2	1.0	43.5	1.5	1.5	0.0	0.2	2.4	0.2	1.6	0.8	100.0	956
20-24	75.3	73.8	0.0	0.1	30.6	3.1	58.9	5.1	1.7	0.0	1.6	5.2	1.7	2.9	1.2	100.0	3,875
25-29	83.2	81.7	0.3	0.1	42.1	6.5	63.6	9.2	2.8	0.2	1.9	7.6	2.6	4.6	1.6	100.0	5,375
30-34	85.4	83.1	1.5	0.5	44.5	13.9	61.1	11.0	5.1	0.4	2.3	9.0	3.9	5.2	1.2	100.0	5,428
35-39	84.8	82.7	5.2	0.6	44.2	20.5	53.8	12.2	4.6	0.3	2.6	10.2	4.9	5.0	2.2	100.0	5,181
40-44	80.1	77.4	7.8	1.3	43.2	24.1	42.4	10.5	4.9	0.4	2.5	11.2	5.3	5.3	2.7	100.0	4,581
45-49	70.7	67.8	8.4	1.2	36.4	23.0	29.6	6.2	4.3	0.3	1.7	8.4	4.4	3.8	1.8	100.0	4,086
Total	79.9	77.7	3.6	0.6	40.2	14.7	52.2	9.0	3.9	0.3	2.1	8.5	3.7	4.5	1.8	100.0	29,483
CURRENTLY MARRIED WOMEN																	
15-19	60.6	59.9	0.0	0.0	24.6	1.1	44.7	1.6	1.6	0.0	0.2	2.4	0.2	1.7	0.7	100.0	912
20-24	75.7	74.2	0.0	0.1	30.3	3.1	59.6	5.2	1.7	0.0	1.6	5.3	1.7	3.0	1.2	100.0	3,761
25-29	84.4	82.9	0.4	0.1	42.7	6.7	64.7	9.3	2.9	0.2	2.0	7.7	2.6	4.7	1.7	100.0	5,217
30-34	87.3	84.9	1.6	0.6	45.6	14.4	62.7	11.3	5.3	0.4	2.4	9.3	4.1	5.4	1.2	100.0	5,150
35-39	86.1	83.9	5.4	0.6	45.0	20.9	54.8	12.5	4.6	0.3	2.6	10.4	5.0	5.1	2.2	100.0	4,953
40-44	82.8	80.0	8.2	1.3	44.8	24.9	44.2	10.8	5.1	0.4	2.7	11.7	5.5	5.5	2.8	100.0	4,294
45-49	73.0	70.0	8.9	1.2	37.3	24.2	30.8	6.3	4.4	0.2	1.8	8.8	4.5	4.2	1.8	100.0	3,570
Total	81.6	79.4	3.7	0.6	41.0	15.0	53.7	9.3	4.0	0.3	2.2	8.7	3.8	4.6	1.8	100.0	27,857

LAM = Lactational amenorrhea method

The methods most commonly used by ever-married women and currently married women are injectables (52 and 54 percent, respectively), followed by the pill (40 and 41 percent, respectively). The next two most commonly used methods are the IUD (15 percent for both ever-married and currently married women) and implants (9 percent for both ever-married and currently married women). Much smaller proportions of women report having used a condom, female sterilization, or male sterilization. Use of traditional methods is limited. Overall, 9 percent of ever-married and currently married women have used a traditional method at some time. Withdrawal was used by 5 percent of both ever-married and currently married women at some time and periodic abstinence was used by 4 percent.

There has been a slight change in ever use of contraception among ever-married women since 1997. The 1997 IDHS found that the most commonly used method among ever-married women was the pill (43 percent) followed by injectables (42 percent), while the 2002-2003 findings indicate that for ever-married women, injectables are now the most widespread method (52 percent), followed by the pill (40 percent).

Table 5.10 shows the distribution of ever-married women who have ever used of contraception according to the number of living children when they first used family planning. The table is used primarily to identify the acceptance of the small family norm and the use of family planning as a method for spacing births. Sixty-three percent of ever-married women started using family planning before they had two children, 18 percent of women used family planning for the first time when they had two children, and 19 percent used it after they had three or more children. Younger women tend to start using family planning when they have fewer children. While less than one percent of women age 45-49 years used contraception when they did not have any children, the corresponding proportion of women age 15-19 and 20-24 is 33 percent and 16 percent, respectively. It is interesting to note that one in five women age 40-44 and one in three women age 45-49 started using contraception after had four or more children.

Table 5.10 Number of children at first use of contraception

Percent distribution of women who have ever used contraception by number of living children at the time of first use of contraception, according to current age, Indonesia 2002-2003

Current age	Number of living children at time of first use of contraception						Total	Number of women
	0	1	2	3	4+	Missing		
15-19	32.8	65.1	2.1	0.0	0.0	0.0	100.0	564
20-24	16.4	76.7	6.1	0.6	0.1	0.1	100.0	2,918
25-29	7.5	75.3	12.7	3.7	0.8	0.1	100.0	4,473
30-34	4.5	66.2	19.2	6.1	3.9	0.1	100.0	4,637
35-39	1.9	50.8	24.5	12.6	9.8	0.4	100.0	4,394
40-44	2.6	36.2	24.2	16.1	20.8	0.1	100.0	3,671
45-49	0.7	25.4	20.1	20.8	32.7	0.2	100.0	2,888
Total	6.0	56.6	17.8	9.4	10.0	0.1	100.0	23,544

CURRENT USE OF FAMILY PLANNING

Information on the current level of contraceptive use (or contraceptive prevalence) is important for measuring the success of the National Family Planning Movement. Contraceptive prevalence is defined as the proportion of currently married women age 15-49 who were using some method of family planning at the time of the survey. This chapter presents data concerning levels, trends, and differentials in current use; sources of family planning methods; age at time of first contraceptive use; accessibility; reasons for using a particular method; and some indicators of the quality of use of the pill, injectables, and condom.

6.1 CURRENT USE OF FAMILY PLANNING

Table 6.1 shows the percent distribution of ever-married and currently married women who are currently using specific family planning methods by age. Results indicate that 57 percent of ever-married and 60 percent of currently married women are using contraception. Furthermore, 54 percent of ever-married and 57 percent of currently married women use modern methods. Traditional methods are not commonly used in Indonesia; only 3 percent of ever-married and 4 percent of currently married women use any traditional methods. Among modern methods, injectables are the most commonly used method for both ever-married and currently married women (26 and 28 percent, respectively), followed by the pill (13 percent for both ever-married and currently married women).

Table 6.1 Current use of contraception																	
Percent distribution of ever-married women and of currently married women by contraceptive method currently used, according to age, Indonesia 2002-2003																	
Age	Modern method										Traditional method					Number of women	
	Using any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	In-j ect-ables	Im- plants	Male con- dom	LAM	Any tradi- tional method	Periodic absti- nence	With- drawal	Any folk meth- od	Not currently using		
EVER-MARRIED WOMEN																	
15-19	45.1	44.6	0.0	0.0	12.5	0.8	30.0	0.6	0.5	0.1	0.5	0.0	0.3	0.1	54.9	100.0	956
20-24	59.0	57.2	0.0	0.1	11.5	1.7	40.1	3.4	0.3	0.1	1.8	0.8	0.5	0.4	41.0	100.0	3,875
25-29	62.7	60.5	0.3	0.1	15.1	3.4	35.9	4.9	0.6	0.2	2.2	0.8	1.1	0.3	37.3	100.0	5,375
30-34	63.6	60.0	1.5	0.1	15.7	5.9	30.5	4.8	1.3	0.2	3.5	1.7	1.6	0.2	36.4	100.0	5,428
35-39	62.7	58.0	5.2	0.5	13.1	8.2	24.6	5.3	0.9	0.2	4.7	2.2	2.1	0.5	37.3	100.0	5,181
40-44	56.2	51.0	7.8	1.0	11.1	9.3	16.5	4.5	0.9	0.0	5.2	2.2	2.1	1.0	43.8	100.0	4,581
45-49	37.3	34.0	8.4	1.0	6.8	7.5	7.6	1.8	0.9	0.0	3.3	1.6	1.3	0.4	62.7	100.0	4,086
Total	57.3	53.9	3.6	0.4	12.5	5.9	26.4	4.1	0.8	0.1	3.4	1.5	1.4	0.5	42.7	100.0	29,483
CURRENTLY MARRIED WOMEN																	
15-19	47.3	46.8	0.0	0.0	13.2	0.9	31.5	0.7	0.5	0.1	0.5	0.0	0.4	0.1	52.7	100.0	912
20-24	60.7	58.9	0.0	0.1	11.8	1.8	41.3	3.5	0.3	0.1	1.8	0.9	0.5	0.4	39.3	100.0	3,761
25-29	64.5	62.2	0.4	0.1	15.6	3.5	36.9	5.0	0.6	0.2	2.3	0.8	1.1	0.4	35.5	100.0	5,217
30-34	66.7	63.0	1.6	0.1	16.5	6.2	32.1	4.9	1.4	0.2	3.7	1.8	1.7	0.2	33.3	100.0	5,150
35-39	65.4	60.5	5.4	0.5	13.7	8.5	25.7	5.5	0.9	0.2	5.0	2.3	2.1	0.6	34.6	100.0	4,953
40-44	59.6	54.0	8.2	1.0	11.9	9.7	17.6	4.8	0.9	0.0	5.6	2.3	2.2	1.1	40.4	100.0	4,294
45-49	41.7	38.0	8.9	1.1	7.7	8.5	8.7	2.0	1.0	0.0	3.8	1.9	1.5	0.4	58.3	100.0	3,570
Total	60.3	56.7	3.7	0.4	13.2	6.2	27.8	4.3	0.9	0.1	3.6	1.6	1.5	0.5	39.7	100.0	27,857

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

Modern methods are popular among women of all ages. However, younger and older women are less likely to be using contraception than women in the mid-childbearing ages (20 to 39 years). Injectables, the pill, and implants are more popular among younger women, whereas older women tend to use long-term methods such as the intrauterine device (IUD), female sterilization, and male sterilization.

Compared with the 1997 Indonesia Demographic Health Survey (IDHS) data, use of injectables has increased by 7 percentage points, whereas use of IUD and implants has decreased by 2 percentage points each. Data from the 2002-2003 IDHS at the national level and for selected provinces cannot be directly compared with those collected in past IDHS surveys because of different geographical coverage. The current survey does not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua provinces, as well as the former province of East Timor. Furthermore, the following new provinces split off from existing provinces: Bangka-Belitung from South Sumatera, Banten from West Java, and Gorontalo from North Sulawesi. The prevalence of modern contraceptive use in the provinces covered in the 2002-2003 IDHS is 6 percentage points higher than that in the 1997 IDHS for ever-married women (57 percent versus 51 percent) and 2 percentage points higher for currently married women (57 percent versus 55 percent).

Table 6.2 and Figure 6.1 show that use of family planning is virtually the same in urban and rural areas (61 and 60 percent, respectively). However, the mix of methods differs, with urban women relying more on the use of IUDs and female sterilization, and rural women relying more on the use of injectables and implants.

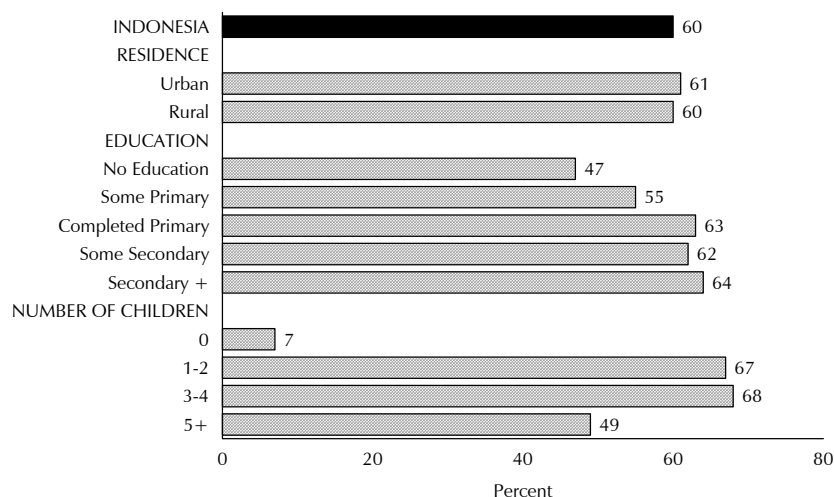
Table 6.2 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Indonesia 2002-2003

Background characteristic	Modern method										Traditional method					Total	Number of women
	Using any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	LAM	Any traditional method	Periodic abstinence	Withdrawal	Any folk method	Not currently using		
Residence																	
Urban	61.1	57.0	4.8	0.2	14.1	7.9	26.0	2.3	1.6	0.1	4.1	2.3	1.4	0.4	38.9	100.0	12,765
Rural	59.7	56.5	2.8	0.7	12.5	4.7	29.4	6.0	0.3	0.2	3.2	1.0	1.6	0.6	40.3	100.0	15,093
Education																	
No education	47.0	44.8	3.3	0.9	9.9	5.8	19.1	5.6	0.0	0.2	2.3	0.4	0.9	1.0	53.0	100.0	2,089
Some primary	55.3	52.6	3.7	0.9	12.9	5.0	23.9	5.9	0.3	0.0	2.8	0.5	1.5	0.8	44.7	100.0	5,435
Completed primary	63.0	60.3	3.8	0.4	14.9	4.1	31.6	4.7	0.6	0.2	2.7	1.0	1.2	0.4	37.0	100.0	9,499
Some secondary	62.1	58.1	2.9	0.3	13.8	5.1	31.5	3.9	0.6	0.1	3.9	1.7	1.8	0.5	37.9	100.0	4,902
Secondary +	63.9	57.8	4.4	0.1	11.6	11.6	25.5	2.1	2.4	0.1	6.1	3.8	2.0	0.2	36.1	100.0	5,932
Number of living children																	
0	7.0	6.7	0.0	0.0	2.9	0.2	3.0	0.0	0.5	0.0	0.3	0.3	0.1	0.0	93.0	100.0	2,208
1-2	66.8	63.4	1.2	0.2	15.1	6.4	34.8	4.7	0.8	0.1	3.4	1.7	1.3	0.4	33.2	100.0	14,581
3-4	67.5	62.9	7.8	0.8	14.3	8.1	25.5	5.1	1.2	0.2	4.6	1.6	2.3	0.7	32.5	100.0	7,966
5+	49.4	44.9	7.9	1.1	9.1	3.9	18.8	3.5	0.5	0.1	4.5	2.2	1.7	0.7	50.6	100.0	3,102
Wealth index quintile																	
Lowest	52.4	48.6	1.5	0.7	12.1	3.1	24.4	6.4	0.1	0.2	3.9	1.1	1.8	0.9	47.6	100.0	5,737
Lower middle	60.1	57.9	2.8	0.6	13.2	5.1	29.6	6.4	0.1	0.2	2.2	0.7	1.2	0.3	39.9	100.0	5,478
Middle	62.9	60.0	3.4	0.4	14.2	4.7	32.4	4.2	0.6	0.1	2.9	0.9	1.6	0.4	37.1	100.0	5,482
Upper middle	63.0	59.3	4.5	0.1	15.4	4.2	31.0	2.9	1.2	0.1	3.6	1.5	1.8	0.4	37.0	100.0	5,545
Highest	63.5	58.1	6.5	0.4	11.5	13.7	22.2	1.6	2.2	0.1	5.4	3.7	1.2	0.4	36.5	100.0	5,614
Total	60.3	56.7	3.7	0.4	13.2	6.2	27.8	4.3	0.9	0.1	3.6	1.6	1.5	0.5	39.7	100.0	27,857

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

Figure 6.1 Percentage of Currently Married Women Age 15-49 Who are Using a Contraceptive Method



IDHS 2002-2003

Table 6.2 also shows that contraceptive use increases with the respondent's level of education. Forty-seven percent of currently married women with no education are using a modern method, compared with 64 percent of women with secondary or higher education. The type of contraceptive being used also varies by women's level of education. Generally, the use of any of the modern methods increases with woman's level of education, with the exception of implants and male sterilization where the reverse is true.

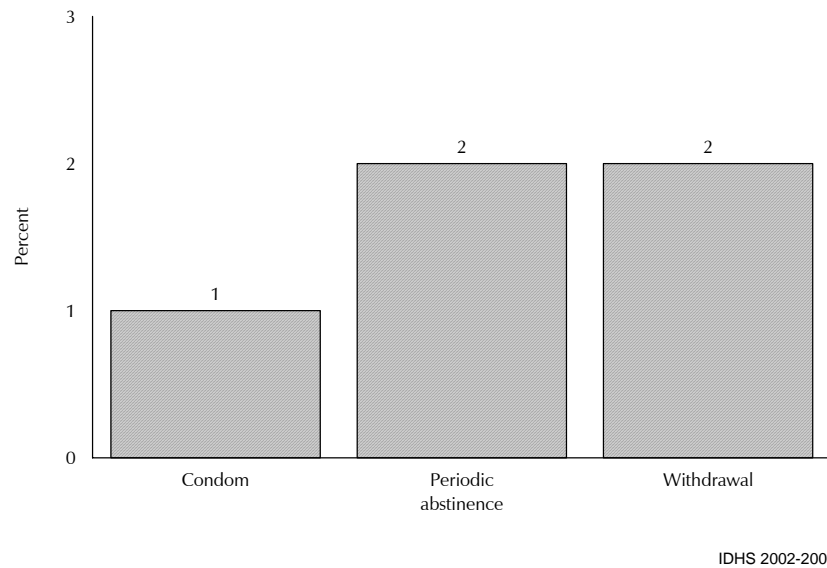
Contraceptive use increases rapidly with the number of living children a woman has. Use of any method ranges from 7 percent among women with no living children to 68 percent for women with three to four children, after which it declines to 49 percent for women with five or more children. The most popular family planning methods among childless women are the pill and injectables. Use of injectables increases significantly after the first child from 3 percent among childless women to 35 percent among those with one or two children. It is noticeable that the proportion of women who use female sterilization increases from one percent for women who have one or two children to 8 percent for those with three or more children.

Overall, use of any method of family planning increases with increasing wealth index quintile from 52 percent for women in the lowest quintile to 64 percent for those in the highest.

Appendix Table A.6.1 shows the percent distribution of currently married women by contraceptive method, according to province. Contraceptive use varies among provinces; it ranges from 35 percent in East Nusa Tenggara to 76 percent in DI Yogyakarta. Use of modern methods is the lowest in East Nusa Tenggara (28 percent) and the highest in North Sulawesi (66 percent).

The 2002-2003 IDHS also collected information about use of male methods of family planning among currently married men. Figure 6.2 shows that use of male methods of family planning in Indonesia is limited. The most popular methods are periodic abstinence (2 percent) and withdrawal (2 percent). Only 1 percent of married men use condoms.

Figure 6.2 Percentage of Currently Married Men Age 15-54 Who Are Using a Contraceptive Method



6.2 TRENDS IN CONTRACEPTIVE USE

Table 6.3 and Figure 6.3 show the trend in use of specific contraceptive methods among married women who are currently using a specific contraceptive method, by method, during the period 1991-2003. Findings show that use of any method by currently married women has increased from 50 percent in the 1991 IDHS to 60 percent in the 2002-2003 IDHS. There has been a shift in the use of specific modern family planning methods. In 1991, the pill was used by 15 percent of currently married women; pill use increased slightly between 1991 and 1994, and has steadily decreased since, with 13 percent of currently married women using it in the 2002-2003 IDHS. Use of the IUD has also decreased steadily

Table 6.3 Trends in use of specific contraceptive methods: Indonesia 1991-2003

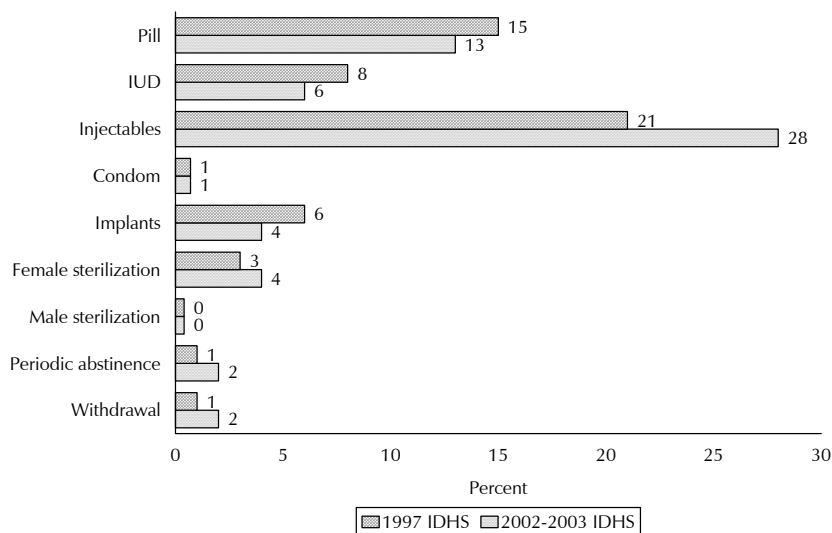
Percentage of currently married women who are currently using a specific contraceptive methods, by method, Indonesia 1991-2003

Method	IDHS 1991	IDHS 1994	IDHS 1997	IDHS 2002-2003
Any method	49.7	54.7	57.4	60.3
Pill	14.8	17.1	15.4	13.2
IUD	13.3	10.3	8.1	6.2
Injectables	11.7	15.2	21.1	27.8
Condom	0.8	0.9	0.7	0.9
Implants	3.1	4.9	6.0	4.3
Female sterilization	2.7	3.1	3.0	3.7
Male sterilization	0.6	0.7	0.4	0.4
Periodic abstinence	1.1	1.1	1.1	1.6
Withdrawal	0.7	0.8	0.8	1.5
Other	0.9	0.8	0.8	0.5
Number of women	21,109	26,186	26,886	27,857

Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

during the past 20 years, from 13 percent in 1991 to a current rate of 6 percent. On the other hand, use of injectables has increased significantly in the past two decades, from 12 percent in 1991 to 28 percent in 2002-2003. The pill was the most commonly used modern method by currently married women in the 1991 IDHS, while injectables are the most commonly used modern method reported by currently married women in the 2002-2003 IDHS.

Figure 6.3 Percentage of Currently Married Women Age 15-49 Using Specific Contraceptive Methods, Indonesia 1997-2003



The dramatic changes that have taken place in the level and pattern of contraceptive use in Indonesia during the past 20 years are demonstrated in Table 6.4 and Figure 6.4. Java is presented separately because of the large concentration of population in this island, where 59 percent of the country's population lives (approximately 125 million). Because Banten province is only recently established, data for this province cannot be analyzed separately. On the other hand, data for West Java in past IDHS surveys include those for Banten province.

Table 6.4 shows the trend of contraceptive use among currently married women in each province in Java between 1991 and 2002-2003. Contraceptive use has increased steadily in all the Java provinces in the past two decades. The highest increase is noticed in Central Java (15 percentage points), followed by East Java (12 percentage points). The 2002-2003 IDHS results show that among the Java provinces, DI Yogyakarta has the highest contraceptive prevalence (76 percent), while West Java has the lowest (59 percent).

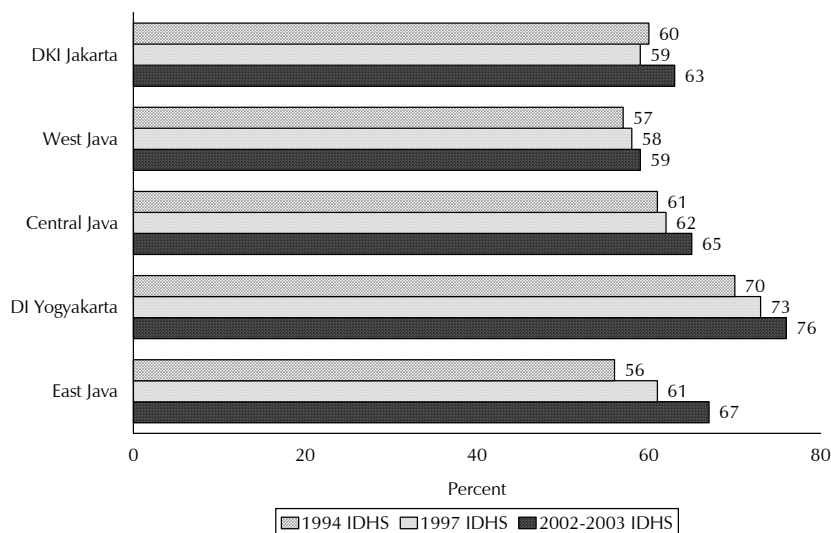
Table 6.4 Trends in contraceptive use by province in Java 1991-2002-2003

Percentage of currently married women who are currently using a method of contraception, by province, Java 1991-2003

Province	IDHS 1991	IDHS 1994	IDHS 1997	IDHS 2002-2003
DKI Jakarta	56	60	59	63
West Java ¹	51	57	58	59
Central Java	50	61	62	65
DI Yogyakarta	71	70	73	76
East Java	55	56	61	67

¹ In 1991, 1994, and 1997 IDHS includes Banten. In 2002-2003 West Java excludes Banten.

Figure 6.4 Percentage of Currently Married Women Age 15-49 Using a Contraceptive Method by Province in Java, 1994-2003



A woman's desire and ability to manage her fertility and her choice of contraceptive methods are in part affected by her status, self-image, and sense of empowerment. A woman who feels that she does not have much control over the basic aspects of her life may be less likely to feel that she can make and carry out decisions about her fertility. She may also feel the need to choose methods that are less obvious or that do not depend on her husband's cooperation.

Table 6.5 shows the percent distribution of currently married women by contraceptive method currently used, according to three indicators of women's status. Use of any method and of any modern method increases significantly with increasing number of decisions in which a woman has a final say. For example, 40 percent of women who have no say in any of the five specified decisions are using a method, compared with 61 percent of women who themselves or jointly have a final say in all five decisions. Use of contraception among currently married women also increases with increasing number of reported reasons to refuse sexual relations with their husband. Fifty-three percent of women who give no reasons to refuse sex with their husband report using a method, compared with 61 percent of those who report 3-4 reasons.

Contraceptive use is inversely related to the number of reasons that justify wife beating. For example, 61 percent of women who believe that a man is not justified in beating his wife for any reason at all are using a contraceptive method, compared with 55 percent of women who believe that wife beating is justified for five reasons.

Table 6.5 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Indonesia 2002-2003

Women's status indicators	Modern method									Traditional method					Total	Number of women		
	Using any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	In-ject-ables	Im-plants	Male condom	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal	Any folk meth-od			Not currently using	
Number of decisions in which woman has final say¹																		
0	40.4	38.0	0.8	0.0	8.5	0.7	20.8	7.0	0.2	0.0	2.5	1.2	0.0	1.3	59.6	100.0	137	
1-2	51.2	47.7	2.2	0.0	11.0	4.7	24.6	4.3	0.8	0.1	3.5	1.7	1.1	0.7	48.8	100.0	1,221	
3-4	59.6	56.2	3.6	0.5	13.7	5.4	28.8	3.5	0.7	0.1	3.4	1.1	1.8	0.5	40.4	100.0	7,677	
5	61.3	57.7	3.9	0.5	13.2	6.6	27.7	4.6	1.0	0.1	3.7	1.8	1.4	0.5	38.7	100.0	18,822	
Number of reasons to refuse sex with husband																		
0	52.5	50.8	3.1	0.7	10.5	6.0	23.9	6.1	0.4	0.0	1.6	0.5	0.7	0.5	47.5	100.0	1,841	
1-2	57.4	54.1	4.1	0.2	13.4	4.2	27.6	3.8	0.5	0.3	3.3	1.7	1.2	0.4	42.6	100.0	2,798	
3-4	61.3	57.5	3.7	0.5	13.4	6.4	28.2	4.2	0.9	0.1	3.8	1.7	1.6	0.5	38.7	100.0	23,218	
Number of reasons wife beating is justified																		
0	60.5	57.0	4.0	0.5	12.5	6.7	28.0	4.3	1.0	0.1	3.6	1.7	1.4	0.5	39.5	100.0	20,887	
1-2	60.4	56.8	2.8	0.2	16.4	4.4	27.8	4.3	0.5	0.3	3.6	1.6	1.6	0.4	39.6	100.0	5,030	
3-4	58.5	54.3	3.1	0.8	13.8	4.0	27.1	4.5	0.8	0.1	4.2	1.0	2.6	0.6	41.5	100.0	1,508	
5	55.4	53.5	2.6	0.1	13.3	9.3	23.7	4.2	0.2	0.2	1.9	0.5	0.5	0.9	44.6	100.0	433	
Total	60.3	56.7	3.7	0.4	13.2	6.2	27.8	4.3	0.9	0.1	3.6	1.6	1.5	0.5	39.7	100.0	27,857	

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhea method

¹ Either by himself or jointly with others

6.3 QUALITY OF USE

6.3.1 Pill Use Compliance

Since the pill is one of the most popular modern methods used in Indonesia, it is important for program planners and managers to find out whether it is used properly. The 2002-2003 IDHS included a series of questions asked of pill users on the type of pill they are using, on the pill availability in the household at the time of the survey, and on the last time a pill was taken. This information is presented in Table 6.6. The findings indicate that the majority (69 percent) of pill users take the combined oral contraceptive (combined pill) and 11 percent use the progestin-only oral contraceptive (single pill). Overall, 90 percent of pills users were able to show a pill package to the interviewer. Eighty-three percent of pill users took the pill in order and 87 percent took the pill less than two days before the interview.

Table 6.6 also shows that urban women are more likely than rural women to use combined pill (71 and 67 percent, respectively). There is no clear pattern in pill compliance across users. Pill users in urban areas are slightly more compliant than those in rural areas (85 versus 81 percent).

Table 6.6 Pill use compliance

Percentage of currently married women using the pill, percent distribution of pill users by type of pill, and by whether pill users could show a pill packet, and percentage of pill users who took a pill less than two days ago, according to urban-rural residence and province, Indonesia 2002-2003

Background characteristic	Percent using	Currently married women	Could show packet by type of pill			Package not seen/ missing	Percentage of pill users who:		Number of pill users
			Combination	Single	Other		Took pill in order	Took pill <2 days ago	
Age									
15-19	13.2	912	58.6	12.8	14.7	13.9	81.2	82.6	120
20-24	11.8	3,761	66.0	12.5	6.9	14.6	83.5	86.3	444
25-29	15.6	5,217	64.4	13.5	9.3	12.8	80.6	86.7	813
30-34	16.5	5,150	70.7	10.2	11.8	7.4	86.5	89.7	849
35-39	13.7	4,953	74.6	7.2	10.5	7.7	83.4	90.6	677
40-44	11.9	4,294	66.7	12.7	8.4	12.3	79.4	81.5	511
45-49	7.7	3,570	80.6	8.1	3.4	8.0	84.4	86.8	277
Residence									
Urban	14.1	12,765	71.1	9.9	8.8	10.2	80.9	88.6	1,802
Rural	12.5	15,093	67.4	11.9	10.0	10.6	84.9	85.9	1,889
Education									
No education	9.9	2,089	64.8	9.6	14.7	10.9	84.6	88.2	206
Some primary	12.9	5,435	68.0	10.4	11.2	10.4	81.6	84.4	699
Completed primary	14.9	9,499	68.4	10.7	11.2	9.7	85.1	88.3	1,419
Some secondary	13.8	4,902	71.1	11.1	4.6	13.3	77.0	83.9	676
Secondary +	11.6	5,932	71.7	12.3	7.1	8.9	85.1	90.8	690
Total	13.2	27,857	69.2	10.9	9.4	10.4	82.9	87.2	3,691

6.3.2 Quality of Use of Injectables

In the 2002-2003 IDHS, women who use injectables were asked whether they use one-month or three-month injectables. Based on their response, injectable users were further asked how many weeks ago they had their injection, with the purpose to examine quality of use of this method. The overwhelming majority of injectable users use the three-month type (94 percent). Table 6.7 shows that 95 percent of users of one-month injectables received an injection in the past four weeks and 98 percent of users of three-month injectables had an injection in the past three months. This means that a very small proportion of current injectable users are not using this method properly.

Compliance in the use of injectables does not vary much by women's age, urban-rural residence, and education. There are small differences in the compliance of three-month injectables by province; the proportion ranges between 92 and 100 percent (data not shown).

Table 6.7 Use of injectables

Percentage of users of one-month injectables who had an injection in the past four weeks and percentage of users of three-month injectables who had an injection in the past three months, by background characteristics, Indonesia 2002-2003

Background characteristic	Percent of users of one-month injectable contraception who had an injection in the past four weeks	Number of users	Percent of users of three-month injectable contraception who had an injection in the past three months	Number of users
Age				
15-19	*	14	96.9	273
20-24	90.1	109	98.5	1,447
25-29	96.5	153	99.2	1,776
30-34	96.2	92	98.9	1,568
35-39	100.0	63	97.0	1,214
40-44	(90.2)	40	96.9	718
45-49	*	6	96.9	307
Residence				
Urban	94.9	349	98.4	2,982
Rural	94.8	127	98.1	4,321
Education				
No education	*	3	96.7	401
Some primary	(85.7)	21	98.4	1,281
Completed primary	90.7	101	98.0	2,909
Some secondary	98.3	116	98.9	1,430
Secondary +	95.9	236	98.4	1,281
Total	94.9	477	98.2	7,303

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.4 INFORMED CHOICE

Informed choice is an important tool for monitoring the quality of family planning services. All providers of sterilization must inform potential users that they will not be able to have any (more) children because of sterilization, and potential users must also be informed of other methods that could be used. Family planning providers should also inform all method users of potential side effects of each method and what they should do if they encounter signs of a problem. This information assists users in coping with side effects and decreases unnecessary discontinuation of temporary methods. Users of temporary methods should also be informed of the choices they have with respect to other methods.

Table 6.8 presents the percentage of users of modern contraceptives (who adopted the current method in the five years preceding the survey) who were informed that there are potential side effects of their current method and what to do if they experience any of the side effects, by specific method, initial source of method, and background characteristics. Additionally, Table 6.8 shows the percentage of women who were sterilized in the five years preceding the survey who were informed that they would not be able to have any (more) children. The data show that about one in four (23 percent) of current users

Table 6.8 Informed choice

Among current users of specific modern contraceptive methods who adopted the method in the five years preceding the survey, percentage who were informed about the side effects of the current method used, percentage who were informed what to do if side effects were experienced, percentage who were informed of other methods that could be used for contraception, and percentage of women who were sterilized in the five years preceding the survey who were informed that they would not be able to have any more children, by background characteristics, Indonesia 2002-2003

Method, source, and background characteristic	Type of information			
	Informed about side effects or problems of method used	Informed what to do if experienced side effects ¹	Informed of other methods that could be used ²	Informed that sterilization is permanent ³
Method				
Female sterilization	16.9	11.8	9.9	82.7
Pill	20.9	18.0	29.5	na
IUD	19.9	19.1	19.2	na
Injectables	25.1	21.7	30.7	na
Implants	26.5	22.2	28.2	na
Initial source of method				
Public sector	33.4	29.4	35.3	86.7
Government hospital	48.9	38.9	42.4	86.8
Government health center	30.7	27.5	33.5	79.3
Government clinic	77.6	71.3	70.8	100.0
FP fieldworker	33.2	34.5	46.5	na
FP mobile clinic	*	*	*	na
Private medical sector				
Private hospital	32.2	27.2	39.2	85.7
Private clinic	32.9	23.7	40.3	87.0
Private doctor	35.2	33.4	38.4	95.2
Private doctor	34.3	29.2	35.4	75.0
Nurse/midwife	33.0	28.2	41.4	na
Village midwife	31.7	27.0	38.6	na
Pharmacy/drugstore	23.2	17.6	30.1	na
Other private sector				
Delivery post	28.6	25.0	38.7	na
Health post	35.0	31.2	44.6	na
Health post	25.3	22.6	40.1	na
Family planning post	39.9	34.0	51.2	na
Friends /relatives	19.1	18.0	20.3	na
Shop	25.0	20.6	29.1	na
Other	24.0	25.1	24.4	na
Residence				
Urban	24.9	21.8	29.8	84.7
Rural	21.5	18.2	25.4	79.9
Education				
No education	11.6	8.7	12.2	84.5
Some primary	13.1	11.2	16.9	75.1
Completed primary	20.9	17.3	25.7	79.4
Some secondary	28.2	23.8	33.2	88.5
Secondary +	34.2	31.4	38.6	89.7
Total	23.1	19.9	27.4	82.7

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

na = Not applicable

¹ Among users of female sterilization, pill, IUD, injectables and implants

² Among users of female sterilization, pill, IUD, injectables, implants, diaphragm, and lactational amenorrhea method (LAM)

³ Sterilized women who were told that they would not be able to have any more children

were informed about possible side effects or problems of the method they are using, and one in five of the current users were informed what to do if they experienced side effects. Twenty-seven percent of current users were informed of other methods that could be used. Moreover, a large majority of women (83 percent) who were sterilized were informed that they would not have any (more) children if they underwent the operation.

Among current users of various methods, women who are sterilized are the least likely to be informed about possible side effects, about other methods they could use, and what to do if problems are encountered in the use of the method.

Of the three main sectors providing contraceptive methods, there is little difference in provision of information on side effects of methods, and actions to be taken in the event that effects occur. However, the private sector (medical or otherwise) is more likely than the public sector to inform women of other methods they can use.

Surprisingly, there are small differences by urban-rural residence in the level of informed choice among current users of modern contraceptive methods. Current users of modern methods who have better education are much more likely than users with no formal education or with little education to be informed about side effects or problems of the method, what to do in case of problems, and what other methods they can use.

Variations across province in providing information to potential contraceptive users are presented in Appendix Table A.6.2. In general, information about side effects is limited in Bangka-Belitung, West Java, Central Java, Banten, and West Kalimantan. On the other hand, it is high in DKI Jakarta, East Nusa Tenggara, and Central Kalimantan. Information about other methods is more likely to be given in West Sumatera, South Sumatera, DKI Jakarta, East Nusa Tenggara, and Central Kalimantan.

6.5 PROBLEMS WITH CURRENT METHOD

In the 2002-2003 IDHS, all contraceptive users were asked whether they had experienced any health problems with the method they were using. Table 6.9 shows that the vast majority of users of the most commonly used modern methods (pill, IUD, injectables, and implants) do not have any major health problems as a result of using the method. The most common problem reported by users of the pill is headache and weight gain, while for users of the IUD, injectables, and implants it is amenorrhea.

Table 6.9 Problems with current method of contraception

Percent distribution of current users of selected methods by the main health problem with the method, according to method, Indonesia 2002-2003

Main problem with current method	Pill	IUD	Injectables	Implants
None	83.0	84.1	76.2	82.5
Weight gain	3.4	2.6	3.3	1.9
Weight loss	0.6	0.4	0.9	0.6
Bleeding	0.4	0.7	0.6	1.0
Hypertension	0.1	0.2	0.2	0.1
Headache	5.1	1.7	5.5	3.8
Nausea	1.8	1.0	0.5	0.4
No menstruation	2.2	4.5	8.5	4.1
Weak/tired	0.3	0.2	0.6	0.3
Other	2.1	3.5	2.6	3.4
Missing	1.0	1.0	1.2	1.8
Total	100.0	100.0	100.0	100.0
Number of women	3,693	1,738	7,769	1,209

6.6 COST AND ACCESSIBILITY OF METHODS

The Indonesian national family planning program is implemented by the government with the active involvement and participation of the community and private sectors. One of the indicators of the extent and desire to use of contraception is self-reliance, measured by the proportion of users who pay for the methods and services they are using. In the 2002-2003 IDHS, current users were asked where they obtained the current method the last time and how much they paid for the method and for services.

Table 6.10 shows that 28 percent of all current users obtained their method from a government service delivery point, and most of them (21 percent) paid for the method and services. Sixty-three percent of users obtained their current method from a private facility, and most of them (59 percent) paid for it. One in ten current users obtained their method from sources other than government or private, such as a village birth delivery post (*polindes*), integrated health post (*posyandu*), family planning post, village contraceptive distribution centers, friends, or a shop. Almost all of these users also pay for the methods and services. Overall, 89 percent of current users pay for their contraceptives.

Table 6.10 Payment for contraceptive method and services

Percent distribution of current users of modern contraceptive methods by source of method and whether method is free or repondent pays for it, according to method, Indonesia 2002-2003

Method	Government		Private		Other		Total	Number of women
	Free	Pay	Free	Pay	Free	Pay		
Female sterilization	25.0	41.1	8.1	25.6	0.0	0.0	100.0	1,070
Male sterilization ¹	71.4	14.6	6.2	0.3	0.0	1.9	100.0	125
Pill	1.3	17.6	0.8	54.2	1.1	25.0	100.0	3,693
IUD	24.1	15.8	12.5	41.5	5.7	0.4	100.0	1,738
Injections	0.9	18.9	1.2	75.1	0.4	3.5	100.0	7,769
Implants	13.9	42.0	5.4	30.0	4.4	4.3	100.0	1,209
Condom	0.6	2.9	6.0	78.6	3.3	7.9	100.0	240
Total	6.7	21.2	3.2	59.2	1.5	8.0	100.0	15,843

¹ Includes users of male sterilization from a government source with missing information on type of payment

By method, injectable and pill users are most likely to pay for their contraceptive method (98 and 97 percent, respectively). Self-reliance is much lower for IUD users, with only 58 percent of users paying for their method. Eighty-six percent of men who were sterilized had the operation in a government facility and 71 percent of these men had the operation free of charge.

The level of self-reliance in the 2002-2003 IDHS is five percentage points higher than that in the 1997 IDHS (89 versus 84 percent). The proportion of current users who received their method from a government source decreased sharply between the two surveys, from 43 percent in the 1997 IDHS to the current level of 28 percent. The proportion of users who got their method and services for free from a government source has also decreased significantly from 11 percent in 1997 to 7 percent in 2002-2003.

Appendix Table A.6.4 shows that the level of self-reliance varies greatly by source of contraceptive method and province. Among current users who obtained their method from a government source, the highest proportion who pay for their method and services is found in South Sulawesi (56 percent), while the highest proportion who receive their method and services for free is in East Nusa Tenggara (31 percent). Among private sources, the proportion of current users who pay for their methods ranges from 77 percent in DKI Jakarta to only 9 percent in East Nusa Tenggara. The majority of current users

who obtained their method from a source other than government or private paid for it themselves, and there is not much variation by province in the proportion of current users who are self-reliant.

Table 6.11 shows the percentage of current users using specific types of sources who get their method for free, and the mean cost (in ruphias) of the method for those who pay for it, by the type of source. Overall, the 2002-2003 IDHS shows that those who rely on government sources are much more likely to get free services (24 percent) than those who use private sources (5 percent). Women who pay for their methods pay on average less at a government source than at a private source. For example, injectables cost Rp. 13,000 in a private source compared with with Rp. 11,000 in a government facility.¹ This pattern is similar with that observed in the 1997 IDHS, yet there has been a four fold rise in the average price in public service, threefold rise in private sector, and twofold rise in other sector.

The difference in the mean cost varies greatly by method and source of services. Female sterilization is the most expensive method, while the pill is the cheapest. The cost of female sterilization and the IUD is more than double in the private sector than in the government sector. Similarly, the cost of implants from a private source is almost twice as much as that from a government (Rp. 56,000 compared with Rp. 32,000).

Table 6.11 Mean cost of contraceptive method and services

Percentage of current users of modern contraceptive methods who get their method free and the mean cost (in 1,000 rupiahs) of the method (including services) for those who pay for it, by the type of source and method, Indonesia 2002-2003

Method	Source of contraceptive method								
	Government			Private			Other		
	Free	Mean cost (Rp. 000)	Number of users	Free	Mean cost (Rp. 000)	Number of users	Free	Mean cost (Rp. 000)	Number of users
Female sterilization	37.8	532	707	23.8	1,285	363	*	*	0
Male sterilization	78.0	340	114	*	*	8	*	*	2
Pill	6.8	4	699	1.5	5	2,032	4.1	5	962
IUD	60.4	46	692	23.2	101	939	92.9	15	106
Injectables	4.6	11	1,536	1.5	13	5,932	10.3	10	301
Implants	24.9	32	676	15.1	56	428	50.2	28	105
Condom	*	*	8	7.1	9	204	*	*	27
Total	24.0	85	4,433	5.2	57	9,906	15.3	37	1,504

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

6.7 SOURCE OF METHODS

Information concerning sources of contraceptive methods is important for family planning program administrators since the family planning movement is currently directed toward self-sustainability and greater use of the private sector. Table 6.12 shows the percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method. Findings show that contraceptive users are much more likely to rely on private medical sources than government sources (63 versus 28 percent). Eight percent of users obtained their methods from other sources such as *posyandu*, *polindes*, family planning posts, and friends or relatives.

¹ The current exchange rate for US \$1.00 is approximately Rp. 8,300.

Table 6.12 Source of contraception

Percent distribution of current users of modern contraceptive methods by most recent source of method, according to specific method, Indonesia 2002-2003

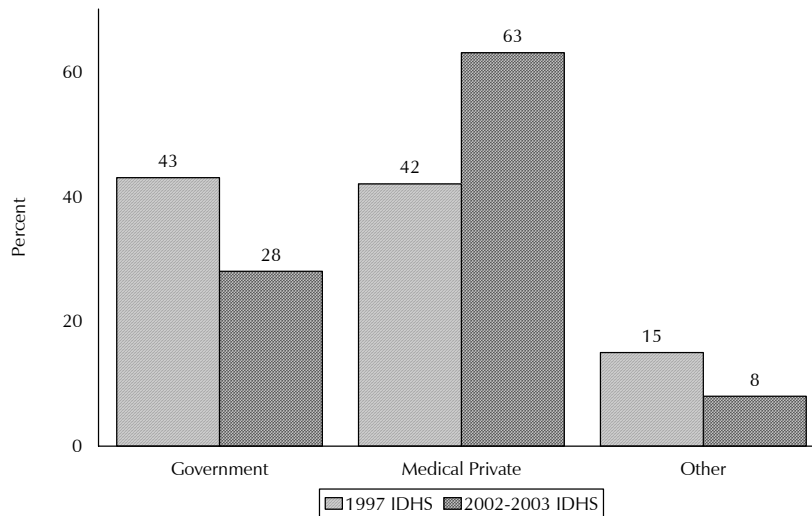
Source	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Total
Public sector	66.1	91.5	18.9	39.8	19.8	55.9	3.5	28.0
Government hospital	61.9	54.0	0.4	8.3	0.6	3.2	1.0	6.2
Government health center	2.0	32.1	16.3	29.2	18.2	51.3	2.3	20.3
Government clinic	2.1	2.0	0.1	0.5	0.3	0.4	0.0	0.4
FP fieldworker	0.1	0.2	1.9	0.5	0.1	0.5	0.0	0.6
FP mobile clinic	0.0	0.0	0.1	0.2	0.2	0.1	0.0	0.1
Other	0.0	3.2	0.1	1.1	0.3	0.5	0.2	0.3
Private medical sector	33.9	6.6	55.0	54.0	76.4	35.4	85.3	62.5
Private hospital	27.9	5.9	0.2	9.0	0.8	0.6	0.0	3.4
Private clinic	3.3	0.0	1.1	4.0	1.5	1.1	0.0	1.8
Private doctor	2.6	0.6	1.4	12.9	4.3	2.5	0.0	4.2
Nurse/midwife	0.0	0.0	17.0	19.5	37.8	13.3	2.8	25.7
Village midwife	0.0	0.0	15.3	8.5	30.3	17.4	0.7	20.7
Pharmacy/drug store	0.0	0.0	19.4	0.0	0.1	0.0	81.8	5.8
Other	0.0	0.0	0.5	0.1	1.6	0.6	0.0	1.0
Other source	0.0	0.0	23.1	2.7	2.6	5.2	7.7	7.5
Delivery post	0.0	0.0	0.7	1.2	1.4	1.8	0.0	1.1
Health post	0.0	0.0	7.6	1.0	1.1	2.6	2.1	2.6
FP post	0.0	0.0	2.9	0.5	0.1	0.9	0.4	0.8
Friends/relatives	0.0	0.0	1.2	0.0	0.1	0.0	0.9	0.3
Shop	0.0	0.0	10.8	0.0	0.0	0.0	4.3	2.6
Other	0.0	0.0	2.9	3.3	1.1	3.5	3.6	1.9
Don't know	0.0	1.9	0.0	0.0	0.0	0.0	0.0	0.0
Missing	0.0	0.0	0.1	0.1	0.2	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,070	125	3,693	1,738	7,769	1,209	240	15,843

As shown in Figure 6.5, use of government sources decreased from 43 percent in 1997 to the current level of 28 percent, while use of private medical sources increased from 42 to 63 percent during the same period. Use of other sources decreased from 15 to 8 percent between the two surveys. The substantial increase in use of private sources is mainly due to the increased use of private midwives (18 percentage points).

Figure 6.5 shows that most women who obtain their family planning method through the government sector do so at a health center (20 percent). Among private sources, nurse/midwives or village midwives are the most commonly reported sources (46 percent), while among other sources, health posts and shops are the primary choices for family planning methods (3 percent each).

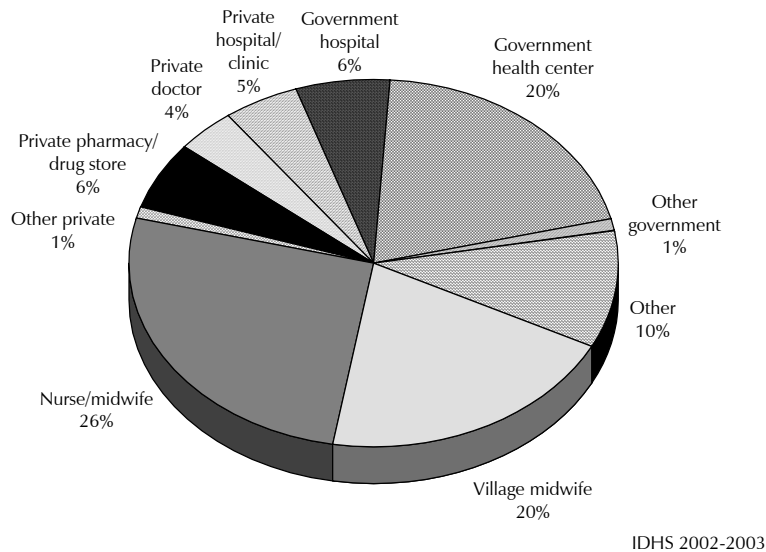
The source of family planning varies by method. Two in three sterilized women had the operation in a government hospital and one-third in a private medical facility. Half of all implant operations and 29 percent of IUD insertions took place in a government health center. Fifty-five percent of pill users obtained the method from the private medical sector, specifically 17 percent from a nurse or midwife, 15 percent from village midwives, and 19 percent from a pharmacy or drug store.

Figure 6.5 Distribution of Current Users of Modern Contraceptive Methods by Source of Supply, Indonesia 1997-2003



Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

Figure 6.6 Distribution of Current Users of Modern Contraceptive Methods by Source of Supply



6.8 TIMING OF STERILIZATION

Given the importance of female sterilization as a way of preventing women in high-risk groups from becoming pregnant, the family planning movement provides information concerning this method. The program also provides services in accordance with the woman's age and health status. It is of interest to know the trend in the level of use of the method, especially in relation to the age of the woman at the time of operation. In using these data, however, the problem of censoring must be taken into account.

Since the survey includes ever-married women 15-49 only, sterilized women age 50 and over are not covered.

Table 6.13 presents the percent distribution of sterilized women by age at the time of sterilization according to the number of years since the operation. As expected, the vast majority (68 percent) of women were sterilized at age 30 or over. The median age at the time of sterilization is 31.9 years, which suggests no change since 1997 (31.8 years).

Table 6.13. Timing of sterilization

Percent distribution of sterilized women by age at the time of sterilization, and median age at sterilization, according to the number of years since the operation, Indonesia 2002-2003

Years since operation	Age at time of sterilization						Total	Number of women	Median age ¹
	<25	25-29	30-34	35-39	40-44	45-49			
<2	0.4	9.4	26.7	44.3	17.0	2.2	100.0	137	35.6
2-3	1.0	17.2	35.3	31.6	13.9	1.0	100.0	107	32.4
4-5	1.6	13.4	45.4	30.6	9.0	0.0	100.0	112	33.9
6-7	7.5	8.7	44.6	31.7	7.5	0.0	100.0	152	33.6
8-9	0.5	23.6	30.4	42.2	3.3	0.0	100.0	85	33.8
10+	8.1	44.3	35.0	12.6	0.0	0.0	100.0	477	a
Total	5.0	27.2	36.1	25.5	5.8	0.4	100.0	1,070	31.9

¹ Median ages are calculated only for women sterilized at less than 40 years of age to avoid problems of censoring.

^a Not calculated due to censoring

FERTILITY PREFERENCES

This chapter addresses questions that allow an assessment of the extent of unwanted fertility in Indonesia, the degree of acceptance of the two child family norm, and the level of need for contraceptive services. Respondents in the 2002-2003 Indonesia Demographic and Health Survey (IDHS) were asked questions concerning the following: whether they wanted more children; if so, how long they would prefer to wait before the next child; and if they could start afresh, how many children in all they would want. The concept of a small family, with “two children is enough,” through regulating birth intervals by using a variety of contraceptive methods, has always been an objective of the Indonesian Family Planning Program. Accordingly, the 2002-2003 IDHS provides information as to whether advocacy of “two is enough” has been rooted in the community, given the fact that the new vision and mission of the Indonesian Family Planning program is to create a small quality family by taking into account the reproductive rights of every individual. In addition, the survey added two important questions relating to the status of women and conformity of husbands’ and wives’ opinions on the ideal number of children desired.

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

The first objection has greater force in societies where the idea of conscious reproductive choice may still be alien; preference data from these settings should be interpreted with caution. This objection may be irrelevant in Indonesia, where widespread public exposure to the family planning program has no doubt caused most people to establish opinions regarding fertility regulation. The second objection is correct in principle. In practice, however, its importance is doubtful; for instance, the evidence from surveys in which both husbands and wives are interviewed separately suggests that there is little difference in their views.

The inclusion of women who are currently pregnant complicates the measurement of views on future childbearing. For these women, the question on desire for more children was rephrased to refer to their desire for another child after the one that they were expecting. To take into account the way in which the preference variable is defined for pregnant women, the results presented classified by number of living children include current pregnancy. In addition, the question on preferred waiting time before the next birth was rephrased for pregnant women to clarify that the information wanted was the preferred waiting time after the birth of the child the respondent was expecting. Data for women who have been sterilized require special analytic treatment. The general strategy in some tables in this chapter is to classify these women as wanting no more additional children.

7.1 DESIRE FOR ADDITIONAL CHILDREN

Table 7.1 presents the distribution of currently married women by desire for more children, according to the number of living children. Data in the last column show that 50 percent of these women said that they wanted no more children, while 4 percent had been sterilized. Forty percent of married women said that they wanted to have additional children; 13 percent wanted the child within two years, 24 percent wanted the child after two years or more, and 3 percent were unsure about the time. Four percent of women were not sure whether they wanted another child (Figure 7.1).

Table 7.1 Fertility preferences

Percent distribution of currently married women by desire for children, according to number of living children, Indonesia 2002-2003

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Have another soon ²	80.4	20.5	7.6	3.5	1.5	1.6	0.7	13.0
Have another later ³	4.8	57.9	23.5	9.4	4.0	2.6	1.2	23.6
Have another, undecided when	2.5	5.3	3.9	2.6	1.0	1.6	0.5	3.3
Undecided	4.2	3.6	5.0	3.4	2.8	1.5	3.3	3.8
Want no more	2.8	11.0	56.1	71.2	80.4	81.4	80.6	50.0
Sterilized ⁴	0.0	0.2	2.3	8.2	8.5	9.1	8.5	4.2
Declared infecund	5.0	1.0	0.8	1.3	1.5	1.8	5.0	1.6
Missing	0.3	0.5	0.8	0.4	0.3	0.5	0.2	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,687	6,847	7,971	5,234	2,964	1,595	1,560	27,857

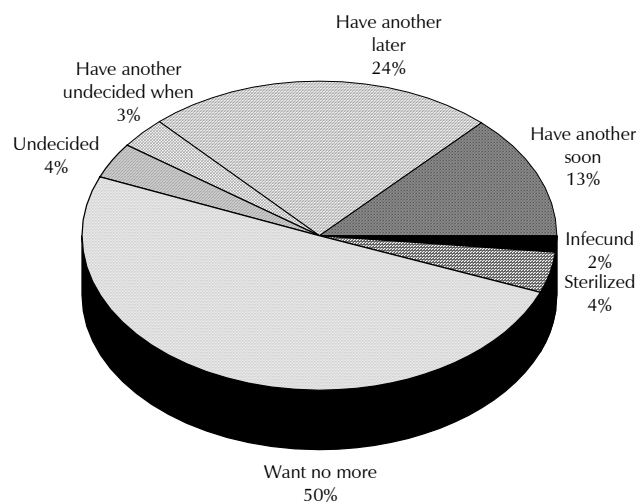
¹ Includes current pregnancy

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilization

Figure 7.1 Fertility Preferences of Currently Married Women Age 15-49



IDHS 2002-2003

Table 7.2 shows the percentage of currently married women who want no more children by number of living children and background characteristics. It is apparent that the desire to stop childbearing increases substantially after a woman has had two or more children.

More than half of currently married women with two children want no more (additional) children or have been sterilized. Eight in ten women with three children either have been sterilized or want no more children, and nine in ten women with larger families want no more children. Findings from the 1997 IDHS show similar patterns, with slightly less desire for terminating childbearing.

Table 7.2 Desire to limit childbearing								
Percentage of currently married women who want no more children, by number of living children and background characteristics, Indonesia 2002-2003								
Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	3.1	11.3	58.2	81.7	91.0	95.2	90.9	55.4
Rural	2.5	11.3	58.6	77.3	87.2	86.9	87.9	53.2
Education								
No education	8.9	43.0	69.7	78.0	92.0	90.9	85.8	73.9
Some primary	4.4	21.0	63.6	80.6	85.1	89.3	86.7	67.0
Completed primary	1.5	10.3	57.7	79.3	90.1	91.0	92.9	54.2
Some secondary	4.3	7.1	51.4	74.8	88.6	90.1	94.4	42.7
Secondary +	0.6	7.9	58.5	82.3	91.7	93.3	89.7	45.1
Total	2.8	11.3	58.4	79.4	88.9	90.4	89.2	54.2

Note: Women who have been sterilized are considered to want no more children.
¹ Includes current pregnancy

Looking at differentials by background characteristics, Table 7.2 shows that, in general, urban women are slightly more likely to want to terminate childbearing than rural women. These differentials are also evident in the 1997 IDHS. There is an interesting pattern in the data on the proportion of women who want no more children by education: At parities one to three, women with less education are more likely to want to stop childbearing than women with more education; at parities four and above, education has no relation with the desire to stop childbearing.

Appendix A.7.1 shows differentials in the desire for no more children by province. The desire to stop childbearing is particularly high in DI Yogyakarta and Bali (more than 60 percent) and low in West Nusa Tenggara, South Sulawesi, and Southeast Sulawesi (42 percent or lower). The proportion of Balinese women who want to stop childbearing declined from 67 percent in 1994 to 64 percent in 1997 and has remained unchanged in 2002-2003.

7.2 NEED FOR FAMILY PLANNING SERVICES

Unmet need is defined as the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any method of family planning. Women with an unmet need for “spacing” include pregnant women whose pregnancy was mistimed; amenorrheic women whose last birth was mistimed; and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for “limiting” refers to pregnant women whose pregnancy was unwanted; amenorrheic women whose last child was unwanted; and women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children. Measures of unmet need for family planning are used to evaluate the extent to which programs are meeting the demand for services. Women who have been sterilized are considered to want no more children.

According to these criteria, in the 2002-2003 IDHS the total unmet need for family planning services in Indonesia is 9 percent, of which 5 percent is for limiting and 4 percent is for spacing (Table 7.3). The level of unmet need has remained the same as that found in the 1997 IDHS.

Demand for family planning is defined as the sum of contraceptive prevalence (including currently pregnant or amenorrheic women whose pregnancy or last birth was the result of a contraceptive failure) and unmet need (Westoff and Ochoa, 1991). Overall, the total demand for family planning is 70 percent, of which 88 percent has been satisfied. If all of this need were satisfied, a contraceptive prevalence rate of about 70 percent could, theoretically, be expected. Comparison with the 1997 IDHS findings indicates that the percentage of the demand that is satisfied has slightly increased.

Table 7.3 Need for family planning

Percentage of currently married women with unmet need for family planning, percentage with met need for family planning, and the total demand for family planning, by background characteristics, Indonesia 2002-2003

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	6.4	0.4	6.8	43.5	3.8	47.3	50.1	4.2	54.3	87.4	912
20-24	7.8	1.0	8.8	53.5	7.2	60.7	62.4	8.1	70.6	87.5	3,761
25-29	7.1	2.5	9.6	42.3	22.2	64.5	50.4	24.8	75.1	87.2	5,217
30-34	4.3	4.7	9.0	28.0	38.7	66.7	33.1	43.8	77.0	88.4	5,150
35-39	2.5	7.7	10.2	10.0	55.4	65.4	13.0	63.3	76.3	86.7	4,953
40-44	1.1	7.6	8.7	3.4	56.3	59.6	4.5	64.1	68.6	87.3	4,294
45-49	0.3	4.6	4.8	0.9	40.8	41.7	1.2	45.6	46.8	89.7	3,570
Residence											
Urban	4.1	4.5	8.7	23.7	37.4	61.1	28.4	42.2	70.6	87.8	12,765
Rural	4.0	4.6	8.6	24.6	35.1	59.7	29.1	39.9	69.0	87.5	15,093
Education											
No education	3.3	7.7	11.0	7.6	39.4	47.0	11.4	47.3	58.7	81.2	2,089
Some primary	2.9	6.0	8.8	13.6	41.7	55.3	17.0	47.9	64.9	86.4	5,435
Completed primary	3.9	4.4	8.3	26.1	36.9	63.0	30.5	41.5	71.9	88.5	9,499
Some secondary	5.0	4.3	9.3	32.8	29.3	62.1	38.5	33.9	72.4	87.1	4,902
Secondary +	4.8	2.8	7.6	29.4	34.5	63.9	34.9	37.5	72.4	89.5	5,932
Total	4.0	4.6	8.6	24.2	36.2	60.3	28.8	41.0	69.7	87.6	27,857

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of a better method of contraception).

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

³ Nonusers who are pregnant or amenorrheic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

Type of unmet need varies with age. Younger women are more likely to express a need for spacing birth, while older women more often want to limit births. There are no notable differences in the need for family planning between urban and rural women. Unmet need generally declines with increasing education; the more educated the women, the lower the percentage with unmet need.

The pattern of total demand for family planning by age shows an inverted U-shaped curve: It is low among women age 15-19 (54 percent) and women age 45-49 (47 percent), and peaks among women age 30-34 (77 percent). There are little differences in total demand for family planning between urban and rural women. The percentage of demand for family planning that is satisfied is related positively with education, ranging from 81 percent for women with no education to 90 percent for women with secondary or higher education.

Appendix Table A.7.2 shows that total unmet need for family planning is highest in West Nusa Tenggara and East Nusa Tenggara (16 and 17 percent, respectively), and lowest in North Sulawesi and DI Yogyakarta (each less than 5 percent). The higher level of unmet need in West Nusa Tenggara and East Nusa Tenggara may be attributed to the desire of women to space births (10 and 9 percent, respectively).

The National Development Program has set a target of reducing unmet need for family planning in Indonesia from 9 percent in 1997 to 7 percent or lower in 2004. Thus far, 11 provinces have reached or surpassed that target: Jambi, South Sumatera, Bangka Belitung, DKI Jakarta, Central Java, DI Yogyakarta, East Java, Bali, Central Kalimantan, East Kalimantan, and North Sulawesi.

The percentage of demand for family planning that is satisfied ranges from 68 percent in East Nusa Tenggara to 94 percent in DI Yogyakarta and North Sulawesi.

7.3 IDEAL FAMILY SIZE

In the 2002-2003 IDHS, each respondent was asked to perform the difficult task of considering, abstractly and independently of her actual family size, the number of children she would choose if she could start again. Since most ever-married women in the sample are currently married, the ideal number of children for both groups is the same. Overall, the ideal family size in Indonesia remains the same as it was in the 1994 IDHS and 1997 IDHS (2.9 children) (Table 7.4). The percentage of women whose ideal number of children is one or two increased from 39 percent in 1997 to 42 percent in 2002-2003.

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

Despite the likelihood of some rationalization, respondents frequently state ideal family sizes that are lower than their actual number of living children. The difference can be taken as an indicator of surplus or unwanted fertility. For women with three or more surviving children, a sizeable proportion reports ideal family sizes that are smaller than the number of living children. In fact, among women with six or more children, 45 percent say that if they were to start again, they would have fewer children.

Table 7.4 Ideal number of children

Percent distribution of ever-married women by ideal number of children, and mean ideal number of children for ever-married women and for currently married women, according to number of living children, Indonesia 2002-2003

Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	3.0	4.2	0.7	0.8	0.5	0.5	0.1	1.7
2	57.6	58.6	54.2	23.2	16.3	12.6	6.4	40.6
3	11.8	17.4	20.7	36.7	11.7	18.1	11.3	20.6
4	10.2	8.3	13.1	18.6	40.0	20.3	22.0	16.6
5	1.4	1.8	1.6	4.1	4.0	13.0	4.9	3.2
6+	1.3	0.8	0.8	1.6	5.1	10.0	17.2	2.9
Non-numeric responses	14.6	8.8	9.0	15.1	22.4	25.6	38.1	14.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,900	7,279	8,301	5,472	3,178	1,685	1,668	29,483
Mean ideal number of children for:²								
Ever-married women	2.5	2.4	2.6	3.1	3.6	3.9	4.5	2.9
Number	1,622	6,638	7,557	4,648	2,467	1,253	1,033	25,217
Currently married women	2.5	2.4	2.6	3.1	3.6	3.9	4.5	2.9
Number	1,482	6,273	7,263	4,462	2,319	1,183	966	23,948

¹ Includes current pregnancy

² Excludes women who gave non-numeric responses.

Table 7.5 presents the mean ideal number of children for all ever-married women by age and selected background characteristics. The ideal number of children varies across age groups; older women tend to want larger families than do younger women. Better-educated women tend to want smaller families than do women with less education; for example, the mean ideal number of children for women with no education is 3.3 children, while that for women with secondary or higher education is 2.7 children.

Table 7.5 Mean ideal number of children by background characteristics								
Mean ideal number of children for all ever-married women, by age and background characteristics, Indonesia 2002-2003								
Background characteristic	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	2.6	2.5	2.6	2.7	2.9	3.1	3.3	2.8
Rural	2.4	2.6	2.7	2.9	3.0	3.2	3.4	2.9
Education								
No education	1.6	2.8	2.9	3.2	3.3	3.5	3.4	3.3
Some primary	2.7	2.9	3.0	3.1	3.2	3.2	3.5	3.2
Completed primary	2.4	2.6	2.7	2.8	2.9	3.2	3.4	2.9
Some secondary	2.5	2.5	2.7	2.7	2.9	3.0	3.2	2.7
Secondary +	2.6	2.4	2.5	2.6	2.8	2.8	3.1	2.7
Total	2.5	2.6	2.7	2.8	3.0	3.2	3.4	2.9

Appendix Table A.7.3 shows that variation in the ideal number of children by province is substantial, ranging from a low of 2.3 children in DI Yogyakarta and North Sulawesi to a high of 3.8 children in East Nusa Tenggara. The mean ideal number of children is less than three in all provinces of Java (except Banten), and in Bali, Jambi, South Kalimantan, East Kalimantan, North Sulawesi, Central Sulawesi, and Gorontalo.

7.4 UNPLANNED AND UNWANTED FERTILITY

In the 2002-2003 IDHS, women were asked a series of questions about each child born in the preceding five years and any current pregnancy, to determine whether the pregnancy was wanted then, wanted at a later time, or unwanted. These questions form a particularly powerful indicator of the degree to which couples successfully control childbearing. In addition, the data can be used to gauge the effect on fertility of the prevention of unwanted births.

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

Table 7.6 shows the percent distribution of births in the five years preceding the survey and current pregnancies by fertility planning status, according to birth order and mother's age at birth. Eight in ten births were wanted at the time of conception, an additional 10 percent were wanted but at a later time, and only 7 percent were not wanted at all. These figures show that there is no change since 1997.

Table 7.6 Fertility planning status						
Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Indonesia 2002-2003						
Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	94.3	4.3	0.3	1.0	100.0	5,739
2	86.2	11.7	1.2	0.9	100.0	4,788
3	77.1	13.7	8.8	0.4	100.0	2,746
4+	61.2	12.0	25.7	1.0	100.0	3,442
Age at birth						
<20	91.8	6.9	0.3	1.0	100.0	1,991
20-24	88.1	9.5	1.5	0.9	100.0	4,730
25-29	84.9	10.0	4.0	1.1	100.0	4,693
30-34	78.1	11.1	10.2	0.5	100.0	3,067
35-39	65.6	9.2	24.7	0.4	100.0	1,724
40-44	52.9	9.0	37.5	0.6	100.0	456
45-49	(30.3)	(3.4)	(57.7)	(8.6)	100.0	54
Total	82.4	9.6	7.2	0.9	100.0	16,716

Note: Figures in parentheses are based on 25-49 unweighted cases.

Birth order is strongly associated with the planning status of the birth. In the 2002-2003 IDHS, the proportion of births that were wanted at the time of conception decreases with increasing birth order, while the percentage not wanted at all increases. While almost all first births were wanted at the time of conception, one in four of fourth or higher order births were unwanted (Table 7.6).

The planning status of births is also associated with the age of the mother. In general, older mothers tend to have a smaller percentage of children who are wanted at conception. The percentage of unwanted births increases with mother's age: less than 1 percent among women under 20 and 38 percent among women age 40-44. The patterns of unwanted births by age and birth order are similar to the patterns reported in the 1997 IDHS.

Table 7.7 presents wanted fertility rates of women. The rates are calculated in the same manner as conventional age-specific fertility rates, except that only births classified as "wanted" are included in the numerator. A birth is considered wanted if the number of living children at the time of conception was less than or equal to the current ideal number of children reported by the respondent. Wanted fertility rates express the level of fertility that would theoretically result if all unwanted births were prevented. Comparison of actual fertility rates and wanted fertility rates suggests the potential demographic impact of the elimination of unwanted births. The smaller the gap is between the actual fertility rate and the wanted fertility rate, the more successful the woman is in achieving her fertility desires.

Overall, the total wanted fertility rate is lower than the total fertility rate. Thus, if unwanted births could be eliminated, total fertility in Indonesia would be 2.2 births per woman, instead of 2.6. The total wanted fertility is lower than that recorded in the 1997 IDHS (2.4 children per woman). Table 7.7 shows the difference between the wanted fertility rate and the actual fertility rate by background characteristics. The difference is lower among urban women, better-educated women, and women in the highest wealth index quintile. For example, while the fertility gap among women with no formal education is 0.5 children, the corresponding gap among women who have completed secondary education is 0.3 children.

Appendix Table A.7.4 shows the wanted and actual fertility rates by province. As in the case of actual fertility, women in DI Yogyakarta have the lowest wanted fertility rate (1.5 children), while women in East Nusa Tenggara have the highest wanted fertility rate (3.5 children). The fertility gap ranges from 0.2 children in DKI Jakarta, Bali, and Central Kalimantan to 0.7 children in Lampung and Central Sulawesi, followed by 0.6 children in East Nusa Tenggara and East Kalimantan.

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.1	2.4
Rural	2.3	2.7
Education		
No education	2.1	2.6
Some primary	2.4	2.8
Completed primary	2.2	2.5
Some secondary	2.3	2.6
Secondary +	2.1	2.4
Wealth index quintile		
Lowest	2.6	3.0
Second	2.2	2.6
Middle	2.2	2.7
Fourth	2.2	2.5
Highest	1.9	2.2
Total	2.2	2.6

7.5 FERTILITY PREFERENCES BY WOMEN'S STATUS

An increase in women's status and empowerment is recognized as an important factor in reducing fertility; higher status is associated with smaller desired family size and the ability to meet family-size goals through the effective use of contraception. Table 7.8 shows the mean ideal number of children and the unmet need for spacing and limiting by three indicators of women's status: women's participation

in decisionmaking, women's attitude toward wives refusing sex with their husbands, and women's attitude toward wife beating. In the 2002-2003 IDHS, women were asked about their participation in the following decisions: the women's health care, making large household purchases, making daily household purchases, visits to family or relatives, and what food to be cooked every day.

The data show that women's participation in decisionmaking is slightly negatively associated with their ideal number of children. While women who have no say in the household decisionmaking process want to have 3.1 children, women who participate in all five decisions want to have 2.9 children. However, the unmet need for women who do not participate in making household decisions is higher than that for women who participate in all decisions (19 and 8 percent, respectively).

The number of decisions in which a woman has the final say and the number of reasons for which wives are justified in refusing sex with their husbands are negatively associated with mean ideal number of children, but the number of reasons justifying wife beating is positively associated with mean ideal number of children. Unmet need for family planning, especially for spacing, decreases as women's involvement in household decisionmaking increases. There is no clear relationship between unmet need for family planning and women's attitude toward refusing sex with their husband and wife beating.

Table 7.8 Ideal number of children and unmet need by women's status						
Mean ideal number of children and unmet need for spacing and limiting, by women's status indicators, Indonesia 2002-2003						
Women's status indicator	Mean ideal number of children ¹	Number of women	Unmet need for family planning ²			Number of women
			For spacing	For limiting	Total	
Number of decisions in which woman has final say³						
0	3.1	73	9.5	9.2	18.7	137
1-2	3.0	986	5.5	4.9	10.4	1,221
3-4	2.9	6,668	4.2	4.6	8.9	7,677
5	2.9	16,221	3.8	4.5	8.3	18,822
Number of reasons to refuse sex with husband						
0	3.0	1,423	3.1	7.2	10.3	1,841
1-2	3.2	2,278	3.5	4.7	8.2	2,798
3-4	2.8	20,247	4.2	4.4	8.5	23,218
Number of reasons wife beating is justified						
0	2.8	17,990	3.7	4.7	8.4	20,887
1-2	2.9	4,300	4.9	4.4	9.4	5,030
3-4	3.2	1,274	4.8	4.2	9.0	1,508
5	3.3	383	6.8	3.8	10.7	433
Total	2.9	23,948	4.0	4.6	8.6	27,857

¹ Excludes women who gave non-numeric responses.
² See Table 7.3 for definition of unmet need for family planning.
³ Alone or jointly with others

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

8.1 DISCONTINUATION RATES

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

Life-table contraceptive discontinuation rates derived from the survey are presented in Table 8.1. These are cumulative first-year discontinuation rates and represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of discontinuations for each reason at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then totalled to produce a one-year rate. The reasons for discontinuation are treated as competing risks (net rates). Three reasons for discontinuation are tabulated: method failure (became pregnant while using contraception), desire to become pregnant, and side effects or health concerns.

Table 8.1 First-year contraceptive discontinuation rates

Percentage of contraceptive users who discontinued use of a method within 12 months after beginning its use, by reason for discontinuation and specific method, Indonesia 2002-2003

Method	Reason for discontinuation				Total
	Method failure	Desire to become pregnant	Switched to another method ¹	Other reason	
Pill	4.1	8.3	11.8	7.7	31.9
IUD	0.7	0.7	5.2	2.4	8.9
Injectables	1.1	3.9	8.9	4.4	18.4
Implants	0.1	0.3	1.6	0.7	2.7
Male condom	4.5	6.4	20.5	7.3	38.8
Periodic abstinence	4.0	5.0	6.1	1.4	16.5
Withdrawal	6.3	7.4	4.4	2.5	20.6
Other	2.8	8.6	3.4	4.2	19.0
All methods	2.1	4.8	9.0	4.8	20.7

Note: Table is based on episodes of contraceptive use that began 3-59 months prior to the survey.
¹ Used a different method in the month following discontinuation or said they wanted a more effective method and started another method within two months of discontinuation

The discontinuation rates were calculated from information collected in the calendar portion of the 2002-2003 IDHS Women's Questionnaire. All episodes of contraceptive use between January 1997 and the date of interview were recorded in the calendar, along with the reason for any discontinuation of use during this period. The discontinuation rates presented here refer to all episodes of contraceptive use that began during the period covered by the calendar. Specifically, the first year contraceptive discontinuation rates presented in Table 8.1 refers to the period 3-59 months prior to the interview; the month of interview and the preceding two months are ignored to avoid bias that may be introduced by unrecognized pregnancies.

Overall, 21 percent of contraceptive users discontinued using a method within 12 months of starting use; 2 percent stopped using because they became pregnant while using the contraceptive method (method failure), 5 percent stopped use to become pregnant, 9 percent switched to another method, and 5 percent stopped for other reasons (including cost, inconvenience, marital dissolution/separation, and infrequent sex).

The highest overall one-year discontinuation rate is for male condom (39 percent), followed by the pill (32 percent) and injectables (18 percent). The discontinuation rates for traditional methods are 21 percent for withdrawal and 17 percent for periodic abstinence.

The discontinuation rates according to specific reasons vary by method. For example, the proportion of users who stopped using because they became pregnant (method failure) is highest for users of withdrawal and male condom (6 and 5 percent, respectively) and lowest for implants and the IUD (less than 1 percent). Most of pill users discontinue use because they switched to another method (12 percent), wanted to become pregnant, or for other reasons (8 percent each).

8.2 REASONS FOR DISCONTINUATION OF CONTRACEPTIVE USE

Another perspective on contraceptive discontinuation is provided in Table 8.2, which shows the percent distribution of discontinuations in the five years preceding the survey by reasons for discontinuation, according to method. The most common reason for discontinuing a method remains the same as that in 1997, that is, the desire to become pregnant (34 percent). This applies to all methods, except condom and LAM, for which the common reason given for discontinuing is switching to a more effective method (28 percent for condom and 44 percent for LAM). Other reasons for discontinuing a method include side effects (14 percent), health concerns (10 percent), and method failure (10 percent) (see Figure 8.1). Side effects and health concerns are mentioned frequently by users of injectables, IUD, and implants (15-19 percent), while method failure and desire for a pregnancy are commonly cited reasons for discontinuing traditional methods. The reasons for discontinuing contraceptive methods have changed little since 1997.

Table 8.2 Reasons for discontinuation of contraceptive methods

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason given by women for discontinuation, according to specific method, Indonesia 2002-2003

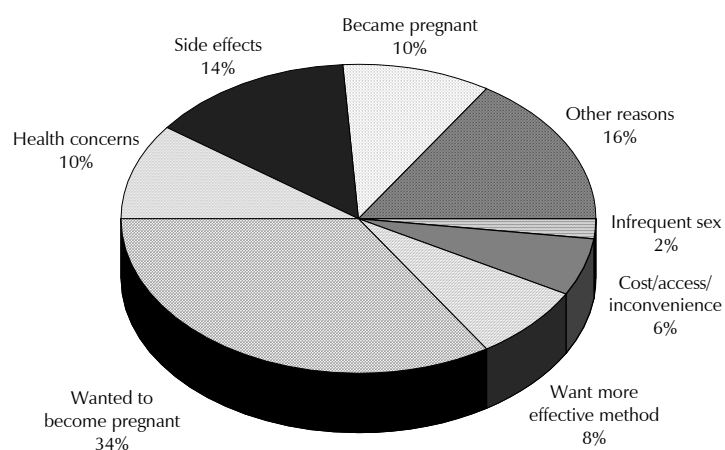
Reason	Pill	IUD	Inject-ables	Implants	Con-doms	LAM	Periodic abstinence	With-drawal	Other	All methods
Became pregnant while using	15.6	8.4	5.9	1.1	12.3	5.8	28.7	28.4	16.1	10.0
Wanted to become pregnant	34.7	29.5	35.6	25.1	21.5	4.3	32.8	34.6	45.2	34.0
Husband disapproved	0.4	0.3	0.4	0.3	1.1	0.0	0.6	0.6	1.2	0.4
Side effects	10.5	15.4	18.5	15.2	0.5	11.6	2.5	0.1	1.0	14.4
Health concerns	7.6	14.4	12.2	11.6	4.2	0.2	0.4	1.2	0.1	10.1
Access/availability	0.8	1.5	0.6	3.5	0.7	0.0	0.0	0.0	6.8	0.9
Wanted a more effective method	9.1	4.8	5.5	11.2	28.3	44.9	14.6	18.1	7.7	7.9
Inconvenient to use	2.0	3.3	1.7	2.2	10.0	0.0	1.9	2.9	0.5	2.0
Infrequent sex/husband away	1.7	1.0	1.6	1.1	2.0	0.8	0.7	1.5	1.1	1.6
Cost too much	1.2	0.3	3.5	7.3	0.9	0.0	0.0	0.0	1.3	2.6
Fatalistic	0.7	0.0	0.2	0.6	0.6	0.5	0.2	1.7	0.3	0.4
Difficult to get pregnant/menopausal	1.2	4.4	0.8	0.7	1.5	0.0	1.0	0.9	1.5	1.2
Marital dissolution/separation	1.7	1.9	1.9	1.4	2.2	2.5	0.5	0.4	1.8	1.8
IUD expelled	na	3.9	na	na	na	na	na	na	na	3.9
Other	7.4	5.5	6.8	14.7	10.8	10.7	5.2	2.4	6.6	7.6
Don't know	0.0	0.1	0.0	0.0	0.0	0.0	0.4	0.0	0.1	0.0
Missing	5.5	5.2	4.8	4.0	3.3	18.9	10.5	7.2	8.7	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations ¹	4,062	769	5,874	746	145	65	248	217	107	12,255

LAM = Lactational amenorrhea method

na = Not applicable

¹Total includes 13 discontinuations of diaphragm

Figure 8.1 Reasons for Discontinuation of Contraceptive Methods



IDHS 2002-2003

8.3 INTENTION TO USE CONTRACEPTION IN THE FUTURE

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

Respondents who were not using any method of contraception at the time of the interview were asked if they intended to use a method at any time in the future. Table 8.3 presents the distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children. According to the 2002-2003 IDHS data, 43 percent of nonusers intend to use family planning some time in the future and 42 percent do not intend to use. The remaining women are unsure about their intentions (14 percent).

Table 8.3 Future use of contraception						
Percent distribution of currently married women and currently married men who are not using a contraceptive method by intention to use in the future, according to number of living children, Indonesia 2002-2003						
Intention	Number of living children ¹					Total
	0	1	2	3	4+	
CURRENTLY MARRIED WOMEN						
Intends to use	44.5	56.7	54.1	37.1	23.6	43.1
Unsure	23.6	13.6	9.1	12.4	13.2	13.7
Does not intend to use	31.6	28.7	35.9	49.6	62.6	42.4
Missing	0.2	0.9	0.9	0.9	0.6	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,533	2,614	2,465	1,614	2,825	11,051
CURRENTLY MARRIED MEN						
Intends to use	11.7	8.6	10.2	10.2	4.7	8.8
Unsure	11.6	11.5	8.2	11.9	8.1	10.1
Does not intend to use	76.6	79.5	80.0	76.5	85.9	80.2
Missing	0.0	0.4	1.7	1.4	1.3	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	563	588	514	395	697	2,758

¹ Includes current pregnancy

The intention to use a contraceptive method in the future decreases with increasing number of children, i.e., women with one child have the greatest tendency to use a method compared with women who have more than one child. Forty-five percent of women with no children intend to use a family planning method in the future. This is higher than the figure recorded in the 1997 IDHS (38 percent).

Among male respondents who were not using any contraceptive method, only 9 percent said that they intend to use a method in the future, 10 percent were unsure, and 80 percent had no intention to use in the future (Table 8.3). Unlike women, for men there is little correlation between the desire not to use a contraceptive method in the future and the number of living children.

8.4 REASONS FOR NONUSE

One of the best ways of assessing obstacles to family planning programs is to ask women and men why they are not using a contraceptive method; this was done in the 2002-2003 IDHS. Table 8.4 gives the distribution of currently married nonusers who do not intend to use family planning by reason for not using contraception, according to age.

Table 8.4 Reason for not intending to use contraception

Percent distribution of currently married women and currently married men who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Indonesia 2002-2003

Reason	Women			Men		
	15-29	30-49	Total	15-29	30-54	Total
Fertility related reasons	35.4	60.5	57.6	28.9	24.7	25.3
Not having sex	3.9	11.6	10.7	0.8	3.3	2.8
Menopausal/had hysterectomy	0.2	23.5	20.9	0.1	5.3	4.4
Subfecund/infecund	9.5	18.0	17.0	0.4	3.0	2.5
Wants as many children as possible	21.8	7.4	9.0	27.6	13.1	15.6
Opposition to use	11.6	5.1	5.8	5.9	8.3	7.9
Respondent opposed	1.7	1.2	1.2	2.7	3.3	3.2
Husband/partner opposed	7.1	3.4	3.8	1.7	1.2	1.3
Others opposed	0.1	0.1	0.1	0.0	0.2	0.2
Religious prohibition	2.6	0.5	0.7	1.5	3.6	3.2
Lack of knowledge	1.8	0.8	0.9	7.7	6.2	6.5
Knows no method	1.3	0.7	0.8	7.7	6.2	6.5
Knows no source	0.5	0.1	0.1	0.0	0.0	0.0
Method-related reasons	36.6	24.5	25.8	25.5	24.0	24.2
Health concerns	12.8	11.6	11.7	4.5	4.5	4.5
Fear of side effects	16.2	8.9	9.7	15.5	12.9	13.4
Lack of access/too far	0.5	0.2	0.2	0.3	0.0	0.1
Costs too much	2.2	2.7	2.7	2.1	2.4	2.3
Inconvenient to use	4.3	0.9	1.3	3.2	4.0	3.8
Interfere with body's normal processes	0.5	0.2	0.2	0.0	0.2	0.1
Other	11.1	6.8	7.3	21.5	22.7	22.5
Don't know	3.3	2.0	2.2	10.3	8.6	8.9
Missing	0.3	0.4	0.4	0.3	5.4	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	523	4,167	4,691	383	1,828	2,212

For women, the most common reason cited for not intending to use contraception is fertility related (58 percent), followed by reasons which are related to the method, such as concerns that the method will affect their health, the source of service is too far away, and that the cost is too much (26 percent). For men, the major reason for not using family planning is they want as many children as possible (16 percent) and fear of side effects (13 percent).

Among women, the major reasons for not intending to use a contraceptive method are that they are menopausal or have had hysterectomy (21 percent), that they are unable to become pregnant (17 percent subfecund), or that they want to have more children (9 percent). As expected, older women are more likely to cite menopause or hysterectomy, while younger women are more likely to want to have more children.

Fear of side effects and health concerns are the next most commonly cited reasons for not using contraception (10 and 12 percent, respectively). Based on this finding, family planning counseling is recommended to eliminate any misunderstanding women may have about methods and the possible side effects. Comprehensive information on available methods including their advantages and disadvantages would enable nonusers to make informed choices before deciding on a contraceptive method to use.

The reasons cited by men vary by age; younger men tend to want as many children as possible (28 percent), while older men are more likely to mention other fertility reasons (12 percent), such as not having sex, wife menopausal or had hysterectomy, or being subfecund or infecund. However, one-fourth of both younger and older men cite health-related reasons.

8.5 PREFERRED METHOD

Table 8.5 presents data on currently married women and currently married men who are not currently using family planning but intend to use in the future. Findings show that an overwhelmingly large proportion of women want to use injectables (56 percent), while 19 percent say that they want to use the pill.

Comparison of the results of this survey with those of the past IDHS shows that gradually larger proportions of women intend to use injectables (34 percent in 1987 to 56 percent in 2002-2003) and smaller proportions intend to use the pill (from 40 percent in 1987 to 20 percent in 2002-2003).

Table 8.5 also shows that the majority of men who intend to use a method in the future prefer condoms (52 percent). Interestingly, 14 percent of men say that they would prefer to use male sterilization, whereas among currently married women the comparative percentage is almost negligible. One in eight currently married men who intend to use a method in the future will use “other” methods, which include female methods.

Table 8.5 Preferred method

Percent distribution of currently married women and currently married men who are not using a contraceptive method but who intend to use in the future, by preferred method, Indonesia 2002-2003

Preferred method	Women	Men
Female sterilization	2.3	a
Male sterilization	0.1	13.5
Pill	19.1	a
IUD	7.5	a
Injectables	55.6	a
Implants	7.0	a
Condom	0.4	51.8
Periodic abstinence	0.7	9.4
Withdrawal	0.3	5.2
Other	2.4	11.9
Don't know	4.4	7.0
Missing	0.1	1.1
Total	100.0	100.0
Number of women/men	4,765	482

^a Method was not considered separately and is included in other methods.

OTHER PROXIMATE DETERMINANTS OF FERTILITY

The principal factors other than contraception that affect a woman's risk of becoming pregnant—marriage, sexual intercourse, postpartum amenorrhea, postpartum abstinence from sexual relations, and secondary infertility are discussed in this chapter. Marriage is a primary indicator of the exposure of women to the risk of pregnancy and, therefore, is important for understanding fertility patterns. Populations in which age at marriage is low tend to be populations with early childbearing and high fertility.

The chapter also includes information on several more direct measures of the beginning of exposure to pregnancy (age at first marriage) and the level of exposure (frequency of intercourse). Finally, measures of several other proximate determinants of fertility which, like marriage and sexual intercourse, influence exposure to the risk of pregnancy are presented: duration of postpartum amenorrhea, postpartum abstinence, and menopause.

In the 2002-2003 Indonesia Demographic and Health Survey (IDHS), questions about the proximate determinants of fertility were included in the individual questionnaire, which was administered only to ever-married women. However, a number of the tables in this chapter are based on all women, that is, on ever-married women and never-married women. In constructing these tables, the denominators have been expanded to represent all women by multiplying the number of ever-married women by an inflation factor equal to the ratio of all women to ever-married women reported in the Household Questionnaire. The inflation factors are calculated by single years of age, either for the population as a whole or, in cases where the results are presented by background characteristics, separately for each category of the characteristic in question.

9.1 CURRENT MARITAL STATUS

The percent distribution of all women age 15-49 by current marital status and age is shown in Table 9.1. The data indicate that 25 percent of women have never been married, 71 percent are currently married, 2 percent are divorced, and 2 percent are widowed. The percentage never married decreases rapidly from 85 percent among teenagers (age 15-19) to 41 percent among women age 20-24. The virtual universality of marriage is evidenced by the fact that 94 percent of women age 30 and older are married, divorced, or widowed. The proportion of women who are widowed increases steadily with age, from less than 1 percent of women under age 30, to 4 percent of women age 40-44, and then to 9 percent of women age 45-49, while the proportion divorced is highest (4 percent) among two age groups, women 30-34 and women 45-49.

The distribution of women by marital status and province is shown in Appendix Table A.9.1. Among the provinces, the largest proportion of never-married women is found in South Sulawesi (39 percent), while West Java and Central Kalimantan have the lowest proportions never married (20 percent). The proportion of women who are married is lowest in South Sulawesi (57 percent) and highest in Central Kalimantan (78 percent). The percentage of women who are divorced ranges from less than 1 percent in Central Kalimantan, East Kalimantan, and Riau to 6 percent in West Nusa Tenggara. The extent of widowhood also varies across provinces, ranging from less than 1 percent in Central Kalimantan to 4 percent in Jambi.

Table 9.1 Current marital status

Percent distribution of women by current marital status, according to age, Indonesia 2002-2003

Age	Marital status				Total	Number of women
	Never married	Married	Divorced	Widowed		
15-19	85.4	14.0	0.6	0.0	100.0	6,531
20-24	41.2	57.0	1.4	0.4	100.0	6,593
25-29	13.8	83.7	2.2	0.3	100.0	6,234
30-34	5.9	89.3	3.5	1.3	100.0	5,767
35-39	3.0	92.7	2.4	1.9	100.0	5,342
40-44	2.1	91.8	2.5	3.7	100.0	4,679
45-49	2.0	85.6	3.7	8.7	100.0	4,168
Total	25.0	70.9	2.2	1.9	100.0	39,315

9.2 AGE AT FIRST MARRIAGE

Whether or not the start of marriage coincides with the initiation of sexual intercourse (and, thus, the beginning of exposure to the risk of pregnancy), the age at first marriage is an important social and demographic indicator. Women who marry early will have, on average, longer exposure to the risk of becoming pregnant; therefore, early age at first marriage usually implies higher fertility for a society.

In Indonesia, marriage is highly associated with fertility since most births occur within marriage. Thus, an understanding of trends in the age at first marriage can be important in interpreting changes in fertility patterns in Indonesia. Table 9.2 shows the proportions married before specified ages and the median age at marriage for successive age groups. The median is defined as the age by which 50 percent of all women in the age group were married. It is preferred over the mean as a measure of central tendency, because, unlike the mean, it can be estimated for all cohorts where at least half of the women are ever married at the time of survey. In drawing conclusions concerning trends, the data for the oldest cohorts in Table 9.2 should be interpreted cautiously, since women may not recall marriage dates or ages with accuracy.

