



Jayapura City
Young Adult
Reproductive
Health Survey
2002–2003

Jayapura City Young Adult Reproductive Health Survey 2002-2003

Badan Pusat Statistik (BPS-Statistics Indonesia)
Jakarta, Indonesia

National Family Planning Coordinating Board
Jakarta, Indonesia

Ministry of Health
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This report summarizes the findings of the 2002-2003 Young Adult Reproductive Health Survey (YARHS) in Jayapura City carried out by Badan Pusat Statistik (BPS-Statistics Indonesia). The YARHS is a subsample of the 2002 National Social-Economic Survey. A nationally representative survey of young adult reproductive health was conducted simultaneously with the survey in Jayapura City. The findings of the Indonesia survey are presented in a separate report.

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ACRONYMS

BKKBN	Badan Koordinasi Keluarga Berencana Nasional (National Family Planning Coordinating Board)
BPS	Badan Pusat Statistik (BPS-Statistics Indonesia)
IDHS	Indonesia Demographic and Health Survey
PKBI	Perkumpulan Keluarga Berencana Indonesia (Indonesian chapter of the International Planned Parenthood Federation)
Susenas	Survei Sosial-ekonomi Nasional (National Socio-economic Survey), national-level survey conducted by BPS annually
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

SUMMARY OF FINDINGS

EDUCATION

Most survey respondents have attended formal education; only 2 percent of women and 3 percent of men have less than primary school education. Seventy-one percent of women and 66 percent of men have completed secondary education. Overall, women are slightly better educated than men.

Literacy is almost universal among young adults in Jayapura City (98 percent of women and 99 percent of men). For both women and men, there are no variations by age.

CURRENT ACTIVITY

Women are more likely to be in school only, whereas men are more likely to be working only. Two in three women and more than half of men (52 percent) are attending school only, while 9 percent of women and one in five men (21 percent) are working only. Few women and men go to school and hold a job at the same time (5 percent of women and 11 percent of men).

A group of adolescents who deserves a special attention are those who are neither going to school nor working (18 percent of women and 15 percent of men). This is particularly true among older respondents (age 20-24) and those who completed secondary school (18 percent of women and 15 percent of men).

EXPOSURE TO MASS MEDIA

Overall, there are no marked differences in the exposure to mass media between women and men. By far, the most popular mass media among adolescents is television, with 87 percent of women and 86 percent of men report watching television at least once a week. On the other hand, printed materials are the least popular media (51 percent for women and 50 percent for men).

Exposure to radio, television, and print media is widespread, with 45 percent of women and 38 percent of men reporting watching television at least once a week, listening to the radio at least once a week, and reading a newspaper or a magazine at least one a week. Only 6-7 percent of respondents are not exposed to any of the three media.

In general, older women and men (age 20-24) and those with secondary or higher education are more likely to be exposed to the media.

KNOWLEDGE AND EXPERIENCE OF SIGNS OF PUBERTY

Knowledge of young adults about physical changes as a girl and a boy move into adulthood was investigated in the survey. For changes in a boy, the most reported change by the respondents is the growth of body hair (51 percent of women and 68 percent of men) and change in voice (about half of women and men). For physical changes in a girl, while growth in breasts is a common knowledge among female and male respondents, cited by 70 percent of women and 59 percent of men, women are more likely than men to mention menstruation (82 percent of women compared with 47 percent of men).

In general, increase in sexual arousal is not cited as much as other physical changes in a girl and in a boy (11-19 percent). For women and men, older respondents (age 20-24) are more likely to name physical changes in adolescence than younger (age 15-19) respondents. It is worth noting that a sizable percentage of women (20 percent) and men (29 percent) do not know any signs of physical changes of the opposite sex.

Four percent of women in the survey in Jayapura City have never menstruated. Eight percent of women had their first menstruation before age 12. By age 13, one in three women has had their first period and by age 16, practically all women have menstruated.

Younger women start to have their period at an earlier age than older women. For example, 60 percent of women age 15 have menstruated at age 13, compared with 36 percent of 24 year olds.

Twenty-three percent of male respondents in the survey reported never having a wet dream. This figure is much higher than that reported by the IYARHS respondents in Indonesia as a whole (7 percent) (BPS and ORC Macro, 2004).

Very few men had their first wet dream before age 12 (one percent). By age 15, almost half (47 percent) of men have had their first wet dream, and by age 17, 77 percent have had wet dreams.

Data in the table also show that younger men experienced their first wet dream earlier than older men. For example, 44 percent of men age 15 have had a wet dream by age 14, compared with 28 percent of 24-year olds.

DISCUSSION ON REPRODUCTIVE HEALTH TOPICS

Discussion of topics related to reproductive health among young adults is not common; 8 percent of female respondents and 15 percent of male respondents never discussed sexual matters with anyone. The majority of the respondents who discussed reproductive health issues talked with their peers (58-59 percent). Women talk with family members and relatives on reproductive health and sexuality more than men; 62 percent of women talked to their parents and 39 percent talked to their siblings, compared with 30 percent and 21 percent of men, respectively.

The role of teachers in imparting knowledge about reproductive health is significant; 60 percent of women and 53 percent of men said that they discussed these issues with their teachers. It is not clear whether the respondents actually discussed the topic with their teachers or received the information as part of class instructions. Health service providers and religious leaders play a less significant role as a source of information on reproductive health.

FAMILY PLANNING

Knowledge of family planning. Knowledge of contraceptive methods among unmarried young adults in Indonesia is widespread (95 percent of women and 88 percent of men). All respondents who have heard of at least one contraceptive method have heard of modern methods.

The most commonly known methods among unmarried women are the pill (88 percent) and injectables (81 percent). For men, the most commonly known methods are condoms (82 percent), the pill (73 percent), and injectables (67 percent). Older women and men (age 20-24) are more knowledgeable about family planning methods than their younger counterparts (age 15-19).

Intention to use family planning. In the 2002-2003 YARHS, respondents were asked if they intended to use a method at any time in the future. Overall, the majority of respondents express their intention to use a method of family planning in the future. While the majority of respondents want to use a modern method (86 percent of women and 85 percent of men), their preferred methods differ. Most of the women who intend to use contraception in the future prefer to use the pill (36 percent) or injectables (21 percent), while the most popular method for men is condom, mentioned by 54 percent of the respondents.

Knowledge of fertile period. The success of periodic abstinence as a family planning method depends on women and men's understanding of the monthly cycle and the days when a woman is most likely to conceive. Therefore, basic knowledge of the mechanisms of reproduction including the women's monthly fertile cycle is important. Knowledge about the fertile period is deficient among young adults in Jayapura City; only 45 percent of women and 41 percent of men gave the correct responses that a woman has the greatest chance of becoming pregnant in the middle of her ovulatory cycle.

Family planning services for adolescents. Currently, family planning services that are available to adolescents in Indonesia offer a wide range of information, education, and counseling. However, provision of contraceptive methods to unmarried persons is

not part of the national family planning program. The majority of respondents in Jayapura say that family planning information should be offered to this population group (87 percent of women and 85 percent of men).

While some women and men want to have certain family planning methods available to adolescents, they appear to be unsure about the methods. Among women and men who mention specific methods, condoms seem to be the most popular (19 percent of women and 21 percent of men).

KNOWLEDGE OF HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs)

An overwhelmingly large proportion of respondents (93 percent of women and 89 percent of men) have heard of HIV/AIDS. The majority of these respondents (86 percent of women and 80 percent of men) say that AIDS can be avoided.

Older respondents are more likely than younger respondents to say that there is a way to avoid HIV/AIDS. However, the differences across education are most notable. For example, 92 percent of women with secondary or higher education believe that there is a way to avoid getting the disease compared with 70 percent of women with less than secondary education. For men, the corresponding proportions are 85 and 71 percent, respectively.

Source of knowledge of HIV/AIDS. Television is the most important media for obtaining information about HIV/AIDS, with 81 percent of women and 63 percent of men reporting having heard of HIV/AIDS from television. Personal contacts are much less important sources of information on HIV/AIDS. The most often cited person is health professional (38 percent of women and 25 percent of men).

Knowledge of other STIs. The YARHS respondents were asked if they have heard of other STIs, and whether they can name the infections. There is no attempt in the survey to find out whether the respondents do, in fact, know about these diseases other than just the name.

The majority of respondents were able to name two diseases, syphilis (72 percent of women and 85 percent of men) and gonorrhea (60 percent of women and 55 percent of men). In general, younger respondents are more familiar with gonorrhea, while older respondents are more likely to mention syphilis.

KNOWLEDGE ABOUT ANEMIA

Four in five respondents who said that they have heard of anemia described anemia as blood deficit (*kurang darah*). The proportion of the IYARHS respondents in Indonesia as a whole who said that anemia is a blood deficit is similar: 81 percent of women and 74 percent of men. It should be added that while the term “blood deficit” is inaccurate, this is the most widely used term to identify anemia in Indonesia.

Two areas related to knowledge of anemia among adolescents call for attention. The first is the misconception of anemia, shown by the large proportions of women and men (28 percent of women and 23 percent of men) whose response to the cause of anemia is has no relation to any of the precoded categories that encompasses the correct answers. The second area of concern refers to the group of respondents who are unable to identify the cause of anemia (5 percent of women and 13 percent of men). These are groups of adolescents who should be targeted for IEC in issues related to anemia.

Among those who give valid responses, lack of various dietary intakes is the most cited reasons for being anemic (45 to 60 percent). Variations between women and men are not significant.

ATTITUDES ABOUT VIRGINITY, MARRIAGE, AND CHILDREN

Virginity. Both women and men regard virginity highly. Nine in ten women and men say that it is important for a woman to maintain her virginity. This perception does not vary much across age and education.

Marriage. Almost all respondents agree that the ideal age at first marriage for women is 20 or above. In general, men think that women should marry at an earlier age than what the women do. Women and men’s education has a positive association with the

ideal age at first marriage for women. Respondents with higher education tend to think that women should marry at an older age than respondents with less education.

Decisions about marriage. Virtually all respondents include themselves in making a decision on marriage; few respondents let their parents alone to decide who their future spouse will be.

Women are more likely than men to say they themselves will decide on whom they will marry (48 percent compared with 28 percent). On the other hand, men are more likely than women to say this decision should be made by their parents and themselves (67 percent compared with 48 percent).

Younger women and women with secondary or higher education are more likely than other women to say that they themselves are going to make the decision on whom they will marry. On the other hand, older women and women with less than secondary education are more likely than younger respondents to involve their parents in making this decision.

For men, there are small differentials by age and educational level.

Premarital sex. In general, women are less likely than men to accept premarital sex and premarital sex is more acceptable for men.

Premarital sex for women is unacceptable. This is true among women regardless of age or education.

Premarital sex for men, however, is viewed differently. Women with less than secondary education are twice as likely as their better-educated peers to accept premarital sex for men. For men, older respondents are more likely than younger men to accept premarital sex for men (11 percent compared with 7 percent).

Sexual intercourse. Eight percent of women and 33 percent for men admitted that they have ever had sex. Men started having sex at an earlier age than women. At age 17, only 4 percent of women have ever had sex. The corresponding proportion among men is 13 percent.

Liking the sexual partner is the most often cited reason for having sex (57 percent of women and 42 percent of men). One in three respondents had sex because they wanted to satisfy their curiosity. The percentage of women who said that they were under the influence of alcohol when they had sex is twice as high as that for men (8 percent compared with 4 percent).

PREFERENCE FOR CHILDREN

Overall, the ideal number of children among women is slightly lower than that for men (2.8 children compared with 3.0 children). These figures are higher than the ideal number expressed by respondents in the Indonesia YARHS, 2.6 children for women and 2.7 children for men.

For both women and men, younger respondents desire a smaller number of children than older respondents. For instance, women 15-19 want 2.6 children compared with 3.0 children for women 20-24. The corresponding figures for men are 2.9 and 3.1 children, respectively.

Decisionmaker on number of children. Individual decisions are not popular among both women and men; nine in ten respondents think that husband and wife together should decide on the number of children they would have. However, if an individual is to make a decision, men are more likely to say that the husband should make the decision (8 percent of men compared with 1 percent of women).

Education has a positive relationship with the likelihood of joint decision in the number of children a couple is going to have.

DATA SOURCE

Data presented in this report come from the 2002-2003 YARHS implemented by Badan Pusat Statistik (BPS-Statistics Indonesia) in collaboration with the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health, with technical assistance provided by ORC Macro. This survey is funded by the United States Agency for International Development (USAID) through ORC Macro.

The 2002-2003 YARHS sample covered 417 unmarried women and 455 unmarried men age 15-24. The YARHS sample was designed to provide estimates for Jayapura City.

INTRODUCTION

1.1 BACKGROUND

Adolescence has been defined in various ways. Basically, it marks the transition from childhood to adulthood. The World Health Organization (WHO, 1975) defines adolescence to include physical, mental and socioeconomic progression. Physically, secondary sex characteristics change to sexual and reproductive maturity. Adult mental processes and adult identity are developed during adolescent years. Economically, this is the time when a transition from total socioeconomic dependence to relative independence takes place. This is also a critical stage in life when major decisions regarding career and roles in life are being made and preparatory activities are undertaken (Raymundo et al., 1999).

Age has been used to distinguish adolescents according to their physical development, such as early adolescence (age 10-14), middle adolescence (age 15-19), and young adulthood (age 20-24) (James-Traore, 2001). While WHO defines adolescence to cover all persons age 10-19 (WHO, 1975), the Indonesia Ministry of Health redefined this group to include only unmarried persons age 10-19.

For adolescent reproductive health (ARH) purposes, it was desirable to include youth age 10-19 in the survey; however, a decision was made to focus on unmarried women and men age 15-24, to ensure a sufficient number of respondents for risk behavior related to smoking tobacco, drinking alcoholic beverages, using drugs, and engaging in sexual relations. Therefore, in this survey, the terms “adolescents,” “young people,” and “young adults” are used interchangeably to refer to unmarried women and men age 15-24. In *Bahasa Indonesia*, the term is translated as *remaja*.