Table 9.2 Age at first marriage

Percentage of women who were first married by specific exact age and median age at first marriage, according to current age, Indonesia 2002-2003

Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
15-19	2.8	na	na	na	na	85.4	6,531	a
20-24	4.7	24.2	42.1	na	na	41.2	6,593	a
25-29	7.2	29.0	48.2	64.0	78.9	13.8	6,234	20.2
30-34	10.1	32.1	50.5	65.2	81.0	5.9	5,767	19.9
35-39	12.7	41.7	57.2	72.0	84.7	3.0	5,342	18.9
40-44	17.0	46.8	66.5	79.8	89.4	2.1	4,679	18.3
45-49	20.4	51.2	68.9	80.6	90.2	2.0	4,168	17.9
20-49	11.2	36.0	54.1	a	a	13.0	32,784	19.5
25-49	12.8	39.0	57.1	71.4	84.2	5.9	26,191	19.2

na = Not applicable
^a Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

There has been a substantial change in the ages by which women first married across cohorts. For example, 20 percent of women age 45-49 were married by age 15, compared with 10 percent of women age 30-34 and with less than 5 percent of women age 20-24. Similarly, seven in ten women age 45-49 were married by age 20, whereas four in ten women age 20-24 were married by that age. Overall, the median age at first marriage increases rapidly across cohorts, from 17.9 years among women in the oldest age group to 20.2 years among women age 25-29. A comparison of the results from the 2002-2003 survey with those of the 1997 IDHS confirms the trend toward an increased age at marriage; the median age at first marriage among women age 25-49 was 18.6 years at the time of the 1997 survey (Central Bureau of Statistics et al., 1998) compared with 19.2 years in the 2002-2003 survey.

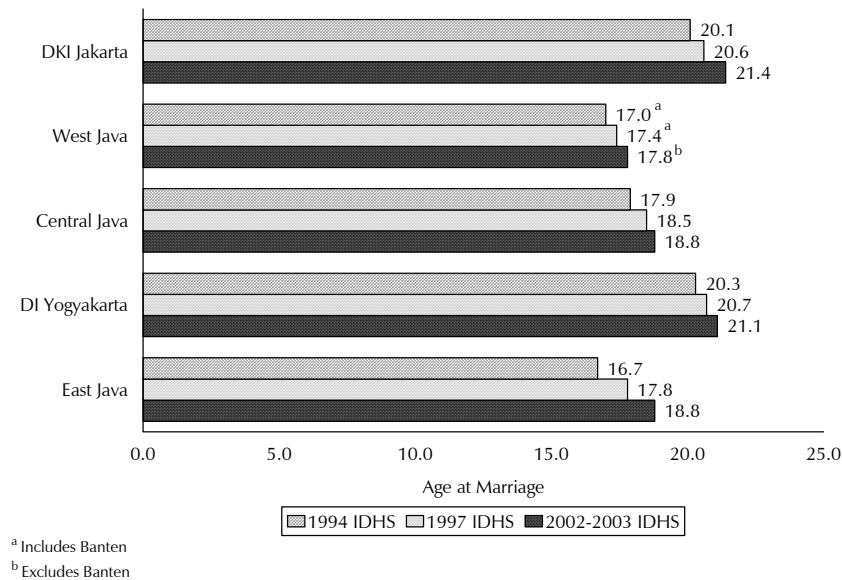
Table 9.3 shows the median age at first marriage according to residence and level of education. For urban women age 25-49, the median age at first marriage is 20.3 years, whereas for rural women it is 18.3 years. Better-educated women marry at a later age than less-educated women. Among women with secondary and higher education, the median age at first marriage is 23.5 years, six years older than the age among women with no education (17.1 years).

Background characteristic	Age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	21.7	21.2	20.2	19.1	18.6	20.3
Rural	19.1	18.9	18.0	17.7	17.4	18.3
Education						
No education	17.7	17.4	16.8	17.4	16.9	17.1
Some primary	17.6	17.1	17.6	17.0	17.0	17.3
Completed primary	18.5	18.3	17.8	18.0	17.6	18.1
Some secondary	19.9	19.8	19.5	19.4	18.8	19.6
Secondary +	23.9	23.7	23.4	22.9	22.3	23.5
Total	20.2	19.9	18.9	18.3	17.9	19.2

Variations in age at first marriage according to province are presented in Appendix Table A.9.2. The median age at first marriage among women age 25-49 is highest in East Nusa Tenggara (21.7 years). In addition to East Nusa Tenggara, the median age at first marriage exceeds 21 years in North Sulawesi, Bali, DKI Jakarta, DI Yogyakarta, and North Sumatera. West Java has the lowest median age at first marriage (17.8 years), followed by South Kalimantan (18.0 years) and Lampung (18.0 years).

Figure 9.1 shows that, since 1994, the median age at first marriage has increased in all provinces in Java.

Figure 9.1 Median Age at First Marriage by Province in Java 1994, 1997, and 2002-2003



9.3 RECENT SEXUAL ACTIVITY

In the absence of contraception, the probability of pregnancy is related to the frequency of sexual intercourse. Thus, information on intercourse is important for refining the measurement of exposure to pregnancy. In the 2002-2003 IDHS, currently married women were asked how long ago their last sexual activity occurred.

Table 9.4 provides information on the timing of last sexual intercourse, according to background characteristics. Overall, 82 percent of married women were sexually active in the four weeks preceding the survey, and almost all married women had had intercourse in the year preceding the survey. Two percent of married women had had their most recent sexual intercourse one or more years before the survey. There is a negative relationship between recent sexual activity and age. Older women tend to be less likely than younger women to report recent sexual activity; 80 percent or more of married women under age 35 were sexually active in the four weeks preceding the survey, compared with 64 percent of women age 45-49.

Women in rural areas are slightly less likely to be sexually active in the last four weeks (81 percent), compared with women in urban areas (83 percent). There is a positive relationship between education and recent sexual activity. Women with no education are less sexually active than are educated women: 70 percent of women with no education are sexually active, compared with 88 percent of women with secondary or higher education. In part at least, this relationship may be due to the fact that less educated women tend to be older than better educated women and recent sexual activity is closely associated with a woman's age.

As expected, women who are using a contraceptive method are more likely to be sexually active than women who are not using a method. The 2002-2003 IDHS data also suggest that the type of contraceptive method currently used is related to the timing of sexual activity; 81 percent of sterilized women had had sex in the four weeks prior to the survey, compared with 92 percent of women who were using the pill. Age differences between sterilized women and women who use spacing methods may partly explain variation in the patterns of sexual activity.

Table 9.4 Recent sexual activity

Percent distribution of currently married women by timing of last sexual intercourse, according to background characteristics, Indonesia 2002-2003

Background characteristic	Timing of last sexual intercourse				Total	Number of women
	Within the last 4 weeks	Within 1 year ¹	One or more years	Missing		
Age						
15-19	84.2	13.2	0.0	2.6	100.0	912
20-24	85.5	12.8	0.1	1.5	100.0	3,761
25-29	87.1	10.7	0.9	1.3	100.0	5,217
30-34	88.3	10.2	0.5	1.1	100.0	5,150
35-39	82.7	14.4	1.6	1.3	100.0	4,953
40-44	79.1	16.9	2.9	1.1	100.0	4,294
45-49	63.4	27.9	7.7	1.1	100.0	3,570
Marital duration, married only once²						
0-4 years	85.5	12.2	0.4	1.9	100.0	4,916
5-9 years	87.6	10.5	0.6	1.3	100.0	4,979
10-14 years	87.6	10.8	0.9	0.7	100.0	4,377
15-19 years	86.3	11.6	0.8	1.3	100.0	3,624
20-24 years	79.6	16.4	2.4	1.6	100.0	3,555
25+ years	67.6	26.0	5.4	0.9	100.0	3,984
Married more than once	73.1	20.1	5.5	1.2	100.0	2,422
Residence						
Urban	83.2	13.7	1.7	1.3	100.0	12,765
Rural	80.8	15.7	2.2	1.2	100.0	15,093
Education						
No education	70.1	22.3	5.6	2.1	100.0	2,089
Some primary	77.6	18.2	3.1	1.1	100.0	5,435
Completed primary	82.1	14.9	1.8	1.2	100.0	9,499
Some secondary	84.4	13.4	0.9	1.3	100.0	4,902
Secondary +	87.8	10.1	0.8	1.3	100.0	5,932
Current contraceptive method						
Female sterilization	80.6	16.1	3.2	0.2	100.0	1,037
Pill	91.6	7.5	0.3	0.6	100.0	3,691
IUD	83.4	15.4	1.0	0.3	100.0	1,714
Condom	93.9	4.9	0.0	1.2	100.0	240
Periodic abstinence	88.9	10.9	0.0	0.1	100.0	444
Other method	88.4	10.4	0.6	0.6	100.0	9,679
No method	72.4	21.2	4.0	2.4	100.0	11,051
Total	81.9	14.8	2.0	1.3	100.0	27,857

¹ Excludes women who had sexual intercourse within the last four weeks

² Excludes women who are not currently married

Appendix Table A.9.3 provides information on women by timing of last sexual intercourse, according to province. There are substantial variations by province in the proportion of women who were sexually active in the four weeks preceding the survey, ranging from a low of 77 percent in Central Java and East Nusa Tenggara to 91 percent in North Sulawesi. The low proportion of women who are sexually active in West Nusa Tenggara corresponds to the high proportion of women who are abstaining for other reasons, such as temporary separation.

9.4 POSTPARTUM AMENORRHEA, ABSTINENCE, AND INSUSCEPTIBILITY

Among women who are not using contraception, exposure to the risk of pregnancy in the period following a birth is influenced primarily by two factors: breastfeeding and sexual abstinence. Breastfeeding prolongs postpartum protection from conception through its effect on the length of the period of

amenorrhea (the period prior to the return of menses) following a birth. More frequent breastfeeding and breastfeeding for longer durations, as well as delays in the age at which supplementary foods are introduced, are associated with longer periods of postpartum amenorrhea. Delaying the resumption of sexual relations following a birth also prolongs the period of postpartum protection. For purposes of the following discussion, women are defined as being insusceptible to pregnancy if they are not at risk of conception, either because they are amenorrheic or abstaining following a birth.

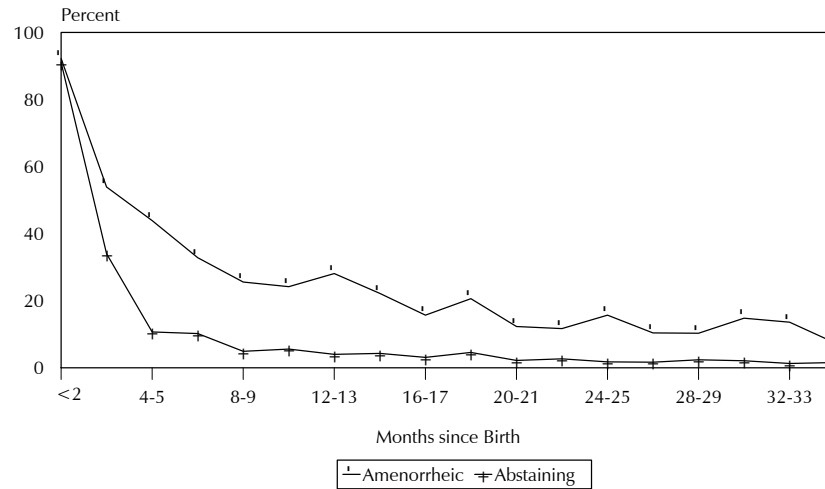
Table 9.5 shows the percentage of births in the three years preceding the survey for which the mother is postpartum amenorrheic, abstaining, and insusceptible, by the number of months since the birth. The estimates shown in Tables 9.5 are based on current status data; that is, they refer to the woman's situation at the time of the survey. The data are grouped in two-month intervals to minimize fluctuations in the estimates.

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrheic	Abstaining	Insusceptible	
<2	92.2	91.0	97.2	445
2-3	53.9	34.0	63.7	596
4-5	43.9	10.7	47.4	566
6-7	32.8	10.2	37.6	484
8-9	25.6	4.9	27.7	442
10-11	24.2	5.6	25.4	466
12-13	28.1	4.0	30.4	599
14-15	22.2	4.3	23.4	495
16-17	15.7	3.1	18.3	524
18-19	20.6	4.6	23.7	493
20-21	12.3	2.2	13.9	439
22-23	11.7	2.7	13.8	372
24-25	15.7	1.8	17.0	484
26-27	10.4	1.7	11.9	541
28-29	10.3	2.4	12.1	529
30-31	14.8	2.1	16.4	507
32-33	13.6	1.3	14.9	562
34-35	7.4	1.6	9.0	493
Total	25.4	10.2	28.2	9,037
Median	3.8	2.2	4.6	na
Mean	9.4	4.1	10.3	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable

Table 9.5 shows that almost all women are insusceptible to pregnancy in the first two months following a birth, and both amenorrhea and abstinence contribute to their insusceptibility. However, the contribution of abstinence to the insusceptible period becomes increasingly less important from the fourth month after birth, since most women resume sexual relations by that point. The decrease in the protective effect of amenorrhea is less rapid: 54 percent of women are still amenorrheic at 2 to 3 months after birth, 28 percent are still amenorrheic at 12 to 13 months, and 16 percent are still amenorrheic at 24 to 25 months (Figure 9.2).

Figure 9.2 Percentage of Births in the Past Three Years for Which the Mother is Amenorrheic or Abstaining



IDHS 2002-2003

The median durations of postpartum amenorrhea, abstinence, and insusceptibility by background characteristics of women are shown in Table 9.6. Women under 30 years of age are insusceptible to the risk of pregnancy for one month less than women 30 years and over (4.2 and 5.3 months, respectively). The corresponding periods for urban and rural women are 4.0 and 5.4 months, respectively. Women with less education are insusceptible for a much longer period than better-educated women; the median duration of insusceptibility is 9.6 months for women with no education, compared with 3.7 months for women with a secondary or higher education. The contribution of amenorrhea to the insusceptible period is greater than the contribution of abstinence for all groups.

Table 9.6 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Indonesia 2002-2003

Background characteristic	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility	Number of births
Age				
15-29	3.6	2.3	4.2	5,410
30-49	4.4	2.0	5.3	3,627
Residence				
Urban	3.1	2.2	4.0	4,274
Rural	4.5	2.2	5.4	4,763
Education				
No education	8.3	1.8	9.6	409
Some primary	5.5	2.3	6.2	1,260
Completed primary	4.1	2.2	4.8	2,960
Some secondary	2.9	2.2	3.9	1,932
Secondary +	3.0	2.2	3.7	2,476
Total	3.8	2.2	4.6	9,037

Note: Medians are based on current status.

Appendix Table A.9.4 presents the differentials in postpartum amenorrhea, abstinence, and insusceptibility, by province. Postpartum amenorrhea ranges from less than 2 months in North Sumatera to almost 11 months in East Nusa Tenggara. Differences in the duration of abstinence tend to be less pronounced than differences in the duration of amenorrhea, with women in almost all provinces abstaining for a little more than 2 months following a birth. Thus, provincial differences in the duration of insusceptibility generally replicate the differences in the duration of amenorrhea. The median duration of insusceptibility is longest for women in East Nusa Tenggara and women in South Sulawesi (11.4 and 7.9 months, respectively) and shortest in Bangka Belitung (2.2 months).

9.5 TERMINATION OF EXPOSURE

Another factor influencing the risk of pregnancy among women is menopause. Among women age 30 and over, the lack of a menstrual period in the preceding six months among women who are neither pregnant nor postpartum amenorrheic is taken as evidence of menopause and, therefore, infecundity. Table 9.7 shows that, as expected, the proportion of women who are menopausal increases with age from 9 percent for women age 30-34 years, to 21 percent of women age 44-45, and to 47 percent for women age 48-49 years.

Age	Percentage menopausal ¹	Number of women
30-34	8.8	5,428
35-39	9.8	5,181
40-41	10.9	1,993
42-43	11.1	1,940
44-45	20.6	1,696
46-47	29.1	1,374
48-49	47.2	1,664
Total	15.3	19,276

¹ Percentage of all women who are not pregnant and not postpartum amenorrheic whose last menstrual period occurred six or more months preceding the survey

INFANT AND CHILD MORTALITY

For some time, Indonesia's health programs have focused on reducing the high levels of infant and childhood mortality. Infant and child mortality rates are relevant not only in evaluating the progress of health programs, but also in monitoring the current demographic situation and providing input for population projections. In addition, they can be used to identify subgroups of the population that have high mortality risks.

This chapter reports on levels, trends, and differentials in infant and child mortality based on the 2002-2003 Indonesia Demographic and Health Survey (IDHS) and selected earlier surveys. The following rates are used to measure early childhood mortality:

Neonatal mortality:	the probability of dying within the first month of life
Postneonatal mortality:	the probability of dying after the first month of life but before exact age one year
Infant mortality:	the probability of dying between birth and exact age one year
Child mortality:	the probability of dying between exact age one and exact age five
Under-five mortality:	the probability of dying between birth and exact age five
Perinatal mortality:	the sum of stillbirths and early neonatal deaths (deaths in the first seven days of life) divided by the number of pregnancies of seven or more months.

Data on infant and child mortality in the 2002-2003 IDHS are derived from the birth history section of the individual questionnaire. The section begins with questions about the respondent's childbearing experience, i.e., the number of sons and daughters who live in the household, who live elsewhere, and who have died. For each live birth, information on name, date of birth, sex, whether the birth was single or multiple, and survivorship status was recorded. For living children, information about his or her age at last birthday and whether the child resided with his or her mother was obtained. For children who had died, the respondent was asked to provide the age at death.

10.1 ASSESSMENT OF DATA QUALITY

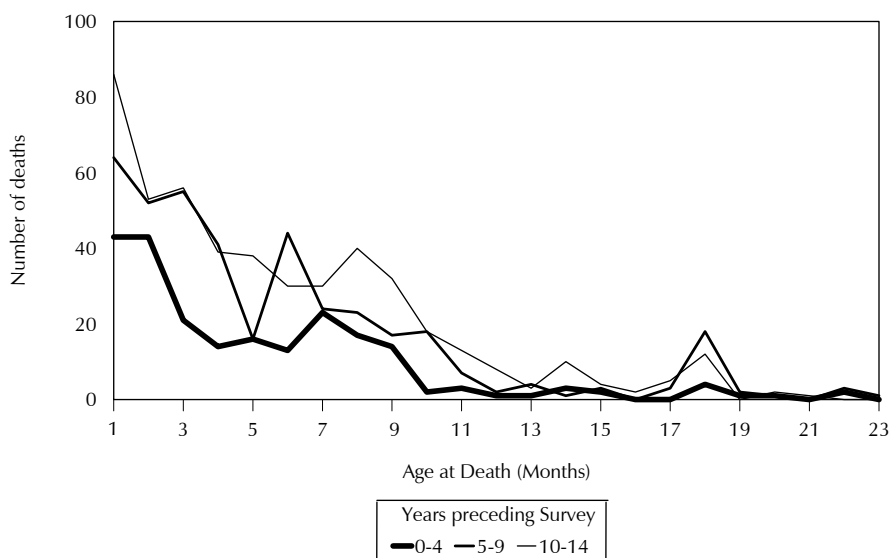
A retrospective birth history, such as that included in the 2002-2003 IDHS, is susceptible to several possible data collection errors. First, only surviving women age 15-49 were interviewed; therefore, no data were available for children of women who had died. The resulting mortality estimates will be biased if the fertility of surviving and nonsurviving women differs substantially. In Indonesia, this bias is likely to be negligible. Another possible error is underreporting of events; respondents are likely to forget events that occurred in the past. Also, the misreporting of date of birth and/or age at death can bias rates. In general, these problems are less serious for time periods in the recent past than for those in the more distant past.

The 2002-2003 IDHS data can be examined for evidence of the existence and extent of some of these biases. With respect to the misreporting of children's birth dates, as shown in Appendix Table D.4, there is a deficit of births in calendar year 1997 and an excess in calendar year 1996. This pattern, which has been found in previous IDHS surveys, is thought to result from interviewers' transference of births out of the period for which the calendar and child health data were collected (i.e., January 1997 through the date of the survey) to reduce their workload.

With regard to the reporting of children’s age at death, the most common source of error is the tendency of mothers to report the age in multiples of six months. To reduce this type of error, detailed instructions were given to the IDHS interviewers to record age at death under one month in days and the age at death under two years in months. Interviewers were also instructed to probe for exact age at death in months whenever it was reported as “one year” or “12 months.”

The distribution of child deaths by the age of the child at death is shown in Appendix Table D.5. There is some evidence of overreporting of deaths at age 7 days or one week, which affects the counting of perinatal deaths. There is no evidence of heaping of deaths at age 12 months, a common error that can affect infant mortality estimates. Deaths at age 6 months and 18 months are overreported; there are also deaths reported as occurring at age “one year,” despite instructions to record in months. The heaping of age of death at 6 months and 18 months is not as serious as that recorded in the 1997 IDHS. As expected, heaping in age at death is more serious for deaths that occurred further in the past than for those that occurred more recently. As can be seen from Figure 10.1, the distribution of deaths reported for the period 0-4 years preceding the survey is smoother than the distributions for the periods 5-9 and 10-14 years before the survey.

Figure 10.1 Reporting of Age at Death in Months



IDHS 2002-2003

Another problem concerns the fact that the IDHS mortality estimates refer to the survival status of births that occurred in a given period of time (e.g., 0-4 years before the survey). However, because only women who were in the reproductive ages at the time of the survey were interviewed, women over age 49 were not interviewed and, thus, could not report the survival of any births they may have had in the period being considered. As the periods covered extend further into the past, the resulting censoring of information becomes progressively more severe. To minimize the effect of censoring, analysis of infant and child mortality trends from the 2002-2003 IDHS is limited to a period no more than 15 years prior to the survey.

In discussing issues affecting IDHS mortality data, it also should be noted that, because fertility levels are low in Indonesia, the IDHS infant and child mortality estimates are based on relatively small numbers of cases. This situation can lead to unstable estimates. To reduce this problem, mortality measures based on the 2002-2003 IDHS are calculated for five- or ten-year periods.

Finally, the mortality estimates from the IDHS surveys are computed directly from information on the deaths of children collected in the birth history table. Lacking the necessary information for producing estimates using direct methods, population censuses in Indonesia typically report indirect estimates based on the number of children ever born and children surviving. While there is no conclusive agreement whether one estimate is better than the other, the underlying assumptions used in the indirect estimates can introduce a potential bias. Studies have found that even when an appropriate mortality model is applied, the results of the indirect estimation techniques are consistently higher than that of the direct methods (Sullivan et al., 1994). Thus, in this report, only direct estimates from the IDHS are presented.

10.2 LEVELS AND TRENDS IN INFANT AND CHILD MORTALITY

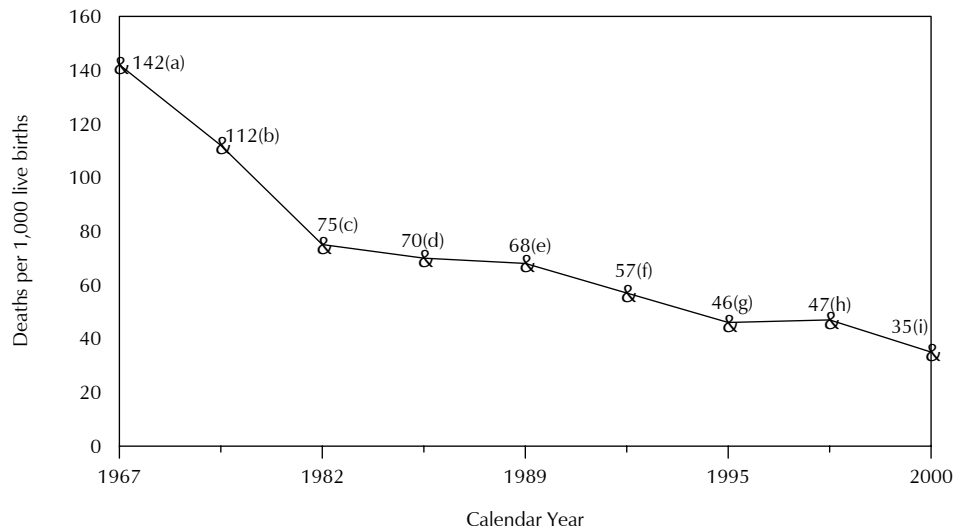
Table 10.1 presents estimates of childhood mortality for three five-year periods preceding the survey. The data indicate that under-five mortality has declined 42 percent during the fifteen-year period, from 79 deaths per 1,000 live births in the period 1988-1992 to 46 per 1,000 in the period 1998-2002. Infant deaths comprise the majority of under-five deaths. Also, during the fifteen-year period, post-neonatal mortality declined at a faster rate (50 percent) than the neonatal mortality rate (31 percent). As a result, the majority of infant deaths now take place during the first month of life.

Years preceding the survey	Approximate calendar years	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
0-4	1998-2002	20	15	35	11	46
5-9	1993-1997	26	25	51	13	63
10-14	1988-1992	29	30	59	21	79

¹ Computed as the difference between the infant and neonatal mortality rates

Using estimates from prior surveys and censuses, Figure 10.2 shows that the infant mortality rate has declined from 142 deaths per 1,000 live births in 1967 to 35 deaths per 1,000 live births in 2000. Slight fluctuations in the estimates are expected as they were calculated using different estimation techniques. There are also differences in the geographic areas covered in the various surveys and censuses.

Figure 10.2 Infant Mortality Rates, Selected Sources, Indonesia, 1971-2002



Source: (a) 1971 Census, (b) 1980 Census, (c) 1987 NICPS, (d) 1990 Census, (e) 1991 IDHS, (f) 1994 IDHS, (g) 1997 IDHS, (h) 2000 Census, (i) 2002-2003 IDHS

10.3 MORTALITY DIFFERENTIALS

A number of socioeconomic, environmental, and biological factors influence infant and child mortality. In a framework developed for the study of child mortality in developing countries, Mosley and Chen's (1984) outline various proximate and socioeconomic determinants of infant mortality. The proximate determinants which are factors that affect mortality directly include: maternal characteristics such as age, parity, and birth interval; environmental contamination; nutrition; injury; and personal illness. Socioeconomic factors operate through the proximate determinants.

In the following section, socioeconomic and biodemographic differentials for which data were collected in the 2002-2003 IDHS are discussed. The socioeconomic determinants include place of residence, mother's educational attainment, and wealth index quintile. The biodemographic determinants include age of the mother, parity, and birth interval. Several other variables that have been shown to be related to child health and mortality, such as birth weight, antenatal care and delivery assistance, and complications during delivery are also discussed.

Table 10.2 presents early childhood mortality rates for the ten-year period preceding the survey (approximately 1993 to 2002) by socioeconomic characteristics of the mother. In general, children born to mothers living in urban areas have lower mortality rates than those born to women in rural areas. For example, the postneonatal mortality rate in urban areas is half that in rural areas (13 per 1,000 live births compared with 26 per 1,000 live births). The same pattern was found in the past IDHS surveys for all ages at death and in all areas of the country. The lower mortality rates in urban areas may be related to the greater availability of health facilities and better health-seeking practices of urban dwellers.

Table 10.2 Early childhood mortality rates by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Indonesia 2002-2003

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Residence					
Urban	19	13	32	11	42
Rural	26	26	52	13	65
Mother's education					
No education	34	33	67	25	90
Some primary	30	35	65	16	80
Completed primary	22	21	43	11	54
Some secondary	22	14	36	11	47
Secondary +	16	8	23	5	28
Wealth index quintile					
Lowest	28	33	61	17	77
Second	30	20	50	15	64
Middle	21	23	44	12	56
Fourth	20	16	36	9	45
Highest	13	4	17	5	22

¹ Computed as the difference between the infant and neonatal mortality rates

The 2002-2003 IDHS data show that mother's educational attainment is inversely associated with childhood mortality levels; children of less-educated mothers generally have higher mortality rates than those born to better-educated mothers. For instance, the infant mortality rate for children whose mother had no education is 67 deaths per 1,000 live births, compared with 23 deaths per 1,000 live births for children whose mothers have secondary or higher education.

Household wealth in the 2002-2003 IDHS questionnaire is derived from information on housing amenities and ownership of household durable goods such as radio, television, refrigerator, bicycle, motorcycle, or car. All these items were considered household assets and were used to construct a composite index. Household members were then classified into five categories (quintiles) according to the scores of their household: lowest, second, middle, fourth, and highest. There is an inverse relationship between wealth and mortality rates; children living in richer households have lower mortality. For example, the infant mortality rate for children in the lowest quintile is 61 deaths per 1,000 live births, while the corresponding rate for children in the highest quintile is only 17 deaths per 1,000 live births.

Appendix Table A.10.1 shows the mortality rates for the 10-year period preceding the survey by province. Gorontalo and West Nusa Tenggara have the highest infant mortality rates (77 and 74 deaths per 1,000 live births, respectively), while Bali has the lowest infant mortality rate (14 deaths per 1,000 live births). This pattern is different from that found in past IDHS surveys, where DI Yogyakarta had consistently shown the lowest level in infant mortality rate. Looking at child mortality, Bangka Belitung, DI Yogyakarta, and Bali have the lowest rates, and West Nusa Tenggara has the highest level. Bangka Belitung and Gorontalo, have higher infant mortality than the provinces from which they were split off (South Sumatera and North Sulawesi, respectively). Infant mortality in Banten is lower than that in West Java, of which it used to be part.

Table 10.3 presents the trends in infant mortality by province, from 1994 to 2003. Infant mortality has declined in almost all provinces. West Nusa Tenggara had the highest infant mortality rates throughout the period.

Table 10.3 Trends in infant mortality by province

Infant mortality rates (per 1,000) for the 10-year period preceding the survey, by province, 1994-2003

Province	1994 IDHS	1997 IDHS	2002-2003 IDHS
Sumatera			
North Sumatera	61	45	42
West Sumatera	68	66	48
Riau	72	60	43
Jambi	60	68	41
South Sumatera	60	53	30
Bengkulu	74	72	53
Lampung	38	48	55
Bangka Belitung ¹	na	na	43
Java			
DKI Jakarta	30	26	35
West Java	89	61	44
Central Java	51	45	36
DI Yogyakarta	30	23	20
East Java	62	36	43
Banten ¹	na	na	38
Bali and Nusa Tenggara			
Bali	58	40	14
West Nusa Tenggara	110	111	74
East Nusa Tenggara	71	60	59
Kalimantan			
West Kalimantan	97	70	47
Central Kalimantan	16	55	40
South Kalimantan	83	71	45
East Kalimantan	61	51	42
Sulawesi			
North Sulawesi	66	48	25
Central Sulawesi	87	95	52
South Sulawesi	64	63	47
Southeast Sulawesi	79	78	67
Gorontalo ¹	na	na	77

Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

na = not applicable

¹ Provinces that were split off from South Sumatera, West Java, and North Sulawesi provinces, respectively

10.4 DEMOGRAPHIC CHARACTERISTICS

Table 10.4 presents early childhood mortality rates by demographic characteristics. Rates for males are consistently higher than for females. For example, the infant mortality rate for males is 15 percent higher than the rate for females, and the child mortality rate for males is 18 percent higher than for females.

Mother's age at birth can affect a child's chances of survival. The table shows that neonatal mortality rates and infant mortality rates exhibit the expected U-shaped relationship with the mother's age, high at young ages, low at middle ages, and high at old ages. For example, the infant mortality for women who gave birth at age below 20 years is 53 deaths per 1,000 live births. The rate decreases among women who gave birth at age 20-29 years and 30-39 (39 and 46 deaths per 1,000 live births, respectively) and then rises to 50 deaths per 1,000 live births for women who gave birth at age 40-49 years. The higher rates for younger and older women may be related to biological factors that lead to complications during pregnancy and delivery.

The 2002-2003 IDHS results show that there is a clear positive association between birth order and the probability of dying; higher order births have higher mortality risks. For example, while the infant mortality rate for first-order births is 36 deaths per 1,000 live births, the corresponding rate for seven or higher order births is 89 deaths per 1,000 live births.

Table 10.4 Early childhood mortality rates by demographic characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Indonesia 2002-2003					
Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Child's sex					
Male	24	21	46	13	58
Female	21	19	40	11	51
Mother's age at birth					
<20	32	21	53	10	62
20-29	19	19	39	14	52
30-39	24	22	46	10	56
40-49	36	14	50	8	58
Birth order					
1	22	15	36	8	44
2-3	20	18	37	12	48
4-6	26	29	55	15	69
7+	44	45	89	26	112
Previous birth interval²					
<2	48	54	102	27	126
2 years	22	25	47	19	65
3 years	18	12	30	9	39
4+ years	16	14	31	8	38
Birth size					
Small/very small	39	23	62	a	a
Average or larger	12	12	23	a	a
Antenatal care/delivery assistance					
Both ANC and DA	10	6	16	a	a
ANC only	14	15	29	a	a
DA only	15	4	19	a	a
Neither ANC nor delivery	29	28	57	a	a
ANC = Antenatal care DA = Delivery assistance na = Not applicable ¹ Computed as the difference between the infant and neonatal mortality rates ² Excludes first-order births					

As expected, childhood mortality rates decline as the birth interval increases. For example, the infant mortality rate for children born less than two years after a previous birth is more than three times higher than the rate for children born after an interval of four or more years (102 compared with 31 deaths per 1,000 live births).

A child's size at birth has been shown to be strongly associated with the risk of dying during infancy, particularly during the first months of life. For all children born during the five-year period before the 2002-2003 IDHS, mothers were asked whether the child was very small, small, average size, large, or very large at birth. Although subjective, the mother's judgment has been shown to correlate closely with the actual birth weight. The 2002-2003 IDHS results confirm that mortality levels are higher among children perceived by the mother to have been small or very small at birth than among other children. Neonatal mortality rates for infants who were judged to be small or very small at birth by their mothers are, for example, more than three times higher than for infants who were reported to be average or larger at birth (39 compared with 12 deaths per 1,000 live births).

Table 10.4 also shows the relationship of infant and child mortality to antenatal care and delivery assistance. As expected, childhood mortality is generally lowest for children of mothers who received antenatal care and were assisted by a medical professional at delivery and highest among women who had neither antenatal care nor assistance at delivery from a trained provider.

10.5 MORTALITY BY WOMEN'S STATUS

Although there is no direct association, women's status has been found to influence infant and child mortality levels through women's ability to control resources and make decisions. In the 2002-2003 IDHS, women were asked about their attitudes toward certain aspects of their autonomy including the number of household decisions in which the woman participates in the final say, the number of reasons for which a woman feels a wife is justified in refusing sexual relations with her husband, and the number of reasons that justify wife beating. A woman is considered more independent if she participates in a larger number of household decisions and agrees with a greater number of reasons for a woman to refuse sex. On the other hand, the more reasons she accepts for justifying wife beating, the less independent she is.

Table 10.5 presents childhood mortality rates by women's status indicators. Based on the three indicators, there appears to be a slight relationship between women's status and childhood mortality. The relationship between mother's participation in decisionmaking and child mortality is generally negative; children whose mothers have more say in household decisionmaking have lower mortality.

The number of reasons that justify a woman's refusal to have sexual relations with her husband operates in the same way as decisionmaking. The more reasons a woman agrees with the more likely she is to have greater independence. Thus, children of mothers who agree with no reasons would be expected to have the highest mortality rates, and Table 10.5 shows that this is the case.

Attitudes toward wife beating are another reflection of women's status. Women who do not approve of any reasons to justify wife beating are assumed to enjoy higher status, which in turn, translates into a more favorable mortality profile for their children. Table 10.5 generally shows the expected effect. Conversely, children of mothers who agree with 3-5 reasons to justify wife beating have the least favorable mortality profile.

Table 10.5 Early childhood mortality rates by women's status

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by women's status indicators, Indonesia 2002-2003

Women's status indicators	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Number of decisions in which woman has final say²					
0	28	23	51	25	75
1-2	36	39	74	11	84
3-4	24	18	42	12	54
5	21	20	41	12	53
Number of reasons to refuse sex with husband					
0	26	27	53	21	73
1-2	18	21	40	10	49
3-4	23	19	43	11	54
Number of reasons wife beating is justified					
0	21	19	40	12	52
1-2	24	19	42	11	53
3-4	35	38	73	13	85
5	29	30	59	23	81

¹ Computed as the difference between the infant and neonatal mortality rates
² Alone or jointly with others

10.6 PERINATAL MORTALITY

In the 2002-2003 IDHS, women were asked to report all pregnancy losses in the five years before the survey. For each such pregnancy, the duration was recorded. In this report, perinatal deaths include pregnancy losses occurring after seven completed months of gestation (stillbirths) and deaths to live births within the first seven days of life (early neonatal deaths). The perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration. The distinction between a stillbirth and an early neonatal death may be a fine one, depending often on the observed presence or absence of some faint signs of life after delivery. The causes of stillbirths and early neonatal deaths overlap, and examining just one or the other can understate the true level of mortality around delivery. For this reason, in this report, both event types are combined and examined together.

The perinatal mortality rate is a useful indicator of the state of delivery services, in terms of both the use of these services and their ability to ensure the delivery of a healthy baby. Data in Table 10.6 show that overall, 147 stillbirths and 224 early neonatal deaths were recorded in the survey, resulting in a perinatal mortality rate in Indonesia of 24 per 1,000 pregnancies.

Perinatal mortality is highest among mothers who gave birth after age 40. The perinatal rate is lowest among mothers age 20-29. Table 10.6 further demonstrates that the duration of the previous pregnancy interval has a strong influence on the outcome of the index pregnancy. Pregnancies occurring within 15 months of a previous birth have the highest risk to pregnancy loss or early death (50 pregnancy losses or early deaths per 1,000 pregnancies), while the safest interval is between 15 and 26 months (14 pregnancy losses or early deaths per 1,000).

Table 10.6 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Indonesia 2002-2003

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	14	42	30	1,869
20-29	58	123	21	8,536
30-39	57	50	25	4,355
40-49	18	8	54	475
Previous pregnancy interval in months				
First pregnancy	34	94	25	5,048
<15	12	18	50	607
15-26	10	15	14	1,691
27-38	16	23	25	1,580
39+	75	74	24	6,310
Residence				
Urban	55	97	22	7,085
Rural	91	126	27	8,151
Mother's education				
No education	8	10	25	718
Some primary	41	36	34	2,279
Completed primary	36	60	19	5,075
Some secondary	29	58	28	3,103
Secondary +	31	60	23	4,061
Total	147	224	24	15,236

¹ Stillbirths are fetal deaths in pregnancies lasting seven or more months.

² Early neonatal deaths are deaths at age 0-6 days among live-born children.

³ The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months duration per 1,000.

As with other childhood mortality measures, perinatal mortality rates are lower for children of women in urban areas than children of women in rural areas. While better-educated women would be expected to have lower levels of perinatal mortality, the rate for children of the most highly educated women is close to that of women with no education. The lowest perinatal mortality rate is for the children whose mothers have completed primary education.

10.7 HIGH-RISK FERTILITY BEHAVIOR

There is a strong relationship between maternal fertility patterns and children's survival risks. Generally, infants and children have been shown to have a greater probability of dying if they are born to mothers who are too young or too old, if they are born after a short birth interval, or if they are of high birth order. These factors are of particular interest since they are easily avoidable at low cost.

For purposes of the analysis of high risk fertility presented in Table 10.7, a mother is classified as too young if she is less than 18 years of age and too old if she is over 34 years of age at the time of delivery. A short birth interval is defined as a birth occurring less than 24 months after the previous birth, and a child is of high birth order if the mother had previously given birth to three or more children (i.e., if the child is of birth order four or higher). Although first births are commonly associated with high

mortality risk, even if they occurred when the mother was between 18 and 34 years old, they are not included in the high-risk category unless they occurred too early or late; instead, they are considered unavoidable.

The first column in Table 10.7 shows the percentage of births occurring in the five years before the survey that fall into these various risk categories. One in three births in Indonesia has an elevated mortality risk that is avoidable, 30 percent are first births for which any risk is considered unavoidable, and 36 percent of births were not in any high-risk category. Among those who are at risk, 22 percent of births are in only one of the high-risk categories, while 12 percent are in multiple high-risk categories (due to a combination of mother's age, birth order, and birth interval).

Table 10.7 High-risk fertility behavior			
Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Indonesia 2002-2003			
Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high risk category	35.6	1.00	31.6 ^a
Unavoidable risk category			
First order births between ages 18 and 34 years	30.4	0.98	5.7
Single high-risk category			
Mother's age <18	4.1	1.83	0.2
Mother's age >34	3.8	0.40	13.5
Birth interval <24 months	5.2	2.02	8.0
Birth order >3	9.4	1.31	6.7
Subtotal	22.4	1.42	28.4
Multiple high-risk category			
Mother's age <18 & birth interval <24 months ²	0.2	1.38	0.1
Mother's age >34 & birth interval <24 months	0.1	0.99	0.4
Mother's age >34 & birth order >3	8.5	1.29	29.0
Mother's age >34 & birth interval <24 months & birth order >3	1.1	3.48	2.2
Birth interval <24 months & birth order >3	1.8	3.89	2.7
Subtotal	11.6	1.88	34.3
In any avoidable high-risk category	34.0	1.58	62.7
Total	100.0	na	100.0
Number of births	15,089	na	27,857

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births not in any high-risk category.
na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category mother's age <18 and birth order >3

^a Includes sterilized women

The single high-risk category with the highest percentage of births is birth order three or higher; this category includes 9 percent of births. Compared with births with no elevated mortality risk, the mortality increase associated with this category is significant (31 percent). Mortality risks are most elevated for the single-risk categories of too young mothers and too short birth intervals; 4 and 5 percent of births fell in these categories, respectively.

The multiple high-risk category with the largest proportion of births is high order births to older mothers; 9 percent of children fall in this category. Compared with births with no elevated risk, these births have a 29 percent greater risk of dying in early childhood. The multiple high-risk category with the highest risk ratio is the combination birth interval less than 24 months and birth order three or higher; the 2 percent of children in this category are almost four times as likely to die as children with no elevated mortality risk.

The last column of Table 10.7 presents the distribution of currently married women according to category of increased risk if they were to conceive at the time of the survey. Although many women are protected from conception due to use of family planning, postpartum insusceptibility, and prolonged abstinence, for simplicity, only those who have been sterilized are included in the category for not in any high-risk. Two in three currently married women are at risk of conceiving a child with an elevated risk of dying; 28 percent of women are at risk because of a single high-risk factor, while 34 percent of women have multiple high-risk factors. The most common risk is high birth order combined with late childbearing (29 percent of currently married women).

This chapter presents findings from several areas of importance to maternal health, i.e., antenatal and delivery care, complications of pregnancy and delivery, postnatal care, women's status, and problems in accessing health care.

Information on antenatal care (ANC) and postnatal care (PNC) is of great value in identifying subgroups of women who do not utilize such services, and it is useful in planning for improvements in the services. ANC is defined according to the type of provider, the number of ANC visits made, the stage of pregnancy at the time of the first visit, the number of visits, and the services and information provided during ANC, including whether tetanus toxoid injection was received. Similarly, delivery services are described according to the person assisting, the place of the delivery, and the rate of caesarean section. Information on PNC is collected for women who did not give birth in a health facility, and it describes the time since delivery when it was received, as well as from whom it was received. Coupled with information about pregnancy complications and neonatal and infant mortality rates, this information helps identify groups who are underserved. The questions about birth weight and size provide useful information to countries seeking to reduce infant mortality through a reduction in low birth weight infants.

Women's use of antenatal, delivery, and postnatal care services from health professionals is examined in relationship to their level of empowerment as measured by three indicators of women's status. In societies where health care is widespread, women's status may not affect access to maternal health services; in other societies, however, increased empowerment of women is likely to be associated with an increase in their ability to seek out and use health services to better meet their own health goals, including the goal of safe motherhood.

11.1 ANTENATAL CARE

11.1.1 Antenatal Care

Table 11.1 shows the percent distribution of women who had a live birth in the five years preceding the survey by the provider of antenatal care received during pregnancy and background characteristics. In Indonesia, antenatal care (ANC) is defined as pregnancy-related health care provided by a medical professional (i.e., general practitioner, obstetrician, gynecologist, nurse, midwife, or village midwife).

Among 29,483 ever-married women age 15-49 interviewed in the survey, 12,760 had a live birth in the five years preceding the survey. Ninety-two percent of these mothers received antenatal care from a medical professional: 81 percent received care from a nurse, midwife, or a village midwife; 10 percent received care from an obstetrician or gynecologist; and 1 percent received care from a general practitioner. Compared with data from the 1997 IDHS, data from the current survey show a slight increase in ANC provided by a nurse, midwife, or village midwife and a decrease in the percentage of women who received no ANC (Central Bureau of Statistics et al., 1998).

Antenatal care coverage is slightly lower for mothers age 35 and older, who are more likely to go to a traditional birth attendant (TBA) or to not receive antenatal care. Mothers of third- or lower-order births and those living in urban areas are more likely to receive antenatal care from a medical professional than mothers of higher-order births or rural mothers.

Table 11.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	General practitioner	Obstetrician/ Gynecologist	Nurse/ midwife/ village midwife	Traditional birth attendant/ other	No one	Missing	Total	Number of women
Age at birth								
<20	0.8	2.9	85.1	5.3	5.6	0.3	100.0	1,498
20-34	1.5	10.6	80.9	3.2	3.4	0.2	100.0	9,474
35-49	1.2	9.6	74.6	6.1	8.4	0.2	100.0	1,789
Birth order								
1	1.8	11.5	80.9	2.8	2.8	0.2	100.0	4,283
2-3	1.3	10.5	82.2	2.9	2.9	0.2	100.0	5,881
4-5	1.3	5.2	79.0	6.8	7.4	0.3	100.0	1,650
6+	0.3	2.7	71.2	9.7	15.3	0.8	100.0	946
Residence								
Urban	1.7	16.0	79.0	0.9	2.2	0.2	100.0	5,970
Rural	1.2	3.9	81.9	6.5	6.3	0.3	100.0	6,791
Education								
No education	1.7	0.8	67.6	11.9	17.9	0.1	100.0	580
Some primary	0.6	1.6	77.4	9.7	10.4	0.4	100.0	1,849
Completed primary	1.0	2.3	88.1	4.1	4.4	0.2	100.0	4,359
Some secondary	1.8	6.4	87.4	1.9	2.3	0.2	100.0	2,614
Secondary +	2.0	27.4	69.4	0.5	0.4	0.3	100.0	3,359
Total	1.4	9.6	80.5	3.9	4.4	0.2	100.0	12,760

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

There is a positive relationship between mother's education and antenatal care. Seventy percent of mothers with no education received antenatal care from medical professionals, compared with almost all mothers who had secondary or higher education. The corresponding proportions for mothers who had some primary education and who have completed primary school are 80 and 91 percent, respectively. As expected, mothers living in urban areas and those having secondary education are more likely to receive antenatal care from an obstetrician or a gynecologist than are other mothers.

Appendix Table A.11.1 shows the provincial differentials in antenatal care coverage. Almost all women in DKI Jakarta and DI Yogyakarta receive antenatal care during pregnancy. Antenatal care coverage is 90 percent or higher in more than half of the provinces covered in the survey. On the other hand, antenatal care coverage is less than 70 percent in Central Kalimantan, where a large proportion of women receive antenatal care from traditional birth attendants.

11.1.2 Number of Antenatal Care Visits and Timing of First Visit

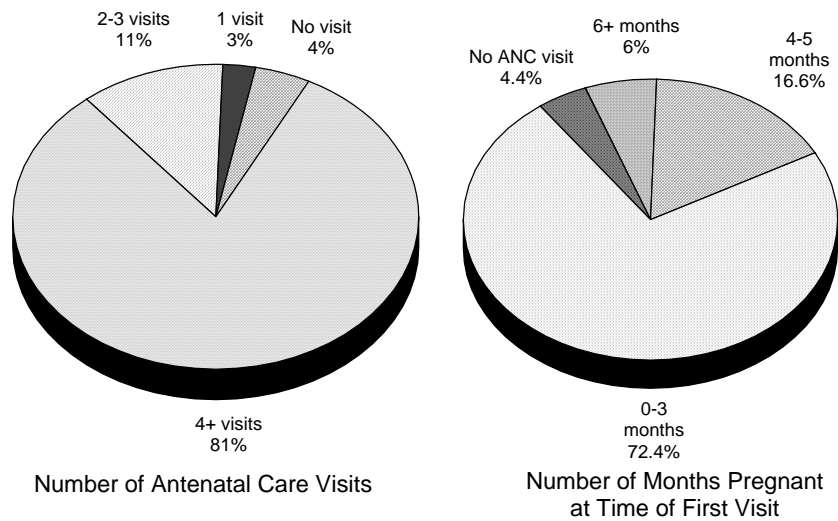
The Indonesian maternal health program recommends that pregnant women have at least four antenatal care visits during pregnancy, according to the following schedule: at least one visit in the first trimester, at least one visit in the second trimester, and at least two visits in the third trimester (Ministry of Health, 2001a). Table 11.2 shows that 64 percent of mothers meet the recommended schedule. Urban mothers are more likely to have the recommended antenatal visits than rural mothers (72 percent

compared with 57 percent). Figure 11.1 shows that 81 percent of mothers had four or more ANC visits with a medical professional, while 4 percent of mothers had no ANC visits.

Table 11.2 also shows that seven in ten pregnant women had their first antenatal care visit in the first trimester, as recommended by the government. Seventy-two percent of women had one antenatal care visit in first trimester. This coverage is below the target coverage in the maternal health program (90 percent). Mothers in urban areas are more likely than those in rural areas to have their pregnancy examined in the first trimester (79 and 66 percent, respectively).

Table 11.2 Number of antenatal care visits and timing of first visit			
Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by number of months pregnant at time of first visit, and whether there was at least one ANC visit in each trimester, according to residence, Indonesia 2002-2003			
Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	2.2	6.3	4.4
1	1.6	3.2	2.5
2-3	8.2	14.2	11.4
4+	87.5	75.2	81.0
Don't know/missing	0.4	1.1	0.8
Total	100.0	100.0	100.0
At least one visit in first trimester, at least one visit in second trimester, and at least two visits in third trimester			
	71.7	56.7	63.7
Number of months pregnant at time of first ANC visit			
No antenatal care	2.2	6.3	4.4
<4	79.4	66.3	72.4
4-5	13.6	19.2	16.6
6-7	3.7	5.5	4.7
8+	0.7	1.9	1.3
Don't know/missing	0.3	0.9	0.6
Total	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)			
	2.6	3.2	3.0
Number of women			
	5,970	6,791	12,760

Figure 11.1 Number of Antenatal Care Visits and Number of Months Pregnant at Time of First ANC Visit



IDHS 2002-2003

11.1.3 Components of Antenatal Care

In Indonesia, every pregnant woman is recommended to receive the following services: height and weight measurements, blood pressure measurement, iron tablets, tetanus toxoid immunization, and abdominal examination (Ministry of Health, 2001a). In any antenatal care visit, a woman should be informed of the signs of pregnancy complications, have her weight measured, and give blood and urine samples. Table 11.3 shows that services most often received during antenatal care visits are abdominal examination (95 percent) and measurement of weight and blood pressure (90 percent each). Less than one in three women were informed of the signs of pregnancy complications, had their height measured, or had a blood sample taken. Thirty-seven percent had a urine test. In general, older women, women with higher birth order, rural women, and less educated women are less likely to receive complete antenatal care services.

The maternal health program of the Indonesian Ministry of Health recommends that pregnant women take at least 90 iron tablets during their pregnancy (Ministry of Health, 2001a). In the 2002-2003 IDHS, all women who gave birth during the five years before the survey were asked whether they had received iron tablets during their last pregnancy and, if so, how many they had taken. Of the 12,760 women who gave birth in the five years preceding the survey, 78 percent received iron tablets during pregnancy. A discussion on the number of iron supplements taken is presented in Chapter 14.

Appendix Table A.11.2 shows that there are small variations by province in the components of antenatal care received by pregnant women. The percentage of mothers whose weight was measured ranges from 66 percent in Southeast Sulawesi and North Sumatera to 99 percent in DKI Jakarta and Bali. Abdominal examination was received by at least 90 percent of the women in all provinces except Central Kalimantan and Gorontalo (84 and 80 percent, respectively). The percentage of mothers whose blood pressure was measured ranges from 75 percent in North Sumatera to 98 percent in DKI Jakarta and DI Yogyakarta. The percentage that received iron tablets varies from 58 percent in Central Kalimantan to 98 percent in DI Yogyakarta.

Table 11.3 Components of antenatal care

Among women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, percentage who received specific antenatal care services and percentage of women with a live birth in the five years preceding the survey who received iron tablets for the most recent birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	Content of care among women who received antenatal care							Number of women	Percentage of women who received iron tablets	Number of women
	Informed of signs of pregnancy complications	Weight measured	Height measured	Blood pressure measured	Urine sample taken	Blood sample taken	Abdominal examination			
Age at birth										
<20	26.1	87.3	31.3	87.8	30.9	28.4	94.6	1,410	74.1	1,498
20-34	29.9	90.7	31.9	91.3	40.1	30.3	95.8	9,126	80.8	9,474
35-49	24.5	85.9	24.8	84.4	31.3	31.6	93.2	1,634	69.3	1,789
Birth order										
1	32.6	91.7	35.2	92.0	43.7	33.4	96.6	4,156	82.9	4,283
2-3	29.0	91.1	30.5	91.5	38.2	30.0	95.4	5,697	81.2	5,881
4-5	24.4	84.5	25.7	85.3	27.8	24.6	95.3	1,523	70.3	1,650
6+	14.7	78.7	21.1	76.7	23.7	26.8	88.1	794	54.5	946
Residence										
Urban	30.7	95.2	36.3	95.2	49.4	37.3	97.1	5,824	82.8	5,970
Rural	26.9	84.5	25.9	85.1	27.2	23.8	93.7	6,347	74.5	6,791
Education										
No education	10.7	72.2	19.2	68.9	18.5	21.1	91.8	476	50.4	580
Some primary	18.6	79.6	19.5	80.1	21.1	22.5	91.5	1,650	64.5	1,849
Completed primary	23.3	89.1	26.6	89.1	29.2	25.8	94.6	4,161	77.5	4,359
Some secondary	32.0	92.3	32.8	92.8	41.1	31.6	96.2	2,547	81.9	2,614
Secondary +	40.6	95.7	42.0	96.7	57.1	40.0	98.0	3,337	89.3	3,359
Total	28.7	89.6	30.9	89.9	37.8	30.3	95.3	12,170	78.4	12,760

11.1.4 Tetanus Toxoid Injections

Immunization of pregnant women is a program coordinated by the Expanded Program on Immunization (EPI) and the Maternal and Child Health Care (MCH) units in the Ministry of Health. The program recommends that women receive two tetanus toxoid (TT) injections during the first pregnancy. Booster injections are given once during each subsequent pregnancy to maintain full protection. In recent years, TT immunization was also given to women before marriage, so that any pregnancy occurring within three years of their marriage would be protected against tetanus (Ministry of Health, 2000).

Overall, 51 percent of women who had a live birth in the five years before the survey received two or more TT injections during pregnancy, 22 percent received one injection, and 26 percent received no injection (Table 11.4). The coverage of women who received two or more TT injections varies by age and parity. The percentage of women receiving two or more TT injections during the most recent pregnancy is slightly higher in urban areas than in rural areas (52 and 49 percent, respectively). Tetanus toxoid coverage increases with mother's level of education: 27 percent for women with no education and 59 percent for women with secondary or higher education. The percentage of births protected against neonatal tetanus may be higher than indicated; some women may have only required a booster injection during their most recent pregnancy.

Table 11.4 Tetanus toxoid injections

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	None	One injection	Two or more injections	Don't know/missing	Total	Number of women
Age at birth						
<20	30.0	22.4	45.6	2.1	100.0	1,498
20-34	24.1	21.4	53.1	1.5	100.0	9,474
35-49	34.1	21.3	42.2	2.5	100.0	1,789
Birth order						
1	22.4	21.8	54.2	1.6	100.0	4,283
2-3	23.8	21.5	53.1	1.6	100.0	5,881
4-5	32.0	21.7	44.6	1.6	100.0	1,650
6+	47.7	19.6	30.1	2.5	100.0	946
Residence						
Urban	21.7	24.2	52.3	1.8	100.0	5,970
Rural	30.1	19.1	49.2	1.6	100.0	6,791
Education						
No education	56.4	15.7	27.1	0.9	100.0	580
Some primary	39.8	20.9	37.1	2.2	100.0	1,849
Completed primary	26.5	21.4	50.5	1.6	100.0	4,359
Some secondary	20.5	22.6	54.9	2.0	100.0	2,614
Secondary +	17.5	22.1	59.2	1.3	100.0	3,359
Total	26.2	21.5	50.7	1.7	100.0	12,760

Tetanus toxoid coverage varies among provinces, ranging from 21 percent in North Sumatera to 71 percent in North Sulawesi (Appendix Table A.11.3).

11.1.5 Complications of Pregnancy

To identify complications associated with pregnancy, respondents were asked about certain signs and symptoms that they had experienced in association with their last birth. Table 11.5 shows that 93 percent of women reported no complications during pregnancy. Among those who had complications, 2 percent had labor before nine months, 2 percent had excessive bleeding, and less than 1 percent each had fever and convulsions. While some problems that may lead to complications during labor and delivery could have been detected during ANC visits, the data show that the reported complications during pregnancy vary little by whether a woman received ANC or by the number of ANC visits she had.

Table 11.5 Complications during pregnancy

Percentage of last births in the five years preceding the survey for which the mother had complications associated with the pregnancy, by type of complications, according to maternity care indicators, Indonesia 2002-2003

Maternity care indicator	Premature labor	Excessive bleeding	Fever	Convulsions	Other	None	Number of births
Number of ANC visits							
None	0.3	1.7	0.5	0.0	1.8	95.9	559
1-3 times	1.6	1.9	0.7	0.2	1.9	94.6	1,768
4+ times	1.9	1.9	0.5	0.4	4.0	92.4	10,332
Missing	1.0	1.1	0.3	0.0	0.4	98.1	101
Actions taken to overcome the complications							
Nothing	(47.9)	(7.1)	(6.7)	(2.7)	(56.7)	(0.0)	28
Rest	26.2	25.4	10.3	8.5	44.6	0.0	112
Take medicine	23.9	35.7	20.5	8.4	29.1	0.0	90
Take herbs	*	*	*	*	*	*	17
See TBA	23.0	14.8	21.6	2.8	50.7	0.0	50
See health provider	17.6	25.1	8.3	8.0	58.8	0.0	184
See midwife	23.0	14.8	21.6	2.8	50.7	0.0	50
See a doctor	23.0	14.8	21.6	2.8	50.7	0.0	50
Other	(13.0)	(11.2)	(1.7)	(5.5)	(72.9)	(0.0)	56
Baby died within one month of birth	3.4	4.8	1.3	0.9	3.4	88.9	171
Delivery assisted by a health provider	2.1	2.5	0.5	0.5	5.3	90.3	5,938
Delivery by C-section	3.9	4.9	0.3	0.9	13.6	78.2	523
Total	1.8	1.9	0.5	0.4	3.6	92.9	12,760

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Almost half of women who had premature labor reported that they took no action (48 percent). Among those who took action, one in four either went to see a TBA, a midwife, or a doctor. Women who had excessive bleeding during pregnancy are most likely to take medicine (36 percent). Others seek assistance from a midwife, doctor, or TBA (15 percent each). By residence, there are negligible differences in the percentage of births for which women had pregnancy complication (data not shown).

Mothers are less likely to report problems during pregnancy for births that were assisted at delivery by a health provider or that resulted in the death of the infant within one month of birth. However, mothers of babies who died in the neonatal period are more likely to report having excessive bleeding during pregnancy. Mothers whose babies were delivered by caesarean section tend to report problems other than those specified in Table 11.5.

11.2 DELIVERY

11.2.1 Place of Delivery

Four in ten births in the five years preceding the survey were delivered in a health facility, 9 percent were delivered in a public facility (government hospital or health center), and 31 percent were

delivered in a private health facility (private hospital, clinic, private doctor/midwife, village midwife) (Table 11.6 and Figure 11.2).

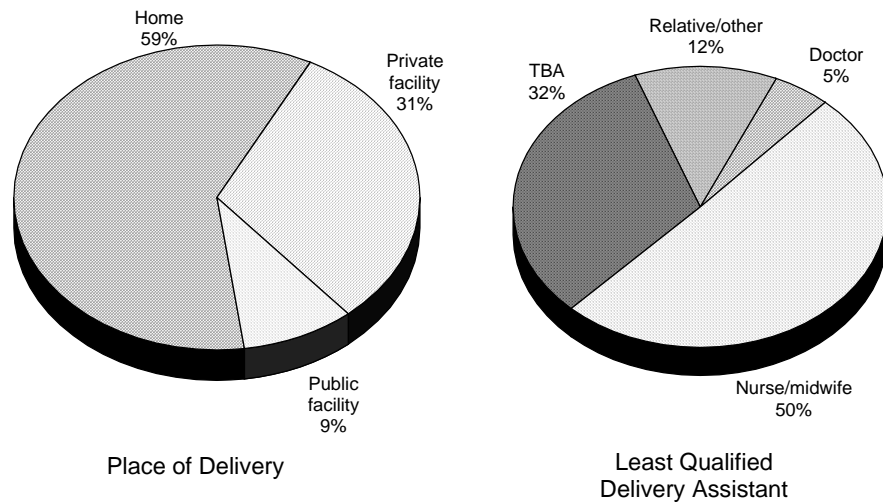
Caution should be exercised when comparing data from the current survey with previous IDHS data, because responses to the place of delivery have been classified differently. The 2002-2003 IDHS includes new categories under private medical: doctors, obstetricians and gynecologists, midwives and village midwives. These are health professionals who provide delivery services at their practice site. On the other hand, delivery in the home of midwives and village midwives, which in 1997 was classified as home, is currently classified under medical facility. Furthermore, health post, delivery post, and other similar facilities were classified separately in the 2002-2003 IDHS. The percentage of deliveries in a health facility (40 percent) is substantially higher than that reported in the 1997 IDHS (21 percent) (Central Bureau of Statistics et al., 1998).

Table 11.6 Place of delivery							
Percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics, Indonesia 2002-2003							
Background characteristic	Health facility		Home	Other	Missing	Total	Number of births
	Public sector	Private sector					
Mother's age at birth							
<20	8.2	21.3	69.2	0.4	0.8	100.0	1,855
20-34	9.5	33.1	56.1	0.4	0.8	100.0	11,213
35-49	8.7	24.8	65.7	0.2	0.5	100.0	2,020
Birth order							
1	11.4	36.2	51.0	0.4	0.9	100.0	5,233
2-3	8.8	32.6	57.5	0.5	0.6	100.0	6,735
4-5	7.3	19.5	72.0	0.3	0.9	100.0	1,953
6+	5.4	11.5	81.8	0.2	1.1	100.0	1,168
Residence							
Urban	13.1	46.5	39.5	0.3	0.6	100.0	7,029
Rural	5.9	16.6	76.1	0.5	1.0	100.0	8,059
Mother's education							
No education	3.3	6.3	88.8	0.2	1.4	100.0	709
Some primary	5.4	12.7	80.0	0.7	1.2	100.0	2,238
Completed primary	6.9	19.2	73.2	0.3	0.4	100.0	5,038
Some secondary	8.5	34.6	55.3	0.4	1.3	100.0	3,074
Secondary+	15.9	55.8	27.3	0.4	0.5	100.0	4,029
Antenatal care visits¹							
None	2.1	6.3	91.4	0.3	0.0	100.0	559
1-3	5.0	9.8	85.1	0.1	0.0	100.0	1,768
4+	10.5	36.4	52.6	0.5	0.0	100.0	10,332
Total	9.2	30.5	59.0	0.4	0.8	100.0	15,089

¹ Includes only the most recent birth in the five years preceding the survey; total includes 101 births for which the number of antenatal care visits is missing.

Births to women in high-risk age groups (younger than 20 years or 35 years and older) are more likely to take place at a home (69 percent and 66 percent, respectively) than births to women age 20-34 (56 percent). High-order births are most likely to take place at home (82 percent of sixth- and higher order births compared with 51 percent of first-order births). This implies that a relatively large proportion of high-risk births still take place at home.

Figure 11.2 Place of Delivery and Least Qualified Delivery Assistant



IDHS 2002-2003

The utilization of health facilities, private and public, for delivery is considerably higher in urban than in rural areas. Births in rural areas are almost twice as likely to be delivered at home as births in urban areas (76 and 40 percent, respectively). Births to mothers who have no education are three times as likely to be delivered at home as births to mothers who have secondary and higher education (89 and 27 percent, respectively). There is a negative association between delivery at home and the number of ANC visits; mothers with no ANC are more likely to deliver at home than mothers who had ANC.

Appendix Table A.11.4 shows that there are significant variations in the place of delivery by province. More than 50 percent of births are delivered at home in all provinces, except in DKI Jakarta (11 percent), Bali (14 percent), DI Yogyakarta (27 percent), East Java (38 percent), and West Sumatera (41 percent). In all provinces, births delivered at a health facility are more likely to be delivered in a private facility than in public facility, except in West Nusa Tenggara, East Nusa Tenggara, South Kalimantan, Central Sulawesi, South Sulawesi, Southeast Sulawesi, and Gorontalo.

11.2.2 Assistance during Delivery

The Ministry of Health set a target of 90 percent for births to be assisted at delivery by medical staff by year 2010 (Ministry of Health, 2001b). To measure progress toward this goal, respondents were asked about all of the persons who assisted them during delivery. Table 11.7 shows the distribution of births by the most qualified person providing assistance during delivery. This is the person to whom the woman may have been referred if she had any problems in her pregnancy. Sixty-six percent of births in the five years preceding the survey were assisted by medical staff: 55 percent by a nurse, a midwife, or a village midwife, and 11 percent by a doctor. One in three births was assisted by a TBA.

Comparison with data from past IDHS surveys shows that there has been a tremendous increase in the proportion of births assisted at delivery by a medical professional. While there is a shift away from TBAs, they still have an important role in delivery assistance, especially in rural areas (42 percent), for births to mothers with no education (60 percent), and for high-order births (58 percent).

Table 11.7 Assistance during delivery: most qualified person

Percent distribution of live births in the five years preceding the survey by the most qualified person providing assistance during delivery, according to background characteristics, Indonesia 2002-2003

Background characteristic	General practitioner	Obstetrician/ Gynecologist	Nurse/ midwife/ village midwife	Traditional birth attendant/ other	Relative/ other	No one	Missing	Total	Number of births
Mother's age at birth									
<20	1.0	4.5	52.7	40.2	0.8	0.0	0.8	100.0	1,855
20-34	0.6	10.9	57.6	28.5	1.3	0.3	0.8	100.0	11,213
35-49	1.2	11.6	44.8	39.9	1.6	0.4	0.5	100.0	2,020
Birth order									
1	1.0	13.5	59.7	24.3	0.7	0.0	0.9	100.0	5,233
2-3	0.6	10.5	57.4	29.6	1.1	0.3	0.5	100.0	6,735
4-5	0.7	4.0	50.4	41.8	1.9	0.3	1.0	100.0	1,953
6+	1.1	3.9	31.7	57.5	3.9	0.7	1.2	100.0	1,168
Residence									
Urban	0.6	16.6	61.8	19.9	0.5	0.1	0.5	100.0	7,029
Rural	0.9	4.6	49.7	41.6	1.9	0.4	1.0	100.0	8,059
Mother's education									
No education	2.5	0.4	29.5	59.9	5.7	0.7	1.4	100.0	709
Some primary	0.6	2.9	36.6	56.1	2.1	0.5	1.2	100.0	2,238
Completed primary	0.5	3.7	51.1	42.7	1.3	0.3	0.4	100.0	5,038
Some secondary	0.6	8.1	66.1	22.8	1.1	0.1	1.1	100.0	3,074
Secondary +	1.0	25.5	67.3	5.4	0.2	0.1	0.5	100.0	4,029
Total	0.8	10.2	55.3	31.5	1.3	0.3	0.8	100.0	15,089

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

The coverage of deliveries assisted by a medical professional varies across provinces, from 94 percent in DKI Jakarta to 36 percent in East Nusa Tenggara and 42 percent in Southeast Sulawesi. TBAs continue to play an important role in assisting deliveries in East Nusa Tenggara (55 percent), Southeast Sulawesi (55 percent), Gorontalo (51 percent), and West Java (50 percent) (Appendix Table A.11.5).

The highest levels of medical assistance at delivery are found in DKI Jakarta, Bali, DI Yogyakarta, and North Sulawesi provinces, where an obstetrician or a gynecologist delivers about one in four births. Relatives, especially if they are elderly or untrained persons, can introduce health risks at the time of delivery. In Indonesia, the role of relatives in assisting deliveries is small (1 percent), although in a few provinces larger percentages of births are delivered by relatives, e.g., East Nusa Tenggara (7 percent), South Sulawesi (6 percent), Central Sulawesi (4 percent), North Sumatera (3 percent), and West Nusa Tenggara (3 percent).

Table 11.8 shows the distribution of births by the least qualified person providing assistance during delivery. While the assistant identified in Table 11.7 may be the person to whom the woman was referred if she had any problems with her pregnancy, Table 11.8 shows the point person in the delivery. While a medical professional was the least qualified person attending 55 percent of births, a medical professional was the most qualified person attending 66 percent of births. The difference (11 percent) suggests that some births are referred by less qualified persons to more qualified persons. It is interesting to note that while 12 percent of births were assisted by a relative or other person as the least qualified person, only 1 percent were delivered by a relative or other person as the most qualified person.

Table 11.8 Assistance during delivery: least qualified person

Percent distribution of births in the five years preceding the survey by the least qualified person providing assistance during delivery, according to background characteristics, Indonesia 2002-2003

Background characteristic	General practitioner	Obstetrician/ Gynecologist	Nurse/ midwife/ village midwife	Traditional birth attendant/ other	Relative/ other	No one	Missing	Total	Number of births
Mother's age at birth									
<20	0.3	2.4	41.9	41.0	13.7	0.0	0.8	100.0	1,855
20-34	0.2	4.5	53.3	29.7	11.2	0.3	0.8	100.0	11,213
35-49	0.3	6.3	42.2	39.2	11.1	0.4	0.5	100.0	2,020
Birth order									
1	0.3	5.7	55.3	27.6	10.1	0.0	0.9	100.0	5,233
2-3	0.2	4.7	52.8	30.3	11.2	0.3	0.5	100.0	6,735
4-5	0.1	1.6	42.5	40.4	14.1	0.3	1.0	100.0	1,953
6+	0.3	2.1	28.1	52.4	15.2	0.7	1.2	100.0	1,168
Residence									
Urban	0.1	7.2	63.4	19.4	9.3	0.1	0.5	100.0	7,029
Rural	0.3	2.0	39.1	43.7	13.5	0.4	1.0	100.0	8,059
Mother's education									
No education	0.0	0.2	22.2	60.3	15.3	0.7	1.4	100.0	709
Some primary	0.2	1.8	30.0	50.8	15.5	0.5	1.2	100.0	2,238
Completed primary	0.2	1.6	41.6	42.3	13.5	0.3	0.4	100.0	5,038
Some secondary	0.2	3.1	57.7	26.9	10.9	0.1	1.1	100.0	3,074
Secondary +	0.3	11.3	72.2	9.1	6.6	0.1	0.5	100.0	4,029
Total	0.2	4.5	50.4	32.4	11.5	0.3	0.8	100.0	15,089

Note: If the respondent mentioned more than one person attending during delivery, only the least qualified person is considered in this tabulation.

The differentials in delivery assistance for the least qualified assistant by mother's age, birth order, residence, and education follow the same pattern as those for the most qualified assistant.

11.2.3 Delivery Characteristics

In Indonesia, caesarean sections are generally performed only for certain medical indications and for complicated deliveries (Ministry of Health, 2001c). According to the 2002-2003 IDHS, 4 percent of births were reported as delivered by caesarean section (Table 11.9). This rate has not changed since the 1997 IDHS (Central Bureau of Statistics et al., 1998). Caesarean sections are more likely to be performed for first births (5 percent) and for births to mothers with secondary or higher education (11 percent). Caesarean sections are also more common in urban areas (7 percent) than in rural areas (2 percent).

Because a large proportion of deliveries take place at home, 21 percent of babies were not weighed at birth. Babies are more likely to be weighed at birth if they are born to women age 20-34, if they are first births, if the mother lives in an urban area, or if the mother is educated. For example, while 42 percent of births to women with no education were weighed at birth, the corresponding proportion for births to mothers who have completed secondary education was 94 percent.

Table 11.9 Delivery characteristics

Percentage of births in the five years preceding the survey delivered by caesarean section and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	Delivery by C-section	Birth weight				Total	Size of child at birth				Total	Number of births
		Not weighed	Less than 2.5 kg	2.5 kg or more	Don't know/missing		Very small	Smaller than average	Average or larger	Don't know/missing		
Mother's age at birth												
<20	1.4	25.1	8.2	65.7	1.0	100.0	2.9	14.5	77.5	5.1	100.0	1,855
20-34	4.3	19.4	5.1	74.3	1.2	100.0	1.9	11.1	82.6	4.4	100.0	11,213
35-49	5.2	28.6	5.7	64.9	0.8	100.0	2.3	11.6	81.8	4.3	100.0	2,020
Birth order												
1	5.0	15.9	6.3	76.7	1.1	100.0	2.6	12.8	80.6	4.0	100.0	5,233
2-3	4.3	18.2	5.5	75.4	0.9	100.0	1.7	10.6	84.1	3.6	100.0	6,735
4-5	2.5	35.0	4.2	59.2	1.5	100.0	1.7	12.0	80.1	6.3	100.0	1,953
6+	0.9	40.8	5.0	52.6	1.6	100.0	2.9	11.4	77.4	8.3	100.0	1,168
Residence												
Urban	6.6	10.0	6.1	83.1	0.7	100.0	1.9	11.3	84.3	2.6	100.0	7,029
Rural	1.9	31.2	5.0	62.4	1.4	100.0	2.2	11.9	79.8	6.1	100.0	8,059
Mother's education												
No education	0.6	56.5	4.1	37.9	1.5	100.0	2.7	11.6	71.7	13.9	100.0	709
Some primary	1.6	41.3	5.6	51.3	1.8	100.0	2.7	12.1	77.2	8.0	100.0	2,238
Completed primary	1.7	24.3	5.5	69.3	0.9	100.0	2.2	12.5	80.5	4.8	100.0	5,038
Some secondary	1.9	15.5	7.0	76.2	1.3	100.0	2.4	11.4	83.0	3.2	100.0	3,074
Secondary +	10.7	4.8	4.7	89.7	0.8	100.0	1.3	10.3	87.1	1.3	100.0	4,029
Total	4.1	21.3	5.6	72.0	1.1	100.0	2.1	11.6	81.9	4.5	100.0	15,089

Overall, 6 percent of babies were reported to weigh less than 2.5 kilograms at birth. The birth weight of babies is related to the characteristics of the mother: babies are more likely to have been weighed and have an average weight (2.5 kilograms or more) if they are born to mothers age 20-34, if they are first births, if the mother lives in an urban area, and if the mother is educated (Table 11.9).

In the 2002-2003 IDHS, respondents were asked about their perception of the size of their newborn. Fourteen percent of births were perceived by their mothers as being either very small or smaller than average. Differentials in the perceived size across subgroups of births are the same as differences found in the actual weight. Babies are more likely to be perceived as average or larger if their mothers are age 20-34, if they are lower-order births, if their mother lives in an urban area, or if the mother is educated (Table 11.9).

Differentials in delivery characteristics by province are shown in Appendix Table A.11.6. Delivery by caesarean section is less common in West Nusa Tenggara, Central Kalimantan, and Southeast Sulawesi. On the other hand, more than 5 percent of births were delivered by caesarean section in West Sumatera, DKI Jakarta, DI Yogyakarta, East Java, Banten, and Bali.

The percentage of babies who were weighed at birth ranges from 42 percent in Southeast Sulawesi to 90 percent or higher in DKI Jakarta, DI Yogyakarta, Central Java, Bali, and East Kalimantan. The prevalence of low birth weight babies can be calculated by dividing the percentage of babies whose birth weight is less than 2.5 kilograms by the percentage of babies who were weighed. This prevalence ranges from 3 percent in Bali to 13 percent in Gorontalo.

11.2.4 Preparation for Delivery

To ensure the safety of the mother and infant at the time of delivery, certain preparations need to be made. These include deciding who is going to assist in the delivery, where the delivery is going to take place, how the woman is going to get to this place, and how much the delivery is going to cost. In the 2002-2003 IDHS, respondents were asked whether they had discussed any of these specific topics during the pregnancy. Three in four mothers reported they had discussed at least one topic related to preparation for delivery. Table 11.10 shows that the most often discussed subjects are the place to deliver, delivery assistant, and payment for the service (61 to 65 percent). Less often discussed are the issues of transportation (38 percent) and potential blood donor (8 percent).

Table 11.10 Preparation for delivery

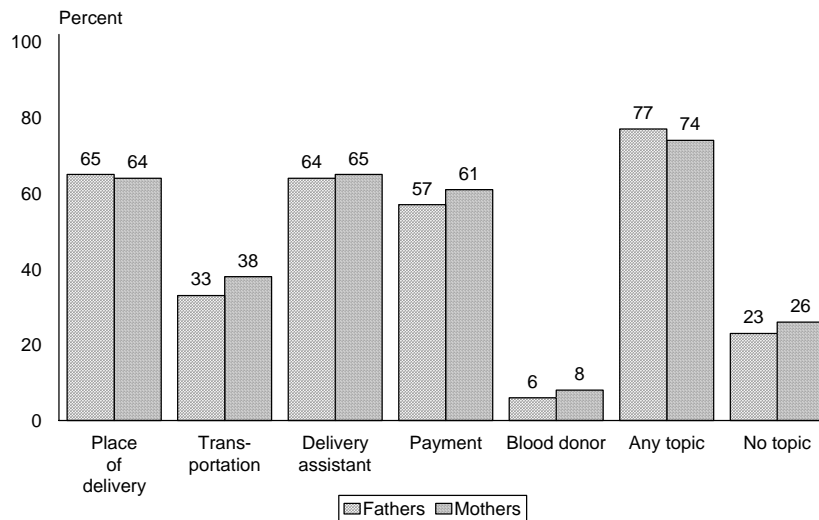
Percentage of women who had a live birth in the five years preceding the survey who discussed specific topics during pregnancy for the most recent birth, by background characteristics, Indonesia 2002-2003

Background characteristic	Topics discussed						No topics discussed	Number of births
	Place to deliver	Transportation	Delivery assistance	Payment	Blood donor	Any topic		
Age								
15-19	55.2	28.4	58.4	51.3	2.7	65.9	34.1	543
20-24	66.2	38.2	67.7	62.8	6.9	77.2	22.8	2,855
25-29	66.0	39.7	66.3	63.3	9.0	75.6	24.4	3,665
30-34	66.8	39.0	67.8	63.7	9.3	76.8	23.2	2,868
35-39	60.6	35.5	60.6	56.1	9.1	70.1	29.9	1,891
40-44	54.1	31.6	56.1	51.2	7.2	64.5	35.5	769
45-49	54.3	29.2	62.0	55.9	1.9	69.5	30.5	171
Mother's marital status								
Married	64.4	37.6	65.3	61.1	8.1	74.6	25.4	12,473
Divorced/widowed	50.0	32.0	54.1	52.6	7.2	61.7	38.3	288
Residence								
Urban	71.8	45.7	69.0	65.0	11.5	77.9	22.1	5,970
Rural	57.3	30.3	61.6	57.3	5.1	71.0	29.0	6,791
Education								
No education	38.5	16.1	39.8	36.2	2.4	48.7	51.3	580
Some primary	49.8	24.2	54.4	49.8	4.4	63.8	36.2	1,849
Completed primary	58.8	32.1	61.1	58.9	6.2	71.7	28.3	4,359
Some secondary	69.0	41.5	69.7	66.2	7.9	78.5	21.5	2,614
Secondary +	79.5	52.3	76.9	69.6	13.8	84.5	15.5	3,359
Total	64.1	37.5	65.1	60.9	8.1	74.3	25.7	12,760

Mothers in urban areas and better educated mothers are more likely than other mothers to discuss issues related to their baby's delivery. For example, mothers with secondary or higher education are almost twice as likely to discuss any topic related to the delivery as mothers with no education (85 and 49 percent, respectively).

Currently married men interviewed in the survey who had a child in the five years preceding the survey were also asked whether they held any discussions regarding preparations for that child's delivery. The findings are presented in Chapter 17. Figure 11.3 compares the responses obtained from the mothers and the fathers. It is interesting to note that fathers are as likely as mothers to report having discussions on various aspects of their child's birth.

Figure 11.3 Discussion on Preparation for Delivery



IDHS 2002-2003

The likelihood that women discuss issues related to their delivery varies substantially by province. While in many provinces, more than 80 percent of mothers had a discussion on this topic, in West Java, South Sulawesi, and Southeast Sulawesi, less than 65 percent of mothers had any discussion on the specified topics associated with preparation for delivery (Appendix Table A.11.7).

11.2.5 Complications during Delivery

To identify complications associated with delivery, respondents were asked about certain signs and symptoms that they had experienced during their most recent birth in the five years prior to survey. Table 11.11 shows that 64 percent of women reported having no complications during delivery. Prolonged labor was reported for 31 percent of births, excessive bleeding was reported for 7 percent, and fever was reported for 5 percent of the births. Maternal convulsions occurred with about 1 percent of births.

Women assisted by a health professional during delivery, regardless of whether they received antenatal care, are the most likely to report any complications during delivery. On the other hand, women who received antenatal care only are the least likely to have delivery complications.

As expected, women who give birth by caesarean section were more likely to report complications (59 percent), mostly prolonged labor (42 percent). For babies who died within one month of birth, 39 percent of the mothers reported complications including prolonged labor (30 percent), excessive bleeding (12 percent), and fever (10 percent).

There are negligible differences in the prevalence of delivery complications by urban-rural residence (data not shown).

Table 11.11 Complications during delivery

Percentage of last births in the five years preceding the survey for which the mother had complications associated with delivery, by type of complication and maternity care indicators, Indonesia 2002-2003

Maternity care indicator	Prolonged labor	Excessive bleeding	Fever	Convulsions	Other	None	Number of births
Antenatal care/delivery assistance							
Both ANC and DA	29.5	6.8	4.6	1.3	4.3	64.0	5,419
ANC only	26.0	6.1	3.7	1.3	1.3	69.9	2,302
DA only	37.7	12.3	7.4	1.4	7.3	50.6	519
No ANC and no DA	33.1	7.6	4.5	1.5	2.0	63.3	4,520
Baby died within one month of birth	30.2	12.4	10.3	3.4	3.4	60.7	171
Delivery by C-section	42.2	15.6	5.7	2.6	18.2	40.6	523
Total	30.5	7.2	4.5	1.4	3.1	64.3	12,760

ANC = Antenatal care
DA = Delivery assistance by a health provider

11.3 POSTNATAL CARE

Postnatal care (PNC) is important both for the mother and for the child to treat complications arising from the delivery as well as to provide the mother with important information on how to care for herself and her child. The postnatal period is defined as the time between delivery of the placenta and 42 days (6 weeks) following delivery. The timing of postnatal care is important. The first two days after delivery are critical, since most maternal and neonatal deaths occur during this period.

In the 2002-2003 IDHS, women who had given birth outside a health facility were asked if they had received postnatal care. Overall, eight in ten women received postnatal care, with 62 percent receiving PNC within 2 days of delivery, 13 percent receiving PNC 3-6 days after delivery, and 8 percent receiving PNC 7-41 days after delivery (Table 11.12).

Women's age is associated with the likelihood of receiving postnatal care; younger women are slightly more likely to have a checkup after giving birth than older women. Lower order births are more likely to receive the first postnatal checkup within the first week of delivery. Women in rural areas are slightly more likely than urban women to receive the first postnatal checkup within 2 days of delivery (63 and 60 percent, respectively).

PNC coverage varies by province, ranging from 90 percent or higher in Bengkulu, Lampung, DI Yogyakarta and East Java to less than 70 percent in South Sumatera and Bangka Belitung (Appendix Table A.11.8). It is interesting to note that Bangka Belitung was originally part of South Sumatera province.

Table 11.12 Postnatal care by background characteristics

Percent distribution of women who had a noninstitutional live birth in the five years preceding the survey by timing of postnatal care for the most recent noninstitutional birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	Timing of first postnatal checkup				Did not receive postnatal checkup ¹	Total	Number of women
	Within 2 days of delivery	3-6 days after delivery	7-41 days after delivery	Don't know/missing			
Age at birth							
<20	61.9	14.5	9.2	0.1	14.3	100.0	1,054
20-34	62.1	12.4	8.0	0.1	17.4	100.0	5,366
35-49	60.0	12.4	6.6	0.1	20.9	100.0	1,169
Birth order							
1	67.2	12.4	7.8	0.0	12.6	100.0	2,253
2-3	62.2	13.0	8.4	0.1	16.3	100.0	3,364
4-5	57.2	13.2	8.3	0.1	21.2	100.0	1,191
6+	51.3	11.4	5.8	0.1	31.4	100.0	781
Residence							
Urban	60.0	13.2	10.4	0.1	16.3	100.0	2,372
Rural	62.6	12.5	6.8	0.0	18.1	100.0	5,217
Education							
No education	63.0	8.6	4.0	0.0	24.4	100.0	521
Some primary	53.9	13.4	7.8	0.0	24.9	100.0	1,503
Completed primary	58.1	15.5	9.5	0.0	16.9	100.0	3,176
Some secondary	68.0	10.3	8.0	0.3	13.5	100.0	1,454
Secondary +	76.4	8.0	5.0	0.1	10.5	100.0	936
Total	61.8	12.7	7.9	0.1	17.5	100.0	7,590

¹ Includes women who received the first postnatal checkup after 41 days

11.4 MATERNAL HEALTH CARE AND WOMEN'S STATUS

Table 11.13 presents data on the relationship between a woman's status and her ability to access and use maternal health services. In this report, women's status is measured by three indicators: the number of household decisions in which a woman participates, the number of circumstances in which she believes that a wife is justified in refusing to have sex with her husband, and the number of reasons that she believes justify wife beating.

Table 11.13 shows that the three women's status indicators correlate with receiving maternal health care (antenatal care, postnatal care, and delivery care) from a medical professional. The more decisions a woman participates in, the more likely she is to receive maternal health care. The number of circumstances in which a woman believes that refusing sex is justified also has an influence on a woman's likelihood of receiving maternal health care. Women who agree with more reasons for refusing sex are more likely to receive antenatal care, postnatal care, and delivery care from medical professionals. For example, 85 percent of women who believe that there are no justifiable reasons to refuse to have sex received antenatal care, compared with 92 percent of women who feel it justifiable to refuse to have sex for 3-4 reasons. Similarly, women who do not justify wife beating for any reason are more likely to receive postnatal care and delivery care than women who think there are reasons that justify wife beating.

Table 11.13 Maternal health care and women's status

Percentage of women with a live birth in the five years preceding the survey who received antenatal and postnatal care from a health professional for the most recent birth and percentage of births in the five years preceding the survey for which mothers received professional delivery care, by women's status indicators, Indonesia 2002-2003

Women's status indicator	Percentage of women who received antenatal care from doctor, nurse/midwife/village midwife	Percentage of women who received postnatal care within the first two days of delivery ¹	Number of women	Percentage of births for whom mothers received delivery care from doctor, nurse/midwife/village midwife	Number of births
Number of decisions in which woman has final say²					
0	63.7	70.5	64	55.9	76
1-2	84.1	69.7	580	56.0	707
3-4	91.2	71.4	3,573	60.8	4,269
5	92.3	80.3	8,544	69.3	10,037
Number of reasons to refuse sex with husband					
0	84.5	64.9	830	57.6	1,009
1-2	88.1	69.3	1,215	60.0	1,460
3-4	92.4	79.1	10,716	67.6	12,620
Number of reasons wife beating is justified					
0	91.9	78.8	9,243	67.9	10,867
1-2	90.9	74.9	2,571	64.5	3,072
3-4	89.2	67.8	717	55.8	871
5	87.3	69.8	229	53.4	279
Total	91.5	77.3	12,760	66.2	15,089

¹ Includes mothers who delivered in a health facility

² Either by herself or jointly with others

11.5 PROBLEMS IN ACCESSING HEALTH CARE

Many factors can prevent women from getting medical advice or treatment for themselves when they need it. In this survey, all women were asked if getting medical advice or treatment for themselves was a big problem or not a big problem with respect to the following: knowing where to go, getting permission to go, getting money needed for treatment, distance to the health facility, having to take transport, not wanting to go alone, and concern that there may not be a female health provider.

Table 11.14 shows the percentage of ever-married women who reported having big problems in accessing health care, by background characteristics. Seven in ten women do not report any problems in accessing health care. Younger women, women with a larger number of children, divorced or widowed women, less educated women, and women who do not have cash income are more likely to report problems in accessing health care than other women.

Table 11.14 Problems in accessing health care

Percentage of ever-married women who reported that they have big problems in accessing health care for themselves when they are sick, by type of problem and background characteristics, Indonesia 2002-2003

Background characteristic	Problems in accessing health care							Any of the specified problems	Number of women
	Knowing where to go for treatment	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Concern there may not be a female provider		
Age									
15-19	5.6	6.1	24.6	14.3	15.7	16.9	9.4	38.3	956
20-29	4.7	4.5	24.3	13.4	12.6	9.5	7.0	34.2	9,251
30-39	4.1	4.1	22.7	11.7	10.7	7.2	4.8	30.5	10,609
40-49	4.6	4.0	24.0	12.0	10.9	8.3	4.9	31.3	8,667
Number of living children									
0	4.9	4.4	19.3	11.2	10.9	11.2	8.4	31.4	2,422
1-2	3.9	4.0	21.8	10.9	10.2	8.4	5.5	30.2	15,344
3-4	4.9	4.1	24.2	13.2	12.1	7.8	5.0	32.1	8,418
5+	6.2	5.4	34.3	18.1	16.1	9.5	6.3	41.7	3,299
Marital status									
Married	4.4	4.3	23.1	12.3	11.3	8.6	5.7	31.8	27,857
Divorced/widowed	5.4	3.7	32.5	14.1	14.1	8.7	4.9	38.0	1,626
Residence									
Urban	3.1	2.7	16.0	5.1	4.3	6.0	4.4	23.0	13,499
Rural	5.7	5.5	30.1	18.5	17.5	10.8	6.8	39.8	15,984
Education									
No education	7.5	5.5	37.8	20.5	19.3	13.5	6.4	46.1	2,335
Some primary	5.4	5.6	31.6	16.3	15.8	10.6	7.1	40.0	5,902
Completed primary	4.5	4.2	26.5	13.9	12.7	8.3	5.4	34.2	9,995
Some secondary	4.3	4.4	19.2	9.8	8.7	6.9	5.7	28.1	5,136
Secondary +	2.7	2.5	9.8	5.2	4.7	6.5	4.4	19.1	6,114
Employment									
Not employed	4.8	4.5	21.9	10.9	9.9	8.5	5.5	30.3	13,988
Working for cash	3.3	2.6	21.7	9.5	8.7	7.3	5.3	29.4	9,503
Not working for cash	5.8	6.1	31.0	20.5	19.7	10.7	6.8	40.8	5,968
Total	4.5	4.2	23.7	12.4	11.5	8.6	5.7	32.1	29,483

Note: Total includes 24 women for whom employment status is missing.

The main problem cited by these women is economic in nature (24 percent). Rural women are twice as likely to mention this problem as urban women (30 and 16 percent, respectively). The next big problems are the distance to a health facility (12 percent) and transportation (12 percent).

Women's problems in accessing health care vary by province. Women living in provinces with difficult terrain and limited transportation facilities are more likely to have problems. These include Central Kalimantan, East Nusa Tenggara, Central Sulawesi, Southeast Sulawesi, and Gorontalo. Appendix Table A.11.9 shows the percentage of women who reported having problems in accessing health care by province.

11.6 BIRTH REGISTRATION

Birth registration is recognized as one of children's rights in Indonesia. While registration is compulsory, Indonesia has never had a comprehensive registration system for either statistical or legal purposes. The Government of Indonesia has carried out initiatives on a pilot basis to revive the civil registration system in the country with no apparent success. In the 2002-2003 IDHS, for all children born since January 1997, mothers were asked if their child had been registered. Mothers who gave a positive response to this question were asked to show any records for their children, which can be one or more of the following documents: a hospital record, a record issued by the village office, a proof of birth issued by the regency or municipality office as substitute for birth certificate, and a birth certificate, a legal document issued by the civil registrar. Table 11.15 shows the distribution of births in the 5 years preceding the survey by whether it was registered and the type of certificate obtained.

Table 11.15 Birth registration

Percent of births in the five years before the survey that were registered and, of those registered, percent distributed by type of certificate, according to background characteristics, Indonesia 2002-2003

Background characteristic	Percentage of births registered	Number of births	Registration document						Total	Number of births registered
			Not seen	Hospital record	Village record	Proof of birth	Birth certificate	Missing		
Age										
15-19	38.6	589	8.7	52.8	7.2	4.7	26.6	0.0	100.0	227
20-24	49.7	3,361	7.7	38.3	5.9	3.6	44.4	0.1	100.0	1,671
25-29	54.5	4,417	8.5	33.1	4.2	3.3	50.8	0.1	100.0	2,405
30-34	61.4	3,395	9.7	29.8	5.0	3.2	52.2	0.1	100.0	2,084
35-39	55.2	2,217	9.2	33.0	8.1	3.5	46.0	0.3	100.0	1,225
40-44	43.6	923	15.6	38.4	10.4	1.5	34.0	0.1	100.0	403
45-49	29.8	186	11.9	51.0	6.3	3.7	27.1	0.0	100.0	55
Residence										
Urban	67.3	7,029	8.6	30.8	3.3	2.8	54.3	0.2	100.0	4,730
Rural	41.4	8,059	9.9	39.1	9.3	4.0	37.6	0.1	100.0	3,340
Education										
No education	21.6	709	18.7	32.0	14.7	5.9	28.8	0.0	100.0	153
Some primary	34.6	2,238	10.2	48.1	15.2	3.7	22.9	0.0	100.0	774
Completed primary	46.5	5,038	10.5	39.6	8.5	4.1	37.1	0.2	100.0	2,344
Some secondary	54.9	3,074	8.0	36.0	4.1	4.4	47.6	0.0	100.0	1,687
Secondary +	77.2	4,029	8.0	25.9	1.8	1.9	62.1	0.2	100.0	3,112
Total	53.5	15,089	9.1	34.2	5.7	3.3	47.4	0.1	100.0	8,070

Overall, 54 percent of these births were reported to be registered. Registration coverage is more complete for births of mothers age 30-34 years (61 percent), live in urban areas (67 percent), and have completed secondary education (77 percent). Among births reported to have a registration document, 47 percent have a birth certificate and 34 percent have a hospital record. For 9 percent of births, although the birth was reported to be registered, the certificate was not shown to the interviewer. Few births were registered at the village office (6 percent) or have a proof of birth issued by the regency or municipality office (3 percent).