Numerous small-scale studies have been carried out in Indonesia to measure the knowledge, attitudes and behavior of young people with respect to basic hygiene, health, human reproductive system, and exposure to information on these subjects. These studies vary in geographic coverage, focus and age range. They reveal that government efforts on the provision of health information to adolescents have focused on classes on basic hygiene and health in primary and middle level schools. Few activities have been geared to students at higher education levels and outside the formal education system (Ministry of Health et al., 2001).

Currently, five government agencies in Indonesia are entrusted with the task of addressing the needs of the youth. They include the Ministry of Education, the Ministry of Health, the Ministry for Social Affairs, the Ministry for Religious Affairs, and the National Family Planning Coordinating Board (BKKBN). Many non-governmental organizations (NGOs) have been active in providing information, education and counseling to young people in Indonesia since 1986.

Existing programs undertaken by NGOs and international private voluntary organizations are limited in scope and their sustainability is not guaranteed. A Task Force on ARH was established with the Ministry of National Education as the leading institution. The Task Force has not functioned fully, especially in the era of decentralization, where each district is expected to define and carry out its respective programs. Therefore, guidelines are needed for districts to train health personnel in providing services to meet the needs of adolescents, develop curricula in each level of education, and network and share information among agencies working in the adolescent health area.

Jayapura City is the capital of Papua Province (previously known as Irian Jaya), the eastern-most province in Indonesia. The province constitutes the western half of the New Guinea island (the eastern

half is Papua New Guinea), the second largest island in the world. The province of Papua is very sparsely populated. With 1.7 million population in 2000 and an area of close to 422,000 square kilometers, there are only 4 persons per square kilometer (BPS, 2001a).

Jayapura is located in the northern coast of the province, close to the border with Papua New Guinea. The city covers a large area, and is the largest municipality in Indonesia. With a population of 165,000, it is the most populated area in the province, with a density of 245 persons per square kilometer (BPS, 2001a).

Interest in adolescents in general stemmed partly from the fact that young women and men comprise a sizable proportion of the population. In Jayapura, one in four people belongs to the 15-24 age group. In 2000, they comprise more than 36 thousand (BPS, 2001). The population of Jayapura is characterized by a large proportion of migrants; three in ten inhabitants of the city were born outside the province. The largest ethnic group other than Papuans is Javanese, which constitutes 20 percent of the city's population (BPS, 2001b).

1.2 NATIONAL POPULATION AND HEALTH PROGRAMS FOR ADOLESCENTS

Recognizing the magnitude of this group as well as issues associated with it, the Government of Indonesia joined countries in Asia and the Pacific region in considering adolescent health as a major concern (ESCAP, 2001:45). However, the concern was not followed by relevant actions. Furthermore, while many adolescent reproductive health programs were developed, none has a national coverage. In the aftermath of political and economic crises of 1997-1998 in Indonesia, social and health issues of school-age children was not high on the agenda of the Government of Indonesia and did not attract the interest of either politicians or legislative members.

In the National Development Program (Program Pembangunan Nasional/Propenas) 2000-2004, ARH is one of the government programs in the sociocultural development sector (Republic of Indonesia, 2000). The objective of this program is to enhance the knowledge, attitude, and behavior of adolescents in reproductive health. Five main targets of the national ARH policies initiated in 2001 are:

1. To decrease the number of people who marry young
2. To increase understanding of adolescent reproductive health
3. To reduce the incidence of teenage pregnancies
4. To reduce the incidence of premarital pregnancies
5. To increase knowledge of sexually transmitted infections (STIs) among youth.

Programs are also being developed to increase knowledge among youth on infectious diseases, including acute respiratory infections, diarrhea, tuberculosis, and malaria. Furthermore, programs are being developed to improve knowledge on mental health, neurosis, psychosis, and the use of illicit and addictive drugs (Sahanaya, 2002). The policy was implemented using a clinic-based approach and a community-based approach. The first approach was developed by Perkumpulan Keluarga Berencana Indonesia (PKBI), the Indonesian chapter of the International Planned Parenthood Federation, which operates through youth centers. Services in these centers include counseling, group discussions, hotline and medical services, and training in personal development. The second approach, which is preferred by the government, relies on a referral system to handle problems.

1.3 OBJECTIVES OF THE SURVEY

In the absence of a picture of the situation of adolescents in Jayapura City, the primary objective of the 2002-2003 Young Adult Reproductive Health Survey (YARHS) in Jayapura is to provide

policymakers and program managers with data on knowledge, attitudes, and behavior of young adults regarding human reproduction, relationships, HIV/AIDS and other sexually transmitted infections. Findings of the survey will also provide program managers with baseline data on these issues.

Specifically, the 2002-2003 YARHS was designed to:

- Measure the level of knowledge of young adults about reproductive health issues
- Examine the attitudes of young adults on various issues in reproductive health
- Measure the level of tobacco use, alcohol consumption, and drug use
- Measure the level of sexual activity among young adults
- Explore young adults' awareness of HIV/AIDS and other sexually transmitted infections.

1.4 ORGANIZATION OF THE SURVEY

The 2002-2003 YARHS was implemented by Badan Pusat Statistik (BPS—Statistics Indonesia) with funding from the United States Agency for International Development (USAID), through ORC Macro, which provided technical assistance. This is the same agency that carried out the national-level survey on adolescents, the 2002-2003 Indonesia Young Adult Reproductive Health Survey (IYARHS). The IYARHS is a subsample of the Indonesia Demographic and Health Survey (IDHS). The YARHS in Jayapura was conducted simultaneously with the IYARHS.

1.4.1 Sample Design and Implementation

The sample for the 2002-2003 YARHS in Jayapura was drawn from a frame of census blocks (CBs) developed for the 2002 National Socioeconomic Survey (Susenas), for which a household listing had been conducted. The list includes all private households, which are defined as a person or a group of persons who usually sleep in the same housing unit and have a common arrangement for the preparation and consumption of food. People who live in institutional households such as dormitories and military barracks are not listed, and hence have no chance of being included in the survey.

Due to political instability, three provinces were not fully covered in the 2002 Susenas. In these provinces, the survey was limited to the province's capital. Interest in conducting a youth survey in the Papua Province was triggered by the suspected HIV/AIDS pandemic. The province is thought to have the highest infection rate in the country. The need to have data on young people's knowledge, attitudes and behavior regarding sexual activity in Papua prompted the inclusion of Jayapura City in the IYARHS as a separate domain. A total of 36 CBs were covered in the YARHS. From each CB, 25 households were selected randomly. All unmarried women and men age 15-24 were eligible for the individual interview.

The results presented in this report are based on data that were weighted to take account of differential sampling probabilities and non-response at both the household and individual levels.

1.4.2 Pretest Activities

BPS pretested the questionnaire, control forms, and manuals in two provinces, West Java and South Kalimantan, in August 2002. In addition to testing the survey instruments, the pretest was aimed at testing the survey methodology and field operations.

Six interviewers participated in the pretest, three in each province. This staff formed two teams, consisting of one supervisor, one male interviewer, and one female interviewer. The training for the pretest lasted for ten days and was followed by a field pretest. The training was conducted following standard Demographic and Health Surveys (DHS) training procedures, including class presentations,

mock interviews, field practice, and tests. All of the participants were trained using the Household Questionnaire and the Individual Questionnaire. The training included practice interviews using the questionnaire in Indonesian and the local dialect. The instructors were staff of the BPS central office who have extensive experience as trainers in various household surveys carried out by BPS. Prior to the field staff training, the instructors attended training in all aspects of the pretest.

The IYARHS pretest was conducted simultaneously with the 2002-2003 IDHS pretest. As part of the IDHS and IYARHS training program, guest lecturers were invited to give talks on topics related to both surveys. For example, IYARHS training participants in West Java listened to a talk from a representative of PKBI on the human reproductive system, adolescent behavior, and how to successfully communicate with youths. PKBI has youth centers in almost all provincial capitals, including one in Bandung, the capital of West Java. The center has a great deal of experience in organizing activities for youth. In South Kalimantan, the IYARHS training participants joined the IDHS pretest participants in attending a talk from a representative of BKKBN.

The actual field pretest was conducted for one week in both urban and rural settings. In both provinces, one urban and one rural census block was selected. These census blocks were selected such that they were not included in the Susenas sample frame. A total of 98 households were visited, 49 in West Java and 49 in South Kalimantan. In these households, there were 29 unmarried females and 26 unmarried males age 15-24. Problems encountered during the pretest training and fieldwork were discussed among the interviewers and with representatives of agencies that have interest in adolescents, namely the Ministry of Health and BKKBN. On the basis of these discussions, the survey instruments were finalized.

1.4.3 Survey Questionnaires

The 2002-2003 YARHS in Jayapura used two questionnaires, the Household Questionnaire and the Individual Questionnaire. The Household Questionnaire was used to list all the usual members and visitors in the selected households. Basic information collected for each listed person includes: age, sex, education, and relationship to the head of the household. All unmarried women and men age 15-24 recorded in the Household Questionnaire were eligible for individual interview. For women and men age 15-17, permission to be interviewed was sought from their parents or guardian.

Information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, and ownership of various durable goods, was also recorded in the Household Questionnaire.

The Individual Questionnaire was initially developed by ORC Macro and translated into Bahasa Indonesia. BPS, in consultation with the BKKBN and the Ministry of Health (MOH), modified the questionnaire to reflect relevant issues in adolescent reproductive health issues in Indonesia. Inputs were also solicited from potential data users to optimize the IYARHS data in meeting the country's needs for data on adolescents. The Individual Questionnaire used in Jayapura is the same as that used in the rest of the country. This questionnaire covers the following sections:

- 1 Respondent's background
- 2 Knowledge about human reproduction
- 3 Marriage and children
- 4 Role of family, school and community
- 5 Smoking, drinking, and drugs
- 6 AIDS and other sexually transmitted diseases
- 7 Dating and sexual behavior.

1.4.4 Training

A total of 11 persons, 4 women and 7 men, participated in the main YARHS training for interviewers. Training of the field staff lasted for 10 days and took place in October 2002. Training was conducted following the DHS training procedures, including class presentations, mock interviews, and classroom tests. The training also included practice interviews in Bahasa Indonesia and the participant's local language.

1.4.5 Data Collection

Data for the 2002-2003 YARHS in Jayapura City were collected by 3 interviewing teams, each consisting of one team supervisor, one female interviewer, and one male interviewer. Field operations took place over a six-month period, from October 21, 2002 to April 9, 2003. The Papua Province Statistics Director was responsible for the implementation of the survey, while the Chief of the Population and Social Statistics Division was assigned as the Field Coordinator. During the course of data collection, Province Statistics Office and CBS staff visited the field periodically to monitor the progress of the fieldwork.

1.4.6 Data Processing

All completed questionnaires, accompanied by the control forms, were returned to the BPS central office in Jakarta for data entry and processing. The data processing consisted of office editing, coding of open-ended questions, data entry, verification, and editing computer-identified errors. Since the YARHS in Jayapura and IYARHS were implemented in tandem with the 2002-2003 IDHS, census blocks that were selected for both surveys were processed simultaneously. A team of about 40 data entry clerks, data editors, and data entry supervisors processed the data. Data entry and editing started in November 2002 with a computer package called CPro (Census and Survey Processing System).

1.5 RESPONSE RATES

Table 1.1 shows response rates for the 2002-2003 YARHS in Jayapura City. A total of 900 households were selected in the sample, of which 870 were occupied. Of the households found in the survey, 848 were successfully interviewed, yielding a response rate of 98 percent.

In the interviewed households, 435 female and 484 male respondents were eligible for individual interview. Of these, completed interviews were conducted with 417 female and 455 male, yielding a response rate of 96 and 94 percent, respectively.

Table 1.1 Results of the household and interviews

Number of households, number of interviews, and response rates, according to residence, YARHS 2002-2003 Jayapura City

Result	Number
Household interviews	
Household selected	900
Household occupied	870
Household interviewed	848
Household response rate	97.5
Individual interviews: women	
Number of eligible women	435
Number of eligible women interviewed	417
Eligible woman response rate	95.9
Individual interviews: men	
Number of eligible men	484
Number of eligible men interviewed	455
Eligible man response rate	94.0

PROFILE OF YOUNG ADULTS

2.1 SOCIODEMOGRAPHIC DIMENSION

2.1.1 Respondent's Characteristics

This section provides information on the demographic and socioeconomic characteristics of the young adult respondents in this survey. The main background characteristics that are used in subsequent chapters to distinguish subgroups of young adults regarding knowledge, attitudes, and behavior in the area of reproductive health are age, residence (urban-rural), and level of education. Table 2.1 shows the distribution of unmarried women and men age 15-24 in the 2002-2003 Young Adult Reproductive Health Survey (YARHS) sample in Jayapura City.

Table 2.1 Background characteristics of respondents						
Percent distribution of unmarried women and men age 15-24 by background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Weighted percent	Number of women		Weighted percent	Number of men	
		Weighted	Unweighted		Weighted	Unweighted
Age						
15	11.7	49	56	11.8	54	57
16	12.0	50	54	10.3	47	51
17	12.3	51	49	9.4	43	49
18	13.1	55	49	11.6	53	51
19	10.4	44	39	7.7	35	34
15-19	59.6	248	247	50.9	232	242
20	12.6	52	56	10.2	47	48
21	4.7	19	17	7.3	33	42
22	9.6	40	45	11.4	52	41
23	5.9	24	23	9.9	45	41
24	7.7	32	29	10.3	47	41
20-24	40.4	169	170	49.1	223	213
Education						
No education	1.8	8	7	1.1	5	5
Some primary	0.4	2	1	1.9	9	7
Completed primary	1.8	8	6	2.5	11	8
Some secondary	25.3	106	114	28.5	129	128
Completed secondary+	70.6	295	289	66.1	301	307
Religion						
Muslim	38.7	161	183	45.0	205	213
Protestant	55.8	233	210	50.7	231	221
Catholic	3.8	16	17	3.2	14	11
Hindu	0.6	3	1	0.0	0	0
Buddhist	1.0	4	6	1.1	5	10
Other/missing	1.0	4	6	1.1	5	10
Total	100.0	417	417	100.0	455	455

In general, six in ten female respondents are 15-19, while the male respondents are split in half by age group. Very few women and men age 15-24 in Jayapura have less than primary education (2 percent of female respondents and 3 percent of male respondents). Due to the small number of respondents with

less than primary education, in subsequent tables, these groups of respondents will not be presented separately.