Births in urban areas are more likely to have a birth certificate than births in rural areas (54 percent compared with 38 percent). On the other hand, births in rural areas are more likely to have a hospital record than urban births (39 percent compared with 31 percent). Mother's education is positively related to birth registration; while only 22 percent of births of mothers with no education were registered, the corresponding proportion for those whose mothers have completed primary education is 47 percent, and the proportion of births whose mother have completed secondary education is 77 percent.

Comparison of data on birth registration coverage between the 2000 Multiple Indicator Cluster Survey (MICS) and the 2002-2003 IDHS shows that the IDHS reports a higher coverage of birth certificate (47 percent compared with 31 percent). While the MICS data also show that coverage in urban areas is higher than that in rural areas, the levels recorded in the MICS are lower than those recorded in the IDHS (BPS, 2001). For example, the rates in the MICS survey are 48 percent in urban areas and 20 percent in rural areas, compared to 67 percent and 41 percent, respectively, in the IDHS.

Appendix Table A.11.10 shows that there are large differentials in the coverage of registration by province. The percentage ranges from 12 percent in East Nusa Tenggara to 92 percent in DI Yogyakarta, with most provinces showing coverage between 36 percent and 64 percent. Variations in birth certificate coverage by province is not necessarily the same as that in registration. In DI Yogyakarta, where more than 90 percent of births were registered, 74 percent have a birth certificate. In North Sulawesi, on the other hand, only 43 percent of births were registered, but 74 percent of those registered have a birth certificate.

Table 11.16 shows the distribution of births that were not registered by reason for not registering according to background characteristics. The most often reasons cited by the respondents have to do with cost, either because the cost is too much (28 percent) or because they do not want to pay late fee (3 percent). Cost was also the most often cited reason for not registering births in the MICS survey (47 percent).

Table 11.16 Reason for not registering births

Percent of births in the five years before the survey that were not registered by reason for not registering the birth, according to background characteristics, Indonesia 2002-2003

Background characteristic	Reason not registering birth							Total	Number of births not registered
	Costs too much	Too far	Did not know child has to be registered	Late, did not want to pay fine	Did not know where to register	Other	Missing		
Age									
15-19	25.0	5.9	10.7	2.5	12.5	42.2	1.3	100.0	362
20-24	20.5	7.3	14.1	3.6	13.1	39.3	2.3	100.0	1,691
25-29	28.3	7.2	12.4	2.6	9.2	37.2	3.0	100.0	2,012
30-34	28.8	7.1	12.6	2.1	10.1	37.1	2.3	100.0	1,311
35-39	34.0	6.5	13.2	2.3	8.7	33.6	1.6	100.0	993
40-44	33.8	6.9	12.3	2.2	6.3	37.7	0.8	100.0	520
45-49	36.4	6.8	12.1	6.7	6.0	27.1	4.9	100.0	131
Residence									
Urban	29.4	3.3	10.2	4.0	9.4	40.9	2.9	100.0	2,299
Rural	26.9	8.8	14.2	2.1	10.5	35.5	2.0	100.0	4,720
Education									
No education	34.5	5.7	18.7	0.4	17.0	20.8	2.9	100.0	556
Some primary	31.4	6.6	12.0	1.8	13.2	32.8	2.2	100.0	1,464
Completed primary	31.9	7.3	13.1	3.2	9.6	33.5	1.4	100.0	2,694
Some secondary	21.4	7.4	12.5	2.6	7.8	45.4	2.8	100.0	1,387
Secondary +	14.8	7.0	10.4	4.6	6.2	53.2	3.8	100.0	917
Total	27.7	7.0	12.9	2.7	10.1	37.3	2.3	100.0	7,019

Knowledge of mothers about the birth registration is in general limited—13 percent of women who give birth in the five years preceding the survey did not know that a child has to be registered and 10 percent did not know where to register the birth. Seven percent of women say that the registration location is too far, while 37 percent of women cite reasons other than the specified ones.

Older and less educated mothers are more likely than other mothers to say that the reason for not registering birth is the cost. For example, while 35 percent of mothers with no education cite cost as a problem, the corresponding proportion for mothers who completed secondary education is 15 percent.

Appendix Table A.11.11 pertains to the reason for not registering birth by province. Three in ten women in Lampung, DKI Jakarta, West Java, Banten, and North Sulawesi say that cost is a problem. In other provinces, such as West Kalimantan, Central Kalimantan, and Southeast Sulawesi, distance is considered to be the main reason for not registering births. Lack of knowledge about birth registration is high (30 percent or higher) in North Sumatera, West Nusa Tenggara, Central Kalimantan, Central Sulawesi, and South Sulawesi.

IMMUNIZATION OF CHILDREN

The Expanded Program of Immunization, launched by the Indonesian Ministry of Health (MOH) in 1977, recommended that all children receive immunization against the six major preventable childhood diseases: a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus; four doses of polio vaccine; and a measles vaccination. In 1997, the immunization program was expanded to include three doses of hepatitis B (HB) vaccine. All of the recommended vaccinations should be given before children are 12 months of age (MOH, 2000).

In the sixth Five-Year Development Plan (1993-94 to 1997-98), efforts to reduce childhood morbidity and mortality by improving the immunization coverage among children continued; this period included the National Mass Immunization Campaigns in 1996 and 1997.

Infants brought to health centers or health posts for postnatal care are provided with a health card on which feeding, growth, and immunization information can be recorded. The type and date of vaccinations are recorded in a registration book maintained by the field vaccinators. While it is important that cards be kept by the mothers to enable them to monitor their children's growth and to keep a record of immunization schedules, not all mothers have kept the cards. Furthermore, not all infants receive postnatal care and therefore have never received a health card.

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

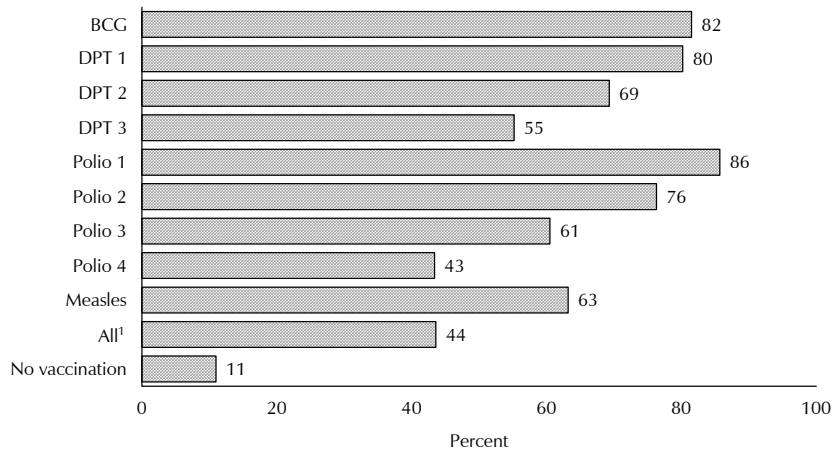
The recording of polio immunizations in the 2002-2003 Indonesia Demographic and Health Survey (IDHS) was different from that in the 1994 and 1997 IDHS surveys because it included polio 1 through 4, while the earlier surveys recorded polio 0 to 3.

12.1 IMMUNIZATION COVERAGE

Figure 12.1 shows the percentage of children age 12-23 months who had received vaccinations against the six major preventable childhood diseases by one year of age, as recommended by the government. Overall, 44 percent of children age 12-23 months were fully immunized against these diseases before they reached their first birthday. The highest coverage is for BCG, DPT 1, and polio1, ranging from 80 to 86 percent. Children are least likely to be fully immunized against polio by age one (43 percent of children age 12-23 months have had all four doses). Sixty-three percent of children age 12-23 months received measles vaccine. Eleven percent of children age 12-23 months have not received any of the recommended vaccines.

Another way to evaluate the success of an immunization program is to calculate the percentage of children who started but did not complete all of the doses of DPT and polio vaccine to achieve immunity. In this report, the dropout rate is defined as the percentage of children who received the first dose but did not receive the third dose of the series. The percentages of children who dropped out before receiving all doses of DPT and polio are 31 and 29 percent, respectively.

Figure 12.1 Percentage of Children Age 12-23 Months Vaccinated by 12 Months of Age (Based on Information from Health Cards and Mother's Reports)



Note: For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

¹ BCG, measles and three doses each of DPT and polio vaccine (excluding polio 4)

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12.2 IMMUNIZATION BY BACKGROUND CHARACTERISTICS

Table 12.1 shows vaccination coverage for the six major preventable childhood illnesses according to information recorded on health cards (top panel), information from mothers' reports (middle panel), and information from both sources (bottom panel). The table shows that only 31 percent of children age 12-23 months had their health cards available at the time of interview. This finding is similar to that of the 1997 IDHS, where 31 percent of children age 12-23 months had health cards, suggesting that the proportion of health cards kept by mothers has remained the same.

Among children whose health cards were seen (Table 12.1, top panel), 71 percent were fully immunized. Comparison with the levels reported in the 1997 IDHS indicates that immunization coverage for specific vaccines, as recorded on health cards, has remained the same. The highest vaccine coverage, as seen from health cards, is for BCG, DPT 1, polio 1, and polio 2 (all 90 percent or more).

Immunization coverage based on mothers' reports is considerably lower than that based on observation of health cards (Table 12.1, middle panel). For example, the percentage of children who are completely immunized is 43 percent, 28 percentage points lower than that recorded on the health card. The highest coverage of individual vaccine doses, according to mothers' reports, was for polio 1 (84 percent), BCG (78 percent), and DPT 1 (76 percent).

Table 12.1 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to health card or mother's report), and percentage with a vaccination card, by background characteristics, Indonesia 2002-2003

Background characteristic	Percentage of children who received:										No vaccinations	Percentage with a health card seen	Number of children
	BCG	DPT			Polio				Measles	All ¹			
		1	2	3	1	2	3	4					
HEALTH CARD													
Sex													
Male	93.3	96.3	88.9	77.0	96.4	93.1	85.6	69.8	76.0	66.3	0.4	100.0	433
Female	92.9	91.2	87.7	84.2	95.4	91.2	90.1	71.0	81.3	75.5	0.0	100.0	432
Birth order													
1	98.1	97.3	94.9	88.1	99.6	97.4	91.7	77.9	82.7	78.4	0.0	100.0	336
2-3	90.4	94.6	89.0	80.5	95.2	92.3	88.9	68.8	82.2	71.1	0.2	100.0	392
4-5	97.4	93.2	83.7	74.3	94.6	89.5	85.0	64.9	64.4	60.4	0.0	100.0	95
6+	(68.8)	(58.9)	(39.5)	(34.9)	(76.9)	(54.3)	(53.3)	(36.5)	(44.8)	(31.9)	2.3	100.0	42
Residence													
Urban	92.9	93.6	88.9	81.3	96.6	94.3	90.9	68.1	79.5	71.0	0.0	100.0	423
Rural	93.4	94.0	87.7	80.0	95.3	90.0	85.0	72.6	77.8	70.7	0.4	100.0	441
Education													
No education	*	*	*	*	*	*	*	*	*	*	*	100.0	13
Some primary	86.1	88.5	74.6	66.0	100.0	81.6	77.3	68.9	71.3	58.7	0.0	100.0	67
Completed primary	88.2	90.5	80.9	69.4	91.2	87.7	81.0	64.1	66.5	57.2	0.6	100.0	277
Some secondary	94.3	96.3	93.7	88.8	95.7	93.6	90.6	72.9	87.1	77.0	0.1	100.0	213
Secondary +	98.3	96.4	94.6	89.5	99.4	97.4	94.8	74.7	86.5	82.8	0.0	100.0	295
Total	93.1	93.8	88.3	80.6	95.9	92.1	87.9	70.4	78.6	70.9	0.2	100.0	865
MOTHER'S REPORT													
Sex													
Male	80.6	77.9	67.1	49.6	85.9	77.2	57.7	36.7	71.1	44.3	12.0	0.0	1,033
Female	74.5	73.8	59.5	47.0	80.7	70.6	55.1	34.3	65.5	41.2	17.6	0.0	921
Birth order													
1	83.1	82.6	68.8	53.7	89.0	77.8	61.3	37.8	74.9	48.5	8.7	0.0	616
2-3	81.3	80.0	66.9	51.1	86.4	77.5	60.2	38.7	71.5	45.2	11.9	0.0	947
4-5	69.2	65.9	56.2	43.1	75.7	71.3	51.6	31.4	62.4	38.4	22.1	0.0	238
6+	48.0	40.1	33.0	19.0	55.4	42.4	21.5	13.6	33.5	13.0	44.2	0.0	154
Residence													
Urban	86.4	83.7	71.1	56.6	90.0	79.9	64.1	40.2	76.8	49.5	8.5	0.0	902
Rural	70.4	69.3	57.1	41.4	77.8	69.1	49.9	31.6	61.3	37.2	19.9	0.0	1,052
Education													
No education	45.1	42.7	29.5	15.8	58.0	53.4	30.4	12.0	39.6	11.2	41.6	0.0	99
Some primary	55.9	50.7	41.2	28.6	66.9	55.5	37.3	21.9	43.2	24.6	30.6	0.0	312
Completed primary	76.2	74.8	59.7	47.2	82.9	72.6	53.1	34.9	65.7	39.5	15.7	0.0	583
Some secondary	81.6	82.0	67.9	47.8	87.7	76.7	60.4	36.0	73.3	45.0	9.2	0.0	433
Secondary +	95.4	93.5	83.9	68.1	95.2	88.4	73.2	48.5	87.9	61.7	3.3	0.0	527
Total	77.8	75.9	63.5	48.4	83.5	74.1	56.5	35.6	68.5	42.9	14.6	0.0	1,954

Continued . . .

Table 12.1—Continued

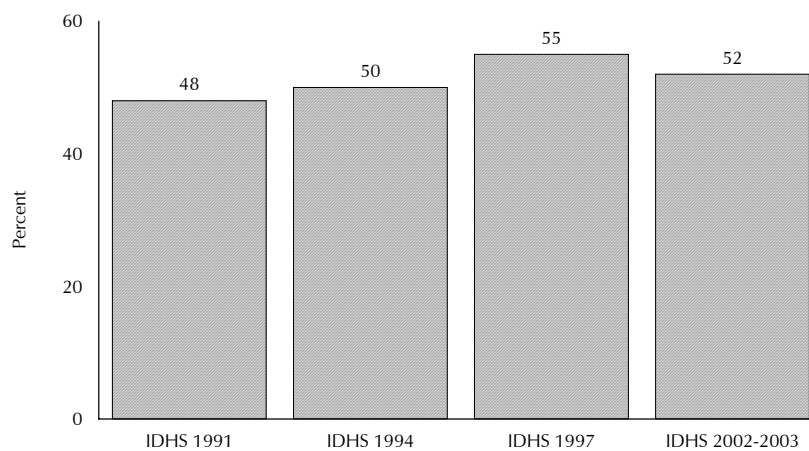
Background characteristic	Percentage of children who received:											Percentage with a health card seen	Number of children
	BCG	DPT			Polio				Measles	All ¹	No vaccinations		
		1	2	3	1	2	3	4					
HEALTH CARD AND MOTHER'S REPORT													
Sex													
Male	84.4	83.3	73.5	57.7	89.0	81.9	65.9	46.5	72.6	50.8	8.6	29.5	1,465
Female	80.4	79.3	68.5	58.9	85.4	77.1	66.2	46.0	70.5	52.2	12.0	31.9	1,353
Birth order													
1	88.4	87.8	78.0	65.9	92.7	84.7	72.0	52.0	77.7	59.0	5.6	35.3	952
2-3	83.9	84.3	73.4	59.7	88.9	81.8	68.6	47.5	74.6	52.8	8.5	29.3	1,339
4-5	77.2	73.7	64.1	52.0	81.1	76.5	61.1	41.0	63.0	44.7	15.8	28.6	333
6+	52.4	44.1	34.4	22.4	60.0	44.9	28.3	18.5	35.9	17.0	35.3	21.3	195
Residence													
Urban	88.4	86.8	76.8	64.5	92.1	84.5	72.6	49.1	77.6	56.4	5.8	31.9	1,326
Rural	77.2	76.6	66.1	52.8	83.0	75.3	60.3	43.7	66.2	47.1	14.1	29.6	1,493
Education													
No education	51.2	48.2	35.9	20.6	62.9	58.4	36.7	18.7	41.9	15.9	36.8	11.5	112
Some primary	61.2	57.3	47.1	35.2	72.8	60.1	44.3	30.2	48.2	30.6	25.2	17.7	379
Completed primary	80.1	79.9	66.5	54.4	85.5	77.5	62.1	44.3	66.0	45.2	10.9	32.2	859
Some secondary	85.7	86.7	76.4	61.3	90.3	82.3	70.4	48.1	77.9	55.5	6.2	32.9	646
Secondary +	96.5	94.5	87.7	75.8	96.7	91.6	80.9	57.9	87.4	69.3	2.1	35.9	822
Total	82.5	81.4	71.1	58.3	87.3	79.6	66.1	46.2	71.6	51.5	10.2	30.7	2,819

Note: Two National Immunization Days took place in 2002, in September for polio vaccine and in October for polio and measles vaccines. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ BCG, measles, and three doses each of DPT and polio vaccine

Information from both health cards and mothers' reports (Figure 12.2) shows that 52 percent of children age 12-23 months were fully immunized at some time before the interview. This percentage is lower than the 55 percent reported in the 1997 IDHS but higher than that reported in the 1994 IDHS and 1991 IDHS (50 and 48 percent, respectively). Caution should be exercised in comparing data from the 2002-2003 IDHS with that from the past because the household sample to be surveyed was drawn from a slightly different set of provinces/regions. The current survey excludes Nanggroe Aceh Darussalam, Maluku, and Papua, as well as the former East Timor province.

Figure 12.2 Children Age 12-23 Months Who Are Fully Immunized (Based on Information from Health Cards and Mother's Reports)



Note: The 2002-2003 IDHS excludes Naggroe Aceh Darussalam, Maluku, Papua, and the former East Timor provinces. Children are fully immunized if they have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio 4).

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According to the data recorded in Table 12.1, girls are just as likely as boys to have been fully immunized against the six preventable childhood diseases. Immunization coverage varies across background characteristics of children, other than sex. For example, the percentage of children who have been fully immunized decreases with increasing birth order, ranging from 59 percent for first borns to 17 percent for sixth or higher children. Children in urban areas are more likely than rural children to have completed the vaccination schedule (56 and 47 percent, respectively). Similarly, children whose mothers have had no education are less likely to have been fully immunized against the six preventable childhood diseases than children whose mothers have had higher education (16 percent and 69 percent, respectively).

The percentage of children who have received no vaccinations also varies widely by demographic and socioeconomic background characteristics. High-order births and children whose mothers have had no education are the most likely to have missed immunizations. As much as 35 percent of children of sixth or higher birth order and 37 percent of children whose mothers have had no formal education have not received any vaccinations (Table 12.1, bottom panel).

The immunization coverage varies substantially across province. Provinces with the highest coverage include DI Yogyakarta (84 percent) and Bali (80 percent), while Banten has the lowest level of full immunization coverage (25 percent). Health card coverage also varies across provinces, ranging from 13 percent in South Sumatera to 54 percent in Bali (Appendix Table A.12.1).

12.3 HEPATITIS B IMMUNIZATION

As mentioned earlier, in 1997, the government of Indonesia expanded the immunization program to include three doses of hepatitis B (HB) vaccine. The government also stated that all of the vaccinations should be given before the child reaches one year of age (MOH, 2000). Immunization coverage for HB is presented in Table 12.2 and Appendix Table A.12.2 and is based on both vaccination cards and mothers' reports. Although HB vaccination was only initiated in 1997, 71 percent of children age 12-23 months have received at least one dose of the vaccine, and 45 percent have completed the HB series.

Table 12.2 Hepatitis B vaccination coverage

Percentage of children age 12-23 months who received hepatitis B vaccinations at any time before the survey (according to vaccination card or mother's report), by background characteristics, Indonesia 2002-2003

Background characteristic	Hepatitis B vaccination			Number of children
	HB1	HB2	HB3	
Sex				
Male	70.1	56.7	42.9	1,465
Female	71.8	59.6	47.9	1,353
Birth order				
1	77.6	64.0	50.9	952
2-3	73.9	61.2	47.8	1,339
4-5	58.4	48.5	38.1	333
6+	39.9	23.9	13.8	195
Residence				
Urban	80.4	64.3	51.5	1,326
Rural	62.6	52.5	39.9	1,493
Education				
No education	27.5	23.1	12.6	112
Some primary	42.3	30.7	21.8	379
Completed primary	68.4	51.4	40.9	859
Some secondary	76.2	64.9	50.1	646
Secondary +	88.6	77.1	61.5	822
Total	70.9	58.1	45.3	2,819

Table 12.2 shows that girls are slightly more likely than boys to have been immunized against HB. Immunization coverage for other background characteristics shows the same pattern as that for immunization against other diseases. For example, the percentage of children who have completed the three doses decreases with increasing birth order, ranging from 51 percent for first born to 14 percent for children of birth order six or higher. Children in urban areas are more likely than rural children to have completed the vaccination schedule (52 and 40 percent, respectively). Similarly, children whose mothers have had no education are less likely to have been fully immunized against all of the preventable childhood diseases than children whose mothers have had higher education (13 and 62 percent, respectively).

HB immunization coverage varies substantially by province. Provinces with the highest coverage for the three-dose series include DI Yogyakarta (91 percent) and Bali (82 percent), while Banten has the lowest level of coverage (28 percent) (Appendix Table A.12.2).

Acute lower respiratory tract infection, primarily pneumonia, is a common cause of morbidity and death among children under five years of age. Pneumonia is characterized by cough with difficult or rapid breathing and chest indrawing. For severe pneumonia, hospitalization is recommended; otherwise, ambulatory treatment with antibiotics is recommended. Early diagnosis and treatment with antibiotics can prevent many deaths caused by acute lower respiratory infection. In the 2002-2003 Indonesia Demographic and Health Survey (IDHS), identification of acute respiratory infection (ARI) is based on each mother's perception of the respiratory symptoms suffered by her child.

Information about the prevalence of fever in children under five years of age was also recorded in the survey, although the causes of fever were not specified. Various infectious diseases are accompanied by fever. In Indonesia, the most common diseases accompanied with fever are malaria, respiratory and intestinal infections, measles, and typhoid.

The IDHS also recorded the prevalence of diarrhea in children under five as reported by their mothers. Contact with health providers and treatment practices help assess national programs aimed at reducing the impact of diarrhea. The treatment rates with oral rehydration therapy or increased fluids reflect the success of programs that encourage these behaviors.

13.1 PREVALENCE AND TREATMENT OF ACUTE RESPIRATORY INFECTIONS AND FEVER

Table 13.1 indicates that 8 percent of children had symptoms of ARI in the two weeks preceding the survey. The highest prevalence of ARI was found among children age 6-23 months (9 percent). The prevalence of ARI decreases slightly with age to 6 percent for children age 48-59 months. Prevalence of ARI does not vary by the child's sex and residence, and variance by education is also small and not uniform.

Table 13.1 also shows that 26 percent of children had a fever in the two weeks preceding the survey. As in the case of ARI, the highest prevalence of fever was found among children age 6-23 months (35-36 percent). Prevalence of fever follows the same pattern as the prevalence of ARI; it does not vary by the child's sex or residence.

Sixty percent of children who showed symptoms of ARI or fever were taken to a health facility for treatment. This percentage fluctuates by the child's age, with children age 6-23 months being the most likely to be taken for treatment. Treatment-seeking behavior does not vary according to the child's sex. Children in urban areas are more likely to be treated than those in rural areas (64 and 51 percent, respectively). Mother's education makes a difference in the treatment of ARI and/or fever in children. While 69 percent of children whose mothers have completed secondary education were taken for treatment, the corresponding percentage for children of women with no education is 45 percent.

Appendix Table A.13.1 shows the prevalence of ARI and fever by province. Prevalence of ARI is high in Bangka Belitung (20 percent), Banten (17 percent), Gorontalo (14 percent), and West Kalimantan (12 percent). Less than 5 percent of children were reported to have ARI in East Java, DI Yogyakarta, Lampung, Central Kalimantan, and South Sumatera. Provinces with high prevalence of ARI tend to have a high prevalence of fever.

Table 13.1 Prevalence and treatment of acute respiratory infections (ARI) and/or fever

Percentage of children under five years of age who had a cough accompanied by short, rapid breathing (symptoms of ARI), percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by background characteristics, Indonesia 2002-2003

Background characteristic	Prevalence of ARI and/or fever among children under five			Treatment among children with symptoms of ARI and/or fever	
	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider ¹	Number of children
Age in months					
<6	6.3	20.1	1,570	48.1	337
6-11	9.0	35.7	1,373	66.0	508
12-23	9.2	34.5	2,819	63.2	1,016
24-35	8.3	25.5	3,026	55.3	842
36-47	6.5	21.5	3,008	49.9	693
48-59	6.2	20.4	2,714	53.0	591
Sex					
Male	7.7	25.8	7,483	56.9	2,069
Female	7.4	25.9	7,026	56.6	1,918
Residence					
Urban	7.6	25.1	6,830	63.6	1,855
Rural	7.6	26.5	7,680	50.9	2,133
Education					
No education	7.3	21.2	666	45.2	150
Some primary	9.1	29.2	2,102	46.6	653
Completed primary	7.6	26.3	4,865	52.3	1,341
Some secondary	8.0	28.1	2,947	59.7	877
Secondary+	6.3	22.6	3,929	68.9	966
Total	7.6	25.9	14,510	56.8	3,988

¹ Excludes pharmacy, shop, and traditional practitioner

Table 13.2 reports the types of drugs given to children with fever. Since malaria is an important contributory cause of death in infancy and childhood in many developing countries, so-called “presumptive treatment” of fever with antimalarial medication is advocated in many countries where malaria is endemic. Forty-seven percent of children with fever during the two weeks preceding the survey were given acetaminophen or paracetamol, while less than 1 percent of children were given antimalarial drugs. Most of the children (76 percent) were given a drug that was not antimalarial (Table 13.2). Differences by urban-rural residence are insignificant.

Table 13.2 Drugs taken for fever

Percentage of children under five years who were ill with fever during the two weeks preceding the survey, by type of drug taken, according to residence, Indonesia 2002-2003

Result	Residence		Total
	Urban	Rural	
Fansidar	0.3	0.1	0.2
Chloroquine/Nivaquine	0.5	0.5	0.5
Any non-antimalarial drug	77.2	75.7	76.4
Aspirin	2.9	4.6	3.8
Acetaminophen/paracetamol	48.0	46.4	47.1
Ibuprofen	0.6	0.5	0.6
Don't know/missing	16.0	14.6	15.2
No drug	5.2	8.9	7.2
Number of children	1,715	2,036	3,751

13.2 DISPOSAL OF CHILDREN'S STOOLS

The proper disposal of children's feces is extremely important in preventing the spread of disease. If feces are left uncontained, disease may spread by direct contact or through animal contact. Table 13.3 presents information on the disposal of children's stools, by background characteristics, including type of toilet facilities in the household.

Table 13.3 shows that only 21 percent of children under five always use a toilet/latrine, while 31 percent of mothers usually throw the stool into a toilet/latrine. Children in urban areas are more likely than rural children to have their stools contained. Overall, the percentage of urban children who always use a toilet or latrine or whose stools are thrown into a toilet/latrine or are buried is 72 percent, while for rural children it is only 41 percent. Mother's education is related to use of a toilet/latrine; as mother's education increases, so does the percentage of children who use a toilet/latrine or whose stools are thrown into a toilet/latrine.

Table 13.3 Disposal of children's stools

Percent distribution of mothers who are living with their youngest child under five years, by way in which child's fecal matter is disposed of, according to background characteristics and type of toilet facilities in household, Indonesia 2002-2003

Background characteristic	Stools contained			Stools uncontained				Use diapers				Total	Number of mothers
	Child always uses toilet/latrine	Thrown into toilet/latrine	Buried in yard	Thrown outside dwelling	Thrown outside yard	Rinsed away	Not disposed of	Disposable	Washable	Other	Missing		
Residence													
Urban	29.8	40.7	1.1	13.8	3.7	3.6	0.0	0.3	6.4	0.1	0.4	100.0	5,804
Rural	13.9	23.2	4.3	30.0	12.1	5.2	0.4	0.2	10.0	0.3	0.4	100.0	6,598
Education													
No education	5.7	19.7	3.6	37.9	18.3	7.4	0.3	0.0	6.3	0.3	0.6	100.0	564
Some primary	12.6	20.7	4.8	37.1	12.5	4.1	0.4	0.2	6.8	0.3	0.3	100.0	1,780
Completed primary	17.9	27.8	3.3	26.2	9.6	4.4	0.3	0.2	9.8	0.2	0.4	100.0	4,230
Some secondary	20.9	36.6	2.2	19.1	8.0	4.2	0.1	0.2	7.9	0.3	0.4	100.0	2,550
Secondary+	33.5	40.0	1.3	9.5	2.5	4.5	0.1	0.5	7.8	0.0	0.4	100.0	3,278
Toilet facilities													
None	4.1	7.3	3.9	55.7	12.2	5.6	0.1	0.2	10.3	0.4	0.4	100.0	2,338
Pit latrine	16.4	33.3	2.0	23.5	9.7	5.2	0.1	0.0	8.6	0.1	1.1	100.0	1,006
Flush toilet	32.8	43.9	1.5	6.6	2.9	3.8	0.1	0.4	7.7	0.1	0.3	100.0	6,609
Other	8.7	19.7	5.6	33.2	18.0	5.0	0.9	0.1	8.1	0.5	0.3	100.0	2,422
Total	21.3	31.4	2.8	22.4	8.2	4.5	0.2	0.3	8.3	0.2	0.4	100.0	12,402

Note: Total includes 25 cases in which information on type of toilet facility is missing.

Appendix Table A.13.2 shows the variation in the disposal of children's stools by province. Children in DKI Jakarta are the most likely to use a toilet/latrine (45 percent), followed by Bali (30 percent) and North Sulawesi (30 percent). Less than 10 percent of children in North Sumatera, West Nusa Tenggara, East Nusa Tenggara, Central Kalimantan, and Southeast Sulawesi use toilets or latrines. Provinces where stools are most likely thrown into a toilet/latrine are East Kalimantan and DI Yogyakarta (49 and 43 percent, respectively). Unhealthy behaviors such as throwing children's stools outside the dwelling or yard are common in provinces such as West Nusa Tenggara (60 percent) and Bangka Belitung (54 percent).

13.3 PREVALENCE OF DIARRHEA

Diarrhea has been singled out for investigation for two reasons. In many countries, dehydration from watery diarrhea is a major cause of death in infancy and childhood, and the condition is amenable to treatment by oral rehydration therapy. This combination of a high cause-specific mortality rate and the existence of effective treatment makes diarrhea and its treatment a priority concern for health services. Table 13.4 shows the prevalence of diarrhea for children under five years by background characteristics. The reference period is the two weeks preceding the interview. This measure is affected by the reliability of the mother's recall as to when the diarrheal episode occurred. Since the number of cases of diarrhea varies seasonally, the time of year in which the fieldwork was carried out (October 2002 to April 2003) should be taken into account in interpreting the findings.

Table 13.4 shows that 11 percent of children under five had diarrhea in the two weeks preceding the survey. This figure is similar to those found in the 1994 and 1997 IDHS data (9 and 12 percent, respectively). The prevalence of diarrhea is highest among children age 6-11 months. Diarrhea prevalence does not vary by the child's sex and residence. However, mother's education is associated with the prevalence of diarrhea among their children. Children whose mothers have secondary or higher education are least likely to have diarrhea. While the difference is small, children whose source of drinking water is surface water are slightly more likely to have diarrhea than other children.

Table 13.4 Prevalence of diarrhea

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by background characteristics, Indonesia 2002-2003

Background characteristic	Diarrhea in the two weeks preceding the survey	Number of children
Age in months		
<6	8.7	1,570
6-11	19.4	1,373
12-23	14.8	2,819
24-35	12.0	3,026
36-47	7.9	3,008
48-59	6.4	2,714
Sex		
Male	10.8	7,483
Female	11.2	7,026
Residence		
Urban	11.2	6,830
Rural	10.8	7,680
Mother's education		
No education	11.9	666
Some primary	15.5	2,102
Completed primary	11.3	4,865
Some secondary	11.0	2,947
Secondary+	8.1	3,929
Source of drinking water		
Piped	11.8	2,525
Protected well	10.3	5,807
Open well	11.0	2,600
Surface	13.8	2,210
Other/missing	8.0	1,368
Total	11.0	14,510

Appendix Table A.13.3 shows the variation in the prevalence of diarrhea by province. Diarrhea prevalence is highest in South Sulawesi (16 percent) and West Java (15 percent). On the other hand, diarrhea prevalence is lowest in Central Kalimantan (2 percent) and South Sumatera (3 percent).

13.4 KNOWLEDGE OF DIARRHEA CARE

Oral rehydration therapy (ORT), including a solution prepared from ORS packets (prepackaged oral rehydration salts) and increased fluids, has been recommended for treating diarrhea. In Indonesia, ORT is promoted through health education and mass media campaigns. In the IDHS, a mother is classified as knowing about ORT if she reported ever hearing about Oralit, the brand of ORS most commonly used, or ever seeing an ORS packet.

Table 13.5 shows the percentage of mothers who gave birth in the five years preceding the survey and who know about ORS packets. Overall, 92 percent of these mothers know about ORS packets. Knowledge about ORS packets does not vary much by respondent's age and residence. Mother's education is positively associated with knowledge of ORS packets, with 68 percent of mothers with no education knowing about ORS packets, compared with almost all mothers who completed secondary education.

Background characteristic	Percentage of mothers who know about ORS packets	Number of mothers
Age		
15-19	85.2	543
20-24	92.1	2,855
25-29	95.1	3,665
30-34	95.2	2,868
35-49	87.9	2,831
Residence		
Urban	95.3	5,970
Rural	90.0	6,791
Education		
No education	68.1	580
Some primary	85.8	1,849
Completed primary	92.4	4,359
Some secondary	95.4	2,614
Secondary+	98.1	3,359
Total	92.4	12,760

ORS = Oral rehydration salts

Appendix Table A.13.4 shows mother's knowledge of ORS packets by province. Mother's knowledge of ORS packets is lowest in Banten (67 percent) and highest in DKI Jakarta and DI Yogyakarta (99 percent).

13.5 DIARRHEA TREATMENT

Table 13.6 provides information on whether medical care and treatment were sought for childhood diarrheal episodes in the two weeks preceding the survey, including the percentage of children receiving various treatments for diarrhea. Particular attention is focused on treatment with ORT, which includes solutions prepared from ORS packets, recommended home fluids, and increased fluids.

Table 13.6 shows that 51 percent of children under five years with diarrhea in the two weeks preceding the survey were taken to a health facility or provider. Treatment of diarrhea varies by the child's age; infants under six months and children three years or older are less likely to be taken to a health facility or provider. Female children and children in urban areas are somewhat more likely to receive care from a health provider than other children.

Table 13.6 Diarrhea treatment

Among children under five years of age who had diarrhea in the two weeks preceding the survey, percentage taken for treatment to a health provider, percentage who received oral rehydration therapy (ORT), and percentage given other treatments, according to background characteristics, Indonesia 2002-2003

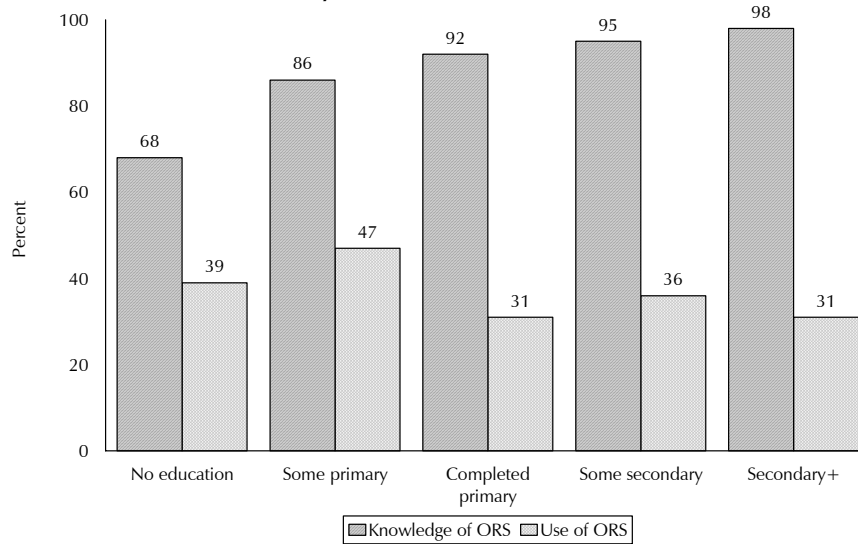
Background characteristic	Percentage taken to a health facility or provider ¹	Oral rehydration therapy (ORT)					Other treatments					Number of children with diarrhea	
		Oral rehydration salts (ORS) packets	Recommended homemade fluids (RHF)	Either ORS or RHF	Increased fluids	ORS, RHF or increased fluids	Pill or syrup	Injection	Intravenous solution	Home remedy/ other	Missing		No treatment
Age in months													
<6	24.0	15.3	13.2	26.3	25.3	39.6	30.0	0.6	0.0	17.4	0.0	41.1	137
6-11	60.0	35.5	15.4	45.2	26.3	59.2	59.9	0.7	0.4	8.9	0.0	16.6	267
12-23	59.7	35.4	22.2	51.6	29.1	60.7	60.2	1.2	0.1	10.8	0.0	12.2	417
24-35	55.2	34.7	24.7	45.5	30.3	61.5	64.6	1.1	1.7	13.9	0.0	8.2	364
36-47	39.1	40.4	23.7	51.4	24.7	62.2	51.1	0.9	0.0	11.6	2.8	12.4	237
48-59	43.7	46.6	26.4	65.1	33.4	75.3	66.3	0.0	0.0	15.0	0.0	4.3	175
Sex													
Male	49.0	33.0	24.1	48.0	24.9	56.3	59.9	0.6	0.9	11.1	0.0	15.3	808
Female	52.7	38.0	18.9	48.9	32.0	65.0	55.8	1.1	0.0	13.6	0.8	12.0	788
Residence													
Urban	54.6	35.0	21.8	48.9	29.0	62.5	59.8	0.7	0.9	10.5	0.8	12.6	767
Rural	47.3	35.9	21.3	48.0	27.9	58.9	56.1	1.0	0.0	14.1	0.0	14.7	829
Mother's education													
No education	31.7	39.3	16.4	48.9	34.5	57.4	43.4	0.0	0.0	19.6	0.0	23.9	79
Some primary	50.6	47.0	17.6	55.4	23.0	63.1	51.8	0.7	1.5	9.0	0.0	18.6	326
Completed primary	48.8	30.7	23.5	44.5	27.7	60.0	61.8	1.1	0.0	7.5	1.2	11.9	550
Some secondary	50.1	35.6	20.5	49.4	31.8	60.9	55.8	0.9	0.0	20.5	0.0	12.8	323
Secondary +	60.1	31.0	24.5	47.0	30.2	59.8	63.1	0.8	0.8	14.1	0.0	10.0	318
Total	50.8	35.5	21.6	48.4	28.4	60.6	57.9	0.9	0.5	12.3	0.4	13.7	1,596

Note: ORT includes solution prepared from oral rehydration salt (ORS) packets, recommended homemade fluids (RHF), or increased fluids.

¹ Excludes pharmacy, shop, and traditional practitioner

Treatment of children with diarrhea varies by mother's education. Children of mothers with no education are the least likely to be taken to a health facility or provider, while children whose mothers have secondary or higher education are the most likely to receive care from a health professional. However, the association between treating children with diarrhea with ORS and mother's education is less clear (Figure 13.1).

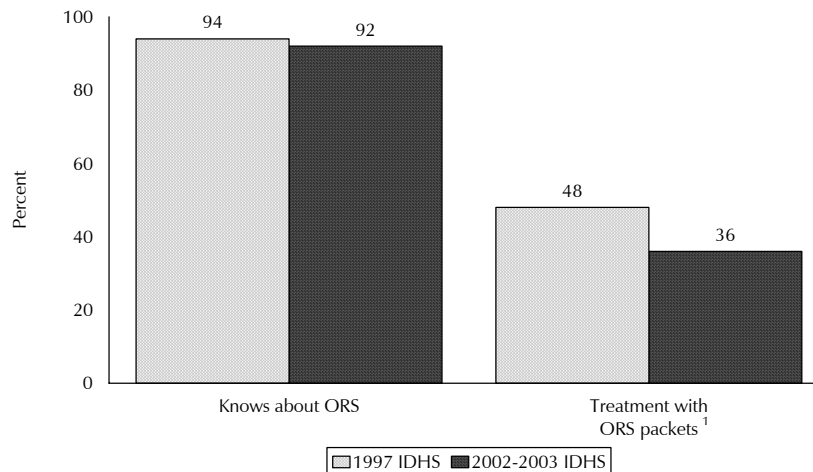
Figure 13.1 Knowledge and Use of ORS Packets among Mothers Who Gave Birth in the Past Five Years, by Level of Education



IDHS 2002-2003

Children who have diarrhea may be given a solution prepared from ORS packets, homemade fluids, other treatments, increased fluids, or a combination of these treatments. Although more than 90 percent of mothers reported that they know about ORS packets, only 36 percent of children with diarrhea were treated with ORS. This percentage is much lower than that in the 1997 IDHS (48 percent) (Figure 13.2). Overall, 22 percent of children with diarrhea were given recommended home fluids (RHF), 48 percent received either ORS or RHF, 58 percent were given some pill or syrup for treatment, and 12 percent were given a home remedy. While the majority of children with diarrhea were given ORS, RHF, or increased fluids, 14 percent of children received no treatment at all.

Figure 13.2 Trends in Knowledge and Use of ORS Packets for Treatment of Diarrhea by Mothers who Gave Birth in the Past Five Years



Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

¹ Children under five who had diarrhea in the two weeks preceding the survey

ORS = Oral rehydration salts

13.6 FEEDING PRACTICES DURING DIARRHEA

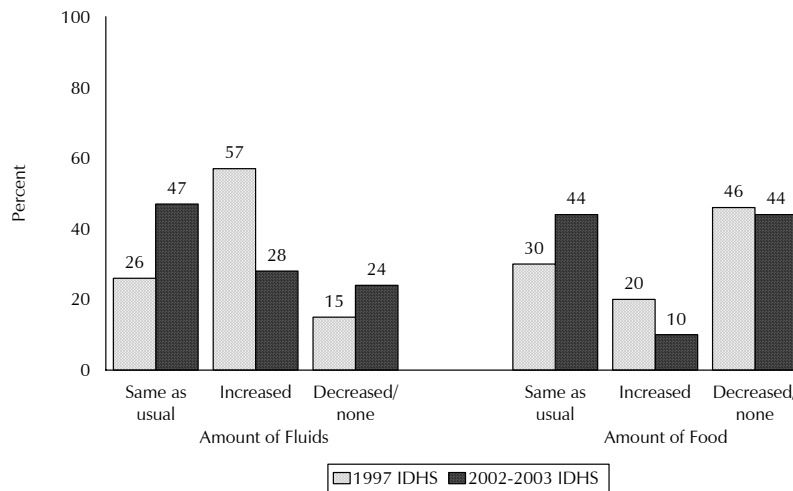
The recovery of a child suffering from diarrhea may depend on the feeding practices during and between diarrhea episodes. In particular, consumption of extra fluids is essential. Table 13.7 presents data on feeding practices of children who had diarrhea in the two weeks preceding the survey. The data show that only 28 percent of children with diarrhea were given more fluids than usual, while 47 percent were given the same amount of fluids. It should be noted that 24 percent of children with diarrhea were given less fluid or none at all.

Diarrheal episodes are frequently accompanied by vomiting, which makes feeding difficult because the child may refuse food. Table 13.7 shows that only 10 percent of children were given more food than usual, while 44 percent were given less food or none at all. Overall, results of the 2002-2003 IDHS show that feeding practices of children with diarrhea in Indonesia are not consistent with recommended interventions.

Table 13.7 Feeding practices during diarrhea	
Percentage of children under five years who had diarrhea in the two weeks preceding the survey, by amount of fluids and food offered, compared with normal practice, Indonesia 2002-2003	
Feeding practices	Percentage
Amount of fluids offered	
Same as usual	46.9
More	28.4
Somewhat less	16.5
Much less	1.2
None	5.9
Don't know/missing	1.1
Total	100.0
Amount of food offered	
Same as usual	44.3
More	9.9
Somewhat less	38.0
Much less	2.8
None	3.4
Never gave food	0.8
Don't know/missing	0.9
Total	100.0
Number of children	1,596

Figure 13.3 compares feeding practices during diarrhea in 1997 and 2002-2003. The figures suggest that appropriate feeding practices have deteriorated. The percentage of children who were given increased fluids and increased foods in 2002-2003 is half of that in 1997. For example, while 57 percent of children with diarrhea were given increased fluids in 1997, the corresponding proportion in 2002-2003 was only 28 percent.

Figure 13.3 Trends in Feeding Practices among Children Under Five with Diarrhea



Note: The 2002-2003 IDHS did not include Nanggroe Aceh Darussalam, Maluku, North Maluku, and Papua province. Previous surveys included East Timor.

13.7 CHILDREN’S HEALTH CARE AND WOMEN’S STATUS

The 2002-2003 IDHS investigated the relationship between children’s health care and women’s status as measured by their ability to influence household decisionmaking, the number of situations in which they believe that a woman is justified in refusing sexual relations with her husband, and the number of circumstances in which she believes that a husband is justified in beating his wife.

Table 13.8 shows little relationship between women’s status and children’s health care. Although there is a slight positive relationship between women’s participation in household decisionmaking and vaccination coverage, the relationship is weaker for treatment of childhood fever and is slightly negative for the likelihood of children’s being taken for treatment when they are ill with diarrhea. As for the number of reasons for which women are justified in refusing sex with their husbands, the expected relationship is positive, i.e., the more reasons, the higher the percentage. However, the actual relationship is not linear for any of the three child health variables. Similarly, for the number of reasons for which wife beating is justifiable, the expected negative relationship is found only for the percentage of children with symptoms of ARI or fever who are taken for treatment.

Table 13.8 Children's healthcare by women's status

Percentage of children age 12-23 months who were fully vaccinated and percentages of children under five years who were ill with a fever and/or symptoms of ARI and diarrhea in the two weeks preceding the survey who were taken to a health provider for treatment, by women's status indicators, Indonesia 2002-2003

Women's status indicator	Children age 12-23 months fully vaccinated ¹		Children with fever and/or symptoms of ARI taken to a health provider ²		Children with diarrhea taken to a health provider ²	
	Percentage	Number	Percentage	Number	Percentage	Number
Number of decisions in which woman has final say³						
0	*	6	*	29	*	15
1-2	41.6	120	50.5	243	57.4	126
3-4	48.3	819	56.6	1,272	49.3	496
5	53.5	1,874	57.4	2,444	50.5	958
Number of reasons to refuse sex with husband						
0	50.4	168	53.3	266	52.8	100
1-2	42.6	273	57.3	431	53.0	194
3-4	52.5	2,378	57.0	3,291	50.4	1,302
Number of reasons wife beating is justified						
0	51.4	1,997	59.5	2,646	50.7	1,051
1-2	52.7	619	54.1	971	53.8	397
3-4	45.4	165	44.1	307	39.6	116
5	(63.4)	38	(43.6)	63	(57.7)	32
Total	51.5	2,819	56.8	3,988	50.8	1,596

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Those who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

² Excludes pharmacy, shop, and traditional practitioner

³ Either alone or jointly with others

13.8 HAND-WASHING PRACTICES

Many diseases are readily transmitted through contaminated food or from hand to mouth. Hand washing minimizes the transmission of both enteric (fecal) and respiratory pathogens. In the 2002-2003 IDHS, respondents were asked whether they washed their hands before preparing meals for their family.

Table 13.9 shows that 96 percent of women wash their hands before preparing meals. There are almost no differences in the practice by background characteristics or the availability of water.

Table 13.9 Hand-washing practices

Percentage of women who washed their hands before preparing a meal for their family the last time, according to background characteristics, Indonesia 2002-2003

Background characteristic	Washed hands	Did not wash hands	Never prepared meals	Missing	Total	Number of women
Age						
15-19	94.4	2.4	3.2	0.0	100.0	956
20-24	96.0	2.5	1.5	0.0	100.0	3,875
25-29	96.5	2.4	1.0	0.0	100.0	5,375
30-34	95.9	2.3	1.7	0.0	100.0	5,428
35+	95.1	2.4	2.4	0.1	100.0	13,848
Residence						
Urban	96.7	1.6	1.7	0.1	100.0	13,499
Rural	94.7	3.1	2.2	0.0	100.0	15,984
Source of drinking water						
Piped	95.9	2.1	1.9	0.1	100.0	4,987
Protected well	96.4	1.9	1.6	0.0	100.0	12,291
Open well	95.6	2.6	1.7	0.1	100.0	5,150
Surface	92.4	4.1	3.6	0.0	100.0	4,541
Other	96.9	1.6	1.4	0.0	100.0	2,510
Time to get water						
In dwelling/yard/plot	96.4	1.9	1.7	0.1	100.0	22,428
Less than 2 minutes	98.9	1.1	0.0	0.0	100.0	153
2-4 minutes	94.8	2.5	2.7	0.0	100.0	677
5-9 minutes	95.3	3.1	1.6	0.0	100.0	2,152
10+ minutes	91.0	4.9	4.0	0.1	100.0	3,746
Total ¹	95.6	2.4	2.0	0.1	100.0	29,483

¹ Total includes 5 women with missing information on source of drinking water and 327 women with missing information on time to get water.

Appropriate feeding practices are of fundamental importance for the survival, growth, development, health, and nutrition of infants and young children. The mother's nutritional well being before and during pregnancy can permanently influence the health of the child at all developmental stages, and her own ability to successfully deliver the baby and breastfeed, as well as her general health. The health benefits of breastfeeding for both mother and child are undisputed and they are influenced by both the duration and intensity of breastfeeding and by the age at which the child receives complementary fluids and foods.

To minimize morbidity and mortality of children, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that children should be breastfed for at least six months. Solid food should only be given at age seven months or older, and breastfeeding should continue well into the second year of life (Rutstein, 2000). In 2003, the Indonesian government changed the recommended duration of exclusive breastfeeding from four months to six months (Ministry of Health, 2002c).

14.1 INITIAL BREASTFEEDING

Mother and child benefit from early initiation of breastfeeding. From the child's perspective, colostrum (first breast milk) is important because it is rich in antibodies, which in turn has the effect of reducing the risk of dying. Early initiation of breastfeeding affects the new mother's health by causing the uterus to retract, helping to minimize postpartum blood loss. Over the longer term, a breastfeeding mother is likely to extend the length of her birth intervals, due to the suppressive effect that breastfeeding can have on the postpartum return of menses. The effect of breastfeeding on return of menses is moderated by both duration and intensity of breastfeeding. Longer birth intervals allow a mother's body to recover from the physical depletions associated with pregnancy.

In the 2002-2003 Indonesia Demographic and Health Survey IDHS, for all children born in the five years before the survey, mothers were asked how soon after birth the baby was given breast milk. They were also asked whether the child was given something other than breast milk during the first three days of life before the mother started breastfeeding regularly. Data presented in Table 14.1 confirm that breastfeeding in Indonesia is universal, with 96 percent of children born in the five years preceding the survey having been breastfed at some time. This is true for all subgroups of children.

Four in ten babies are put to the breast within the recommended one hour of birth, while 62 percent initiate breastfeeding in the first day of life. The percentage of children who started breastfeeding within the first day of life has increased from that in 1997 (53 and 62 percent, respectively) (BPS, 1998).

The timing of introduction of complementary foods in addition to breast milk has important health benefits for both the child and mother. Early introduction of foods that are low in energy and nutrients and prepared under unhygienic conditions can result in undernutrition, infection with foreign organisms, and lowered immunity to disease for the baby. At the same time, a baby receiving complementary foods will breastfeed less, thus reducing suckling frequency and quantity of milk produced. In turn, this may shorten the duration of mother's postpartum amenorrhea period, which may result in an earlier subsequent pregnancy.

The delay in starting breastfeeding immediately is an indication that some prelacteal feed is given during the period between birth and initiation of breastfeeding. Table 14.1 shows that the percentage of children who receive a prelacteal liquid is very high (45 percent). As expected, children are more likely to receive liquid than semisolid food before they are breastfed regularly (45 and 18 percent, respectively).

Table 14.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth, and percentage who received a prelacteal feed, by background characteristics, Indonesia 2002-2003

Background characteristic	All children		Children ever breastfed		Percentage who received a prelacteal feed liquid ²	Percentage who received a prelacteal feed nonliquid ²	Number of children ever breastfed
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹			
Sex							
Male	95.8	7,787	38.4	61.1	46.0	18.6	7,459
Female	96.1	7,301	39.1	63.2	44.7	16.6	7,015
Residence							
Urban	95.1	7,029	36.4	59.6	52.5	16.0	6,688
Rural	96.6	8,059	40.7	64.2	39.2	19.0	7,786
Mother's education							
No education	98.6	709	42.3	63.2	34.1	20.9	699
Some primary	96.5	2,238	40.5	61.6	36.9	22.1	2,161
Completed primary	96.5	5,038	38.9	65.5	38.6	19.1	4,860
Some secondary	95.4	3,074	39.1	60.7	48.2	18.2	2,931
Secondary +	94.9	4,029	36.7	59.0	58.5	12.2	3,823
Assistance at delivery							
Health professional ³	95.3	9,994	38.2	61.4	53.1	14.0	9,522
Traditional birth attendant	97.2	4,752	40.2	65.1	30.8	25.8	4,617
Other	96.2	190	50.2	63.9	38.9	11.7	182
No one	(100.0)	(39)	(46.9)	(58.7)	(42.7)	(3.2)	39
Place of delivery							
Health facility	94.3	6,002	39.3	62.2	58.0	9.2	5,658
At home	97.0	8,906	38.7	62.8	37.6	23.4	8,636
Other	98.6	60	52.0	66.9	40.2	10.2	59
Missing	99.9	121	8.1	8.2	5.3	0.1	121
Total	95.9	15,089	38.7	62.1	45.3	17.6	14,474

Note: Table is based on all births whether the children are living or dead at the time of interview. Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly

³ Doctor, nurse/midwife, or auxiliary midwife

Rural children are less likely to receive prelacteal liquids than urban children. There is a positive association between mother's education and the likelihood of children receiving liquid prelacteal feeds. Children of women with no education are less likely to receive a liquid prelacteal feed than children of women with secondary or higher education. Similarly, children delivered at home are less likely to receive liquid prelacteal feeds and more likely to receive a semisolid prelacteal feed than children delivered in health facilities.

Children whose mothers were assisted by a health professional at delivery are much more likely to receive liquids before the mother's breast milk flows regularly than children assisted by a traditional birth attendant at delivery. On the other hand, children assisted by a traditional birth attendant at delivery are more likely than those who were assisted by a health professional to be given prelacteal semisolid food (26 and 14 percent, respectively).

Appendix Table A.14.1 shows that children in East Java, West Nusa Tenggara, and Central Kalimantan are the most likely to be given breast milk within the first hour of birth (60 percent or higher) compared with other children, and children in Bengkulu, Central Java, DI Yogyakarta, South Kalimantan, and Central Sulawesi are the least likely to receive breast milk within the first hour of birth (less than 25 percent) compared with other children. Mothers in West Nusa Tenggara and North Sulawesi are by far the most likely to breastfeed within the first day of birth (80 percent or higher).

Children in DKI Jakarta and Riau are the most likely to receive a liquid prelacteal feed (66 and 62 percent, respectively), while children in Gorontalo (43 percent), Bengkulu (36 percent), and Central Sulawesi (36 percent) are the most likely to receive a semisolid prelacteal food.

14.2 AGE PATTERN OF BREASTFEEDING

Mothers who were currently breastfeeding were asked if they had given various types of liquids or solid foods to the child in the last 24 hours. Children are classified as being exclusively breastfed if they received breast milk only in the last 24 hours. Full breastfeeding is defined as receiving plain water only in addition to breast milk. Table 14.2 and Figure 14.1 show data on the breastfeeding status of young children from birth up to three years of age. While 55 percent of children younger than 4 months of age are exclusively breastfed, the proportion among children under 6 months is 40 percent. Past the age of six months, breast milk alone does not provide sufficient nutrition for the infant; thus children over the age of six months should not be exclusively breastfed. In Indonesia, 5 percent of infants age 6-9 months are reported as being exclusively breastfed. The percentage of children who no longer received breast milk starts to rise from 13 percent at age 6-7 months to 41 percent at age 20-23 months. By age 28 months, 66 percent of children have stopped receiving breast milk.

Comparing these figures with those in the 1997 IDHS, there has been a slight increase in the percentage of children under 4 months who were exclusively breastfed (52 percent in 1997 compared with 55 percent in 2002-2003).

Early introduction of foods that are low in energy and nutrients or prepared under unhygienic conditions may result in undernutrition, infection with foreign organism, and lower immunity to disease for the baby (Ministry of Health, 2002a). Unfortunately, in Indonesia infant feeding supplementation starts early, which is inconsistent with the Government of Indonesia recommendation. Exclusive breastfeeding is not widely practiced. Among infants under 2 months of age, only 64 percent are given breast milk exclusively. This percentage declines to 46 percent for infants 2-3 months and 14 percent for infants 4-5 months. Hence, only one in seven infants receive breast milk exclusively at an age when all infants are recommended to be exclusively breastfed.

Thirteen percent of infants under 2 months were given other milk and 15 percent received complementary foods. By age 2-3 months, one in three children were given complementary foods. This proportion increases to 71 percent at age 6-7 months.

Bottle-feeding can be unsanitary and is not recommended at any age. However, this practice is becoming more common in Indonesia. Table 14.2 shows that the percentage of children 2-3 months who were bottlefed increased from 12 percent in 1997 to 17 percent in 2002-2003. This percentage increases to 35 percent among infants age 8-9 months.

Table 14.2 Breastfeeding status by child's age

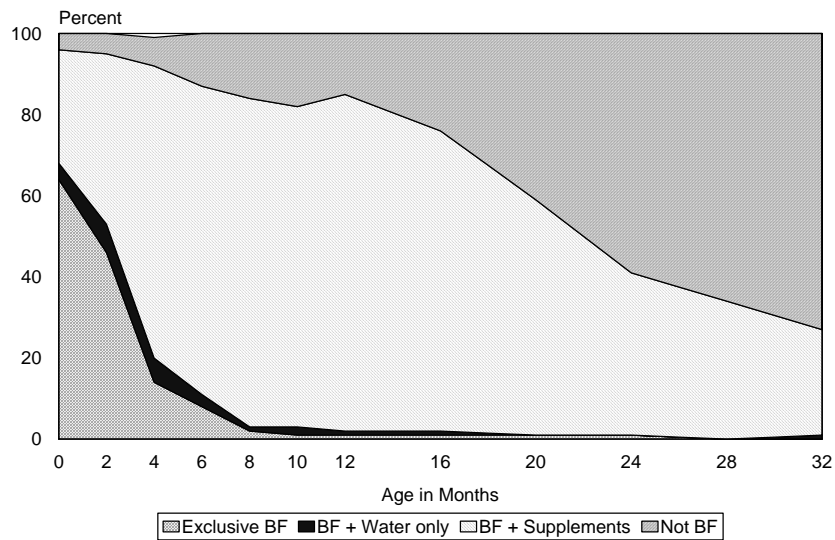
Percent distribution of youngest children under three years living with the mother by breastfeeding status, and percentage of children under three years using a bottle with a nipple, according to age in months, Indonesia 2002-2003

Age in months	Breastfeeding and consuming:						Total	Number of children	Using a bottle with a nipple ¹	Number of living children
	Not breast-feeding	Exclusively breast-fed	Plain water only	Water-based liquids/juice	Other milk	Complementary foods				
<2	3.9	64.0	4.1	0.1	13.2	14.6	100.0	431	13.8	438
2-3	4.8	45.5	7.2	0.6	9.7	32.2	100.0	570	16.5	577
4-5	7.4	13.9	6.2	0.3	3.1	69.0	100.0	546	19.0	555
6-7	13.0	7.8	2.7	1.2	3.9	71.3	100.0	470	30.1	473
8-9	15.9	1.7	0.9	1.9	0.6	79.1	100.0	426	34.9	431
10-11	17.5	1.2	2.0	0.6	0.3	78.4	100.0	457	30.0	469
12-15	15.4	1.0	1.1	1.0	0.6	80.8	100.0	1,021	22.1	1,045
16-19	24.1	1.3	0.2	0.2	0.6	73.5	100.0	945	31.6	976
20-23	41.3	0.3	0.2	0.2	0.0	58.0	100.0	755	29.8	797
24-27	58.8	0.9	0.1	0.0	0.1	40.1	100.0	901	27.9	999
28-31	65.6	0.3	0.2	0.3	0.0	33.7	100.0	867	24.7	1,004
32-35	72.8	0.2	0.6	0.0	0.2	26.2	100.0	873	23.3	1,023
<4	4.2	55.1	7.6	0.5	12.8	19.8	100.0	1,001	16.1	1,015
<6	5.5	39.5	6.0	0.4	8.4	40.3	100.0	1,547	16.7	1,570
6-9	14.4	4.9	1.8	1.5	2.3	75.0	100.0	897	32.4	904

Note: Breastfeeding status refers to a 24-hour period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semisolids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Based on all children under three years

Figure 14.1 Distribution of Children by Breastfeeding (BF) Status, According to Age



IDHS 2002-2003

14.3 DURATION AND FREQUENCY OF BREASTFEEDING

Table 14.3 shows the differentials in duration and frequency of breastfeeding by background characteristics. The overall median duration of any breastfeeding is 22.3 months, the median duration of exclusive breastfeeding is 1.6 months, and the median duration of predominant breastfeeding¹ is 2.0 months. The overall median duration of any breastfeeding in 1997 is more than one month longer (23.9 months) than the duration reported in the 2002-2003 IDHS.

¹ Includes breast milk only, breast milk and water, water-based liquids and/or juice only (excludes other milk).

Table 14.3 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, by background characteristics, Indonesia 2002-2003

Background characteristic	Median duration (months) of breastfeeding ¹				Breastfeeding children under six months ²			
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding ³	Number of children	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex								
Male	21.9	1.5	1.9	4,824	95.7	6.3	4.7	748
Female	22.6	1.7	2.1	4,294	97.3	6.6	4.8	698
Residence								
Urban	21.2	1.4	1.9	4,315	95.0	6.3	4.6	665
Rural	23.1	1.7	2.1	4,804	97.7	6.6	4.8	782
Mother's education								
No education	24.8	0.7	3.6	411	95.6	6.6	4.7	56
Some primary	25.4	1.1	1.2	1,271	99.2	6.4	4.8	172
Completed primary	23.6	1.7	2.1	2,973	96.4	6.4	4.5	575
Some secondary	21.1	1.7	2.1	1,957	96.4	6.6	4.7	314
Secondary+	19.7	1.5	1.9	2,507	95.5	6.5	5.1	328
Total	22.3	1.6	2.0	9,119	96.5	6.5	4.7	1,446
Mean for all children	22.1	3.2	3.9	na	na	na	na	na

Note: Median and mean durations are based on current status.

na = Not applicable

¹ It is assumed that non-last-born children and last born children not living with the mother are not currently breastfeeding

² Excludes children who do not have a valid answer on the number of times breastfed

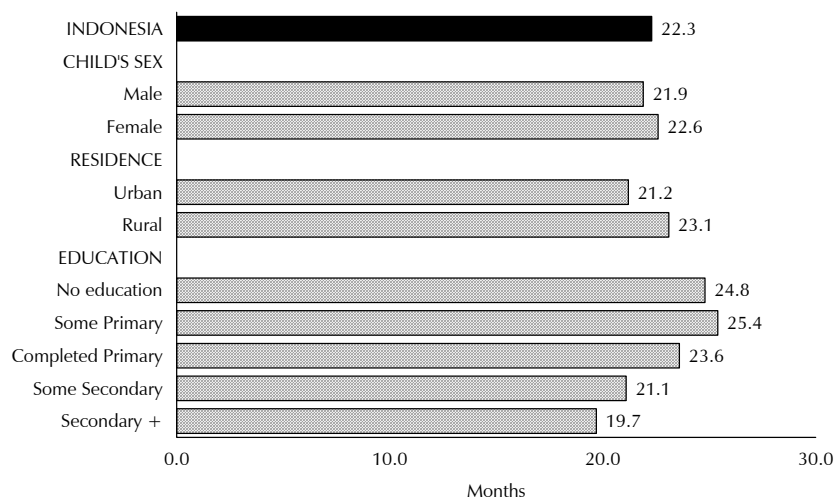
³ Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

Whereas there are small differences in breastfeeding practices by the child's sex and urban-rural residence, there are variations by mother's education. For example, the median duration of any breastfeeding is 24.8 months for mothers with no education compared with 19.7 months for mothers with secondary or higher education (Figure 14.2).

For mothers to enhance their supply of breast milk and delay the return of menstruation, frequent breastfeeding must be practiced throughout the day and night (Ministry of Health, 2002d). Data presented in Table 14.3 indicate that 97 percent of breastfeeding children under six months of age were breastfed six or more times in the 24 hours preceding the interview. Children are breastfed more frequently during the day than at night (7 and 5 times, respectively).

Appendix Table A.14.2 shows that the median duration of any breastfeeding ranges from 14.4 months in DKI Jakarta to 32.7 months in West Kalimantan. There are small variations in frequency of feeds across provinces.

Figure 14.2 Median Duration of Any Breastfeeding (months)



IDHS 2002-2003

14.4 TYPES OF COMPLEMENTARY FOODS

As mentioned above, the recommended age for introducing foods other than breast milk is 6 months. The data in Table 14.4 show that 48 percent of breastfeeding children under 6 months receive semisolid or solid foods. As expected, the percentage among children who were not breastfed is higher (76 percent). Among breastfeeding children under 6 months of age, 36 percent received cereal and 21 percent received fruits and vegetables, whereas among nonbreastfeeding children of the same age group, 48 percent received cereals and 36 percent had consumed fruits or vegetables in the day or night preceding the interview.

Table 14.4 shows that more than 65 percent of breastfeeding children over 7 months of age and more than 75 percent of nonbreastfeeding children received foods rich in vitamin A, which includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, jackfruit, and other locally grown foods rich in vitamin A, and meats. The level of vitamin A consumption may be slightly overestimated because the “meats” category in the questionnaire includes both “meat,” which is rich in vitamin A, and “poultry, fish, shellfish, or eggs,” which are not rich in vitamin A. It was not possible to separate meat from the other foods during the analysis stage.

Table 14.4 Foods consumed by children in the day or night preceding the interview

Percentage of children under three years of age living with the mother who consumed specific foods in the day or night preceding the interview, by breastfeeding status and age, Indonesia 2002-2003

Child's age in months	Solid/semisolid foods										Any solid or semi solid food	Number of children
	Infant formula	Other milk/cheese/yogurt	Other liquids ¹	Food made from grains	Fruits/vegetables ²	Food made from roots/tubers	Food made from legumes	Meat/fish/shellfish/poultry eggs	Food made with oil/fat/butter	Fruits and vegetables rich in vitamin A ³		
BREASTFEEDING CHILDREN												
<2	16.3	0.1	2.7	11.1	9.0	0.0	0.3	0.5	0.0	1.4	21.1	414
2-3	17.8	0.6	6.4	25.5	14.8	0.9	1.7	4.1	1.1	5.0	38.3	543
4-5	20.0	1.0	19.0	68.1	37.8	4.0	8.8	12.9	2.2	20.0	80.1	505
6-7	26.0	4.0	26.1	79.6	56.2	10.7	12.5	28.1	5.2	45.9	87.3	409
8-9	27.4	3.8	42.6	87.5	75.4	14.4	25.7	40.7	11.3	64.6	95.5	359
10-11	22.3	9.7	48.4	88.7	77.1	19.7	47.1	57.5	26.5	73.4	95.3	377
12-15	22.4	6.3	53.5	94.4	85.4	22.4	46.9	63.3	26.8	81.2	96.9	864
16-19	24.7	9.9	62.2	95.2	89.0	21.0	51.8	70.7	38.0	83.5	98.9	717
20-23	25.2	11.0	59.4	96.5	87.9	30.0	62.4	74.4	41.6	83.4	99.1	444
24-35	17.6	17.1	67.8	94.3	88.1	27.8	60.8	70.6	43.8	82.9	99.0	908
<6	18.1	0.6	9.7	36.1	21.1	1.7	3.8	6.1	1.2	9.2	47.9	1,463
6-9	26.7	3.9	33.8	83.3	65.2	12.4	18.7	34.0	8.0	54.6	91.1	768
NONBREASTFEEDING CHILDREN												
6-7	87.5	6.5	30.6	78.6	57.9	14.8	17.6	18.6	5.2	48.9	99.8	61
8-9	75.8	24.5	58.2	91.5	94.2	4.0	31.6	65.5	32.6	79.2	100.0	68
10-11	74.8	5.7	44.6	98.1	77.6	27.4	54.1	59.3	6.4	75.3	98.8	80
12-15	58.4	12.8	70.0	95.3	92.5	27.5	57.8	80.4	28.4	88.9	99.9	157
16-19	67.6	10.6	76.4	98.9	95.1	28.4	49.1	81.3	47.8	91.0	99.7	228
20-23	42.0	15.8	66.0	96.0	88.8	26.0	55.6	73.4	42.6	84.3	97.9	312
24-35	41.1	20.7	69.2	97.6	93.3	32.1	59.0	78.5	42.4	89.3	99.7	1,734
<6	76.6	5.6	23.7	48.3	36.3	4.4	10.9	4.3	0.9	16.3	75.6	85
6-9	81.4	16.0	45.1	85.4	76.9	9.2	24.9	43.2	19.6	64.8	99.9	129

Note: Breastfeeding status and food consumed refer to a 24-hour recall period (yesterday and last night).

¹ Does not include plain water

² Includes fruits and vegetables rich in vitamin A

³ Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables that are rich in vitamin A

14.5 FREQUENCY OF FOODS CONSUMED BY CHILDREN

Table 14.5 shows the number of times various foods were consumed in the 24 hours prior to the interview by youngest children under three years living with their mothers. Breastfeeding children received other liquids,² cereal-type foods, and fruits and vegetables on average once in the 24-hour period prior to the interview. The frequency of foods consumed generally increases with the child's age and, as would be expected, nonbreastfeeding children consume these specified foods with greater frequency than breastfeeding children.

² Other liquids include sugar water, tea, soda, and soup broth.

Table 14.5 Frequency of foods consumed by children in the day or night preceding the interview

Mean number of times specific foods were consumed in the day or night preceding the interview by youngest children under three years of age living with the mother, according to breastfeeding status and age, Indonesia 2002-2003

Child's age in months	Solid/semisolid foods										Number of children
	Infant formula	Other milk/cheese/yogurt	Other liquids ¹	Food made from grains	Fruits/vegetables ²	Food made from roots/tubers	Food made from legumes	Meat/fish/shellfish/poultry eggs	Food made with oil/fat/butter	Fruits and vegetables rich in vitamin A ³	
BREASTFEEDING CHILDREN											
<2	0.5	0.0	0.0	0.3	0.2	0.0	0.0	0.0	0.0	0.0	414
2-3	0.6	0.0	0.1	0.6	0.3	0.0	0.0	0.1	0.0	0.1	543
4-5	0.5	0.0	0.3	1.5	1.0	0.1	0.1	0.3	0.0	0.6	505
6-7	0.8	0.1	0.5	2.0	1.8	0.2	0.2	0.5	0.1	1.3	409
8-9	1.0	0.1	0.8	2.3	2.5	0.2	0.5	0.8	0.3	1.9	359
10-11	0.6	0.1	1.0	2.3	2.7	0.4	0.8	1.1	0.5	2.1	377
12-15	0.7	0.1	1.1	2.5	3.3	0.4	0.9	1.3	0.5	2.6	864
16-19	0.7	0.2	1.3	2.6	3.4	0.3	1.0	1.3	0.8	2.6	717
20-23	0.7	0.2	1.2	2.5	3.4	0.5	1.1	1.5	0.8	2.5	444
24-35	0.5	0.3	1.5	2.6	3.4	0.4	1.2	1.3	0.9	2.5	908
<6	0.6	0.0	0.2	0.8	0.5	0.0	0.1	0.1	0.0	0.3	1,463
6-9	0.9	0.1	0.7	2.2	2.1	0.2	0.3	0.7	0.2	1.5	768
NONBREASTFEEDING CHILDREN											
6-7	4.1	0.1	0.6	2.0	1.9	0.2	0.3	0.3	0.1	1.4	61
8-9	4.0	0.4	1.9	2.8	4.7	0.1	0.4	1.5	0.5	3.7	68
10-11	3.7	0.3	0.8	2.5	3.0	0.6	1.0	1.0	0.1	2.4	80
12-15	2.7	0.5	1.9	2.9	4.2	0.5	1.0	1.8	0.5	3.3	157
16-19	2.8	0.3	1.6	2.9	4.5	0.5	0.9	2.0	1.0	3.5	228
20-23	1.5	0.4	1.4	2.9	3.5	0.5	1.0	1.6	0.9	2.7	312
24-35	1.5	0.5	1.6	2.9	3.7	0.5	1.1	1.7	0.9	2.9	1,734
<6	3.3	0.1	0.3	1.2	1.0	0.1	0.1	0.1	0.0	0.3	85
6-9	4.1	0.3	1.3	2.4	3.4	0.1	0.4	0.9	0.3	2.6	129

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night).

¹ Does not include plain water

² Includes fruits and vegetables rich in vitamin A

³ Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, mangoes, papayas, and other locally grown fruits and vegetables rich in vitamin A

14.6 MICRONUTRIENT INTAKE AMONG CHILDREN

Micronutrient deficiencies are of concern in Indonesia. Vitamin A is essential for normal vision and enhancement of immunity. Vitamin A deficiency has been known to be the main cause of childhood blindness. Several reports have shown that vitamin A deficiency is also associated with increased mortality and an increased severity of infectious disease (Helen Keller International, 2001).

The consumption of micronutrient-rich foods and supplements in the seven days preceding the survey by children under three years living with their mothers is shown in Table 14.6. Sixty-seven percent of these children received foods rich in vitamin A. Consumption of foods rich in vitamin A increases with children's age. Breastfeeding children are less likely than nonbreastfeeding children to receive foods that are rich in vitamin A (59 and 85 percent, respectively). The relationship between consumption of

Table 14.6 Micronutrient intake among children

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the seven days preceding the survey, percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, by background characteristics, Indonesia 2002-2003

Background characteristic	Youngest children under age 36 months		Children age 6-59 months	
	Consumed fruits and vegetables rich in vitamin A ¹	Number of children	Consumed vitamin A supplements	Number of children
Age in months				
<6	9.6	1,547	na	0
6-9	56.1	897	58.7	904
10-11	73.8	457	79.5	469
12-23	83.8	2,722	78.6	2,819
24-35	87.1	2,642	78.0	3,026
36-47	na	0	74.5	3,008
48-59	na	0	73.4	2,714
Sex				
Male	66.6	4,351	74.8	6,667
Female	68.3	3,914	75.4	6,273
Birth order				
1	69.3	2,768	78.9	4,579
2-3	67.0	3,845	76.2	5,754
4-5	63.6	1,081	69.9	1,637
6+	68.1	571	59.2	970
Breastfeeding status				
Breastfeeding	58.7	5,540	73.7	4,589
Not breastfeeding	85.0	2,707	76.2	8,241
Residence				
Urban	70.0	3,918	79.5	6,089
Rural	65.0	4,347	71.1	6,851
Mother's education				
No education	68.5	382	57.2	608
Some primary	63.0	1,132	63.1	1,925
Completed primary	64.3	2,733	76.3	4,272
Some secondary	69.1	1,751	77.6	2,591
Secondary +	71.8	2,266	81.3	3,544
Mother's age at birth				
<20	64.7	918	75.3	1,617
20-24	67.1	2,283	76.8	3,631
25-29	68.9	2,378	77.2	3,640
30-34	68.8	1,481	73.7	2,351
35-49	65.3	1,205	68.5	1,702
Total	67.4	8,265	75.1	12,940

Note: Information on vitamin A supplements is based on mother's recall. Total includes 18 children with missing information on breastfeeding status and 109 children with no information on consumption of vitamin A supplements.

na = Not applicable

¹Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

foods rich in vitamin A and mother's education and mother's age at birth is not clear. However, children in urban areas are more likely than children in rural areas to receive foods rich in vitamin A (70 and 65 percent, respectively).

The table indicates that 75 percent of children age 6-59 months received vitamin A supplements in the six months preceding the survey. This proportion increases with the child's age and mother's education, but decreases with the child's birth order. While 57 percent of children whose mothers have no education received vitamin A supplements, the corresponding proportion for children whose mother have completed secondary education is 81 percent.

Appendix Table A.14.3 shows the variations in vitamin A consumption and supplementation by province. Children in DI Yogyakarta are the most likely to receive foods rich in vitamin A and to receive vitamin A supplements (80 and 88 percent, respectively). Children in Southeast Sulawesi and Gorontalo are the least likely to receive foods rich in vitamin A (57 percent), and children in North Sumatera are least likely to receive vitamin A supplements (51 percent).

14.7 MICRONUTRIENT INTAKE AMONG MOTHERS

Vitamin A deficiency can lead to increased risk of mortality and morbidity and to blindness. Table 14.7 shows the micronutrient intake among mothers by background characteristics. There are variations in this percentage across subgroups of women. Women age 20-34, women with lower parity, urban women, and better-educated women are more likely to receive vitamin A after giving birth. For example, while 48 percent of urban women receive vitamin A, the corresponding proportion for rural women is 38 percent. The percentage of mothers with no education who received vitamin A dose postpartum is 26 percent, while for women with secondary or higher education the percentage is 54 percent.

In pregnant and lactating women, vitamin A can lead to night blindness and appears to have implications for maternal morbidity and mortality (Helen Keller International, 2001). In the 2002-2003 IDHS, women who gave birth in the five years preceding the survey were asked if they experienced any vision problems during their pregnancy. Less than 1 percent of mothers reported having this problem.

The table also indicates the percentage of mothers receiving an iron supplement during pregnancy. Iron deficiency is the most pervasive nutritional problem in the world, and Indonesia is not an exception. Fifty-five percent of women took less than 60 iron tablets during pregnancy, 8 percent took 60 to 89 tablets, and 29 percent took the recommended 90 or more tablets. Urban mothers are more likely than rural mothers to take the recommended 90 or more iron tablets (35 and 24 percent, respectively). The percentage of women with no education who took 90 or more iron supplements is low (16 percent), but increases as level of education increases.

Appendix Table A.14.4 shows the micronutrient intake among mothers according to province. There are wide variations in the coverage of vitamin A supplementation, night blindness, and iron supplementation. While in some provinces less than 30 percent of the mothers received vitamin A supplementation (e.g., North Sumatera, Lampung, and Bangka-Belitung), in other provinces more than 50 percent of women took vitamin A postpartum (e.g., Jambi, DKI Jakarta, East Java, East Kalimantan, North Sulawesi, and Gorontalo). Women in DI Yogyakarta are most likely to take 90 or more iron supplements, while women in South Sulawesi are the least likely to have taken 90 or more iron supplements (2 percent).

Table 14.7 Micronutrient intake among mothers

Percentage of women who gave birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, and percentage who took iron tablets for specific numbers of days, by background characteristics, Indonesia 2002-2003

Background characteristic	Received vitamin A dose post-partum ¹	Suffered night blindness during pregnancy		Number of days took iron tablets during pregnancy				Don't know/missing	Number of women
		Reported	Adjusted ²	None	<60	60-89	90+		
Age at birth									
<20	39.2	1.3	0.0	24.7	36.1	9.8	23.6	5.7	1,498
20-24	43.3	2.1	0.3	16.5	36.1	9.0	30.5	7.9	3,544
25-29	45.6	1.3	0.4	17.3	34.5	8.2	31.8	8.2	3,569
30-34	43.4	1.9	0.6	20.1	34.5	8.1	29.3	8.0	2,361
35-49	36.3	2.2	0.4	29.1	32.9	5.5	25.2	7.2	1,789
Number of children ever born									
1	46.5	1.3	0.2	16.0	32.0	10.3	34.1	7.6	4,283
2-3	43.7	1.7	0.4	17.2	35.9	7.9	31.1	7.9	5,881
4-5	35.0	2.1	0.5	27.9	41.3	5.9	17.4	7.5	1,650
6+	29.8	3.7	0.3	43.6	30.6	4.6	14.9	6.3	946
Residence									
Urban	47.6	1.4	0.3	15.8	33.8	8.0	34.7	7.6	5,970
Rural	38.0	2.1	0.4	23.9	35.9	8.4	24.2	7.6	6,791
Education									
No education	26.3	2.3	0.3	48.9	26.9	5.5	15.5	3.2	580
Some primary	29.6	3.1	0.2	34.2	34.4	5.9	18.5	7.0	1,849
Completed primary	39.9	1.6	0.4	21.1	38.1	8.2	25.6	7.0	4,359
Some secondary	45.3	1.7	0.5	16.2	36.4	10.1	29.4	7.9	2,614
Secondary +	53.6	1.0	0.3	9.2	31.4	8.4	41.6	9.4	3,359
Total	42.5	1.7	0.4	20.1	34.9	8.2	29.1	7.6	12,760

Note: For women with two or more live births in the five-year period, data refer to the most recent birth.

¹ In the first two months after delivery

² Women who reported night blindness but did not report difficulty with vision during the day

A Presidential Decree established the Indonesia National AIDS Commission in 1994. The Commission promotes the National AIDS Strategy, a collaborative effort by government, non-governmental organizations, the private sector, and the community. This strategy promotes a healthy lifestyle, safer sex through use of condoms, safe injections, and supports people living with HIV/AIDS. Similar programs have been designed and committees have been created at the provincial and district level to respond to the new reality of HIV/AIDS in locally appropriate ways (Ministry of Health, 2001).

The data obtained in the 2002-2003 IDHS survey provide an opportunity to assess some of the factors related to HIV/AIDS and sexually transmitted infections (STIs). This chapter presents findings about current levels of knowledge (general and specific) on AIDS-related issues, such as transmission and prevention, stigma, and discrimination against people with HIV/AIDS. Next, findings are presented on knowledge of and experience with other sexually transmitted infections that may be cofactors in HIV transmission. The chapter concludes by providing information on knowledge of and access to condoms. The principal objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviors at the national and provincial level and within socioeconomic subgroups of the population. In this way, AIDS control programs and strategies can target those groups most in need of information and services and most vulnerable to the risk of HIV infection.

15.1 KNOWLEDGE OF AIDS

Since there is as yet no cure for HIV/AIDS, the main strategy for combating the disease in Indonesia has been prevention through promotion of abstinence, being faithful to one sexual partner, and use of condoms. This strategy depends heavily on the level of knowledge of the population and their perception of HIV/AIDS and its transmission and prevention.

Table 15.1 shows the percentage of ever-married women and currently married men who have heard of AIDS and who believe there is a way to avoid HIV or AIDS, by background characteristics. Overall, 59 percent of ever-married women and 73 percent of currently married men say that they have heard of AIDS. The level of knowledge among ever-married women has gradually increased from 38 percent in 1994 and 51 percent in 1997 to the current level of 59 percent (Figure 15.1).

The percentage of ever-married women who have heard of AIDS varies by age and has an inverted U-shaped pattern, i.e., it increases steadily from 60 percent for age group 15-19 to a peak of 69 percent for age group 25-29, after which it decreases steadily to 46 percent for age group 40-49. There is a similar pattern for men. The percentage of women who have heard of AIDS is higher among currently married women than among those who are widowed or divorced (60 and 42 percent, respectively).

Women and men in urban areas are much more likely to have heard about AIDS than those in rural areas. For example, 74 percent of urban women have heard about AIDS compared with 46 percent of rural women. Similarly, 86 percent of urban men have heard of AIDS, compared with 61 percent of rural men. Knowledge of AIDS increases with level of education for both women and men. Knowledge of AIDS is 15 and 21 percent, respectively, for women and men with no education, compared with 94 and 98 percent, respectively, for women and men with secondary or higher education.

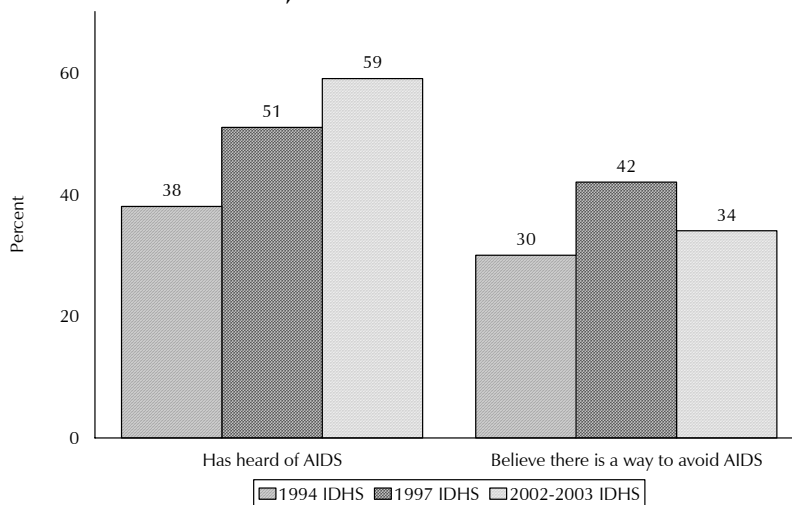
Table 15.1 Knowledge of HIV/AIDS

Percentage of ever-married women and currently married men who have heard of HIV/AIDS and percentage who believe there is a way to avoid getting AIDS, by background characteristics, Indonesia 2002-2003

Background characteristic	Ever-married women			Currently married men		
	Has heard of HIV/AIDS	Believes there is a way to avoid HIV/AIDS	Number of women	Has heard of HIV/AIDS	Believes there is a way to avoid HIV/AIDS	Number of men
Age						
15-19	59.8	29.2	956	*	*	11
20-24	67.3	37.9	3,875	79.6	58.7	426
25-29	68.7	41.8	5,375	79.7	61.5	1,214
30-39	61.4	37.3	10,609	78.8	59.8	3,034
40-49	45.7	22.6	8,667	66.4	48.4	2,618
50-54	na	na	0	60.1	37.7	1,007
Marital status						
Married	59.8	34.3	27,857	72.8	53.7	8,310
Divorced/widowed	42.4	21.8	1,626	na	na	0
Residence						
Urban	73.7	47.3	13,499	85.9	69.8	3,866
Rural	46.2	22.0	15,984	61.4	39.7	4,444
Education						
No education	15.2	2.7	2,335	21.2	10.7	341
Some primary	33.5	9.4	5,902	44.6	21.3	1,730
Completed primary	52.9	20.8	9,995	67.7	41.8	2,462
Some secondary	77.9	45.9	5,136	86.7	66.6	1,477
Secondary+	93.6	79.4	6,114	98.2	89.0	2,301
Total	58.8	33.6	29,483	72.8	53.7	8,310

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed. na = Not applicable

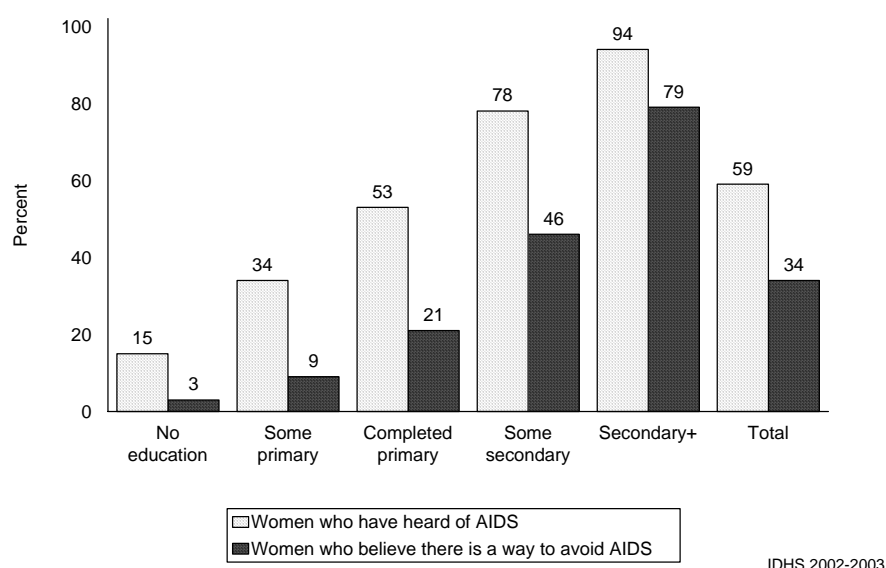
Figure 15.1 Percentage of Ever-Married Women Who Have Heard of AIDS and Believe There is a Way to Avoid AIDS, Indonesia 1994 - 2003



Similar patterns were found in the 2000 Multiple Indicator Cluster Survey (BPS, 2000). According to the results of this survey, the percentage of women age 15 to 49 who have heard of AIDS is 62 percent, and urban women are more likely than rural women to have heard of AIDS (78 and 50 percent, respectively).

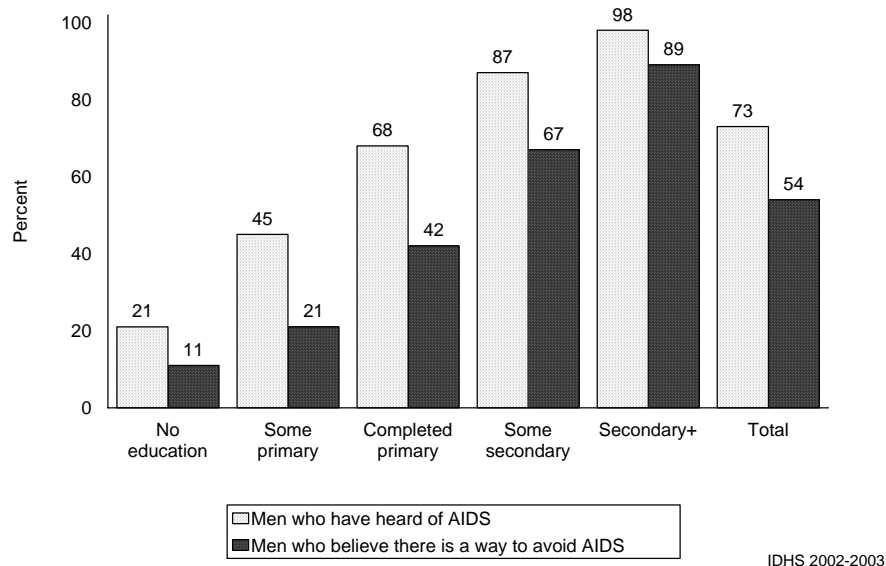
The second indicator for HIV/AIDS knowledge presented in Table 15.1 refers to the belief about ways to avoid getting HIV/AIDS. Findings show that, overall, 34 percent of ever-married women and 54 percent of currently men say that HIV infection can be avoided. In general, the patterns for this indicator are similar to those for general knowledge and awareness of AIDS. The belief that there is a way to avoid HIV/AIDS is most widespread among women and men age 25-29 and those who live in urban areas. Differences in the belief that there is a way to avoid HIV/AIDS are more pronounced by level of education (Figures 15.2 and 15.3). For example, 79 percent of ever-married women with secondary or higher education believe that there is a way to avoid getting infected with HIV, compared with only 3 percent of women with no education.

Figure 15.2 Percentage of Ever-Married Women Who Have Heard of AIDS and Believe There is a Way to Avoid AIDS, By Education



Knowledge of AIDS among ever-married women and currently married men by province is presented in Appendix Table A.15.1. The percentage of women who have heard about AIDS ranges from 31 percent in East Nusa Tenggara to 90 percent in DKI Jakarta. The lowest proportion of men who have heard of AIDS is found in Gorontalo (29 percent), while the highest proportion is found in DKI Jakarta (96 percent). The percentage of women who say that AIDS can be avoided is also lowest in East Nusa Tenggara (18 percent) and highest in DKI Jakarta (64 percent). The proportion of men who believe that there is a way to avoid AIDS varies from 19 percent in Gorontalo to 75 percent in DI Yogyakarta and Central Kalimantan.

Figure 15.3 Percentage of Currently Married Men Who Have Heard of AIDS and Believe There is a Way to Avoid AIDS, By Education



15.2 KNOWLEDGE OF WAYS TO AVOID CONTRACTING HIV/AIDS

The 2002-2003 IDHS questionnaire collected information on knowledge of ways to avoid HIV infection in two ways: first, if a respondent reported that AIDS could be avoided, an open-ended question was asked about how “a person could avoid getting the AIDS virus.” Respondents were allowed to give all the ways to avoid HIV/AIDS that they knew of (without prompting). Next, women and men were asked specific questions on whether limiting their sexual activity to just one partner and (in a separate question) condom use can reduce their chances of getting AIDS.

Table 15.2 presents the survey results on AIDS prevention knowledge. The denominator or base for these estimates is all ever-married women and currently married men (including those who reported that they did not know about HIV/AIDS at all, that they did not know whether it could be avoided, or that they thought it could not be avoided). The results show that 61 percent of ever-married women and 44 percent of currently married men have not heard of AIDS or do not know if AIDS can be avoided. Six percent of women and 2 percent of men believe that AIDS cannot be avoided.

Table 15.2 shows that knowledge of the most important ways to avoid HIV infection is limited in Indonesia; 1 percent each of women and men mentioned abstinence, 5 percent of women and 13 percent of men cited the use of condoms, and 14 percent of women and 18 percent of men reported limiting sex to one partner and staying faithful to one partner as ways to avoid getting AIDS. Six percent of women and 10 percent of men reported limiting the number of sexual partners as a way to avoid AIDS, and 7 percent of women and 8 percent of men cite avoiding sex with persons who have many partners. The most common way reported by both men and women to avoid HIV infection is avoidance of sex with prostitutes (16 percent of ever-married women and 41 percent for currently married men). Furthermore, 8 percent of women and 5 percent of men report avoiding injections as a way to prevent HIV infection.

Table 15.2 Knowledge of ways to avoid HIV/AIDS

Percentage of ever-married women and currently married men who spontaneously mentioned ways to avoid HIV/AIDS, Indonesia 2002-2003

Ways to avoid HIV/AIDS	Percentage of ever-married women	Percentage of currently married men
Does not know of AIDS or if AIDS can be avoided	60.7	44.0
Believes no way to avoid AIDS	5.6	2.3
Does not know specific way	0.6	0.8
Abstain from sex	1.0	0.9
Use condoms	5.3	12.6
Limit number of sexual partners	6.3	10.2
Limit sex to one partner/stay faithful to one partner	14.1	18.4
Avoid sex with prostitutes	16.2	41.1
Avoid sex with persons who have many partners	7.1	7.6
Avoid sex with homosexuals	1.5	1.6
Avoid sex with persons who inject drugs intravenously	3.7	4.7
Avoid blood transfusions	3.3	3.2
Avoid injections	7.9	4.9
Avoid sharing razor/ blades	0.4	0.5
Avoid kissing	0.6	0.8
Avoid mosquito bites	0.1	0.2
Seek protection from traditional healer	0.1	0.0
Other	1.5	5.0
Number of women/men	29,483	8,310

¹ Believes there is something a person can do to avoid AIDS, but cannot spontaneously mention any specific way

15.3 KNOWLEDGE OF PROGRAMMATICALLY IMPORTANT WAYS TO AVOID CONTRACTING HIV/AIDS

Behavioral change programs focus on three principal means to prevent and reduce HIV transmission: abstinence from sex, use of condoms, and limiting the number of sexual partners/staying faithful to one partner. Respondents' knowledge of these three programmatically important ways to avoid contracting HIV/AIDS is presented in Tables 15.3.1 and 15.3.2, which show the percent distributions of ever-married women and currently married men who reported 0, 1, or 2-3 of these ways to avoid AIDS. About one in five women (21 percent) and one in four men (26 percent) know of 2-3 ways to avoid getting HIV/AIDS. Women are more likely than men to not know any ways of avoiding AIDS (69 and 48 percent, respectively).

Table 15.3.1 Knowledge of programmatically important ways to avoid HIV/AIDS: women

Percent distribution of ever-married women by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage of women who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Indonesia 2002-2003

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS				Specific ways to avoid HIV/AIDS		
	None ¹	One way	Two or three ways	Total	Use condoms	Limit number of sexual partners ²	Number of women
Age							
15-19	74.6	8.4	17.0	100.0	18.4	23.9	956
20-24	64.6	11.5	23.8	100.0	25.3	33.6	3,875
25-29	60.8	12.6	26.7	100.0	28.0	37.4	5,375
30-39	65.9	11.2	22.9	100.0	24.3	32.4	10,609
40-49	79.4	6.7	13.8	100.0	14.4	19.7	8,667
Marital status							
Married	68.4	10.3	21.3	100.0	22.5	30.1	27,857
Divorced/widowed	80.2	6.6	13.3	100.0	13.5	19.2	1,626
Residence							
Urban	56.2	13.0	30.8	100.0	32.3	41.7	13,499
Rural	79.9	7.6	12.5	100.0	13.3	19.1	15,984
Education							
No education	97.6	1.2	1.1	100.0	1.1	2.3	2,335
Some primary	92.0	3.3	4.7	100.0	5.0	7.5	5,902
Completed primary	81.7	7.6	10.8	100.0	11.6	17.2	9,995
Some secondary	58.4	14.5	27.1	100.0	28.6	39.7	5,136
Secondary +	24.4	20.3	55.3	100.0	57.8	72.4	6,114
Total	69.1	10.1	20.9	100.0	22.0	29.5	29,483

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinance from sex is measured from a spontaneous response only; using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of HIV/AIDS or do not know of any programmatically important ways to avoid HIV/AIDS.

² Refers to limiting number of sexual partners and limiting sex to one partner/staying faithful to one partner.

Table 15.3.1 shows that the percentage of ever-married women who do not know any way to avoid AIDS is highest among women age 15-19 (75 percent) and 40-49 (79 percent). Divorced or separated women and rural women are much less likely than currently married women and women in urban areas to know any way to avoid getting AIDS. Furthermore, better-educated women are more likely to know a way to avoid HIV infection than uneducated women. Similar patterns are seen for currently married men (Table 15.3.2).

The right half of Tables 15.3.1 and 15.3.2 show the 2002-2003 IDHS results obtained when prompting was used to ascertain whether women and men knew about condom use and limiting the number of sexual partners as ways to avoid HIV infection. When women were prompted, their reported knowledge of condom use for HIV/AIDS protection rose from 5 percent (unprompted) to 22 percent. In the same way, men's knowledge increased from 13 percent to 38 percent. When prompted, 30 percent of ever-married women and 44 percent of currently married men reported limiting the number of sexual partners as a way to avoid HIV/AIDS.

Table 15.3.2 Knowledge of programmatically important ways to avoid HIV/AIDS: men

Percent distribution of currently married men by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage of men who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Indonesia 2002-2003

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS				Specific ways to avoid HIV/AIDS		
	None ¹	One way	Two or three ways	Total	Use condoms	Limit number of sexual partners ²	Number of men
Age							
20-24	46.9	26.1	27.0	100.0	40.4	41.9	426
25-29	43.6	25.2	31.2	100.0	44.7	45.1	1,214
30-39	43.2	28.6	28.2	100.0	43.5	44.2	3,034
40-49	52.3	25.4	22.3	100.0	33.2	42.6	2,618
50-54	60.3	20.0	19.7	100.0	26.1	42.5	1,007
Residence							
Urban	32.2	30.9	36.9	100.0	52.1	56.3	3,866
Rural	62.5	21.6	15.8	100.0	26.0	32.4	4,444
Education							
No education	89.6	8.3	2.1	100.0	6.2	18.5	341
Some primary	78.8	15.7	5.5	100.0	10.7	27.3	1,730
Completed primary	60.2	24.0	15.8	100.0	27.7	32.5	2,462
Some secondary	37.0	33.0	30.0	100.0	46.9	47.5	1,477
Secondary +	14.1	33.8	52.1	100.0	69.0	68.5	2,301
Total	48.4	25.9	25.6	100.0	38.1	43.5	8,310

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinance from sex is measured from a spontaneous response only; using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of HIV/AIDS or do not know of any programmatically important ways to avoid HIV/AIDS.

² Refers to limiting number of sexual partners and limiting sex to one partner/staying faithful to one partner.

Appendix A.15.2 shows the variation in women’s knowledge of ways to prevent AIDS by province. The proportion of women who say that there is no way to avoid HIV/AIDS ranges from 38 percent in DKI Jakarta to 83 percent in East Nusa Tenggara and Gorontalo. Looking at specific ways, prompted knowledge of condom use to avoid getting AIDS varies from 9 percent in East Nusa Tenggara to 49 percent in Central Kalimantan. The percentage of ever-married women who, when prompted, report limiting the number of sexual partners as a way to avoid HIV ranges from 16 percent in Gorontalo to 60 percent in DKI Jakarta and Central Kalimantan.

15.4 KNOWLEDGE OF HIV/AIDS-RELATED ISSUES

Tables 15.4.1 and 15.4.2 show the distribution of ever-married women and currently married men by their responses to questions about important HIV/AIDS-related issues. When asked whether a “healthy-looking person can have the AIDS virus,” only 6 percent of ever-married women and 7 percent of married men correctly respond “yes.” Women and men least likely to respond correctly to this question live in rural areas and have less education. For example, urban women are twice as likely to say that a

Table 15.4.1 Knowledge of HIV/AIDS-related issues: women

Percentage of ever-married women who gave specific responses to questions on various HIV/AIDS-related issues, according to background characteristics, Indonesia 2002-2003

Background characteristic	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from mother to child:			Percentage who know someone personally who has the virus that causes AIDS or has died of AIDS	Number of women
		During delivery	During pregnancy	Through breast-feeding		
Age						
15-19	6.8	25.2	29.1	27.7	2.4	956
20-24	7.1	33.5	38.7	37.8	3.4	3,875
25-29	7.1	38.2	43.7	40.8	3.9	5,375
30-39	6.6	35.2	39.1	37.5	3.1	10,609
40-49	4.8	23.0	25.4	24.6	2.3	8,667
Marital status						
Married	6.4	32.3	36.3	34.7	3.0	27,857
Divorced/widowed	4.1	20.1	22.7	21.7	3.2	1,626
Residence						
Urban	8.6	44.3	49.6	46.9	4.5	13,499
Rural	4.3	20.9	23.7	23.2	1.8	15,984
Education						
No education	0.6	4.7	4.9	5.0	0.4	2,335
Some primary	2.4	10.8	12.4	12.2	1.3	5,902
Completed primary	4.1	21.7	24.7	24.0	2.3	9,995
Some secondary	7.7	44.4	48.4	46.9	3.6	5,136
Secondary +	14.4	67.4	76.4	71.7	6.5	6,114
Total	6.2	31.6	35.5	34.0	3.0	29,483

healthy-looking person can have AIDS as rural women (9 percent versus 4 percent). While less than 1 percent of women with no education say that a healthy-looking person can have the AIDS virus, the proportion among women with secondary or higher education is 14 percent.

One of the objectives of the AIDS-prevention program is to reduce the incidence of mother-to-child transmission of HIV. In the 2002-2003 IDHS, respondents were asked whether they thought the AIDS virus can be transmitted from a mother to her child during pregnancy, and (in separate questions) during delivery and during breastfeeding. The results indicate that about one in three women said “yes” when asked about each of the three modes of mother-to-child transmission. Men are more likely than women to know that AIDS can be transmitted during pregnancy, during delivery, and through breastfeeding.

The patterns for women and men who know all three ways that AIDS can be transmitted from mother to child are similar to the patterns seen for general awareness and knowledge of HIV/AIDS. Women and men in the youngest and oldest age groups, those living in rural areas, and women and men with no education or little education are least likely to know the three modes of AIDS transmission from mother to child.

Tables 15.4.1 and 15.4.2 also show that 3 percent of ever-married women and 2 percent of currently married men report knowing someone personally who has the virus that causes AIDS or has died of AIDS. Differences by background characteristics are negligible.

Table 15.4.2 Knowledge of HIV/AIDS-related issues: men

Percentage of currently married men who gave specific responses to questions on various HIV/AIDS-related issues, according to background characteristics, Indonesia 2002-2003

Background characteristic	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from mother to child:			Percentage who know someone personally who has the virus that causes AIDS or has died of AIDS	Number of men
		During delivery	During pregnancy	Through breast-feeding		
Age						
15-19	*	*	*	*	*	11
20-24	5.1	49.0	53.6	51.9	2.2	426
25-29	9.7	50.7	55.2	53.1	4.9	1,214
30-39	9.1	51.2	55.0	52.1	4.0	3,034
40-49	6.3	39.6	43.0	40.1	2.3	2,618
50-54	2.6	29.9	32.0	29.7	0.9	1,007
Residence						
Urban	9.4	59.6	63.8	59.9	3.5	3,866
Rural	5.5	31.9	35.0	33.4	2.7	4,444
Education						
No education	1.1	9.9	10.5	10.7	1.0	341
Some primary	3.3	16.8	18.1	17.3	1.9	1,730
Completed primary	5.0	34.2	37.6	36.1	2.7	2,462
Some secondary	10.1	56.5	59.8	57.5	3.7	1,477
Secondary +	12.0	74.8	80.9	75.0	4.4	2,301
Total	7.3	44.8	48.4	45.7	3.1	8,310

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

Appendix Table A.15.3 shows the variation by province in knowledge of HIV/AIDS-related issues among ever-married women. The proportion of women who say that a healthy-looking person can have AIDS ranges from 2 percent in South Sumatera to 21 percent in DKI Jakarta. Differences also exist in the proportion of women who know each of the three ways that AIDS can be transmitted from mother to child. For example, only 18 percent of ever-married women in South Sulawesi, West Nusa Tenggara, and East Nusa Tenggara know that AIDS can be transmitted from mother to child during delivery, while this is true for 59 percent of women in DKI Jakarta. Variations among provinces in the proportion of women who know someone personally who has the virus that causes AIDS or has died of AIDS are small.

15.5 DISCUSSION OF HIV/AIDS

In the 2002-2003 IDHS, currently married women and men who had heard of AIDS were asked whether they had ever discussed HIV/AIDS prevention with their spouse. Tables 15.5.1 and 15.5.2 show that 16 percent of currently married women and 15 percent of currently married men reported having discussed HIV/AIDS prevention with their spouse. On the other hand, 43 percent of women and 58 percent of men never discussed HIV/AIDS prevention with their spouse.

There are substantial differences in communication between spouses about AIDS prevention by background characteristics. For both women and men, urban and better-educated respondents are more likely than other respondents to have discussed HIV/AIDS prevention with their spouse (Figure 15.4).

Table 15.5.1 Discussion of HIV/AIDS with husband

Percent distribution of currently married women by whether they ever discussed HIV/AIDS prevention with their husband, according to background characteristics, Indonesia 2002-2003

Background characteristic	Ever discussed HIV/AIDS prevention	Never discussed HIV/AIDS prevention	Don't know/missing	Has not heard of AIDS	Total	Number of women
Age						
15-19	8.9	51.7	0.1	39.2	100.0	912
20-24	15.6	52.0	0.1	32.3	100.0	3,761
25-29	20.1	48.9	0.1	30.9	100.0	5,217
30-39	19.1	42.9	0.1	37.8	100.0	10,103
40-49	11.9	34.5	0.2	53.4	100.0	7,864
Residence						
Urban	22.9	51.6	0.2	25.4	100.0	12,765
Rural	11.0	36.1	0.1	52.8	100.0	15,093
Education						
No education	2.4	13.2	0.1	84.3	100.0	2,089
Some primary	5.1	28.7	0.1	66.1	100.0	5,435
Completed primary	9.6	43.9	0.1	46.4	100.0	9,499
Some secondary	19.9	57.9	0.4	21.8	100.0	4,902
Secondary +	40.0	53.6	0.1	6.4	100.0	5,932
Total	16.4	43.2	0.1	40.2	100.0	27,857

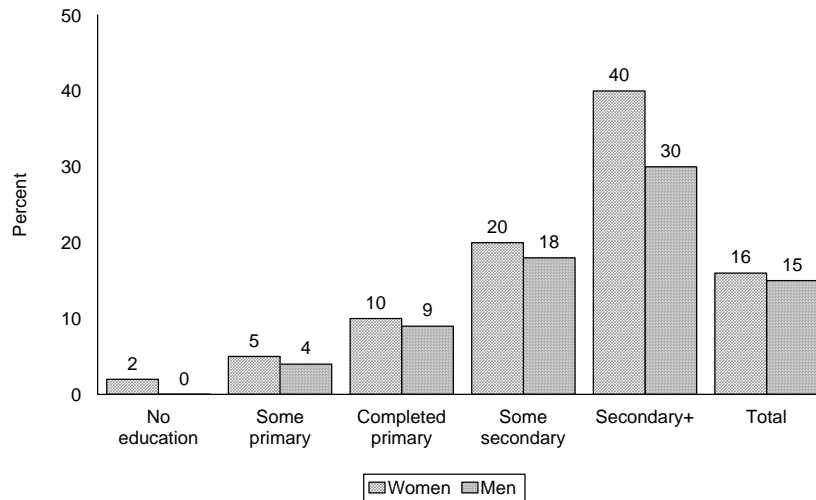
Table 15.5.2 Discussion of HIV/AIDS with wife

Percent distribution of currently married men by whether they ever discussed HIV/AIDS prevention with their wife, according to background characteristics, Indonesia 2002-2003

Background characteristic	Ever discussed HIV/AIDS prevention	Never discussed HIV/AIDS prevention	Don't know/missing	Has not heard of AIDS	Total	Number of men
Age						
20-24	13.4	65.7	0.5	20.4	100.0	426
25-29	16.3	63.2	0.3	20.3	100.0	1,214
30-39	17.3	61.0	0.5	21.2	100.0	3,034
40-49	13.2	52.8	0.3	33.6	100.0	2,618
50-54	10.1	49.8	0.2	39.8	100.0	1,007
Residence						
Urban	19.8	65.7	0.4	14.1	100.0	3,866
Rural	10.4	50.6	0.4	38.6	100.0	4,444
Education						
No education	0.4	20.4	0.3	78.8	100.0	341
Some primary	4.1	40.3	0.3	55.3	100.0	1,730
Completed primary	8.7	58.7	0.3	32.3	100.0	2,462
Some secondary	17.7	68.8	0.2	13.3	100.0	1,477
Secondary +	29.6	67.9	0.6	1.8	100.0	2,301
Total	14.8	57.6	0.4	27.2	100.0	8,310

Note: There are too few married men age 15-19 to be shown separately.

Figure 15.4 Percentage of Currently Married Women and Currently Married Men Who Discussed AIDS Prevention with Their Spouse, by Education



IDHS 2002-2003

Appendix Table A.15.4 shows the percent distribution of currently married women by whether they ever discussed HIV/AIDS prevention with their husband, according to province. The percentage ranges from 9 percent in Southeast Sulawesi and West Nusa Tenggara to 34 percent in North Sulawesi. It is interesting to note that even in provinces where knowledge and awareness of AIDS is high, the level of discussion among spouses concerning HIV/AIDS prevention is not similarly high. For example, while nine in ten ever-married women in DKI Jakarta have heard of AIDS, only one in four of currently married women in the same province discussed HIV/AIDS prevention at some point with their husband.

15.6 SOCIAL ASPECTS OF HIV/AIDS

In the 2002-2003 IDHS, questions were asked to evaluate the level of stigma attached to AIDS and to persons living with HIV and AIDS. First, respondents were asked “*If a person learns that she/he is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?*” Table 15.6 shows that one in four women and one in five men feel that HIV-positive individuals should be allowed to keep their HIV status confidential. The sentiment does not vary much by respondents’ background characteristics.

The 2002-2003 IDHS respondents were asked, “*If a relative of yours became sick with AIDS would you be willing to care for her or him in your own household?*” Thirty-one percent of ever-married women and 28 percent of currently married men say they would not be willing to care for a relative with AIDS at their home.

Appendix Table A.15.5 shows that among ever-married women the percentage who believe that HIV positive individuals should be allowed to keep their HIV status confidential ranges from 5 percent in North Sulawesi to 38 percent in Banten. For currently married men, the provincial variation among in the proportion who believe that HIV positive individuals should be allowed to keep their HIV status confidential is much larger, ranging from 2 percent in Bali to 40 percent in DKI Jakarta. Gorontalo has the highest proportion of both ever-married women and currently married men who are not willing to care for a relative with AIDS at their home (50 percent and 86 percent, respectively).

Table 15.6 Social aspects of HIV/AIDS

Among ever-married women and currently married men who have heard of AIDS, percentage providing specific responses to questions on various social aspects of HIV/AIDS by background characteristics, Indonesia 2002-2003

Background characteristic	Women			Men		
	Believes HIV-positive status of family member kept secret	Not willing to care for relative with AIDS at home	Number of women	Believes HIV-positive status of family member kept secret	Not willing to care for relative with AIDS at home	Number of men
Age						
15-19	26.4	25.4	572	*	*	8
20-24	27.4	29.3	2,610	20.5	23.0	339
25-29	26.9	29.7	3,690	21.9	29.3	968
30-39	23.0	33.8	6,510	19.9	25.7	2,391
40-49	19.9	31.4	3,960	20.3	32.1	1,738
50-54	na	na	0	15.9	27.8	605
Marital status						
Married	24.0	31.5	16,653	20.0	28.1	6,050
Divorced/widowed	21.1	28.9	690	na	na	0
Residence						
Urban	24.6	30.0	9,950	19.3	29.4	3,322
Rural	23.1	33.4	7,392	20.8	26.6	2,727
Education						
No education	22.5	42.1	354	6.8	28.9	72
Some primary	23.4	32.1	1,975	23.0	31.2	772
Completed primary	21.9	31.1	5,287	18.3	29.3	1,667
Some secondary	23.7	30.3	4,003	21.1	26.5	1,280
Secondary +	26.2	31.6	5,723	19.9	27.2	2,259
Total	23.9	31.4	17,343	20.0	28.1	6,050

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

15.7 KNOWLEDGE OF SYMPTOMS OF SEXUALLY TRANSMITTED INFECTIONS (STIs)

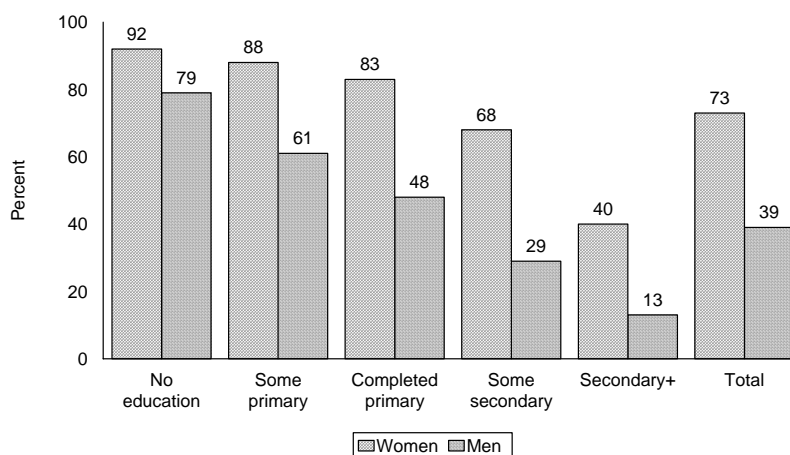
The 2002-2003 IDHS respondents were asked whether they know any of the symptoms associated with STIs (other than HIV/AIDS) in women and in men. Table 15.7.1 shows that, overall, three-fourths of ever-married women (73 percent) have no knowledge of STIs (Figure 15.5). Furthermore, 16 percent know one or more STI symptoms in a man and 14 percent know one or more STI symptoms in a woman. Knowledge of STI symptoms among ever-married women varies by background characteristics; it is lowest among youngest women, among divorced or separated women, among those residing in rural areas and among women with no or little education.

Table 15.7.1 Knowledge of symptoms of STIs: women

Percentage of ever-married women by knowledge of symptoms associated with sexually transmitted infections (STIs) in a man and in a woman, according to background characteristics, Indonesia 2002-2003

Background characteristic	No knowledge of STIs	Knowledge of symptoms of STIs in a man			Knowledge of symptoms of STIs in a woman			Number of women
		No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	
Age								
15-19	81.6	8.7	5.6	4.1	10.6	3.1	4.7	956
20-24	76.4	11.6	5.3	6.7	14.0	4.6	5.0	3,875
25-29	70.1	10.9	8.7	10.3	14.2	6.7	8.9	5,375
30-39	69.9	11.0	8.5	10.7	14.0	7.1	9.0	10,609
40-49	76.4	10.0	5.4	8.1	12.0	4.3	7.3	8,667
Marital status								
Married	72.6	10.8	7.3	9.2	13.6	5.9	7.9	27,857
Divorced/widowed	80.5	8.3	4.2	7.0	9.2	3.7	6.7	1,626
Residence								
Urban	64.0	13.0	9.7	13.3	16.3	8.3	11.4	13,499
Rural	80.7	8.7	5.0	5.6	10.9	3.6	4.8	15,984
Education								
No education	92.3	3.6	2.3	1.9	4.6	1.9	1.2	2,335
Some primary	87.5	6.6	3.3	2.6	8.0	2.5	2.0	5,902
Completed primary	83.1	8.2	4.2	4.4	9.7	3.3	3.9	9,995
Some secondary	68.2	14.5	7.8	9.5	18.0	6.1	7.7	5,136
Secondary +	39.5	18.1	16.9	25.5	23.8	14.2	22.5	6,114
Total	73.1	10.7	7.1	9.1	13.3	5.8	7.8	29,483

Figure 15.5 Percentage of Ever-Married Women and Currently Married Men Who Do Not Know the Symptoms of STIs, by Level of Education



IDHS 2002-2003

Knowledge of symptoms of STIs among ever-married women varies by province (Appendix Table A.15.6). For example, the proportion of female respondents who know two or more STI-related symptoms in a woman varies from 2 percent in Bangka Belitung to 40 percent in Central Kalimantan.

Table 15.7.2 shows that, overall, about four in ten currently married men have no knowledge of STIs. Almost half of male respondents (49 percent) know of one or more STI-related symptoms in a man. On the other hand, only 15 percent know of at least one STI symptom in a woman. Knowledge of STI symptoms among currently married men varies by background characteristics; it is generally higher among younger men, those residing in urban areas, and among better-educated men.

As for women, knowledge of STI-related symptoms among currently married men varies considerably across provinces (Appendix Table A.15.7).

Table 15.7.2 Knowledge of symptoms of STIs: men

Percentage of currently married men by knowledge of symptoms associated with sexually transmitted infections (STIs) in a man and in a woman, according to background characteristics, Indonesia 2002-2003

Background characteristic	No knowledge of STIs	Knowledge of symptoms of STIs in a man			Knowledge of symptoms of STIs in a woman			Number of men
		No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	
Age								
15-19	25.3	0.0	8.3	66.4	30.4	6.5	37.8	11
20-24	38.5	10.0	15.9	35.6	50.2	5.5	5.9	426
25-29	32.0	11.3	22.1	34.5	52.7	6.5	8.8	1,214
30-39	33.7	12.3	19.9	34.0	50.0	7.3	9.0	3,034
40-49	43.4	11.1	16.4	29.1	41.5	6.1	9.0	2,618
50-54	51.2	12.7	14.0	22.0	36.8	4.7	7.2	1,007
Residence								
Urban	27.8	11.3	21.6	39.3	53.9	7.8	10.5	3,866
Rural	48.6	12.0	15.2	24.2	39.3	5.1	7.0	4,444
Education								
No education	79.1	6.7	8.6	5.5	17.0	2.7	1.2	341
Some primary	61.1	9.9	12.8	16.2	31.8	3.3	3.9	1,730
Completed primary	47.7	11.5	18.7	22.0	43.1	4.0	5.0	2,462
Some secondary	29.1	14.6	20.2	36.1	55.9	7.3	7.7	1,477
Secondary +	13.0	12.2	21.8	53.0	58.0	11.3	17.7	2,301
Total	38.9	11.7	18.2	31.2	46.1	6.4	8.6	8,310

15.8 KNOWLEDGE OF A SOURCE FOR MALE CONDOMS

Condom use is one of the important programmatic approaches to avoid spreading of HIV/AIDS and other sexually transmitted infections. Therefore, the 2002-2003 IDHS female respondents were asked if they know where they could obtain a male condom. They were also asked whether they could actually get a condom if they wanted to get one.

Table 15.8 shows that four in ten ever-married women know a source for male condoms. Moreover, 27 percent of women report that they could get a male condom if they wanted to. Knowledge of a condom source and ability to obtain a condom is higher among women age 20-39. Knowledge of a source

Table 15.8 Knowledge of source of male condoms and access to condoms

Percentage of ever-married women who know a source for male condoms, and percentage who think they themselves could get a male condom, by background characteristics, Indonesia 2002-2003

Background characteristic	Knows a source for male condoms	Could get a male condom	Number of women
Age			
15-19	24.6	15.2	956
20-24	37.3	25.1	3,875
25-29	43.3	28.7	5,375
30-39	44.7	31.2	10,609
40-49	36.4	23.7	8,667
Marital status			
Married	40.7	27.7	27,857
Divorced/widowed	35.9	19.0	1,626
Residence			
Urban	53.0	36.1	13,499
Rural	29.7	19.8	15,984
Education			
No education	11.7	6.2	2,335
Some primary	23.4	14.9	5,902
Completed primary	33.0	21.3	9,995
Some secondary	49.1	32.9	5,136
Secondary +	72.5	52.0	6,114
Total	40.4	27.2	29,483

for male condoms is also significantly higher among urban women than among rural women (53 percent compared with 30 percent), as is the ability to get a condom if needed (36 percent versus 20 percent). The level of knowledge and ability to get a male condom is higher among married women and those who are better-educated when compared with women who are divorced or separated and women no or little education.

Knowledge of source for male condoms varies from 15 percent in Gorontalo to 75 percent in DKI Jakarta (Appendix Table A.15.8). The percentage of women who could get a male condom if they wanted to ranges from 5 percent in East Nusa Tenggara to 56 percent in DI Yogyakarta.

ADULT AND MATERNAL MORTALITY

Chapter 10 provides an assessment of mortality during the first few years of life. This chapter discusses the mortality of adults, particularly deaths among women due to maternal causes. Although the level of maternal mortality is generally considered to be one of the most important indicators of a country's health, reliable data are scarce and estimates can vary widely.

In the 1994 Indonesia Demographic and Health Survey (IDHS) and 1997 IDHS, data were collected on adult and maternal mortality. Similar data were collected in the 2002-2003 IDHS that allow estimation of adult and maternal mortality using a direct estimation procedure. The information concerns the survivorship of all live births to the respondent's natural mother (i.e., the respondent's brothers and sisters). The direct approach to estimating adult and maternal mortality maximizes use of the available data, including information on the age of surviving siblings, the age at death of siblings who died, and the number of years ago the sibling died. This allows the data to be aggregated for determining the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Rates of maternal and adult mortality are obtained by dividing maternal (or all female or male adult) deaths by person-years of exposure (Rutenberg and Sullivan, 1991).

16.1 DATA

Each female respondent was first asked to give the total number of her mother's live births. Then she was asked to provide a list of the children born to her mother, starting with the first born and including whether or not each sibling was still alive at the survey date. For living siblings, current age was collected; for deceased siblings, age at death and years since death were collected. Interviewers were instructed to accept approximate answers when a respondent could not provide precise information on ages or years ago. For sisters who died at age 10 years or older, three questions were used to determine if the death was maternity related: "Was [NAME OF SISTER] pregnant when she died?" and if negative, "Did she die during childbirth?" and if negative, "Did she die within six weeks of the birth of a child or pregnancy termination?"

The estimation of adult and maternal mortality requires reasonably accurate reporting of the number of sisters and brothers the respondent ever had, the number who died, and (for maternal mortality) the number of sisters who died of maternity-related causes. Table 16.1 shows the number of siblings reported by the respondents and the completeness of the reported data on current age, age at death, and years since death.

The sex ratio of respondents' siblings (the ratio of brothers to sisters) is 1.09, which is considerably higher than the expected value of 1.02 or 1.03 and indicates either overreporting of brothers or underreporting of sisters. IDHS respondents were highly knowledgeable about the survival status of their brothers and sisters, with only 86 out of 163,000 siblings (0.1 percent) missing this information. They also tended to know the ages of their surviving siblings, with only 0.3 percent of siblings missing this information. However, as expected, respondents were not so knowledgeable about the age at death or years since death for their deceased siblings: only 81 percent of deceased siblings have both age at death and years since death reported, 17 percent are missing years since death, and 2 percent are missing both age at death and years since death. Rather than exclude the siblings with missing data from further analysis, information on the birth order of siblings, in conjunction with other information, was used to impute the

missing data.¹ The sibling survivorship data, including cases with imputed values, were used in the direct estimation of adult and maternal mortality.

Table 16.1 Data on siblings

Number of siblings reported by survey respondents and completeness of the reported data on age, age at death, and year of death, Indonesia 2002-2003

Sibling status and completeness of reporting	Females		Males		Total	
	Percent	Number	Percent	Number	Percent	Number
All siblings	100.0	77,938	100.0	85,122	100.0	163,060
Living	90.2	70,333	88.7	75,491	89.4	145,823
Dead	9.7	7,556	11.3	9,595	10.5	17,151
Status unknown	0.1	50	0.0	36	0.1	86
Living siblings	100.0	70,333	100.0	75,491	100.0	145,823
Age reported	99.7	70,127	99.7	75,230	99.7	145,357
Age missing	0.3	206	0.3	261	0.3	467
Dead siblings	100.0	7,556	100.0	9,595	100.0	17,151
Age at death and year of death reported	79.8	6,027	81.0	7,775	80.5	13,802
Missing only age at death	0.4	28	0.5	46	0.4	73
Missing only year of death	18.1	1,366	15.8	1,515	16.8	2,880
Missing age at death and year of death	1.8	136	2.7	260	2.3	396

16.2 DIRECT ESTIMATES OF ADULT MORTALITY

Another way to assess the quality of data used to estimate maternal mortality is to evaluate the plausibility of the adult mortality rates obtained. If the overall adult mortality rates display a generally stable, plausible pattern, it lends credence to the maternal mortality estimates. This is because maternal mortality is a subset of adult mortality.

Table 16.2 presents the age-specific rates of male and female mortality (15-49 years) for the five-year period before the survey, which roughly corresponds to 1998-2002. Age-specific death rates are computed by dividing the number of deaths in each age group by the total person-months of exposure in that age group during a specified reference period. Since the number of deaths on which the rates are based is not large (518 female and 619 male deaths), the age-specific rates are subject to large sampling variation.

Both female and male mortality rates are 2 deaths per 1,000 population. As expected, mortality increases with age for both sexes. In general at most ages, male mortality rates are slightly higher than female rates. Analysis of the 1994 IDHS survey indicates that there has been a slight decline in female adult mortality from 1984 to 1994. The 2002-2003 data suggest that the decline continues.

¹ The imputation procedure is based on the assumption that the reported birth order of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and for each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the age at death for siblings for whom years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

Table 16.2 Adult mortality rates

Direct estimates of age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents for the period 0-4 years prior to the survey, Indonesia 2002-2003

Age	Females			Males		
	Female deaths	Exposure years	Mortality rates	Male deaths	Exposure years	Mortality rates
15-19	49	39,637	1.24	52	40,861	1.28
20-24	39	49,288	0.78	54	53,023	1.01
25-29	79	55,365	1.42	90	58,266	1.53
30-34	77	52,386	1.48	88	56,612	1.55
35-39	95	46,197	2.05	102	49,557	2.07
40-44	97	31,774	3.06	117	33,933	3.46
45-49	82	18,638	4.41	116	19,939	5.83
Total	518	293,284	1.89 ^a	619	312,191	2.16 ^a

^a Age adjusted

16.3 ESTIMATES OF MATERNAL MORTALITY

Direct age-specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 16.3 for the five-year period before the survey. Age-specific mortality rates are calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility for women interviewed in the IDHS is 49 years), the overall rate for women age 15-49 is standardized by the age distribution of the survey respondents. Maternal deaths are defined as any death that occurred during pregnancy, during childbirth, or within two months after the birth or termination of a pregnancy.² The number of maternal deaths (73) is small, so age-specific rates are subject to very large sampling errors and should be interpreted with caution. The preferred approach is to calculate one estimate for all childbearing ages (15-49 years). For the period 0-4 years before the survey, the rate of deaths due to causes related to pregnancy and childbearing is 0.24 maternal deaths per 1,000 woman-years of exposure. Maternal deaths represent 14 percent of all deaths of women age 15-49.

Table 16.3 Maternal mortality rates

Maternal mortality rates for the period 0-4 years prior to the survey, based on the survivorship of sisters of survey respondents, Indonesia 2002-2003

Age	Maternal deaths	Exposure (woman-years)	Mortality rates
15-19	3	39,637	0.08
20-24	9	49,288	0.19
25-29	20	55,365	0.36
30-34	8	52,386	0.16
35-39	15	46,197	0.31
40-44	14	31,774	0.44
45-49	4	18,638	0.23
15-49	73	293,284	0.2
General fertility rate			0.081
Maternal mortality ratio			307

The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate (0.081) for the same time period. In this way, the obstetrical risk of pregnancy and childbearing is highlighted. By direct estimation procedures, the maternal mortality ratio is estimated as 307 maternal deaths per 100,000 live births for the period 1998-2002.

² This definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death is due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths of women in the specified period are due to maternal causes and maternal deaths are more likely to be underreported than overreported.

16.4 TRENDS IN MATERNAL MORTALITY

Analysis of results from the 1994 IDHS showed that the maternal mortality ratio for the five-year period prior to the survey (approximately 1990-94) was 390 deaths per 100,000 births. Unpublished analysis of data from the 1997 IDHS implied a slight decline to 334 deaths per 100,000 births for the period 1993-1997. However, because maternal mortality rates and ratios are associated with high sampling errors, the confidence intervals around both figures overlap, making it impossible to conclude that there had been a decline.

The maternal mortality ratio of 307 measured in the 2002-2003 IDHS would seem to add to the evidence of a decline. However, the figures from all three surveys are subject to high sampling errors and the 95 percent confidence intervals surrounding the figures overlap. Even at a somewhat more relaxed level of confidence (67 percent), the intervals around the 1994 and 2002-2003 figures still overlap, making it difficult to conclude with confidence that there has been any decline in the level of maternal mortality over the past 10 to 15 years in Indonesia.

One of the newly established policies of the Indonesian government is to involve men in the health care of their wives and children. Men are expected to be involved in making decisions and taking actions regarding family planning, antenatal care, preparation for delivery, and children's immunization and nutrition (Ministry of Health, 2001). This section presents information on men's involvement in ensuring safe motherhood for his wife and proper health care for his children.

17.1 ADVICE OR CARE DURING ANTENATAL, DELIVERY, AND POSTNATAL PERIODS

In the 2002-2003 IDHS, currently married men who have had at least one child since January 1997 were asked several questions regarding the pregnancy care of the mother of the last-born child and the health care of the child. Table 17.1 shows the percentage of last births in the five years preceding the survey for which mothers received advice or care from a doctor or a health provider during the pregnancy,

Table 17.1 Advice or care received by mother during pregnancy and delivery and after delivery

Percentage of last births in the five years preceding the survey for which mothers received advice or care from a health care provider (based on father's report), by type of advice or care and father's background characteristics, Indonesia 2002-2003

Background characteristic	Received advice or care			Number of fathers
	During pregnancy	During delivery	During the six weeks after delivery	
Age				
15-19	*	*	*	4
20-24	86.0	69.5	60.9	248
25-29	86.6	78.1	71.5	831
30-34	90.3	80.6	75.2	965
35-39	88.9	79.9	75.1	790
40-44	82.2	73.8	67.6	529
45-49	82.3	70.4	59.8	188
50-54	76.3	65.5	49.7	96
Residence				
Urban	90.8	83.3	76.0	1,764
Rural	83.3	71.6	66.0	1,889
Father's education				
No education	62.7	57.3	47.8	93
Some primary	77.4	61.3	55.5	553
Completed primary	82.1	67.0	65.7	1,009
Some secondary	89.9	80.8	69.0	800
Secondary +	95.2	92.4	85.2	1,197
Total	86.9	77.2	70.8	3,653

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

delivery, or during the six-week period after delivery. For 87 percent of births in the five years preceding the survey, men report that the child's mother received advice or care during pregnancy, 77 percent received care during delivery, and 71 percent received care in the six weeks after delivery. This proportion varies somewhat by men's age; fathers in their thirties are the most likely to say that the mother of the last-born child wives received advice or care during pregnancy, during delivery, or during the six-week period after delivery. As expected, fathers residing in urban areas and those who are better-educated are more likely to report that the mother of the last-born child received advice or care during pregnancy, during delivery, or during the six-week period after delivery.

Appendix Table A.17.1 shows that the percentage of last births in the five years preceding the survey for which mothers received advice or care during the pregnancy varies by province, ranging from 73 percent in Bangka-Belitung and Central Kalimantan to 99 percent in North Sulawesi, DI Yogyakarta, and Bali. Advice or care during delivery and during the six weeks after delivery also varies by province. On the basis of men's reporting, mothers received advice or care during delivery for only half (51 percent) of last births in the five years preceding the survey in East Nusa Tenggara, while almost all mothers (99 percent) of such births in North Sulawesi received advice or care. Furthermore, the percentage of last births in the five years prior to the survey for which the mother received advice or care during the six weeks following delivery varies from 47 percent in Jambi and East Nusa Tenggara to 98 percent in DI Yogyakarta.

17.2 KNOWLEDGE ABOUT CHILDREN'S IMMUNIZATION

Currently married men were also asked if their last living child born in the five years preceding the survey has been immunized against tuberculosis (BCG), polio, DPT, measles, and hepatitis B. Table 17.2 shows that according to fathers' reports, the following percentages of the last children born in the five years preceding the survey have received the specific vaccine noted: 78 percent, BCG vaccine; 82 percent, polio vaccine; 73 percent, DPT vaccine; 64 percent, measles; and 65 percent, hepatitis B vaccine.

Background characteristic	BCG	Polio	DPT	Measles	Hepatitis B	Number of fathers
Age						
15-19	*	*	*	*	*	4
20-24	77.2	78.8	67.5	61.2	58.7	228
25-29	74.0	79.5	67.7	57.6	62.7	813
30-34	81.4	84.9	77.8	69.5	67.8	956
35-39	84.8	88.1	79.2	70.5	70.1	784
40-44	71.5	76.1	68.7	59.8	60.7	523
45-49	70.0	76.6	63.9	67.5	60.1	187
50-54	64.3	70.1	59.3	40.6	49.7	92
Residence						
Urban	81.7	84.3	77.0	68.5	69.2	1,735
Rural	73.9	79.6	68.4	60.1	60.3	1,851
Father's education						
No education	49.2	59.9	40.9	40.6	42.7	91
Some primary	63.9	71.0	61.1	54.6	47.8	546
Completed primary	76.3	79.8	69.2	62.0	60.7	994
Some secondary	75.2	78.5	69.3	60.7	62.6	778
Secondary +	88.9	92.6	85.4	74.6	78.7	1,177
Total	77.6	81.9	72.6	64.2	64.6	3,587

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

Children's immunization varies by father's background characteristics. In general, children of fathers age 30-39, children of those who live in urban areas, and children of better educated fathers are more likely than other children to be immunized with each of the vaccines. For example, on the basis of fathers' reports, 82 percent of children whose fathers reside in urban areas have received the BCG vaccine, compared with 74 percent of children whose fathers reside in rural areas. Furthermore, 49 percent of children born to men with no education have received the BCG vaccine, compared with 89 percent of children of men with secondary or higher education.

Appendix Table A.17.2 shows that the percentage of children immunized with each vaccine varies significantly by the province where the father resides. For example, 58 percent of children whose fathers live in Lampung and West Sumatera have received the BCG vaccine, while the corresponding proportions in DI Yogyakarta and Bali are 100 and 97 percent, respectively.

17.3 CONTACT WITH HEALTH CARE PROVIDERS

In the 2002-2003 IDHS, men's involvement in his wife's pregnancy and care is measured by asking male respondents whether they talked to a health care provider about the pregnancy care or the health of the mother of their last child in the five years preceding the survey. Men were also asked specifically about the topics they discussed during such contacts with a doctor of health provider. This information is presented in Table 17.3. Findings show that during their wife's last pregnancy, only four in ten fathers talked to a health care provider about the pregnancy care and health of their wife. Of these men, 35 percent talked with a health care provider about the types of foods his wife should eat during pregnancy, 36 percent talked about how much rest she should have during pregnancy, and 37 percent talked about the types of health problems for which she should get immediate medical attention.

Fathers in their thirties, urban fathers, and those who are better educated are more likely than other fathers are to talk with a health care provider about their wife's health and care during pregnancy.

Appendix Table A.17.3 shows the variation by province in the level of contact between fathers and health care providers concerning their wife's pregnancy and health. Overall, as well as for each topic, East Nusa Tenggara has the lowest proportion of fathers who talked to a health care provider about their wife's health or pregnancy, while Bali has the highest. For example, while only 12 percent of fathers in East Nusa Tenggara talked with a health care provider about their wife's pregnancy and health, virtually all fathers in Bali did (99 percent).

Table 17.3 Father's contact with a health care provider about wife's health and pregnancy

Percentage of last births in the five years preceding the survey whose father discussed with a health care provider about the health of the mother or the pregnancy, and among these, percentage who discussed specific topics, according to father's background characteristics, Indonesia 2002-2003

Background characteristic	Topics of discussion				Number of fathers
	Talked with a health care provider	Type of foods eat during pregnancy	How much rest she should have during pregnancy	Type of health problems for which she should get immediate medical attention	
Age					
15-19	*	*	*	*	4
20-24	26.0	21.9	22.6	24.0	248
25-29	39.0	33.4	33.8	36.7	831
30-34	46.1	41.5	42.0	42.4	965
35-39	43.0	40.1	40.3	40.5	790
40-44	35.7	29.8	30.0	32.1	529
45-49	30.5	24.7	28.5	28.7	188
50-54	27.2	25.0	25.4	26.1	96
Residence					
Urban	47.1	42.5	43.0	44.0	1,764
Rural	32.6	28.0	28.5	30.0	1,889
Father's education					
No education	22.8	22.1	21.9	22.4	93
Some primary	24.2	20.9	21.1	21.7	553
Completed primary	25.8	23.0	23.3	23.8	1,009
Some secondary	39.1	35.6	35.3	36.6	800
Secondary+	60.0	52.2	53.8	55.9	1,197
Total	39.6	35.0	35.5	36.8	3,653

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

17.4 PREPARATION FOR DELIVERY

For the safety and well-being of mothers and their newborn babies, certain steps need to be taken. These include making decisions on various aspects of delivery, such as deciding the place and person to assist with the delivery, transportation to the place of the delivery, cost associated with the delivery, and identifying a possible blood donor, if needed.

In the 2002-2003 IDHS, fathers were asked whether they discussed these aspects of delivery with anyone during the pregnancy of the mother of their last born child in the five years preceding the survey. This information is presented in Table 17.4. Results show that, overall, 77 percent of fathers discussed with someone any of the topics related to delivery. The most often discussed topics are the place of delivery (65 percent) and delivery assistance (64 percent), followed by payment for the service (57 percent). A topic discussed less by fathers is transportation to the place of delivery (33 percent), probably because most deliveries in Indonesia take place at home. Identification of a potential blood donor during delivery is discussed by only 6 percent of the fathers.

The preparation for delivery varies by father's background characteristics. Younger men are slightly more likely to discuss with someone any of the topics related to delivery. Urban men and those with higher education are significantly more likely to discuss with someone the various aspects of delivery than are rural men or those with no or lower education.

Appendix Table A.17.4 presents the variation in fathers' level of discussion with preparation for the birth of their child across provinces. While 98 percent of fathers in West Sumatera discussed any of the topics related to delivery with someone, 55 percent of fathers residing in Lampung have done so.

Table 17.4 Preparation for delivery

Percentage of last births born in the five years preceding the survey whose father discussed specific topics about delivery, according to father's background characteristics, Indonesia 2002-2003

Background characteristic	Topics discussed						No topics discussed	Number of fathers
	Place to deliver	Transportation	Delivery assistance	Payment	Blood donor	Any topic		
Age								
15-19	*	*	*	*	*	*	*	4
20-24	66.6	33.1	59.5	63.5	6.5	82.6	17.4	248
25-29	64.8	30.0	64.1	56.6	4.5	78.1	21.9	831
30-34	68.9	37.5	68.0	60.5	7.6	78.0	22.0	965
35-39	68.3	30.8	63.4	54.3	6.7	78.8	21.2	790
40-44	60.9	32.0	58.5	58.1	6.3	73.0	27.0	529
45-49	57.1	32.5	64.4	48.4	8.9	69.9	30.1	188
50-54	46.0	22.3	54.4	38.9	3.2	60.7	39.3	96
Residence								
Urban	72.9	39.3	65.4	62.5	7.0	81.7	18.3	1,764
Rural	58.2	26.4	62.0	51.8	5.8	72.5	27.5	1,889
Father's education								
No education	41.9	21.4	49.6	41.6	8.9	54.2	45.8	93
Some primary	53.5	30.4	59.6	49.2	5.0	66.3	33.7	553
Completed primary	64.4	30.1	59.0	60.6	4.1	77.8	22.2	1,009
Some secondary	63.8	27.0	62.0	55.7	4.5	76.3	23.7	800
Secondary+	74.3	40.3	71.6	59.5	10.1	83.2	16.8	1,197
Total	65.3	32.6	63.6	57.0	6.4	76.9	23.1	3,653

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

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CHAPTER 3 CHARACTERISTICS OF RESPONDENTS AND WOMEN'S STATUS

Table A.3.1 Distribution of respondents by province

Percent distribution of women and men by province, Indonesia 2002-2003

Province	Weighted percent	Number of ever-married women		Weighted percent	Number of currently married men	
		Weighted	Unweighted		Weighted	Unweighted
Sumatera						
North Sumatera	7.4	2,177	1,399	8.0	663	417
West Sumatera	2.4	705	1,106	2.2	182	285
Riau	2.2	660	1,139	2.4	199	335
Jambi	1.3	382	1,017	1.4	114	300
South Sumatera	2.7	809	1,242	3.1	259	390
Bengkulu	0.5	159	871	0.5	44	241
Lampung	3.3	984	1,050	3.1	261	271
Bangka-Belitung	0.4	128	647	0.5	40	196
Java						
DKI Jakarta	3.5	1,024	1,882	3.7	310	561
West Java	19.7	5,797	1,641	19.4	1,614	458
Central Java	14.4	4,234	1,569	13.9	1,155	425
DI Yogyakarta	1.2	367	1,030	1.2	103	290
East Java	18.2	5,367	1,505	18.8	1,560	429
Banten	4.7	1,396	1,383	4.8	396	378
Bali and Nusa Tenggara						
Bali	1.6	465	1,371	1.7	138	404
West Nusa Tenggara	2.0	583	954	1.8	145	239
East Nusa Tenggara	1.6	460	839	1.5	122	217
Kalimantan						
West Kalimantan	1.6	477	921	1.4	119	227
Central Kalimantan	1.0	297	909	1.2	97	289
South Kalimantan	1.6	470	1,010	1.3	109	241
East Kalimantan	1.5	447	826	1.4	115	227
Sulawesi						
North Sulawesi	1.1	310	1,067	1.1	95	325
Central Sulawesi	1.2	347	1,018	1.4	114	322
South Sulawesi	3.5	1,033	1,071	2.9	237	262
Southeast Sulawesi	0.9	251	1,023	0.9	77	316
Gorontalo	0.5	153	993	0.5	41	265
Total	100.0	29,483	29,483	100.0	8,310	8,310

Table A.3.2.1 Educational attainment by province: ever-married women

Percent distribution of women by highest level of schooling attended or completed, and median number of years of schooling, according to province, Indonesia 2002-2003

Province	Highest level of schooling attended or completed						Total	Number	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Sumatera									
North Sumatera	3.8	14.5	28.3	22.6	26.0	4.7	100.0	2,177	8.0
West Sumatera	2.6	17.0	22.0	22.6	23.6	12.3	100.0	705	8.3
Riau	4.5	18.7	27.1	22.2	22.0	5.5	100.0	660	6.0
Jambi	7.2	19.2	33.5	16.4	18.3	5.3	100.0	382	5.7
South Sumatera	4.1	22.4	39.5	16.2	12.8	5.1	100.0	809	5.6
Bengkulu	5.9	22.9	24.7	23.4	16.8	6.4	100.0	159	5.8
Lampung	5.2	27.9	34.2	15.3	13.7	3.7	100.0	984	5.5
Bangka-Belitung	9.3	32.8	27.4	13.1	13.5	3.9	100.0	128	5.3
Java									
DKI Jakarta	3.4	10.4	25.5	23.1	25.8	11.8	100.0	1,024	8.4
West Java	7.7	18.3	44.4	14.9	11.9	2.9	100.0	5,797	5.5
Central Java	10.1	21.1	38.5	15.8	10.7	3.8	100.0	4,234	5.5
DI Yogyakarta	6.3	14.6	25.2	23.2	19.9	10.7	100.0	367	8.0
East Java	8.1	21.5	32.4	16.5	16.0	5.5	100.0	5,367	5.6
Banten	8.9	25.0	28.4	15.3	15.7	6.6	100.0	1,396	5.6
Bali and Nusa Tenggara									
Bali	12.5	13.4	28.5	13.8	23.7	8.1	100.0	465	5.8
West Nusa Tenggara	26.6	25.0	23.5	14.5	8.9	1.5	100.0	583	4.6
East Nusa Tenggara	9.0	19.5	44.3	15.0	9.6	2.5	100.0	460	5.5
Kalimantan									
West Kalimantan	20.6	22.8	21.1	18.2	13.0	4.4	100.0	477	5.3
Central Kalimantan	3.8	22.4	30.0	24.0	15.1	4.7	100.0	297	5.8
South Kalimantan	8.5	24.6	33.6	16.9	13.5	2.9	100.0	470	5.5
East Kalimantan	4.6	17.3	26.3	23.0	21.8	7.0	100.0	447	6.7
Sulawesi									
North Sulawesi	0.8	18.8	20.1	24.8	28.6	6.8	100.0	310	8.2
Central Sulawesi	5.2	19.2	34.6	20.9	15.4	4.5	100.0	347	5.7
South Sulawesi	10.3	23.8	24.0	18.4	18.0	5.5	100.0	1,033	5.6
Southeast Sulawesi	10.3	15.7	29.7	22.9	18.1	3.3	100.0	251	5.8
Gorontalo	2.2	26.3	30.8	20.8	16.6	3.3	100.0	153	5.7
Total	7.9	20.0	33.9	17.4	15.8	4.9	100.0	29,483	5.6

¹ Completed 6th grade at the primary level

² Completed 6th grade at the secondary level

Table A.3.2.2 Educational attainment by province: currently married men

Percent distribution of men by highest level of schooling attended or completed, and median number of years of schooling, according to province, Indonesia 2002-2003

Province	Highest level of schooling attended or completed						Total	Number	Median years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Sumatera									
North Sumatera	1.4	14.5	24.0	22.9	30.0	7.2	100.0	663	8.4
West Sumatera	3.8	21.1	22.7	20.7	22.3	9.4	100.0	182	6.4
Riau	3.1	11.0	27.0	22.5	25.7	10.7	100.0	199	8.4
Jambi	2.4	14.7	33.1	22.0	21.2	6.7	100.0	114	6.0
South Sumatera	3.0	16.8	35.3	18.5	21.3	5.1	100.0	259	5.9
Bengkulu	2.8	16.0	25.2	23.5	21.9	10.6	100.0	44	7.6
Lampung	2.9	20.4	31.7	22.9	15.2	7.0	100.0	261	5.8
Bangka-Belitung	3.5	24.7	32.3	16.9	18.8	3.7	100.0	40	5.7
Java									
DKI Jakarta	0.8	4.6	21.0	18.9	38.9	15.7	100.0	310	11.1
West Java	2.9	21.7	41.0	13.1	17.4	3.8	100.0	1,614	5.6
Central Java	6.5	22.8	35.2	18.5	12.5	4.4	100.0	1,155	5.6
DI Yogyakarta	2.9	13.4	21.8	20.5	26.6	14.8	100.0	103	8.5
East Java	4.9	26.5	25.5	17.8	16.0	9.3	100.0	1,560	5.7
Banten	1.1	21.3	23.9	13.8	29.3	10.5	100.0	396	8.1
Bali and Nusa Tenggara									
Bali	5.9	9.3	26.3	14.8	31.3	12.4	100.0	138	8.6
West Nusa Tenggara	12.7	27.8	22.2	14.7	14.3	8.3	100.0	145	5.4
East Nusa Tenggara	8.0	18.5	30.5	18.1	19.0	5.9	100.0	122	5.7
Kalimantan									
West Kalimantan	12.4	30.3	18.3	15.6	18.8	4.6	100.0	119	5.4
Central Kalimantan	3.1	14.4	30.6	25.7	21.4	4.9	100.0	97	7.1
South Kalimantan	4.5	22.1	25.8	21.0	20.6	6.1	100.0	109	5.9
East Kalimantan	2.9	15.6	19.1	16.2	32.2	13.9	100.0	115	8.7
Sulawesi									
North Sulawesi	0.2	18.5	15.1	26.9	28.4	10.9	100.0	95	8.5
Central Sulawesi	2.2	11.7	32.4	23.2	23.8	6.7	100.0	114	7.9
South Sulawesi	8.5	30.8	14.0	13.6	19.3	13.8	100.0	237	5.7
Southeast Sulawesi	3.8	20.5	24.9	18.3	25.3	7.3	100.0	77	6.0
Gorontalo	1.4	39.2	26.9	18.8	12.9	0.9	100.0	41	5.4
Total	4.1	20.8	29.6	17.8	20.2	7.4	100.0	8,310	5.8
¹ Completed 6 th grade at the primary level									
² Completed 6 th grade at the secondary level									

Table A.3.3.1 Literacy by province: women

Percent distribution of ever-married women by level of schooling attended and by level of literacy, and percent literate, according to province, Indonesia 2002-2003

Province	Secondary school or higher	No schooling or primary school				Total	Number	Percent literate ¹
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	Missing			
Sumatera								
North Sumatera	53.4	35.3	2.8	7.4	1.1	100.0	2,177	91.5
West Sumatera	58.5	29.9	2.7	8.8	0.2	100.0	705	91.1
Riau	49.7	32.2	6.3	9.2	2.6	100.0	660	88.2
Jambi	40.0	33.6	12.8	13.4	0.1	100.0	382	86.5
South Sumatera	34.0	48.0	10.8	6.1	1.1	100.0	809	92.8
Bengkulu	46.6	38.9	4.0	10.3	0.2	100.0	159	89.4
Lampung	32.7	46.0	8.8	12.4	0.1	100.0	984	87.5
Bangka-Belitung	30.5	40.4	16.2	12.1	0.7	100.0	128	87.1
Java								
DKI Jakarta	60.7	28.7	4.8	5.3	0.6	100.0	1,024	94.2
West Java	29.6	49.8	9.7	10.3	0.7	100.0	5,797	89.1
Central Java	30.3	43.1	9.9	16.5	0.2	100.0	4,234	83.3
DI Yogyakarta	53.8	30.1	6.1	9.8	0.1	100.0	367	90.1
East Java	37.9	35.7	9.3	16.7	0.3	100.0	5,367	83.0
Banten	37.7	40.1	7.2	13.6	1.4	100.0	1,396	85.0
Bali and Nusa Tenggara								
Bali	45.6	34.2	6.6	13.0	0.6	100.0	465	86.4
West Nusa Tenggara	24.9	35.0	6.7	33.0	0.3	100.0	583	66.7
East Nusa Tenggara	27.1	43.7	12.3	14.0	2.8	100.0	460	83.1
Kalimantan								
West Kalimantan	35.5	29.8	7.6	27.0	0.1	100.0	477	72.9
Central Kalimantan	43.8	39.3	10.3	6.0	0.5	100.0	297	93.5
South Kalimantan	33.3	45.9	8.6	11.8	0.4	100.0	470	87.7
East Kalimantan	51.8	32.4	7.7	8.1	0.0	100.0	447	91.9
Sulawesi								
North Sulawesi	60.3	33.1	3.1	2.8	0.7	100.0	310	96.4
Central Sulawesi	40.9	39.5	9.0	10.6	0.1	100.0	347	89.3
South Sulawesi	41.9	30.9	9.9	16.9	0.4	100.0	1,033	82.7
Southeast Sulawesi	44.3	30.2	9.7	14.9	0.9	100.0	251	84.2
Corontalo	40.7	37.6	11.5	8.4	1.8	100.0	153	89.9
Total	38.2	39.8	8.4	13.0	0.6	100.0	29,483	86.4

¹ Refers to respondents who attended secondary school or higher and respondents who can read a whole sentence or part of a sentence

Table A.3.3.2 Literacy by province: men

Percent distribution of currently married men by level of schooling attended and by level of literacy, and percent literate, according to province, Indonesia 2002-2003

Province	Secondary school or higher	No schooling or primary school			Missing	Total	Number	Percent literate ¹
		Can read a whole sentence	Can read part of a sentence	Cannot read at all				
Sumatera								
North Sumatera	60.1	35.5	1.6	2.1	0.7	100.0	663	97.2
West Sumatera	52.4	35.9	2.6	9.0	0.1	100.0	182	90.8
Riau	58.9	30.9	4.8	4.5	0.9	100.0	199	94.6
Jambi	49.9	41.7	2.7	5.4	0.3	100.0	114	94.3
South Sumatera	44.9	42.3	8.6	4.0	0.2	100.0	259	95.8
Bengkulu	55.9	38.9	2.8	2.0	0.4	100.0	44	97.6
Lampung	45.0	35.0	13.3	6.8	0.0	100.0	261	93.2
Bangka-Belitung	39.4	46.3	7.5	6.7	0.0	100.0	40	93.3
Java								
DKI Jakarta	73.6	23.7	2.0	0.5	0.2	100.0	310	99.3
West Java	34.3	55.4	7.3	3.1	0.0	100.0	1,614	96.9
Central Java	35.4	46.5	9.5	8.6	0.0	100.0	1,155	91.4
DI Yogyakarta	61.9	30.1	1.8	6.3	0.0	100.0	103	93.7
East Java	43.1	37.9	7.5	11.5	0.0	100.0	1,560	88.5
Banten	53.6	36.2	5.1	3.9	1.1	100.0	396	95.0
Bali and Nusa Tenggara								
Bali	58.4	30.8	6.2	4.5	0.1	100.0	138	95.4
West Nusa Tenggara	37.3	42.7	2.4	17.7	0.0	100.0	145	82.3
East Nusa Tenggara	43.0	27.2	10.7	19.1	0.0	100.0	122	80.9
Kalimantan								
West Kalimantan	39.0	38.5	8.1	14.5	0.0	100.0	119	85.5
Central Kalimantan	52.0	38.1	5.3	4.5	0.2	100.0	97	95.3
South Kalimantan	47.6	37.8	9.6	4.9	0.0	100.0	109	95.1
East Kalimantan	62.4	29.9	1.2	6.5	0.1	100.0	115	93.5
Sulawesi								
North Sulawesi	66.3	25.0	5.8	2.7	0.2	100.0	95	97.1
Central Sulawesi	53.8	37.1	3.9	5.2	0.0	100.0	114	94.8
South Sulawesi	46.7	32.2	5.5	15.6	0.0	100.0	237	84.4
Southeast Sulawesi	50.8	36.8	4.9	7.5	0.0	100.0	77	92.5
Corontalo	32.6	45.3	10.4	11.7	0.0	100.0	41	88.3
Total	45.5	40.9	6.5	6.9	0.2	100.0	8,310	92.9

¹ Refers to respondents who attended secondary school or higher and respondents who can read a whole sentence or part of a sentence

Table A.3.4.1 Exposure to mass media by province: women

Percentage of ever-married women who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by province, Indonesia 2002-2003

Province	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number
Sumatera						
North Sumatera	14.1	68.2	27.0	7.0	28.1	2,177
West Sumatera	22.5	74.1	37.3	12.5	19.9	705
Riau	21.5	79.4	31.1	10.5	15.3	660
Jambi	17.1	77.8	35.2	10.6	16.6	382
South Sumatera	18.1	68.1	41.9	11.8	24.3	809
Bengkulu	25.9	76.8	51.1	17.5	16.1	159
Lampung	15.7	80.1	53.2	8.6	10.4	984
Bangka-Belitung	14.5	76.7	20.1	4.5	19.2	128
Java						
DKI Jakarta	36.5	90.7	36.6	20.3	7.2	1,024
West Java	11.4	79.8	35.3	6.6	15.4	5,797
Central Java	11.5	78.6	44.9	8.4	16.4	4,234
DI Yogyakarta	31.6	87.2	69.0	23.7	5.2	367
East Java	12.7	80.8	35.9	7.8	15.4	5,367
Banten	24.4	79.5	29.2	10.2	16.1	1,396
Bali and Nusa Tenggara						
Bali	16.5	83.5	43.1	10.5	13.6	465
West Nusa Tenggara	6.0	51.4	40.2	4.3	35.6	583
East Nusa Tenggara	11.9	20.0	25.0	5.9	64.2	460
Kalimantan						
West Kalimantan	17.6	67.2	42.0	10.5	24.4	477
Central Kalimantan	8.9	69.5	49.7	6.0	19.2	297
South Kalimantan	15.7	79.2	59.7	12.0	11.5	470
East Kalimantan	25.1	84.4	22.6	7.7	10.9	447
Sulawesi						
North Sulawesi	28.2	77.5	41.4	19.7	18.0	310
Central Sulawesi	13.3	57.0	30.4	8.7	36.0	347
South Sulawesi	13.9	74.1	45.7	10.3	18.7	1,033
Southeast Sulawesi	9.2	53.9	47.0	5.8	30.1	251
Gorontalo	14.8	55.1	42.8	12.5	37.1	153
Total	15.2	76.4	38.1	9.0	18.1	29,483

Table A.3.4.2 Exposure to mass media by province: men

Percentage of currently married men who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by province, Indonesia 2002-2003

Province	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media	No media	Number
Sumatera						
North Sumatera	32.6	71.5	38.5	19.4	23.9	663
West Sumatera	35.3	86.0	38.2	17.3	10.7	182
Riau	33.3	85.2	43.1	19.3	11.0	199
Jambi	20.3	84.5	43.6	13.7	8.3	114
South Sumatera	26.1	75.3	56.3	16.1	18.7	259
Bengkulu	17.2	69.4	35.1	6.6	24.4	44
Lampung	25.0	76.7	48.0	13.9	14.9	261
Bangka-Belitung	28.5	93.3	41.3	15.7	3.1	40
Java						
DKI Jakarta	65.4	94.1	55.1	42.3	3.4	310
West Java	27.4	75.0	48.1	16.8	16.0	1,614
Central Java	22.7	78.6	43.5	11.7	15.7	1,155
DI Yogyakarta	43.9	90.9	66.9	27.8	2.9	103
East Java	25.6	87.4	41.2	14.6	9.3	1,560
Banten	38.2	89.1	47.4	20.1	6.9	396
Bali and Nusa Tenggara						
Bali	44.5	87.5	66.2	40.3	8.5	138
West Nusa Tenggara	14.5	73.1	51.4	9.7	18.4	145
East Nusa Tenggara	19.9	27.0	32.9	12.7	56.4	122
Kalimantan						
West Kalimantan	27.3	64.9	43.7	11.8	21.9	119
Central Kalimantan	20.9	74.9	57.5	18.3	15.0	97
South Kalimantan	28.4	83.9	48.0	17.4	12.1	109
East Kalimantan	42.8	90.6	30.3	15.0	7.7	115
Sulawesi						
North Sulawesi	56.5	90.4	58.9	44.7	6.6	95
Central Sulawesi	18.2	63.6	38.9	14.9	31.4	114
South Sulawesi	25.8	75.5	52.7	12.1	12.9	237
Southeast Sulawesi	11.0	57.1	38.0	6.6	31.9	77
Gorontalo	24.1	61.7	58.9	21.7	29.1	41
Total	29.1	79.3	45.6	17.2	14.6	8,310

Table A.3.5.1 Employment status by province: women

Percent distribution of ever-married women by employment status, according to province, Indonesia 2002-2003

Province	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed	Not currently employed			
Sumatera					
North Sumatera	58.9	1.5	39.6	100.0	2,177
West Sumatera	57.5	2.4	40.1	100.0	705
Riau	41.2	1.8	56.9	100.0	660
Jambi	48.7	1.3	49.9	100.0	382
South Sumatera	59.6	2.9	37.6	100.0	809
Bengkulu	74.7	1.8	23.4	100.0	159
Lampung	57.5	2.0	40.5	100.0	984
Bangka-Belitung	41.0	2.5	56.5	100.0	128
Java					
DKI Jakarta	44.4	2.9	52.7	100.0	1,024
West Java	37.6	2.1	60.3	100.0	5,797
Central Java	61.2	1.4	37.4	100.0	4,234
DI Yogyakarta	73.7	3.1	23.2	100.0	367
East Java	52.3	1.3	46.4	100.0	5,367
Banten	39.4	1.6	58.9	100.0	1,396
Bali and Nusa Tenggara					
Bali	65.3	2.6	32.1	100.0	465
West Nusa Tenggara	72.2	3.3	24.5	100.0	583
East Nusa Tenggara	80.3	2.8	16.9	100.0	460
Kalimantan					
West Kalimantan	60.4	2.0	37.6	100.0	477
Central Kalimantan	27.0	0.4	72.4	100.0	297
South Kalimantan	54.5	1.6	43.9	100.0	470
East Kalimantan	36.1	1.9	62.0	100.0	447
Sulawesi					
North Sulawesi	37.2	0.4	62.4	100.0	310
Central Sulawesi	60.4	2.2	37.4	100.0	347
South Sulawesi	34.3	1.8	63.8	100.0	1,033
Southeast Sulawesi	52.6	1.4	46.0	100.0	251
Gorontalo	35.5	1.5	62.9	100.0	153
Total	50.7	1.8	47.4	100.0	29,483

Table A.3.5.2 Employment status by province: men

Percent distribution of currently married men by employment status, according to province, Indonesia 2002-2003

Province	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed	Not currently employed			
Sumatera					
North Sumatera	97.2	2.1	0.7	100.0	663
West Sumatera	95.5	2.7	1.8	100.0	182
Riau	96.8	1.2	1.3	100.0	199
Jambi	97.5	1.5	1.0	100.0	114
South Sumatera	99.5	0.2	0.3	100.0	259
Bengkulu	99.6	0.2	0.2	100.0	44
Lampung	98.6	1.0	0.5	100.0	261
Bangka-Belitung	97.6	0.6	1.8	100.0	40
Java					
DKI Jakarta	96.0	1.8	2.2	100.0	310
West Java	96.5	1.9	1.6	100.0	1,614
Central Java	97.3	1.0	1.7	100.0	1,155
DI Yogyakarta	98.5	1.3	0.2	100.0	103
East Java	99.1	0.4	0.5	100.0	1,560
Banten	92.8	3.7	3.5	100.0	396
Bali and Nusa Tenggara					
Bali	95.9	1.0	3.2	100.0	138
West Nusa Tenggara	94.3	4.5	1.2	100.0	145
East Nusa Tenggara	97.7	1.1	1.1	100.0	122
Kalimantan					
West Kalimantan	98.3	1.1	0.6	100.0	119
Central Kalimantan	97.3	1.0	1.1	100.0	97
South Kalimantan	97.8	1.0	1.2	100.0	109
East Kalimantan	95.0	2.5	2.5	100.0	115
Sulawesi					
North Sulawesi	99.4	0.0	0.6	100.0	95
Central Sulawesi	98.3	1.0	0.7	100.0	114
South Sulawesi	97.7	1.9	0.3	100.0	237
Southeast Sulawesi	98.1	0.7	1.0	100.0	77
Gorontalo	99.6	0.0	0.4	100.0	41
Total	97.3	1.4	1.3	100.0	8,310

Table A.3.6 Decision on use of earnings and contribution of earnings to household expenditures by province

Percent distribution of ever-married women employed in the 12 months preceding the survey receiving cash earnings by person who decides how earnings are to be used and by proportion of household expenditures met by earnings, according to province, Indonesia 2002-2003

Province	Person who decides how earnings are used				Total	Proportion of household expenditures met by earnings					Number of women	
	Self only	Jointly ¹	Someone else only ²	Missing		Almost none/ none	Less than half	Half or more	All	Missing		Total
Sumatera												
North Sumatera	59.0	37.9	1.9	1.2	100.0	7.8	10.8	40.2	40.8	0.3	100.0	748
West Sumatera	68.1	28.2	3.7	0.0	100.0	8.3	7.7	36.9	47.0	0.1	100.0	247
Riau	49.1	47.7	2.1	1.0	100.0	3.1	9.2	45.5	38.3	3.9	100.0	180
Jambi	62.6	30.5	2.2	4.7	100.0	0.9	17.1	44.2	37.8	0.0	100.0	78
South Sumatera	68.1	27.9	0.9	3.1	100.0	1.7	23.3	46.8	27.3	0.9	100.0	161
Bengkulu	62.1	35.2	0.3	2.4	100.0	4.1	20.1	40.2	34.7	0.8	100.0	41
Lampung	62.0	34.5	2.0	1.5	100.0	4.4	15.7	52.2	27.4	0.2	100.0	246
Bangka-Belitung	71.3	26.8	1.2	0.8	100.0	3.2	3.9	31.0	60.4	1.6	100.0	35
Java												
DKI Jakarta	81.5	16.7	1.1	0.7	100.0	6.1	9.4	40.7	42.7	1.1	100.0	433
West Java	73.8	21.8	2.6	1.8	100.0	1.3	7.4	45.0	45.9	0.4	100.0	1,647
Central Java	66.4	32.4	0.5	0.7	100.0	0.7	7.4	34.1	57.6	0.2	100.0	1,575
DI Yogyakarta	71.0	27.3	1.4	0.4	100.0	2.0	14.3	53.0	30.8	0.0	100.0	193
East Java	70.2	27.8	1.2	0.7	100.0	2.8	8.1	41.8	46.2	1.1	100.0	2,047
Banten	79.8	15.8	1.3	3.2	100.0	2.6	18.7	56.7	18.8	3.2	100.0	432
Bali and Nusa Tenggara												
Bali	43.8	54.1	1.9	0.2	100.0	1.6	30.3	46.5	19.8	1.8	100.0	267
West Nusa Tenggara	61.0	35.6	3.0	0.4	100.0	1.1	8.0	28.3	62.1	0.5	100.0	279
East Nusa Tenggara	47.5	45.3	5.9	1.2	100.0	6.1	15.3	41.0	36.3	1.2	100.0	60
Kalimantan												
West Kalimantan	62.8	29.6	5.7	1.8	100.0	4.3	2.7	46.7	46.1	0.1	100.0	119
Central Kalimantan	48.9	48.7	1.2	1.2	100.0	2.2	8.9	30.8	55.7	2.4	100.0	43
South Kalimantan	60.6	34.3	1.3	3.9	100.0	1.6	9.4	37.8	51.2	0.0	100.0	143
East Kalimantan	71.4	27.4	1.0	0.2	100.0	6.4	22.6	46.8	22.7	1.6	100.0	131
Sulawesi												
North Sulawesi	26.1	66.2	6.0	1.7	100.0	2.8	19.9	61.2	14.6	1.6	100.0	58
Central Sulawesi	59.4	36.8	2.3	1.4	100.0	3.9	43.5	39.5	11.5	1.6	100.0	85
South Sulawesi	87.8	11.9	0.0	0.3	100.0	0.7	12.3	57.7	28.6	0.6	100.0	169
Southeast Sulawesi	76.6	19.8	1.8	1.8	100.0	3.9	19.9	47.1	21.1	8.0	100.0	49
Gorontalo	72.6	24.6	2.1	0.7	100.0	3.5	8.4	63.2	24.9	0.0	100.0	36
Total	68.0	29.1	1.7	1.2	100.0	2.8	10.7	42.3	43.3	0.9	100.0	9,503

¹ With husband or someone else

² Includes husband

Table A.3.7 Women's participation in decisionmaking by province

Percentage of ever-married women who say that they alone or jointly have the final say in specific decisions, by province, Indonesia 2002-2003

Province	Alone or jointly have final say in:							Number of women
	Own health care	Making large purchases	Making daily purchases	Visits to family or relatives	What food to cook each day	All specified decisions	None of the specified decisions	
Sumatera								
North Sumatera	83.7	86.6	95.0	89.5	96.2	70.2	0.3	2,177
West Sumatera	77.8	75.5	92.4	84.7	95.3	58.7	1.6	705
Riau	82.2	83.6	91.7	90.1	92.9	68.0	2.8	660
Jambi	88.0	87.4	97.3	85.2	94.6	77.8	0.3	382
South Sumatera	91.2	76.9	94.8	78.3	89.2	66.0	1.0	809
Bengkulu	81.7	76.2	92.2	84.6	96.3	67.1	0.7	159
Lampung	80.9	75.4	96.0	87.1	98.0	60.7	0.7	984
Bangka-Belitung	80.0	72.4	91.6	84.0	95.6	62.1	3.1	128
Java								
DKI Jakarta	97.3	85.0	96.9	90.6	94.6	76.6	0.1	1,024
West Java	83.2	68.9	96.3	84.5	98.2	57.5	0.5	5,797
Central Java	93.3	85.1	98.2	93.3	98.7	79.6	0.1	4,234
DI Yogyakarta	89.5	82.6	97.6	92.2	95.7	70.5	0.1	367
East Java	88.7	87.0	97.5	82.3	97.1	69.2	0.3	5,367
Banten	84.7	80.7	95.8	87.9	96.4	65.8	0.9	1,396
Bali and Nusa Tenggara								
Bali	89.4	77.5	94.7	89.2	92.2	67.8	1.3	465
West Nusa Tenggara	82.4	76.3	96.0	82.3	96.4	60.0	0.7	583
East Nusa Tenggara	83.1	85.1	91.8	91.0	94.8	74.6	2.1	460
Kalimantan								
West Kalimantan	64.6	70.2	90.0	85.6	96.1	49.7	0.9	477
Central Kalimantan	97.3	81.0	97.1	89.1	98.3	72.1	0.4	297
South Kalimantan	91.5	87.6	93.7	91.4	96.0	77.8	0.9	470
East Kalimantan	89.3	85.5	97.3	92.2	96.4	74.9	0.6	447
Sulawesi								
North Sulawesi	95.8	96.9	98.6	96.7	98.7	91.0	0.4	310
Central Sulawesi	91.0	89.1	97.1	92.0	98.1	78.1	0.0	347
South Sulawesi	87.0	91.0	97.7	92.3	97.8	77.6	0.5	1,033
Southeast Sulawesi	85.7	87.4	98.4	85.8	98.9	72.5	0.0	251
Gorontalo	82.6	74.8	93.2	86.7	96.1	60.8	0.9	153
Total	86.9	81.1	96.3	87.2	96.9	68.4	0.5	29,483

Table A.3.8 Women's attitude toward wife beating by province

Percentage of ever-married women who agree that a husband is justified in hitting or beating his wife for specific reasons, by province, Indonesia 2002-2003

Province	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sex with him		
Sumatera							
North Sumatera	2.3	4.4	17.0	24.2	4.9	29.1	2,177
West Sumatera	4.6	8.0	33.5	32.8	9.1	43.1	705
Riau	5.4	7.8	36.4	36.7	12.7	44.0	660
Jambi	1.6	3.3	11.5	12.3	5.4	15.6	382
South Sumatera	3.5	4.9	14.4	22.7	10.9	28.0	809
Bengkulu	4.4	13.0	44.3	45.5	15.4	54.3	159
Lampung	2.0	5.4	21.6	23.3	7.3	28.6	984
Bangka-Belitung	10.1	13.6	45.2	44.6	17.4	57.1	128
Java							
DKI Jakarta	0.5	1.2	7.4	10.4	3.2	13.2	1,024
West Java	2.2	3.4	16.8	17.4	8.4	23.1	5,797
Central Java	1.2	2.2	9.2	9.6	3.2	14.1	4,234
DI Yogyakarta	0.3	3.5	11.9	16.2	3.2	20.2	367
East Java	0.8	3.3	15.8	14.0	3.1	18.7	5,367
Banten	3.2	3.9	12.5	12.1	6.0	16.0	1,396
Bali and Nusa Tenggara							
Bali	8.6	10.7	13.5	14.4	9.6	15.8	465
West Nusa Tenggara	7.6	31.5	55.1	56.4	30.2	64.3	583
East Nusa Tenggara	13.7	26.9	35.5	37.2	16.4	43.2	460
Kalimantan							
West Kalimantan	3.0	5.6	26.4	31.6	8.7	35.8	477
Central Kalimantan	3.0	1.5	11.2	44.6	1.8	45.0	297
South Kalimantan	2.7	9.0	31.2	33.3	11.9	39.5	470
East Kalimantan	2.6	1.9	18.9	20.5	3.4	26.6	447
Sulawesi							
North Sulawesi	2.5	4.4	9.7	12.1	3.0	14.2	310
Central Sulawesi	13.5	12.5	35.7	35.6	10.5	46.0	347
South Sulawesi	12.0	14.3	27.9	28.4	15.4	34.7	1,033
Southeast Sulawesi	14.7	5.3	39.8	35.8	10.0	48.0	251
Gorontalo	1.3	4.2	25.4	22.8	2.4	34.0	153
Total	3.0	5.3	18.2	19.6	6.9	24.8	29,483

Table A.3.9 Women's attitude toward refusing sex with husband by province

Percentage of ever-married women who believe that a wife is justified in refusing to have sex with her husband for specific reasons, by province, Indonesia 2002-2003

Province	Wife is justified in refusing sex with her husband if she:				Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has a sexually transmitted disease	Knows husband has sex with other women	Has recently given birth	Is tired or not in the mood			
Sumatera							
North Sumatera	85.5	81.4	91.2	58.7	50.4	5.9	2,177
West Sumatera	74.9	74.9	91.9	59.8	46.8	6.5	705
Riau	72.3	75.7	88.6	61.6	47.3	8.8	660
Jambi	84.2	84.2	89.5	73.2	69.0	9.5	382
South Sumatera	65.8	60.8	72.4	41.3	32.0	18.6	809
Bengkulu	80.5	83.0	93.3	59.7	51.7	4.4	159
Lampung	85.0	85.5	91.7	65.2	59.7	6.6	984
Bangka-Belitung	84.0	79.7	88.4	68.0	58.9	8.6	128
Java							
DKI Jakarta	95.2	91.3	98.2	70.8	67.5	1.2	1,024
West Java	85.1	83.6	90.0	57.0	51.6	7.4	5,797
Central Java	85.9	87.3	94.5	81.9	73.7	3.7	4,234
DI Yogyakarta	90.7	91.1	95.5	79.2	70.4	1.5	367
East Java	88.2	84.4	91.6	84.1	75.5	6.5	5,367
Banten	85.4	87.5	94.1	66.4	58.7	5.0	1,396
Bali and Nusa Tenggara							
Bali	76.3	74.5	77.7	69.6	66.3	20.9	465
West Nusa Tenggara	75.4	78.5	81.3	58.5	49.1	12.6	583
East Nusa Tenggara	75.0	74.3	79.0	63.0	52.2	15.7	460
Kalimantan							
West Kalimantan	81.4	88.0	88.8	74.1	62.8	6.8	477
Central Kalimantan	92.5	81.8	89.5	76.0	64.8	4.9	297
South Kalimantan	79.9	75.2	91.2	51.4	41.7	3.6	470
East Kalimantan	94.9	90.8	96.7	80.7	75.5	1.8	447
Sulawesi							
North Sulawesi	75.1	77.6	82.0	62.1	54.9	13.6	310
Central Sulawesi	92.1	85.6	96.7	74.7	69.1	2.4	347
South Sulawesi	85.6	82.7	86.7	70.6	66.1	9.3	1,033
Southeast Sulawesi	80.4	80.5	84.6	64.5	60.0	13.3	251
Gorontalo	84.5	84.9	86.2	75.7	69.5	9.7	153
Total	84.7	83.3	90.6	69.1	61.6	6.9	29,483

CHAPTER 4 FERTILITY

Table A.4.1 Fertility by province

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49, by province, Indonesia 2002-2003

Province	Total fertility rate ¹	Percentage currently pregnant ¹	Mean number of children ever born to women age 40-49
Sumatera			
North Sumatera	3.0	4.0	4.4
West Sumatera	3.2	5.7	4.8
Riau	3.2	5.0	4.7
Jambi	2.7	6.7	4.5
South Sumatera	2.3	2.5	4.4
Bengkulu	3.0	4.2	4.8
Lampung	2.7	4.4	4.8
Bangka-Belitung	2.4	2.9	4.1
Java			
DKI Jakarta	2.2	3.8	3.5
West Java	2.8	4.4	4.8
Central Java	2.1	3.4	3.7
DI Yogyakarta	1.9	3.3	2.9
East Java	2.1	3.5	3.0
Banten	2.6	4.3	4.5
Bali and Nusa Tenggara			
Bali	2.1	3.8	3.1
West Nusa Tenggara	2.4	5.9	4.9
East Nusa Tenggara	4.1	6.0	4.2
Kalimantan			
West Kalimantan	2.9	3.9	4.6
Central Kalimantan	3.2	5.5	4.1
South Kalimantan	3.0	4.3	4.3
East Kalimantan	2.8	6.1	4.5
Sulawesi			
North Sulawesi	2.6	3.9	2.8
Central Sulawesi	3.2	6.0	4.1
South Sulawesi	2.6	3.8	4.1
Southeast Sulawesi	3.6	6.7	4.7
Gorontalo	2.8	6.8	4.0
Total	2.6	4.1	4.0

¹ Women age 15-49

Table A.4.2 Birth intervals by province

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Indonesia 2002-2003

Province	Months since preceding birth					Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Sumatera								
North Sumatera	8.7	13.0	24.6	15.5	38.2	100.0	1,009	39.1
West Sumatera	7.7	8.6	24.2	20.5	39.1	100.0	310	41.8
Riau	5.6	9.4	22.3	15.4	47.2	100.0	279	45.9
Jambi	4.3	3.9	20.7	15.7	55.5	100.0	125	52.6
South Sumatera	6.2	4.9	17.5	16.9	54.4	100.0	262	51.0
Bengkulu	5.2	5.8	16.2	14.8	58.0	100.0	64	53.5
Lampung	5.9	6.5	17.0	17.6	53.0	100.0	360	52.2
Bangka-Belitung	7.3	3.4	11.0	13.5	64.8	100.0	46	56.9
Java								
DKI Jakarta	6.4	5.2	16.1	15.9	56.5	100.0	266	53.1
West Java	4.0	5.6	11.8	12.7	65.9	100.0	2,131	62.3
Central Java	4.3	5.8	11.8	12.1	66.0	100.0	1,080	63.6
DI Yogyakarta	6.1	5.0	10.6	14.5	63.9	100.0	82	61.4
East Java	7.1	5.2	11.4	10.0	66.2	100.0	1,194	68.9
Banten	4.1	4.9	14.3	14.8	61.9	100.0	491	58.9
Bali and Nusa Tenggara								
Bali	3.0	6.8	13.4	13.2	63.6	100.0	120	57.7
West Nusa Tenggara	3.4	8.1	19.4	12.9	56.1	100.0	199	55.1
East Nusa Tenggara	6.5	13.5	23.7	22.8	33.4	100.0	277	38.1
Kalimantan								
West Kalimantan	5.5	5.5	17.2	19.2	52.7	100.0	215	49.5
Central Kalimantan	6.3	7.4	11.5	17.0	57.8	100.0	116	55.7
South Kalimantan	2.2	5.2	14.1	13.3	65.2	100.0	161	61.1
East Kalimantan	7.6	7.1	11.9	18.3	55.0	100.0	166	51.8
Sulawesi								
North Sulawesi	4.7	7.4	18.2	13.7	56.0	100.0	91	52.0
Central Sulawesi	8.1	7.4	18.5	19.0	46.9	100.0	154	44.0
South Sulawesi	5.3	11.2	29.5	14.0	40.0	100.0	425	39.3
Southeast Sulawesi	8.8	9.2	25.0	17.1	40.0	100.0	127	39.8
Gorontalo	7.1	7.4	22.2	17.3	45.9	100.0	61	44.9
Total	5.6	7.1	16.3	14.3	56.6	100.0	9,811	54.2

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

Table A.4.3 Median age at first birth by province

Median age at first birth among women age 25-49, by current age and province, Indonesia 2002-2003

Province	Current age					Women age
	25-20	30-34	35-39	40-44	45-49	25-49
Sumatera						
North Sumatera	23.1	23.9	23.0	21.9	22.2	22.8
West Sumatera	24.8	23.2	21.9	22.0	20.7	22.5
Riau	22.7	22.0	21.0	19.8	20.2	21.4
Jambi	20.9	21.2	19.7	19.3	19.8	20.4
South Sumatera	21.4	21.2	19.9	20.5	20.1	20.6
Bengkulu	21.0	20.3	20.8	20.3	19.3	20.3
Lampung	20.9	20.6	20.0	19.7	19.3	20.1
Bangka-Belitung	21.7	21.4	20.4	21.3	22.5	21.4
Java						
DKI Jakarta	a	23.8	22.7	20.9	21.7	23.0
West Java	20.2	20.5	19.4	19.4	18.8	19.8
Central Java	21.7	21.0	20.0	20.2	19.7	20.7
DI Yogyakarta	24.4	23.6	21.8	21.8	21.1	22.5
East Java	22.3	21.8	21.0	19.9	19.7	20.9
Banten	21.3	20.8	20.2	18.6	20.4	20.5
Bali and Nusa Tenggara						
Bali	23.7	23.7	23.8	21.9	21.3	22.9
West Nusa Tenggara	21.4	20.1	20.0	19.9	20.2	20.4
East Nusa Tenggara	22.9	24.3	23.2	22.3	22.4	23.2
Kalimantan						
West Kalimantan	21.7	21.0	21.5	20.1	20.5	21.1
Central Kalimantan	20.8	20.9	20.9	20.4	22.7	20.9
South Kalimantan	21.1	20.4	19.8	20.0	19.5	20.2
East Kalimantan	22.4	21.9	22.6	20.2	20.1	21.8
Sulawesi						
North Sulawesi	22.2	22.6	22.9	22.2	22.0	22.4
Central Sulawesi	21.1	21.9	21.3	20.8	19.9	21.0
South Sulawesi	24.7	23.1	21.8	21.1	21.4	22.6
Southeast Sulawesi	20.5	20.4	21.7	20.6	20.6	20.6
Gorontalo	21.7	22.2	21.2	21.1	22.4	21.7
Total	21.9	21.6	20.9	20.2	20.1	21.0

^a Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

Table A.4.4 Teenage pregnancy and motherhood by province

Percentage of women age 15-19 who are mothers or pregnant with their first child, by province, Indonesia 2002-2003

Province	Percentage who are:		Percentage who have begun childbearing	Number of women
	Mothers	Pregnant with first child		
Sumatera				
North Sumatera	3.5	0.7	4.2	592
West Sumatera	5.9	1.9	7.9	201
Riau	7.3	1.1	8.5	146
Jambi	11.3	6.3	17.6	70
South Sumatera	3.5	1.9	5.5	231
Bengkulu	10.2	3.6	13.8	41
Lampung	6.8	1.7	8.4	182
Bangka-Belitung	4.7	1.1	5.8	37
Java				
DKI Jakarta	4.4	0.9	5.3	278
West Java	12.6	2.1	14.7	1,154
Central Java	7.6	1.5	9.1	900
DI Yogyakarta	3.8	2.1	5.9	96
East Java	7.7	3.2	10.9	1,039
Banten	7.3	1.9	9.2	356
Bali and Nusa Tenggara				
Bali	4.0	2.5	6.5	73
West Nusa Tenggara	10.4	1.8	12.1	161
East Nusa Tenggara	8.0	2.6	10.6	121
Kalimantan				
West Kalimantan	7.8	1.5	9.3	94
Central Kalimantan	16.9	1.7	18.6	63
South Kalimantan	9.1	3.4	12.5	99
East Kalimantan	10.4	3.6	14.0	110
Sulawesi				
North Sulawesi	6.2	3.8	10.0	50
Central Sulawesi	13.2	2.1	15.2	73
South Sulawesi	12.9	0.7	13.6	317
Southeast Sulawesi	12.5	1.5	14.0	58
Gorontalo	10.9	5.3	16.2	26
Total	8.3	2.0	10.4	6,531

CHAPTER 5 KNOWLEDGE AND EVER USE OF FAMILY PLANNING

Table A.5.1 Knowledge of contraceptive methods by province

Percentage of currently married women and percentage of currently married men who know at least one contraceptive method and who know at least one modern method by province, Indonesia 2002-2003

Province	Women			Men		
	Knows any method	Knows any modern method ¹	Number	Knows any method	Knows any modern method ¹	Number
Sumatera						
North Sumatera	95.2	94.6	2,071	95.7	93.3	663
West Sumatera	97.3	97.1	668	95.8	95.6	182
Riau	99.2	99.2	636	96.4	96.4	199
Jambi	99.2	99.2	353	97.0	96.8	114
South Sumatera	99.9	99.9	772	98.1	98.1	259
Bengkulu	99.8	99.8	150	97.9	97.9	44
Lampung	99.7	99.7	946	99.3	99.3	261
Bangka-Belitung	97.6	97.6	122	97.5	97.1	40
Java						
DKI Jakarta	99.8	99.8	919	100.0	100.0	310
West Java	99.6	99.6	5,539	98.7	98.5	1,614
Central Java	99.0	98.9	4,031	95.7	95.7	1,155
DI Yogyakarta	99.8	99.8	350	97.5	97.2	103
East Java	99.1	99.1	5,034	96.9	96.9	1,560
Banten	98.4	98.4	1,301	95.9	95.9	396
Bali and Nusa Tenggara						
Bali	98.9	98.9	446	97.3	97.3	138
West Nusa Tenggara	99.6	99.5	518	96.5	95.9	145
East Nusa Tenggara	90.6	89.6	427	92.3	88.2	122
Kalimantan						
West Kalimantan	98.0	97.7	445	96.2	96.2	119
Central Kalimantan	100.0	100.0	291	99.0	99.0	97
South Kalimantan	99.9	99.9	437	94.0	94.0	109
East Kalimantan	99.6	99.3	430	93.0	91.7	115
Sulawesi						
North Sulawesi	99.4	99.4	298	98.7	98.7	95
Central Sulawesi	98.1	97.7	329	95.4	95.4	114
South Sulawesi	96.5	96.2	961	89.6	88.9	237
Southeast Sulawesi	95.3	94.9	239	94.1	91.0	77
Gorontalo	99.2	99.2	143	84.7	83.7	41
Total	98.7	98.5	27,857	96.7	96.3	8,310