More than half of the respondents are Protestant (56 percent of women and 51 percent of men). Thirty-nine percent of women and 45 percent of men practice Islam. Four percent of women and three percent of men are Catholic. Other religions are professed by very small number of respondents.

2.1.2 Current Activity

In Table 2.3, adolescents are distinguished by both the type of activity they are currently involved in; whether going to school, holding a job, going to school and holding a job, and neither going to school nor working. Two in three women and more than half of men (52 percent) are attending school only, while nine percent of women and one in five men (21 percent) are working only. Few women and men go to school and hold a job at the same time (5 percent of women and 11 percent of men). However, a large proportion of women and men (18 percent of women and 15 percent of men) report to be neither going to school nor working. This is particularly true among older (age 20-24) respondents and those who completed secondary school (19 percent of women and men each).

Table 2.2 Current activity							
Percent distribution of unmarried women and men age 15-24 by current activity, according to background characteristics, YARHS 2002-2003 Jayapura City							
Background characteristic	Current activity					Total	Number
	Attending school only	Working only	Attending school and working	Neither attending school nor working	Other		
WOMEN							
Age							
15-19	75.2	4.5	4.9	11.9	3.5	100.0	248
20-24	51.0	16.2	4.7	26.2	1.9	100.0	169
Education							
Less than secondary	69.5	2.9	6.5	14.5	6.7	100.0	122
Completed secondary+	63.8	11.9	4.1	19.0	1.2	100.0	295
Total	65.4	9.2	4.8	17.7	2.8	100.0	417
MEN							
Age							
15-19	75.2	4.5	4.9	11.9	3.5	100.0	248
20-24	51.0	16.2	4.7	26.2	1.9	100.0	169
Education							
Less than secondary	58.3	22.4	7.4	8.7	3.2	100.0	154
Completed secondary+	48.0	19.6	12.3	18.8	1.3	100.0	301
Total	51.5	20.5	10.7	15.4	2.0	100.0	455

2.2 EDUCATION

2.2.1 Educational Attainment

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 knowledge and subsequently behavior related to reproductive health. Table 2.4 shows the percent distribution of the YARHS respondents by the highest level of education attended and literacy level, according to age. Data in the table indicate that there are slight differences in the level of education. Most survey respondents have attended formal education; only 2 percent of women and 3 percent of men have less than primary school

education (data not shown). Seventy-one percent of women and 66 percent of men have completed secondary education. Overall, women are slightly better educated than men.

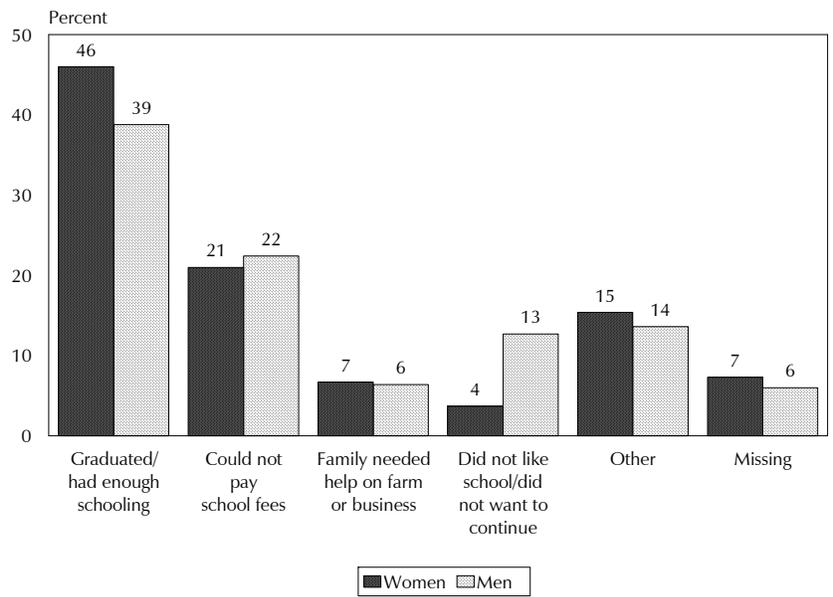
Table 2.4 also shows that literacy is almost universal among young adults in Jayapura City (98 percent of women and 99 percent of men). For both women and men, there are no variations by age.

Table 2.3 Educational attainment by background characteristics					
Percent distribution of unmarried women and men age 15-24 by highest level of schooling attended or completed and percentage literate, according to background characteristics, YARHS 2002-2003 Jayapura City					
Age	Less than secondary	Completed secondary or higher	Total	Number	Percent literate ¹
WOMEN					
15-19	44.3	55.7	100.0	248	97.9
20-24	7.3	92.7	100.0	169	99.3
Total	29.4	70.6	100.0	417	98.4
MEN					
15-19	55.0	45.0	100.0	232	98.8
20-24	12.0	88.0	100.0	223	99.5
Total	33.9	66.1	100.0	455	99.2
¹ Refers to respondents who attended secondary school or higher or who can read a whole sentence or part of a sentence					

2.2.2 Reason for Not Going to School

In the YARHS, respondents who currently do not go to school were asked about the reason for not being in school. This information is presented in Figure 2.1. The largest group of respondents says that they have stopped their education because they have sufficient education (46 percent of women and 39 percent of men), others stopped going to school because they could not pay school fees (21 percent of women and 22 percent of men). Some respondents stopped their education because their family needs them to help in their farm or business (7 percent of women and 6 percent of men). Others say that they stopped going to school because they did not like school or simply did not want to continue education (4 percent of women and 13 percent of men).

Figure 2.1 Reason for Not Going to School

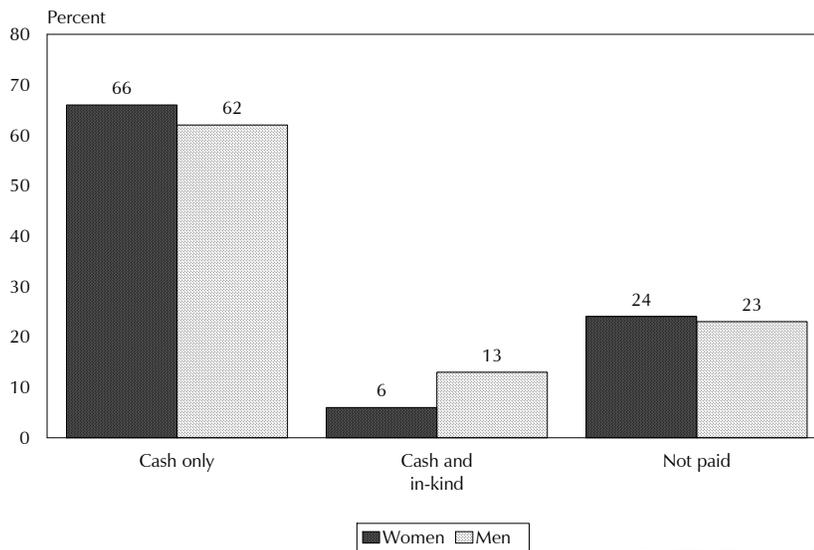


YARHS 2002-2003 Jayapura City

2.3 EMPLOYMENT

Women and men in the YARHS were asked if they had had a job in the last 12 months for which they received payment in cash or in kind. Only 12 percent of women and 25 percent of men were employed in the past 12 months (data not shown). Figure 2.2 shows that among those who were employed, 66 percent of women and 62 percent of men were paid in cash; and 6 percent of women and 13 percent of men work for cash and kind. It is interesting to note that one in four women and men (24 percent and 23 percent, respectively) work without pay.