¹ Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, diaphragm, and lactational amenorrhea method (LAM)

Table A.5.2 Exposure to family planning messages by province

Percentage of ever-married women who heard or saw a family planning message on the radio or television, or in a newspaper/magazine, poster or pamphlet in the past few months, according to province, Indonesia 2002-2003

Province	Radio	Television	Print media			None of the specified media sources	Number
			Newspaper/ magazine	Poster	Pamphlet		
Sumatera							
North Sumatera	14.7	39.1	11.8	14.9	13.7	56.1	2,177
West Sumatera	17.6	42.5	20.8	18.6	7.3	53.2	705
Riau	11.8	33.9	12.7	9.1	3.6	60.4	660
Jambi	12.8	31.0	9.0	5.5	3.0	64.4	382
South Sumatera	12.3	33.4	10.5	5.0	2.0	62.0	809
Bengkulu	20.0	50.7	14.0	24.5	11.2	42.5	159
Lampung	17.9	50.9	8.9	11.3	6.0	44.9	984
Bangka-Belitung	13.8	31.2	12.3	5.1	3.0	66.4	128
Java							
DKI Jakarta	15.2	47.6	27.7	20.6	6.0	41.7	1,024
West Java	21.9	64.2	13.1	14.3	7.3	33.5	5,797
Central Java	23.4	38.4	7.7	8.0	2.7	57.7	4,234
DI Yogyakarta	21.8	38.9	16.8	16.3	7.5	50.1	367
East Java	13.8	46.9	14.4	12.9	4.9	50.2	5,367
Banten	22.8	59.7	23.1	15.4	8.7	37.5	1,396
Bali and Nusa Tenggara							
Bali	22.7	60.0	17.1	10.7	4.2	37.9	465
West Nusa Tenggara	21.6	36.6	6.9	8.8	4.6	56.1	583
East Nusa Tenggara	13.7	12.2	10.4	3.6	1.9	77.6	460
Kalimantan							
West Kalimantan	13.9	37.9	12.5	11.8	5.1	58.1	477
Central Kalimantan	38.7	64.8	8.8	8.4	0.8	27.0	297
South Kalimantan	20.7	50.1	10.7	9.0	5.7	46.2	470
East Kalimantan	14.3	64.5	19.5	14.3	9.4	31.6	447
Sulawesi							
North Sulawesi	27.3	58.2	28.2	12.4	9.9	37.3	310
Central Sulawesi	23.1	55.4	17.4	8.5	3.8	42.3	347
South Sulawesi	21.3	43.8	13.6	9.2	2.6	53.8	1,033
Southeast Sulawesi	24.7	32.3	8.9	1.4	0.8	59.9	251
Gorontalo	39.6	53.5	20.4	17.6	13.7	38.3	153
Total	19.0	48.0	13.5	12.1	5.9	48.0	29,483

Table A.5.3 Exposure to family planning messages through personal contact by province

Percentage of ever-married women who received (heard or saw) a family planning message as a result of contact with specific persons in the past six months, according to background characteristics, Indonesia 2002-2003

Province	Family planning officer	Teacher	Religious leader	Doctor	Nurse/ midwife	Village leader	Women's group	Pharmacist	Number of women
Sumatera									
North Sumatera	1.9	0.1	0.6	2.8	8.3	0.6	0.7	0.1	2,177
West Sumatera	5.5	1.1	1.4	3.4	10.2	1.3	2.6	0.5	705
Riau	4.0	0.7	2.1	4.2	9.7	1.3	2.9	0.0	660
Jambi	5.6	1.0	1.2	2.7	10.2	3.4	6.3	0.6	382
South Sumatera	3.5	0.3	2.6	2.4	18.0	0.6	2.9	0.3	809
Bengkulu	13.7	0.9	3.1	4.8	22.0	5.9	5.8	0.1	159
Lampung	6.1	0.3	0.7	2.6	14.2	0.6	2.5	0.0	984
Bangka-Belitung	7.2	0.3	1.0	4.0	10.8	0.8	1.6	0.1	128
Java									
DKI Jakarta	3.5	0.1	0.7	5.4	13.6	0.2	1.2	0.4	1,024
West Java	6.6	0.7	3.3	3.1	9.8	1.5	4.3	0.4	5,797
Central Java	4.6	0.5	0.9	2.4	8.0	2.5	7.4	0.2	4,234
DI Yogyakarta	8.8	0.0	2.1	2.9	13.3	4.0	9.1	0.1	367
East Java	6.2	0.8	1.6	4.4	12.2	1.7	5.7	0.2	5,367
Banten	7.6	0.5	0.3	4.4	10.8	1.6	1.9	0.2	1,396
Bali and Nusa Tenggara									
Bali	7.5	0.2	0.1	1.9	9.4	0.1	0.5	0.2	465
West Nusa Tenggara	8.3	0.2	1.3	2.0	11.0	2.2	2.3	0.0	583
East Nusa Tenggara	7.1	0.3	1.4	1.9	17.4	1.5	0.7	0.0	460
Kalimantan									
West Kalimantan	8.4	0.4	1.4	4.0	11.1	0.8	1.5	0.4	477
Central Kalimantan	8.0	0.3	0.3	0.4	10.3	0.7	0.9	0.0	297
South Kalimantan	4.9	0.5	2.1	2.4	12.0	3.2	3.1	0.0	470
East Kalimantan	7.4	0.5	1.6	4.5	12.8	0.8	1.8	0.4	447
Sulawesi									
North Sulawesi	8.7	1.0	8.6	8.6	12.0	12.3	10.5	0.4	310
Central Sulawesi	11.8	0.1	1.3	4.3	18.3	2.1	2.2	0.2	347
South Sulawesi	5.0	0.6	1.2	4.0	8.6	1.0	1.3	0.1	1,033
Southeast Sulawesi	14.7	0.3	0.8	2.7	16.6	1.9	3.8	0.1	251
Gorontalo	21.9	1.0	2.7	4.2	17.7	5.7	7.4	0.3	153
Total	6.0	0.5	1.7	3.4	11.0	1.7	4.1	0.2	29,483

Table A.5.4 Contact of nonusers with family planning providers by province

Percentage of women who are not using contraception who were visited by a fieldworker who discussed family planning, who visited a health facility and discussed family planning, and who visited a health facility but did not discuss family planning, in the 12 months preceding the survey, by province Indonesia 2002-2003

Province	Women who were visited by fieldworker who discussed family	Women who visited a health facility		Women who did not discuss family planning with a fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Sumatera					
North Sumatera	1.7	1.4	20.5	97.0	1,087
West Sumatera	6.3	6.8	38.9	88.1	352
Riau	4.1	4.1	24.7	92.1	290
Jambi	4.4	3.5	10.8	93.5	172
South Sumatera	2.9	3.7	18.7	94.9	335
Bengkulu	9.1	10.1	30.1	85.1	56
Lampung	4.4	6.4	26.5	92.0	401
Bangka-Belitung	2.0	3.5	18.1	95.1	48
Java					
DKI Jakarta	2.6	3.3	22.0	94.5	436
West Java	4.9	4.0	17.2	92.8	2,509
Central Java	2.8	2.8	25.4	95.2	1,597
DI Yogyakarta	3.8	10.8	42.1	86.5	100
East Java	2.3	3.1	23.9	95.5	1,987
Banten	4.0	3.8	19.6	93.6	627
Bali and Nusa Tenggara					
Bali	9.4	5.3	29.4	89.7	191
West Nusa Tenggara	4.8	8.9	31.4	88.1	306
East Nusa Tenggara	6.8	11.8	32.0	85.6	312
Kalimantan					
West Kalimantan	3.2	4.1	17.1	93.7	219
Central Kalimantan	3.3	2.7	7.0	94.4	111
South Kalimantan	3.4	4.6	14.3	93.1	218
East Kalimantan	6.3	5.1	31.2	89.4	205
Sulawesi					
North Sulawesi	5.3	4.4	20.7	92.3	100
Central Sulawesi	7.0	10.0	21.4	86.3	167
South Sulawesi	4.8	2.4	16.0	93.5	560
Southeast Sulawesi	8.0	8.7	18.6	87.5	134
Gorontalo	13.2	14.3	13.6	78.0	78
Total	4.0	4.1	22.2	93.2	12,600

Table A.5.5 Discussion of family planning between husband and wife by province

Percent distribution of currently married women who know a contraceptive method by the number of times they discussed family planning with their husband in the past year, and percentage of currently married men who know a contraceptive method who discussed family planning with their wife in the past year, according to province, Indonesia 2002-2003

Province	Number of times woman discussed family planning with husband				Total	Number of women	Men who discussed family planning with wife	Number of men
	Never	One or two times	Three or more times	Missing				
Sumatera								
North Sumatera	44.0	43.8	11.0	1.2	100.0	1,972	41.9	635
West Sumatera	37.7	47.5	14.6	0.1	100.0	650	38.0	174
Riau	36.2	50.8	11.3	1.6	100.0	631	46.7	192
Jambi	35.1	55.9	8.7	0.3	100.0	350	33.0	111
South Sumatera	25.0	59.4	14.3	1.4	100.0	771	52.5	254
Bengkulu	27.9	60.2	11.5	0.5	100.0	150	67.6	44
Lampung	35.1	42.9	21.8	0.3	100.0	943	42.0	259
Bangka-Belitung	36.8	44.8	17.1	1.3	100.0	120	30.5	39
Java								
DKI Jakarta	35.1	58.7	6.1	0.1	100.0	918	59.9	310
West Java	42.0	48.5	8.0	1.5	100.0	5,517	54.9	1,593
Central Java	61.7	33.6	4.4	0.3	100.0	3,989	35.6	1,105
DI Yogyakarta	41.6	49.7	8.7	0.1	100.0	349	45.3	101
East Java	45.7	44.5	8.6	1.1	100.0	4,991	37.5	1,511
Banten	29.0	50.8	19.2	1.0	100.0	1,280	53.1	380
Bali and Nusa Tenggara								
Bali	37.2	57.0	5.2	0.7	100.0	441	58.3	134
West Nusa Tenggara	40.8	53.3	5.8	0.1	100.0	516	58.9	140
East Nusa Tenggara	33.5	49.8	16.0	0.7	100.0	387	58.8	113
Kalimantan								
West Kalimantan	44.8	47.4	7.5	0.3	100.0	436	39.8	115
Central Kalimantan	24.0	64.8	9.4	1.7	100.0	291	72.9	96
South Kalimantan	29.0	57.6	13.3	0.1	100.0	437	45.3	103
East Kalimantan	38.7	42.4	17.9	1.0	100.0	428	51.6	107
Sulawesi								
North Sulawesi	21.9	49.6	25.8	2.8	100.0	296	62.9	94
Central Sulawesi	34.0	51.1	13.2	1.7	100.0	323	53.9	108
South Sulawesi	45.7	45.6	8.3	0.5	100.0	927	42.5	212
Southeast Sulawesi	32.8	54.2	12.6	0.4	100.0	228	57.0	73
Gorontalo	22.1	49.3	27.6	1.0	100.0	142	54.1	34
Total	42.7	46.5	9.9	0.9	100.0	27,483	46.3	8,036

CHAPTER 6 CURRENT USE OF FAMILY PLANNING

Table A.6.1 Current use of contraception by province

Percent distribution of currently married women by contraceptive method currently used, according to province, Indonesia 2002-2003

Province	Modern method									Traditional method					Total	Number of women	
	Using any method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	In-ject-ables	Im-plants	Male condom	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal	Any folk meth-od			Not currently using
Sumatera																	
North Sumatera	52.5	43.2	6.4	0.3	13.1	3.3	15.9	2.5	1.6	0.1	9.4	3.2	5.4	0.8	47.5	100.0	2,071
West Sumatera	52.9	46.2	3.4	0.0	9.1	6.1	22.1	4.6	0.8	0.2	6.7	2.8	3.7	0.2	47.1	100.0	668
Riau	57.8	55.7	1.3	0.0	17.6	2.6	30.2	2.6	1.3	0.0	2.1	1.0	0.9	0.2	42.2	100.0	636
Jambi	59.0	57.9	0.9	0.1	15.4	4.6	28.7	7.5	0.7	0.0	1.1	0.4	0.4	0.4	41.0	100.0	353
South Sumatera	61.4	58.6	4.6	0.1	9.9	2.4	30.2	10.9	0.5	0.0	2.8	1.9	0.6	0.3	38.6	100.0	772
Bengkulu	68.2	64.0	3.5	0.1	13.0	6.3	30.4	8.9	1.7	0.1	4.2	1.5	2.4	0.3	31.8	100.0	150
Lampung	61.4	58.9	1.8	0.3	13.6	4.2	31.1	7.6	0.1	0.1	2.6	1.1	0.8	0.6	38.6	100.0	946
Bangka-Belitung	65.1	63.3	2.1	0.0	27.1	1.6	26.9	4.3	1.3	0.0	1.9	1.3	0.4	0.2	34.9	100.0	122
Java																	
DKI Jakarta	63.2	57.4	2.8	0.1	12.6	10.0	27.5	1.4	3.1	0.0	5.8	3.5	1.4	0.9	36.8	100.0	919
West Java	59.0	57.5	2.3	1.0	15.8	3.6	32.6	1.7	0.4	0.0	1.5	0.7	0.8	0.0	41.0	100.0	5,539
Central Java	65.0	62.2	5.3	0.8	8.8	6.1	32.5	7.2	1.2	0.4	2.8	1.5	1.2	0.0	35.0	100.0	4,031
DI Yogyakarta	75.6	63.2	6.1	0.4	7.6	19.3	22.8	3.2	3.6	0.1	12.5	6.3	5.3	0.9	24.4	100.0	350
East Java	67.0	63.2	6.0	0.2	13.2	10.9	26.7	5.3	0.8	0.2	3.8	1.7	1.1	1.0	33.0	100.0	5,034
Banten	58.6	57.3	1.7	0.9	11.0	5.0	34.7	2.8	1.1	0.1	1.2	1.1	0.2	0.0	41.4	100.0	1,301
Bali and Nusa Tenggara																	
Bali	61.2	58.9	4.5	0.2	3.4	26.4	22.0	0.5	1.8	0.0	2.4	1.3	0.9	0.1	38.8	100.0	446
West Nusa Tenggara	53.5	52.5	1.6	0.0	10.9	4.3	28.7	6.9	0.0	0.1	1.0	0.2	0.1	0.6	46.5	100.0	518
East Nusa Tenggara	34.8	27.5	1.6	0.4	3.2	5.4	14.8	1.8	0.1	0.2	7.3	3.7	0.8	2.8	65.2	100.0	427
Kalimantan																	
West Kalimantan	57.8	55.7	1.0	0.3	15.5	2.6	30.8	5.1	0.4	0.0	2.1	0.6	0.8	0.6	42.2	100.0	445
Central Kalimantan	63.9	62.9	0.4	0.0	33.4	0.5	26.0	2.3	0.3	0.0	1.0	0.7	0.0	0.3	36.1	100.0	291
South Kalimantan	57.6	56.2	1.5	0.2	26.7	1.4	23.3	2.7	0.4	0.1	1.4	0.2	0.2	1.0	42.4	100.0	437
East Kalimantan	56.2	52.3	3.2	0.5	19.5	5.5	21.8	1.4	0.3	0.2	3.8	1.6	0.8	1.4	43.8	100.0	430
Sulawesi																	
North Sulawesi	70.1	66.4	2.3	0.0	19.9	12.2	23.7	8.3	0.0	0.0	3.7	2.2	1.1	0.4	29.9	100.0	298
Central Sulawesi	54.6	49.8	2.9	0.0	19.2	4.9	17.2	5.6	0.0	0.1	4.8	1.7	1.5	1.6	45.4	100.0	329
South Sulawesi	49.1	42.4	1.7	0.0	13.5	1.2	23.1	2.8	0.1	0.1	6.6	1.1	4.5	1.1	50.9	100.0	961
Southeast Sulawesi	48.6	40.9	1.8	0.0	10.8	1.3	21.7	4.9	0.3	0.0	7.7	2.3	4.9	0.5	51.4	100.0	239
Corontalo	52.0	48.2	0.6	0.0	17.1	5.6	15.6	9.1	0.1	0.2	3.8	3.2	0.0	0.6	48.0	100.0	143
Total	60.3	56.7	3.7	0.4	13.2	6.2	27.8	4.3	0.9	0.1	3.6	1.6	1.5	0.5	39.7	100.0	27,857

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

Table A.6.2 Pill use compliance by province

Percentage of currently married women using the pill, percent distribution of pill users by type of pill, and by whether pill users could show a pill packet, and percentage of pill users who took a pill less than two days ago, according to province, Indonesia 2002-2003

Province	Percentage of currently married women using the pill	Currently married women	Type of pill (packet seen)			Packet not seen/ missing	Percentage of pill users who:		Number of pill users
			Combi-nation	Single	Other		Took pill in order	Took pill <2 days ago	
Sumatera									
North Sumatera	13.1	2,071	76.9	16.1	3.4	3.6	89.4	89.4	271
West Sumatera	9.1	668	80.8	5.5	1.1	12.6	84.3	85.1	61
Riau	17.6	636	78.1	7.4	2.6	11.8	83.1	90.2	112
Jambi	15.4	353	46.2	20.0	11.7	22.1	74.0	90.8	54
South Sumatera	9.9	772	66.1	28.3	0.0	5.6	90.9	91.2	77
Bengkulu	13.0	150	62.2	17.8	8.6	11.4	82.2	78.3	19
Lampung	13.6	946	81.3	5.9	1.5	11.3	83.5	82.0	129
Bangka-Belitung	27.1	122	80.7	2.0	13.1	4.2	87.1	86.6	33
Java									
DKI Jakarta	12.6	919	69.2	22.4	1.0	7.5	86.9	90.0	116
West Java	15.8	5,539	70.9	10.8	5.3	13.0	80.5	88.3	877
Central Java	8.8	4,031	66.5	9.1	18.4	6.1	86.5	83.4	354
DI Yogyakarta	7.6	350	81.4	2.5	6.2	9.8	87.2	93.6	27
East Java	13.2	5,034	57.7	6.2	20.5	15.5	75.8	83.2	663
Banten	11.0	1,301	53.1	21.0	20.5	5.4	78.1	85.7	143
Bali and Nusa Tenggara									
Bali	3.4	446	31.4	53.0	10.8	4.8	95.2	86.7	15
West Nusa Tenggara	10.9	518	81.9	3.3	8.5	6.2	87.8	89.2	57
East Nusa Tenggara	3.2	427	59.4	28.2	6.4	6.0	89.0	83.0	14
Kalimantan									
West Kalimantan	15.5	445	76.7	6.5	7.2	9.5	85.8	90.6	69
Central Kalimantan	33.4	291	80.4	5.1	2.5	12.0	87.2	90.9	97
South Kalimantan	26.7	437	80.2	6.2	5.8	7.8	91.4	90.4	117
East Kalimantan	19.5	430	75.0	14.0	0.8	10.1	79.1	85.9	84
Sulawesi									
North Sulawesi	19.9	298	79.6	5.9	7.2	7.4	89.1	94.0	59
Central Sulawesi	19.2	329	67.4	19.2	1.5	11.9	85.3	87.6	63
South Sulawesi	13.5	961	83.6	5.7	6.1	4.6	90.2	95.1	130
Southeast Sulawesi	10.8	239	49.9	34.9	5.0	10.1	86.8	88.2	26
Gorontalo	17.1	143	63.0	21.1	13.3	2.6	91.0	90.5	24
Total	13.2	27,857	69.2	10.9	9.4	10.4	82.9	87.2	3,691

Table A.6.3 Informed choice by province

Among current users of specific modern contraceptive methods who adopted the method in the five years preceding the survey, percentage of women who were sterilized in the five years preceding the survey who were informed that they would not be able to have any more children, percentage who were informed about the side effects of the current method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception, by province, Indonesia 2002-2003

Province	Type of information			
	Informed about side effects or problems of method used	Informed what to do if experienced side effects ¹	Informed of other methods that could be used ²	Informed that sterilization is permanent ³
Sumatera				
North Sumatera	28.6	23.0	34.4	81.5
West Sumatera	33.2	26.6	40.7	80.2
Riau	24.2	18.3	33.1	96.1
Jambi	22.2	17.2	32.8	100.0
South Sumatera	38.0	32.9	47.6	93.5
Bengkulu	23.9	22.0	33.5	89.3
Lampung	23.2	22.1	30.2	84.1
Bangka-Belitung	17.2	15.9	24.8	78.4
Java				
DKI Jakarta	42.5	36.1	42.3	91.5
West Java	18.0	13.8	23.8	96.9
Central Java	17.0	12.6	18.2	69.6
DI Yogyakarta	29.2	26.9	35.0	82.3
East Java	23.2	22.3	21.5	81.7
Banten	16.9	15.7	37.8	95.0
Bali and Nusa Tenggara				
Bali	23.6	21.9	27.5	81.1
West Nusa Tenggara	34.1	31.2	35.3	90.6
East Nusa Tenggara	39.0	36.7	44.0	80.5
Kalimantan				
West Kalimantan	18.0	14.1	24.8	65.7
Central Kalimantan	44.5	41.2	46.9	100.0
South Kalimantan	27.5	25.3	30.1	80.8
East Kalimantan	27.0	24.7	36.8	90.0
Sulawesi				
North Sulawesi	23.9	18.7	35.1	81.6
Central Sulawesi	26.8	22.7	34.3	88.1
South Sulawesi	18.5	20.1	23.2	85.8
Southeast Sulawesi	27.5	27.5	35.3	97.2
Gorontalo	24.2	21.5	34.5	100.0
Total	23.1	19.9	27.4	82.7

¹ Among users of female sterilization, pill, IUD, injectables and implants

² Among users of female sterilization, pill, IUD, injectables, implants, diaphragm, and lactational amenorrhea method (LAM)

³ Sterilized women who were told that they would not be able to have any more children

Table A.6.4 Payment for contraceptive method and services by province

Percent distribution of current users of modern contraceptive methods by type of payment, by source of method, according to province, Indonesia 2002-2003

Province	Government		Private		Other		Total	Number of women
	Free	Pay	Free	Pay	Free	Pay		
North Sumatera	11.2	16.9	3.0	65.9	0.7	2.2	100.0	894
West Sumatera	12.7	16.1	6.9	54.5	4.4	5.4	100.0	308
Riau	3.6	29.0	2.4	54.5	1.2	9.1	100.0	356
Jambi	7.6	34.5	2.4	45.6	4.9	4.7	100.0	206
South Sumatera	4.8	22.8	2.5	64.4	1.7	3.6	100.0	453
Bengkulu	10.9	15.2	3.4	51.7	1.6	17.2	100.0	96
Lampung	3.7	17.9	2.5	67.8	0.6	7.2	100.0	557
Bangka-Belitung	3.4	16.0	1.8	65.1	1.1	12.7	100.0	78
Java								
DKI Jakarta	4.2	12.8	3.8	76.7	1.0	1.5	100.0	535
West Java	3.6	15.3	2.9	70.0	0.3	7.8	100.0	3,205
Central Java	8.0	19.8	2.7	60.7	1.5	7.3	100.0	2,509
DI Yogyakarta	16.8	22.9	2.0	49.7	3.7	4.7	100.0	222
East Java	7.3	23.2	4.5	54.4	1.9	8.7	100.0	3,180
Banten	4.4	11.9	2.3	74.1	0.9	6.0	100.0	751
Bali and Nusa Tenggara								
Bali	7.8	25.2	4.4	60.8	0.5	1.3	100.0	264
West Nusa Tenggara	9.5	32.8	1.9	32.2	3.4	19.5	100.0	272
East Nusa Tenggara	30.8	45.2	1.2	9.0	8.4	5.4	100.0	117
Kalimantan								
West Kalimantan	4.8	33.1	0.6	42.7	1.5	17.0	100.0	249
Central Kalimantan	2.6	25.4	4.3	37.1	2.6	27.8	100.0	184
South Kalimantan	5.0	20.3	1.9	45.9	2.0	24.9	100.0	246
East Kalimantan	5.1	26.3	8.7	46.4	2.1	11.4	100.0	225
Sulawesi								
North Sulawesi	9.0	24.0	5.4	55.6	1.0	4.9	100.0	199
Central Sulawesi	11.7	35.3	2.5	33.5	1.3	15.6	100.0	164
South Sulawesi	5.4	55.6	1.4	30.8	0.2	6.7	100.0	408
Southeast Sulawesi	10.7	22.7	4.0	33.6	7.9	21.1	100.0	98
Gorontalo	9.0	34.9	2.3	34.4	1.9	17.6	100.0	69
Total	6.7	21.2	3.2	59.2	1.5	8.0	100.0	15,843

CHAPTER 7 FERTILITY PREFERENCES

Table A.7.1 Desire to limit childbearing by province

Percentage of currently married women who want no more children, by number of living children and province, Indonesia 2002-2003

Province	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Sumatera								
North Sumatera	0.0	11.0	44.3	75.6	87.8	89.4	91.9	58.1
West Sumatera	0.0	7.7	37.1	59.5	86.0	83.0	88.4	49.4
Riau	2.9	7.3	37.8	65.4	85.8	79.0	84.8	47.6
Jambi	2.7	7.4	53.2	75.1	90.4	82.6	89.9	49.7
South Sumatera	0.0	8.3	52.8	81.9	83.8	93.7	76.4	58.1
Bengkulu	0.0	6.4	50.5	76.7	93.4	88.0	93.2	58.6
Lampung	0.0	6.6	47.5	77.6	94.6	94.7	89.3	54.9
Bangka-Belitung	3.7	10.3	53.0	75.4	86.5	90.7	78.3	53.6
Java								
DKI Jakarta	3.2	10.7	65.3	86.6	92.0	97.7	90.3	53.8
West Java	5.8	10.5	52.5	78.0	93.0	91.4	89.8	54.5
Central Java	1.2	9.3	65.0	90.4	94.5	100.0	96.1	57.5
DI Yogyakarta	9.3	17.6	85.8	94.4	97.2	92.2	84.9	65.4
East Java	3.6	17.3	78.6	90.9	96.0	98.9	100.0	58.7
Banten	3.3	9.4	43.6	70.5	83.9	86.9	90.2	48.0
Bali and Nusa Tenggara								
Bali	2.6	24.2	80.2	92.7	85.5	94.5	86.1	64.3
West Nusa Tenggara	0.6	5.0	32.4	58.9	81.6	80.0	89.5	39.3
East Nusa Tenggara	3.5	5.2	28.0	53.5	68.0	71.8	85.5	42.8
Kalimantan								
West Kalimantan	0.0	8.6	43.7	72.0	87.2	84.6	85.7	49.9
Central Kalimantan	4.5	8.4	38.3	83.5	91.8	91.6	90.5	48.9
South Kalimantan	2.2	13.6	41.4	67.0	80.6	62.7	93.9	44.5
East Kalimantan	0.0	8.9	48.7	77.0	93.6	97.9	90.7	49.9
Sulawesi								
North Sulawesi	2.2	11.4	71.6	81.8	88.5	93.8	88.5	54.9
Central Sulawesi	1.3	7.2	42.1	69.8	72.5	74.4	70.8	46.2
South Sulawesi	0.0	4.1	37.0	55.8	70.1	89.2	65.9	41.5
Southeast Sulawesi	0.0	2.2	26.7	55.3	73.3	86.7	92.0	41.5
Gorontalo	12.0	12.7	52.7	79.1	88.5	93.4	99.2	53.1
Total	2.8	11.3	58.4	79.4	88.9	90.4	89.2	54.2

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

¹ Includes current pregnancy

Table A.7.2 Need for family planning by province

Percentage of currently married women with unmet need for family planning, percentage of met need for family planning, and the total demand for family planning, by province, Indonesia 2002-2003

Province	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Sumatera											
North Sumatera	6.0	7.0	13.0	15.9	36.7	52.5	22.4	43.9	66.2	80.4	2,071
West Sumatera	5.9	6.4	12.3	22.6	30.2	52.9	29.0	36.8	65.8	81.4	668
Riau	4.9	5.5	10.4	27.6	30.2	57.8	33.2	35.8	69.0	84.9	636
Jambi	3.2	2.9	6.1	24.7	34.4	59.0	28.3	37.3	65.6	90.7	353
South Sumatera	2.7	4.2	6.8	19.9	41.5	61.4	23.1	45.8	68.9	90.1	772
Bengkulu	3.5	4.4	8.0	24.7	43.5	68.2	28.9	48.5	77.4	89.7	150
Lampung	2.5	4.8	7.3	27.5	34.0	61.4	30.7	39.8	70.4	89.6	946
Bangka-Belitung	3.2	2.4	5.6	27.3	37.9	65.1	30.7	40.2	70.9	92.1	122
Java											
DKI Jakarta	3.4	3.4	6.9	25.9	37.3	63.2	29.8	41.2	71.0	90.3	919
West Java	3.8	6.1	9.9	25.5	33.5	59.0	29.8	39.8	69.7	85.9	5,539
Central Java	3.2	3.3	6.5	24.2	40.7	65.0	27.9	44.1	72.0	91.0	4,031
DI Yogyakarta	1.8	3.0	4.8	21.0	54.7	75.6	23.3	58.3	81.7	94.1	350
East Java	2.8	2.8	5.6	23.0	43.9	67.0	26.3	47.0	73.3	92.3	5,034
Banten	4.9	4.8	9.7	30.3	28.2	58.6	36.5	33.3	69.8	86.1	1,301
Bali and Nusa Tenggara											
Bali	4.1	2.8	6.9	12.9	48.4	61.2	17.7	51.2	68.9	90.1	446
West Nusa Tenggara	9.8	6.3	16.0	30.4	23.1	53.5	41.3	29.4	70.7	77.3	518
East Nusa Tenggara	8.8	7.9	16.7	16.4	18.4	34.8	25.7	26.3	52.0	68.0	427
Kalimantan											
West Kalimantan	4.8	5.3	10.1	27.0	30.8	57.8	32.5	36.1	68.6	85.3	445
Central Kalimantan	2.3	4.5	6.8	30.1	33.9	63.9	32.9	38.3	71.2	90.5	291
South Kalimantan	4.4	4.9	9.3	32.0	25.6	57.6	37.2	30.7	67.8	86.4	437
East Kalimantan	3.9	3.2	7.0	24.7	31.4	56.2	29.2	34.6	63.7	88.9	430
Sulawesi											
North Sulawesi	2.2	2.2	4.4	26.6	43.5	70.1	29.3	45.8	75.1	94.2	298
Central Sulawesi	5.2	5.0	10.2	24.5	30.1	54.6	30.6	35.6	66.2	84.7	329
South Sulawesi	6.9	4.9	11.8	27.3	21.8	49.1	34.6	26.9	61.5	80.8	961
Southeast Sulawesi	8.6	4.7	13.4	24.4	24.2	48.6	33.6	29.0	62.6	78.7	239
Gorontalo	4.0	7.0	11.0	22.6	29.5	52.0	27.3	36.9	64.1	82.8	143
Total	4.0	4.6	8.6	24.2	36.2	60.3	28.8	41.0	69.7	87.6	27,857

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of a better method of contraception).

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

³ Nonusers who are pregnant or amenorrheic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

Table A.7.3 Mean ideal number of children by province

Mean ideal number of children for all ever-married women, by age and province, Indonesia 2002-2003

Province	Age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Sumatera								
North Sumatera	3.5	3.0	3.0	3.3	3.7	3.9	3.9	3.5
West Sumatera	3.2	2.8	3.0	3.1	3.4	3.6	4.0	3.3
Riau	2.8	2.8	3.0	3.0	3.5	3.8	3.8	3.2
Jambi	2.5	2.6	2.7	2.7	2.9	3.6	3.7	2.9
South Sumatera	2.7	2.6	2.8	3.0	3.3	3.7	3.8	3.2
Bengkulu	2.6	2.5	2.8	2.9	3.3	3.5	4.2	3.1
Lampung	2.4	2.8	2.8	3.0	3.2	3.3	3.5	3.0
Bangka-Belitung	2.3	2.7	2.7	3.0	3.0	3.3	3.5	3.0
Java								
DKI Jakarta	2.4	2.4	2.5	2.6	2.6	2.9	3.1	2.6
West Java	2.6	2.5	2.7	2.8	3.0	3.5	3.5	2.9
Central Java	2.3	2.6	2.6	2.6	2.8	2.9	3.2	2.8
DI Yogyakarta	1.9	2.1	2.1	2.2	2.3	2.4	2.7	2.3
East Java	2.1	2.2	2.3	2.4	2.5	2.5	2.7	2.4
Banten	2.7	2.9	3.0	3.1	3.2	3.8	3.7	3.2
Bali and Nusa Tenggara								
Bali	1.9	2.2	2.3	2.4	2.4	2.6	2.9	2.5
West Nusa Tenggara	2.7	2.8	2.8	3.2	3.4	3.5	4.1	3.1
East Nusa Tenggara	3.4	3.7	3.7	3.7	3.8	3.7	4.7	3.8
Kalimantan								
West Kalimantan	2.3	2.7	2.9	3.3	3.2	3.6	3.4	3.1
Central Kalimantan	3.1	3.1	3.0	3.3	3.6	3.9	3.7	3.3
South Kalimantan	2.5	2.4	2.7	3.2	3.2	3.2	3.7	2.9
East Kalimantan	2.6	2.5	2.7	2.7	2.7	3.4	3.7	2.9
Sulawesi								
North Sulawesi	2.3	2.1	2.2	2.3	2.4	2.5	2.6	2.3
Central Sulawesi	2.1	2.3	2.6	2.7	3.0	3.3	3.5	2.8
South Sulawesi	2.5	2.8	3.0	3.0	3.5	3.8	4.0	3.2
Southeast Sulawesi	3.0	2.9	3.4	3.7	3.5	3.8	3.8	3.4
Gorontalo	2.0	2.3	2.6	2.7	3.0	3.3	3.0	2.8
Total	2.5	2.6	2.7	2.8	3.0	3.2	3.4	2.9

Table A.7.4 Wanted fertility rates by province

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by province, Indonesia 2002-2003

Province	Total wanted fertility rate	Total fertility rate
Sumatera		
North Sumatera	2.6	3.0
West Sumatera	2.9	3.2
Riau	2.7	3.2
Jambi	2.4	2.7
South Sumatera	2.0	2.3
Bengkulu	2.5	3.0
Lampung	2.0	2.7
Bangka-Belitung	2.1	2.4
Java		
DKI Jakarta	2.0	2.2
West Java	2.4	2.8
Central Java	1.8	2.1
DI Yogyakarta	1.5	1.9
East Java	1.8	2.1
Banten	2.3	2.6
Bali and Nusa Tenggara		
Bali	1.9	2.1
West Nusa Tenggara	2.1	2.4
East Nusa Tenggara	3.5	4.1
Kalimantan		
West Kalimantan	2.4	2.9
Central Kalimantan	3.0	3.2
South Kalimantan	2.6	3.0
East Kalimantan	2.2	2.8
Sulawesi		
North Sulawesi	2.2	2.6
Central Sulawesi	2.5	3.2
South Sulawesi	2.2	2.6
Southeast Sulawesi	3.1	3.6
Gorontalo	2.3	2.8
Total	2.2	2.6

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates for Indonesia are the same as those presented in Table 4.2.

CHAPTER 9 OTHER PROXIMATE DETERMINANTS OF FERTILITY

Table A.9.1 Current marital status by province

Percent distribution of women by current marital status, according to province, Indonesia 2002-2003

Province	Marital status				Total	Number of women
	Never married	Married	Divorced	Widowed		
Sumatera						
North Sumatera	31.2	65.5	1.6	1.8	100.0	3,162
West Sumatera	30.7	65.6	1.3	2.4	100.0	1,018
Riau	25.7	71.7	0.9	1.7	100.0	888
Jambi	20.5	73.5	2.2	3.8	100.0	481
South Sumatera	30.1	66.7	1.1	2.1	100.0	1,157
Bengkulu	23.4	72.3	1.6	2.7	100.0	207
Lampung	22.2	74.8	1.2	1.8	100.0	1,264
Bangka-Belitung	32.1	65.1	1.2	1.6	100.0	188
Java						
DKI Jakarta	34.5	58.8	4.3	2.4	100.0	1,564
West Java	19.6	76.8	2.5	1.1	100.0	7,207
Central Java	24.0	72.3	1.8	1.9	100.0	5,573
DI Yogyakarta	32.0	64.9	1.9	1.2	100.0	539
East Java	21.3	73.8	2.6	2.3	100.0	6,823
Banten	25.8	69.2	2.5	2.6	100.0	1,880
Bali and Nusa Tenggara						
Bali	24.4	72.4	2.1	1.1	100.0	616
West Nusa Tenggara	25.5	66.1	5.9	2.5	100.0	783
East Nusa Tenggara	31.8	63.2	3.1	1.9	100.0	675
Kalimantan						
West Kalimantan	27.0	68.0	1.9	3.0	100.0	655
Central Kalimantan	20.2	78.3	0.8	0.8	100.0	372
South Kalimantan	23.0	71.6	2.8	2.6	100.0	611
East Kalimantan	27.6	69.5	0.9	2.0	100.0	618
Sulawesi						
North Sulawesi	21.4	75.6	2.0	1.0	100.0	394
Central Sulawesi	22.9	73.1	1.3	2.7	100.0	450
South Sulawesi	38.9	56.8	2.1	2.2	100.0	1,691
Southeast Sulawesi	21.2	75.1	1.6	2.0	100.0	318
Gorontalo	20.6	74.2	2.2	3.0	100.0	193
Total	25.0	70.8	2.2	1.9	100.0	39,327

Table A.9.2 Median age at first marriage by province

Median age at first marriage among women age 25-49, by current age and province, Indonesia 2002-2003

Province	Age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Sumatera						
North Sumatera	21.9	22.1	21.5	20.1	20.4	21.2
West Sumatera	23.2	22.0	20.7	19.9	19.1	20.9
Riau	21.0	20.6	19.7	18.4	17.8	19.8
Jambi	19.3	19.7	18.0	17.5	17.7	18.8
South Sumatera	20.0	19.6	18.4	19.1	18.3	19.0
Bengkulu	19.7	19.0	18.7	19.1	17.7	19.0
Lampung	19.4	18.9	17.7	17.4	16.5	18.0
Bangka-Belitung	20.7	19.9	19.0	19.7	20.6	19.9
Java						
DKI Jakarta	23.5	22.1	21.2	19.3	19.9	21.4
West Java	18.7	18.6	17.4	17.4	16.5	17.8
Central Java	20.2	19.5	18.3	18.4	17.4	18.8
DI Yogyakarta	22.8	22.4	20.6	20.2	19.6	21.1
East Java	20.1	20.1	18.9	17.7	17.1	18.8
Banten	19.7	18.8	18.4	16.0	16.9	18.3
Bali and Nusa Tenggara						
Bali	22.4	22.6	22.3	20.3	20.1	21.5
West Nusa Tenggara	19.7	18.4	18.6	18.4	18.2	18.7
East Nusa Tenggara	21.6	23.0	22.3	20.8	21.2	21.7
Kalimantan						
West Kalimantan	20.3	19.2	19.5	19.0	18.9	19.5
Central Kalimantan	19.3	19.4	19.4	18.8	20.2	19.4
South Kalimantan	19.4	18.5	17.5	17.4	16.5	18.0
East Kalimantan	20.7	20.0	21.1	17.9	18.0	19.8
Sulawesi						
North Sulawesi	21.4	21.9	21.8	21.4	20.9	21.5
Central Sulawesi	19.5	20.1	19.0	18.9	18.0	19.1
South Sulawesi	23.0	21.0	20.5	18.8	18.8	20.8
Southeast Sulawesi	19.0	19.5	19.6	18.9	18.9	19.2
Corontalo	20.2	20.9	19.6	19.3	20.8	20.2
Total	20.2	19.9	18.9	18.3	17.9	19.2

Table A.9.3 Recent sexual activity by province

Percent distribution of currently married women by timing of last sexual intercourse, according to province, Indonesia 2002-2003

Background characteristic	Timing of last sexual intercourse				Total	Number of women
	Within the last 4 weeks	Within 1 year ¹	One or more years	Missing		
Sumatera						
North Sumatera	86.6	10.7	0.9	1.8	100.0	2,071
West Sumatera	85.6	10.8	2.3	1.3	100.0	668
Riau	83.5	14.5	1.1	1.0	100.0	636
Jambi	83.3	14.6	1.8	0.4	100.0	353
South Sumatera	82.9	14.5	1.6	0.9	100.0	772
Bengkulu	85.3	11.9	1.3	1.5	100.0	150
Lampung	79.9	17.0	2.1	0.9	100.0	946
Bangka-Belitung	84.0	12.5	1.2	2.3	100.0	122
Java						
DKI Jakarta	86.5	11.8	0.7	0.9	100.0	919
West Java	81.2	15.0	2.2	1.6	100.0	5,539
Central Java	76.8	20.0	2.2	0.9	100.0	4,031
DI Yogyakarta	82.0	15.1	2.4	0.5	100.0	350
East Java	81.2	15.2	2.5	1.1	100.0	5,034
Banten	85.4	12.3	1.4	0.9	100.0	1,301
Bali and Nusa Tenggara						
Bali	83.4	13.6	1.8	1.2	100.0	446.0
West Nusa Tenggara	78.0	15.7	4.3	1.9	100.0	518.0
East Nusa Tenggara	76.8	16.3	4.4	2.5	100.0	427.0
Kalimantan						
West Kalimantan	80.3	15.9	2.3	1.5	100.0	445
Central Kalimantan	90.0	9.4	0.2	0.4	100.0	291
South Kalimantan	87.9	9.5	1.1	1.5	100.0	437
East Kalimantan	82.7	13.2	2.1	2.0	100.0	430
Sulawesi						
North Sulawesi	90.7	6.7	0.9	1.7	100.0	298
Central Sulawesi	83.7	14.1	1.3	0.9	100.0	329
South Sulawesi	83.4	13.5	1.3	1.8	100.0	961
Southeast Sulawesi	83.9	12.3	2.4	1.4	100.0	239
Gorontalo	83.5	12.9	2.3	1.2	100.0	143
Total	81.9	14.8	2.0	1.3	100.0	27,857

¹ Excludes women who had sexual intercourse within the last four weeks

Table A.9.4 Median duration of postpartum insusceptibility by province

Median number of months of postpartum amenorrhea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by province, Indonesia 2002-2003

Province	Postpartum amenorrhea	Postpartum abstinence	Postpartum insusceptibility	Number of births
Sumatera				
North Sumatera	1.9	2.0	2.8	804
West Sumatera	2.9	2.2	3.8	279
Riau	3.6	2.3	4.1	273
Jambi	3.7	2.1	4.6	124
South Sumatera	4.5	2.0	7.1	218
Bengkulu	5.3	2.3	6.1	52
Lampung	3.7	2.9	4.1	311
Bangka-Belitung	2.2	1.5	2.2	42
Java				
DKI Jakarta	2.4	2.4	3.0	318
West Java	4.9	2.1	5.4	1,837
Central Java	3.7	2.7	4.2	1,047
DI Yogyakarta	3.2	2.3	3.8	86
East Java	2.7	2.3	4.0	1,229
Banten	5.5	2.0	5.9	436
Bali and Nusa Tenggara				
Bali	3.5	2.0	4.3	121
West Nusa Tenggara	4.1	3.2	5.6	183
East Nusa Tenggara	10.8	4.1	11.4	239
Kalimantan				
West Kalimantan	3.1	2.3	3.9	185
Central Kalimantan	3.3	2.0	3.9	117
South Kalimantan	3.9	2.0	4.5	160
East Kalimantan	6.5	1.9	6.6	162
Sulawesi				
North Sulawesi	3.3	1.9	3.4	97
Central Sulawesi	3.8	2.1	4.3	133
South Sulawesi	7.7	2.3	7.9	417
Southeast Sulawesi	4.3	2.1	4.8	114
Gorontalo	3.6	2.2	3.9	53
Total	3.8	2.2	4.6	9,037

Note: Medians are based on current status.

CHAPTER 10 INFANT AND CHILD MORTALITY

Table A.10.1 Early childhood mortality rates by province

Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by province, Indonesia 2002-2003

Province	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Sumatera					
North Sumatera	24	18	42	16	57
West Sumatera	28	19	48	12	59
Riau	26	17	43	18	60
Jambi	14	28	41	10	51
South Sumatera	19	12	30	19	49
Bengkulu	27	25	53	17	68
Lampung	24	31	55	10	64
Bangka-Belitung	28	15	43	4	47
Java					
DKI Jakarta	18	17	35	6	41
West Java	25	19	44	6	50
Central Java	19	17	36	8	44
DI Yogyakarta	17	3	20	4	23
East Java	28	14	43	10	52
Banten	16	21	38	19	56
Bali and Nusa Tenggara					
Bali	9	5	14	5	19
West Nusa Tenggara	24	51	74	31	103
East Nusa Tenggara	31	28	59	15	73
Kalimantan					
West Kalimantan	24	23	47	17	63
Central Kalimantan	22	18	40	8	47
South Kalimantan	23	22	45	12	57
East Kalimantan	20	22	42	9	50
Sulawesi					
North Sulawesi	16	9	25	9	33
Central Sulawesi	24	28	52	20	71
South Sulawesi	12	35	47	26	72
Southeast Sulawesi	36	31	67	27	92
Gorontalo	24	54	77	21	97

¹ Computed as the difference between the infant and neonatal mortality rates

CHAPTER 11 MATERNAL HEALTH

Table A.11.1 Antenatal care by province

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to province, Indonesia 2002-2003

Province	General practitioner	Obstetrician/ Gynecologist	Nurse/ midwife/ village midwife	Traditional birth attendant/ other	No one	Missing	Total	Number of women
Sumatera								
North Sumatera	1.4	8.4	75.9	5.0	8.7	0.5	100.0	1,012
West Sumatera	3.1	16.8	74.9	3.8	1.5	0.0	100.0	368
Riau	3.8	12.2	74.3	4.8	4.2	0.6	100.0	342
Jambi	2.2	7.7	72.3	13.7	4.0	0.1	100.0	168
South Sumatera	0.4	11.3	82.0	2.7	3.5	0.2	100.0	311
Bengkulu	0.5	9.8	81.6	3.4	4.8	0.0	100.0	76
Lampung	1.2	8.9	82.9	4.3	2.6	0.0	100.0	442
Bangka-Belitung	0.4	5.2	83.2	3.4	6.6	1.2	100.0	57
Java								
DKI Jakarta	1.2	19.9	77.7	0.6	0.6	0.0	100.0	436
West Java	1.3	5.2	87.1	2.1	4.1	0.2	100.0	2,705
Central Java	1.6	8.0	86.5	0.4	3.5	0.0	100.0	1,612
DI Yogyakarta	0.4	13.8	85.1	0.0	0.6	0.0	100.0	128
East Java	1.0	14.0	75.9	5.0	3.8	0.3	100.0	1,878
Banten	0.2	9.8	75.8	8.8	5.1	0.3	100.0	640
Bali and Nusa Tenggara								
Bali	0.7	25.1	71.9	0.8	1.3	0.2	100.0	171
West Nusa Tenggara	1.4	2.1	87.0	2.8	6.7	0.0	100.0	280
East Nusa Tenggara	2.2	1.4	84.1	4.4	7.8	0.2	100.0	275
Kalimantan								
West Kalimantan	1.0	8.9	72.9	7.1	9.5	0.6	100.0	247
Central Kalimantan	0.3	0.6	65.7	21.9	9.5	1.9	100.0	153
South Kalimantan	2.4	5.7	80.6	7.7	3.4	0.2	100.0	220
East Kalimantan	3.1	14.5	73.6	3.1	5.5	0.2	100.0	209
Sulawesi								
North Sulawesi	3.1	32.3	61.4	1.1	1.0	1.1	100.0	128
Central Sulawesi	1.0	9.0	72.4	10.2	7.2	0.2	100.0	171
South Sulawesi	1.2	8.4	84.7	2.3	3.0	0.4	100.0	521
Southeast Sulawesi	1.7	5.7	77.5	9.2	5.8	0.1	100.0	136
Corontalo	4.2	7.8	75.9	5.7	6.2	0.3	100.0	75
Total	1.4	9.6	80.5	3.9	4.4	0.2	100.0	12,760

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

Table A.11.2 Components of antenatal care by province

Among women with a live birth in the five years preceding the survey who received antenatal care for the most recent birth, percentage who received specific antenatal care services, and percentage of women with a live birth in the five years preceding the survey who received iron tablets or syrup for the most recent birth, according to province, Indonesia 2002-2003

Province	Components of care among women who received antenatal care									
	Informed of signs of pregnancy complications	Weight measured	Height measured	Blood pressure measured	Urine sample taken	Blood sample taken	Abdominal examination	Number of women	Received iron tablets	Number of women
Sumatera										
North Sumatera	26.1	66.8	10.2	75.0	34.6	14.5	95.6	918	59.1	1,012
West Sumatera	38.2	86.4	38.8	89.8	26.4	31.3	96.5	363	85.2	368
Riau	27.9	79.5	20.9	90.8	45.8	35.5	94.5	326	71.2	342
Jambi	25.4	81.2	20.7	78.2	31.4	21.8	93.5	161	59.4	168
South Sumatera	32.4	88.8	26.8	88.7	19.8	16.8	95.3	300	79.4	311
Bengkulu	34.3	84.5	21.1	91.8	23.6	11.9	97.9	73	84.6	76
Lampung	20.8	92.1	12.1	88.3	41.0	21.0	98.4	430	80.7	442
Bangka-Belitung	27.8	89.3	25.6	88.8	34.4	41.3	97.6	53	66.0	57
Java										
DKI Jakarta	34.8	99.2	51.8	97.7	78.8	70.5	99.6	433	91.3	436
West Java	15.6	95.2	23.3	93.0	33.1	24.8	91.0	2,591	76.4	2,705
Central Java	37.1	98.0	29.7	94.5	36.2	35.1	98.8	1,556	89.3	1,612
DI Yogyakarta	35.6	97.4	45.7	98.2	61.0	41.1	99.3	127	97.6	128
East Java	38.4	92.8	36.5	92.6	46.9	26.5	97.6	1,800	87.9	1,878
Banten	25.8	84.6	29.5	87.0	34.4	27.4	97.4	606	59.5	640
Bali and Nusa Tenggara										
Bali	18.8	99.0	41.2	95.0	41.6	22.8	98.2	169	88.5	171
West Nusa Tenggara	35.0	87.8	49.7	91.5	23.2	23.2	97.5	261	86.6	280
East Nusa Tenggara	33.8	86.6	39.5	83.2	19.1	47.3	93.0	253	77.8	275
Kalimantan										
West Kalimantan	35.7	84.0	38.6	86.5	36.9	43.7	90.7	222	66.4	247
Central Kalimantan	50.9	68.0	36.2	76.2	7.9	15.9	83.6	135	58.3	153
South Kalimantan	38.4	84.1	31.7	89.4	32.3	20.1	93.8	212	83.5	220
East Kalimantan	37.2	93.1	43.9	92.2	43.2	44.1	97.5	197	81.9	209
Sulawesi										
North Sulawesi	34.6	82.7	39.9	89.1	43.0	51.8	97.4	125	91.6	128
Central Sulawesi	31.3	80.6	29.7	77.2	26.1	29.7	92.1	158	65.1	171
South Sulawesi	14.9	92.8	65.9	90.8	54.6	59.4	96.4	504	73.0	521
Southeast Sulawesi	26.2	65.6	19.5	81.5	14.5	20.9	89.8	128	72.2	136
Gorontalo	30.3	82.7	51.9	84.9	19.9	31.7	80.3	70	77.8	75
Total	28.7	89.6	30.9	89.9	37.8	30.3	95.3	12,170	78.4	12,760

Table A.11.3 Tetanus toxoid injections by province

Percent distribution of women who had a live birth in the five years preceding the survey by number of tetanus toxoid injections received during pregnancy for the most recent birth, according to province, Indonesia 2002-2003

Province	None	One injection	Two or more injections	Don't know/missing	Total	Number of women
Sumatera						
North Sumatera	63.6	12.1	21.0	3.4	100.0	1,012
West Sumatera	27.3	21.2	51.2	0.3	100.0	368
Riau	33.5	17.1	44.6	4.8	100.0	342
Jambi	36.9	21.2	41.3	0.6	100.0	168
South Sumatera	24.4	23.1	51.9	0.5	100.0	311
Bengkulu	19.9	18.2	61.7	0.3	100.0	76
Lampung	25.4	28.1	44.5	2.0	100.0	442
Bangka-Belitung	28.0	21.0	44.5	6.5	100.0	57
Java						
DKI Jakarta	23.0	26.3	49.3	1.4	100.0	436
West Java	24.5	20.0	54.0	1.5	100.0	2,705
Central Java	15.6	22.2	61.5	0.7	100.0	1,612
DI Yogyakarta	10.2	22.7	66.9	0.2	100.0	128
East Java	22.4	23.4	52.2	2.0	100.0	1,878
Banten	30.4	22.4	46.0	1.2	100.0	640
Bali and Nusa Tenggara						
Bali	18.1	24.3	55.6	2.1	100.0	171
West Nusa Tenggara	26.7	21.8	49.0	2.5	100.0	280
East Nusa Tenggara	14.8	19.5	63.7	1.9	100.0	275
Kalimantan						
West Kalimantan	31.9	11.2	55.8	1.1	100.0	247
Central Kalimantan	38.5	17.9	40.2	3.4	100.0	153
South Kalimantan	27.3	18.3	53.3	1.0	100.0	220
East Kalimantan	21.0	19.3	58.1	1.6	100.0	209
Sulawesi						
North Sulawesi	7.3	19.5	71.3	2.0	100.0	128
Central Sulawesi	24.3	18.0	55.6	2.0	100.0	171
South Sulawesi	12.9	38.9	47.1	1.0	100.0	521
Southeast Sulawesi	25.6	19.7	54.4	0.3	100.0	136
Gorontalo	22.9	31.2	44.6	1.3	100.0	75
Total	26.2	21.5	50.7	1.7	100.0	12,760

Table A.11.4 Place of delivery by province

Percent distribution of live births in the five years preceding the survey by place of delivery, according to province, Indonesia 2002-2003

Province	Health facility		Home	Other	Missing	Total	Number of births
	Public sector	Private sector					
Sumatera							
North Sumatera	7.3	25.7	65.3	0.0	1.6	100.0	1,372
West Sumatera	14.2	44.5	40.6	0.7	0.1	100.0	464
Riau	8.3	29.1	59.8	0.7	2.1	100.0	430
Jambi	11.4	25.4	62.3	0.0	0.9	100.0	198
South Sumatera	7.9	30.1	61.6	0.0	0.4	100.0	382
Bengkulu	5.0	8.0	85.0	1.3	0.6	100.0	90
Lampung	6.8	34.8	58.1	0.0	0.3	100.0	530
Bangka-Belitung	5.7	27.3	64.9	0.0	2.2	100.0	69
Java							
DKI Jakarta	17.8	71.3	10.9	0.0	0.0	100.0	514
West Java	5.2	23.4	70.6	0.0	0.8	100.0	3,090
Central Java	8.0	32.6	59.1	0.0	0.2	100.0	1,784
DI Yogyakarta	18.7	52.3	27.2	1.8	0.0	100.0	144
East Java	10.1	50.4	38.1	0.4	0.9	100.0	2,101
Banten	4.6	37.7	56.8	0.1	0.9	100.0	736
Bali and Nusa Tenggara							
Bali	23.8	61.1	13.7	0.2	1.2	100.0	194
West Nusa Tenggara	21.8	5.6	64.2	7.9	0.4	100.0	327
East Nusa Tenggara	9.4	3.6	85.4	1.0	0.6	100.0	376
Kalimantan							
West Kalimantan	7.4	17.6	72.8	1.0	1.2	100.0	301
Central Kalimantan	1.4	1.6	94.2	0.0	2.9	100.0	178
South Kalimantan	5.9	3.1	90.2	0.1	0.6	100.0	251
East Kalimantan	12.7	32.3	53.3	0.0	1.7	100.0	260
Sulawesi							
North Sulawesi	16.9	31.7	48.7	0.5	2.1	100.0	153
Central Sulawesi	12.1	4.6	82.0	1.0	0.4	100.0	217
South Sulawesi	20.3	15.1	63.9	0.3	0.3	100.0	652
Southeast Sulawesi	3.6	2.5	93.0	0.0	0.8	100.0	183
Gorontalo	11.7	3.2	83.7	1.2	0.2	100.0	93
Total	9.2	30.5	59.0	0.4	0.8	100.0	15,089

¹ Includes only the most recent birth in the five years preceding the survey

Table A.11.5 Assistance during delivery by province

Percent distribution of live births in the five years preceding the survey by the most qualified person providing assistance during delivery, according to province, Indonesia 2002-2003

Province	General practitioner	Obstetrician/ Gynecologist	Nurse/ midwife/ village midwife	Traditional birth attendant/ other	Relative/ other	No one	Missing	Total	Number of births
Sumatera									
North Sumatera	0.4	6.7	72.8	15.4	2.5	0.6	1.6	100.0	1,372
West Sumatera	2.5	13.9	63.4	18.0	1.8	0.3	0.1	100.0	464
Riau	2.4	10.0	61.6	22.8	0.7	0.4	2.1	100.0	430
Jambi	0.7	8.9	60.9	28.3	0.3	0.0	0.9	100.0	198
South Sumatera	0.0	9.1	67.3	22.5	0.3	0.4	0.4	100.0	382
Bengkulu	1.3	5.9	61.4	29.5	1.0	0.3	0.6	100.0	90
Lampung	1.2	8.1	53.1	37.1	0.2	0.0	0.3	100.0	530
Bangka-Belitung	0.5	3.4	62.9	30.6	0.5	0.0	2.2	100.0	69
Java									
DKI Jakarta	0.3	25.3	68.7	5.7	0.1	0.0	0.0	100.0	514
West Java	0.3	6.5	41.9	50.4	0.2	0.0	0.8	100.0	3,090
Central Java	0.8	10.3	56.1	32.2	0.3	0.0	0.2	100.0	1,784
DI Yogyakarta	1.5	24.4	59.3	14.8	0.0	0.0	0.0	100.0	144
East Java	0.4	18.1	62.2	17.0	1.0	0.6	0.6	100.0	2,101
Banten	1.5	10.2	51.2	35.7	0.6	0.0	0.9	100.0	736
Bali and Nusa Tenggara									
Bali	1.7	25.3	60.8	9.6	1.6	0.2	0.8	100.0	194
West Nusa Tenggara	2.8	3.1	44.2	46.5	3.0	0.0	0.4	100.0	327
East Nusa Tenggara	0.5	1.8	34.1	54.9	6.9	1.3	0.5	100.0	376
Kalimantan									
West Kalimantan	1.3	5.4	57.0	33.3	1.8	0.0	1.2	100.0	301
Central Kalimantan	0.4	0.9	44.8	48.8	2.2	0.0	2.9	100.0	178
South Kalimantan	0.2	4.2	53.0	40.3	1.0	0.6	0.6	100.0	251
East Kalimantan	1.7	11.8	65.7	17.9	0.5	0.6	1.8	100.0	260
Sulawesi									
North Sulawesi	1.6	24.4	59.7	12.0	0.0	0.2	2.0	100.0	153
Central Sulawesi	0.9	6.8	46.3	41.4	4.1	0.0	0.5	100.0	217
South Sulawesi	0.2	6.5	55.5	31.2	5.7	0.5	0.3	100.0	652
Southeast Sulawesi	0.6	2.9	38.5	54.5	1.8	0.9	0.8	100.0	183
Gorontalo	0.6	5.2	43.0	50.6	0.4	0.0	0.2	100.0	93
Total	0.8	10.2	55.3	31.5	1.3	0.3	0.8	100.0	15,089

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation.

Table A.11.6 Delivery characteristics by province

Percentage of births in the five years preceding the survey delivered by caesarean section, and percent distribution by birth weight and by mother's estimate of baby's size at birth, according to province, Indonesia 2002-2003

Province	Delivery by C-section	Birth weight				Total	Size of child at birth				Total	Number of births
		Not weighed	Less than 2.5 kg	2.5 kg or more	Don't know/missing		Very small	Smaller than average	Average or larger	Don't know/missing		
Sumatera												
North Sumatera	4.0	31.2	3.1	63.5	2.1	100.0	2.6	8.2	83.5	5.6	100.0	1,372
West Sumatera	6.4	15.1	6.2	78.0	0.8	100.0	1.9	14.2	80.3	3.6	100.0	464
Riau	4.6	21.8	3.5	72.0	2.7	100.0	0.8	10.4	78.2	10.6	100.0	430
Jambi	1.6	31.1	2.4	65.3	1.2	100.0	1.4	9.3	82.2	7.1	100.0	198
South Sumatera	3.6	19.1	5.6	74.7	0.5	100.0	1.1	11.9	83.2	3.8	100.0	382
Bengkulu	2.3	25.5	4.0	69.6	0.9	100.0	2.0	11.1	84.6	2.4	100.0	90
Lampung	1.9	29.6	3.9	66.2	0.3	100.0	2.0	8.3	88.5	1.2	100.0	530
Bangka-Belitung	3.2	18.8	7.2	71.9	2.2	100.0	0.8	12.6	79.6	7.0	100.0	69
Java												
DKI Jakarta	10.5	2.4	7.7	89.8	0.2	100.0	4.0	12.7	82.7	0.6	100.0	514
West Java	3.4	21.8	6.4	70.6	1.2	100.0	1.3	12.2	83.6	2.9	100.0	3,090
Central Java	3.2	7.0	6.6	86.0	0.4	100.0	2.9	11.1	84.7	1.3	100.0	1,784
DI Yogyakarta	6.3	4.3	6.7	88.9	0.0	100.0	2.3	15.3	82.4	0.0	100.0	144
East Java	6.4	13.6	5.9	79.8	0.7	100.0	1.7	12.4	81.5	4.4	100.0	2,101
Banten	6.1	24.7	6.3	67.5	1.6	100.0	0.9	10.3	80.2	8.6	100.0	736
Bali and Nusa Tenggara												
Bali	11.7	7.1	2.9	88.6	1.4	100.0	1.4	6.2	89.4	3.0	100.0	194
West Nusa Tenggara	0.5	27.7	5.2	65.5	1.6	100.0	0.5	12.7	78.7	8.0	100.0	327
East Nusa Tenggara	1.3	51.3	4.0	42.9	1.7	100.0	2.4	7.6	81.6	8.4	100.0	376
Kalimantan												
West Kalimantan	2.1	33.2	5.8	59.3	1.7	100.0	1.7	11.0	74.3	13.1	100.0	301
Central Kalimantan	0.4	40.0	4.5	52.1	3.5	100.0	2.1	9.7	81.9	6.3	100.0	178
South Kalimantan	2.5	23.4	4.6	71.2	0.8	100.0	0.9	14.8	80.3	4.0	100.0	251
East Kalimantan	3.2	8.0	5.1	85.0	1.9	100.0	2.7	9.6	85.2	2.5	100.0	260
Sulawesi												
North Sulawesi	4.4	18.9	3.1	75.0	3.0	100.0	6.1	8.9	73.7	11.3	100.0	153
Central Sulawesi	1.5	35.3	6.1	58.2	0.5	100.0	3.8	15.0	74.6	6.6	100.0	217
South Sulawesi	2.2	31.2	7.3	61.0	0.5	100.0	3.3	18.7	73.5	4.5	100.0	652
Southeast Sulawesi	0.1	56.9	2.7	38.9	1.5	100.0	5.9	8.1	71.8	14.2	100.0	183
Gorontalo	1.4	54.8	5.6	39.1	0.5	100.0	6.3	26.0	67.4	0.3	100.0	93
Total	4.1	21.3	5.6	72.0	1.1	100.0	2.1	11.6	81.9	4.5	100.0	15,089

Table A.11.7 Preparation for delivery by province

Percentage of women who had a live birth in the five years preceding the survey for which mothers discussed specific topics during pregnancy for the most recent birth, by province, Indonesia 2002-2003

Province	Topics discussed						No topics discussed	Number of births
	Place to deliver	Transportation	Delivery assistance	Payment	Blood donor	Any topic		
Sumatera								
North Sumatera	60.1	23.7	62.8	52.6	3.3	71.1	28.9	1,012
West Sumatera	76.3	55.1	70.5	68.5	23.6	81.5	18.5	368
Riau	67.7	41.9	67.0	59.2	13.9	73.6	26.4	342
Jambi	61.9	38.2	68.0	60.1	16.0	75.5	24.5	168
South Sumatera	74.5	39.5	80.2	81.3	9.9	88.6	11.4	311
Bengkulu	58.5	27.0	62.5	55.1	7.0	67.5	32.5	76
Lampung	59.6	30.4	60.5	56.3	3.9	74.1	25.9	442
Bangka-Belitung	60.3	33.3	64.0	62.3	3.2	75.1	24.9	57
Java								
DKI Jakarta	74.0	40.9	66.8	56.2	11.3	78.5	21.5	436
West Java	53.7	29.2	52.4	51.3	7.3	62.9	37.1	2,705
Central Java	61.2	31.2	62.1	61.7	5.7	74.0	26.0	1,612
DI Yogyakarta	78.9	52.7	84.0	72.2	10.4	88.6	11.4	128
East Java	79.4	54.5	82.0	78.0	6.5	88.2	11.8	1,878
Banten	61.7	45.4	68.3	69.3	14.1	74.5	25.5	640
Bali and Nusa Tenggara								
Bali	77.8	65.4	76.3	76.7	31.1	83.4	16.6	171
West Nusa Tenggara	56.2	29.2	52.0	52.9	3.2	66.1	33.9	280
East Nusa Tenggara	68.1	43.1	78.2	58.4	3.5	84.7	15.3	275
Kalimantan								
West Kalimantan	57.4	35.4	60.3	48.8	6.2	68.4	31.6	247
Central Kalimantan	61.0	10.3	73.7	58.3	2.8	80.6	19.4	153
South Kalimantan	63.7	33.8	69.3	61.1	5.2	77.4	22.6	220
East Kalimantan	76.0	54.4	74.0	64.0	14.8	82.0	18.0	209
Sulawesi								
North Sulawesi	75.8	45.3	73.1	62.5	25.0	78.9	21.1	128
Central Sulawesi	62.8	46.2	61.1	58.6	7.4	69.5	30.5	171
South Sulawesi	56.1	32.3	54.7	47.8	5.3	64.2	35.8	521
Southeast Sulawesi	48.1	24.8	52.6	51.2	4.0	63.5	36.5	136
Gorontalo	73.0	52.3	78.4	76.9	12.6	88.0	12.0	75
Total	64.1	37.5	65.1	60.9	8.1	74.3	25.7	12,760

Table A.11.8 Postnatal care by province

Percent distribution of women who had a noninstitutional live birth in the five years preceding the survey by timing of postnatal care for the most recent noninstitutional birth, according to province, Indonesia 2002-2003

Province	Timing of first postnatal checkup				Did not receive postnatal checkup ¹	Total	Number of women
	Within 2 days of delivery	3-6 days after delivery	7-41 days after delivery	Don't know/missing			
Sumatera							
North Sumatera	58.9	5.7	6.6	0.3	28.5	100.0	666
West Sumatera	72.0	5.9	2.5	0.0	19.6	100.0	148
Riau	64.3	9.1	5.1	0.3	21.3	100.0	216
Jambi	69.3	12.1	1.7	0.0	16.9	100.0	104
South Sumatera	48.1	13.3	7.2	0.0	31.5	100.0	196
Bengkulu	88.3	1.8	1.6	0.0	8.2	100.0	67
Lampung	90.8	3.8	1.8	0.0	3.6	100.0	261
Bangka-Belitung	42.2	16.2	2.4	0.7	38.6	100.0	38
Java							
DKI Jakarta	46.2	10.1	27.6	1.6	14.5	100.0	47
West Java	34.0	29.3	17.5	0.0	19.1	100.0	1,923
Central Java	82.7	4.2	2.0	0.0	11.0	100.0	943
DI Yogyakarta	70.1	10.1	15.2	0.0	4.5	100.0	38
East Java	86.5	3.3	1.9	0.0	8.3	100.0	748
Banten	44.5	19.6	15.1	0.0	20.8	100.0	361
Bali and Nusa Tenggara							
Bali	75.1	0.9	0.8	0.0	23.2	100.0	25
West Nusa Tenggara	60.5	13.3	10.0	0.0	16.3	100.0	200
East Nusa Tenggara	61.5	3.7	5.7	0.1	29.0	100.0	236
Kalimantan							
West Kalimantan	54.0	21.7	7.4	0.3	16.5	100.0	188
Central Kalimantan	78.3	2.7	0.4	0.2	18.5	100.0	148
South Kalimantan	73.6	9.5	5.1	0.0	11.8	100.0	199
East Kalimantan	79.2	3.3	3.1	0.0	14.4	100.0	114
Sulawesi							
North Sulawesi	78.8	3.2	4.0	0.5	13.4	100.0	62
Central Sulawesi	76.5	6.6	2.0	0.0	14.9	100.0	141
South Sulawesi	76.1	3.2	1.4	0.0	19.3	100.0	330
Southeast Sulawesi	69.5	4.5	2.4	0.2	23.4	100.0	127
Gorontalo	73.7	2.7	5.6	0.6	17.4	100.0	64
Total	61.8	12.7	7.9	0.1	17.5	100.0	7,590

¹ Includes women who received the first postnatal checkup after 41 days

Table A.11.9 Problems in accessing health care by province

Percentage of ever-married women who reported that they have big problems in accessing health care for themselves when they are sick, by type of problem and province, Indonesia 2002-2003

Province	Problems in accessing health care							Concern there may not be a female provider	Any of the specified problems	Number of women
	Knowing where to go for treatment	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone				
Sumatera										
North Sumatera	6.7	6.6	33.9	21.0	20.9	10.5	9.5	46.1	2,177	
West Sumatera	5.3	3.8	15.9	9.7	8.9	8.2	7.1	31.4	705	
Riau	4.1	2.2	12.8	9.7	10.2	9.1	5.9	24.9	660	
Jambi	5.6	4.7	20.8	18.7	19.6	8.9	5.1	31.0	382	
South Sumatera	3.5	4.7	36.0	20.1	18.7	9.0	3.1	41.4	809	
Bengkulu	1.9	0.7	18.9	7.4	6.9	4.0	4.8	27.9	159	
Lampung	4.1	7.9	34.0	17.0	16.5	7.2	9.2	44.0	984	
Bangka-Belitung	8.8	5.2	20.8	13.5	11.7	9.6	5.7	31.4	128	
Java										
DKI Jakarta	0.8	0.6	15.4	2.0	1.6	3.2	4.5	20.9	1,024	
West Java	3.1	1.9	20.8	10.3	6.3	6.2	4.1	26.9	5,797	
Central Java	3.3	1.8	22.3	11.1	11.4	6.2	7.4	28.8	4,234	
DI Yogyakarta	2.8	2.4	16.2	4.6	4.2	5.4	5.2	24.8	367	
East Java	3.1	4.9	14.1	4.8	4.9	8.2	5.4	22.5	5,367	
Banten	3.6	2.0	22.8	11.4	10.2	18.3	3.0	36.9	1,396	
Bali and Nusa Tenggara										
Bali	4.5	4.4	22.9	9.2	10.4	5.7	1.1	27.9	465	
West Nusa Tenggara	2.3	7.2	47.3	20.3	18.9	7.0	4.8	54.9	583	
East Nusa Tenggara	6.8	3.1	31.3	27.3	29.1	9.2	6.2	45.9	460	
Kalimantan										
West Kalimantan	6.8	5.2	27.3	20.3	18.8	12.2	9.2	41.1	477	
Central Kalimantan	10.5	7.0	48.1	35.7	37.4	20.6	1.6	53.1	297	
South Kalimantan	7.7	7.2	27.1	18.7	16.8	16.1	9.7	36.1	470	
East Kalimantan	6.9	3.4	18.2	19.0	18.6	14.6	4.8	32.3	447	
Sulawesi										
North Sulawesi	7.5	3.9	34.2	16.4	16.4	5.2	5.6	40.4	310	
Central Sulawesi	16.4	18.4	38.9	23.4	24.7	19.6	2.9	46.9	347	
South Sulawesi	13.0	14.5	38.5	19.7	20.1	10.9	5.4	43.6	1,033	
Southeast Sulawesi	7.6	5.9	46.5	28.6	26.2	8.3	2.7	57.2	251	
Gorontalo	18.7	11.6	49.7	27.7	26.1	16.7	6.7	60.2	153	
Total	4.5	4.2	23.7	12.4	11.5	8.6	5.7	32.1	29,483	

Table A.11.10 Birth registration by province

Percentage of births in the five years before the survey that were registered and percent distribution of registered births by type of registration document, according to province, Indonesia 2002-2003

Province	Percentage of births registered	Number of births	Registration document						Total	Number of births registered
			Not seen	Hospital record	Village record	Proof of birth	Birth certificate	Missing		
Sumatera										
North Sumatera	43.6	1,372	19.3	50.6	12.6	4.8	12.7	0.0	100.0	599
West Sumatera	63.1	464	10.2	52.6	0.3	7.8	29.2	0.0	100.0	293
Riau	64.6	430	2.9	59.7	2.6	4.6	29.4	0.7	100.0	278
Jambi	46.1	198	8.8	3.3	0.0	2.4	85.4	0.0	100.0	91
South Sumatera	64.1	382	10.9	58.7	0.9	7.7	21.8	0.0	100.0	245
Bengkulu	57.0	90	10.9	33.8	0.0	0.8	54.2	0.4	100.0	51
Lampung	57.7	530	6.9	56.1	0.0	2.6	34.4	0.0	100.0	306
Bangka-Belitung	64.5	69	5.3	33.0	5.3	1.0	55.4	0.0	100.0	44
Java										
DKI Jakarta	88.3	514	2.0	24.1	1.8	3.4	68.8	0.0	100.0	454
West Java	41.5	3,090	12.9	32.6	1.8	3.7	49.0	0.1	100.0	1,282
Central Java	73.7	1,784	6.2	26.0	20.5	4.4	42.8	0.0	100.0	1,314
DI Yogyakarta	91.8	144	3.1	18.3	3.9	1.2	73.5	0.0	100.0	132
East Java	69.7	2,101	2.2	33.4	2.7	1.7	59.7	0.3	100.0	1,463
Banten	50.9	736	6.6	18.2	0.2	0.5	74.5	0.0	100.0	375
Bali and Nusa Tenggara										
Bali	52.5	194	25.6	20.6	0.0	3.4	50.4	0.0	100.0	102
West Nusa Tenggara	11.9	327	48.3	8.7	0.0	0.0	43.0	0.0	100.0	39
East Nusa Tenggara	24.1	376	39.5	34.0	2.0	4.0	19.2	1.3	100.0	91
Kalimantan										
West Kalimantan	40.3	301	5.5	27.7	4.9	0.5	61.1	0.4	100.0	121
Central Kalimantan	36.3	178	10.1	47.6	18.4	1.6	22.3	0.0	100.0	65
South Kalimantan	36.4	251	15.1	26.7	1.0	0.3	56.6	0.3	100.0	92
East Kalimantan	70.4	260	8.2	38.5	2.8	2.2	48.2	0.0	100.0	183
Sulawesi										
North Sulawesi	43.1	153	8.0	12.4	1.0	4.3	74.3	0.0	100.0	66
Central Sulawesi	24.1	217	7.0	18.8	2.2	3.7	68.4	0.0	100.0	53
South Sulawesi	40.8	652	23.7	33.6	0.7	2.1	39.4	0.5	100.0	266
Southeast Sulawesi	21.6	183	13.2	8.5	2.5	0.0	75.4	0.4	100.0	39
Gorontalo	27.8	93	12.2	55.4	0.5	3.9	27.6	0.4	100.0	26
Total	53.5	15,089	9.1	34.2	5.7	3.3	47.4	0.1	100.0	8,070

Table A.11.11 Reason for not registering births by province

Percent distribution of births in the five years before the survey that were not registered by reason for not registering the birth, according to province, Indonesia 2002-2003

Province	Reason not registering birth							Total	Number of births not registered
	Costs too much	Too far	Did not know child has to be registered	Late, did not want to pay fine	Did not know where to register	Other	Missing		
Sumatera									
North Sumatera	13.5	2.0	32.6	1.1	5.0	41.9	3.9	100.0	773
West Sumatera	10.0	4.3	18.3	0.0	8.5	57.6	1.2	100.0	171
Riau	7.9	9.1	16.1	2.0	11.9	39.8	13.2	100.0	152
Jambi	17.0	18.0	6.8	3.4	5.7	47.4	1.7	100.0	106
South Sumatera	23.9	13.2	6.5	5.2	8.8	41.1	1.2	100.0	137
Bengkulu	19.8	1.1	10.4	1.5	7.4	56.2	3.6	100.0	39
Lampung	31.7	4.2	10.1	1.6	5.3	46.0	1.1	100.0	224
Bangka-Belitung	14.9	8.6	7.4	0.0	10.4	51.6	7.0	100.0	24
Java									
DKI Jakarta	46.9	3.0	0.8	1.5	5.3	42.5	0.0	100.0	60
West Java	47.0	4.3	7.6	4.6	7.6	26.9	2.1	100.0	1,807
Central Java	21.3	2.7	10.1	0.9	10.3	53.0	1.8	100.0	470
DI Yogyakarta	(12.4)	(9.9)	(1.9)	(17.5)	(0.0)	(58.4)	(0.0)	100.0	12
East Java	21.0	5.4	9.6	5.9	13.3	42.6	2.1	100.0	638
Banten	36.2	3.3	7.9	1.7	4.7	43.0	3.1	100.0	361
Bali and Nusa Tenggara									
Bali	27.6	11.8	7.4	3.2	7.0	40.3	2.8	100.0	92
West Nusa Tenggara	22.0	5.9	17.2	0.4	23.7	30.4	0.5	100.0	288
East Nusa Tenggara	20.3	17.1	12.1	0.8	14.2	35.0	0.6	100.0	286
Kalimantan									
West Kalimantan	14.8	22.5	18.2	1.1	14.0	27.1	2.3	100.0	180
Central Kalimantan	12.0	29.6	28.2	1.0	12.7	12.5	4.0	100.0	113
South Kalimantan	16.4	11.6	14.4	2.7	13.8	39.8	1.3	100.0	160
East Kalimantan	23.8	7.3	13.2	0.6	13.7	35.5	5.7	100.0	77
Sulawesi									
North Sulawesi	47.6	9.4	2.5	3.3	1.6	31.6	3.9	100.0	87
Central Sulawesi	17.3	16.3	16.9	0.6	14.0	34.3	0.5	100.0	165
South Sulawesi	24.8	4.4	11.0	0.5	19.2	39.6	0.6	100.0	386
Southeast Sulawesi	17.6	21.2	8.7	4.1	17.0	30.3	1.0	100.0	143
Gorontalo	19.2	13.6	1.7	6.7	4.8	53.2	0.8	100.0	67
Total	27.7	7.0	12.9	2.7	10.1	37.3	2.3	100.0	7,019

Note: Figures in parentheses are based on 25-49 unweighted cases.

CHAPTER 12 IMMUNIZATION OF CHILDREN

Table A.12.1 Vaccinations by province

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a health card, by province, Indonesia 2002-2003

Province	Percentage of children who received:											Percent- age with health card	Number of children
	BCG	DPT			Polio			Measles	All ¹	None			
		1	2	3	0	1	2				3		
Sumatera													
North Sumatera	74.2	71.1	59.6	41.9	77.5	67.5	53.3	31.4	56.3	36.5	18.1	22.4	289
West Sumatera	84.0	80.1	75.7	66.5	89.3	82.9	76.2	60.6	66.0	58.6	10.7	43.9	80
Riau	83.6	85.1	78.2	63.3	90.4	80.0	70.0	47.9	75.4	57.2	9.6	35.2	81
Jambi	84.7	77.8	66.8	51.6	83.7	72.6	56.8	34.8	73.2	50.6	13.3	32.1	32
South Sumatera	88.2	84.9	76.4	56.0	90.3	84.5	70.3	28.6	78.2	50.7	8.1	12.5	59
Bengkulu	93.6	88.5	85.5	76.3	93.6	89.9	84.9	71.9	82.3	69.2	6.4	51.2	20
Lampung	87.7	85.4	78.3	61.0	93.1	90.2	71.5	52.8	79.8	46.3	6.1	40.2	103
Bangka-Belitung	77.9	81.4	74.7	67.5	85.0	84.5	72.8	67.5	71.4	64.9	14.3	48.7	13
Java													
DKI Jakarta	95.2	92.6	89.3	76.0	93.6	91.2	85.5	46.1	80.4	67.0	3.9	28.6	96
West Java	79.1	82.0	62.8	48.3	89.1	80.1	58.1	38.0	71.7	41.4	8.2	29.6	552
Central Java	87.1	86.8	81.1	73.6	93.2	88.6	78.7	61.5	75.9	63.5	5.0	36.9	323
DI Yogyakarta	100.0	98.6	96.4	91.0	100.0	100.0	96.0	80.9	91.1	84.2	0.0	49.0	31
East Java	84.6	83.2	74.2	66.6	86.5	74.9	67.9	56.4	76.5	64.2	11.0	30.2	360
Banten	69.3	61.1	47.8	35.0	79.6	62.6	44.3	22.9	44.0	25.4	18.1	23.0	136
Bali and Nusa Tenggara													
Bali	88.1	93.4	90.9	87.0	92.4	91.4	88.5	76.0	82.7	80.3	6.6	53.7	38
West Nusa Tenggara	88.6	89.9	70.4	44.6	94.5	85.7	56.1	40.2	80.9	42.5	3.8	18.1	62
East Nusa Tenggara	92.7	91.6	85.7	70.1	95.7	93.9	81.1	54.7	88.6	62.7	4.3	28.1	83
Kalimantan													
West Kalimantan	70.2	66.5	58.0	46.3	74.9	59.8	47.2	40.2	61.0	38.3	22.5	30.0	66
Central Kalimantan	76.8	73.7	65.2	56.2	76.4	74.8	65.2	43.6	58.9	49.0	23.0	28.2	37
South Kalimantan	79.1	75.5	70.9	59.4	81.9	73.2	62.6	39.8	69.8	52.2	14.8	28.1	52
East Kalimantan	85.9	87.6	81.7	71.0	89.3	87.1	77.7	57.6	80.9	66.6	10.1	31.1	49
Sulawesi													
North Sulawesi	90.1	87.3	86.4	77.9	88.2	86.6	81.7	65.1	73.6	68.6	8.8	41.5	31
Central Sulawesi	86.7	85.6	81.5	69.2	87.5	85.6	73.8	60.2	84.1	66.5	11.5	22.8	42
South Sulawesi	80.3	78.8	68.7	49.9	80.7	78.8	66.4	38.5	71.0	43.7	16.8	30.0	132
Southeast Sulawesi	84.2	83.5	77.0	68.1	87.5	78.1	69.3	36.6	70.3	52.8	11.4	40.1	34
Gorontalo	87.7	80.6	70.3	58.4	86.4	77.3	64.1	49.9	75.5	56.6	8.9	27.3	17
Total	82.5	81.4	71.1	58.3	87.3	79.6	66.1	46.2	71.6	51.5	10.5	30.7	2,819

Note: Two National Immunization Days took place in 2002, in September for polio vaccine and in October for polio and measles vaccines. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ BCG, measles, and three doses each of DPT and polio vaccine

Table A.12.2 Hepatitis B vaccinations by province

Percentage of children age 12-23 months who received hepatitis B vaccines at any time before the survey (according to vaccination card or mother's report), by province, Indonesia 2002-2003

Province	Hepatitis B			Number of children
	1	2	3	
Sumatera				
North Sumatera	55.4	44.1	31.7	289
West Sumatera	78.0	67.6	59.7	80
Riau	70.4	61.2	49.7	81
Jambi	69.7	55.4	42.5	32
South Sumatera	71.8	55.7	35.8	59
Bengkulu	79.1	65.2	39.9	20
Lampung	69.5	60.6	47.2	103
Bangka-Belitung	80.6	75.9	60.6	13
Java				
DKI Jakarta	84.1	74.7	49.5	96
West Java	67.6	49.4	34.9	552
Central Java	82.6	75.1	65.2	323
DI Yogyakarta	98.8	97.2	91.3	31
East Java	77.3	63.5	56.9	360
Banten	45.7	38.6	28.4	136
Bali and Nusa Tenggara				
Bali	88.6	87.8	81.7	38
West Nusa Tenggara	64.6	41.3	21.2	62
East Nusa Tenggara	74.8	57.5	34.3	83
Kalimantan				
West Kalimantan	55.9	46.7	33.2	66
Central Kalimantan	71.4	65.7	48.0	37
South Kalimantan	66.9	53.8	46.9	52
East Kalimantan	85.1	77.3	65.2	49
Sulawesi				
North Sulawesi	74.6	67.0	50.7	31
Central Sulawesi	79.6	73.8	54.0	42
South Sulawesi	73.0	44.7	33.8	132
Southeast Sulawesi	77.4	72.3	49.6	34
Gorontalo	65.4	51.0	43.1	17
Total	70.9	58.1	45.3	2,819

CHAPTER 13 CHILDHOOD DISEASES

Table A.13.1 Prevalence and treatment of acute respiratory infections (ARI) and/or fever by province

Percentage of children under five years of age who had a cough accompanied by short, rapid breathing (symptoms of ARI), percentage of children who had fever in the two weeks preceding the survey, and percentage of children with symptoms of ARI and/or fever for whom treatment was sought from a health facility or provider, by province, Indonesia 2002-2003

Province	Prevalence of ARI and/or fever among children under five			Treatment among children with symptoms of ARI and/or fever	
	Percentage of children with symptoms of ARI	Percentage of children with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider ¹	Number of children
Sumatera					
North Sumatera	10.2	28.0	1,325	46.9	389
West Sumatera	11.7	39.0	445	56.6	187
Riau	7.1	22.7	413	66.6	103
Jambi	6.1	13.5	189	(60.8)	28
South Sumatera	3.5	11.4	368	68.8	49
Bengkulu	9.7	27.7	86	(60.1)	27
Lampung	3.7	18.9	509	55.2	103
Bangka-Belitung	20.3	44.7	66	63.3	33
Java					
DKI Jakarta	6.8	21.5	497	75.4	117
West Java	9.0	31.1	2,969	50.3	957
Central Java	5.2	19.8	1,731	66.2	369
DI Yogyakarta	3.2	23.3	142	(82.3)	34
East Java	2.8	20.8	2,022	64.5	446
Banten	16.5	33.8	713	67.7	261
Bali and Nusa Tenggara					
Bali	6.2	15.8	191	(77.4)	34
West Nusa Tenggara	8.4	34.4	307	46.4	107
East Nusa Tenggara	8.1	28.0	359	53.7	105
Kalimantan					
West Kalimantan	12.3	34.1	291	41.9	108
Central Kalimantan	4.2	7.0	171	*	14
South Kalimantan	8.1	31.6	241	46.9	80
East Kalimantan	8.0	28.7	249	57.1	75
Sulawesi					
North Sulawesi	6.5	24.0	147	(60.2)	37
Central Sulawesi	9.7	24.9	204	48.2	54
South Sulawesi	6.1	27.5	620	58.7	189
Southeast Sulawesi	8.9	28.9	170	35.1	52
Gorontalo	13.8	32.6	84	(41.0)	30
Total	7.6	25.9	14,510	56.8	3,988

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes pharmacy, shop, and traditional practitioner

Table A.13.2 Disposal of children's stools by province

Percent distribution of mothers who are living with their youngest child under five years, by way in which child's fecal matter is disposed of, according to province, Indonesia 2002-2003

Province	Stools contained			Stools uncontained				Use diapers			Total	Number of mothers	
	Child always uses toilet/latrine	Thrown into toilet/latrine	Buried in yard	Thrown outside dwelling	Thrown outside yard	Rinsed away	Not disposed of	Use diapers					
								Dispos-able	Wash-able	Other			
Sumatera													
North Sumatera	7.4	35.2	7.1	21.2	5.4	14.6	0.1	0.3	8.0	0.3	0.4	100.0	992
West Sumatera	19.3	24.4	6.1	27.4	3.8	2.7	0.0	0.5	15.8	0.0	0.0	100.0	359
Riau	18.0	39.9	2.4	12.2	6.4	12.5	0.0	0.6	4.0	0.8	3.3	100.0	333
Jambi	18.9	41.4	1.2	27.4	5.2	3.4	0.0	0.0	2.0	0.0	0.5	100.0	164
South Sumatera	15.7	23.0	2.1	24.8	5.8	9.5	0.0	0.4	18.6	0.0	0.2	100.0	308
Bengkulu	27.8	23.7	1.4	22.6	7.1	6.8	0.5	0.1	8.8	0.4	0.8	100.0	74
Lampung	28.8	26.7	0.7	14.8	10.3	3.3	0.0	0.7	14.4	0.2	0.0	100.0	433
Bangka-Belitung	14.2	18.7	4.7	48.9	5.2	4.0	0.0	0.3	3.4	0.0	0.6	100.0	57
Java													
DKI Jakarta	44.6	39.8	0.1	9.4	1.6	1.6	0.1	0.4	2.4	0.0	0.0	100.0	414
West Java	26.4	38.5	1.3	19.8	4.5	4.3	0.0	0.0	4.7	0.1	0.6	100.0	2,628
Central Java	20.4	26.2	1.3	23.6	13.1	0.9	0.0	0.4	13.9	0.0	0.2	100.0	1,575
DI Yogyakarta	27.7	43.0	6.4	11.3	6.4	1.7	0.0	0.0	3.1	0.4	0.0	100.0	126
East Java	27.1	30.4	2.2	24.9	7.5	1.7	0.0	0.0	6.2	0.0	0.0	100.0	1,813
Banten	22.1	34.1	0.7	25.3	9.9	1.9	0.0	0.0	4.4	0.8	0.8	100.0	618
Bali and Nusa Tenggara													
Bali	30.0	28.0	0.6	13.2	7.5	1.4	1.8	1.3	15.5	0.4	0.4	100.0	167
West Nusa Tenggara	6.2	13.8	9.7	45.6	14.4	0.4	1.5	0.0	5.5	2.6	0.4	100.0	266
East Nusa Tenggara	6.3	21.2	6.3	18.7	32.2	1.3	6.5	0.2	6.8	0.0	0.5	100.0	267
Kalimantan													
West Kalimantan	19.7	21.2	0.6	38.5	7.4	5.9	0.6	1.1	4.8	0.0	0.2	100.0	243
Central Kalimantan	6.9	15.5	1.5	45.4	1.6	13.3	0.0	0.0	14.3	0.1	1.5	100.0	148
South Kalimantan	11.0	27.9	1.1	33.0	2.4	12.1	0.0	0.2	12.3	0.0	0.0	100.0	212
East Kalimantan	21.9	49.4	0.2	7.9	5.3	2.0	0.0	1.7	10.1	0.5	0.9	100.0	208
Sulawesi													
North Sulawesi	30.1	28.8	7.5	10.5	2.0	3.3	0.3	0.3	15.9	0.8	0.4	100.0	125
Central Sulawesi	16.3	14.6	13.5	27.7	8.2	6.3	0.0	0.0	12.6	0.5	0.4	100.0	166
South Sulawesi	10.1	31.8	5.0	18.5	17.0	5.5	0.0	0.5	11.2	0.4	0.0	100.0	509
Southeast Sulawesi	9.1	23.5	8.7	27.7	15.8	9.2	0.1	0.1	5.7	0.0	0.1	100.0	131
Gorontalo	11.5	14.7	8.1	27.5	23.1	0.8	0.0	0.5	13.6	0.0	0.2	100.0	66
Total	21.3	31.4	2.8	22.4	8.2	4.5	0.2	0.3	8.3	0.2	0.4	100.0	12,402

Table A.13.3 Prevalence of diarrhea by province

Percentage of children under five years with diarrhea in the two weeks preceding the survey, by province, Indonesia 2002-2003

Province	Diarrhea in the two weeks preceding the survey	Number of children
Sumatera		
North Sumatera	12.3	1,325
West Sumatera	14.3	445
Riau	6.1	413
Jambi	8.1	189
South Sumatera	3.3	368
Bengkulu	8.2	86
Lampung	9.2	509
Bangka-Belitung	9.4	66
Java		
DKI Jakarta	7.8	497
West Java	15.1	2,969
Central Java	7.9	1,731
DI Yogyakarta	5.2	142
East Java	9.8	2,022
Banten	12.5	713
Bali and Nusa Tenggara		
Bali	11.9	191
West Nusa Tenggara	13.5	307
East Nusa Tenggara	12.9	359
Kalimantan		
West Kalimantan	8.3	291
Central Kalimantan	2.4	171
South Kalimantan	9.9	241
East Kalimantan	11.1	249
Sulawesi		
North Sulawesi	9.5	147
Central Sulawesi	6.4	204
South Sulawesi	15.5	620
Southeast Sulawesi	9.0	170
Gorontalo	12.2	84
Total	11.0	14,510

Table A.13.4 Knowledge of ORS packets by province

Percentage of mothers with births in the five years preceding the survey who know about ORS packets for treatment of diarrhea, by province, Indonesia 2002-2003

Province	Percentage of mothers who know about ORS packets	Number of mothers
Sumatera		
North Sumatera	89.5	1,012
West Sumatera	92.7	368
Riau	94.1	342
Jambi	92.6	168
South Sumatera	98.1	311
Bengkulu	96.4	76
Lampung	92.1	442
Bangka-Belitung	90.7	57
Java		
DKI Jakarta	99.0	436
West Java	98.1	2,705
Central Java	93.2	1,612
DI Yogyakarta	99.1	128
East Java	93.3	1,878
Banten	67.0	640
Bali and Nusa Tenggara		
Bali	95.7	171
West Nusa Tenggara	92.3	280
East Nusa Tenggara	85.6	275
Kalimantan		
West Kalimantan	87.0	247
Central Kalimantan	87.1	153
South Kalimantan	94.3	220
East Kalimantan	95.9	209
Sulawesi		
North Sulawesi	93.9	128
Central Sulawesi	88.7	171
South Sulawesi	89.0	521
Southeast Sulawesi	90.9	136
Gorontalo	90.0	75
Total	92.4	12,760

ORS = Oral rehydration salts

CHAPTER 14 INFANT FEEDING

Table A.14.1 Initial breastfeeding by province

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth, and percentage who received a prelacteal feed, by province, Indonesia 2002-2003

Background characteristic	All children		Children ever breastfed			Percentage who received a prelacteal feed nonliquid ²	Number of children ever breastfed
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received a prelacteal feed liquid ²		
Sumatera							
North Sumatera	98.0	1,372	35.2	44.3	54.8	12.4	1,344
West Sumatera	97.3	464	24.9	71.3	61.0	19.3	451
Riau	96.1	430	27.1	37.5	62.2	31.2	414
Jambi	97.5	198	26.2	55.0	49.8	18.6	193
South Sumatera	95.6	382	31.2	72.1	52.9	9.2	365
Bengkulu	97.7	90	21.7	45.8	60.7	36.0	88
Lampung	95.5	530	34.7	53.7	45.5	23.5	507
Bangka Belitung	95.2	69	40.5	56.7	59.7	1.5	65
Java							
DKI Jakarta	94.2	514	40.5	57.5	65.7	12.5	484
West Java	97.1	3,090	33.9	67.4	33.4	22.3	3,001
Central Java	95.8	1,784	22.9	59.7	45.1	29.5	1,709
DI Yogyakarta	98.5	144	14.0	71.8	58.1	11.3	142
East Java	91.7	2,101	61.8	74.4	42.6	7.2	1,926
Banten	95.4	736	53.3	62.8	39.9	18.5	702
Bali and Nusa Tenggara							
Bali	97.4	194	55.6	78.5	31.9	2.4	189
West Nusa Tenggara	98.7	327	66.2	86.4	26.6	17.5	322
East Nusa Tenggara	97.9	376	51.6	67.3	35.7	5.2	369
Kalimantan							
West Kalimantan	93.7	301	40.0	59.7	44.3	14.7	282
Central Kalimantan	98.1	178	62.9	78.1	59.0	2.6	175
South Kalimantan	95.7	251	21.5	59.4	54.8	18.5	241
East Kalimantan	95.8	260	47.6	64.2	54.1	17.7	249
Sulawesi							
North Sulawesi	97.3	153	59.9	80.7	34.1	1.9	149
Central Sulawesi	98.0	217	24.2	39.5	58.6	35.9	213
South Sulawesi	96.5	652	30.7	38.3	60.8	10.3	630
Southeast Sulawesi	97.6	183	38.3	59.1	29.3	17.8	178
Gorontalo	95.3	93	34.4	76.1	29.0	43.2	88
Total	95.9	15,089	38.7	62.1	45.3	17.6	14,474

Note: Table is based on all births whether the children are living or dead at the time of interview

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly

Table A.14.2 Median duration and frequency of breastfeeding by province

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, by province, Indonesia 2002-2003

Province	Median duration (months) of breastfeeding ¹				Breastfeeding children under six months ²			
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding ³	Number of children	Percentage breastfed 6+ times in last 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sumatera								
North Sumatera	19.4	2.0	2.0	807	89.2	6.7	5.1	117
West Sumatera	21.5	0.6	0.7	281	98.5	7.1	5.0	49
Riau	22.7	0.7	1.0	278	100.0	6.8	5.7	39
Jambi	21.8	3.9	4.3	125	98.8	7.3	5.2	25
South Sumatera	22.4	2.0	2.7	222	100.0	6.6	5.8	44
Bengkulu	21.4	2.2	2.8	53	100.0	7.3	5.0	8
Lampung	20.3	2.5	3.9	318	97.2	6.5	4.1	49
Bangka-Belitung	22.5	1.4	1.7	42	100.0	5.4	5.7	6
Java								
DKI Jakarta	14.4	0.6	1.5	326	89.8	6.5	5.2	46
West Java	24.0	1.6	1.9	1,855	96.5	6.2	4.2	384
Central Java	24.6	0.7	0.7	1,054	98.5	6.5	5.1	149
DI Yogyakarta	22.3	0.8	0.8	86	93.8	6.0	5.5	11
East Java	22.8	0.7	0.7	1,242	97.7	7.3	4.4	155
Banten	24.8	1.7	2.2	436	93.6	6.4	4.9	59
Bali and Nusa Tenggara								
Bali	21.7	1.0	1.4	122	97.5	5.5	5.0	19
West Nusa Tenggara	22.3	3.2	3.2	184	97.6	6.0	5.0	25
East Nusa Tenggara	21.3	2.1	2.9	241	94.6	6.2	4.4	35
Kalimantan								
West Kalimantan	32.7	1.2	1.5	185	96.6	6.0	4.8	20
Central Kalimantan	23.5	1.9	2.0	117	98.3	5.7	3.8	15
South Kalimantan	26.3	2.3	3.6	161	99.5	6.0	4.3	31
East Kalimantan	21.4	1.8	2.2	163	94.7	5.5	4.8	30
Sulawesi								
North Sulawesi	17.9	2.2	2.3	97	100.0	6.6	5.5	14
Central Sulawesi	21.2	2.7	2.9	134	98.7	5.8	4.5	21
South Sulawesi	17.4	3.8	4.6	419	99.7	6.7	5.3	66
Southeast Sulawesi	23.9	3.1	3.8	115	100.0	6.2	4.2	22
Gorontalo	25.3	1.5	2.0	54	81.5	4.6	4.1	8
Total	22.3	1.6	2.0	9,119	96.5	6.5	4.7	1,446
Mean for all children	22.1	3.2	3.9	na	na	na	na	na

Note: Median and mean durations are based on current status.

na = Not applicable

¹ It is assumed that non-last-born children and last born children not living with the mother are not currently breastfeeding

² Excludes children who do not have a valid answer on the number of times breastfed

³ Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

Table A.14.3 Micronutrient intake among children by province

Percentage of youngest children under age three living with the mother who consumed fruits and vegetables rich in vitamin A in the seven days preceding the survey, and percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, by province, Indonesia 2002-2003

Background characteristic	Youngest children under age 36 months		Children age 6-59 months	
	Consumed fruits and vegetables rich in vitamin A ¹	Number of children	Consumed vitamin A supplements	Number of children
Sumatera				
North Sumatera	67.4	701	50.8	1,201
West Sumatera	59.2	248	72.2	395
Riau	67.8	239	73.2	366
Jambi	58.8	114	76.0	164
South Sumatera	70.4	206	77.9	321
Bengkulu	71.4	48	80.8	78
Lampung	68.0	283	77.6	455
Bangka Belitung	58.0	38	71.2	59
Java				
DKI Jakarta	76.2	290	73.5	443
West Java	63.7	1,724	77.3	2,547
Central Java	72.1	978	79.4	1,580
DI Yogyakarta	80.1	80	87.6	131
East Java	72.2	1,121	83.4	1,844
Banten	68.9	402	69.9	647
Bali and Nusa Tenggara				
Bali	65.7	113	79.9	172
West Nusa Tenggara	65.8	165	88.9	281
East Nusa Tenggara	59.2	215	79.5	322
Kalimantan				
West Kalimantan	68.1	172	76.2	268
Central Kalimantan	64.3	111	57.4	154
South Kalimantan	61.7	147	78.4	207
East Kalimantan	63.1	145	73.7	215
Sulawesi				
North Sulawesi	64.3	89	80.4	131
Central Sulawesi	67.1	115	58.2	182
South Sulawesi	67.7	377	77.3	554
Southeast Sulawesi	56.6	97	73.1	146
Gorontalo	56.9	43	83.6	76
Total	67.4	8,265	75.1	12,940

Note: Information on vitamin A supplements is based on mother's recall. Total includes 18 children with missing information on breastfeeding status and 109 children with no information on consumption of vitamin A supplements

¹Includes pumpkin, carrots, red sweet potatoes, green leafy vegetables, mango, papaya, and other locally grown fruits and vegetables that are rich in vitamin A

Table A.14.4 Micronutrient intake among mothers by province

Percentage of women who gave birth in the five years preceding the survey who received a vitamin A dose in the first two months after delivery, percentage who suffered from night blindness during pregnancy, and percentage who took iron tablets or syrup for specific numbers of days, by province, Indonesia 2002-2003

Province	Received vitamin A dose post-partum ¹	Suffered night blindness during pregnancy		Number of days women took iron tablets or syrup during pregnancy				Don't know/missing	Number of women
		Reported	Adjusted ²	None	<60	60-89	90+		
Sumatera									
North Sumatera	29.1	2.8	1.0	34.4	46.4	2.1	3.2	13.8	1,012
West Sumatera	40.7	3.9	0.7	13.9	43.6	12.5	26.6	3.5	368
Riau	44.7	1.7	0.7	24.1	33.6	9.9	19.8	12.7	342
Jambi	51.9	1.8	0.5	40.3	33.1	7.9	14.1	4.6	168
South Sumatera	38.5	0.7	0.3	17.1	31.9	10.1	20.1	20.9	311
Bengkulu	34.1	1.7	0.4	15.1	33.7	15.6	32.0	3.6	76
Lampung	25.9	1.3	0.7	18.4	53.3	6.4	11.3	10.5	442
Bangka-Belitung	29.2	4.7	0.8	31.2	32.4	8.5	19.8	8.1	57
Java									
DKI Jakarta	51.9	0.4	0.3	6.2	14.5	11.5	60.5	7.3	436
West Java	42.2	1.6	0.3	22.8	43.6	8.8	22.9	1.9	2,705
Central Java	38.2	1.4	0.1	10.7	26.3	10.7	51.1	1.1	1,612
DI Yogyakarta	49.0	1.0	0.0	2.2	13.0	14.8	69.8	0.3	128
East Java	59.1	0.7	0.1	11.7	15.9	6.6	50.4	15.5	1,878
Banten	33.8	1.5	0.1	38.8	26.1	2.8	22.4	9.9	640
Bali and Nusa Tenggara									
Bali	35.3	0.7	0.5	10.6	32.8	20.2	32.8	3.6	171
West Nusa Tenggara	41.8	1.8	0.0	12.4	45.0	12.1	25.7	4.7	280
East Nusa Tenggara	45.1	5.9	0.9	21.1	34.8	7.2	25.4	11.6	275
Kalimantan									
West Kalimantan	38.1	3.1	0.8	32.2	36.7	7.7	18.6	4.8	247
Central Kalimantan	37.4	0.3	0.3	33.5	28.9	16.7	7.8	13.0	153
South Kalimantan	36.0	4.2	1.5	15.5	37.3	16.2	29.6	1.3	220
East Kalimantan	55.2	3.7	0.2	17.1	23.1	10.1	41.5	8.2	209
Sulawesi									
North Sulawesi	50.6	1.1	0.3	6.3	54.6	8.8	11.2	19.1	128
Central Sulawesi	31.8	1.7	0.5	33.5	44.0	3.9	4.4	14.3	171
South Sulawesi	41.7	2.0	0.1	26.3	62.8	1.4	2.2	7.3	521
Southeast Sulawesi	45.4	1.0	0.0	27.1	54.4	7.2	7.8	3.4	136
Gorontalo	54.9	3.8	1.0	21.5	50.0	12.7	13.3	2.5	75
Total	42.5	1.7	0.4	20.1	34.9	8.2	29.1	7.6	12,760

Note: For women with two or more live births in the five-year period, data refer to the most recent birth.