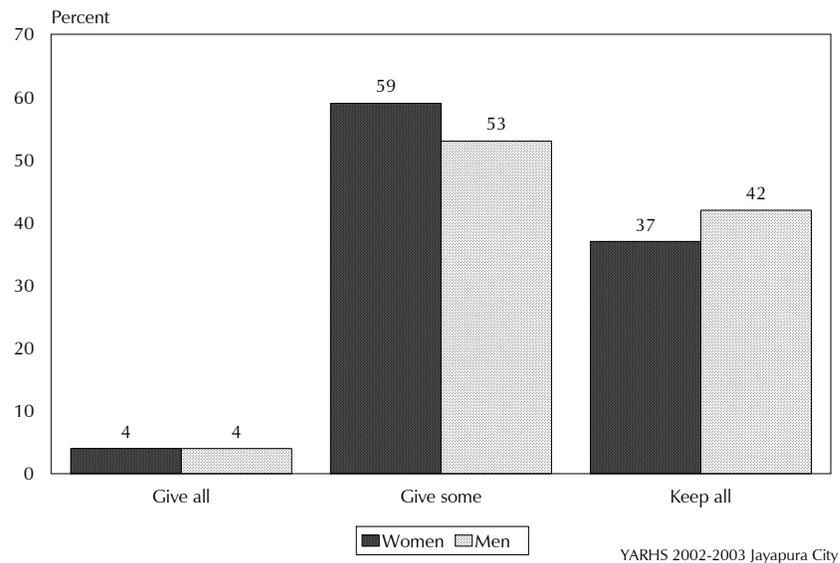
Figure 2.2 Percentage of Unmarried Women and Men Age 15-24 Who Worked in the 12 Months Preceding the Survey, by Type of Payment



YARHS 2002-2003 Jayapura City

In the YARHS, respondents who were employed in the last 12 months and were paid in cash were asked another question on the use of their earnings. Figure 2.3 shows that there are small gender differences in the use of earnings and the contribution of young adults to household expenditures. The majority of women and men give part of their cash earning to support the household expenses (59 percent of women and 53 percent of men). About four in ten respondents (37 percent of women and 42 percent of men) keep their income for themselves. Only a small proportion of respondents (4 percent of women and men) give all of their earnings to the household.

Figure 2.3 Percentage of Unmarried Women and Men Age 15-24 Who Were Employed in the 12 Months Preceding the Survey and Receiving Cash Earnings, by Use of the Money Earned



Women and men age 15-24 who were employed in the preceding 12 months and received cash earnings for their work were also asked what proportion of the household expenditures came from their contribution. The number of women who were employed in the preceding 12 months and received cash earnings is too small to be analyzed further. Young men play a significant role in supporting their household economy; 44 percent say that they give at least half of their income to the household. Four in ten young men say that they give less than half of their income to the household (data not shown).

MEDIA EXPOSURE

The role of media in disseminating information has become increasingly more important. In addition to reading printed materials, more and more young adults access information from the radio and television. Recognizing the importance in Jayapura City of mass media, the 2002-2003 Young Adult Reproductive Health Survey (YARHS) collected information on the exposure of respondents to various types of mass media. Specifically, respondents were asked how often they usually read a newspaper or magazine, listen to the radio, or watch television in a week. Respondents were also asked about the kinds of radio and television programs they like. This information is useful in determining the media channels to use in disseminating programs appropriate for target audiences. Furthermore, it is important for understanding the likelihood of reaching young people through the media.

3.1 EXPOSURE TO MASS MEDIA

Table 3.1 shows that television is the most popular mass media among young women and men, with 87 percent of women and 86 percent of men report watching television at least once a week, while printed materials are the least popular (51 percent for women and 50 percent for men). Overall, there are no marked differences in the exposure to mass media between women and men.

Exposure to all three media is widespread, with 45 percent of women and 38 percent of men reporting watching television at least once a week, listening to the radio at least once a week, and reading a newspaper or a magazine at least one a week. Only 6 to 7 percent of respondents are not exposed to any of the three media. In general, older women and men, and those with secondary or higher education are more likely to be exposed to the media.

Table 3.1 Exposure to mass media						
Percentage of unmarried women and men age 15-24 who usually read a newspaper at least once a week, watch TV at least once a week, and listen to the radio at least once a week, by background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Reads newspaper/magazine at least once a week	Watches TV at least once a week	Listens to a radio at least once a week	All three media	No media	Number
WOMEN						
Age						
15-19	44.7	90.9	73.4	41.6	4.3	248
20-24	60.6	81.0	72.5	49.1	7.6	169
Education						
Less than secondary	27.4	90.5	63.4	24.9	7.3	122
Completed secondary+	61.0	85.4	77.0	52.8	4.9	295
Total	51.1	86.9	73.0	44.6	5.6	417
MEN						
Age						
15-19	40.5	92.8	66.7	32.1	3.9	232
20-24	60.3	77.9	67.1	44.6	10.3	223
Education						
Less than secondary	26.9	89.6	57.3	20.0	5.1	154
Completed secondary+	62.2	83.4	71.9	47.6	8.0	301
Total	50.2	85.5	66.9	38.3	7.0	455

3.2 RADIO LISTENING

In the 2002-2003 YARHS, respondents who listened to the radio were further asked what type of programs they most often listen to. Table 3.2 shows that the most popular radio programs for both women and men are quiz or game programs (83 percent for women and 78 percent for men). Music and news are also popular (53 to 65 percent). Women are more likely to listen to quiz or game, music, and religious programs than men, while men are more likely to listen to sports reports than women (50 percent and 37 percent, respectively). Programs related to culture and health are less popular, with 15 percent or less of each women and men listening to them.

There are slight variations in the types of radio programs listened to by the adolescent's age. However, overall, better-educated respondents are more likely than less-educated respondents to listen to most types of radio programs.

Table 3.2 Radio listening										
Among unmarried women and men age 15-24 who listen to the radio, percentage who most often listen to specific programs, by background characteristics, YARHS 2002-2003 Jayapura City										
Background characteristic	Type of program									Number
	News	Music	Sports	Serial drama	Quiz/game	Religious	Cultural	Health	Other	
WOMEN										
Age										
15-19	57.1	61.2	37.6	51.0	83.8	37.8	12.3	8.7	1.4	243
20-24	64.0	62.3	36.9	49.5	81.2	39.0	12.9	19.2	0.0	164
Education										
Less than secondary	44.8	48.3	30.2	43.2	82.4	40.1	11.1	4.5	1.4	115
Completed secondary+	65.9	66.9	40.1	53.2	82.9	37.6	13.1	16.3	0.6	292
Total	59.9	61.6	37.3	50.4	82.7	38.3	12.5	12.9	0.8	407
MEN										
Age										
15-19	59.1	58.2	49.8	40.7	83.3	32.1	9.3	12.6	0.0	201
20-24	70.6	48.1	51.1	28.3	71.9	18.7	9.3	17.1	0.8	199
Education										
Less than secondary	45.8	48.0	44.2	34.3	82.4	20.6	6.8	7.8	1.2	127
Completed secondary+	73.7	55.6	53.3	34.7	75.4	27.6	10.5	18.1	0.0	274
Total	64.8	53.2	50.4	34.5	77.6	25.4	9.3	14.8	0.4	400

Radio listeners were also asked whether they have heard certain messages on the radio in the six months preceding the survey. The specific messages asked about are: how to prevent pregnancy, family planning, condom advertisement, advice on the postponement of marriage, and programs which discuss sexually transmitted diseases in general, and HIV/AIDS in particular. Results are presented in Table 3.3.

In general, women are more likely than men to say that they have heard of the specific messages on the radio. However, there are no large differences between women and men in the proportions who listened to each of these messages. Among the specific messages asked in the survey, the most often heard message has to do with HIV/AIDS (76 percent of women and 66 percent of men) and condom advertisement (62 percent of women and 58 percent of men).

Table 3.3 Messages on the radio
Among unmarried women and men age 15-24 who listen to the radio, the percentage who heard specific programs in the six months preceding the interview, by background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Radio message					Number
	Prevent pregnancy	Condom advertisement	Postponement of age at marriage	HIV/AIDS	STIs	
WOMEN						
Age						
15-19	45.5	61.2	35.9	74.5	48.9	243
20-24	47.1	63.3	41.7	78.0	56.1	164
Education						
Less than secondary	30.1	42.0	20.2	57.4	35.0	115
Completed secondary+	52.4	70.0	45.3	83.2	58.4	292
Total	46.1	62.1	38.2	75.9	51.8	407
MEN						
Age						
15-19	28.6	55.9	24.3	61.1	37.9	201
20-24	33.7	59.6	33.7	71.2	49.1	199
Education						
Less than secondary	21.9	49.6	15.5	52.0	29.6	126
Completed secondary+	35.4	61.5	35.2	72.7	49.9	274
Total	31.1	57.7	29.0	66.1	43.5	400

About half of women (52 percent) and 44 percent of men reported having listened to programs about sexually transmitted diseases in the past six months. Forty-six percent of women and 31 percent of men listen to radio messages on the prevention of pregnancy, and even lower percentages listen to messages on the importance of postponing age at marriage.

3.3 TELEVISION WATCHING

In the 2002-2003 YARHS, respondents who watch television were asked about the type of programs they most often watch. Table 3.4 shows that the most popular television programs for both women and men are movies (85 percent and 79 percent, respectively), followed by music and news (52 to 63 percent). Women’s interest in serial drama is also shown in the large percentage who report watching such programs most often (52 percent). On the other hand, men are more likely like to watch sports programs than women (50 percent, compared with 38 percent of women). As in the case of radio, health-related programs attract few viewers (9 percent or less).

Respondents who watch television were further asked whether they heard certain messages on television in the six months preceding the survey. The specific messages asked are: how to prevent a pregnancy, condom advertisement, postponement of marriage, and programs related to sexually transmitted diseases in general, and HIV/AIDS in particular. The results are presented in Table 3.5.

Table 3.4 Television watching											
Percentage of unmarried women and men age 15-24 who watch television by type of programs most often watched and, by background characteristics, YARHS 2002-2003 Jayapura City											
Background characteristic	Type of program										Number
	News	Music	Sports	Serial drama	Film	Quiz/game	Religious	Cultural	Health	Other	
WOMEN											
Age											
15-19	56.9	61.8	37.4	52.2	84.8	38.3	12.2	8.7	8.6	1.4	244
20-24	66.9	65.4	38.2	52.2	85.7	41.4	13.4	19.8	8.6	0.0	159
Education											
Less than secondary	43.7	50.4	29.4	45.4	83.7	41.0	10.8	4.4	4.0	1.3	118
Completed secondary+	67.9	68.5	41.1	55.0	85.8	38.9	13.5	16.7	10.5	0.6	285
Total	60.8	63.2	37.7	52.2	85.2	39.5	12.7	13.1	8.6	0.8	403
MEN											
Age											
15-19	54.5	58.7	47.7	41.4	82.1	30.4	8.2	11.1	6.1	0.7	228
20-24	69.3	45.4	52.7	27.0	74.7	18.1	8.7	15.9	9.1	0.7	214
Education											
Less than secondary	40.5	48.3	41.9	35.3	82.1	20.4	5.6	6.5	0.7	2.0	152
Completed secondary+	72.7	54.4	54.4	34.0	76.6	26.6	9.9	17.1	11.2	0.0	290
Total	61.7	52.3	50.1	34.4	78.5	24.4	8.4	13.4	7.6	0.7	442

Table 3.5 Messages on television						
Among unmarried women and men age 15-24 who watch television, the percentage who saw specific programs in the six months preceding the interview, by background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Television message					Number
	Prevent pregnancy	Condom advertisement	Postponement of age at marriage	HIV/AIDS	STIs	
WOMEN						
Age						
15-19	51.1	65.9	54.3	67.1	43.5	244
20-24	62.5	74.3	57.3	79.5	59.3	159
Education						
Less than secondary	41.9	57.4	47.1	51.7	29.6	118
Completed secondary+	61.2	74.1	58.9	80.4	58.1	285
Total	55.6	69.2	55.5	72.0	49.7	403
MEN						
Age						
15-19	32.3	59.2	27.3	55.7	35.6	228
20-24	37.6	68.1	40.2	63.6	41.2	214
Education						
Less than secondary	25.3	56.2	22.6	43.1	26.7	152
Completed secondary+	39.8	67.3	39.3	68.1	44.4	290
Total	34.8	63.5	33.5	59.5	38.3	442

Overall, women are more likely than men to say that they have watched the specific messages on television. As in the case of radio listening, women's interests differ from that of men. For women, the most often watched programs are related to HIV/AIDS (72 percent), while men are more likely to watch messages on condom advertisement (64 percent). Women are much more likely than men to watch programs that discuss pregnancy prevention and postponement of marriage on television (e.g., 56 percent of women watched programs on pregnancy prevention compared with 35 percent of men).

KNOWLEDGE ABOUT HUMAN REPRODUCTION AND EXPERIENCE OF PUBERTY

4

4.1 KNOWLEDGE AND EXPERIENCE OF PUBERTY

Information on the physiology of human reproduction and the means to protect oneself against sexual or reproductive problems and diseases should be available to adolescents. Better knowledge of these subjects among young adults will lead to responsible reproductive health behavior.

4.1.1 Knowledge of Physical Changes

In the 2002-2003 Young Adult Reproductive Health Survey (YARHS), respondents were asked several questions to measure their knowledge about human reproduction and the experience of puberty. They were asked to name any physical changes that a boy or a girl goes through during the transition from childhood to adolescence. The responses were spontaneous, without any prompting from the interviewer. The findings are presented in Table 4.1. It is interesting to note that while the respondents may have experienced some of the physical changes listed in the questionnaire, some may not have recognized them as part of the process of growing up into adulthood; others may not report them to the interviewer.