¹ In the first two months after delivery

² Women who reported night blindness but did not report difficulty with vision during the day

CHAPTER 15 KNOWLEDGE OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Table A.15.1 Knowledge of HIV/AIDS by province

Percentage of ever-married women and currently married men who have heard of HIV/AIDS and percentage who believe there is a way to avoid getting AIDS, by background characteristics, Indonesia 2002-2003

Province	Ever-married women			Currently married men		
	Has heard of HIV/AIDS	Believes there is a way to avoid HIV/AIDS	Number of women	Has heard of HIV/AIDS	Believes there is a way to avoid HIV/AIDS	Number of men
Sumatera						
North Sumatera	58.9	34.1	2,177	75.3	56.0	663
West Sumatera	67.6	45.4	705	74.9	43.4	182
Riau	67.4	38.8	660	79.9	59.5	199
Jambi	45.9	22.8	382	80.5	43.5	114
South Sumatera	48.8	27.3	809	64.3	57.7	259
Bengkulu	60.1	38.8	159	67.6	50.1	44
Lampung	53.8	31.1	984	74.0	43.8	261
Bangka-Belitung	65.4	28.6	128	89.0	67.7	40
Java						
DKI Jakarta	89.5	63.9	1,024	95.8	67.9	310
West Java	63.2	30.3	5,797	70.0	50.7	1,614
Central Java	53.4	30.6	4,234	73.0	50.5	1,155
DI Yogyakarta	75.5	60.5	367	83.8	75.4	103
East Java	60.3	34.2	5,367	70.1	55.3	1,560
Banten	53.8	34.4	1,396	74.4	62.3	396
Bali and Nusa Tenggara						
Bali	49.5	28.5	465	78.9	68.8	138
West Nusa Tenggara	34.8	18.9	583	61.4	38.7	145
East Nusa Tenggara	30.6	18.0	460	48.0	33.4	122
Kalimantan						
West Kalimantan	51.8	31.6	477	71.3	50.0	119
Central Kalimantan	71.2	61.5	297	82.4	74.6	97
South Kalimantan	59.3	33.1	470	73.6	46.8	109
East Kalimantan	79.7	54.1	447	86.8	72.2	115
Sulawesi						
North Sulawesi	74.2	43.2	310	89.5	70.8	95
Central Sulawesi	55.4	24.2	347	68.8	30.4	114
South Sulawesi	46.4	26.7	1,033	73.2	55.8	237
Southeast Sulawesi	43.2	21.5	251	57.5	43.6	77
Gorontalo	48.6	25.0	153	29.3	19.3	41
Total	58.8	33.6	29,483	72.8	53.7	8,310

Table A.15.2 Knowledge of programmatically important ways to avoid HIV/AIDS by province

Percent distribution of ever-married women by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage of women who know of two specific ways to avoid HIV/AIDS, according to province, Indonesia 2002-2003

Province	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Specific ways to avoid HIV/AIDS		
	None ¹	One way	Two or three ways		Use condoms	Limit number of sexual partners ²	Number of women
Sumatera							
North Sumatera	68.6	10.0	21.4	100.0	22.5	30.1	2,177
West Sumatera	58.8	17.7	23.5	100.0	24.7	39.7	705
Riau	64.0	13.5	22.5	100.0	22.7	34.1	660
Jambi	79.7	7.7	12.6	100.0	14.2	18.7	382
South Sumatera	74.4	9.5	16.1	100.0	16.5	25.0	809
Bengkulu	64.6	12.0	23.4	100.0	24.4	34.2	159
Lampung	69.6	11.3	19.1	100.0	18.2	29.7	984
Bangka-Belitung	75.5	9.4	15.1	100.0	16.7	22.9	128
Java							
DKI Jakarta	37.8	20.2	42.1	100.0	44.0	60.3	1,024
West Java	75.7	8.3	16.0	100.0	17.9	22.1	5,797
Central Java	71.5	8.8	19.7	100.0	20.8	27.3	4,234
DI Yogyakarta	40.5	18.9	40.6	100.0	41.8	57.7	367
East Java	66.1	7.9	25.9	100.0	26.2	33.1	5,367
Banten	69.8	12.4	17.9	100.0	21.7	26.1	1,396
Bali and Nusa Tenggara							
Bali	71.6	6.2	22.3	100.0	23.5	27.0	465
West Nusa Tenggara	82.2	6.5	11.3	100.0	10.9	17.7	583
East Nusa Tenggara	82.8	8.7	8.5	100.0	8.8	16.9	460
Kalimantan							
West Kalimantan	70.9	12.8	16.3	100.0	17.5	26.7	477
Central Kalimantan	38.3	11.7	49.6	100.0	49.4	60.0	297
South Kalimantan	67.9	9.3	22.8	100.0	23.3	31.6	470
East Kalimantan	50.8	19.9	29.3	100.0	32.7	44.9	447
Sulawesi							
North Sulawesi	63.0	17.2	19.7	100.0	21.9	34.6	310
Central Sulawesi	79.0	9.6	11.4	100.0	12.0	20.1	347
South Sulawesi	75.3	10.7	14.0	100.0	14.5	24.2	1,033
Southeast Sulawesi	79.5	7.2	13.3	100.0	13.7	20.0	251
Gorontalo	82.8	5.4	11.8	100.0	12.6	16.4	153
Total	69.1	10.1	20.9	100.0	22.0	29.5	29,483

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinance from sex is measured from a spontaneous response only; using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of HIV/AIDS or do not know of any programmatically important ways to avoid HIV/AIDS.

² Refers to limiting number of sexual partners and limiting sex to one partner/staying faithful to one partner.

Table A.15.3 Knowledge of HIV/AIDS-related issues by province

Percentage of ever-married women who gave specific responses to questions on various HIV/AIDS-related issues, according to province, Indonesia 2002-2003

Province	Percentage who say a healthy-looking person can have the AIDS virus	Percentage who say HIV/AIDS can be transmitted from mother to child:			Percentage who know someone personally who has the virus that causes AIDS or has died of AIDS	Number of women
		During delivery	During pregnancy	Through breast-feeding		
Sumatera						
North Sumatera	4.4	28.4	35.9	33.8	1.5	2,177
West Sumatera	10.1	42.6	49.0	45.8	2.6	705
Riau	6.5	41.3	45.8	43.3	2.1	660
Jambi	2.9	26.6	28.9	24.3	3.5	382
South Sumatera	1.5	20.4	22.0	20.1	0.7	809
Bengkulu	4.6	31.6	38.1	33.9	1.0	159
Lampung	7.5	24.6	32.0	29.3	1.6	984
Bangka-Belitung	6.9	37.2	40.8	38.5	3.0	128
Java						
DKI Jakarta	21.0	58.8	63.1	64.3	5.5	1,024
West Java	5.1	28.1	32.1	30.5	3.7	5,797
Central Java	5.2	32.3	35.5	32.5	2.7	4,234
DI Yogyakarta	6.4	47.4	55.4	50.9	1.2	367
East Java	8.3	33.1	35.9	35.7	3.9	5,367
Banten	5.1	35.5	38.9	38.2	5.1	1,396
Bali and Nusa Tenggara						
Bali	2.9	36.0	36.3	35.6	3.0	465
West Nusa Tenggara	3.0	18.2	18.2	18.5	0.9	583
East Nusa Tenggara	4.3	17.7	19.0	18.3	2.0	460
Kalimantan						
West Kalimantan	3.8	33.5	38.5	36.9	2.0	477
Central Kalimantan	4.7	51.0	50.0	62.6	0.6	297
South Kalimantan	4.7	23.7	29.5	27.8	2.6	470
East Kalimantan	6.7	47.7	53.5	45.0	1.9	447
Sulawesi						
North Sulawesi	6.8	42.5	43.0	42.8	2.8	310
Central Sulawesi	5.6	24.2	27.8	26.0	2.9	347
South Sulawesi	5.1	18.0	23.8	22.3	3.2	1,033
Southeast Sulawesi	3.7	21.8	24.7	23.6	2.3	251
Gorontalo	6.9	20.8	22.8	23.5	5.6	153
Total	6.2	31.6	35.5	34.0	3.0	29,483

Table A.15.4 Discussion of HIV/AIDS with husband by province

Percent distribution of currently married women by whether they ever discussed HIV/AIDS prevention with their husband, according to province, Indonesia 2002-2003

Province	Ever discussed HIV/AIDS prevention	Never discussed HIV/AIDS prevention	Don't know/missing	Has not heard of AIDS	Total	Number of women
Sumatera						
North Sumatera	15.0	44.4	0.5	40.2	100.0	2,071
West Sumatera	26.8	42.5	0.0	30.8	100.0	668
Riau	20.6	46.7	0.6	32.2	100.0	636
Jambi	13.4	33.8	0.0	52.8	100.0	353
South Sumatera	10.8	39.0	0.1	50.1	100.0	772
Bengkulu	22.6	38.1	0.0	39.3	100.0	150
Lampung	16.7	38.1	0.1	45.2	100.0	946
Bangka-Belitung	25.6	40.2	0.1	34.2	100.0	122
Java						
DKI Jakarta	24.5	66.9	0.0	8.6	100.0	919
West Java	13.4	50.2	0.2	36.1	100.0	5,539
Central Java	14.6	39.9	0.0	45.4	100.0	4,031
DI Yogyakarta	26.0	50.1	0.0	23.9	100.0	350
East Java	17.7	43.5	0.0	38.8	100.0	5,034
Banten	19.8	35.3	0.2	44.7	100.0	1,301
Bali and Nusa Tenggara						
Bali	16.6	33.5	0.0	49.9	100.0	446
West Nusa Tenggara	9.2	27.0	0.0	63.8	100.0	518
East Nusa Tenggara	12.1	19.6	0.1	68.3	100.0	427
Kalimantan						
West Kalimantan	16.3	36.0	0.2	47.5	100.0	445
Central Kalimantan	14.2	56.1	1.5	28.1	100.0	291
South Kalimantan	19.3	40.3	0.0	40.4	100.0	437
East Kalimantan	23.3	56.2	0.2	20.4	100.0	430
Sulawesi						
North Sulawesi	34.4	40.5	0.2	24.9	100.0	298
Central Sulawesi	16.7	38.9	0.1	44.3	100.0	329
South Sulawesi	13.9	33.9	0.0	52.2	100.0	961
Southeast Sulawesi	8.5	35.2	0.1	56.3	100.0	239
Corontalo	20.4	29.2	0.0	50.4	100.0	143
Total	16.4	43.2	0.1	40.2	100.0	27,857

Table A.15.5 Social aspects of HIV/AIDS by province

Among ever-married women and currently married men who have heard of AIDS, percentage providing specific responses to questions on various social aspects of HIV/AIDS, by province, Indonesia 2002-2003

Province	Women			Men		
	Believes HIV-positive status of family member kept secret	Not willing to care for relative with AIDS at home	Number of women	Believes HIV-positive status of family member kept secret	Not willing to care for relative with AIDS at home	Number of men
Sumatera						
North Sumatera	18.5	30.5	1,283	11.3	27.2	500
West Sumatera	36.5	22.5	477	26.3	9.6	136
Riau	19.3	19.2	445	14.1	24.2	159
Jambi	17.5	30.0	176	16.3	10.6	92
South Sumatera	22.9	25.2	395	26.5	13.5	166
Bengkulu	27.3	21.2	95	28.1	21.0	30
Lampung	26.4	22.8	529	25.7	19.7	193
Bangka-Belitung	17.5	37.4	83	11.1	20.1	35
Java						
DKI Jakarta	18.1	22.0	917	39.8	15.7	297
West Java	18.6	24.5	3,666	9.9	47.8	1,129
Central Java	34.0	38.9	2,261	24.7	17.9	843
DI Yogyakarta	21.5	23.3	277	13.6	37.6	87
East Java	29.3	35.3	3,236	27.5	21.5	1,093
Banten	38.1	40.0	752	28.9	28.9	295
Bali and Nusa Tenggara						
Bali	7.1	47.3	230	1.9	41.2	109
West Nusa Tenggara	26.0	43.5	203	37.9	40.7	89
East Nusa Tenggara	14.5	41.1	141	7.4	22.6	59
Kalimantan						
West Kalimantan	23.3	36.3	247	20.5	25.8	85
Central Kalimantan	21.5	14.6	212	11.3	10.8	80
South Kalimantan	22.3	32.3	279	25.6	19.0	80
East Kalimantan	24.0	36.2	356	21.9	13.0	100
Sulawesi						
North Sulawesi	5.4	43.9	230	3.1	75.4	85
Central Sulawesi	6.8	41.3	192	7.2	36.0	78
South Sulawesi	11.4	41.7	479	9.7	29.6	173
Southeast Sulawesi	8.3	38.4	108	2.5	79.2	44
Gorontalo	14.1	49.6	74	8.0	85.8	12
Total	23.9	31.4	17,343	20.0	28.1	6,050

Table A.15.6 Knowledge of symptoms of STIs by province: women

Percentage of ever-married women by knowledge of symptoms associated with sexually transmitted infections (STIs) in a man and in a woman, according to province, Indonesia 2002-2003

Province	No knowledge of STIs	Knowledge of symptoms of STIs in a man			Knowledge of symptoms of STIs in a woman			Number of women
		No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	
Sumatera								
North Sumatera	70.9	10.1	4.9	14.0	12.6	5.3	11.3	2,177
West Sumatera	68.5	15.5	7.4	8.6	19.7	5.7	6.2	705
Riau	69.9	13.0	7.8	9.3	17.5	6.9	5.7	660
Jambi	87.3	7.1	2.6	3.0	9.5	1.6	1.7	382
South Sumatera	72.1	6.3	7.2	14.5	7.4	6.9	13.7	809
Bengkulu	71.2	13.4	5.5	9.9	16.3	6.3	6.2	159
Lampung	68.4	14.8	8.2	8.6	17.8	6.3	7.6	984
Bangka-Belitung	69.2	18.7	6.7	5.4	22.3	6.2	2.3	128
Java								
DKI Jakarta	65.4	9.9	11.4	13.2	12.2	10.7	11.7	1,024
West Java	85.5	6.3	4.3	3.9	7.4	3.8	3.3	5,797
Central Java	76.1	11.2	6.7	6.0	12.1	5.6	6.2	4,234
DI Yogyakarta	57.3	9.8	9.6	23.3	15.5	6.4	20.7	367
East Java	61.4	15.9	9.9	12.8	21.1	6.5	10.9	5,367
Banten	77.0	10.9	7.7	4.4	12.8	6.4	3.9	1,396
Bali and Nusa Tenggara								
Bali	70.0	11.0	9.3	9.7	14.3	7.3	8.3	465
West Nusa Tenggara	87.0	5.0	2.0	6.0	6.8	1.8	4.4	583
East Nusa Tenggara	80.1	7.0	7.0	5.8	7.9	6.0	5.9	460
Kalimantan								
West Kalimantan	68.9	14.8	7.0	9.3	17.0	6.8	7.3	477
Central Kalimantan	53.1	1.1	5.5	39.9	1.7	4.6	40.2	297
South Kalimantan	70.5	11.0	7.3	11.2	17.4	5.2	6.9	470
East Kalimantan	54.4	21.0	13.9	10.8	27.1	12.5	6.0	447
Sulawesi								
North Sulawesi	51.5	14.6	15.7	18.1	18.7	12.5	17.1	310
Central Sulawesi	76.4	12.6	5.7	5.3	13.4	5.1	5.1	347
South Sulawesi	82.1	2.8	6.8	8.4	6.0	5.2	6.7	1,033
Southeast Sulawesi	76.9	6.6	3.7	12.8	10.7	2.0	10.4	251
Gorontalo	71.6	10.2	11.3	7.0	12.8	9.7	6.0	153
Total	73.1	10.7	7.1	9.1	13.3	5.8	7.8	29,483

Table A.15.7 Knowledge of symptoms of STIs by province: men

Percentage of currently married men by knowledge of symptoms associated with sexually transmitted infections (STIs) in a man and in a woman, according to background characteristics, Indonesia 2002-2003

Province	No knowledge of STIs	Knowledge of symptoms of STIs in a man			Knowledge of symptoms of STIs in a woman			Number of men
		No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	No symptoms mentioned	Mentioned one symptom	Mentioned two or more symptoms	
Sumatera								
North Sumatera	48.8	7.8	22.3	21.1	27.4	12.0	11.8	663
West Sumatera	35.5	21.5	9.1	33.9	52.7	5.1	6.7	182
Riau	39.6	19.6	9.5	30.3	47.9	3.9	7.5	199
Jambi	49.1	15.6	13.7	21.7	40.2	6.6	4.1	114
South Sumatera	32.8	6.2	5.8	55.2	28.9	3.7	34.7	259
Bengkulu	40.9	25.3	11.8	22.0	40.0	8.5	10.6	44
Lampung	37.7	27.1	12.2	23.1	55.4	4.8	2.1	261
Bangka-Belitung	42.1	20.3	15.1	22.5	53.3	2.1	2.4	40
Java								
DKI Jakarta	18.1	5.5	29.7	46.7	74.3	3.2	4.4	310
West Java	50.5	3.4	21.5	24.7	39.8	4.6	5.2	1,614
Central Java	40.6	15.3	16.7	27.4	45.8	7.2	6.3	1,155
DI Yogyakarta	31.4	23.4	11.3	33.9	48.4	7.2	13.0	103
East Java	29.4	12.4	20.1	38.0	60.8	6.7	3.1	1,560
Banten	35.5	19.0	18.8	26.6	48.5	5.5	10.4	396
Bali and Nusa Tenggara								
Bali	27.5	3.3	25.2	43.8	11.4	18.6	42.4	138
West Nusa Tenggara	36.9	25.5	18.9	18.8	60.3	1.1	1.8	145
East Nusa Tenggara	67.2	6.2	6.8	19.3	24.5	2.8	5.0	122
Kalimantan								
West Kalimantan	28.6	24.4	16.4	30.3	58.0	6.7	6.4	119
Central Kalimantan	25.3	0.8	6.7	67.2	13.5	11.3	49.8	97
South Kalimantan	27.4	21.9	17.5	33.1	53.9	3.0	15.6	109
East Kalimantan	18.4	15.8	23.3	42.6	52.1	18.8	10.7	115
Sulawesi								
North Sulawesi	27.7	14.3	18.9	39.2	60.5	2.9	8.9	95
Central Sulawesi	39.8	17.9	15.5	26.8	49.5	4.9	5.9	114
South Sulawesi	38.8	7.1	12.6	41.5	38.9	2.7	19.7	237
Southeast Sulawesi	63.6	3.6	10.4	22.4	18.2	5.0	13.3	77
Gorontalo	55.2	6.9	14.6	23.4	11.8	14.9	18.1	41
Total	38.9	11.7	18.2	31.2	46.1	6.4	8.6	8,310

Table A.15.8 Knowledge of source of male condoms and access to condoms by province

Percentage of ever-married women who know a source for male condoms, and percentage who think they themselves could get a male condom, by background characteristics, Indonesia 2002-2003

Province	Knows a source for male condoms	Could get a male condom	Number of women
Sumatera			
North Sumatera	49.3	38.9	2,177
West Sumatera	52.5	39.5	705
Riau	41.5	26.4	660
Jambi	32.5	25.8	382
South Sumatera	65.0	41.9	809
Bengkulu	52.9	38.7	159
Lampung	34.8	25.9	984
Bangka-Belitung	38.4	20.3	128
Java			
DKI Jakarta	74.6	45.6	1,024
West Java	29.5	18.6	5,797
Central Java	41.2	26.6	4,234
DI Yogyakarta	72.7	55.9	367
East Java	43.3	31.5	5,367
Banten	41.5	28.5	1,396
Bali and Nusa Tenggara			
Bali	34.2	25.1	465
West Nusa Tenggara	18.3	7.5	583
East Nusa Tenggara	15.7	4.7	460
Kalimantan			
West Kalimantan	30.9	16.6	477
Central Kalimantan	53.9	28.7	297
South Kalimantan	35.4	27.5	470
East Kalimantan	53.8	29.3	447
Sulawesi			
North Sulawesi	32.7	19.3	310
Central Sulawesi	24.9	17.4	347
South Sulawesi	32.3	19.5	1,033
Southeast Sulawesi	33.3	15.5	251
Gorontalo	14.5	7.6	153
Total	40.4	27.2	29,483

CHAPTER 17 FATHER'S PARTICIPATION IN FAMILY HEALTH CARE

Table A.17.1 Advice or care on antenatal care, delivery, and postnatal care by province

Percentage of last births in the five years preceding the survey for which mothers received advice or care from a health care provider (based on father's report), according to province, Indonesia 2002-2003

Province	Mother received advice or care			Number of fathers
	During pregnancy	During delivery	During the six weeks after delivery	
Sumatera				
North Sumatera	83.3	85.1	68.6	309
West Sumatera	89.4	82.5	71.1	94
Riau	81.6	76.4	55.6	111
Jambi	82.5	73.7	46.6	49
South Sumatera	96.5	87.3	74.2	97
Bengkulu	87.6	82.0	80.4	22
Lampung	88.8	68.8	70.9	123
Bangka-Belitung	73.3	69.6	54.0	17
Java				
DKI Jakarta	92.4	89.2	84.4	147
West Java	81.3	64.3	65.3	732
Central Java	87.8	82.7	72.9	456
DI Yogyakarta	99.4	97.7	98.4	34
East Java	94.2	83.4	75.8	563
Banten	83.1	84.1	77.8	179
Bali and Nusa Tenggara				
Bali	98.6	97.0	96.8	47
West Nusa Tenggara	92.3	77.0	74.6	83
East Nusa Tenggara	79.6	51.0	47.1	77
Kalimantan				
West Kalimantan	86.1	72.8	60.4	62
Central Kalimantan	73.4	75.0	60.6	51
South Kalimantan	83.6	75.5	53.4	48
East Kalimantan	87.7	81.6	79.1	58
Sulawesi				
North Sulawesi	99.1	98.9	97.0	41
Central Sulawesi	77.8	72.5	75.4	62
South Sulawesi	88.6	65.0	72.3	130
Southeast Sulawesi	83.7	65.1	62.9	43
Gorontalo	95.6	80.3	71.2	20
Total	86.9	77.2	70.8	3,653

Table A.17.2 Specific vaccines received by children under five by province

Percentage of last living children born in the five years preceding the survey who received specific vaccines (based on father's report), according to province, Indonesia 2002-2003

Province	BCG	Polio	DPT	Measles	Hepatitis	Number of fathers
Sumatera						
North Sumatera	67.4	75.4	59.0	54.2	52.0	304
West Sumatera	57.7	68.7	48.9	49.3	45.0	92
Riau	77.6	81.7	73.8	71.2	73.3	109
Jambi	81.3	84.8	72.8	68.9	67.6	48
South Sumatera	89.9	83.2	79.8	70.6	65.9	96
Bengkulu	84.2	86.6	80.7	78.5	73.4	22
Lampung	57.6	70.4	54.6	56.8	42.4	119
Bangka-Belitung	78.0	81.6	77.1	72.3	73.6	16
Java						
DKI Jakarta	92.6	89.4	85.1	79.1	85.1	147
West Java	73.7	75.0	66.2	59.0	56.9	708
Central Java	89.0	91.9	87.2	78.4	77.0	454
DI Yogyakarta	100.0	100.0	97.6	88.8	94.4	34
East Java	82.6	86.9	80.4	63.6	77.0	554
Banten	70.4	81.8	66.4	55.6	49.0	178
Bali and Nusa Tenggara						
Bali	97.3	96.2	94.8	83.9	94.0	47
West Nusa Tenggara	86.2	86.3	78.4	77.0	72.7	80
East Nusa Tenggara	78.2	83.1	57.7	48.4	38.9	75
Kalimantan						
West Kalimantan	70.6	80.0	63.4	64.5	61.9	62
Central Kalimantan	75.5	72.0	70.6	55.2	60.0	49
South Kalimantan	66.5	78.6	59.8	52.0	39.7	48
East Kalimantan	73.7	75.9	71.1	59.8	61.9	58
Sulawesi						
North Sulawesi	93.0	92.6	90.2	74.6	83.1	39
Central Sulawesi	77.7	91.4	80.6	63.2	66.8	61
South Sulawesi	62.2	73.9	63.9	55.3	54.1	126
Southeast Sulawesi	81.9	87.5	80.6	77.0	78.5	42
Gorontalo	71.3	75.8	65.9	64.4	59.6	19
Total	77.6	81.9	72.6	64.2	64.6	3,587

Table A.17.3 Father's contact with a health care provider about wife's health and pregnancy by province

Percentage of last births born in the five years preceding the survey whose father discussed with a health care provider about the health of the mother or the pregnancy, and among these, percentage who discussed specific topics, according to province, Indonesia 2002-2003

Province	Topics of discussion				Number of fathers
	Talked with a health care provider	Type of foods to eat during pregnancy	How much rest she should have during pregnancy	Type of health problems for which she should get medical attention	
Sumatera					
North Sumatera	41.4	36.6	35.7	40.5	309
West Sumatera	48.2	41.8	42.8	45.4	94
Riau	47.7	41.0	43.0	39.0	111
Jambi	26.9	23.3	22.9	24.2	49
South Sumatera	48.7	44.7	44.8	47.1	97
Bengkulu	41.0	35.8	37.5	37.8	22
Lampung	27.6	21.2	22.2	24.1	123
Bangka-Belitung	54.1	52.9	52.9	54.1	17
Java					
DKI Jakarta	47.9	44.8	46.4	44.0	147
West Java	33.7	30.2	30.6	32.1	732
Central Java	43.6	40.6	39.9	41.9	456
DI Yogyakarta	52.8	50.7	45.2	49.8	34
East Java	39.2	32.8	34.5	37.6	563
Banten	42.7	38.4	40.6	40.7	179
Bali and Nusa Tenggara					
Bali	99.2	98.0	97.8	96.2	47
West Nusa Tenggara	23.8	16.4	20.9	15.1	83
East Nusa Tenggara	12.1	9.9	9.9	11.4	77
Kalimantan					
West Kalimantan	30.2	30.0	29.0	28.9	62
Central Kalimantan	22.8	14.0	12.8	13.9	51
South Kalimantan	29.6	19.5	18.1	19.8	48
East Kalimantan	68.7	63.4	65.8	68.1	58
Sulawesi					
North Sulawesi	74.6	64.7	64.7	66.1	41
Central Sulawesi	35.1	29.9	31.7	34.6	62
South Sulawesi	29.7	26.6	27.6	19.7	130
Southeast Sulawesi	43.8	40.7	41.0	39.6	43
Gorontalo	39.6	20.1	15.0	21.4	20
Total	39.6	35.0	35.5	36.8	3,653

Table A.17.4 Preparation for delivery by province

Percentage of last births born in the five years preceding the survey whose father discussed specific topics about delivery, according to province, Indonesia 2002-2003

Province	Topics of discussion						No topics discussed	Number of fathers
	Place to deliver	Transportation	Delivery assistance	Payment	Blood donor	Any topic		
Sumatera								
North Sumatera	37.9	19.1	65.5	48.0	2.2	73.5	26.5	309
West Sumatera	83.1	61.4	94.3	70.1	7.1	97.6	2.4	94
Riau	67.0	40.3	71.0	57.5	12.3	76.2	23.8	111
Jambi	49.1	34.8	58.3	47.6	8.6	61.9	38.1	49
South Sumatera	76.7	50.2	88.9	78.4	13.1	96.4	3.6	97
Bengkulu	54.7	30.0	63.5	55.2	11.5	68.7	31.3	22
Lampung	45.7	14.9	46.5	37.0	1.5	55.1	44.9	123
Bangka-Belitung	79.6	34.9	80.8	70.2	9.9	88.5	11.5	17
Java								
DKI Jakarta	88.6	57.9	62.7	71.8	1.4	90.7	9.3	147
West Java	75.9	33.6	60.8	73.0	2.7	83.3	16.7	732
Central Java	66.6	34.0	55.1	52.8	11.6	74.6	25.4	456
DI Yogyakarta	72.3	43.6	75.7	60.5	5.2	87.9	12.1	34
East Java	65.2	24.0	59.1	40.2	4.3	69.5	30.5	563
Banten	62.4	30.0	70.2	59.7	14.5	82.6	17.4	179
Bali and Nusa Tenggara								
Bali	84.3	38.0	77.3	58.9	11.8	90.3	9.7	47
West Nusa Tenggara	53.7	39.6	58.8	57.0	1.2	63.4	36.6	83
East Nusa Tenggara	73.4	31.6	71.4	62.7	0.0	82.7	17.3	77
Kalimantan								
West Kalimantan	42.0	22.6	55.0	38.1	8.8	59.2	40.8	62
Central Kalimantan	48.1	18.9	59.1	42.8	4.8	69.9	30.1	51
South Kalimantan	51.8	12.0	71.2	52.3	3.6	77.2	22.8	48
East Kalimantan	70.1	49.3	72.3	57.0	9.7	77.1	22.9	58
Sulawesi								
North Sulawesi	87.7	40.3	69.6	57.0	24.3	88.5	11.5	41
Central Sulawesi	59.1	18.2	71.2	50.8	15.6	72.2	27.8	62
South Sulawesi	56.7	47.2	69.9	61.2	6.7	70.5	29.5	130
Southeast Sulawesi	61.4	39.0	59.9	64.3	9.8	72.3	27.7	43
Gorontalo	71.7	22.9	70.3	57.7	10.4	89.6	10.4	20
Total	65.3	32.6	63.6	57.0	6.4	76.9	23.1	3,653

B.1 INTRODUCTION

The 2002-2003 IDHS obtained data from representative samples of ever-married women 15-49 and currently married men 15-54 to:

- estimate demographic rates, particularly fertility and under-five mortality rates;
- measure the level of contraceptive knowledge and practice
- look at key child health indicators including the level of immunizations; the prevalence and treatment of diarrhea and other diseases; and child feeding practices;
- assess the coverage of maternity care services;
- explore men's involvement in reproductive health;
- investigate the direct and indirect determinants that influence the maternal and child health situation.

The survey provides estimates at the national and provincial level for all of the above indicators. In each of the five districts in Central Java and the five districts in East Java which are covered in the Safe Motherhood Project, the sample was expanded to allow for estimates with acceptable precision for all of the main variables derived from the household and individual woman interviews.

B.2 SAMPLE DESIGN AND IMPLEMENTATION

Administratively, Indonesia is divided into 30 provinces. Each province is subdivided into districts (regency in areas mostly rural and municipality in urban areas). Districts are subdivided into subdistricts and each subdistrict is divided into villages. The entire village is classified as urban or rural.

The primary objective of the 2002-2003 IDHS is to provide estimates with acceptable precision for the following domains:

- Indonesia as a whole;
- Each of 26 provinces covered in the survey. The four provinces excluded due to political instability are Nanggroe Aceh Darussalam, Maluku, North Maluku and Papua. These provinces cover 4 percent of the total population.
- Urban and rural areas of Indonesia;
- Each of the five districts in Central Java and the five districts in East Java covered in the Safe Motherhood Project (SMP), to provide information for the monitoring and evaluation of the project. These districts are:

in Central Java: Cilacap, Rembang, Jepara, Pemalang, and Brebes.

in East Java: Trenggalek, Jombang, Ngawi, Sampang and Pamekasan.

The census blocks (CBs) are the primary sampling unit for the 2002-2003 IDHS. CBs were formed during the preparation of the 2000 Population Census. Each CB includes approximately 80 households. In the master sample frame, the CBs are grouped by province, by regency/municipality within a province, and by subdistricts within a regency/municipality. In rural areas, the CBs in each district are listed by their geographical location. In urban areas, the CBs are distinguished by the urban classification (large, medium and small cities) in each subdistrict.

BPS-Statistics Indonesia (BPS) maintains the list of CBs, which is used as a frame to draw samples for various surveys. The sample developed for the 2002 National Socio-economic Survey (Susenas) was used as a frame for the selection of the 2002-2003 IDHS sample. Household listing was done in all CBs covered in the 2002 Susenas. This eliminates the need to conduct a separate household listing for the 2002-2003 IDHS.

A minimum of 40 CBs per province has been imposed in the 2002-2003 IDHS design. Since the sample was designed to provide reliable indicators for each province, the number of CBs in each province was not allocated proportional to the population of the province nor proportional by urban-rural classification. Therefore, a final weighing adjustment procedure was done to obtain estimates for all domains.

The 2002-2003 IDHS sample is selected using a stratified two-stage design consisting of 1,592 CBs. Once the number of households was allocated to each province by urban and rural areas, the number of CBs was calculated based on an average sample take of 25 selected households. All ever-married women age 15-49 in these households are eligible for individual interview.

Eight households in each CB selected for the women sample were selected for male interview. All currently married men age 15-54 identified in the selected households were interviewed. This sample is designed to provide estimates for the following domains:

- Indonesia as a whole;
- Urban and rural areas of Indonesia;
- Province, for key indicators in the majority of provinces.

In each province, the selection of CBs in urban and rural areas was done using multistage stratified sampling. In urban areas, in the first stage, CBs were selected using systematic sampling. In each selected CB, 25 households were randomly selected. In rural areas, the household selection was done in three stages. In the first stage, subdistricts were selected with probability proportional to the number of households. In the second stage, from each selected subdistrict, CBs were selected using systematic sampling. In the third stage, in each cluster, 25 households were randomly selected.

Province	Number of census blocks
1. North Sumatera	60
2. Riau	50
3. West Sumatera	50
4. Jambi	40
5. South Sumatera	50
6. Bengkulu	40
7. Lampung	50
8. Bangka-Belitung	40
9. DKI Jakarta	82
10. West Java	84
11. Central Java	
5 SMP Districts	100
Remaining districts	74
12. DI Yogyakarta	66
13. East Java	
5 SMP Districts	100
Remaining districts	74
14. Banten	66
15. Bali	66
16. West Nusa Tenggara	50
17. East Nusa Tenggara	40
18. West Kalimantan	50
19. Central Kalimantan	40
20. South Kalimantan	50
21. East Kalimantan	40
22. North Sulawesi	50
23. Central Sulawesi	40
24. South Sulawesi	60
25. Southeast Sulawesi	40
26. Gorontalo	40
Total	1,592

In each of the 10 districts in Central Java and East Java, clusters were selected systematically with probability proportional to the number of households. In the second stage, in each CB, 25 households were randomly selected.

Results of the household sample implementation by urban-rural residence, by province as well as by male and female subsample are shown in Tables B.2.1 and B.2.2. As shown in Table B.2.1, 34,738 households were selected for the 2002-2003 IDHS. Of these, 95 percent were successfully interviewed, 2 percent were not interviewed because there were found to be vacant, and 2 percent were away during the survey fieldworkers' visit. Other reasons for not interviewing households include having no competent respondent in the household, the dwelling was not found or the dwelling had been destroyed. The overall household response rate is 99 percent (see Table B.2.1 for definition). The level of successful household interviews ranges from 88 percent in West Kalimantan to 99 percent in Riau. The response rate is slightly higher in rural than in urban areas.

Tables B.2.2 presents the survey coverage for women interviews. Of 29,996 women eligible for individual interview, 98 percent were successfully interviewed, 1 percent were not interviewed because they were not at home (see Table B.2.2 for definition). Urban women are as likely as rural women to be interviewed in the survey. The response rate does not vary much by province. The lowest rate is in West Kalimantan (96 percent), while in North Sumatera, South Sumatera, Central Kalimantan, North Sulawesi, and Central Sulawesi it is almost 100 percent.

Table B.3.1 shows 10,877 households were selected for male subsample of the 2002-2003 IDHS. This is approximately one in three households selected for the women sample. Ninety-five percent of those households were successfully interviewed, 2 percent were not interviewed because the dwelling was vacant and 2 percent were absent during the fieldworkers' visit. The overall response rate is 99 percent, ranging from under 88 percent in West Kalimantan to 99-100 percent in Riau, Central Kalimantan, and Central Sulawesi.

Table B.3.2 shows that 8,740 eligible men were identified for individual interview and of these, completed interviews were conducted with 8,310 men, yielding a response rate of 95 percent. The principal reason for nonresponse among eligible men was the failure to find them at home despite repeated visits to the household. The lower response rate for men was due to the more frequent and longer absence of men from the household. The level of successful household interviews among the provinces ranges from less than 90 percent in West Kalimantan, South Kalimantan, East Kalimantan, and South Sulawesi to 99-100 percent in North Sumatera, West Nusa Tenggara, Central Kalimantan, and Central Sulawesi.

Table B.2.1 Sample implementation: results of the household interview: women

Percent distribution of households by results of the household interview, and household response rate, according to urban-rural residence and province, Indonesia 2002-2003

Residence and province	Completed (C)	Household present but no competent respondent at home (HP)	Refused (R)	Dwelling not found (DNF)	Household absent (HA)	Dwelling vacant/address not a dwelling (DV)	Dwelling destroyed (DD)	Other (O)	Total	Number of sampled households	Household response rate (HRR) ¹
Residence											
Urban	94.5	0.4	0.2	0.7	1.4	2.4	0.3	0.2	100.0	14,779	98.7
Rural	95.8	0.4	0.0	0.3	1.7	1.4	0.3	0.1	100.0	19,959	99.3
Sumatera											
North Sumatera	96.7	0.2	0.4	0.3	1.2	1.1	0.2	0.0	100.0	1,502	99.1
West Sumatera	97.8	0.3	0.0	0.2	1.1	0.5	0.0	0.1	100.0	1,250	99.5
Riau	99.1	0.4	0.1	0.0	0.3	0.1	0.0	0.0	100.0	1,230	99.5
Jambi	98.4	0.1	0.0	0.0	0.7	0.8	0.0	0.0	100.0	1,000	99.9
South Sumatera	98.2	0.0	0.2	0.3	0.1	0.8	0.3	0.1	100.0	1,247	99.4
Bengkulu	96.2	0.1	0.0	0.0	1.4	2.3	0.0	0.0	100.0	998	99.9
Lampung	96.8	0.2	0.0	0.0	1.1	1.6	0.3	0.0	100.0	1,248	99.8
Bangka-Belitung	89.9	0.3	0.2	0.9	3.2	4.7	0.7	0.1	100.0	1,000	98.5
Java											
DKI Jakarta	94.3	0.2	0.1	1.2	1.1	2.5	0.2	0.3	100.0	2,049	98.3
West Java	93.2	0.6	0.4	0.4	1.8	2.8	0.5	0.2	100.0	2,102	98.5
Central Java	97.6	0.3	0.0	0.3	0.5	1.0	0.3	0.0	100.0	1,848	99.4
DI Yogyakarta	94.5	1.0	0.0	0.1	1.0	3.1	0.2	0.1	100.0	1,648	98.8
East Java	97.1	0.1	0.1	0.2	1.1	1.2	0.2	0.0	100.0	1,842	99.7
Banten	93.0	0.3	0.3	1.8	0.5	3.7	0.4	0.1	100.0	1,650	97.5
Bali and Nusa Tenggara											
Bali	94.7	0.5	0.1	0.4	2.1	1.3	0.4	0.5	100.0	1,650	99.0
West Nusa Tenggara	95.9	0.1	0.1	0.3	0.8	2.5	0.2	0.1	100.0	1,249	99.5
East Nusa Tenggara	97.6	0.3	0.2	0.1	1.2	0.4	0.1	0.1	100.0	990	99.4
Kalimantan											
West Kalimantan	87.9	2.7	0.1	0.1	3.7	4.8	0.7	0.0	100.0	1,245	96.8
Central Kalimantan	98.3	0.1	0.0	0.2	0.5	0.6	0.1	0.2	100.0	1,000	99.7
South Kalimantan	91.4	0.3	0.1	0.6	3.5	2.6	1.0	0.4	100.0	1,250	98.9
East Kalimantan	93.5	0.3	0.4	0.9	3.6	1.1	0.2	0.0	100.0	997	98.3
Sulawesi											
North Sulawesi	94.0	0.2	0.0	1.6	1.5	1.1	0.8	0.8	100.0	1,253	98.2
Central Sulawesi	98.2	0.0	0.1	0.4	0.2	0.8	0.0	0.3	100.0	998	99.5
South Sulawesi	92.3	0.3	0.0	0.2	4.6	2.1	0.4	0.1	100.0	1,494	99.4
Southeast Sulawesi	97.5	0.0	0.0	0.0	2.5	0.0	0.0	0.0	100.0	998	100.0
Gorontalo	95.4	0.2	0.1	0.9	1.2	1.9	0.3	0.0	100.0	1,000	98.8
Total	95.3	0.4	0.1	0.5	1.5	1.8	0.3	0.1	100.0	34,738	99.0

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

Table B.2.2 Sample implementation: results of the household interview: women

Percent distribution of eligible women by results of the individual interview, and eligible women and overall response rates, according to urban-rural residence and province, Indonesia 2002-2003

Residence and province	Completed (C)	Not at home (EWNH)	Refused (R)	Partly completed (EWPC)	Incapacitated (EWI)	Other (EWO)	Total	Number of women	Eligible women response rate (EWRR) ¹	Overall response rate (ORR) ²
Residence										
Urban	98.3	1.2	0.2	0.1	0.1	0.1	100.0	12,537	98.3	96.9
Rural	98.3	1.1	0.1	0.1	0.2	0.2	100.0	17,459	98.3	97.6
Sumatera										
North Sumatera	99.7	0.1	0.0	0.1	0.1	0.1	100.0	1,403	99.7	98.8
West Sumatera	97.9	1.9	0.1	0.1	0.0	0.0	100.0	1,130	97.9	97.4
Riau	97.4	1.8	0.2	0.0	0.3	0.4	100.0	1,170	97.4	96.9
Jambi	98.3	0.6	0.0	0.7	0.1	0.4	100.0	1,035	98.3	98.2
South Sumatera	99.6	0.4	0.0	0.0	0.0	0.0	100.0	1,247	99.6	99.0
Bengkulu	99.1	0.9	0.0	0.0	0.0	0.0	100.0	879	99.1	99.0
Lampung	98.5	1.2	0.3	0.0	0.0	0.0	100.0	1,066	98.5	98.3
Bangka-Belitung	97.6	1.1	0.6	0.0	0.0	0.8	100.0	663	97.6	96.1
Java										
DKI Jakarta	99.0	0.7	0.2	0.0	0.1	0.0	100.0	1,901	99.0	97.3
West Java	97.7	1.5	0.4	0.1	0.4	0.0	100.0	1,680	97.7	96.2
Central Java	98.1	1.2	0.1	0.1	0.1	0.3	100.0	1,599	98.1	97.5
DI Yogyakarta	98.8	1.1	0.2	0.0	0.0	0.0	100.0	1,043	98.8	97.6
East Java	97.9	1.4	0.1	0.1	0.4	0.1	100.0	1,537	97.9	97.6
Banten	98.9	0.6	0.1	0.0	0.2	0.1	100.0	1,398	98.9	96.5
Bali and Nusa Tenggara										
Bali	98.8	0.9	0.2	0.0	0.1	0.0	100.0	1,388	98.8	97.8
West Nusa Tenggara	98.7	0.5	0.3	0.3	0.1	0.1	100.0	967	98.7	98.2
East Nusa Tenggara	98.0	1.2	0.0	0.0	0.0	0.8	100.0	856	98.0	97.4
Kalimantan										
West Kalimantan	96.0	2.2	0.8	0.1	0.6	0.2	100.0	959	96.0	93.0
Central Kalimantan	99.7	0.0	0.0	0.1	0.0	0.2	100.0	912	99.7	99.4
South Kalimantan	97.2	2.3	0.2	0.0	0.2	0.1	100.0	1,039	97.2	96.1
East Kalimantan	97.2	2.4	0.1	0.0	0.4	0.0	100.0	850	97.2	95.5
Sulawesi										
North Sulawesi	99.7	0.1	0.0	0.1	0.0	0.1	100.0	1,070	99.7	97.9
Central Sulawesi	99.7	0.0	0.3	0.0	0.0	0.0	100.0	1,021	99.7	99.2
South Sulawesi	95.5	3.5	0.2	0.1	0.5	0.2	100.0	1,121	95.5	95.0
Southeast Sulawesi	98.9	0.4	0.0	0.0	0.0	0.7	100.0	1,034	98.9	98.9
Gorontalo	96.6	2.2	0.2	0.0	0.5	0.5	100.0	1,028	96.6	95.4
Total	98.3	1.1	0.2	0.1	0.2	0.2	100.0	29,996	98.3	97.3

¹ Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$EWRR = \frac{100 * C}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

² The overall response rate (ORR) is calculated as:

$$ORR = HR * EWRR/100$$

Table B.3.1 Sample implementation: results of the household interview: men

Percent distribution of households selected for the male subsample by results of the household interview, and household response rates, according to urban-rural residence and province Indonesia 2002-2003

Residence and province	Completed (C)	Household present but no respondent at home (HP)	Refused (R)	Dwelling not found (DNF)	Household absent (HA)	Dwelling vacant/ address not a dwelling (DV)	Dwelling destroyed (DD)	Other (O)	Total	Number of sampled households	Household response rate (HRR) ¹
Residence											
Urban	94.8	0.5	0.2	0.4	1.4	2.5	0.2	0.1	100.0	4,642	99.0
Rural	95.8	0.3	0.0	0.2	1.6	1.5	0.4	0.1	100.0	6,235	99.4
Sumatera											
North Sumatera	96.8	0.0	0.4	0.2	1.3	1.1	0.2	0.0	100.0	465	99.3
West Sumatera	98.0	0.0	0.0	0.3	1.0	0.8	0.0	0.0	100.0	394	99.7
Riau	99.5	0.5	0.0	0.0	0.0	0.0	0.0	0.0	100.0	389	99.5
Jambi	97.8	0.3	0.0	0.0	0.6	1.3	0.0	0.0	100.0	318	99.7
South Sumatera	98.2	0.0	0.0	0.3	0.3	1.0	0.3	0.0	100.0	393	99.7
Bengkulu	95.4	0.0	0.0	0.0	2.3	2.3	0.0	0.0	100.0	303	100.0
Lampung	96.2	0.3	0.0	0.0	1.5	1.5	0.5	0.0	100.0	390	99.7
Bangka-Belitung	90.3	0.3	0.0	0.3	4.1	4.7	0.3	0.0	100.0	319	99.3
Java											
DKI Jakarta	94.7	0.0	0.0	0.6	1.3	3.0	0.2	0.2	100.0	624	99.3
West Java	93.9	0.4	0.3	0.1	2.4	2.5	0.3	0.0	100.0	671	99.1
Central Java	98.3	0.5	0.0	0.0	0.2	0.7	0.3	0.0	100.0	583	99.5
DI Yogyakarta	94.3	0.8	0.0	0.0	1.0	3.2	0.8	0.0	100.0	524	99.2
East Java	97.1	0.0	0.2	0.0	1.1	1.4	0.2	0.0	100.0	555	99.8
Banten	93.5	0.4	0.0	1.7	0.4	3.4	0.4	0.2	100.0	523	97.8
Bali and Nusa Tenggara											
Bali	93.8	1.5	0.2	0.2	1.7	1.5	0.4	0.6	100.0	518	98.0
West Nusa Tenggara	95.2	0.0	0.0	0.5	0.8	2.9	0.5	0.0	100.0	377	99.4
East Nusa Tenggara	96.4	0.7	0.3	0.0	1.6	0.7	0.0	0.3	100.0	305	99.0
Kalimantan											
West Kalimantan	88.4	2.8	0.0	0.0	2.6	5.4	0.8	0.0	100.0	389	96.9
Central Kalimantan	99.4	0.0	0.0	0.0	0.3	0.3	0.0	0.0	100.0	317	100.0
South Kalimantan	91.3	0.3	0.0	0.5	3.3	3.1	1.3	0.3	100.0	390	99.2
East Kalimantan	92.7	0.6	0.3	0.9	3.8	1.3	0.3	0.0	100.0	317	98.0
Sulawesi											
North Sulawesi	97.2	0.0	0.0	0.0	0.8	1.3	0.3	0.5	100.0	389	100.0
Central Sulawesi	99.4	0.0	0.3	0.3	0.0	0.0	0.0	0.0	100.0	318	99.4
South Sulawesi	90.9	0.0	0.0	0.4	4.7	3.2	0.6	0.2	100.0	471	99.5
Southeast Sulawesi	97.5	0.0	0.0	0.0	2.5	0.0	0.0	0.0	100.0	316	100.0
Gorontalo	96.9	0.0	0.0	0.9	1.3	0.9	0.0	0.0	100.0	319	99.0
Total	95.4	0.4	0.1	0.3	1.5	1.9	0.3	0.1	100.0	10,877	99.2

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

Table B.3.2 Sample implementation: results of the household interview: men

Percent distribution of eligible men by results of the individual interview, and eligible men and overall response rates, according to urban-rural residence and province, Indonesia 2002-2003

Residence and province	Completed (C)	Not at home (EMNH)	Post-poned ((EMP)	Refused (R)	Partly completed (EMPC)	Incapacitated (EMI)	Other (EMO)	Total	Number of men	Eligible men response rate (EMRR) ¹	Overall response rate (ORR) ²
Residence											
Urban	95.2	3.5	0.0	0.4	0.0	0.1	0.9	100.0	3,736	95.2	94.2
Rural	95.0	4.0	0.0	0.2	0.0	0.2	0.5	100.0	5,004	95.0	94.4
Sumatera											
North Sumatera	99.3	0.0	0.0	0.0	0.5	0.0	0.2	100.0	420	99.3	98.6
West Sumatera	88.0	12.0	0.0	0.0	0.0	0.0	0.0	100.0	324	88.0	87.7
Riau	94.1	5.1	0.0	0.0	0.0	0.3	0.6	100.0	356	94.1	93.6
Jambi	98.0	1.3	0.0	0.3	0.0	0.0	0.3	100.0	306	98.0	97.7
South Sumatera	98.5	0.5	0.0	0.0	0.0	0.0	1.0	100.0	396	98.5	98.2
Bengkulu	94.5	2.7	0.0	0.4	0.4	0.0	2.0	100.0	255	94.5	94.5
Lampung	92.5	6.8	0.0	0.3	0.0	0.3	0.0	100.0	293	92.5	92.2
Bangka-Belitung	91.6	4.7	0.0	0.5	0.0	0.0	3.3	100.0	214	91.6	91.0
Java											
DKI Jakarta	98.2	0.9	0.2	0.4	0.0	0.0	0.4	100.0	571	98.2	97.6
West Java	94.4	4.7	0.0	0.4	0.0	0.0	0.4	100.0	485	94.4	93.5
Central Java	96.4	3.6	0.0	0.0	0.0	0.0	0.0	100.0	441	96.4	95.9
DI Yogyakarta	94.5	5.5	0.0	0.0	0.0	0.0	0.0	100.0	307	94.5	93.7
East Java	97.9	1.8	0.0	0.2	0.0	0.0	0.0	100.0	438	97.9	97.8
Banten	95.2	3.8	0.0	0.0	0.0	0.0	1.0	100.0	397	95.2	93.1
Bali and Nusa Tenggara											
Bali	98.5	1.2	0.0	0.0	0.0	0.2	0.0	100.0	410	98.5	96.5
West Nusa Tenggara	99.6	0.4	0.0	0.0	0.0	0.0	0.0	100.0	240	99.6	99.0
East Nusa Tenggara	91.9	5.5	0.4	0.8	0.0	0.0	1.3	100.0	236	91.9	91.0
Kalimantan											
West Kalimantan	87.6	9.7	0.0	0.0	0.0	1.9	0.8	100.0	259	87.6	84.9
Central Kalimantan	99.3	0.0	0.0	0.0	0.0	0.0	0.7	100.0	291	99.3	99.3
South Kalimantan	88.3	8.8	0.0	0.7	0.0	0.4	1.8	100.0	273	88.3	87.5
East Kalimantan	87.0	10.3	0.0	0.8	0.0	0.0	1.9	100.0	261	87.0	85.2
Sulawesi											
North Sulawesi	98.8	1.2	0.0	0.0	0.0	0.0	0.0	100.0	329	98.8	98.8
Central Sulawesi	99.7	0.0	0.0	0.0	0.0	0.0	0.3	100.0	323	99.7	99.1
South Sulawesi	84.5	11.6	0.3	2.6	0.0	0.6	0.3	100.0	310	84.5	84.1
Southeast Sulawesi	98.4	0.9	0.0	0.0	0.0	0.0	0.6	100.0	321	98.4	98.4
Gorontalo	93.3	2.8	0.0	0.4	0.0	1.1	2.5	100.0	284	93.3	92.4
Total	95.1	3.8	0.0	0.3	0.0	0.2	0.6	100.0	8,740	95.1	94.3

¹ Using the number of eligible men falling into specific response categories, the eligible man response rate (EWRR) is calculated as:

$$\frac{100 * C}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

² The overall response rate (ORR) is calculated as:

$$ORR = HR * EMRR/100$$

B.3 PRETEST

BPS piloted the questionnaire, control form, and manuals in August 2002 to detect any possible problems in the translations or flow of the questionnaire, as well as to gauge the length of time required for interviews. Another important objective of the pretest was to gain experience in field operations and interviewing men, because for the first time IDHS included individual interviews with men. The pretest took place in two provinces, Jambi and South Kalimantan. Pretest training took place from August 1-18, 2002 with the last day spent to train the supervisors and editors to perform their tasks. The training was conducted following the IDHS training procedures, including class presentations, mock interviews, field practice and tests. The training included practice interviews using the questionnaire in Bahasa Indonesia and the local dialect.

In each province, 12 people were trained, forming two teams, each consisting of one male supervisor, one female field editor, three female interviewers and one male interviewer. All trainees were employees of BPS field offices.

Pretest fieldwork lasted for a week (August 22-30, 2002). Fieldwork was conducted in both urban and rural settings. In South Kalimantan, one urban and two rural census blocks were visited. In each census block, 25 households were selected. These households were interviewed using the Household Questionnaires, where all ever-married women age 15-49 and currently married males age 15-54 were identified. In all selected census blocks, a total of 150 households were visited, 75 in Jambi and 75 in South Kalimantan. The survey instruments were finalized following discussions with the National Family Planning Coordinating Board and the Ministry of Health.

B.4 TRAINING

A total of 530 persons, 362 women and 168 men, participated in the main survey training for interviewers. Training for 23 provinces took place September 30 through October 17, 2002, while for the three new provinces, training was held in February 2003. The training was conducted following the DHS training procedures including class presentations, mock interviews, and tests. All of the participants were trained using the Women's Questionnaire. Once the materials for the women interview were completed, the male participants were trained in conducting an interview using the Men's Questionnaire. The training included practice interviews in Bahasa Indonesia and participant's local language.

B.5 FIELDWORK

The 2002-2003 IDHS data was collected by 94 interviewing teams. Each team consisted of one team supervisor, one field editor, three female interviewers and one male interviewer. Field operations took place over a five-and-a-half-month period, from October 21, 2002 to April 9, 2003. In most provinces, data collection took a break for at least one month during the Muslim fasting month, which fell in early November through early December 2002. In Riau, fieldwork began only in December 2002. In three provinces, Bangka-Belitung, Banten, and Gorontalo, training of field staff was in March 2003 and data collection took place in April and May 2003.

B.6 DATA PROCESSING

All completed questionnaires for IDHS, accompanied by their control forms, were returned to the BPS central office in Jakarta for data processing. This process consisted of office editing, coding of open-ended questions, data entry, verification, and editing computer-identified errors. A team of about 40 data entry clerks, data editors, and two data entry supervisors processed the data. Data entry and editing started on November 4, 2002 using a computer package program called CSPro, which was specifically designed to process DHS-type survey data. To prepare the data entry programs, two BPS staff spent three weeks in ORC Macro offices in Calverton, Maryland in April 2002.

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2002-2003 Indonesia Demographic and Health Survey (IDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2002-2003 IDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2002-2003 IDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2002-2003 IDHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_{h-1}} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2002-2003 IDHS, there were 1,392 non-empty clusters. Hence, 1,391 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 1392 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 1391 clusters (i^{th} cluster excluded),
and
 k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2002-2003 IDHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the 26 provinces. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table C.1. Tables C.2 to C.30 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 4.024 and its standard error is 0.054. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $4.024 \pm 2 \times 0.054$. There is a high probability (95 percent) that the true average number of children ever born to all women aged 40 to 49 is between 3.915 and 4.133.

Sampling errors are analyzed for the national woman sample and for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. The relative standard errors (SE/R) for the means and proportions range between 0.1 percent and 7.4 percent with an average of 2.8 percent; the highest relative standard errors are for estimates of very low values (e.g., *women currently using periodic abstinence*). If estimates of very low values (less than 10 percent) were removed, then the average drops to 2.2 percent. So in general, the relative standard error for most estimates for the country

as a whole is small, except for estimates of very small proportions. The relative standard error for the total fertility rate is small, 1.8 percent. However, for the mortality rates, the average relative standard error is much higher, 8.2 percent.

There are differentials in the relative standard error for the estimates of sub-populations. For example, for the variable *want no more children*, the relative standard errors as a percent of the estimated mean for the whole country, and for the urban areas are 1.1 percent and 2.0 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all variables, is 2.05 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 2.05 over that in an equivalent simple random sample.

Table C.1 List of selected variables for sampling errors, Indonesia 2002-2003

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	Ever-married women 15-49
Literate	Proportion	Ever-married women 15-49
No education	Proportion	Ever-married women 15-49
Secondary education or higher	Proportion	Ever-married women 15-49
Currently married (in union)	Proportion	Ever-married women 15-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	Currently married women 15-49
Children surviving	Mean	Currently married women 15-49
Children ever born to women over 40	Mean	Women aged 40-49
Knowing any contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using periodic abstinence	Proportion	Currently married women 15-49
Using public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	Ever-married women 15-49
Mothers received tetanus injection	Proportion	Last birth in 5 years
Mothers received medical care at birth	Proportion	Births in last 5 years
Had diarrhea in the last 2 weeks	Proportion	Children under 5
Treated with ORS packets	Proportion	Children under 5 with diarrhea in last 2 weeks
Sought medical treatment	Proportion	Children under 5 with diarrhea in last 2 weeks
Having health card	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Received all vaccinations	Proportion	Children 12-23 months
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Perinatal mortality (0-4 years)	Ratio	Number of pregnancies of 7+ months
Neonatal mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality
Postneonatal mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality
Infant mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality
Child mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality
Under-five mortality rate (10 years) ¹	Rate	Children exposed to the risk of mortality
MEN		
Urban residence	Proportion	Currently married men 15-54
No education	Proportion	Currently married men 15-54
Secondary education or higher	Proportion	Currently married men 15-54
Know any contraceptive method	Proportion	Currently married men 15-54
Know any modern contraceptive method	Proportion	Currently married men 15-54
¹ 5 years for national sample		

Table C.2 Sampling errors: National sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.458	0.011	29483	29483	3.679	0.023	0.436	0.479
Literate	0.864	0.005	29483	29483	2.719	0.006	0.853	0.875
No education	0.079	0.004	29483	29483	2.625	0.052	0.071	0.087
With secondary or higher education	0.382	0.008	29483	29483	2.745	0.020	0.366	0.397
Currently married	0.945	0.002	29483	29483	1.808	0.003	0.940	0.950
Currently pregnant	0.041	0.002	39667	39315	1.674	0.042	0.038	0.045
Children ever born	2.659	0.026	27784	27857	2.195	0.010	2.608	2.711
Children surviving	2.421	0.021	27784	27857	2.043	0.009	2.380	2.463
Children ever born to women over 40	4.024	0.054	8674	8848	2.236	0.014	3.915	4.133
Know any contraceptive method	0.987	0.001	27784	27857	1.817	0.001	0.984	0.989
Ever used any contraceptive method	0.816	0.005	27784	27857	2.213	0.006	0.806	0.826
Currently using any method	0.603	0.007	27784	27857	2.433	0.012	0.589	0.618
Currently using pill	0.132	0.005	27784	27857	2.317	0.036	0.123	0.142
Currently using IUD	0.062	0.003	27784	27857	2.236	0.052	0.055	0.068
Currently using female sterilization	0.037	0.003	27784	27857	2.347	0.072	0.032	0.043
Currently using periodic abstinence	0.016	0.001	27784	27857	1.578	0.074	0.014	0.018
Using public sector source	0.280	0.010	15413	15843	2.696	0.035	0.260	0.299
Want no more children	0.500	0.006	27784	27857	1.877	0.011	0.489	0.512
Want to delay at least 2 years	0.236	0.005	27784	27857	1.778	0.019	0.227	0.245
Ideal number of children	2.878	0.022	25300	25217	2.938	0.008	2.835	2.922
Mothers received tetanus injection	0.721	0.009	13349	12760	2.269	0.012	0.703	0.739
Mothers received medical care at birth	0.662	0.013	16206	15089	2.948	0.019	0.637	0.688
Had diarrhea in the last two weeks	0.110	0.006	15505	14510	2.064	0.051	0.099	0.121
Treated with ORS packets	0.355	0.020	1526	1596	1.638	0.058	0.314	0.396
Sought medical treatment	0.508	0.019	1526	1596	1.473	0.038	0.469	0.547
Having health card	0.307	0.017	3097	2819	1.934	0.055	0.273	0.340
Received BCG vaccination	0.825	0.014	3097	2819	1.976	0.017	0.796	0.853
Received DPT vaccination (3 doses)	0.583	0.015	3097	2819	1.652	0.026	0.552	0.614
Received polio vaccination (3 doses)	0.661	0.016	3097	2819	1.758	0.024	0.629	0.692
Received measles vaccination	0.716	0.016	3097	2819	1.867	0.022	0.684	0.748
Received all vaccinations	0.515	0.016	3097	2819	1.649	0.030	0.483	0.546
Total fertility rate 0-3 years	2.566	0.047	NA	112529	2.008	0.018	2.471	2.661
Perinatal mortality (0-4 years)	24.308	1.999	16367	15236	1.526	0.082	20.31	28.31
Neonatal mortality 0-4 years	19.591	1.861	16299	15220	1.587	0.095	15.868	23.314
Post-neonatal mortality 0-4 years	15.130	1.563	16312	15229	1.510	0.103	12.003	18.257
Infant mortality 0-4 years	34.720	2.426	16314	15233	1.547	0.070	29.869	39.572
Infant mortality 5-9 years	50.758	3.504	16278	15605	1.793	0.069	43.751	57.765
Infant mortality 10-14 years	58.677	3.750	15210	14982	1.749	0.064	51.176	66.178
Child mortality 0-4 years	11.296	1.315	16384	15291	1.506	0.116	8.667	13.926
Under-five mortality 0-4 years	45.624	2.634	16401	15309	1.469	0.058	40.356	50.893
MEN								
Urban residence	0.465	0.010	8310	8310	1.873	0.022	0.445	0.486
No education	0.041	0.004	8310	8310	1.807	0.096	0.033	0.049
With secondary or higher education	0.455	0.011	8310	8310	2.000	0.024	0.433	0.476
Know any contraceptive method	0.967	0.003	8310	8310	1.499	0.003	0.961	0.973
Know any modern contraceptive method	0.963	0.003	8310	8310	1.472	0.003	0.957	0.969

NA = Not applicable

Table C.3 Sampling errors: Urban sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	12318	13499	NA	0.000	1.000	1.000
Literate	0.915	0.006	12318	13499	2.240	0.006	0.904	0.926
No education	0.050	0.004	12318	13499	1.940	0.077	0.042	0.057
With secondary or higher education	0.526	0.013	12318	13499	2.779	0.024	0.501	0.551
Currently married	0.946	0.004	12318	13499	1.809	0.004	0.938	0.953
Currently pregnant	0.038	0.003	17529	19335	1.553	0.066	0.033	0.043
Children ever born	2.624	0.037	11568	12765	2.063	0.014	2.549	2.698
Children surviving	2.420	0.030	11568	12765	1.915	0.012	2.360	2.480
Children ever born to women over 40	3.992	0.084	3730	4068	2.259	0.021	3.823	4.160
Know any contraceptive method	0.993	0.001	11568	12765	1.885	0.001	0.990	0.996
Ever used any contraceptive method	0.831	0.008	11568	12765	2.326	0.010	0.815	0.847
Currently using any method	0.611	0.009	11568	12765	1.887	0.014	0.594	0.628
Currently using pill	0.141	0.008	11568	12765	2.384	0.055	0.126	0.157
Currently using IUD	0.079	0.005	11568	12765	2.100	0.067	0.068	0.089
Currently using female sterilization	0.048	0.005	11568	12765	2.419	0.100	0.038	0.057
Currently using periodic abstinence	0.023	0.002	11568	12765	1.604	0.097	0.019	0.027
Using public sector source	0.243	0.015	6568	7295	2.800	0.061	0.213	0.273
Want no more children	0.505	0.010	11568	12765	2.155	0.020	0.485	0.525
Want to delay at least 2 years	0.230	0.007	11568	12765	1.874	0.032	0.215	0.244
Ideal number of children	2.835	0.033	10903	11633	3.104	0.012	2.768	2.901
Mothers received tetanus injection	0.765	0.014	5511	5970	2.355	0.018	0.738	0.792
Mothers received medical care at birth	0.790	0.019	6570	7029	3.357	0.024	0.751	0.828
Had diarrhea in the last two weeks	0.112	0.009	6371	6830	2.217	0.083	0.094	0.131
Treated with ORS packets	0.350	0.032	632	767	1.699	0.092	0.286	0.415
Sought medical treatment	0.546	0.029	632	767	1.439	0.052	0.489	0.603
Having health card	0.319	0.023	1295	1326	1.712	0.072	0.273	0.365
Received BCG vaccination	0.884	0.019	1295	1326	2.110	0.022	0.846	0.923
Received DPT vaccination (3 doses)	0.645	0.024	1295	1326	1.763	0.038	0.596	0.694
Received polio vaccination (3 doses)	0.726	0.024	1295	1326	1.845	0.033	0.679	0.774
Received measles vaccination	0.776	0.023	1295	1326	1.944	0.030	0.730	0.823
Received all vaccinations	0.564	0.024	1295	1326	1.678	0.043	0.516	0.612
Total fertility rate 0-3 years	2.446	0.060	NA	55099	1.793	0.025	2.326	2.567
Perinatal mortality (0-4 years)	21.591	2.734	6637	7085	1.459	0.127	16.12	27.06
Neonatal mortality last 10 years	18.854	1.859	12936	14188	1.517	0.099	15.136	22.573
Post-neonatal mortality last 10 years	13.038	1.651	12941	14197	1.560	0.127	9.735	16.340
Infant mortality last 10 years	31.892	2.669	12942	14199	1.597	0.084	26.555	37.229
Child mortality last 10 years	10.749	1.858	12974	14232	1.982	0.173	7.034	14.465
Under-five mortality last 10 years	42.299	3.329	12981	14244	1.744	0.079	35.642	48.956
MEN								
Urban residence	1.000	0.000	3555	3866	NA	0.000	1.000	1.000
No education	0.019	0.004	3555	3866	1.684	0.203	0.011	0.027
With secondary or higher education	0.601	0.017	3555	3866	2.103	0.029	0.566	0.636
Know any contraceptive method	0.984	0.004	3555	3866	1.733	0.004	0.976	0.991
Know any modern contraceptive method	0.982	0.004	3555	3866	1.727	0.004	0.975	0.990

NA = Not applicable

Table C.4 Sampling errors: Rural sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	17165	15984	NA	NA	0.000	0.000
Literate	0.821	0.008	17165	15984	2.896	0.010	0.804	0.838
No education	0.104	0.007	17165	15984	2.903	0.065	0.091	0.118
With secondary or higher education	0.259	0.009	17165	15984	2.667	0.034	0.242	0.277
Currently married	0.944	0.003	17165	15984	1.796	0.003	0.938	0.951
Currently pregnant	0.045	0.003	21562	19903	1.760	0.056	0.040	0.050
Children ever born	2.690	0.036	16216	15093	2.322	0.014	2.617	2.762
Children surviving	2.422	0.029	16216	15093	2.151	0.012	2.365	2.480
Children ever born to women over 40	4.061	0.071	4930	4769	2.204	0.017	3.919	4.203
Know any contraceptive method	0.981	0.002	16216	15093	1.861	0.002	0.977	0.985
Ever used any contraceptive method	0.803	0.007	16216	15093	2.109	0.008	0.790	0.816
Currently using any method	0.597	0.011	16216	15093	2.867	0.019	0.575	0.619
Currently using pill	0.125	0.006	16216	15093	2.192	0.046	0.114	0.137
Currently using IUD	0.047	0.004	16216	15093	2.371	0.084	0.039	0.055
Currently using female sterilization	0.028	0.003	16216	15093	2.077	0.096	0.023	0.034
Currently using periodic abstinence	0.010	0.001	16216	15093	1.315	0.103	0.008	0.012
Using public sector source	0.311	0.013	8845	8548	2.630	0.042	0.285	0.337
Want no more children	0.497	0.006	16216	15093	1.542	0.012	0.485	0.509
Want to delay at least 2 years	0.242	0.006	16216	15093	1.663	0.023	0.231	0.253
Ideal number of children	2.916	0.029	14397	13585	2.846	0.010	2.857	2.974
Mothers received tetanus injection	0.683	0.012	7838	6791	2.143	0.017	0.660	0.706
Mothers received medical care at birth	0.551	0.016	9636	8059	2.703	0.029	0.519	0.584
Had diarrhea in the last two weeks	0.108	0.007	9134	7680	1.858	0.061	0.095	0.121
Treated with ORS packets	0.359	0.026	894	829	1.540	0.071	0.308	0.411
Sought medical treatment	0.473	0.027	894	829	1.525	0.057	0.420	0.527
Having health card	0.296	0.025	1802	1493	2.142	0.083	0.246	0.345
Received BCG vaccination	0.772	0.020	1802	1493	1.940	0.026	0.731	0.812
Received DPT vaccination (3 doses)	0.528	0.020	1802	1493	1.570	0.037	0.488	0.567
Received polio vaccination (3 doses)	0.603	0.020	1802	1493	1.662	0.034	0.562	0.644
Received measles vaccination	0.662	0.021	1802	1493	1.787	0.032	0.620	0.705
Received all vaccinations	0.471	0.020	1802	1493	1.618	0.043	0.430	0.511
Total fertility rate 0-3 years	2.700	0.072	NA	57041	2.096	0.027	2.556	2.844
Perinatal mortality (0-4 years)	26.669	2.876	9730	8151	1.577	0.108	20.92	32.42
Neonatal mortality last 10 years	26.201	2.465	19607	16607	1.831	0.094	21.270	31.131
Post-neonatal mortality last 10 years	26.192	2.042	19634	16624	1.528	0.078	22.108	30.276
Infant mortality last 10 years	52.392	3.587	19635	16626	1.856	0.068	45.219	59.566
Child mortality last 10 years	13.014	1.172	19679	16650	1.337	0.090	10.671	15.357
Under-five mortality last 10 years	64.725	3.848	19708	16671	1.801	0.059	57.029	72.420
MEN								
Urban residence	0.000	0.000	4755	4444	NA	NA	0.000	0.000
No education	0.060	0.007	4755	4444	1.912	0.110	0.047	0.074
With secondary or higher education	0.327	0.014	4755	4444	2.118	0.044	0.298	0.356
Know any contraceptive method	0.953	0.004	4755	4444	1.444	0.005	0.944	0.962
Know any modern contraceptive method	0.946	0.005	4755	4444	1.412	0.005	0.937	0.956

NA = Not applicable

Table C.5 Sampling errors: North Sumatera sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.462	0.038	1399	2177	2.830	0.082	0.386	0.537
Literate	0.915	0.012	1399	2177	1.596	0.013	0.891	0.939
No education	0.038	0.011	1399	2177	2.091	0.280	0.017	0.060
With secondary or higher education	0.534	0.026	1399	2177	1.961	0.049	0.481	0.586
Currently married	0.952	0.010	1399	2177	1.686	0.010	0.932	0.971
Currently pregnant	0.040	0.005	2078	3162	0.976	0.121	0.030	0.050
Children ever born	3.134	0.084	1323	2071	1.438	0.027	2.966	3.303
Children surviving	2.914	0.068	1323	2071	1.312	0.023	2.778	3.050
Children ever born to women over 40	4.391	0.160	503	785	1.674	0.036	4.072	4.711
Know any contraceptive method	0.952	0.007	1323	2071	1.216	0.008	0.938	0.966
Ever used any contraceptive method	0.682	0.020	1323	2071	1.562	0.029	0.642	0.722
Currently using any method	0.525	0.019	1323	2071	1.348	0.035	0.488	0.562
Currently using pill	0.131	0.017	1323	2071	1.873	0.133	0.096	0.165
Currently using IUD	0.033	0.006	1323	2071	1.262	0.188	0.021	0.045
Currently using female sterilization	0.064	0.009	1323	2071	1.319	0.139	0.046	0.082
Currently using periodic abstinence	0.032	0.007	1323	2071	1.358	0.205	0.019	0.045
Using public sector source	0.282	0.034	566	894	1.778	0.119	0.215	0.350
Want no more children	0.514	0.017	1323	2071	1.267	0.034	0.479	0.549
Want to delay at least 2 years	0.206	0.014	1323	2071	1.297	0.070	0.177	0.235
Ideal number of children	3.466	0.072	1206	1856	1.837	0.021	3.322	3.609
Mothers received tetanus injection	0.330	0.028	659	1012	1.530	0.085	0.274	0.387
Mothers received medical care at birth	0.799	0.033	910	1372	1.909	0.041	0.733	0.864
Had diarrhea in the last two weeks	0.123	0.018	873	1325	1.463	0.144	0.088	0.159
Treated with ORS packets	0.234	0.064	113	163	1.409	0.274	0.106	0.363
Sought medical treatment	0.486	0.052	113	163	0.981	0.107	0.382	0.591
Having health card	0.224	0.050	183	289	1.625	0.222	0.125	0.323
Received BCG vaccination	0.742	0.051	183	289	1.580	0.068	0.641	0.843
Received DPT vaccination (3 doses)	0.419	0.040	183	289	1.100	0.095	0.340	0.499
Received polio vaccination (3 doses)	0.533	0.041	183	289	1.108	0.076	0.452	0.615
Received measles vaccination	0.563	0.052	183	289	1.421	0.092	0.460	0.667
Received all vaccinations	0.365	0.038	183	289	1.076	0.104	0.289	0.441
Total fertility rate 0-3 years	3.040	0.138	NA	8164	1.607	0.046	2.764	3.317
Perinatal mortality (0-4 years)	17.552	4.368	916	1378	1.000	0.249	8.815	26.29
Neonatal mortality last 10 years	23.930	4.206	1851	2745	1.106	0.176	15.517	32.343
Post-neonatal mortality last 10 years	17.861	3.997	1852	2747	1.245	0.224	9.866	25.855
Infant mortality last 10 years	41.791	6.301	1852	2747	1.247	0.151	29.189	54.392
Child mortality last 10 years	16.365	3.539	1860	2762	1.197	0.216	9.286	23.443
Under-five mortality last 10 years	57.471	8.480	1861	2763	1.445	0.148	40.511	74.432
MEN								
Urban residence	0.460	0.039	417	663	1.590	0.084	0.383	0.538
No education	0.014	0.005	417	663	0.807	0.329	0.005	0.024
With secondary or higher education	0.601	0.031	417	663	1.290	0.052	0.539	0.663
Know any contraceptive method	0.957	0.011	417	663	1.130	0.012	0.935	0.980
Know any modern contraceptive method	0.933	0.012	417	663	0.976	0.013	0.909	0.957

NA = Not applicable

Table C.6 Sampling errors: West Sumatera sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.396	0.030	1106	705	2.066	0.077	0.335	0.457
Literate	0.911	0.010	1106	705	1.130	0.011	0.891	0.930
No education	0.026	0.005	1106	705	1.082	0.200	0.015	0.036
With secondary or higher education	0.585	0.028	1106	705	1.903	0.048	0.529	0.641
Currently married	0.947	0.007	1106	705	1.022	0.007	0.934	0.961
Currently pregnant	0.057	0.007	1810	1018	0.895	0.125	0.043	0.072
Children ever born	3.102	0.126	1041	668	1.818	0.041	2.850	3.354
Children surviving	2.817	0.102	1041	668	1.710	0.036	2.613	3.021
Children ever born to women over 40	4.763	0.223	348	231	1.725	0.047	4.317	5.208
Know any contraceptive method	0.973	0.011	1041	668	2.250	0.012	0.950	0.995
Ever used any contraceptive method	0.763	0.029	1041	668	2.198	0.038	0.705	0.821
Currently using any method	0.529	0.036	1041	668	2.317	0.068	0.457	0.600
Currently using pill	0.091	0.020	1041	668	2.191	0.215	0.052	0.130
Currently using IUD	0.061	0.009	1041	668	1.150	0.140	0.044	0.078
Currently using female sterilization	0.034	0.009	1041	668	1.563	0.259	0.016	0.051
Currently using periodic abstinence	0.028	0.008	1041	668	1.547	0.282	0.012	0.044
Using public sector source	0.288	0.023	491	308	1.103	0.078	0.243	0.333
Want no more children	0.460	0.017	1041	668	1.111	0.037	0.426	0.494
Want to delay at least 2 years	0.244	0.022	1041	668	1.620	0.088	0.201	0.287
Ideal number of children	3.304	0.117	857	559	2.408	0.036	3.069	3.539
Mothers received tetanus injection	0.724	0.039	583	368	2.090	0.054	0.646	0.802
Mothers received medical care at birth	0.798	0.039	734	464	2.210	0.048	0.721	0.875
Had diarrhea in the last two weeks	0.143	0.017	703	445	1.238	0.118	0.109	0.177
Treated with ORS packets	0.408	0.067	105	64	1.278	0.164	0.274	0.541
Sought medical treatment	0.555	0.053	105	64	1.021	0.096	0.449	0.661
Having health card	0.439	0.066	129	80	1.483	0.151	0.306	0.571
Received BCG vaccination	0.840	0.049	129	80	1.507	0.059	0.741	0.939
Received DPT vaccination (3 doses)	0.665	0.056	129	80	1.315	0.084	0.553	0.776
Received polio vaccination (3 doses)	0.762	0.046	129	80	1.218	0.061	0.669	0.855
Received measles vaccination	0.660	0.056	129	80	1.313	0.085	0.548	0.771
Received all vaccinations	0.586	0.056	129	80	1.267	0.096	0.474	0.698
Total fertility rate 0-3 years	3.228	0.138	NA	2614	1.097	0.043	2.952	3.504
Perinatal mortality (0-4 years)	35.643	5.969	747	475	0.848	0.167	23.71	47.58
Neonatal mortality last 10 years	28.400	6.407	1487	925	1.370	0.226	15.586	41.214
Post-neonatal mortality last 10 years	19.156	6.682	1491	928	1.624	0.349	5.792	32.521
Infant mortality last 10 years	47.556	8.281	1491	928	1.370	0.174	30.995	64.118
Child mortality last 10 years	11.764	3.216	1489	926	1.029	0.273	5.332	18.197
Under-five mortality last 10 years	58.761	9.911	1493	929	1.415	0.169	38.940	78.583
MEN								
Urban residence	0.376	0.041	285	182	1.437	0.110	0.293	0.459
No education	0.038	0.012	285	182	1.081	0.322	0.014	0.063
With secondary or higher education	0.524	0.046	285	182	1.552	0.088	0.432	0.616
Know any contraceptive method	0.958	0.016	285	182	1.327	0.017	0.926	0.989
Know any modern contraceptive method	0.956	0.016	285	182	1.314	0.017	0.925	0.988

NA = Not applicable

Table C.7 Sampling errors: Riau sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.495	0.040	1139	660	2.701	0.081	0.414	0.575
Literate	0.882	0.016	1139	660	1.718	0.019	0.849	0.915
No education	0.045	0.011	1139	660	1.728	0.236	0.024	0.066
With secondary or higher education	0.497	0.035	1139	660	2.338	0.070	0.428	0.567
Currently married	0.964	0.005	1139	660	0.859	0.005	0.954	0.973
Currently pregnant	0.050	0.006	1541	888	1.072	0.121	0.038	0.062
Children ever born	2.898	0.119	1093	636	1.915	0.041	2.660	3.135
Children surviving	2.672	0.101	1093	636	1.806	0.038	2.471	2.874
Children ever born to women over 40	4.687	0.196	301	172	1.506	0.042	4.296	5.078
Know any contraceptive method	0.992	0.003	1093	636	0.946	0.003	0.986	0.997
Ever used any contraceptive method	0.819	0.016	1093	636	1.372	0.020	0.787	0.851
Currently using any method	0.578	0.021	1093	636	1.402	0.036	0.536	0.620
Currently using pill	0.176	0.016	1093	636	1.404	0.092	0.144	0.209
Currently using IUD	0.026	0.005	1093	636	0.997	0.185	0.016	0.036
Currently using female sterilization	0.013	0.005	1093	636	1.376	0.358	0.004	0.023
Currently using periodic abstinence	0.010	0.003	1093	636	1.092	0.329	0.003	0.017
Using public sector source	0.328	0.026	598	356	1.347	0.079	0.276	0.380
Want no more children	0.462	0.016	1093	636	1.065	0.035	0.430	0.494
Want to delay at least 2 years	0.261	0.016	1093	636	1.171	0.060	0.230	0.292
Ideal number of children	3.230	0.057	896	509	1.317	0.018	3.116	3.345
Mothers received tetanus injection	0.617	0.030	578	342	1.518	0.049	0.557	0.678
Mothers received medical care at birth	0.740	0.034	716	430	1.801	0.046	0.672	0.809
Had diarrhea in the last two weeks	0.061	0.008	682	413	0.866	0.134	0.045	0.077
Treated with ORS packets	0.349	0.072	49	25	0.957	0.207	0.205	0.494
Sought medical treatment	0.559	0.070	49	25	0.880	0.125	0.420	0.698
Having health card	0.352	0.052	134	81	1.274	0.146	0.249	0.456
Received BCG vaccination	0.836	0.032	134	81	1.031	0.039	0.772	0.901
Received DPT vaccination (3 doses)	0.633	0.052	134	81	1.277	0.082	0.529	0.737
Received polio vaccination (3 doses)	0.700	0.041	134	81	1.065	0.059	0.617	0.783
Received measles vaccination	0.754	0.045	134	81	1.240	0.060	0.663	0.844
Received all vaccinations	0.572	0.045	134	81	1.061	0.078	0.483	0.661
Total fertility rate 0-3 years	3.208	0.200	NA	2503	1.445	0.062	2.809	3.608
Perinatal mortality (0-4 years)	21.676	4.521	718	431	0.808	0.209	12.634	30.717
Neonatal mortality last 10 years	25.937	4.781	1427	845	1.068	0.184	16.375	35.499
Post-neonatal mortality last 10 years	16.914	7.585	1430	848	2.078	0.448	1.744	32.085
Infant mortality last 10 years	42.851	7.827	1430	848	1.288	0.183	27.198	58.504
Child mortality last 10 years	18.085	4.131	1435	850	1.270	0.228	9.822	26.348
Under-five mortality last 10 years	60.161	8.885	1438	853	1.303	0.148	42.392	77.931
MEN								
Urban residence	0.532	0.038	335	199	1.381	0.071	0.456	0.607
No education	0.031	0.011	335	199	1.129	0.343	0.010	0.053
With secondary or higher education	0.589	0.035	335	199	1.306	0.060	0.519	0.659
Know any contraceptive method	0.964	0.019	335	199	1.819	0.019	0.927	1.001
Know any modern contraceptive method	0.964	0.019	335	199	1.819	0.019	0.927	1.001

NA = Not applicable

Table C.8 Sampling errors: Jambi sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.280	0.030	1017	382	2.096	0.106	0.220	0.339
Literate	0.865	0.018	1017	382	1.701	0.021	0.829	0.902
No education	0.072	0.012	1017	382	1.441	0.162	0.049	0.095
With secondary or higher education	0.400	0.040	1017	382	2.595	0.100	0.320	0.480
Currently married	0.924	0.015	1017	382	1.754	0.016	0.895	0.953
Currently pregnant	0.067	0.014	1324	481	2.020	0.207	0.039	0.094
Children ever born	2.558	0.122	932	353	1.883	0.048	2.314	2.803
Children surviving	2.361	0.111	932	353	1.963	0.047	2.138	2.583
Children ever born to women over 40	4.465	0.236	266	100	1.794	0.053	3.992	4.937
Know any contraceptive method	0.992	0.005	932	353	1.603	0.005	0.982	1.001
Ever used any contraceptive method	0.773	0.023	932	353	1.664	0.030	0.728	0.819
Currently using any method	0.590	0.024	932	353	1.500	0.041	0.542	0.639
Currently using pill	0.154	0.016	932	353	1.344	0.103	0.122	0.186
Currently using IUD	0.046	0.009	932	353	1.351	0.201	0.028	0.065
Currently using female sterilization	0.009	0.003	932	353	1.030	0.359	0.002	0.015
Currently using periodic abstinence	0.004	0.002	932	353	0.809	0.420	0.001	0.007
Using public sector source	0.422	0.040	534	206	1.891	0.096	0.341	0.502
Want no more children	0.486	0.034	932	353	2.065	0.070	0.419	0.554
Want to delay at least 2 years	0.264	0.026	932	353	1.793	0.098	0.213	0.316
Ideal number of children	2.931	0.087	880	333	2.086	0.030	2.756	3.105
Mothers received tetanus injection	0.625	0.041	455	168	1.777	0.065	0.544	0.707
Mothers received medical care at birth	0.705	0.060	537	198	2.671	0.085	0.586	0.824
Had diarrhea in the last two weeks	0.081	0.023	513	189	1.827	0.285	0.035	0.127
Treated with ORS packets	0.525	0.077	40	15	0.941	0.147	0.370	0.679
Sought medical treatment	0.360	0.178	40	15	2.230	0.495	0.003	0.717
Having health card	0.321	0.101	94	32	1.997	0.316	0.118	0.523
Received BCG vaccination	0.847	0.049	94	32	1.247	0.058	0.749	0.944
Received DPT vaccination (3 doses)	0.516	0.077	94	32	1.412	0.148	0.363	0.670
Received polio vaccination (3 doses)	0.568	0.082	94	32	1.526	0.145	0.404	0.732
Received measles vaccination	0.732	0.060	94	32	1.255	0.083	0.611	0.853
Received all vaccinations	0.506	0.078	94	32	1.435	0.154	0.350	0.662
Total fertility rate 0-3 years	2.739	0.193	NA	1457	1.581	0.071	2.352	3.125
Perinatal mortality (0-4 years)	14.785	5.832	541	199	1.118	0.394	3.122	26.449
Neonatal mortality last 10 years	13.957	4.700	1121	411	1.041	0.337	4.558	23.356
Post-neonatal mortality last 10 years	27.536	9.740	1125	413	1.854	0.354	8.056	47.015
Infant mortality last 10 years	41.493	9.976	1125	413	1.493	0.240	21.540	61.445
Child mortality last 10 years	9.973	4.075	1124	412	1.281	0.409	1.824	18.122
Under-five mortality last 10 years	51.052	9.922	1128	414	1.343	0.194	31.207	70.897
MEN								
Urban residence	0.279	0.034	300	114	1.296	0.121	0.211	0.346
No education	0.024	0.009	300	114	1.048	0.387	0.005	0.043
With secondary or higher education	0.499	0.045	300	114	1.548	0.090	0.409	0.588
Know any contraceptive method	0.970	0.011	300	114	1.152	0.012	0.947	0.993
Know any modern contraceptive method	0.968	0.012	300	114	1.183	0.012	0.944	0.992

NA = Not applicable

Table C.9 Sampling errors: South Sumatera sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.300	0.037	1242	809	2.871	0.125	0.225	0.374
Literate	0.928	0.013	1242	809	1.824	0.014	0.901	0.955
No education	0.041	0.010	1242	809	1.828	0.249	0.021	0.062
With secondary or higher education	0.340	0.027	1242	809	1.995	0.079	0.286	0.394
Currently married	0.954	0.006	1242	809	1.059	0.007	0.941	0.967
Currently pregnant	0.025	0.004	1788	1157	0.995	0.154	0.017	0.033
Children ever born	3.076	0.071	1187	772	1.204	0.023	2.934	3.218
Children surviving	2.865	0.059	1187	772	1.110	0.021	2.746	2.983
Children ever born to women over 40	4.364	0.139	445	289	1.396	0.032	4.085	4.643
Know any contraceptive method	0.999	0.001	1187	772	0.869	0.001	0.998	1.001
Ever used any contraceptive method	0.782	0.015	1187	772	1.220	0.019	0.752	0.811
Currently using any method	0.614	0.018	1187	772	1.261	0.029	0.578	0.650
Currently using pill	0.099	0.015	1187	772	1.680	0.147	0.070	0.128
Currently using IUD	0.024	0.006	1187	772	1.320	0.243	0.012	0.036
Currently using female sterilization	0.046	0.007	1187	772	1.179	0.157	0.031	0.060
Currently using periodic abstinence	0.019	0.007	1187	772	1.718	0.360	0.005	0.032
Using public sector source	0.276	0.033	708	453	1.963	0.120	0.210	0.342
Want no more children	0.535	0.016	1187	772	1.075	0.029	0.504	0.566
Want to delay at least 2 years	0.176	0.016	1187	772	1.448	0.091	0.144	0.208
Ideal number of children	3.175	0.051	934	598	1.312	0.016	3.073	3.277
Mothers received tetanus injection	0.750	0.034	476	311	1.737	0.046	0.682	0.819
Mothers received medical care at birth	0.763	0.047	573	382	2.339	0.061	0.670	0.857
Had diarrhea in the last two weeks	0.033	0.012	554	368	1.487	0.376	0.008	0.057
Treated with ORS packets	0.371	0.137	17	12	1.116	0.369	0.097	0.644
Sought medical treatment	0.510	0.141	17	12	1.095	0.277	0.228	0.792
Having health card	0.125	0.040	91	59	1.131	0.315	0.046	0.204
Received BCG vaccination	0.882	0.035	91	59	1.040	0.040	0.812	0.953
Received DPT vaccination (3 doses)	0.560	0.081	91	59	1.531	0.145	0.398	0.722
Received polio vaccination (3 doses)	0.703	0.058	91	59	1.205	0.083	0.586	0.820
Received measles vaccination	0.782	0.046	91	59	1.055	0.059	0.690	0.874
Received all vaccinations	0.507	0.077	91	59	1.443	0.152	0.353	0.662
Total fertility rate 0-3 years	2.298	0.176	NA	2931	1.449	0.076	1.947	2.649
Perinatal mortality (0-4 years)	24.686	7.621	576	383	1.208	0.309	9.445	39.927
Neonatal mortality last 10 years	18.937	6.057	1267	853	1.489	0.320	6.824	31.051
Post-neonatal mortality last 10 years	11.539	3.092	1269	854	1.002	0.268	5.354	17.724
Infant mortality last 10 years	30.476	7.262	1269	854	1.415	0.238	15.952	45.001
Child mortality last 10 years	18.679	6.079	1276	861	1.572	0.325	6.521	30.838
Under-five mortality last 10 years	48.587	9.135	1278	863	1.453	0.188	30.316	66.857
MEN								
Urban residence	0.280	0.041	390	259	1.794	0.146	0.198	0.361
No education	0.030	0.010	390	259	1.112	0.320	0.011	0.049
With secondary or higher education	0.449	0.033	390	259	1.301	0.073	0.383	0.515
Know any contraceptive method	0.981	0.008	390	259	1.181	0.008	0.965	0.997
Know any modern contraceptive method	0.981	0.008	390	259	1.181	0.008	0.965	0.997

NA = Not applicable

Table C.10 Sampling errors: Bengkulu sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.310	0.042	871	159	2.663	0.135	0.226	0.393
Literate	0.894	0.015	871	159	1.447	0.017	0.864	0.925
No education	0.059	0.012	871	159	1.486	0.201	0.035	0.083
With secondary or higher education	0.466	0.035	871	159	2.061	0.075	0.396	0.536
Currently married	0.944	0.007	871	159	0.956	0.008	0.929	0.959
Currently pregnant	0.042	0.008	1152	207	1.408	0.197	0.025	0.058
Children ever born	3.092	0.092	822	150	1.343	0.030	2.909	3.276
Children surviving	2.731	0.078	822	150	1.370	0.029	2.576	2.887
Children ever born to women over 40	4.809	0.217	259	47	1.766	0.045	4.375	5.243
Know any contraceptive method	0.998	0.002	822	150	0.948	0.002	0.995	1.001
Ever used any contraceptive method	0.889	0.009	822	150	0.862	0.011	0.870	0.908
Currently using any method	0.682	0.020	822	150	1.233	0.029	0.642	0.723
Currently using pill	0.130	0.014	822	150	1.155	0.104	0.103	0.157
Currently using IUD	0.063	0.016	822	150	1.877	0.252	0.031	0.095
Currently using female sterilization	0.035	0.007	822	150	1.046	0.192	0.021	0.048
Currently using periodic abstinence	0.015	0.006	822	150	1.308	0.365	0.004	0.027
Using public sector source	0.261	0.023	528	96	1.188	0.087	0.215	0.306
Want no more children	0.549	0.022	822	150	1.246	0.039	0.506	0.593
Want to delay at least 2 years	0.252	0.017	822	150	1.121	0.067	0.218	0.286
Ideal number of children	3.111	0.052	744	137	1.167	0.017	3.006	3.216
Mothers received tetanus injection	0.798	0.033	413	76	1.705	0.042	0.731	0.865
Mothers received medical care at birth	0.686	0.069	484	90	2.877	0.101	0.547	0.825
Had diarrhea in the last two weeks	0.082	0.013	465	86	0.989	0.155	0.056	0.107
Treated with ORS packets	0.255	0.074	40	7	1.054	0.292	0.106	0.403
Sought medical treatment	0.509	0.081	40	7	0.997	0.160	0.346	0.672
Having health card	0.512	0.057	103	20	1.172	0.111	0.398	0.625
Received BCG vaccination	0.936	0.028	103	20	1.212	0.030	0.879	0.992
Received DPT vaccination (3 doses)	0.763	0.047	103	20	1.118	0.061	0.670	0.857
Received polio vaccination (3 doses)	0.840	0.036	103	20	0.989	0.043	0.768	0.913
Received measles vaccination	0.823	0.044	103	20	1.172	0.054	0.734	0.912
Received all vaccinations	0.683	0.044	103	20	0.964	0.064	0.595	0.770
Total fertility rate 0-3 years	2.963	0.206	NA	586	1.517	0.069	2.552	3.375
Perinatal mortality (0-4 years)	22.937	7.549	489	91	1.092	0.329	7.840	38.035
Neonatal mortality last 10 years	27.497	6.610	991	181	1.220	0.240	14.277	40.718
Post-neonatal mortality last 10 years	25.248	6.286	993	182	1.187	0.249	12.675	37.821
Infant mortality last 10 years	52.745	7.362	993	182	0.973	0.140	38.021	67.470
Child mortality last 10 years	16.608	3.704	999	183	0.926	0.223	9.200	24.016
Under-five mortality last 10 years	68.477	7.456	1001	183	0.874	0.109	53.565	83.390
MEN								
Urban residence	0.299	0.046	241	44	1.548	0.153	0.207	0.390
No education	0.028	0.012	241	44	1.084	0.411	0.005	0.051
With secondary or higher education	0.559	0.047	241	44	1.479	0.085	0.465	0.654
Know any contraceptive method	0.979	0.016	241	44	1.711	0.016	0.947	1.011
Know any modern contraceptive method	0.979	0.016	241	44	1.711	0.016	0.947	1.011

NA = Not applicable

Table C.11 Sampling errors: Lampung sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.275	0.030	1050	984	2.173	0.109	0.215	0.335
Literate	0.875	0.012	1050	984	1.190	0.014	0.851	0.899
No education	0.052	0.008	1050	984	1.228	0.162	0.035	0.068
With secondary or higher education	0.327	0.035	1050	984	2.385	0.106	0.258	0.396
Currently married	0.961	0.007	1050	984	1.214	0.008	0.947	0.976
Currently pregnant	0.044	0.007	1440	1264	1.126	0.154	0.031	0.058
Children ever born	2.991	0.078	1006	946	1.169	0.026	2.834	3.148
Children surviving	2.737	0.073	1006	946	1.218	0.027	2.590	2.884
Children ever born to women over 40	4.814	0.182	307	282	1.317	0.038	4.449	5.178
Know any contraceptive method	0.997	0.001	1006	946	0.633	0.001	0.995	0.999
Ever used any contraceptive method	0.860	0.016	1006	946	1.467	0.019	0.828	0.892
Currently using any method	0.614	0.021	1006	946	1.338	0.033	0.573	0.656
Currently using pill	0.136	0.018	1006	946	1.707	0.136	0.099	0.173
Currently using IUD	0.042	0.009	1006	946	1.377	0.208	0.024	0.059
Currently using female sterilization	0.018	0.005	1006	946	1.236	0.289	0.008	0.028
Currently using periodic abstinence	0.011	0.005	1006	946	1.601	0.474	0.001	0.022
Using public sector source	0.218	0.037	611	557	2.210	0.170	0.144	0.292
Want no more children	0.528	0.019	1006	946	1.180	0.035	0.490	0.565
Want to delay at least 2 years	0.278	0.020	1006	946	1.439	0.073	0.237	0.319
Ideal number of children	3.038	0.067	936	876	1.888	0.022	2.904	3.172
Mothers received tetanus injection	0.726	0.021	477	442	1.003	0.028	0.685	0.767
Mothers received medical care at birth	0.624	0.048	572	530	2.122	0.077	0.528	0.719
Had diarrhea in the last two weeks	0.092	0.020	549	509	1.551	0.218	0.052	0.132
Treated with ORS packets	0.303	0.075	52	47	1.117	0.247	0.153	0.452
Sought medical treatment	0.428	0.089	52	47	1.206	0.207	0.251	0.606
Having health card	0.402	0.088	106	103	1.818	0.219	0.226	0.579
Received BCG vaccination	0.877	0.029	106	103	0.924	0.033	0.819	0.935
Received DPT vaccination (3 doses)	0.610	0.053	106	103	1.082	0.087	0.505	0.716
Received polio vaccination (3 doses)	0.715	0.052	106	103	1.194	0.073	0.610	0.819
Received measles vaccination	0.798	0.057	106	103	1.398	0.071	0.685	0.912
Received all vaccinations	0.463	0.062	106	103	1.264	0.134	0.338	0.587
Total fertility rate 0-3 years	2.670	0.219	NA	3477	1.399	0.082	2.232	3.108
Perinatal mortality (0-4 years)	47.987	9.138	583	543	0.954	0.190	29.711	66.263
Neonatal mortality last 10 years	23.511	6.080	1199	1112	1.366	0.259	11.351	35.671
Post-neonatal mortality last 10 years	31.394	8.301	1201	1114	1.617	0.264	14.791	47.996
Infant mortality last 10 years	54.905	11.061	1202	1116	1.587	0.201	32.783	77.026
Child mortality last 10 years	9.968	3.031	1202	1113	1.075	0.304	3.906	16.031
Under-five mortality last 10 years	64.325	11.674	1206	1120	1.563	0.181	40.978	87.673
MEN								
Urban residence	0.257	0.029	271	261	1.097	0.114	0.198	0.315
No education	0.029	0.010	271	261	0.987	0.347	0.009	0.049
With secondary or higher education	0.450	0.044	271	261	1.442	0.097	0.363	0.538
Know any contraceptive method	0.993	0.005	271	261	1.027	0.005	0.983	1.003
Know any modern contraceptive method	0.993	0.005	271	261	1.027	0.005	0.983	1.003

NA = Not applicable

Table C.12 Sampling errors: Bangka Belitung sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.498	0.047	647	128	2.367	0.094	0.405	0.591
Literate	0.871	0.015	647	128	1.104	0.017	0.842	0.901
No education	0.093	0.010	647	128	0.865	0.106	0.073	0.113
With secondary or higher education	0.305	0.029	647	128	1.589	0.094	0.248	0.363
Currently married	0.959	0.007	647	128	0.952	0.008	0.944	0.974
Currently pregnant	0.029	0.005	935	188	0.940	0.186	0.018	0.039
Children ever born	2.782	0.090	616	122	1.167	0.032	2.602	2.962
Children surviving	2.594	0.069	616	122	0.983	0.026	2.457	2.731
Children ever born to women over 40	4.132	0.165	198	36	1.033	0.040	3.803	4.462
Know any contraceptive method	0.976	0.009	616	122	1.487	0.009	0.958	0.995
Ever used any contraceptive method	0.829	0.021	616	122	1.391	0.025	0.786	0.871
Currently using any method	0.651	0.031	616	122	1.630	0.048	0.589	0.714
Currently using pill	0.271	0.057	616	122	3.177	0.210	0.157	0.385
Currently using IUD	0.016	0.006	616	122	1.209	0.380	0.004	0.028
Currently using female sterilization	0.021	0.006	616	122	1.040	0.289	0.009	0.033
Currently using periodic abstinence	0.013	0.005	616	122	1.141	0.401	0.003	0.023
Using public sector source	0.194	0.030	382	78	1.467	0.153	0.134	0.253
Want no more children	0.515	0.022	616	122	1.099	0.043	0.471	0.559
Want to delay at least 2 years	0.198	0.014	616	122	0.860	0.070	0.170	0.226
Ideal number of children	2.977	0.077	563	109	1.438	0.026	2.823	3.130
Mothers received tetanus injection	0.655	0.032	289	57	1.147	0.049	0.591	0.719
Mothers received medical care at birth	0.667	0.051	348	69	1.854	0.076	0.565	0.769
Had diarrhea in the last two weeks	0.094	0.020	333	66	1.207	0.218	0.053	0.135
Treated with ORS packets	0.491	0.092	33	6	0.961	0.188	0.307	0.676
Sought medical treatment	0.492	0.113	33	6	1.186	0.231	0.265	0.719
Having health card	0.487	0.056	63	13	0.849	0.115	0.375	0.598
Received BCG vaccination	0.779	0.063	63	13	1.165	0.081	0.652	0.905
Received DPT vaccination (3 doses)	0.675	0.065	63	13	1.093	0.097	0.544	0.806
Received polio vaccination (3 doses)	0.728	0.065	63	13	1.140	0.090	0.597	0.859
Received measles vaccination	0.714	0.062	63	13	1.064	0.087	0.591	0.838
Received all vaccinations	0.649	0.069	63	13	1.144	0.107	0.510	0.787
Total fertility rate 0-3 years	2.418	0.190	NA	491	1.122	0.079	2.038	2.798
Perinatal mortality (0-4 years)	30.409	9.488	349	69	0.962	0.312	11.433	49.385
Neonatal mortality last 10 years	27.760	6.778	712	144	1.040	0.244	14.205	41.315
Post-neonatal mortality last 10 years	14.992	4.756	713	144	1.133	0.317	5.479	24.504
Infant mortality last 10 years	42.752	8.728	713	144	1.147	0.204	25.297	60.208
Child mortality last 10 years	4.280	2.334	713	144	0.948	0.545	0.000	8.948
Under-five mortality last 10 years	46.850	9.277	714	144	1.158	0.198	28.295	65.404
MEN								
Urban residence	0.495	0.050	196	40	1.389	0.100	0.396	0.595
No education	0.035	0.015	196	40	1.166	0.438	0.004	0.066
With secondary or higher education	0.394	0.040	196	40	1.153	0.102	0.314	0.475
Know any contraceptive method	0.975	0.015	196	40	1.375	0.016	0.944	1.006
Know any modern contraceptive method	0.971	0.015	196	40	1.232	0.015	0.941	1.000

NA = Not applicable

Table C.13 Sampling errors: DKI Jakarta sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1882	1024	NA	0.000	1.000	1.000
Literate	0.942	0.007	1882	1024	1.350	0.008	0.927	0.956
No education	0.034	0.006	1882	1024	1.312	0.161	0.023	0.045
With secondary or higher education	0.607	0.019	1882	1024	1.669	0.031	0.569	0.645
Currently married	0.898	0.012	1882	1024	1.730	0.013	0.874	0.922
Currently pregnant	0.038	0.003	2800	1564	0.817	0.082	0.032	0.045
Children ever born	2.333	0.042	1694	919	1.017	0.018	2.248	2.417
Children surviving	2.190	0.037	1694	919	0.994	0.017	2.115	2.264
Children ever born to women over 40	3.468	0.117	598	311	1.394	0.034	3.233	3.703
Know any contraceptive method	0.998	0.002	1694	919	1.759	0.002	0.994	1.002
Ever used any contraceptive method	0.861	0.008	1694	919	1.006	0.010	0.844	0.878
Currently using any method	0.632	0.013	1694	919	1.097	0.020	0.606	0.658
Currently using pill	0.126	0.010	1694	919	1.235	0.079	0.106	0.146
Currently using IUD	0.100	0.012	1694	919	1.686	0.123	0.075	0.124
Currently using female sterilization	0.028	0.005	1694	919	1.204	0.173	0.018	0.038
Currently using periodic abstinence	0.035	0.005	1694	919	1.038	0.132	0.026	0.044
Using public sector source	0.170	0.018	960	535	1.515	0.108	0.133	0.206
Want no more children	0.509	0.016	1694	919	1.322	0.032	0.477	0.542
Want to delay at least 2 years	0.257	0.014	1694	919	1.352	0.056	0.228	0.286
Ideal number of children	2.646	0.034	1702	924	1.513	0.013	2.578	2.714
Mothers received tetanus injection	0.756	0.017	785	436	1.134	0.023	0.722	0.791
Mothers received medical care at birth	0.942	0.015	921	514	1.573	0.016	0.913	0.971
Had diarrhea in the last two weeks	0.078	0.012	891	497	1.279	0.156	0.054	0.102
Treated with ORS packets	0.465	0.071	71	39	1.110	0.152	0.324	0.607
Sought medical treatment	0.588	0.061	71	39	0.976	0.105	0.465	0.711
Having health card	0.286	0.038	174	96	1.130	0.134	0.209	0.363
Received BCG vaccination	0.952	0.023	174	96	1.449	0.024	0.906	0.999
Received DPT vaccination (3 doses)	0.760	0.033	174	96	1.038	0.044	0.693	0.826
Received polio vaccination (3 doses)	0.855	0.032	174	96	1.214	0.038	0.791	0.920
Received measles vaccination	0.804	0.039	174	96	1.293	0.048	0.727	0.881
Received all vaccinations	0.670	0.040	174	96	1.118	0.059	0.591	0.749
Total fertility rate 0-3 years	2.215	0.106	NA	4120	1.294	0.048	2.003	2.427
Perinatal mortality (0-4 years)	17.370	6.584	925	516	1.332	0.379	4.202	30.537
Neonatal mortality last 10 years	17.525	4.278	1706	950	1.192	0.244	8.968	26.082
Post-neonatal mortality last 10 years	17.007	3.491	1706	950	1.121	0.205	10.024	23.990
Infant mortality last 10 years	34.532	6.008	1706	950	1.298	0.174	22.516	46.548
Child mortality last 10 years	6.437	2.294	1709	951	1.122	0.356	1.850	11.024
Under-five mortality last 10 years	40.747	6.466	1709	951	1.290	0.159	27.815	53.678
MEN								
Urban residence	1.000	0.000	561	310	NA	0.000	1.000	1.000
No education	0.008	0.003	561	310	0.814	0.383	0.002	0.014
With secondary or higher education	0.736	0.022	561	310	1.203	0.030	0.691	0.781
Know any contraceptive method	1.000	0.000	561	310	NA	0.000	1.000	1.000
Know any modern contraceptive method	1.000	0.000	561	310	NA	0.000	1.000	1.000

NA = Not applicable

Table C.14 Sampling errors: West Java sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.555	0.028	1641	5797	2.252	0.050	0.500	0.611
Literate	0.891	0.012	1641	5797	1.600	0.014	0.866	0.915
No education	0.077	0.011	1641	5797	1.667	0.143	0.055	0.099
With secondary or higher education	0.296	0.017	1641	5797	1.520	0.058	0.262	0.330
Currently married	0.955	0.005	1641	5797	1.035	0.006	0.945	0.966
Currently pregnant	0.044	0.006	2125	7207	1.271	0.142	0.032	0.057
Children ever born	2.857	0.083	1567	5539	1.498	0.029	2.691	3.023
Children surviving	2.553	0.067	1567	5539	1.468	0.026	2.419	2.688
Children ever born to women over 40	4.785	0.193	446	1565	1.613	0.040	4.399	5.170
Know any contraceptive method	0.996	0.002	1567	5539	0.965	0.002	0.993	0.999
Ever used any contraceptive method	0.862	0.016	1567	5539	1.789	0.018	0.831	0.893
Currently using any method	0.590	0.024	1567	5539	1.937	0.041	0.542	0.638
Currently using pill	0.158	0.014	1567	5539	1.480	0.086	0.131	0.186
Currently using IUD	0.036	0.007	1567	5539	1.582	0.207	0.021	0.051
Currently using female sterilization	0.023	0.004	1567	5539	1.034	0.169	0.016	0.031
Currently using periodic abstinence	0.007	0.003	1567	5539	1.387	0.423	0.001	0.013
Using public sector source	0.190	0.017	906	3205	1.297	0.089	0.156	0.224
Want no more children	0.511	0.015	1567	5539	1.167	0.029	0.482	0.541
Want to delay at least 2 years	0.232	0.011	1567	5539	1.074	0.049	0.209	0.255
Ideal number of children	2.915	0.050	1296	4387	1.584	0.017	2.815	3.015
Mothers received tetanus injection	0.740	0.023	743	2705	1.440	0.031	0.694	0.785
Mothers received medical care at birth	0.486	0.042	846	3090	2.284	0.087	0.402	0.571
Had diarrhea in the last two weeks	0.151	0.021	809	2969	1.643	0.140	0.108	0.193
Treated with ORS packets	0.350	0.047	109	448	1.081	0.134	0.256	0.444
Sought medical treatment	0.530	0.050	109	448	1.064	0.094	0.430	0.630
Having health card	0.296	0.054	167	552	1.488	0.184	0.187	0.404
Received BCG vaccination	0.791	0.043	167	552	1.338	0.055	0.704	0.878
Received DPT vaccination (3 doses)	0.483	0.042	167	552	1.056	0.087	0.398	0.567
Received polio vaccination (3 doses)	0.581	0.051	167	552	1.297	0.088	0.478	0.683
Received measles vaccination	0.717	0.050	167	552	1.393	0.070	0.616	0.817
Received all vaccinations	0.414	0.042	167	552	1.079	0.103	0.329	0.499
Total fertility rate 0-3 years	2.790	0.133	NA	22844	1.197	0.048	2.523	3.057
Perinatal mortality (0-4 years)	23.749	6.312	851	3110	1.122	0.266	11.125	36.374
Neonatal mortality last 10 years	24.795	5.046	1784	6609	1.264	0.204	14.703	34.887
Post-neonatal mortality last 10 years	18.907	4.003	1784	6610	1.036	0.212	10.901	26.913
Infant mortality last 10 years	43.702	7.570	1785	6612	1.316	0.173	28.563	58.841
Child mortality last 10 years	6.474	2.101	1785	6614	1.140	0.325	2.271	10.677
Under-five mortality last 10 years	49.893	8.185	1787	6618	1.327	0.164	33.523	66.262
MEN								
Urban residence	0.570	0.026	458	1614	1.139	0.046	0.518	0.623
No education	0.029	0.009	458	1614	1.149	0.309	0.011	0.048
With secondary or higher education	0.343	0.023	458	1614	1.033	0.067	0.297	0.389
Know any contraceptive method	0.987	0.005	458	1614	1.001	0.005	0.977	0.998
Know any modern contraceptive method	0.985	0.006	458	1614	1.002	0.006	0.974	0.997

NA = Not applicable

Table C.15 Sampling errors: Central Java sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.408	0.022	1569	4234	1.769	0.054	0.364	0.452
Literate	0.833	0.016	1569	4234	1.651	0.019	0.802	0.864
No education	0.101	0.012	1569	4234	1.639	0.124	0.076	0.126
With secondary or higher education	0.303	0.021	1569	4234	1.777	0.068	0.262	0.344
Currently married	0.952	0.006	1569	4234	1.135	0.006	0.940	0.964
Currently pregnant	0.034	0.005	2039	5573	1.034	0.133	0.025	0.043
Children ever born	2.509	0.066	1493	4031	1.406	0.026	2.377	2.641
Children surviving	2.304	0.051	1493	4031	1.247	0.022	2.203	2.406
Children ever born to women over 40	3.693	0.147	527	1394	1.624	0.040	3.400	3.987
Know any contraceptive method	0.990	0.003	1493	4031	1.155	0.003	0.984	0.996
Ever used any contraceptive method	0.830	0.011	1493	4031	1.118	0.013	0.808	0.852
Currently using any method	0.650	0.018	1493	4031	1.484	0.028	0.613	0.686
Currently using pill	0.088	0.012	1493	4031	1.654	0.138	0.063	0.112
Currently using IUD	0.061	0.008	1493	4031	1.326	0.134	0.045	0.078
Currently using female sterilization	0.053	0.007	1493	4031	1.206	0.132	0.039	0.067
Currently using periodic abstinence	0.015	0.003	1493	4031	0.923	0.191	0.010	0.021
Using public sector source	0.278	0.025	934	2509	1.680	0.089	0.229	0.328
Want no more children	0.514	0.014	1493	4031	1.111	0.028	0.486	0.543
Want to delay at least 2 years	0.247	0.016	1493	4031	1.441	0.065	0.215	0.280
Ideal number of children	2.766	0.075	1491	4025	2.748	0.027	2.617	2.915
Mothers received tetanus injection	0.837	0.030	586	1612	1.980	0.036	0.777	0.897
Mothers received medical care at birth	0.673	0.047	648	1784	2.368	0.070	0.579	0.766
Had diarrhea in the last two weeks	0.079	0.012	629	1731	0.998	0.148	0.055	0.102
Treated with ORS packets	0.312	0.070	48	136	1.019	0.225	0.172	0.453
Sought medical treatment	0.687	0.062	48	136	0.873	0.090	0.564	0.810
Having health card	0.369	0.059	120	323	1.335	0.160	0.251	0.487
Received BCG vaccination	0.871	0.052	120	323	1.694	0.060	0.767	0.975
Received DPT vaccination (3 doses)	0.736	0.049	120	323	1.206	0.066	0.638	0.833
Received polio vaccination (3 doses)	0.787	0.045	120	323	1.168	0.057	0.697	0.876
Received measles vaccination	0.759	0.052	120	323	1.316	0.068	0.656	0.862
Received all vaccinations	0.635	0.055	120	323	1.235	0.087	0.525	0.745
Total fertility rate 0-3 years	2.144	0.141	NA	15677	1.206	0.066	1.862	2.426
Perinatal mortality (0-4 years)	22.520	5.755	654	1802	1.007	0.256	11.010	34.031
Neonatal mortality last 10 years	18.763	3.728	1363	3749	1.028	0.199	11.306	26.220
Post-neonatal mortality last 10 years	17.446	3.388	1365	3756	0.948	0.194	10.669	24.223
Infant mortality last 10 years	36.209	4.670	1365	3756	0.934	0.129	26.870	45.549
Child mortality last 10 years	7.939	3.359	1364	3753	1.300	0.423	1.220	14.657
Under-five mortality last 10 years	43.860	5.181	1366	3760	0.933	0.118	33.498	54.223
MEN								
Urban residence	0.412	0.030	425	1155	1.269	0.074	0.351	0.473
No education	0.065	0.013	425	1155	1.060	0.195	0.040	0.091
With secondary or higher education	0.354	0.030	425	1155	1.285	0.084	0.294	0.414
Know any contraceptive method	0.957	0.011	425	1155	1.131	0.012	0.934	0.979
Know any modern contraceptive method	0.957	0.011	425	1155	1.131	0.012	0.934	0.979

NA = Not applicable

Table C.16 Sampling errors: DI Yogyakarta sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.557	0.030	1030	367	1.907	0.053	0.498	0.616
Literate	0.901	0.013	1030	367	1.432	0.015	0.874	0.927
No education	0.063	0.009	1030	367	1.165	0.139	0.046	0.081
With secondary or higher education	0.538	0.020	1030	367	1.301	0.038	0.498	0.579
Currently married	0.955	0.006	1030	367	0.895	0.006	0.943	0.966
Currently pregnant	0.033	0.005	1530	539	1.050	0.147	0.023	0.042
Children ever born	2.173	0.054	985	350	1.275	0.025	2.064	2.281
Children surviving	2.063	0.050	985	350	1.267	0.024	1.963	2.163
Children ever born to women over 40	2.906	0.076	386	134	1.063	0.026	2.753	3.058
Know any contraceptive method	0.998	0.001	985	350	0.968	0.001	0.996	1.001
Ever used any contraceptive method	0.910	0.011	985	350	1.164	0.012	0.888	0.931
Currently using any method	0.756	0.016	985	350	1.202	0.022	0.724	0.789
Currently using pill	0.076	0.010	985	350	1.145	0.127	0.057	0.096
Currently using IUD	0.193	0.022	985	350	1.759	0.115	0.149	0.238
Currently using female sterilization	0.061	0.013	985	350	1.662	0.207	0.036	0.087
Currently using periodic abstinence	0.063	0.009	985	350	1.207	0.148	0.044	0.082
Using public sector source	0.398	0.023	622	222	1.153	0.057	0.352	0.443
Want no more children	0.589	0.016	985	350	1.024	0.027	0.557	0.621
Want to delay at least 2 years	0.219	0.012	985	350	0.920	0.055	0.195	0.244
Ideal number of children	2.317	0.026	1015	361	1.203	0.011	2.264	2.370
Mothers received tetanus injection	0.897	0.024	367	128	1.517	0.027	0.848	0.945
Mothers received medical care at birth	0.852	0.026	416	144	1.411	0.030	0.801	0.903
Had diarrhea in the last two weeks	0.052	0.014	410	142	1.241	0.279	0.023	0.080
Treated with ORS packets	0.523	0.147	20	7	1.277	0.281	0.229	0.816
Sought medical treatment	0.709	0.120	20	7	1.175	0.169	0.469	0.949
Having health card	0.490	0.083	90	31	1.518	0.168	0.325	0.655
Received BCG vaccination	1.000	0.000	90	31	NA	0.000	1.000	1.000
Received DPT vaccination (3 doses)	0.910	0.020	90	31	0.650	0.022	0.869	0.950
Received polio vaccination (3 doses)	0.960	0.009	90	31	0.415	0.009	0.943	0.978
Received measles vaccination	0.911	0.034	90	31	1.106	0.037	0.843	0.979
Received all vaccinations	0.842	0.037	90	31	0.930	0.043	0.769	0.915
Total fertility rate 0-3 years	1.902	0.135	NA	1372	1.243	0.071	1.632	2.172
Perinatal mortality (0-4 years)	21.262	5.977	422	146	0.843	0.281	9.308	33.217
Neonatal mortality last 10 years	16.985	4.605	839	295	1.037	0.271	7.775	26.196
Post-neonatal mortality last 10 years	2.555	1.490	839	295	0.854	0.583	0.000	5.535
Infant mortality last 10 years	19.541	4.733	839	295	0.996	0.242	10.074	29.007
Child mortality last 10 years	3.623	1.816	841	295	0.873	0.501	0.000	7.255
Under-five mortality last 10 years	23.093	5.191	841	295	1.011	0.225	12.710	33.475
MEN								
Urban residence	0.554	0.036	290	103	1.233	0.065	0.482	0.626
No education	0.029	0.009	290	103	0.894	0.304	0.011	0.047
With secondary or higher education	0.619	0.030	290	103	1.056	0.049	0.558	0.679
Know any contraceptive method	0.975	0.012	290	103	1.341	0.013	0.951	1.000
Know any modern contraceptive method	0.972	0.013	290	103	1.311	0.013	0.946	0.997

NA = Not applicable

Table C.17 Sampling errors: East Java sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.428	0.035	1505	5367	2.729	0.081	0.358	0.497
Literate	0.830	0.021	1505	5367	2.159	0.025	0.788	0.872
No education	0.081	0.014	1505	5367	1.991	0.173	0.053	0.109
With secondary or higher education	0.379	0.028	1505	5367	2.204	0.073	0.324	0.434
Currently married	0.938	0.009	1505	5367	1.435	0.010	0.920	0.956
Currently pregnant	0.035	0.005	1936	6823	1.260	0.149	0.024	0.045
Children ever born	2.126	0.054	1408	5034	1.351	0.025	2.017	2.234
Children surviving	1.959	0.041	1408	5034	1.173	0.021	1.876	2.041
Children ever born to women over 40	3.038	0.107	475	1676	1.323	0.035	2.825	3.251
Know any contraceptive method	0.991	0.004	1408	5034	1.684	0.004	0.983	1.000
Ever used any contraceptive method	0.831	0.014	1408	5034	1.377	0.017	0.803	0.858
Currently using any method	0.670	0.020	1408	5034	1.603	0.030	0.630	0.710
Currently using pill	0.132	0.014	1408	5034	1.573	0.108	0.103	0.160
Currently using IUD	0.109	0.011	1408	5034	1.373	0.104	0.087	0.132
Currently using female sterilization	0.060	0.012	1408	5034	1.833	0.194	0.037	0.083
Currently using periodic abstinence	0.017	0.003	1408	5034	0.986	0.199	0.010	0.024
Using public sector source	0.305	0.030	901	3180	1.925	0.097	0.245	0.364
Want no more children	0.525	0.020	1408	5034	1.500	0.038	0.485	0.565
Want to delay at least 2 years	0.204	0.012	1408	5034	1.115	0.059	0.180	0.228
Ideal number of children	2.407	0.051	1371	4913	2.153	0.021	2.305	2.508
Mothers received tetanus injection	0.755	0.027	529	1878	1.426	0.035	0.702	0.809
Mothers received medical care at birth	0.808	0.037	589	2101	2.126	0.046	0.733	0.882
Had diarrhea in the last two weeks	0.098	0.015	569	2022	1.139	0.149	0.069	0.128
Treated with ORS packets	0.361	0.073	55	199	1.125	0.203	0.214	0.507
Sought medical treatment	0.416	0.052	55	199	0.782	0.126	0.311	0.521
Having health card	0.302	0.055	108	360	1.198	0.181	0.193	0.412
Received BCG vaccination	0.846	0.052	108	360	1.458	0.062	0.741	0.951
Received DPT vaccination (3 doses)	0.666	0.063	108	360	1.333	0.094	0.541	0.791
Received polio vaccination (3 doses)	0.679	0.062	108	360	1.326	0.091	0.556	0.802
Received measles vaccination	0.765	0.059	108	360	1.407	0.078	0.646	0.884
Received all vaccinations	0.642	0.062	108	360	1.302	0.097	0.517	0.766
Total fertility rate 0-3 years	2.088	0.140	NA	20296	1.278	0.067	1.808	2.368
Perinatal mortality (0-4 years)	26.690	7.447	596	2131	1.064	0.279	11.795	41.585
Neonatal mortality last 10 years	28.193	6.307	1192	4254	1.139	0.224	15.580	40.807
Post-neonatal mortality last 10 years	14.448	4.577	1192	4254	1.158	0.317	5.293	23.603
Infant mortality last 10 years	42.641	9.443	1192	4254	1.266	0.221	23.756	61.526
Child mortality last 10 years	9.761	2.753	1196	4264	0.969	0.282	4.255	15.268
Under-five mortality last 10 years	51.986	9.931	1196	4264	1.243	0.191	32.124	71.848
MEN								
Urban residence	0.430	0.028	429	1560	1.162	0.065	0.375	0.486
No education	0.049	0.014	429	1560	1.368	0.290	0.021	0.078
With secondary or higher education	0.431	0.039	429	1560	1.646	0.091	0.352	0.510
Know any contraceptive method	0.969	0.008	429	1560	0.921	0.008	0.953	0.984
Know any modern contraceptive method	0.969	0.008	429	1560	0.921	0.008	0.953	0.984

NA = Not applicable

Table C.18 Sampling errors: Banten sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.604	0.029	1383	1396	2.167	0.047	0.547	0.661
Literate	0.850	0.019	1383	1396	2.019	0.023	0.812	0.889
No education	0.089	0.016	1383	1396	2.134	0.184	0.056	0.122
With secondary or higher education	0.377	0.033	1383	1396	2.527	0.087	0.311	0.442
Currently married	0.932	0.010	1383	1396	1.467	0.011	0.912	0.952
Currently pregnant	0.043	0.004	1888	1880	0.867	0.098	0.034	0.051
Children ever born	2.808	0.091	1302	1301	1.577	0.032	2.626	2.991
Children surviving	2.488	0.070	1302	1301	1.455	0.028	2.348	2.628
Children ever born to women over 40	4.506	0.244	342	373	1.825	0.054	4.018	4.993
Know any contraceptive method	0.984	0.005	1302	1301	1.533	0.005	0.973	0.995
Ever used any contraceptive method	0.833	0.011	1302	1301	1.097	0.014	0.811	0.856
Currently using any method	0.586	0.020	1302	1301	1.472	0.034	0.545	0.626
Currently using pill	0.110	0.012	1302	1301	1.348	0.106	0.087	0.134
Currently using IUD	0.050	0.013	1302	1301	2.121	0.257	0.024	0.075
Currently using female sterilization	0.017	0.004	1302	1301	1.216	0.258	0.008	0.026
Currently using periodic abstinence	0.011	0.002	1302	1301	0.870	0.233	0.006	0.016
Using public sector source	0.162	0.027	737	751	1.960	0.164	0.109	0.216
Want no more children	0.455	0.017	1302	1301	1.202	0.036	0.421	0.488
Want to delay at least 2 years	0.286	0.017	1302	1301	1.375	0.060	0.251	0.320
Ideal number of children	3.176	0.063	1165	1148	1.553	0.020	3.050	3.302
Mothers received tetanus injection	0.684	0.035	654	640	1.898	0.051	0.614	0.755
Mothers received medical care at birth	0.629	0.044	756	736	2.225	0.070	0.540	0.717
Had diarrhea in the last two weeks	0.125	0.018	728	713	1.447	0.146	0.088	0.161
Treated with ORS packets	0.332	0.066	99	89	1.301	0.200	0.199	0.465
Sought medical treatment	0.459	0.071	99	89	1.318	0.155	0.317	0.601
Having health card	0.230	0.052	139	136	1.424	0.225	0.127	0.333
Received BCG vaccination	0.693	0.042	139	136	1.064	0.061	0.608	0.777
Received DPT vaccination (3 doses)	0.350	0.045	139	136	1.099	0.129	0.260	0.440
Received polio vaccination (3 doses)	0.443	0.060	139	136	1.396	0.135	0.323	0.562
Received measles vaccination	0.440	0.039	139	136	0.914	0.089	0.362	0.518
Received all vaccinations	0.254	0.041	139	136	1.092	0.161	0.172	0.335
Total fertility rate 0-3 years	2.611	0.107	NA	5465	1.175	0.041	2.398	2.824
Perinatal mortality (0-4 years)	22.592	6.018	764	743	1.110	0.266	10.556	34.628
Neonatal mortality last 10 years	16.494	3.719	1560	1510	1.145	0.226	9.055	23.933
Post-neonatal mortality last 10 years	21.010	4.147	1560	1510	1.058	0.197	12.717	29.303
Infant mortality last 10 years	37.504	5.619	1560	1510	1.081	0.150	26.265	48.743
Child mortality last 10 years	19.306	3.882	1565	1514	1.060	0.201	11.542	27.070
Under-five mortality last 10 years	56.086	7.570	1565	1514	1.131	0.135	40.946	71.227
MEN								
Urban residence	0.673	0.038	378	396	1.573	0.057	0.597	0.749
No education	0.011	0.010	378	396	1.958	0.963	0.000	0.032
With secondary or higher education	0.536	0.034	378	396	1.309	0.063	0.469	0.604
Know any contraceptive method	0.959	0.011	378	396	1.028	0.011	0.938	0.980
Know any modern contraceptive method	0.959	0.011	378	396	1.028	0.011	0.938	0.980

NA = Not applicable

Table C.19 Sampling errors: Bali sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.522	0.036	1371	465	2.679	0.069	0.449	0.594
Literate	0.864	0.016	1371	465	1.757	0.019	0.831	0.896
No education	0.125	0.015	1371	465	1.717	0.122	0.095	0.156
With secondary or higher education	0.456	0.026	1371	465	1.939	0.057	0.403	0.508
Currently married	0.958	0.010	1371	465	1.826	0.010	0.939	0.978
Currently pregnant	0.038	0.009	1777	616	1.903	0.237	0.020	0.055
Children ever born	2.221	0.085	1325	446	2.022	0.038	2.052	2.391
Children surviving	2.097	0.076	1325	446	1.982	0.036	1.946	2.249
Children ever born to women over 40	3.079	0.160	480	155	1.982	0.052	2.760	3.398
Know any contraceptive method	0.989	0.003	1325	446	0.911	0.003	0.984	0.994
Ever used any contraceptive method	0.812	0.019	1325	446	1.747	0.023	0.775	0.850
Currently using any method	0.612	0.025	1325	446	1.900	0.042	0.562	0.663
Currently using pill	0.034	0.006	1325	446	1.124	0.164	0.023	0.045
Currently using IUD	0.264	0.020	1325	446	1.626	0.075	0.225	0.304
Currently using female sterilization	0.045	0.008	1325	446	1.344	0.170	0.030	0.061
Currently using periodic abstinence	0.013	0.004	1325	446	1.210	0.284	0.006	0.021
Using public sector source	0.330	0.036	843	264	2.224	0.109	0.258	0.402
Want no more children	0.596	0.027	1325	446	1.995	0.045	0.542	0.649
Want to delay at least 2 years	0.134	0.016	1325	446	1.707	0.119	0.102	0.166
Ideal number of children	2.467	0.062	1255	427	2.549	0.025	2.344	2.590
Mothers received tetanus injection	0.799	0.037	516	171	2.061	0.046	0.725	0.872
Mothers received medical care at birth	0.878	0.029	596	194	1.944	0.033	0.820	0.936
Had diarrhea in the last two weeks	0.119	0.020	587	191	1.383	0.167	0.079	0.159
Treated with ORS packets	0.408	0.064	77	23	1.022	0.157	0.280	0.536
Sought medical treatment	0.441	0.065	77	23	1.047	0.148	0.310	0.571
Having health card	0.537	0.068	116	38	1.426	0.126	0.401	0.672
Received BCG vaccination	0.881	0.042	116	38	1.379	0.048	0.796	0.966
Received DPT vaccination (3 doses)	0.870	0.036	116	38	1.123	0.041	0.798	0.942
Received polio vaccination (3 doses)	0.885	0.032	116	38	1.060	0.036	0.821	0.949
Received measles vaccination	0.827	0.045	116	38	1.247	0.054	0.737	0.917
Received all vaccinations	0.803	0.048	116	38	1.273	0.060	0.706	0.899
Total fertility rate 0-3 years	2.108	0.147	NA	1669	1.412	0.069	1.815	2.401
Perinatal mortality (0-4 years)	8.781	4.069	598	195	1.047	0.463	0.643	16.918
Neonatal mortality last 10 years	9.500	2.799	1211	390	0.931	0.295	3.903	15.097
Post-neonatal mortality last 10 years	4.589	2.035	1211	390	1.012	0.443	0.520	8.658
Infant mortality last 10 years	14.089	3.591	1211	390	0.998	0.255	6.907	21.270
Child mortality last 10 years	5.069	1.788	1214	391	0.845	0.353	1.493	8.645
Under-five mortality last 10 years	19.086	4.048	1214	391	0.977	0.212	10.989	27.183
MEN								
Urban residence	0.554	0.038	404	138	1.515	0.068	0.479	0.629
No education	0.059	0.014	404	138	1.193	0.237	0.031	0.087
With secondary or higher education	0.584	0.039	404	138	1.596	0.067	0.506	0.663
Know any contraceptive method	0.973	0.010	404	138	1.218	0.010	0.953	0.993
Know any modern contraceptive method	0.973	0.010	404	138	1.218	0.010	0.953	0.993

NA = Not applicable

Table C.20 Sampling errors: West Nusa Tenggara sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.346	0.032	954	583	2.066	0.092	0.283	0.410
Literate	0.667	0.023	954	583	1.496	0.034	0.621	0.712
No education	0.266	0.024	954	583	1.692	0.091	0.217	0.314
With secondary or higher education	0.249	0.020	954	583	1.446	0.081	0.209	0.290
Currently married	0.888	0.011	954	583	1.043	0.012	0.867	0.909
Currently pregnant	0.059	0.010	1325	783	1.371	0.166	0.040	0.079
Children ever born	2.860	0.097	850	518	1.319	0.034	2.667	3.053
Children surviving	2.348	0.069	850	518	1.243	0.029	2.210	2.487
Children ever born to women over 40	4.872	0.215	222	132	1.377	0.044	4.442	5.303
Know any contraceptive method	0.996	0.003	850	518	1.192	0.003	0.990	1.001
Ever used any contraceptive method	0.851	0.019	850	518	1.590	0.023	0.812	0.890
Currently using any method	0.535	0.016	850	518	0.907	0.029	0.504	0.566
Currently using pill	0.109	0.016	850	518	1.487	0.146	0.077	0.141
Currently using IUD	0.043	0.013	850	518	1.819	0.294	0.018	0.068
Currently using female sterilization	0.016	0.005	850	518	1.050	0.280	0.007	0.025
Currently using periodic abstinence	0.002	0.001	850	518	0.871	0.625	0.000	0.005
Using public sector source	0.423	0.035	438	272	1.477	0.083	0.353	0.492
Want no more children	0.376	0.018	850	518	1.072	0.047	0.341	0.412
Want to delay at least 2 years	0.378	0.018	850	518	1.100	0.048	0.342	0.415
Ideal number of children	3.146	0.076	823	498	1.609	0.024	2.993	3.298
Mothers received tetanus injection	0.708	0.037	461	280	1.756	0.053	0.633	0.783
Mothers received medical care at birth	0.501	0.047	556	327	2.016	0.094	0.407	0.594
Had diarrhea in the last two weeks	0.135	0.020	524	307	1.264	0.146	0.096	0.175
Treated with ORS packets	0.484	0.086	75	42	1.357	0.179	0.311	0.656
Sought medical treatment	0.537	0.077	75	42	1.228	0.144	0.382	0.692
Having health card	0.181	0.051	104	62	1.328	0.281	0.079	0.283
Received BCG vaccination	0.886	0.040	104	62	1.282	0.046	0.805	0.967
Received DPT vaccination (3 doses)	0.446	0.068	104	62	1.359	0.152	0.310	0.581
Received polio vaccination (3 doses)	0.561	0.061	104	62	1.230	0.109	0.439	0.683
Received measles vaccination	0.809	0.057	104	62	1.469	0.071	0.694	0.924
Received all vaccinations	0.425	0.069	104	62	1.379	0.161	0.288	0.562
Total fertility rate 0-3 years	2.427	0.158	NA	2325	1.143	0.065	2.112	2.743
Perinatal mortality (0-4 years)	19.633	6.586	559	329	1.113	0.335	6.462	32.805
Neonatal mortality last 10 years	23.585	5.095	1126	646	1.107	0.216	13.395	33.774
Post-neonatal mortality last 10 years	50.546	9.113	1128	647	1.335	0.180	32.320	68.771
Infant mortality last 10 years	74.130	9.462	1128	647	1.168	0.128	55.205	93.055
Child mortality last 10 years	31.049	9.155	1131	649	1.508	0.295	12.739	49.358
Under-five mortality last 10 years	102.877	12.677	1133	649	1.244	0.123	77.523	128.23
MEN								
Urban residence	0.379	0.041	239	145	1.302	0.108	0.297	0.460
No education	0.127	0.024	239	145	1.128	0.191	0.079	0.176
With secondary or higher education	0.373	0.044	239	145	1.389	0.117	0.286	0.460
Know any contraceptive method	0.965	0.012	239	145	1.012	0.012	0.941	0.989
Know any modern contraceptive method	0.959	0.014	239	145	1.058	0.014	0.932	0.986

NA = Not applicable

Table C.21 Sampling errors: East Nusa Tenggara sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.103	0.014	839	460	1.379	0.141	0.074	0.131
Literate	0.831	0.020	839	460	1.529	0.024	0.792	0.871
No education	0.090	0.015	839	460	1.565	0.172	0.059	0.121
With secondary or higher education	0.271	0.031	839	460	2.040	0.115	0.209	0.334
Currently married	0.927	0.012	839	460	1.377	0.013	0.902	0.952
Currently pregnant	0.060	0.008	1310	675	1.056	0.130	0.045	0.076
Children ever born	3.094	0.066	772	427	0.850	0.021	2.962	3.226
Children surviving	2.810	0.069	772	427	0.998	0.025	2.671	2.949
Children ever born to women over 40	4.236	0.265	257	139	1.715	0.063	3.705	4.767
Know any contraceptive method	0.906	0.019	772	427	1.836	0.021	0.867	0.944
Ever used any contraceptive method	0.637	0.026	772	427	1.510	0.041	0.585	0.689
Currently using any method	0.348	0.022	772	427	1.285	0.063	0.304	0.392
Currently using pill	0.032	0.008	772	427	1.226	0.241	0.017	0.048
Currently using IUD	0.054	0.009	772	427	1.120	0.169	0.036	0.072
Currently using female sterilization	0.016	0.006	772	427	1.354	0.385	0.004	0.028
Currently using periodic abstinence	0.037	0.008	772	427	1.203	0.222	0.020	0.053
Using public sector source	0.759	0.055	210	117	1.866	0.073	0.649	0.870
Want no more children	0.408	0.023	772	427	1.317	0.057	0.361	0.455
Want to delay at least 2 years	0.252	0.021	772	427	1.339	0.083	0.210	0.294
Ideal number of children	3.845	0.071	709	397	1.236	0.018	3.704	3.987
Mothers received tetanus injection	0.832	0.026	501	275	1.583	0.032	0.779	0.885
Mothers received medical care at birth	0.364	0.049	699	376	2.241	0.134	0.266	0.461
Had diarrhea in the last two weeks	0.129	0.030	665	359	2.143	0.236	0.068	0.190
Treated with ORS packets	0.651	0.058	68	46	0.992	0.089	0.535	0.767
Sought medical treatment	0.570	0.083	68	46	1.411	0.146	0.404	0.737
Having health card	0.281	0.086	143	83	2.345	0.305	0.110	0.453
Received BCG vaccination	0.927	0.031	143	83	1.445	0.033	0.866	0.988
Received DPT vaccination (3 doses)	0.701	0.044	143	83	1.181	0.063	0.613	0.789
Received polio vaccination (3 doses)	0.811	0.075	143	83	2.340	0.092	0.662	0.960
Received measles vaccination	0.886	0.027	143	83	1.038	0.030	0.833	0.940
Received all vaccinations	0.627	0.051	143	83	1.295	0.081	0.525	0.729
Total fertility rate 0-3 years	4.092	0.236	NA	1677	1.311	0.058	3.620	4.563
Perinatal mortality (0-4 years)	22.554	6.084	705	379	1.043	0.270	10.385	34.723
Neonatal mortality last 10 years	31.421	5.485	1314	716	1.136	0.175	20.452	42.390
Post-neonatal mortality last 10 years	27.654	6.247	1314	716	1.417	0.226	15.161	40.148
Infant mortality last 10 years	59.076	9.157	1314	716	1.412	0.155	40.762	77.389
Child mortality last 10 years	14.929	3.581	1317	717	1.031	0.240	7.768	22.090
Under-five mortality last 10 years	73.123	9.797	1317	717	1.315	0.134	53.529	92.716
MEN								
Urban residence	0.092	0.012	217	122	0.618	0.132	0.068	0.117
No education	0.080	0.021	217	122	1.161	0.268	0.037	0.123
With secondary or higher education	0.430	0.038	217	122	1.133	0.089	0.354	0.507
Know any contraceptive method	0.923	0.024	217	122	1.327	0.026	0.875	0.971
Know any modern contraceptive method	0.882	0.037	217	122	1.702	0.042	0.808	0.957

NA = Not applicable

Table C.22 Sampling errors: West Kalimantan sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.226	0.024	921	477	1.759	0.107	0.177	0.274
Literate	0.729	0.035	921	477	2.421	0.049	0.658	0.800
No education	0.206	0.026	921	477	1.945	0.126	0.154	0.257
With secondary or higher education	0.355	0.045	921	477	2.854	0.127	0.265	0.445
Currently married	0.932	0.011	921	477	1.360	0.012	0.910	0.955
Currently pregnant	0.039	0.006	1325	655	0.985	0.148	0.028	0.051
Children ever born	2.937	0.102	866	445	1.450	0.035	2.733	3.141
Children surviving	2.571	0.066	866	445	1.142	0.026	2.439	2.704
Children ever born to women over 40	4.589	0.139	250	130	1.006	0.030	4.311	4.867
Know any contraceptive method	0.980	0.004	866	445	0.869	0.004	0.972	0.988
Ever used any contraceptive method	0.820	0.017	866	445	1.266	0.020	0.787	0.853
Currently using any method	0.578	0.026	866	445	1.549	0.045	0.526	0.630
Currently using pill	0.155	0.015	866	445	1.199	0.095	0.126	0.185
Currently using IUD	0.026	0.009	866	445	1.686	0.354	0.007	0.044
Currently using female sterilization	0.010	0.004	866	445	1.199	0.405	0.002	0.018
Currently using periodic abstinence	0.006	0.003	866	445	1.183	0.506	0.000	0.013
Using public sector source	0.382	0.035	485	249	1.577	0.091	0.312	0.451
Want no more children	0.486	0.023	866	445	1.370	0.048	0.439	0.532
Want to delay at least 2 years	0.266	0.014	866	445	0.954	0.054	0.237	0.295
Ideal number of children	3.103	0.093	743	391	1.823	0.030	2.917	3.290
Mothers received tetanus injection	0.670	0.045	486	247	2.090	0.067	0.580	0.760
Mothers received medical care at birth	0.638	0.052	589	301	2.335	0.082	0.533	0.743
Had diarrhea in the last two weeks	0.083	0.024	570	291	1.890	0.289	0.035	0.130
Treated with ORS packets	0.336	0.048	51	24	0.696	0.144	0.240	0.433
Sought medical treatment	0.263	0.109	51	24	1.636	0.416	0.044	0.482
Having health card	0.300	0.058	125	66	1.429	0.193	0.184	0.416
Received BCG vaccination	0.702	0.050	125	66	1.228	0.071	0.602	0.801
Received DPT vaccination (3 doses)	0.463	0.059	125	66	1.336	0.127	0.345	0.581
Received polio vaccination (3 doses)	0.472	0.057	125	66	1.289	0.121	0.358	0.586
Received measles vaccination	0.610	0.056	125	66	1.288	0.091	0.498	0.721
Received all vaccinations	0.383	0.049	125	66	1.150	0.129	0.284	0.482
Total fertility rate 0-3 years	2.886	0.129	NA	1763	1.113	0.045	2.629	3.144
Perinatal mortality (0-4 years)	25.905	7.203	599	306	1.115	0.278	11.498	40.311
Neonatal mortality last 10 years	23.648	6.098	1141	601	1.200	0.258	11.451	35.845
Post-neonatal mortality last 10 years	23.162	9.163	1141	601	1.933	0.396	4.836	41.488
Infant mortality last 10 years	46.810	13.559	1141	601	1.944	0.290	19.692	73.927
Child mortality last 10 years	17.436	4.231	1147	604	1.153	0.243	8.974	25.898
Under-five mortality last 10 years	63.430	13.304	1147	604	1.721	0.210	36.821	90.038
MEN								
Urban residence	0.241	0.034	227	119	1.181	0.139	0.174	0.309
No education	0.124	0.037	227	119	1.674	0.296	0.050	0.197
With secondary or higher education	0.390	0.046	227	119	1.412	0.118	0.298	0.481
Know any contraceptive method	0.962	0.013	227	119	1.056	0.014	0.936	0.989
Know any modern contraceptive method	0.962	0.013	227	119	1.056	0.014	0.936	0.989

NA = Not applicable

Table C.23 Sampling errors: Central Kalimantan sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.248	0.031	909	297	2.169	0.125	0.186	0.310
Literate	0.935	0.014	909	297	1.743	0.015	0.907	0.964
No education	0.038	0.007	909	297	1.158	0.195	0.023	0.052
With secondary or higher education	0.438	0.037	909	297	2.259	0.085	0.364	0.513
Currently married	0.980	0.005	909	297	1.180	0.006	0.969	0.991
Currently pregnant	0.055	0.011	1097	372	1.676	0.204	0.033	0.078
Children ever born	2.544	0.081	892	291	1.359	0.032	2.382	2.706
Children surviving	2.381	0.075	892	291	1.398	0.032	2.231	2.532
Children ever born to women over 40	4.104	0.251	194	64	1.658	0.061	3.603	4.605
Know any contraceptive method	1.000	0.000	892	291	NA	0.000	1.000	1.000
Ever used any contraceptive method	0.805	0.035	892	291	2.657	0.044	0.734	0.875
Currently using any method	0.639	0.040	892	291	2.479	0.062	0.560	0.719
Currently using pill	0.334	0.034	892	291	2.168	0.103	0.266	0.403
Currently using IUD	0.005	0.002	892	291	0.958	0.435	0.001	0.010
Currently using female sterilization	0.004	0.002	892	291	1.054	0.593	0.000	0.008
Currently using periodic abstinence	0.007	0.005	892	291	1.842	0.743	0.000	0.017
Using public sector source	0.280	0.056	568	184	2.977	0.200	0.168	0.393
Want no more children	0.485	0.020	892	291	1.194	0.041	0.445	0.525
Want to delay at least 2 years	0.248	0.020	892	291	1.364	0.080	0.209	0.288
Ideal number of children	3.324	0.067	835	266	1.684	0.020	3.190	3.458
Mothers received tetanus injection	0.581	0.063	460	153	2.748	0.108	0.456	0.707
Mothers received medical care at birth	0.461	0.055	536	178	2.285	0.119	0.352	0.571
Had diarrhea in the last two weeks	0.024	0.008	515	171	1.114	0.337	0.008	0.040
Treated with ORS packets	0.158	0.101	17	4	0.966	0.644	0.000	0.361
Sought medical treatment	0.380	0.155	17	4	1.074	0.408	0.070	0.690
Having health card	0.282	0.077	110	37	1.822	0.272	0.129	0.436
Received BCG vaccination	0.768	0.098	110	37	2.483	0.128	0.572	0.965
Received DPT vaccination (3 doses)	0.562	0.094	110	37	2.034	0.168	0.374	0.751
Received polio vaccination (3 doses)	0.652	0.091	110	37	2.040	0.140	0.470	0.834
Received measles vaccination	0.589	0.094	110	37	2.046	0.160	0.401	0.778
Received all vaccinations	0.490	0.100	110	37	2.131	0.204	0.290	0.689
Total fertility rate 0-3 years	3.218	0.199	NA	1128	1.446	0.062	2.821	3.616
Perinatal mortality (0-4 years)	25.469	6.156	539	179	0.910	0.242	13.157	37.780
Neonatal mortality last 10 years	21.911	7.143	1085	361	1.401	0.326	7.626	36.197
Post-neonatal mortality last 10 years	17.689	4.175	1085	361	1.014	0.236	9.339	26.039
Infant mortality last 10 years	39.600	7.508	1085	361	1.177	0.190	24.584	54.616
Child mortality last 10 years	8.112	3.206	1087	361	1.058	0.395	1.700	14.525
Under-five mortality last 10 years	47.391	8.103	1087	361	1.175	0.171	31.185	63.597
MEN								
Urban residence	0.250	0.031	289	97	1.219	0.124	0.188	0.312
No education	0.031	0.017	289	97	1.683	0.555	0.000	0.065
With secondary or higher education	0.520	0.053	289	97	1.805	0.102	0.413	0.626
Know any contraceptive method	0.990	0.006	289	97	1.097	0.006	0.977	1.003
Know any modern contraceptive method	0.990	0.006	289	97	1.097	0.006	0.977	1.003

NA = Not applicable

Table C.24 Sampling errors: South Kalimantan sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.362	0.041	1010	470	2.699	0.113	0.281	0.444
Literate	0.877	0.020	1010	470	1.984	0.023	0.836	0.918
No education	0.085	0.021	1010	470	2.355	0.243	0.044	0.126
With secondary or higher education	0.333	0.034	1010	470	2.313	0.103	0.264	0.401
Currently married	0.930	0.009	1010	470	1.132	0.010	0.912	0.948
Currently pregnant	0.043	0.005	1349	611	0.805	0.108	0.034	0.052
Children ever born	2.700	0.079	928	437	1.182	0.029	2.543	2.858
Children surviving	2.419	0.076	928	437	1.330	0.031	2.267	2.571
Children ever born to women over 40	4.301	0.146	290	138	1.164	0.034	4.009	4.593
Know any contraceptive method	0.999	0.001	928	437	0.724	0.001	0.997	1.000
Ever used any contraceptive method	0.855	0.020	928	437	1.713	0.023	0.816	0.895
Currently using any method	0.576	0.020	928	437	1.239	0.035	0.536	0.616
Currently using pill	0.267	0.020	928	437	1.345	0.073	0.228	0.306
Currently using IUD	0.014	0.005	928	437	1.410	0.387	0.003	0.025
Currently using female sterilization	0.015	0.004	928	437	0.926	0.248	0.007	0.022
Currently using periodic abstinence	0.002	0.001	928	437	0.941	0.737	0.000	0.004
Using public sector source	0.253	0.034	533	246	1.817	0.135	0.184	0.321
Want no more children	0.429	0.026	928	437	1.607	0.061	0.376	0.481
Want to delay at least 2 years	0.287	0.020	928	437	1.341	0.069	0.247	0.327
Ideal number of children	2.932	0.083	670	313	1.509	0.028	2.766	3.098
Mothers received tetanus injection	0.716	0.041	461	220	1.998	0.058	0.633	0.799
Mothers received medical care at birth	0.574	0.042	532	251	1.825	0.073	0.490	0.659
Had diarrhea in the last two weeks	0.099	0.017	506	241	1.284	0.169	0.065	0.133
Treated with ORS packets	0.312	0.082	48	24	1.269	0.263	0.148	0.476
Sought medical treatment	0.425	0.110	48	24	1.588	0.258	0.206	0.645
Having health card	0.281	0.063	110	52	1.471	0.223	0.156	0.407
Received BCG vaccination	0.791	0.059	110	52	1.559	0.075	0.672	0.909
Received DPT vaccination (3 doses)	0.594	0.057	110	52	1.202	0.096	0.480	0.708
Received polio vaccination (3 doses)	0.626	0.060	110	52	1.285	0.096	0.506	0.746
Received measles vaccination	0.698	0.051	110	52	1.176	0.073	0.596	0.801
Received all vaccinations	0.522	0.048	110	52	1.007	0.092	0.425	0.618
Total fertility rate 0-3 years	2.975	0.147	NA	1858	1.024	0.049	2.681	3.269
Perinatal mortality (0-4 years)	31.030	9.531	541	256	1.233	0.307	11.967	50.092
Neonatal mortality last 10 years	22.635	5.899	998	460	1.220	0.261	10.836	34.434
Post-neonatal mortality last 10 years	22.152	8.488	998	460	1.779	0.383	5.175	39.129
Infant mortality last 10 years	44.788	10.520	998	460	1.494	0.235	23.748	65.827
Child mortality last 10 years	12.393	3.514	1003	462	1.010	0.284	5.365	19.421
Under-five mortality last 10 years	56.626	11.375	1003	462	1.486	0.201	33.875	79.376
MEN								
Urban residence	0.409	0.050	241	109	1.570	0.122	0.310	0.509
No education	0.045	0.019	241	109	1.424	0.426	0.007	0.083
With secondary or higher education	0.476	0.042	241	109	1.316	0.089	0.391	0.561
Know any contraceptive method	0.940	0.033	241	109	2.133	0.035	0.875	1.006
Know any modern contraceptive method	0.940	0.033	241	109	2.133	0.035	0.875	1.006

NA = Not applicable

Table C.25 Sampling errors: East Kalimantan sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.587	0.049	826	447	2.884	0.084	0.488	0.686
Literate	0.919	0.019	826	447	2.037	0.021	0.881	0.958
No education	0.046	0.016	826	447	2.146	0.340	0.015	0.077
With secondary or higher education	0.518	0.036	826	447	2.091	0.070	0.445	0.591
Currently married	0.960	0.009	826	447	1.360	0.010	0.941	0.979
Currently pregnant	0.061	0.015	1163	618	1.993	0.243	0.031	0.091
Children ever born	2.553	0.087	795	430	1.245	0.034	2.379	2.727
Children surviving	2.369	0.071	795	430	1.126	0.030	2.227	2.511
Children ever born to women over 40	4.453	0.314	187	107	1.768	0.070	3.825	5.081
Know any contraceptive method	0.996	0.002	795	430	0.995	0.002	0.992	1.000
Ever used any contraceptive method	0.830	0.022	795	430	1.663	0.027	0.786	0.874
Currently using any method	0.562	0.032	795	430	1.841	0.058	0.497	0.626
Currently using pill	0.195	0.021	795	430	1.527	0.110	0.152	0.238
Currently using IUD	0.055	0.014	795	430	1.683	0.249	0.027	0.082
Currently using female sterilization	0.032	0.008	795	430	1.223	0.237	0.017	0.048
Currently using periodic abstinence	0.016	0.005	795	430	1.032	0.286	0.007	0.025
Using public sector source	0.314	0.034	415	225	1.474	0.107	0.247	0.381
Want no more children	0.462	0.025	795	430	1.408	0.054	0.412	0.511
Want to delay at least 2 years	0.232	0.024	795	430	1.589	0.103	0.184	0.280
Ideal number of children	2.862	0.049	663	386	1.105	0.017	2.764	2.960
Mothers received tetanus injection	0.774	0.030	404	209	1.404	0.039	0.714	0.834
Mothers received medical care at birth	0.792	0.045	512	260	2.127	0.056	0.702	0.881
Had diarrhea in the last two weeks	0.111	0.018	485	249	1.203	0.164	0.075	0.148
Treated with ORS packets	0.400	0.079	51	28	1.103	0.196	0.243	0.557
Sought medical treatment	0.573	0.098	51	28	1.382	0.170	0.378	0.768
Having health card	0.311	0.056	95	49	1.149	0.179	0.200	0.423
Received BCG vaccination	0.859	0.056	95	49	1.546	0.066	0.746	0.972
Received DPT vaccination (3 doses)	0.710	0.082	95	49	1.720	0.115	0.546	0.874
Received polio vaccination (3 doses)	0.777	0.073	95	49	1.680	0.094	0.631	0.924
Received measles vaccination	0.809	0.072	95	49	1.741	0.089	0.666	0.953
Received all vaccinations	0.666	0.088	95	49	1.787	0.133	0.490	0.843
Total fertility rate 0-3 years	2.820	0.185	NA	1773	1.321	0.066	2.451	3.190
Perinatal mortality (0-4 years)	22.694	10.702	515	261	1.383	0.472	1.291	44.098
Neonatal mortality last 10 years	20.208	5.800	982	486	1.025	0.287	8.609	31.807
Post-neonatal mortality last 10 years	21.639	7.659	982	486	1.574	0.354	6.322	36.956
Infant mortality last 10 years	41.848	10.380	982	486	1.345	0.248	21.088	62.607
Child mortality last 10 years	8.704	4.135	986	487	1.243	0.475	0.435	16.974
Under-five mortality last 10 years	50.188	11.998	986	487	1.428	0.239	26.192	74.183
MEN								
Urban residence	0.572	0.057	227	115	1.726	0.099	0.459	0.686
No education	0.029	0.016	227	115	1.406	0.544	0.000	0.060
With secondary or higher education	0.624	0.056	227	115	1.751	0.090	0.511	0.737
Know any contraceptive method	0.930	0.024	227	115	1.390	0.025	0.882	0.977
Know any modern contraceptive method	0.917	0.026	227	115	1.436	0.029	0.864	0.970

NA = Not applicable

Table C.26 Sampling errors: North Sulawesi sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.355	0.038	1067	310	2.614	0.108	0.279	0.432
Literate	0.964	0.007	1067	310	1.321	0.008	0.950	0.979
No education	0.008	0.002	1067	310	0.869	0.294	0.003	0.013
With secondary or higher education	0.603	0.028	1067	310	1.884	0.047	0.546	0.659
Currently married	0.961	0.006	1067	310	1.007	0.006	0.949	0.973
Currently pregnant	0.039	0.004	1352	394	0.846	0.109	0.030	0.047
Children ever born	2.145	0.086	1023	298	2.008	0.040	1.973	2.317
Children surviving	2.036	0.082	1023	298	2.083	0.040	1.872	2.199
Children ever born to women over 40	2.846	0.136	303	88	1.496	0.048	2.575	3.117
Know any contraceptive method	0.994	0.003	1023	298	1.081	0.003	0.989	0.999
Ever used any contraceptive method	0.889	0.012	1023	298	1.248	0.014	0.864	0.913
Currently using any method	0.701	0.018	1023	298	1.235	0.025	0.665	0.736
Currently using pill	0.199	0.014	1023	298	1.126	0.071	0.171	0.227
Currently using IUD	0.122	0.014	1023	298	1.381	0.116	0.094	0.150
Currently using female sterilization	0.023	0.006	1023	298	1.237	0.250	0.012	0.035
Currently using periodic abstinence	0.022	0.005	1023	298	1.103	0.233	0.011	0.032
Using public sector source	0.331	0.031	683	199	1.703	0.093	0.270	0.393
Want no more children	0.526	0.028	1023	298	1.797	0.053	0.470	0.582
Want to delay at least 2 years	0.174	0.019	1023	298	1.633	0.111	0.135	0.213
Ideal number of children	2.335	0.045	943	265	1.747	0.019	2.244	2.426
Mothers received tetanus injection	0.908	0.015	428	128	1.060	0.016	0.878	0.937
Mothers received medical care at birth	0.857	0.035	509	153	1.949	0.040	0.788	0.926
Had diarrhea in the last two weeks	0.095	0.016	491	147	1.208	0.170	0.063	0.128
Treated with ORS packets	0.118	0.053	46	14	1.127	0.447	0.012	0.223
Sought medical treatment	0.481	0.070	46	14	0.933	0.146	0.340	0.621
Having health card	0.415	0.058	99	31	1.213	0.140	0.299	0.531
Received BCG vaccination	0.901	0.036	99	31	1.239	0.040	0.829	0.972
Received DPT vaccination (3 doses)	0.779	0.051	99	31	1.258	0.065	0.678	0.880
Received polio vaccination (3 doses)	0.817	0.056	99	31	1.488	0.068	0.705	0.928
Received measles vaccination	0.736	0.053	99	31	1.245	0.072	0.630	0.842
Received all vaccinations	0.686	0.057	99	31	1.262	0.083	0.573	0.800
Total fertility rate 0-3 years	2.594	0.152	NA	1151	1.317	0.059	2.290	2.897
Perinatal mortality (0-4 years)	31.232	9.546	516	155	1.049	0.306	12.139	50.324
Neonatal mortality last 10 years	15.667	4.369	1031	303	1.013	0.279	6.929	24.404
Post-neonatal mortality last 10 years	8.867	3.116	1031	303	0.964	0.351	2.636	15.098
Infant mortality last 10 years	24.534	4.981	1031	303	0.939	0.203	14.571	34.496
Child mortality last 10 years	8.953	3.112	1031	303	1.039	0.348	2.729	15.176
Under-five mortality last 10 years	33.267	5.531	1031	303	0.915	0.166	22.204	44.329
MEN								
Urban residence	0.358	0.041	325	95	1.552	0.115	0.276	0.441
No education	0.002	0.002	325	95	0.738	1.009	0.000	0.005
With secondary or higher education	0.663	0.035	325	95	1.326	0.053	0.593	0.732
Know any contraceptive method	0.987	0.008	325	95	1.239	0.008	0.972	1.003
Know any modern contraceptive method	0.987	0.008	325	95	1.239	0.008	0.972	1.003

NA = Not applicable

Table C.27 Sampling errors: Central Sulawesi sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.211	0.034	1018	347	2.629	0.159	0.144	0.278
Literate	0.893	0.014	1018	347	1.430	0.015	0.866	0.921
No education	0.052	0.009	1018	347	1.354	0.181	0.033	0.071
With secondary or higher education	0.409	0.024	1018	347	1.569	0.059	0.361	0.457
Currently married	0.949	0.009	1018	347	1.302	0.010	0.930	0.967
Currently pregnant	0.060	0.007	1351	450	1.060	0.119	0.046	0.074
Children ever born	2.825	0.092	972	329	1.475	0.033	2.640	3.009
Children surviving	2.515	0.073	972	329	1.362	0.029	2.370	2.661
Children ever born to women over 40	4.101	0.213	310	101	1.831	0.052	3.676	4.526
Know any contraceptive method	0.981	0.009	972	329	2.025	0.009	0.963	0.999
Ever used any contraceptive method	0.739	0.026	972	329	1.841	0.035	0.687	0.791
Currently using any method	0.546	0.020	972	329	1.282	0.038	0.505	0.587
Currently using pill	0.192	0.027	972	329	2.108	0.139	0.138	0.245
Currently using IUD	0.049	0.016	972	329	2.308	0.326	0.017	0.081
Currently using female sterilization	0.029	0.008	972	329	1.420	0.265	0.013	0.044
Currently using periodic abstinence	0.017	0.005	972	329	1.221	0.295	0.007	0.028
Using public sector source	0.471	0.059	469	164	2.540	0.125	0.353	0.588
Want no more children	0.433	0.022	972	329	1.410	0.052	0.388	0.478
Want to delay at least 2 years	0.198	0.017	972	329	1.318	0.085	0.164	0.231
Ideal number of children	2.844	0.059	939	323	1.599	0.021	2.725	2.963
Mothers received tetanus injection	0.737	0.025	498	171	1.245	0.033	0.688	0.786
Mothers received medical care at birth	0.540	0.053	644	217	2.387	0.099	0.433	0.647
Had diarrhea in the last two weeks	0.064	0.017	602	204	1.640	0.272	0.029	0.098
Treated with ORS packets	0.406	0.147	46	13	1.778	0.363	0.111	0.701
Sought medical treatment	0.399	0.094	46	13	1.137	0.235	0.211	0.587
Having health card	0.228	0.065	122	42	1.715	0.285	0.098	0.358
Received BCG vaccination	0.867	0.035	122	42	1.145	0.040	0.797	0.937
Received DPT vaccination (3 doses)	0.692	0.052	122	42	1.243	0.075	0.588	0.795
Received polio vaccination (3 doses)	0.738	0.055	122	42	1.383	0.075	0.628	0.848
Received measles vaccination	0.841	0.037	122	42	1.107	0.043	0.768	0.914
Received all vaccinations	0.665	0.053	122	42	1.242	0.080	0.559	0.771
Total fertility rate 0-3 years	3.167	0.159	NA	1285	1.433	0.050	2.849	3.485
Perinatal mortality (0-4 years)	27.523	7.178	655	221	1.085	0.261	13.167	41.880
Neonatal mortality last 10 years	24.108	5.384	1228	417	1.021	0.223	13.341	34.876
Post-neonatal mortality last 10 years	27.862	5.099	1231	419	1.016	0.183	17.665	38.059
Infant mortality last 10 years	51.970	7.721	1231	419	1.026	0.149	36.528	67.413
Child mortality last 10 years	19.567	3.728	1232	417	0.903	0.191	12.111	27.023
Under-five mortality last 10 years	70.521	9.459	1235	419	1.142	0.134	51.603	89.439
MEN								
Urban residence	0.198	0.031	322	114	1.390	0.156	0.136	0.260
No education	0.022	0.011	322	114	1.294	0.484	0.001	0.043
With secondary or higher education	0.538	0.034	322	114	1.223	0.063	0.470	0.606
Know any contraceptive method	0.954	0.020	322	114	1.733	0.021	0.913	0.994
Know any modern contraceptive method	0.954	0.020	322	114	1.733	0.021	0.913	0.994

NA = Not applicable

Table C.28 Sampling errors: South Sulawesi sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.454	0.096	1071	1033	6.322	0.212	0.262	0.647
Literate	0.827	0.023	1071	1033	1.960	0.027	0.781	0.872
No education	0.103	0.015	1071	1033	1.566	0.141	0.074	0.132
With secondary or higher education	0.419	0.022	1071	1033	1.464	0.053	0.375	0.463
Currently married	0.930	0.008	1071	1033	0.994	0.008	0.914	0.945
Currently pregnant	0.038	0.005	1785	1691	1.126	0.135	0.028	0.048
Children ever born	2.904	0.086	990	961	1.289	0.030	2.732	3.075
Children surviving	2.651	0.069	990	961	1.159	0.026	2.514	2.788
Children ever born to women over 40	4.124	0.140	322	291	1.042	0.034	3.844	4.405
Know any contraceptive method	0.965	0.011	990	961	1.822	0.011	0.944	0.986
Ever used any contraceptive method	0.693	0.029	990	961	2.001	0.042	0.635	0.752
Currently using any method	0.491	0.027	990	961	1.702	0.055	0.436	0.545
Currently using pill	0.135	0.018	990	961	1.646	0.132	0.099	0.171
Currently using IUD	0.012	0.006	990	961	1.734	0.499	0.000	0.024
Currently using female sterilization	0.017	0.007	990	961	1.598	0.389	0.004	0.030
Currently using periodic abstinence	0.011	0.005	990	961	1.435	0.439	0.001	0.020
Using public sector source	0.610	0.088	406	408	3.631	0.144	0.434	0.786
Want no more children	0.398	0.019	990	961	1.198	0.047	0.361	0.435
Want to delay at least 2 years	0.280	0.021	990	961	1.487	0.076	0.238	0.323
Ideal number of children	3.226	0.069	868	858	1.582	0.021	3.088	3.364
Mothers received tetanus injection	0.861	0.021	519	521	1.429	0.025	0.818	0.903
Mothers received medical care at birth	0.623	0.029	661	652	1.355	0.046	0.565	0.680
Had diarrhea in the last two weeks	0.155	0.022	623	620	1.510	0.140	0.111	0.198
Treated with ORS packets	0.376	0.071	77	96	1.429	0.189	0.234	0.518
Sought medical treatment	0.490	0.045	77	96	0.877	0.091	0.401	0.580
Having health card	0.300	0.060	128	132	1.534	0.200	0.180	0.420
Received BCG vaccination	0.803	0.036	128	132	1.072	0.045	0.730	0.876
Received DPT vaccination (3 doses)	0.499	0.075	128	132	1.755	0.150	0.349	0.649
Received polio vaccination (3 doses)	0.664	0.040	128	132	0.981	0.060	0.585	0.744
Received measles vaccination	0.710	0.032	128	132	0.822	0.045	0.647	0.774
Received all vaccinations	0.437	0.057	128	132	1.345	0.130	0.323	0.551
Total fertility rate 0-3 years	2.643	0.233	NA	4363	1.572	0.088	2.177	3.108
Perinatal mortality (0-4 years)	22.001	8.078	669	661	1.457	0.367	5.844	38.157
Neonatal mortality last 10 years	11.907	4.493	1330	1293	1.376	0.377	2.922	20.892
Post-neonatal mortality last 10 years	35.198	6.225	1333	1294	1.091	0.177	22.747	47.648
Infant mortality last 10 years	47.105	8.569	1333	1294	1.300	0.182	29.966	64.243
Child mortality last 10 years	26.102	11.538	1337	1307	2.717	0.442	3.026	49.178
Under-five mortality last 10 years	71.977	9.234	1340	1309	1.244	0.128	53.509	90.445
MEN								
Urban residence	0.401	0.089	262	237	2.938	0.222	0.223	0.579
No education	0.085	0.023	262	237	1.329	0.271	0.039	0.130
With secondary or higher education	0.467	0.036	262	237	1.168	0.077	0.395	0.539
Know any contraceptive method	0.896	0.032	262	237	1.678	0.035	0.832	0.959
Know any modern contraceptive method	0.889	0.033	262	237	1.670	0.037	0.823	0.954

NA = Not applicable

Table C.29 Sampling errors: Southeast Sulawesi sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.170	0.027	1023	251	2.287	0.158	0.116	0.223
Literate	0.842	0.020	1023	251	1.769	0.024	0.802	0.883
No education	0.103	0.022	1023	251	2.341	0.216	0.059	0.148
With secondary or higher education	0.443	0.041	1023	251	2.660	0.093	0.360	0.525
Currently married	0.954	0.010	1023	251	1.499	0.010	0.934	0.973
Currently pregnant	0.067	0.011	1366	318	1.377	0.163	0.045	0.089
Children ever born	2.980	0.094	973	239	1.363	0.032	2.791	3.169
Children surviving	2.635	0.054	973	239	0.942	0.020	2.527	2.742
Children ever born to women over 40	4.698	0.245	240	58	1.599	0.052	4.208	5.188
Know any contraceptive method	0.953	0.014	973	239	2.019	0.014	0.926	0.980
Ever used any contraceptive method	0.687	0.024	973	239	1.586	0.034	0.640	0.735
Currently using any method	0.486	0.026	973	239	1.620	0.053	0.434	0.538
Currently using pill	0.108	0.012	973	239	1.234	0.114	0.084	0.133
Currently using IUD	0.013	0.006	973	239	1.641	0.456	0.001	0.025
Currently using female sterilization	0.018	0.007	973	239	1.714	0.405	0.003	0.033
Currently using periodic abstinence	0.023	0.007	973	239	1.396	0.291	0.010	0.037
Using public sector source	0.334	0.054	427	98	2.369	0.162	0.226	0.442
Want no more children	0.397	0.015	973	239	0.946	0.037	0.367	0.427
Want to delay at least 2 years	0.356	0.016	973	239	1.072	0.046	0.323	0.389
Ideal number of children	3.415	0.077	852	209	1.861	0.023	3.261	3.569
Mothers received tetanus injection	0.741	0.028	545	136	1.488	0.037	0.685	0.796
Mothers received medical care at birth	0.420	0.032	724	183	1.488	0.076	0.356	0.484
Had diarrhea in the last two weeks	0.090	0.014	683	170	1.230	0.152	0.063	0.117
Treated with ORS packets	0.298	0.047	54	15	0.800	0.158	0.204	0.392
Sought medical treatment	0.326	0.077	54	15	1.240	0.237	0.171	0.480
Having health card	0.401	0.050	137	34	1.190	0.126	0.300	0.501
Received BCG vaccination	0.842	0.050	137	34	1.593	0.059	0.743	0.942
Received DPT vaccination (3 doses)	0.681	0.067	137	34	1.647	0.098	0.548	0.814
Received polio vaccination (3 doses)	0.693	0.064	137	34	1.600	0.092	0.565	0.821
Received measles vaccination	0.703	0.052	137	34	1.313	0.073	0.600	0.807
Received all vaccinations	0.528	0.072	137	34	1.667	0.137	0.383	0.672
Total fertility rate 0-3 years	3.630	0.197	NA	935	1.004	0.054	3.236	4.023
Perinatal mortality (0-4 years)	29.245	8.518	730	185	1.202	0.291	12.209	46.282
Neonatal mortality last 10 years	36.067	6.929	1376	345	1.110	0.192	22.210	49.925
Post-neonatal mortality last 10 years	31.040	12.628	1378	346	2.199	0.407	5.785	56.295
Infant mortality last 10 years	67.107	17.704	1378	346	2.004	0.264	31.698	102.52
Child mortality last 10 years	26.987	7.047	1382	347	1.362	0.261	12.894	41.081
Under-five mortality last 10 years	92.283	20.611	1384	348	1.998	0.223	51.062	133.50
MEN								
Urban residence	0.171	0.023	316	77	1.105	0.137	0.124	0.217
No education	0.038	0.017	316	77	1.549	0.439	0.005	0.071
With secondary or higher education	0.508	0.039	316	77	1.377	0.076	0.431	0.586
Know any contraceptive method	0.941	0.018	316	77	1.376	0.019	0.904	0.977
Know any modern contraceptive method	0.910	0.020	316	77	1.245	0.022	0.870	0.951

NA = Not applicable

Table C.30 Sampling errors: Gorontalo sample, Indonesia 2002-2003

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.260	0.037	993	153	2.649	0.142	0.186	0.334
Literate	0.899	0.013	993	153	1.406	0.015	0.872	0.926
No education	0.022	0.006	993	153	1.338	0.283	0.010	0.035
With secondary or higher education	0.407	0.038	993	153	2.408	0.092	0.332	0.483
Currently married	0.935	0.007	993	153	0.921	0.008	0.920	0.949
Currently pregnant	0.068	0.008	1282	193	1.107	0.113	0.052	0.083
Children ever born	2.656	0.104	929	143	1.606	0.039	2.448	2.865
Children surviving	2.311	0.069	929	143	1.263	0.030	2.173	2.450
Children ever born to women over 40	3.991	0.276	246	38	1.823	0.069	3.438	4.543
Know any contraceptive method	0.992	0.003	929	143	1.083	0.003	0.986	0.999
Ever used any contraceptive method	0.829	0.010	929	143	0.826	0.012	0.808	0.849
Currently using any method	0.520	0.024	929	143	1.476	0.047	0.472	0.569
Currently using pill	0.171	0.027	929	143	2.209	0.160	0.116	0.225
Currently using IUD	0.056	0.010	929	143	1.260	0.169	0.037	0.075
Currently using female sterilization	0.006	0.002	929	143	0.905	0.391	0.001	0.010
Currently using periodic abstinence	0.032	0.010	929	143	1.790	0.321	0.012	0.053
Using public sector source	0.439	0.040	458	69	1.724	0.091	0.359	0.519
Want no more children	0.526	0.022	929	143	1.314	0.041	0.482	0.569
Want to delay at least 2 years	0.227	0.013	929	143	0.970	0.059	0.200	0.254
Ideal number of children	2.756	0.045	944	148	1.198	0.016	2.667	2.846
Mothers received tetanus injection	0.758	0.041	476	75	2.085	0.054	0.676	0.839
Mothers received medical care at birth	0.488	0.054	598	93	2.324	0.111	0.380	0.597
Had diarrhea in the last two weeks	0.122	0.022	546	84	1.399	0.178	0.078	0.165
Treated with ORS packets	0.523	0.087	65	10	1.255	0.166	0.349	0.696
Sought medical treatment	0.507	0.126	65	10	1.889	0.248	0.255	0.758
Having health card	0.273	0.063	107	17	1.473	0.232	0.147	0.400
Received BCG vaccination	0.877	0.056	107	17	1.774	0.064	0.765	0.990
Received DPT vaccination (3 doses)	0.584	0.073	107	17	1.535	0.125	0.438	0.730
Received polio vaccination (3 doses)	0.641	0.077	107	17	1.665	0.120	0.486	0.795
Received measles vaccination	0.755	0.094	107	17	2.253	0.124	0.568	0.942
Received all vaccinations	0.566	0.073	107	17	1.531	0.129	0.419	0.713
Total fertility rate 0-3 years	2.787	0.179	NA	583	1.399	0.064	2.430	3.145
Perinatal mortality (0-4 years)	33.882	8.244	610	94	1.074	0.243	17.394	50.371
Neonatal mortality last 10 years	23.676	4.789	1222	194	1.136	0.202	14.099	33.254
Post-neonatal mortality last 10 years	53.576	9.931	1223	194	1.405	0.185	33.715	73.438
Infant mortality last 10 years	77.253	9.940	1223	194	1.230	0.129	57.373	97.133
Child mortality last 10 years	21.281	4.561	1228	194	1.057	0.214	12.159	30.404
Under-five mortality last 10 years	96.890	12.114	1229	195	1.314	0.125	72.663	121.12
MEN								
Urban residence	0.232	0.035	265	41	1.345	0.150	0.162	0.302
No education	0.014	0.008	265	41	1.087	0.566	0.000	0.029
With secondary or higher education	0.326	0.038	265	41	1.315	0.116	0.250	0.402
Know any contraceptive method	0.847	0.025	265	41	1.130	0.030	0.797	0.897
Know any modern contraceptive method	0.837	0.026	265	41	1.140	0.031	0.785	0.889

NA = Not applicable

QUALITY OF THE DATA: NONSAMPLING ERRORS

Appendix D

This appendix provides an initial assessment of the quality of the 2002-2003 IDHS data. For this purpose misreporting of ages, respondent's recall problems and other problems encountered during data collection are investigated.

Table D.1 presents the distribution of the household population by single years of age. Contrary to expectation, the proportion of children reported to be five years of age at the time of the survey is smaller than the proportions age four and six. Heaping is observed in the reporting of ages ending with 0 and 5 in the older ages for both males and females. However, unlike in past IDHS surveys, there appears to be no overreporting or shifting of age above the upper limit of eligibility of individual interview, 50 years and 55 years for females and males, respectively (CBS et al., 1998).

Table D.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Indonesia 2002-2003

Age	Male		Female		Age	Male		Female	
	Number	Percentage	Number	Percentage		Number	Percentage	Number	Percentage
0	1,541	2.2	1,438	2.0	36	816	1.1	950	1.3
1	1,465	2.1	1,381	1.9	37	1,159	1.6	1,122	1.6
2	1,665	2.3	1,424	2.0	38	948	1.3	1,093	1.5
3	1,484	2.1	1,585	2.2	39	762	1.1	840	1.2
4	1,486	2.1	1,398	2.0	40	1,329	1.9	1,375	1.9
5	1,265	1.8	1,267	1.8	41	704	1.0	697	1.0
6	1,678	2.4	1,823	2.6	42	1,177	1.7	1,171	1.6
7	1,668	2.3	1,488	2.1	43	868	1.2	771	1.1
8	1,605	2.3	1,455	2.0	44	614	0.9	638	0.9
9	1,578	2.2	1,465	2.1	45	1,010	1.4	1,074	1.5
10	1,610	2.3	1,564	2.2	46	664	0.9	707	1.0
11	1,570	2.2	1,395	2.0	47	792	1.1	695	1.0
12	1,702	2.4	1,586	2.2	48	727	1.0	928	1.3
13	1,434	2.0	1,358	1.9	49	582	0.8	721	1.0
14	1,383	1.9	1,425	2.0	50	1,054	1.5	676	0.9
15	1,401	2.0	1,286	1.8	51	498	0.7	480	0.7
16	1,356	1.9	1,292	1.8	52	718	1.0	570	0.8
17	1,504	2.1	1,365	1.9	53	458	0.6	429	0.6
18	1,489	2.1	1,429	2.0	54	528	0.7	363	0.5
19	1,132	1.6	1,261	1.8	55	492	0.7	634	0.9
20	1,508	2.1	1,643	2.3	56	375	0.5	289	0.4
21	1,091	1.5	1,147	1.6	57	480	0.7	378	0.5
22	1,326	1.9	1,371	1.9	58	257	0.4	345	0.5
23	1,126	1.6	1,253	1.8	59	248	0.3	241	0.3
24	1,078	1.5	1,194	1.7	60	784	1.1	915	1.3
25	1,405	2.0	1,470	2.1	61	216	0.3	236	0.3
26	999	1.4	1,134	1.6	62	431	0.6	419	0.6
27	1,221	1.7	1,321	1.8	63	331	0.5	285	0.4
28	1,021	1.4	1,186	1.7	64	210	0.3	211	0.3
29	983	1.4	1,081	1.5	65	525	0.7	532	0.7
30	1,596	2.2	1,554	2.2	66	152	0.2	203	0.3
31	939	1.3	992	1.4	67	230	0.3	259	0.4
32	1,175	1.7	1,279	1.8	68	157	0.2	213	0.3
33	1,056	1.5	1,032	1.4	69	140	0.2	140	0.2
34	948	1.3	931	1.3	70+	1,929	2.7	2,244	3.1
35	1,295	1.8	1,292	1.8	Don't know/ missing	23	0.0	29	0.0
					Total	71,172	100.0	71,438	100.0

Tables D.2.1 and D.2.2 present the age distribution of eligible and interviewed women and men. Table D.2.1 shows that during the household interview, 39,295 women age 15-49 were recorded, among whom 29,413 have been married and are, therefore, eligible for individual interview. Of these women, 28,867 were successfully interviewed, yielding a response rate of 98 percent. Table D.2.2 shows that 13,094 men age 15-54 were listed in the Household Questionnaire, among whom 8,447 are currently married, and are eligible for individual interview. In total, 8,057 men were interviewed, yielding a response rate of 95 percent.

To investigate the possibility of bias in age reporting in the individual woman's and men's interview, the age distribution of ever-married women and currently married men was calculated from the household information and then compared with the age distribution of interviewed women and men. The expected pattern of declining percentage with increasing age, seen in the household population of women, is not repeated for ever-married women. At the same time, there is virtually no difference in the age distributions of ever-married women and interviewed women. This suggests that there is no bias in age reporting in these populations. Response rates vary slightly by age group.

Table D.2.1 Age distribution of eligible and interviewed women

Five-year age distribution of the de facto household population of women age 10-54, ever-married women age 10-54, and percentage of eligible women who were interviewed (weighted), by five-year age groups, Indonesia 2002-2003

Age group	Household population of women age 10-54	Ever-married women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
			Number	Percent	
10-14	7,328	na	na	na	na
15-19	6,632	964	949	3.3	98.5
20-24	6,608	3,900	3,797	13.2	97.4
25-29	6,192	5,353	5,259	18.2	98.2
30-34	5,789	5,449	5,336	18.5	97.9
25-39	5,298	5,140	5,069	17.6	98.6
40-44	4,652	4,558	4,469	15.5	98.1
45-49	4,125	4,049	3,988	13.8	98.5
50-54	2,518	2,466	na	na	na
15-49	39,295	29,413	28,867	100.0	98.1

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table D.2.2 Age distribution of eligible and interviewed men

Five-year age distribution of the de facto household population of men age 15-59, currently married men age 10-59, and percentage of eligible men who were interviewed (weighted), by five-year age groups, Indonesia 2002-2003

Age group	Household population of men age 10-59	Currently married men age 10-59	Interviewed men age 15-49		Percentage of eligible men interviewed
			Number	Percent	
10-14	2,414	na	na	na	na
15-19	2,115	12	12	0.1	93.4
20-24	1,963	445	419	5.2	94.0
25-29	1,889	1,253	1,179	14.6	94.1
30-34	1,710	1,490	1,410	17.5	94.6
25-39	1,650	1,602	1,534	19.0	95.7
40-44	1,433	1,385	1,336	16.6	96.5
45-49	1,278	1,247	1,196	14.8	95.9
50-54	1,055	1,012	973	12.1	96.2
55-59	551	516	na	na	na
15-59	13,094	8,447	8,057	100.0	95.4

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule. na = Not applicable

Information on the completeness of reporting in connection with a set of important variables is provided in Table D.3. Among births in the 15 years preceding the survey, 8 percent are missing information on year of birth. Information on age at death is missing for less than 1 percent of these births. Less than one percent of ever-married women do not report information regarding their age or date at first union. Compared with data from past IDHS surveys, these figures show that the extent of missing information in the survey remains very limited.

Table D.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions, Indonesia 2002-2003

Subject	Reference group	Percentage of reference group with missing information	Number of cases
Birth date	Last 15 years		
Month only		7.7	45,657
Month and year		0.4	45,657
Age at death	Past 15 years	0.5	2,822
Age/date at first union ¹	Ever-married respondents	0.1	29,483
Respondent's education	All respondents	0.0	29,483
Diarrhea in last 2 weeks	Living children age 1-59 months	0.9	14,510

¹ Both year and age missing

Table D.4 is presented to investigate whether there is any bias in the data with regard to the reporting of births. The percentage of surviving children born in 1997 is much smaller than that in the preceding year, suggesting a deliberate attempt by some interviewers to reduce their work loads, in particular to shorten the interview by skipping the health sections which ask extensive questions about children under five. This is again shown by the ratio of births in 1997 to the average of the two adjoining years (82), while that for births in 1996 it is 121. The phenomenon is more serious among dead children where the deficit also occurs for births in 1997.

Sex ratios vary year by year with some indication of bias. Mothers seem to have better recall of dead male children than dead female children, as indicated by the much higher sex ratios for dead children. Comparing the figures presented in Table D.4 with those in previous Indonesia DHS suggests that the reporting of children's date of birth is more complete in 2002-2003 than in previous years.

Table D.4 Births by calendar years

Distribution of births by calendar years since birth for living, dead, and all children, according to completeness of birth dates, sex ratio at birth, and ratio of births by calendar year (weighted), Indonesia 2002-2003

Year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2002	2,864	102	2,966	100.0	99.7	100.0	109.5	117.0	109.7	na	na	na
2001	2,865	116	2,980	99.9	100.0	99.9	106.5	161.9	108.2	na	na	na
2000	3,057	116	3,173	99.7	99.7	99.7	113.5	207.2	115.9	105.1	105.3	105.1
1999	2,953	104	3,057	99.7	98.9	99.7	93.9	70.0	93.0	102.5	80.1	101.5
1998	2,707	144	2,851	99.5	98.5	99.4	110.3	69.7	107.8	99.3	130.3	100.5
1997	2,498	117	2,615	99.6	91.1	99.2	97.5	140.0	99.1	82.2	59.9	80.8
1996	3,371	248	3,619	92.9	64.2	90.9	92.5	139.6	95.1	121.2	155.8	123.0
1995	3,068	200	3,268	91.7	63.2	89.9	109.7	68.2	106.6	98.0	85.0	97.1
1994	2,888	224	3,112	91.2	63.7	89.2	113.2	135.6	114.7	97.6	109.8	98.4
1993	2,851	208	3,059	90.4	57.1	88.1	106.1	147.0	108.5	98.2	87.5	97.4
1997-2001	14,447	581	15,028	99.8	99.3	99.7	106.5	111.4	106.7	na	na	na
1992-1996	14,676	997	15,673	92.9	65.5	91.2	103.4	121.3	104.4	na	na	na
1987-1991	13,721	1,247	14,967	87.7	50.4	84.6	106.6	127.8	108.2	na	na	na
1982-1986	12,333	1,373	13,705	83.2	48.1	79.7	102.1	133.6	104.9	na	na	na
<1982	16,039	2,836	18,875	76.7	42.2	71.5	104.8	125.7	107.7	na	na	na
All	71,215	7,034	78,249	87.9	52.8	84.8	104.7	125.6	106.4	na	na	na

¹Both year and month of birth given

² $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x/(B_{x-1} + B_{x+1})] \times 100$, where B_x is the number births in calendar year x

Table D.5 shows that there is a heaping in the reporting of age at death at seven days or one week. While a surplus of deaths is also reported at eight and nine days among births in the past 5 years, the surplus in the previous three five-year periods is found at age at death of 10 days. The proportion of early neonatal deaths among all neonatal deaths in the four three five-year periods is higher in the most recent years, consistent with declining infant mortality rates.

The same conclusion can be drawn from higher proportion of neonatal deaths among all deaths in Table D.6. It is interesting to note that there is no heaping in age at death of 12 months. Heaping in other ages at death is shown in different ages at death in the four five-year periods, suggesting that this phenomenon occurs randomly. Findings from the 1997 IDHS show a serious heaping in age 12 months, which might have had an impact on the infant mortality rate estimate.

Table D.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey, Indonesia 2002-2003

Age at death (days)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	87	83	98	92	361
1	64	115	96	74	349
2	14	34	53	28	128
3	28	13	37	23	100
4	13	11	9	10	44
5	16	14	4	12	46
6	2	8	4	9	23
7	17	40	40	84	182
8	11	1	7	0	19
9	14	5	16	2	37
10	8	16	17	12	53
11	1	1	1	1	4
12	1	4	5	7	16
13	0	3	3	6	12
14	0	14	14	11	39
15	1	10	3	15	28
16	0	1	1	2	4
17	2	1	1	1	5
18	0	3	0	2	5
19	0	3	0	0	3
20	3	14	4	4	25
21	2	3	0	2	8
22	1	0	0	0	1
23	1	0	1	0	2
24	0	0	1	1	1
25	1	3	9	2	14
26	0	0	0	0	1
27	0	1	4	4	9
28	0	0	0	2	2
29	0	0	0	3	3
31+	0	4	1	12	17
Total 0-30	289	399	426	409	1,523
Percent early neonatal ¹	77.2	69.7	70.5	60.6	68.9

¹ 0-6 days/0-30 days

Table D.6 Reporting of age at death in months

Distribution of reported deaths under one month of age by age at death in months and the percentage of neonatal deaths reported to occur under one month, for five-year periods of birth preceding the survey, Indonesia 2002-2003

Age at death (months)	Number of years preceding the survey				Total 0-19
	0-4	5-9	10-14	15-19	
< 1 month ¹	290	399	426	411	1,526
1	43	64	86	85	279
2	43	52	53	48	197
3	21	55	56	88	221
4	14	41	39	41	134
5	16	16	38	40	111
6	13	44	30	54	142
7	23	24	30	33	110
8	17	23	40	21	101
9	14	17	32	30	93
10	2	18	18	14	51
11	3	7	13	12	35
12	1	2	8	6	17
13	1	4	3	8	17
14	3	1	10	8	21
15	2	3	4	5	14
16	0	0	2	2	4
17	0	3	5	4	12
18	4	18	12	24	57
19	1	2	0	2	5
20	1	1	2	4	8
21	0	0	1	0	2
22	2	3	0	0	5
Missing	0	0	1	0	1
1 year	12	24	85	59	181
Total 0-11	500	761	861	879	3,001
Percent neonatal ²	58.0	52.4	49.5	46.8	50.9

¹ < 1 includes deaths under one month reported in days

² Percent neonatal = under one month/under one year

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III. HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	AGE 15 AND ABOVE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?			How old is (NAME)?	What is (NAME)'s marital status? **	CIRCLE LINE NUMBER OF ALL MARRIED MEN AGE 15-54 YEARS
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(10A)
01		<input type="checkbox"/> <input type="checkbox"/>	M F 1 2	YES NO 1 2	YES NO 1 2	YEARS <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	01	01	01
02		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	02	02	02
03		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	03	03	03
04		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	04	04	04
05		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	05	05	05
06		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	06	06	06
07		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	07	07	07
08		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	08	08	08
09		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	09	09	09
10		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	10	10	10
11		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	11	11	11
12		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	12	12	12
13		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	13	13	13
14		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	14	14	14
15		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	15	15	15

*) CODES FOR COLUMN (3):
RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD OF HOUSEHOLD
- 02 = WIFE OR HUSBAND
- 03 = CHILD
- 04 = SON OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED CHILD
- 11 = STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

**) CODES FOR COLUMN (8):
MARITAL STATUS

- 1 = SINGLE
- 2 = MARRIED
- 3 = DIVORCED
- 4 = WIDOWED

***) COLUMNS (11) TO COLUMN (14):
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD

- COLUMN (12) AND COLUMN (14):
- RECORD '00' IF NATURAL MOTHER OR FATHER DOES NOT LIVE IN HOUSEHOLD

****) CODES FOR COLUMN (16):
LEVEL OF EDUCATION

- 1 = PRIMARY
- 2 = JUNIOR HIGH SCHOOL
- 3 = SENIOR HIGH SCHOOL
- 4 = ACADEMY
- 5 = UNIVERSITY
- 8 = DON'T KNOW

- CLASS
- 7 = COMPLETED
- 8 = DON'T KNOW

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD ***				EDUCATION		
Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		
	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN HH SCHEDULE.		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN HH SCHEDULE.	Has (NAME) ever been to school?	What is highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? ****	IF AGE 5-24YEARS Is (NAME) still in school?
(11)	(12)	(13)	(14)	(15)	(16)	(17)
YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2
1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 2 NEXT LINE ↙ ↘	<input type="text"/> <input type="text"/>	1 2

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- 1) Are there other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- 2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here for six months or more, who have not been listed? YES ENTER EACH IN TABLE NO
- 4) Are there any other people who usually live here, but have been away for less than 6 months? YES ENTER EACH IN TABLE NO
- 5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move? YES ENTER EACH IN TABLE NO

IV. HOUSING CONDITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
18	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 OPEN WELL OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 PROTECTED WELL PROTECTED WELL IN DWELLING . . 31 PROTECTED WELL IN YARD/PLOT . 32 PROTECTED PUBLIC WELL 33 SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAIN WATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER 96	→ 20 → 20 → 20 → 20 → 20
19	How long does it take you to go there, get water, and come back?	MINUTES <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> ON PREMISES 996	
20	What kind of toilet facilities does your household have?	PRIVATE WITH SEPTIC TANK 11 WITH NO SEPTIC TANK 12 SHARED/PUBLIC 21 RIVER/STREAM/CREEK 31 PIT 41 YARD/BUSH/FOREST 51 OTHER _____ 96 (SPECIFY)	
21	CHECK 18: _____ WELLS CODES 21, 22, 23, 31, 32, 33 <input style="width: 20px; height: 15px;" type="text"/> OTHER THAN CODES 21, 22, 23, 31, 32, 33 <input style="width: 20px; height: 15px;" type="text"/>		→ 23
22	How far is the distance between the well and the nearest septic tank? (ROUNDED UP IN METER).	METERS <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW 98	
23	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH 11 BAMBOO 21 WOOD 22 BRICK/CONCRETE 31 TILE 32 CERAMIC/MARBLE/GRANITE 33 OTHER _____ 96 (SPECIFY)	
24	What is the floor area of this house? (IN SQUARE METERS).	SQUARE METERS <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> DON'T KNOW 998	
25	What is the primary construction material of the outer walls of this house?	BRICK 1 WOOD 2 BAMBOO 3 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
26	What is the primary construction material of the roof?	BRICK/CONCRETE 1 WOOD 2 TILE 3 ASBESTOS/ZINC 4 LEAVES 5 OTHER _____ 6 (SPECIFY)																			
27	Does your household have: Electricity? Radio? Television? Telephone? Refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
REFRIGERATOR	1	2																			
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 GAS 02 KEROSENE 03 COAL 04 CHARCOAL 05 FIREWOOD 06 OTHER 96																			
29	Does any member of your household own: a. A bicycle/rowboat? b. A motorcycle or motorboat? c. A car/truck?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a. BICYCLE/ROWBOAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. MOTORCYCLE /MOTOR BOAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a. BICYCLE/ROWBOAT	1	2	b. MOTORCYCLE /MOTOR BOAT	1	2	c. CAR/TRUCK	1	2							
	YES	NO																			
a. BICYCLE/ROWBOAT	1	2																			
b. MOTORCYCLE /MOTOR BOAT	1	2																			
c. CAR/TRUCK	1	2																			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is and I am working with (BPS). We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.... 2 ⇒ END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF LESS THEN 15 OR OLDER THAN 49 END INTERVIEW. CORRECT 02IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEAR <input type="text"/> <input type="text"/>	
106A	Are you now married, divorced or widowed ?	MARRIED 1 DIVORCED 2 WIDOWED 3	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5	
109	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Now I would like you to read this sentence to me: SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read only part of the sentence to me?	CAN NOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2' OR '3' <input type="checkbox"/> CODE '1' <input type="checkbox"/> CIRCLED CIRCLED	→ 115	
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHA 05 CONFUCIAN 06 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ... <input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct? YES <input type="text"/> <input type="text"/> NO <input type="text"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="text"/> <input type="text"/> NO BIRTHS <input type="text"/> → 226		

211 Now I would like to record the names of all your births, whether still alive or not. Starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your (first/next) baby?	213 Were any of this births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF ALIVE RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	221 Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
01 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
02 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2
03 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2
04 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2
05 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2
06 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2
07 <hr/> (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2

212	213	214	215	216	217 IF ALIVE	218 IF ALIVE	219 IF ALIVE	220 IF DEAD	221	
What name was given to your (first/next) baby?	Were any of this births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?	
08 _____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS [][]	YES .. 1 NO ... 2	LINE NUMBER [][] ↓ (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	YES 1 NO 2	
09 _____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS [][]	YES .. 1 NO ... 2	LINE NUMBER [][] ↓ (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	YES 1 NO 2	
10 _____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS [][]	YES .. 1 NO ... 2	LINE NUMBER [][] ↓ (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	YES 1 NO 2	
11 _____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS [][]	YES .. 1 NO ... 2	LINE NUMBER [][] ↓ (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	YES 1 NO 2	
12 _____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH [][] YEAR [][][][]	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS [][]	YES .. 1 NO ... 2	LINE NUMBER [][] ↓ (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	YES 1 NO 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES 1 NO 2			

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH (Q 215): YEAR OF BIRTH IS RECORDED</p> <p>FOR EACH LIVING CHILD (Q 217): CURRENT AGE IS RECORDED</p> <p>FOR EACH DEAD CHILD (Q 220): AGE AT DEATH IS RECORDED</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1997 OR LATER. IF NONE, RECORD '0'.		<input type="checkbox"/>
225	FOR EACH BIRTH SINCE JANUARY 1997, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'H' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H'S MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED). WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE.		
226	<p>Are you pregnant now?</p> <p>BE CAREFUL WHEN ASKING THIS QUESTION TO A DIVORCED OR WIDOWED WOMAN.</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	<input type="checkbox"/> → 229
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="checkbox"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait <u>until later</u> , or did you <u>not want</u> to have any (more) children at all?	<p>THEN 1</p> <p>LATER 2</p> <p>NOT AT ALL 3</p>	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	<p>YES 1</p> <p>NO 2</p>	→ 237
230	When did the last such pregnancy end?	<p>MONTH <input type="checkbox"/></p> <p>YEAR <input type="checkbox"/></p>	
231	<p>CHECK 230:</p> <p>LAST PREGNANCY ENDED IN JANUARY 1997 <input type="checkbox"/> OR LATER ▾</p> <p>LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 1997</p>		→ 237
232	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p>RECORD NUMBER OF COMPLETED MONTHS. ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="checkbox"/>	
233	Have you ever had any other pregnancies which did not result in a live birth?	<p>YES 1</p> <p>NO 2</p>	→ 237
234	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1997.</p> <p>ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATION AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
235	Did you have any pregnancies that terminated before January 1997 that did not result in a live birth?	<p>YES 1</p> <p>NO 2</p>	→ 237

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																								
236	When did the last such pregnancy that terminated before 1997 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																									
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IF MENOPAUSE/HYSTERECTOMY ... 994 BEFORE LAST BIRTH/LAST MISCARRIAGE 995 NEVER MENSTRUATED 996																									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 239A																								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																									
239A	CHECK 106A: MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 239G																								
239B	Did your husband know when you had your last menstrual period?	YES 1 NO 2 DON'T KNOW 8	→ 239D																								
239C	Did your husband ask about your condition regarding your last menstrual period, such as: Whether you had excessive bleeding? Whether the period was on time? The duration of the period? Whether you had excessive pain? Other concerns?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DON'T KNOW</td> </tr> <tr> <td>BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>ON TIME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>EXCESSIVE PAIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DON'T KNOW	BLEEDING	1	2	8	ON TIME	1	2	8	DURATION	1	2	8	EXCESSIVE PAIN	1	2	8	OTHER	1	2	8	
	YES	NO	DON'T KNOW																								
BLEEDING	1	2	8																								
ON TIME	1	2	8																								
DURATION	1	2	8																								
EXCESSIVE PAIN	1	2	8																								
OTHER	1	2	8																								
239D	CHECK 214: HAS AT LEAST ONE DAUGHTER <input type="checkbox"/> NO DAUGHTER <input type="checkbox"/>		→ 239G																								
239E	CHECK 217: HAS DAUGHTER(S) AGE 10 OR OLDER <input type="checkbox"/> HAS NO DAUGHTER AGE 10 OR OLDER <input type="checkbox"/>		→ 239G																								

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
239F	Did your husband know when (any of) your teenage daughter(s) had her first menstrual period?	YES 1 NO 2 DON'T KNOW 8	
239G	Do you know the signs of danger during pregnancy?	YES 1 NO 2	→ 242
240	What kind of health problems can a woman have when she is pregnant? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINT G BREATHLESSNESS H TIREDNESS I OTHER X	
241	What should she do, if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
242	Can you tell me what kind of problems can happen to a woman during labor and delivery? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WATER BREAKS TOO EARLY A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY B FEVER C LONG LABOR D FAINT E CONVULSIONS F PLACENTA DOES NOT COME OUT G STILLBIRTH H OTHER X DON'T KNOW Z	→ 244
243	What should she do if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TRADITIONAL BIRTH ATTENDANT E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
244	Can you tell me what kind of problems can happen to the mother during the time after birth/during seclusion? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	EXCESSIVE BLEEDING A FAINT B CONVULSIONS C FEVER D FOUL-SMELLING DISCHARGE E SORE BREAST F SADNESS/DEPRESSION G OTHER X DON'T KNOW Z	→ 301

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
245	What should she do, if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	

SECTION 3. CONTRACEPTION



Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid of a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you ever heard about?		302	Have you ever used (METHOD)?			
01	FEMALE STERILIZATION. Women can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/>	01	Have you ever had an operation to avoid having any more children? YES 1 NO 2			
02	MALE STERILIZATION. Men can have an operation to avoid having any more children.	YES 1 NO 2 <input type="checkbox"/>	02	Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2			
03	PILL. Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 <input type="checkbox"/>	03	YES 1 NO 2			
04	IUD. Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 <input type="checkbox"/>	04	YES 1 NO 2			
05	INJECTABLES. Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 <input type="checkbox"/>	05	YES 1 NO 2			
06	IMPLANTS. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 <input type="checkbox"/>	06	YES 1 NO 2			
07	CONDOM. Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 <input type="checkbox"/>	07	YES 1 NO 2			
08	DIAPHRAGM. Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 <input type="checkbox"/>	08	YES 1 NO 2			
09	LACTATIONAL AMENORRHEA METHOD (LAM). Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2 <input type="checkbox"/>	09	YES 1 NO 2			
10	RHYTHM OR PERIODIC ABSTINENCE. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 <input type="checkbox"/>	10	YES 1 NO 2			
11	WITHDRAWAL. Men can be careful and pull out before climax.	YES 1 NO 2 <input type="checkbox"/>	11	YES 1 NO 2			
12	OTHERS. Other methods that can prevent pregnancy.	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 <input type="checkbox"/>	12	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2			
303	CHECK 302: <table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/> </td> <td style="width: 10%; border: none; text-align: center;"> AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/> </td> <td style="width: 45%; border: none;"> _____ → 307 </td> </tr> </table>				NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/>	AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>	_____ → 307
NOT A SINGLE 'YES' (NEVER USED) <input type="checkbox"/>	AT LEAST ONE 'YES' (EVER USED) <input type="checkbox"/>	_____ → 307					

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
304	Have you ever used anything or tried in a way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant? How many living children did you have at that time, if any? IF NONE, ENTER '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 318
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. IF INJECTABLES, ASK FOR HOW MANY MONTHS. IF IMPLANTS, ASK FOR HOW MANY YEARS.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION 1 MONTH E INJECTION 3 MONTHS F IMPLANT 3 YEARS G IMPLANT 5 YEARS H CONDOM I INTRAVAG/DIAPHRAGM J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER X (SPECIFY)	→ 313 → 316A → 312H → 312K → 316A → 316B → 318
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	Do you have a package of pills in the house?	YES 1 NO 2	→ 312B
312A	Please show me the package of pills you are now using. (RECORD TYPE OF PILLS). COMBINATION: GRACIAL 28 GYNERA LYNDIOL MARVELON 28 MERCILON 28 MICROGYNON MIKRODIOL NORDETTE 28 OVOSTAT 28 LIVODIOL 28 TRINORDIOL 21/TRINORDIOL28 SINGLE: EXCLUTON	PACKAGE SEEN COMBINATION 1 SINGLE 2 OTHER 6 PACKAGE NOT SEEN 8	→ 312C
312B	Why don't you have a/can not show the package of pills?	RAN OUT 1 COST TOO MUCH 2 HUSBAND AWAY 3 MENSTRUATING 4 OTHER 6	→ 312E

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
312C	CHECK THE PACKET FOR PILL USE AND CIRCLE THE CORRECT CODE.	PILLS MISSING IN ORDER 1 PILLS MISSING OUT OF ORDER 2 NO PILLS MISSING 3	→ 312E
312D	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO 1 HEALTH REASONS 2 FIELDWORKER'S INSTRUCTION 3 NEW PACKET 4 MENSTRUATING 5 OTHER 6	
312E	When was the last time you took a pill?	DAYS AGO: <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO 97	
312F	CHECK 312E: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		→ 316A
312G	Why aren't you taking the pills these days?	HUSBAND AWAY 01 FORGOT 02 HEALTH REASON 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER 96	→ 316A
312H	How many weeks ago did you have an injection?	WEEKS AGO: <input type="text"/> <input type="text"/>	
312I	CHECK 311/311A: CODE 'E' CIRCLED <input type="checkbox"/>	CODE 'F' CIRCLED <input type="checkbox"/>	
312IA	CHECK 312H: MORE THAN 4 WEEKS AGO <input type="checkbox"/> 4 WEEKS OR LESS <input type="checkbox"/>	MORE THAN 13 WEEKS AGO <input type="checkbox"/> 4 WEEKS OR LESS <input type="checkbox"/>	316A
312J	Why haven't you had an injection recently?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASONS 3 COST TOO MUCH 4 OTHER 6	→ 316A
312K	When did you start using implant?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
312L	CHECK 312K: COMPUTE DURATION OF IMPLANT USE	DURATION IN MONTHS . <input type="text"/> <input type="text"/>	
312M	CHECK 311/311A: CODE 'G' CIRCLED <input type="checkbox"/>	CODE 'H' CIRCLED <input type="checkbox"/>	
312N	CHECK 312M: MORE THAN 36 MONTHS AGO <input type="checkbox"/> WITHIN 36 MONTHS <input type="checkbox"/>	MORE THAN 60 MONTHS AGO <input type="checkbox"/> WITHIN 60 MONTHS <input type="checkbox"/>	316B
312O	Why haven't you had the implant taken out?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASON 3 COST TOO MUCH 4 OTHER 6	→ 316B
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND 'B' CIRCLE IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION.	PUBLIC SECTOR HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 MOBILE UNIT 14 OTHER _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 21 CLINIC 22 DOCTOR 23 MOBILE UNIT 24 OTHER _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> Before the sterilization operation, were you told that you would not able to have any (more) children because of the operation? Before the sterilization operation, was your husband told that he would not able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	
314A	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES 1 NO 2	→ 316
314B	Do you know where a person can have an operation to reverse sterilization?	YES 1 NO 2	
316	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/>	
316A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
316B	What was the cost to get the sterilization/method?	COST Rp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
317	<p>CHECK 316/316A:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YEAR IS 1997 OR LATER</p>  </div> <div style="text-align: center;"> <p>YEAR IS 1996 OR EARLIER</p>  </div> </div> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING. THEN CONTINUE WITH 318.</p>	<p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1997 THEN SKIP TO _____</p>	<p>→ 327</p>
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1997. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: COLUMN 1: • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS: COLUMN 2: • Where did you obtain the method when you start using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: • How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00 → 329</p> <p>FEMALE STERILIZATION 01 → 327</p> <p>MALE STERILIZATION 02 → 327</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 1 MONTH 05</p> <p>INJECTION 3 MONTHS 06</p> <p>IMPLANT 3 YEARS 07</p> <p>IMPLANT 5 YEARS 08</p> <p>CONDOM 09</p> <p>INTRAVAG/DIAPHRAGM 10</p> <p>LAM 11 → 327</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96</p>	
322	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD) FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1 → 324</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 324A
323A	Did you ask a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
324A	Do you have any health problems in using (CURRENT METHOD IN 321) ?	YES 1 NO 2	→ 325
324B	CHECK 311/311A : PILL, IUD, INJECTABLES OR IMPLANTS <input type="checkbox"/> OTHER METHODS <input type="checkbox"/>		→ 325
324C	What is the main health problem?	WEIGHT GAIN 01 WEIGHT LOSS 02 BLEEDING 03 HYPERTENSION 04 HEADACHE 05 NAUSEA 06 NO MENSTRUATION 07 WEAK/TIRED 08 OTHER 96 DON'T KNOW 98	
325	CHECK 322: CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/> At that time, were you told about other methods of family planning which you could use? When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning which you could use?	YES 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD//SPIRAL 04 INJECTION 1 MONTH 05 INJECTION 3 MONTHS 06 IMPLANT 3 YEARS 07 IMPLANT 5 YEARS 08 CONDOM 09 INTRAVAG/DIAPHRAGM 10 LAM 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96	→ 331 → 331

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>DOCTOR 23</p> <p>NURSE/MIDWIFE 24</p> <p>VILLAGE MIDWIFE 25</p> <p>PHARMACY/DRUG STORE 26</p> <p>OTHER 27</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31</p> <p>HEALTH POST 32</p> <p>FP POST 33</p> <p>FRIENDS/RELATIVES 34</p> <p>SHOP 35</p> <p>OTHER 36</p> <p>(SPECIFY)</p>	<p>→331</p>
329	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→331</p>
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>FP FIELDWORKER D</p> <p>FP MOBILE UNIT E</p> <p>OTHER F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL G</p> <p>CLINIC H</p> <p>DOCTOR I</p> <p>NURSE/MIDWIFE J</p> <p>VILLAGE MIDWIFE K</p> <p>PHARMACY/DRUG STORE L</p> <p>OTHER M</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST N</p> <p>HEALTH POST O</p> <p>FP POST P</p> <p>FRIENDS/RELATIVES Q</p> <p>SHOP R</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
331	<p>In the last 6 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 6 months, have you visited by a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→401</p>
333	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1997 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1997 OR LATER <input type="checkbox"/>	→487
<p>402 ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately).</p>			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 406A)← LATER 2 NOT AT ALL 3 (SKIP TO 406A)←	THEN 1 (SKIP TO 406A)← LATER 2 NOT AT ALL 3 (SKIP TO 406A)←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
406A	Has (NAME)'s birth been registered?	YES 1 NO 2 (SKIP TO 406D)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 406D)← DON'T KNOW 8
406B	May I see the document? CHECK THE DOCUMENT PRODUCED BY THE RESPONDENT.	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 407)← BIRTH CERTIFICATE 5	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 423)← BIRTH CERTIFICATE 5
406C	How old was (NAME) when you registered his/her birth?	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/> YEARS 4 <input type="text"/> DON'T KNOW 998 (SKIP TO 407)←	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/> MONTHS 3 <input type="text"/> YEARS 4 <input type="text"/> DON'T KNOW 998 (SKIP TO 423)←
406D	Why was (NAME) not registered?	COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE TO REGISTER 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6	COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE TO REGISTER 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
407	Did you see anyone for antenatal care for this pregnancy? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR GENERAL A OBGYN B NURSE/MIDWIFE C VILLAGE MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT ... E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414A) ← _____	
407A	CHECK 407: CODE 'A', 'B', 'C' OR 'D' CIRCLED <input type="checkbox"/> CODE 'E' OR 'X' CIRCLED <input type="checkbox"/> → 407C		
407B	Were you given an antenatal card (KMS) for pregnant mother or MCH book for this pregnancy? IF YES: May I see it, please?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DON'T KNOW 8	
407C	Where did you go for antenatal care for this pregnancy?	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER _____ 37 (SPECIFY) OTHER DELIVERY POST 41 HEALTH POST 42 OTHER _____ 46 (SPECIFY)	
407D	Did your husband accompany you in any antenatal care visits during this pregnancy?	YES 1 NO 2	
408	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98 (SKIP TO 412) ← _____	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE.	ONCE <input type="checkbox"/> MORE THAN ONCE <input type="checkbox"/> (SKIP TO 412)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410A	You made (NUMBER IN 409) ____ antenatal care visits during this pregnancy. How many times did you receive antenatal care in: a. The first 3 months? b. Between the fourth and sixth month? c. Between the seventh month and delivery? SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 409.	NUMBER OF ANC VISITS 0 - 3 MONTHS <input type="text"/> <input type="text"/> 4 - 6 MONTHS <input type="text"/> <input type="text"/> 7 MONTH-DELIVERY <input type="text"/> <input type="text"/>	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once: Were you weighted? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Was your stomach examined ?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2 STOMACH 1 2	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414A) ← <input type="text"/> DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	
414A	During your pregnancy with (NAME), did you discuss with anyone about: Where you plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for the delivery? Identifying a possible blood donor?	YES NO PLACE TO DELIVER 1 2 TRANSPORTATION 1 2 DELIVERY ASSISTANT 1 2 PAYMENT 1 2 BLOOD DONOR 1 2	
414B	Did you have any complications during this pregnancy?	YES 1 NO 2 (SKIP TO 415) ← <input type="text"/>	
414C	What are they? Any other complications? RECORD ALL COMPLICATIONS SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.	LABOR BEFORE 9 MONTHS A VAGINAL BLEEDING B FEVER C CONVULSIONS AND FAINTING D OTHER _____ X (SPECIFY)	
414D	What did you do to overcome the complication? Anything else? RECORD ALL ACTIONS MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO HEALTH FACILITY H OTHER X DON'T KNOW Z	
415	During your pregnancy with (NAME), were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← <input type="text"/> DON'T KNOW 8	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
416	During your pregnancy with (NAME), how many times did you get this injection?	TIMES <input type="checkbox"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	For how many days during this pregnancy did you take the iron tablets?	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness (USE LOCAL TERM)?	YES 1 NO 2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425A	After (NAME) was born, did a health professional or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8
425B	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	AFTER DELIVERY DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	AFTER DELIVERY DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
425C	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE/MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE/MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
425D	<p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 PEDIATRICIAN 35 MIDWIFE 36 VILLAGEMIDWIFE 37 OTHER 38 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER 46 (SPECIFY)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 PEDIATRICIAN 35 MIDWIFE 36 VILLAGEMIDWIFE 37 OTHER 38 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER 46 (SPECIFY)</p>
426	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.</p>	<p>HEALTH PROFESSIONAL DOCTOR (GENERAL PRACTITIONER) A OBGYN B NURSE/MIDWIFE C VILLAGE MIDWIFE D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F</p> <p>OTHER X (SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL DOCTOR (GENERAL PRACTITIONER) A OBGYN B NURSE/MIDWIFE C VILLAGE MIDWIFE D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F</p> <p>OTHER X (SPECIFY)</p> <p>NO ONE Y</p>
427	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A)←_____</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR (GENERAL PRACTITIONER) 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER 37 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER 46 (SPECIFY)</p> <p>(SKIP TO 428A)←_____</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A)←_____</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER 37 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER 46 (SPECIFY)</p> <p>(SKIP TO 428A)←_____</p>

		LAST BIRTH	NEXT-TO-LAST BIRTH																												
		NAME _____	NAME _____																												
427A	Was your husband with you when you delivered (NAME)?	YES 1 NO 2	YES 1 NO 2																												
428	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2																												
428A	At the time of the birth of (NAME), did you have: Labor, that is the strong and regular contractions lasting more than one day and one night? A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)? A high fever and foul smelling vaginal discharge? Convulsions with loss of consciousness? Any other complications? IF YES, SPECIFY.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>PROLONGED LABOR ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>VAGINAL BLEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FEVER/FOUL SMELLING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>CONVULSIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td colspan="4" style="text-align: center;">_____ (SPECIFY)</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	PROLONGED LABOR ..	1	2	8	VAGINAL BLEEDING ...	1	2	8	FEVER/FOUL SMELLING	1	2	8	CONVULSIONS	1	2	8	OTHER	1	2	8	_____ (SPECIFY)				
	YES	NO	DON'T KNOW																												
PROLONGED LABOR ..	1	2	8																												
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CONVULSIONS	1	2	8																												
OTHER	1	2	8																												
_____ (SPECIFY)																															
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433)←_____	YES 1 NO 2 (SKIP TO 433)←_____																												
429A	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	AFTER DELIVERY DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 998																													
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR GENERAL 11 OBGYN 12 NURSE/MIDWIFE 13 VILLAGE MIDWIFE 14 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)																													

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL/CLINIC 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR (GENERAL PRACTITIONER) 33 OBGYN 34 MIDWIFE 35 VILLAGEMIDWIFE 36 OTHER _____ 37 (SPECIFY) OTHER HEALTH POST 41 DELIVERY POST 42 OTHER _____ 46 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW RED CAPSULE.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← _____ NO 2 (SKIP TO 437) ← _____	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ← _____
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 439) ← _____	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ← _____	
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ← _____	YES 1 NO 2 (SKIP TO 447) ← _____
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00', IF LESS THAN 24 HOURS RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444)←	YES 1 NO 2 (SKIP TO 446)←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446)←	
445	Are you still breastfeeding (NAME)?	YES 1 NO 2 (SKIP TO 448)←	
446	For how many month did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
447	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450) (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454).	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 450) (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454).
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2	YES 1 NO 2
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day and at night? IF 7 OR MORE TIMES, RECORD '7.'	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK QUESTIONS ABOUT ALL LIVING CHILDREN, STARTING FROM LAST BIRTH (IF THERE ARE MORE THAN 3 BIRTHS, USE SECOND COLUMN OF ADDITIONAL QUESTIONNAIRE).																																																																										
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																																																																								
456	FROM 212 AND 216	NAME _____ LIVING <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ DEAD <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ DEAD <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ (GO TO 456 IN SAME COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484)																																																																								
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW CAPSULES.	YES, RED CAPSULE 1 YES, BLUE CAPSULE 2 NO 3 DON'T KNOW 8	YES, RED CAPSULE 1 YES, BLUE CAPSULE 2 NO 3 DON'T KNOW 8																																																																								
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) ← <input style="width: 30px;" type="text"/> YES, NOT SEEN 2 (SKIP TO 462) ← <input style="width: 30px;" type="text"/> NO CARD 3	YES, SEEN 1 (SKIP TO 460) ← <input style="width: 30px;" type="text"/> YES, NOT SEEN 2 (SKIP TO 462) ← <input style="width: 30px;" type="text"/> NO CARD 3																																																																								
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) ← <input style="width: 30px;" type="text"/> NO 2	YES 1 (SKIP TO 462) ← <input style="width: 30px;" type="text"/> NO 2																																																																								
460	1. COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. 2. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33.33%;"></td><td style="width: 33.33%;"></td><td style="width: 33.33%;"></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																					DAY MONTH YEAR <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 33.33%;"></td><td style="width: 33.33%;"></td><td style="width: 33.33%;"></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																																				
	BCG POLIO 1 POLIO 2 POLIO 3 POLIO 4 DPT1 DPT2 DPT3 MEASLES HEPATITIS B1 HEPATITIS B2 HEPATITIS B3																																																																										

		LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ← NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) _____ (SKIP TO 464) ← NO 2 (SKIP TO 464) ← DON'T KNOW 8																								
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8																								
463	Please tell me if (NAME) received any of the following vaccinations:																										
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																								
463B	Polio vaccine, that is, pink or white drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) ← DON'T KNOW 8																								
463C	At what age was the first polio vaccine received?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>													DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>																								
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) ← DON'T KNOW 8																								
463F	How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>																								
463G	An injection to prevent measles, usually given in the left upper arm and given only once?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																								
463H	An injection to prevent Hepatitis B, which is usually given on the outside of the thigh?	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 NO 2 (TERUS KE 464) ← DON'T KNOW 8																								
463I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>																								
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8 (SKIP TO 466) ←	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8 (SKIP TO 466) ←																								
465	At which national immunization day campaigns did (NAME) receive vaccinations?	SEPTEMBER 2002 (POLIO) A OCTOBER 2002 (MEASLES AND OR POLIO) B	SEPTEMBER 2002 (POLIO) A OCTOBER 2002 (MEASLES AND OR POLIO) B																								

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 469) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 469) ←
468	When (NAME) was ill with a cough, did she/he breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	'YES' IN EITHER OTHER 466 OR 467 <input type="checkbox"/> ↓ (SKIP TO 475)	'YES' IN EITHER OTHER 466 OR 467 <input type="checkbox"/> ↓ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D CLINIC E DOCTOR F OTHER G (SPECIFY) OTHER DELIVERY POST H HEALTH POST I HEALTH CADRE J TRADITIONAL HEALER K PHARMACY/DRUG STORE L SHOP M OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D CLINIC E DOCTOR F OTHER G (SPECIFY) OTHER DELIVERY POST H HEALTH POST I HEALTH CADRE J TRADITIONAL HEALER K PHARMACY/DRUG STORE L SHOP M OTHER X (SPECIFY)
472	CHECK 466: HAD FEVER?	'YES' 'NO'/'DON'T IN 466 KNOW' IN 466 <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 475)	'YES' 'NO'/'DON'T IN 466 KNOW' IN 466 <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 475) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 475) ←
474	What drugs did (NAME) take? ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	FANSIDAR A CHLOROQUINE/NIVAQUINE B ASPIRIN C ACETAMINOPHEN/PARACETAMOL D IBUPROFEN E OTHER X (SPECIFY) DON'T KNOW Z	FANSIDAR A CHLOROQUINE/NIVAQUINE B ASPIRIN C ACETAMINOPHEN/PARACETAMOL D IBUPROFEN E OTHER X (SPECIFY) DON'T KNOW Z

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
475A	CHECK 445: LAST CHILD STILL BREASTFEED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 476)	
475B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES 1 NO 2 (SKIP TO 476) ←	
475C	Did you <u>reduce</u> the number of feeds or <u>increase</u> them, or did you <u>stop completely</u> ?	REDUCED 1 INCREASED 2 STOPPED COMPLETELY 3	
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was (NAME) given any of the following to drink: a. A fluid made from a special packet called ORALIT? b. A government recommended homemade fluid?	YES NO DK ORALIT PACKET 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK ORALIT PACKET 1 2 8 HOMEMADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENT MENTIONED.	PILL/SYRUP A INJECTION B INTRAVENOUS INJECTION C HOME REMEDIES/ HERBAL MEDICINES D (SKIP TO 482) ← OTHER _____ X (SPECIFY)	PILL/SYRUP A INJECTION B INTRAVENOUS INJECTION C HOME REMEDIES/ HERBAL MEDICINES D (SKIP TO 482) ← OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
482	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>OTHER _____ C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL D</p> <p>CLINIC E</p> <p>DOCTOR F</p> <p>VILLAGE MIDWIFE G</p> <p>OTHER _____ H</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST I</p> <p>HEALTH POST J</p> <p>HEALTH CADRE K</p> <p>TRADITIONAL HEALER L</p> <p>PHARMACY/DRUG STORE M</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>OTHER _____ C</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL D</p> <p>CLINIC E</p> <p>DOCTOR F</p> <p>VILLAGE MIDWIFE G</p> <p>OTHER _____ H</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST I</p> <p>HEALTH POST J</p> <p>HEALTH CADRE K</p> <p>TRADITIONAL HEALER L</p> <p>PHARMACY/DRUG STORE M</p> <p>SHOP N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
483		GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.

NO	QUESTIONS AND FILTERS	CODE	SKIP TO																																
484	CHECK 215, 216 AND 218: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1997 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→ 487																																
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE 02 THROW OUTSIDE THE DWELLING 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS 07 USE WASHABLE DIAPERS 08 NOT DISPOSED OF 09 OTHER _____ 96 (SPECIFY)																																	
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET/NOT ASKED <input type="checkbox"/>		→ 488																																
487	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES 1 NO 2																																	
488	CHECK 218: HAS AT LEAST ONE CHILD LIVING WITH HER <input type="checkbox"/> HAS NO CHILD LIVING WITH HER <input type="checkbox"/>		→ 490																																
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3																																	
489A	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT 01 HUSBAND 02 RESPONDENT & HUSBAND JOINTLY ... 03 SOMEONE ELSE 04 HUSBAND & SOMEONE ELSE JOINTLY . 05 RESPONDENT & SOMEONE ELSE JOINTLY 06 OTHER 96																																	
490	Now I would like to ask you some questions about medical care for yourself: Many different factors can prevent women from getting the medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem?	<table border="0"> <tr> <td></td> <td></td> <td style="text-align: center;">BIG PROBLEM</td> <td style="text-align: center;">NOT A BIG PROBLEM</td> </tr> <tr> <td>Knowing where to go.</td> <td>KNOW WHERE TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting permission to go.</td> <td>PERMISSION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>The distance to the health facility.</td> <td>DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Having to take transport.</td> <td>TRANSPORTATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>NOT WANTING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>HEALTH PROV. NOT FEMALE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>			BIG PROBLEM	NOT A BIG PROBLEM	Knowing where to go.	KNOW WHERE TO GO	1	2	Getting permission to go.	PERMISSION	1	2	Getting money needed for treatment.	MONEY	1	2	The distance to the health facility.	DISTANCE	1	2	Having to take transport.	TRANSPORTATION	1	2	Not wanting to go alone.	NOT WANTING	1	2	Concern that there may not be a female health provider.	HEALTH PROV. NOT FEMALE	1	2	
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NO	QUESTIONS AND FILTERS	CODE	SKIP TO
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN JANUARY 1999 AND LIVING WITH HER <input type="checkbox"/></p> <p>NO CHILDREN BORN IN JANUARY 1999 AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>_____</p> <p>(NAME)</p>		→ 495
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a. Plain water?</p> <p>b. Commercially produced infant formula?</p> <p>c. Any other milk such as condensed sweetened milk, powdered, or fresh animal milk?</p> <p>d. Fruit juice?</p> <p>e. Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p>

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
493	<p>Now I would like to ask you about the types of foods (NAME FROM 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q.491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <p>a. Any food made from grains, e.g., maize, rice, sago or other local grains?</p> <p>b. Pumpkin, sweet potatoes or yams or carrots?</p> <p>c. Any other foods made from roots or tubers, e.g., potatoes, white sweet potatoes, cassava, or other local roots/tubers?</p> <p>d. Any green leafy vegetables, such as spinach, cassava leaves?</p> <p>e. Mango, papaya, durian, jackfruit or other yellow and red fruits?</p> <p>f. Any other fruits and vegetables, e.g., bananas, apples, green beans, peas, avocados, tomatoes?</p> <p>g. Meat, poultry, fish, shellfish, or eggs?</p> <p>h. Any food made from legumes, e.g., tofu, tempeh, lentils, beans, soybeans, pulses, or peanuts?</p> <p>i. Cheese or yoghurt?</p> <p>j. Any food made of oil, fat or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>a <input type="text"/></p> <p>b <input type="text"/></p> <p>c <input type="text"/></p> <p>d <input type="text"/></p> <p>e <input type="text"/></p> <p>f <input type="text"/></p> <p>g <input type="text"/></p> <p>h <input type="text"/></p> <p>i <input type="text"/></p> <p>j <input type="text"/></p>
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEAL 3	
496	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED. DO NOT READ OUT RESPONSES.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>	→ 501A	
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501A	CHECK 106A: RESPONDENT'S MARRIAGE STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 510
505	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO <input type="text"/> <input type="text"/>	
510	Have you been married once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 511
510A	What was the main reason you have been married more than once?	HUSBAND DEAD 1 DIVORCE 2 LONG SEPARATION 3 NO CHILDREN 4 OTHER 6 (SPECIFY)	
511	CHECK 510: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
512	How old were you when you (first) married?	AGE <input type="text"/> <input type="text"/>	
512A	Did you receive tetanus toxoid (TT) injection before marriage?	YES 1 NO 2	→ 513
512B	How many TT injections have you received?	NUMBER OF INJECTIONS <input type="text"/> DON'T KNOW 8	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 1997. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1997. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
514	Now I need to ask you some information about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	→ 524
514A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
515	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <table border="1" data-bbox="1263 176 1360 218"><tr><td></td><td></td></tr></table></p> <p>WEEKS AGO 2 <table border="1" data-bbox="1263 226 1360 268"><tr><td></td><td></td></tr></table></p> <p>MONTHS AGO 3 <table border="1" data-bbox="1263 277 1360 319"><tr><td></td><td></td></tr></table></p> <p>YEARS AGO 4 <table border="1" data-bbox="1263 327 1360 369"><tr><td></td><td></td></tr></table></p>									→ 524
516	The last time you had sexual intercourse, was a condom used?	<p>YES 1</p> <p>NO 2</p>									
524	Do you know of a place where a person can get condoms?	<p>YES 1</p> <p>NO 2</p>	→ 601								
525	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL SOURCES</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>FP FIELDWORKER D</p> <p>FP MOBILE UNIT E</p> <p>OTHER _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL G</p> <p>CLINIC H</p> <p>DOCTOR I</p> <p>NURSE/MIDWIFE J</p> <p>VILLAGE MIDWIFE K</p> <p>PHARMACY/DRUG STORE L</p> <p>OTHER _____ M</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST N</p> <p>HEALTH POST O</p> <p>FP POST P</p> <p>FRIENDS/RELATIVES Q</p> <p>SHOPS R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>									
526	If you wanted to, could you yourself get a condom?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>									

SECTION 6. FERTILITY PREFERENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO							
601A	CHECK 106A: RESPONDENT'S MARITAL STATUS <div style="display: flex; justify-content: space-around;"> MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/> </div>		→ 614							
601B	CHECK 311/311A: <div style="display: flex; justify-content: space-around;"> HUSBAND/RESPONDENT NOT STERILIZED <input type="checkbox"/> HUSBAND/ RESPONDENT STERILIZED <input type="checkbox"/> </div>		→ 614							
602	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>NOT PREGNANT/ OR UNSURE <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT ... 3</p> <p>UNSURE/DON'T KNOW:</p> <p>PREGNANT 4</p> <p>NOT PREGNANT AND UNSURE 5</p> </div> <div style="width: 35%; text-align: right;"> <p>→ 604</p> <p>→ 614</p> <p>→ 610</p> <p>→ 608</p> </div> </div>								
603	CHECK 226: <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>NOT PREGNANT/ OR UNSURE <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>After the birth of the child you are expecting, how long would you like to wait before the birth of another child?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT . 994</p> <p>OTHER _____ 996</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 998</p> </div> <div style="width: 35%; text-align: right;"> <p>→ 609</p> <p>→ 614</p> <p>→ 609</p> </div> </div>								
604	CHECK 226: <div style="display: flex; justify-content: space-around;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div>		→ 610							
605	CHECK 310: <div style="display: flex; justify-content: space-around;"> NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </div>		→ 608							
606	CHECK 603: <div style="display: flex; justify-content: space-around;"> NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> </div>		→ 610							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
607	<p>CHECK 602:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>WANT MORE CHILDREN <input type="checkbox"/></p> <p>▼</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any more reason?</p> </div> <div style="text-align: center;"> <p>WANT NO (MORE) CHILDREN <input type="checkbox"/></p> <p>▼</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any more reason?</p> </div> </div> <p>RECORD EACH ANSWER MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>FERTILITY-RELATED REASON</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSE/HISTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>POSTPARTUM AMEN. E</p> <p>BREASTFEEDING F</p> <p>FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND OPPOSED I</p> <p>OTHER OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODS L</p> <p>KNOWS NO SOURCE M</p> <p>METHOD RELATED REASON</p> <p>HEALTH CONCERNS N</p> <p>FEAR OF SIDE EFFECTS O</p> <p>TOO FAR P</p> <p>COST TOO MUCH Q</p> <p>INCONVENIENT TO USE R</p> <p>GAIN/LOSS WEIGHT S</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM 1</p> <p>SMALL PROBLEM 2</p> <p>NO PROBLEM 3</p> <p>SAYS SHE CAN'T GET PREGNANT/ OR NOT HAVING SEX 4</p>	
609	<p>CHECK 310:</p> <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="text-align: center;"> <p>NOT ASKED <input type="checkbox"/></p> <p>▼</p> </div> <div style="text-align: center;"> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>▼</p> </div> <div style="text-align: center;"> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 614</p> </div> </div>		
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 612</p>
611	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANT 06</p> <p>CONDOM 07</p> <p>INTRAVAG/DIAPHRAGM 08</p> <p>LACT. AMEN. METHOD 09</p> <p>PERIODIC ABSTINENCE 10</p> <p>WITHDRAWAL 11</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
611A	Where can you get this method?	PUBLIC SECTOR HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 FP FIELDWORKER 14 FP MOBILE UNIT 15 OTHER 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 21 CLINIC 22 DOCTOR 23 NURSE/MIDWIFE 24 VILLAGE MIDWIFE 25 PHARMACY/DRUG STORE 26 OTHER 27 (SPECIFY) OTHER DELIVERY POST 31 HEALTH POST 32 FP POST 33 FRIENDS/RELATIVES 34 SHOP 35 OTHER 36 (SPECIFY) DON'T KNOW 98	 → 614
612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY ... 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 OPPOSITION TO USE RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24 LACK OF KNOWLEDGE KNOWS NO METHODS 31 KNOWS NO SOURCE 32 METHOD RELATED REASON HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 GAIN/LOSS WEIGHT 46 OTHER 96 (OTHER) DON'T KNOW 98	
614	CHECK 216: HAS <input type="checkbox"/> LIVING CHILDREN ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life. How many children would that be? PROBE FOR NUMERIC RESPONSE.	NO <input type="checkbox"/> LIVING CHILDREN ↓ If you could choose exactly the number of children to have in your whole life. How many children would that be? NUMBER <input type="text"/> <input type="text"/> GOD'S WILL 95 OTHER 96 (SPECIFY)	 → 616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">BOY</td> <td style="text-align: center; width: 33%;">GIRL</td> <td style="text-align: center; width: 33%;">EITHER</td> </tr> <tr> <td colspan="3">NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="2">OTHER _____</td> <td style="text-align: right;">999996</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>	BOY	GIRL	EITHER	NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			OTHER _____		999996	(SPECIFY)																		
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OTHER _____		999996																												
(SPECIFY)																														
616	Would you say that you approve or disapprove of couple using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8																												
617	In the last six months have you heard about family planning: On the radio? On the television?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; width: 33%;">YES</td> <td style="text-align: center; width: 33%;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2																			
	YES	NO																												
RADIO	1	2																												
TELEVISION	1	2																												
618	In the last six months have you read about family planning In a newspaper or magazine? In a poster? In a pamphlet?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; width: 33%;">YES</td> <td style="text-align: center; width: 33%;">NO</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PAMPHLET</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	NEWSPAPER OR MAGAZINE .	1	2	POSTER	1	2	PAMPHLET	1	2																
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NEWSPAPER OR MAGAZINE .	1	2																												
POSTER	1	2																												
PAMPHLET	1	2																												
619	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→620A																											
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)																												
620A	In the last six months, did you obtain about family planning information from: FP officer? Teacher? Religious leader? Doctor? Nurse or midwife? Village leader? Women's group (PKK)? Pharmacist?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; width: 33%;">YES</td> <td style="text-align: center; width: 33%;">NO</td> </tr> <tr> <td>FP OFFICER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TEACHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELIGIOUS LEADER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NURSE/MIDWIFE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VILLAGE LEADER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WOMEN'S GROUP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PHARMACIST</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	FP OFFICER	1	2	TEACHER	1	2	RELIGIOUS LEADER	1	2	DOCTOR	1	2	NURSE/MIDWIFE	1	2	VILLAGE LEADER	1	2	WOMEN'S GROUP	1	2	PHARMACIST	1	2	
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WOMEN'S GROUP	1	2																												
PHARMACIST	1	2																												
620B	In the last six months, did you obtain about family planning information from: Mobile information unit? Traditional art (e.g., shadow puppet, drama, comedy)?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; width: 33%;">YES</td> <td style="text-align: center; width: 33%;">NO</td> </tr> <tr> <td>MOBILE UNIT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRADITIONAL ART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	MOBILE UNIT	1	2	TRADITIONAL ART	1	2																			
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621	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input style="width: 30px; height: 20px;" type="text"/> DIVORCED/ WIDOWED <input style="width: 30px; height: 20px;" type="text"/>		→ 628																											
622	CHECK 311/311A: ANY CODE CIRCLED <input style="width: 30px; height: 20px;" type="text"/> NO CODE CIRCLED <input style="width: 30px; height: 20px;" type="text"/>		→ 628																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
623	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 (SPECIFY)																						
624	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																						
625	How often did you talk to your husband about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																						
626	CHECK 311/311A: HUSBAND/RESPONDENT NOT STERILIZED <input type="checkbox"/> HUSBAND/RESPONDENT STERILIZED <input type="checkbox"/>		→628																					
627	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																						
628	Husband and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> <td style="text-align:right;">DK</td> </tr> <tr> <td>HUSBAND HAS STD</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">8</td> </tr> </table>		YES	NO	DK	HUSBAND HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8		
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628A	CHECK 214, 217 AND 218: HAS AT LEAST ONE CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/> HAS NO CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/>		→701																					
628B	Have you or your husband discussed the following topics with your teenage children: Reproductive age? Sexually transmitted diseases? Drugs? Delay in age at marriage? Issues in family planning and reproductive health? Puberty?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> </tr> <tr> <td>REPRODUCTIVE AGE</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>STDs</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>DRUGS</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>DELAY IN AGE AT MARRIAGE</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>ISSUES IN FP AND RH</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> <tr> <td>PUBERTY</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> </tr> </table>		YES	NO	REPRODUCTIVE AGE	1	2	STDs	1	2	DRUGS	1	2	DELAY IN AGE AT MARRIAGE	1	2	ISSUES IN FP AND RH	1	2	PUBERTY	1	2	
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PUBERTY	1	2																						

SECTION 7. HUSBAND'S BACKGROUND AND WOMEN'S WORK

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	CHECK 106A: RESPONDENT'S MARITAL STATUS <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DIVORCED/ WIDOWED <input type="checkbox"/> </div> </div>		→ 703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
703	Does/did your (last) husband ever attend school?	YES 1 NO 2	→ 705A
704	What was the highest level of school your (last) husband attended: primary, junior high school, senior high school, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 6	→ 705A
705	What was the highest (grade/year) your (last) husband completed at that level? COMPLETED = 7	GRADE <input style="width: 20px;" type="text"/> DON'T KNOW 8	
705A	Does/did your (last) husband work?	YES 1 NO 2	→ 707
706	CHECK 701: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DIVORCED/ WIDOWED <input type="checkbox"/> ↓ </div> </div> <p>What is your husband's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's occupation? That is, what kind of work did he mainly do?</p> <p>DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES.</p> <p>_____</p> <p>_____ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>_____</p>	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
707	Aside from your housework, are you currently working?	YES 1 NO 2	→ 709A
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 709A
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 719
709A	Did/do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
710	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
711	CHECK 709A: WORK IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE/GOVERNMENT 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	→ 715
714A	How long did you leave home to work? RECORD TIME SINCE SHE LEFT HOME UNTIL SHE RETURNED HOME.	HOURS <input type="checkbox"/> <input type="checkbox"/>	
714B	CHECK 217 AND 218: HAS CHILD AGE UNDER 5 YEARS <input type="checkbox"/> HAS NO CHILD UNDER 5 YEARS <input type="checkbox"/>		→ 715
714C	Who takes care of (NAME OF LAST CHILD) when you are working?	RESPONDENT 01 HUSBAND 02 OLDER SISTER 03 OLDER BROTHER 04 RELATIVE 05 NEIGHBOR 06 FRIEND 07 SERVANT 08 AT SCHOOL 09 CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 11 OTHER 96 (SPECIFY)	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
716	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 719

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
801	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 817
801A	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 809
803	What can a person do? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS .. G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce the chance of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ 813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY . 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING . . 1 2 8	
813	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES 1 NO 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS .. 8	
816A	Do you know that a person can be tested for AIDS?	YES 1 NO 2	→ 817
816B	Do you know a place where you can go to get an AIDS test?	YES 1 NO 2	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 901
817A	From which sources of information have you learned about sexually transmitted diseases (STDs)? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
818	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING .. B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING .. B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

SECTION 9. MATERNAL MORTALITY

901. Now I want to ask you some questions about your brothers and sisters, that is, the children who was born to your natural mother, including these who are living with you, those living elsewhere, and those who have died. How many children who were born from your mother, including you?

NUMBER OF BIRTHS TO NATURAL MOTHER IF ANSWER '01' OR ONLY CHILD → 916

902. Of all the births, how many sisters and brothers are older than you?

NUMBER OF OLDER BROTHERS AND SISTERS

QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)
903. What was the name given to your oldest (next) oldest brothers or sisters?						
904. Is (NAME) male or female?	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2
905. Is (NAME) still alive?	YES 1 NO 2 TO 908 ← DK 8 TO (2) ←	YES 1 NO 2 TO 908 ← DK 8 TO (3) ←	YES 1 NO 2 TO 908 ← DK 8 TO (4) ←	YES 1 NO 2 TO 908 ← DK 8 TO (5) ←	YES 1 NO 2 TO 908 ← DK 8 TO (6) ←	YES 1 NO 2 TO 908 ← DK 8 TO (7) ←
906. How old is (NAME)?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> < 10 TO (2)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> < 10 TO (3)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> < 10 TO (4)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> < 10 TO (5)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> < 10 TO (6)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> < 10 TO (7)
907. Has (NAME) ever been married?	YES 1 TO (2) ← NO 2	YES 1 TO (3) ← NO 2	YES 1 TO (4) ← NO 2	YES 1 TO (5) ← NO 2	YES 1 TO (6) ← NO 2	YES 1 TO (7) ← NO 2
908. In what year did (NAME) die?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
909. How old was (NAME) when he/she died?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (2)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (3)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (4)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (5)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (6)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (7)
911. Was (NAME) pregnant when she died, or did she die during childbirth?	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2
912. Did (NAME) die within 42 days after the end of pregnancy?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
913. Did (NAME) die due to complications of pregnancy of childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
914. How many children had (NAME) given birth to (before that pregnancy)?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
915. Has (NAME) ever been married?	YES 1 NO 2 TO (2) ←	YES 1 NO 2 TO (3) ←	YES 1 NO 2 TO (4) ←	YES 1 NO 2 TO (5) ←	YES 1 NO 2 TO (6) ←	YES 1 NO 2 TO (7) ←

QUESTIONS AND FILTERS	(7)	(9)	(9)	(10)	(11)	(12)
903. What was the name given to your oldest (next) oldest brothers or sisters?
904. Is (NAME) male or female?	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2
905. Is (NAME) still alive?	YES 1 NO 2 TO 908 ← DK 8 TO (8) ←	YES 1 NO 2 TO 908 ← DK 8 TO (9) ←	YES 1 NO 2 TO 908 ← DK 8 TO (10) ←	YES 1 NO 2 TO 908 ← DK 8 TO (11) ←	YES 1 NO 2 TO 908 ← DK 8 TO (12) ←	YES 1 NO 2 TO 908 ← DK 8 TO (13) ←
906. How old is (NAME)?	<input type="text"/> < 10 TO (8)	<input type="text"/> < 10 TO (9)	<input type="text"/> < 10 TO (10)	<input type="text"/> < 10 TO (11)	<input type="text"/> < 10 TO (12)	<input type="text"/> < 10 TO (13)
907. Has (NAME) ever been married?	YES 1 TO (8) ← NO 2	YES 1 TO (9) ← NO 2	YES 1 TO (10) ← NO 2	YES 1 TO (11) ← NO 2	YES 1 TO (12) ← NO 2	YES 1 TO (13) ← NO 2
908. In what year did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
909. How old was (NAME) when he/she died?	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (8)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (9)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (10)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (11)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (12)	<input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (13)
911. Was (NAME) pregnant when she died, or did she die during childbirth?	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2
912. Did (NAME) die within 42 days after the end of pregnancy?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
913. Did (NAME) die due to complications of pregnancy of childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
914. How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
915. Has (NAME) ever been married?	YES 1 NO 2 TO (8) ←	YES 1 NO 2 TO (9) ←	YES 1 NO 2 TO (10) ←	YES 1 NO 2 TO (11) ←	YES 1 NO 2 TO (12) ←	YES 1 NO 2 TO (13) ←

916	RECORD THE TIME	HOUR	<input type="text"/>
		MINUTES	<input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- L BIRTH
- H PREGNANCIES
- K TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 INTRAVAG/DIAPHRAGM
- M LACTATIONAL AMENORRHEA METHOD
- P PERIODIC ABSTINENCE
- T WITHDRAWAL
- X OTHER _____
(SPECIFY)

KOL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 GOVT. CLINIC
- 4 FP FIELDWORKER
- 5 FP MOBILE CLINIC
- 6 PVT. HOSPITAL
- 7 PVT. CLINIC
- 8 PRIVATE DOCTOR
- 9 MIDWIFE
- A VILLAGE MIDWIFE
- B PHARMACY/DRUGSTORE
- C DELIVERY POST
- D HEALTH POST
- E FP POST
- F FRIENDS/RELATIVES
- G SHOP
- X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTION

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- M MENOPAUSAL
- C MARITAL DISSOLUTION/SEPARATION
- N IUD EXPELLED
- X OTHER _____
(SPECIFY)
- T DON'T KNOW

COL.4: MARRIAGE/UNION

- X IN UNION
- 0 NOT IN UNION

			1	2	3	4			
2	APR	01					01	APR	2
0	MAR	02					02	MAR	0
0	FEB	03					03	FEB	0
3	JAN	04					04	JAN	3
	DEC	05					05	DEC	
	NOV	06					06	NOV	
	OCT	07					07	OCT	
	SEP	08					08	SEP	
2	AGT	09					09	AGT	2
0	JUL	10					10	JUL	0
0	JUN	11					11	JUN	0
2	MAY	12					12	MAY	2
	APR	13					13	APR	
	MAR	14					14	MAR	
	FEB	15					15	FEB	
	JAN	16					16	JAN	
	DEC	17					17	DEC	
	NOV	18					18	NOV	
	OCT	19					19	OCT	
	SEP	20					20	SEP	
2	AGT	21					21	AGT	2
0	JUL	22					22	JUL	0
0	JUN	23					23	JUN	0
1	MAY	24					24	MAY	1
	APR	25					25	APR	
	MAR	26					26	MAR	
	FEB	27					27	FEB	
	JAN	28					28	JAN	
	DEC	29					29	DEC	
	NOV	30					30	NOV	
	OCT	31					31	OCT	
	SEP	32					32	SEP	
2	AGT	33					33	AGT	2
0	JUL	34					34	JUL	0
0	JUN	35					35	JUN	0
0	MAY	36					36	MAY	0
	APR	37					37	APR	
	MAR	38					38	MAR	
	FEB	39					39	FEB	
	JAN	40					40	JAN	
	DEC	41					41	DEC	
	NOV	42					42	NOV	
	OCT	43					43	OCT	
	SEP	44					44	SEP	
1	AGT	45					45	AGT	1
9	JUL	46					46	JUL	9
9	JUN	47					47	JUN	9
9	MAY	48					48	MAY	9
	APR	49					49	APR	
	MAR	50					50	MAR	
	FEB	51					51	FEB	
	JAN	52					52	JAN	
	DEC	53					53	DEC	
	NOV	54					54	NOV	
	OCT	55					55	OCT	
	SEP	56					56	SEP	
1	AGT	57					57	AGT	1
9	JUL	58					58	JUL	9
9	JUN	59					59	JUN	9
8	MAY	60					60	MAY	8
	APR	61					61	APR	
	MAR	62					62	MAR	
	FEB	63					63	FEB	
	JAN	64					64	JAN	
	DEC	65					65	DEC	
	NOV	66					66	NOV	
	OCT	67					67	OCT	
	SEP	68					68	SEP	
1	AGT	69					69	AGT	1
9	JUL	70					70	JUL	9
9	JUN	71					71	JUN	9
7	MAY	72					72	MAY	7
	APR	73					73	APR	
	MAR	74					74	MAR	
	FEB	75					75	FEB	
	JAN	76					76	JAN	

2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY MAN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE												
1. PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>												
2. REGENCY/MUNICIPALITY *) _____													
3. SUB-DISTRICT _____													
4. VILLAGE *) _____													
5. URBAN/RURAL **) URBAN - 1 RURAL - 2	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
6. CENSUS BLOCK NUMBER _____													
7. 2002 IDHS SAMPLE CODE	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>												
8. HOUSEHOLD NUMBER													
9. NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>												
10. NAME OF RESPONDENT _____													
11. RESPONDENT'S LINE NUMBER													

II. INTERVIEWER VISITS													
	1	2	3	FINAL VISIT									
INTERVIEWER DATE	_____	_____	_____	DATE MONTH YEAR <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
INTERVIEWER'S NAME RESULT ***)	_____	_____	_____	INTERVIEWER RESULT <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td></tr></table>									
NEXT VISIT DATE TIME	_____	_____		TOTAL NO. OF VISIT <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"><tr><td> </td><td> </td></tr></table>									
<p>***) RESULT CODE</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">1 COMPLETED</td> <td style="width: 33%;">4 REFUSED</td> <td style="width: 33%;">7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td style="text-align: right;">(SPECIFY)</td> </tr> <tr> <td>3 POSTPONE</td> <td>6 INCAPACITATED</td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)	3 POSTPONE	6 INCAPACITATED	
1 COMPLETED	4 REFUSED	7 OTHER _____											
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)											
3 POSTPONE	6 INCAPACITATED												

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____

*) Cross out category not used
**) Circle selected category

SECTION 1. RESPONDENT BACKGROUND

INFORMED CONSENT

Hello. My name is and I am working with BPS. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED2 → END

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
108	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND OR 109 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 54, END INTERVIEW. CORRECT 02IDHS-HH SECTION III COL (7).	AGE IN COMPLETED YEAR . <input type="text"/> <input type="text"/>	
109A	Are you currently single married, divorced or widowed?	SINGLE 1 MARRIED 2 DIVORCED 3 WIDOWED 4	
109B	CHECK 109 AND 109A: AGE 15-54 AND MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> _____		→ END
110	Have you ever attended school?	YES 1 NO 2	→ 114
111	What is the highest level of school you attended: elementary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5	
112	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE <input type="text"/>	

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
113	CHECK 111: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 117
114	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CAN NOT READ AT ALL 1 ABLE TO READ - ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 118
117	Do you read a newspaper or magazine almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	What is your religion?	ISLAM 1 PROTESTANT 2 CATHOLIC 3 HINDU 4 BUDHA 5 CONFUCIAN 6 OTHER 7	
120	Are you currently working?	YES 1 NO 2	→ 120B
120A	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
120B	Do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT IN AGRICULTURE 2	
123	What is your occupation? That is, what kind of work you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT FILL IN BOXES. <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/> <input type="text"/>	PROFESSIONAL, TECHNICAL 01 MANAGER AND ADMINISTRATORS 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
124	CHECK 120B: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 201

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Do you have biological children?	YES 1 NO 2	→206
202	Do you have any biological sons or daughters who are now living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DAUGHTERS AT HOME <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
204	Do you have any biological sons or daughters who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DAUGHTERS ELSEWHERE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
206	do you have any biological son or daughter who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→209
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> GIRLS DEAD <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
210	CHECK 209: NUMBER OF CHILDREN IS 2 OR MORE <input style="width: 20px; height: 15px;" type="text"/> NUMBER OF CHILDREN IS 0 <input style="width: 20px; height: 15px;" type="text"/> NUMBER OF CHILDREN IS 1 <input style="width: 20px; height: 15px;" type="text"/>		→301 →213
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	
213	How old were you when your (first) child was born?	AGE IN YEARS <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	

SECTION 3. KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay, avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED; THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Have you ever heard of (METHOD)? What ways or methods have you heard about?		302. Have you ever used (METHOD)?
01	FEMALE STERILIZATION/TUBECTOMY "Women can have an operation to avoid having any more children"	YES 1 NO 2 ↘	Has your wife ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION/VASECTOMY "Men can have an operation to avoid having any more children"	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL "Women can take a pill every day to avoid becoming pregnant"	YES 1 NO 2 ↘	
04	IUD "Women can have a loop or coil placed inside them by a doctor or a nurse"	YES 1 NO 2 ↘	
05	INJECTABLES "Women can have an injection by a health provider which stops them from becoming pregnant for one, two or three months"	YES 1 NO 2 ↘	
06	NORPLANT/IMPLANT "Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years"	YES 1 NO 2 ↘	
07	CONDOM "Men can put a rubber sheat on their penis before sexual intercourse"	YES 1 NO 2 ↘	
08	INTRAVAG/DIAPHAGM "Women can place a tissue or a thin flexible disk in the vagina before intercourse"	YES 1 NO 2 ↘	
09	LACTATIONAL AMENORRHEA METHOD (LAM) "Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned"	YES 1 NO 2 ↘	
10	PERIODIC ABSTINENCE OR CALENDAR SYSTEM "Couples can avoid having sexual intercourse on the days of the month she is most likely to get pregnant"	YES 1 NO 2 ↘	YES 1 NO 2
11	WITHDRAWAL "Men can be careful and pull out before climax"	YES 1 NO 2 ↘	YES 1 NO 2
12	ANY OTHER METHOD "Have you heard any other ways or methods that women or men can use to avoid pregnancy?" _____ (SPECIFY) _____ (SPECIFY)	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302A	Are you currently using any method of family planning?	YES 1 NO 2	→302C
302B	Which method are you using?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER 6 SPECIFY	
302C	Is your wife currently using any method of family planning?	YES 1 NO 2 DON'T KNOW 8	→302F
302D	Which method is your wife using?	FEMALE STERILIZATION A PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G INTRAVAG/DIAPHRAGM H LACTATIONAL AMENORRHEA METHOD I PERIODIC ABSTINENCE J WITHDRAWAL K OTHER X (SPECIFY)	
302E	CIRCLE 'A' FOR FEMALE STERILIZATION CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.		
302F	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	8
302G	Where is that? IF THE SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H DOCTOR I NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER M (SPECIFY) OTHER DELIVERY POST N HEALTH POST O FP POST P FRIENDS/RELATIVES Q SHOP R OTHER X (SPECIFY)	
308	From one menstrual period to the <u>next</u> , are there certain days when a women is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD ENDS 3 IN THE MIDDLE OF THE CYCLE 4 OTHER 6 SPECIFY DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding can become pregnant when she has sexual relations with her husband?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
311	<p>CHECK 301(07) AND 302 (07) : KNOWLEDGE AND USE OF CONDOM</p> <p>HAS HEARD OF AND USED CONDOM <input type="checkbox"/></p> <p>HAS HEARD OF CONDOMS BUT HAS NEVER USED <input type="checkbox"/></p> <p>NEVER HEARD OF CONDOM <input type="checkbox"/></p>		<p>→ 323</p> <p>→ 324</p>
314	<p>When you have sex, do you use a condom every time, sometimes, or not at all?</p>	<p>EVERY TIME 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p> <p>NOT HAVING SEX 4</p>	
316	<p>Have you ever experienced any problems with using condoms?</p> <p>IF YES: What problems did you experience?</p> <p>PROBE: Any other problems?</p> <p>RECORD ALL PROBLEMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>TOO EXPENSIVE A</p> <p>EMBARRASSING TO BUY/OBTAIN B</p> <p>DIFFICULT TO DISPOSE OF C</p> <p>DIFFICULT TO PUT ON/TAKE OFF D</p> <p>SPOILS THE MOOD E</p> <p>DIMINISHES PLEASURE F</p> <p>WIFE OBJECTS TO/DOES NOT LIKE G</p> <p>WIFE GOT PREGNANT H</p> <p>INCONVENIENT TO USE/MESSY I</p> <p>CONDOM BROKE J</p> <p>OTHER _____ X</p> <p style="text-align: center;">SPECIFY</p> <p>NO PROBLEM Y</p>	
316A	<p>Have you ever paid for sex?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 317</p>
316B	<p>In the past 12 months, did you ever pay for sex?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 317</p>
316C	<p>The last time you paid for sex, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
317	<p>CHECK 314: CURRENT USE OF CONDOMS</p> <p>EVERY TIME OR SOMETIMES <input type="checkbox"/></p> <p>NOT AT ALL/ NOT HAVING SEX <input type="checkbox"/></p>		<p>→ 323</p>
319	<p>From where do you usually obtain the condoms?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>HEALTH CENTER 12</p> <p>CLINIC 13</p> <p>FP FIELDWORKER 14</p> <p>FP MOBILE UNIT 15</p> <p>OTHER _____ 16</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21</p> <p>CLINIC 22</p> <p>DOCTOR 23</p> <p>NURSE/MIDWIFE 24</p> <p>PHARMACY/DRUG STORE 25</p> <p>OTHER _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31</p> <p>HEALTH POST 32</p> <p>FP POST 33</p> <p>FRIENDS/RELATIVES 34</p> <p>SHOP 35</p> <p>OTHER _____ 36</p> <p style="text-align: center;">(SPECIFY)</p>	
320	<p>How much do you usually pay for a packet of condoms?</p>	<p>COST RUPIAH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 99995</p> <p>DON'T KNOW 99998</p>	<p>→ 323</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	How many condoms are in each packet?	NUMBER <input type="text"/> <input type="text"/>	
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE 1 JUST AFFORDABLE 2 TOO EXPENSIVE 3	
323	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each. Condoms diminish a man's sexual pleasure. A condom is very inconvenient to use. A condom can be reused. A condom protects against disease. A woman has no right to tell a man to use a condom.	DIS- AGREE AGREE DK SEXUAL PLEASURE ... 1 2 8 INCONVENIENT 1 2 8 CAN BE REUSED 1 2 8 PROTECT AGAINST DISEASE 1 2 8 WOMAN'S RIGHT 1 2 8	
324	CHECK 301(02) AND 302 (02): KNOWLEDGE AND USE OF MALE STERILIZATION HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> RESPONDENT IS STERILIZED <input type="checkbox"/> HAS NOT HEARD OF MALE STERILIZATION <input type="checkbox"/>		→326 →328
325	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER 1 WOULD NOT CONSIDER 2 UNSURE/DEPENDS 3 WIFE ALREADY STERILIZED 4	→327 →328
326	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL ADVANTAGES MENTIONED. DO NOT READ OUT RESPONSES.	PUTS MAN IN CONTROL A EFFECTIVE METHOD B OPERATION IS SAFE C SAFER THAN FEMALE STERILIZATION D OPERATION INEXPENSIVE E LESS EXPENSIVE THAN FEMALE STERILIZATION F OPERATION IS SIMPLE G GIVES MAN FREEDOM H OTHER X SPECIFY	→328
327	Why would you never consider getting sterilized? PROBE: Any other reasons? RECORD ALL REASONS MENTIONED. DO NOT READ OUT RESPONSES.	AGAINST RELIGION A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C LESS INTRUSIVE WAYS AVAILABLE D MAY WANT MORE CHILDREN/ MAY WANT TO REPLACE CHILD WHO DIED E MAY REMARRY SOME DAY F COSTS G LOSS OF SEXUAL FUNCTION H LOSS OF MANLINESS I OTHER X SPECIFY	
328	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. Contraception is women's business and a man should not have to worry about it. Women who are sterilized may become promiscuous. Being sterilized for a man is equivalent to being castrated. A woman is the one who gets pregnant, so she should be the one to get sterilized.	DIS- AGREE AGREE DK CONTRACEPTION WOMEN'S BUSINESS 1 2 8 STERILIZED WOMEN ARE PROMISCUOUS ... 1 2 8 MALE STERILIZATION IS CASTRATION 1 2 8 WOMAN SHOULD BE THE ONE STERILIZED 1 2 8	

SECTION 4. MARRIAGE AND ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
401	Have you been married once, or more than once?	ONCE 1 MORE THAN ONCE 2	
402	Does your wife live with you or somewhere else?	IN HOUSEHOLD 1 ELSEWHERE 2	
403	WRITE WIFE'S NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE. IF WIFE DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00'	NAME _____ LINE NUMBER: <input type="text"/> <input type="text"/>	
404	CHECK 401: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONCE <input type="checkbox"/>		→ 407
405	Do you have other wives who do not live in this household?	YES 1 NO 2	→ 407
406	What is the name of your wife who does not live in this household?	NAME _____ _____	
407	How old were you when you and your (first) wife married?	AGE <input type="text"/> <input type="text"/>	
408	How old were you when you first had sexual intercourse?	AGE <input type="text"/> <input type="text"/>	
409	For a man, what is the best age to get married?	AGE <input type="text"/> <input type="text"/>	
410	For a woman, what is the best age to get married ?	AGE <input type="text"/> <input type="text"/>	
411	What is the best age for a woman to have her first child?	AGE <input type="text"/> <input type="text"/>	
412	After what age, should a woman not to deliver anymore child?	AGE <input type="text"/> <input type="text"/>	
413	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family friends or relatives? What food should be cooked each day?	RESPONDENT = 1 WIFE OF RESPONDENT = 2 RESPONDENT & HIS WIFE = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 NO DECISION = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																								
414	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOES OUT WITHOUT TELLING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGLECT CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOES OUT WITHOUT TELLING	1	2	8	NEGLECT CHILDREN ...	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	BURNS FOOD	1	2	8	
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ARGUES	1	2	8																								
REFUSES SEX	1	2	8																								
BURNS FOOD	1	2	8																								

SECTION 5. FERTILITY PREFERENCES

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
502	CHECK 302 (02): <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">RESPONDENT NOT STERILIZED <input type="checkbox"/></div> <div style="text-align: center;">RESPONDENT STERILIZED <input type="checkbox"/></div> </div>		→ 601A
502A	COPY THE NAME OF RESPONDENT'S WIFE IF MORE THAN 2 WIVES, USE EXTRA QUESTIONNAIRE.	FIRST WIFE _____ LINE NUMBER . . . <input type="text"/>	SECOND WIFE _____ LINE NUMBER . . . <input type="text"/>
503	Is (NAME) pregnant now?	YES 1 NO 2 DK/UNSURE 8 (SKIP TO 505) ←	YES 1 NO 2 DK/UNSURE 8 (SKIP TO 505) ←
504	When (NAME) became pregnant, did you want her to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want her to have more children <u>at all</u> ?	THEN 1 LATER 2 NOT AT ALL 8 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 8 (SKIP TO 506) ←
505	In the next few weeks, if you discovered that (NAME) was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HISTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HISTERECTOMY 4 (SKIP TO 507) ←
506	Do you think (NAME) wants the same number of children that you want to have with her, or does she want more of fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8
507	How often do you talk to (NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	NEVER 1 ONCE OR TWICE 2 OFTEN 3
508	Do you think that (NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8
508A		GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.	GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.
509	CHECK 503: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">NO WIFE PREGNANT /UNSURE <input type="checkbox"/></div> <div style="text-align: center;">WIFE PREGNANT <input type="checkbox"/></div> </div> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p>	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 CAN'T GET PREGNANT 3 UNDECIDED PREGNANT 4 NOT PREGNANT/DON'T KNOW ... 5	→516 →521 →516
510	How long would you like to wait from now before the birth if (a/another) child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
516	CHECK 302A: USE CONTRACEPTION METHOD NO, NOT USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		→ 521
517	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 519
518	Which contraceptive method would you prefer to use?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER 6 (SPECIFY) UNSURE 8	→ 521
519	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY .. 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 OPPOSITION TO USE RESPONDENT OPPOSED 21 WIFE OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24 LACK OF KNOWLEDGE KNOWS NO METHODS 31 KNOWS NO SOURCE 32 METHOD RELATED REASON HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 GAIN/LOSS WEIGHT 46 WIFE IS USING 47 OTHER 96 (OTHER) DON'T KNOW 98	
521	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time when you just married and have no children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE, THEN RECORD NUMERIC RESPONSE OR OTHER ANSWER.	NUMBER OF CHILDREN ... <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 524
522	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 999996 (SPECIFY)	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
524	In the last six months have you heard about family planning: On the radio? On the television?	YES NO RADIO 1 2 TELEVISION 1 2	
524a	In the last six months have you read about family planning In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE . 1 2 POSTER 1 2 PAMPHLET 1 2	
526	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 601A
527	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	WIFE A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																		
601A	CHECK 209: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS ONE OR MORE CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div>		→701																		
602	Please tell me the name and sex of your child (who was born most recently): <div style="text-align: center;">_____</div> <div style="text-align: center;">(NAME OF CHILD)</div>	BOY 1 GIRL 2																			
603	In what month and year was (NAME OF LAST CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
607	CHECK 603: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> CHILD BORN SINCE JANUARY 1997 <input type="checkbox"/> </div> <div style="text-align: center;"> CHILD BORN BEFORE JANUARY 1997 <input type="checkbox"/> </div> </div>		→ 616																		
612	ASK QUESTION 612, FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY, ALL QUESTIONS REFER TO THE LAST BIRTH. Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">PREGNANCY</th> <th style="width: 33%;">DELIVERY</th> <th style="width: 33%;">6 WEEKS AFTER DELIVERY</th> </tr> </thead> <tbody> <tr> <td>YES 1</td> <td>YES 1</td> <td>YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> <tr> <td style="text-align: center;">(GO TO 612 NEXT COLUMN) ←</td> <td style="text-align: center;">(GO TO 612 NEXT COLUMN) ←</td> <td></td> </tr> </tbody> </table>	PREGNANCY	DELIVERY	6 WEEKS AFTER DELIVERY	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	DK 8	DK 8	DK 8	(GO TO 612 NEXT COLUMN) ←	(GO TO 612 NEXT COLUMN) ←					
PREGNANCY	DELIVERY	6 WEEKS AFTER DELIVERY																			
YES 1	YES 1	YES 1																			
NO 2	NO 2	NO 2																			
DK 8	DK 8	DK 8																			
(GO TO 612 NEXT COLUMN) ←	(GO TO 612 NEXT COLUMN) ←																				
616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? RECORD ALL SIGNS AND SYMPTOMS MENTIONED: DO NOT READ OUT RESPONSES.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINTS G BREATHLESSNESS H TIREDNESS I OTHER _____ X (SPECIFY) DON'T KNOW Z																			
617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF LAST CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2	→618A																		
618	Did the health provider talk to you about: What food (NAME OF CHILD'S MOTHER) should eat during pregnancy? How much rest she should have during pregnancy? The types of health problems for which she should get immediate medical attention?	<table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T RECALL</th> </tr> </thead> <tbody> <tr> <td>FOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>REST</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	DON'T RECALL	FOOD	1	2	3	REST	1	2	3	PROBLEMS	1	2	3			
	YES	NO	DON'T RECALL																		
FOOD	1	2	3																		
REST	1	2	3																		
PROBLEMS	1	2	3																		
618A	During (NAME OF CHILD'S MOTHER) pregnancy, did anyone discuss with you about: Where (NAME OF CHILD'S MOTHER) plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for delivery? Identifying a possible blood donor?	<table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>PLACE TO DELIVER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRANSPORTATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DELIVERY ASSISTANT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PAYMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD DONOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	PLACE TO DELIVER	1	2	TRANSPORTATION	1	2	DELIVERY ASSISTANT	1	2	PAYMENT	1	2	BLOOD DONOR	1	2	
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PAYMENT	1	2																			
BLOOD DONOR	1	2																			

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
619A	Is (NAME OF LAST CHILD) still alive?	YES 1 NO 2	→701
621A	Has (NAME OF LAST CHILD) received (NAME OF VACCINE): BCG? Polio? DPT? Measles? Hepatitis	YES NO DK BCG 1 2 8 POLIO 1 2 8 DPT 1 2 8 MEASLES 1 2 8 HEPATITIS 1 2 8	
621B	CHECK 621A: ALL VACCINES NOT ONE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→624
623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	TOO EXPENSIVE 01 DOES NOT KNOW WHERE TO GET THEM 02 NOT AVAILABLE 03 NOT IMPORTANT/NOT NEEDED ... 04 NOT GOOD FOR CHILD'S HEALTH ... 05 CHILD TOO YOUNG 06 TOO FAR/NO TRANSPORT 07 OTHER 96 SPECIFY DON'T KNOW ANY VACCINE 97 DON'T KNOW WHY 98	
624	Does (NAME OF LAST CHILD) live with you in your household?	YES 1 NO 2	→ 627
625	In your household who usually decides what to do if the (NAME OF LAST CHILD) is ill? Anybody else? CIRCLE ALL MENTIONED: DO NOT READ OUT RESPONSES.	RESPONDENT A CHILD'S MOTHER B WIFE/STEPMOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER X SPECIFY CHILD HAS NEVER BEEN ILL Y	
627	Please tell me if you would be angry with (NAME OF CHILD's MOTHER) if she ever done the following: She took (NAME OF LAST CHILD) to be vaccinated without for your permission? Without asking you, she took (NAME OF LAST CHILD) to a doctor or health worker because she thought the child was ill?	NO. NOT DON'T YES ANGRY KNOW VACCINATION 1 2 8 DOCTOR/ HEALTH CARE 1 2 8	

SECTION 7. AIDS AND SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→724
701A	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J OTHER X (SPECIFY)	
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS .. G AVOID SEX WITH PERSON WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
707A	Can people reduce their chances of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																
709	Can you tell from looking at a person if s/he has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2																	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ 714																
712	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BY BREASTFEEDING . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY .	1	2	8	DURING DELIVERY	1	2	8	BY BREASTFEEDING . .	1	2	8	
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DURING DELIVERY	1	2	8																
BY BREASTFEEDING . .	1	2	8																
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	YES 1 NO 2																	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8																	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS . . 8																	
720	Do you know that a person can be tested for AIDS?	YES 1 NO 2	→ 724																
722	Do you know a place where you can go to get an AIDS test?	YES 1 NO 2																	
724	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 721																
724A	From which sources of information have you learned about sexually transmitted diseases (STDs)? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)																	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO								
725	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING . . B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>									
726	<p>If woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING . . B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT/HAVE A CHILD L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>									
727	RECORD THE TIME	<p>HOUR <table border="1" data-bbox="1265 1310 1365 1352"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table></p> <p>MINUTES <table border="1" data-bbox="1265 1356 1365 1398"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table></p>									