Indicators of physical changes	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
In a boy						
Develop muscles	40.2	54.4	45.9	34.9	38.6	36.7
Change in voice	45.8	59.8	51.4	50.2	50.1	50.2
Growth of facial hair, pubic hair, chest, legs and arms	45.7	59.8	51.4	62.4	73.7	67.9
Increase in sexual arousal	10.2	13.2	11.4	16.4	21.6	18.9
Wet dreams	36.3	38.3	37.1	30.9	47.7	39.1
Growth in Adam's apple	27.2	35.7	30.6	13.8	23.5	18.6
Hardening of nipples	3.5	6.8	4.8	5.0	9.7	7.3
Other	7.5	6.5	7.1	6.1	4.9	5.5
Don't know any signs	24.8	12.7	19.9	13.2	6.1	9.7
In a girl						
Growth of pubic hair and underarm hair	53.9	64.1	58.0	35.7	50.6	43.0
Growth in breasts	64.3	77.6	69.6	50.3	68.7	59.3
Growth in hips	20.3	28.6	23.7	16.5	22.6	19.5
Increase in sexual arousal	15.4	24.8	19.2	11.1	15.2	13.1
Menstruation	78.8	87.3	82.2	43.2	51.7	47.4
Other	6.9	5.2	6.2	0.5	2.8	1.6
Don't know any signs	9.6	3.4	7.1	36.4	22.0	29.3
Number	248	169	417	232	223	455

For changes in a boy, the most reported change by both female and male respondents is the growth of body hair (51 percent of women and 68 percent of men) and change in voice (half or more of women and men). The least reported change in a boy reported by women and men is the hardening of the nipples (5 percent of women and 7 percent of men).

For physical changes in a girl, while growth in breasts is common knowledge among female and male respondents, cited by 70 percent of women and 59 percent of men, women are more likely than men to mention menstruation (82 percent of women compared with 47 percent of men).

In general, increase in sexual arousal is not cited as much as other physical changes in a girl and in a boy (11-19 percent). For women and men, respondents age 20-24 are more likely to name physical changes in adolescence than respondents age 15-19. It is worth noting that a sizable percentage of women (20 percent) and men (29 percent) do not know any signs of physical changes of the opposite sex.

4.1.2 Source of Knowledge of Physical Changes

In the survey, respondents were asked about the source of knowledge on physical changes in a boy and a girl as they go through puberty. Table 4.2 shows that the most often cited sources vary across sex. Women are much more likely than men to cite mothers (56 percent), while men tend to mention friends (46 percent).

Source of information	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Friends	32.3	47.0	38.2	44.5	47.3	45.9
Mother	59.2	50.3	55.6	20.9	22.2	21.6
Father	4.1	9.6	6.3	6.7	11.7	9.2
Siblings	5.9	9.2	7.2	3.9	3.9	3.9
Relatives	6.7	9.6	7.9	8.5	4.8	6.7
Teacher	50.9	42.6	47.5	42.8	38.0	40.5
Health service provider	34.1	35.1	34.5	19.2	22.5	20.9
Religious leader	4.2	3.7	4.0	2.1	1.8	2.0
Television	40.0	49.8	44.0	28.1	37.6	32.8
Radio	33.4	37.0	34.8	19.4	28.7	24.0
Book/magazine/newspaper	39.1	57.3	46.5	26.8	46.5	36.5
Other	0.0	1.0	0.4	0.0	0.0	0.0
No one	6.2	3.8	5.2	17.6	10.6	14.1
Missing	1.6	0.7	1.2	0.5	0.0	0.2
Number	248	169	417	232	223	455

For both women and men, younger respondents are more likely than their older counterparts to mention teachers as a source of information for physical changes during adolescence. On the other hand, older respondents tend to mention mass media more than younger respondents. Since the survey did not investigate further details of this information, it is not clear whether the respondents actually discussed the topic with their teachers or received the information as part of class instruction.

Other than personal contacts, printed media such as books, magazines and newspaper are often cited as source of information about changes that boys and girls undergo during transition from childhood into adulthood. Regardless of gender, older respondents are more likely than younger ones to mention this source of information.

Television is another source of information for physical changes, mentioned by 44 percent of women and 33 percent of men. There are TV programs that cover various topics on reproductive health, which sometimes include signs of physical changes. However, it is worth mentioning that these programs are not specifically designed for adolescent viewers. For both women and men, older respondents are more likely than younger ones to mention television as a source of information.

Only 5 percent of women and 14 percent of men did not report any source of information about physical changes of adolescents. Younger respondents are less likely than older respondents to talk about physical changes with someone.

4.1.3 Menstruation

This section focuses on the experience of female respondents in the survey as they go through puberty. They were asked how old they were when they first menstruated and whether they discussed the experience with someone. Table 4.3 shows that few women (4 percent) have never menstruated. Some women had their first menstruation before age 12 (8 percent). By age 13, one in three women have had their first period and by age 16, practically all women have menstruated. This finding is similar to that of a study conducted by the Demographic Institute where 84 percent of women experience menarche at age 12-15 (Demographic Institute, 2002).

Table 4.3 Age at first menstruation

Percent distribution of unmarried women 15-24 by age at menstruation, according to current age, YARHS, 2002-2003 Jayapura City

Current age	Age at first menstruation								Percentage who never menstruated	Total	Number
	<10	11	12	13	14	15	16	17+			
15	8.0	8.1	24.0	19.5	15.9	15.3	na	na	9.1	100.0	49
16	7.7	2.0	10.3	10.2	40.3	14.4	0.0	na	15.1	100.0	50
17	4.5	7.2	8.4	8.3	25.4	33.7	9.4	0.0	3.2	100.0	51
18	1.7	5.9	13.1	4.7	56.4	13.1	2.1	3.0	0.0	100.0	55
19	6.1	0.0	14.7	9.4	49.4	9.3	6.3	4.9	0.0	100.0	44
20	1.2	0.0	6.2	11.4	40.0	21.1	8.4	11.6	0.0	100.0	52
21	0.0	10.5	35.9	0.0	32.6	11.6	6.0	0.0	3.4	100.0	19
22	0.0	5.6	14.3	23.8	31.3	18.3	6.8	0.0	0.0	100.0	40
23	4.8	0.0	21.6	13.1	19.9	27.5	4.7	6.7	1.6	100.0	24
24	3.4	7.0	14.1	11.9	47.6	7.3	0.0	3.3	5.4	100.0	32
Total	4.0	4.4	14.5	11.5	36.8	17.5	4.4	3.0	3.9	100.0	417

na = Not applicable

When asked whether they discussed menstruation with anyone prior to having their first period and who they discussed it with, 57 percent of women report that they discussed it with their mothers and 26 percent discussed it with their friends. One in six women report having discussed the topic of menstruation with a teacher and 13 percent with a health service provider. The proportion of older women (age 20-24) who talked to a teacher or a health provider is larger than of younger women (age 15-19). Three in ten women did not discuss menstruation with anyone prior to having their first period.

The limited communication between parents and children about reproduction is also revealed in a survey in four provinces (Achmad and Westley, 1999), which found that less than 30 percent of young adults spoke with their parents about this topic and these discussions occurred mostly between daughters and mothers.

Table 4.4 Discussion of menstruation before first menses

Among unmarried women age 15-24 who have begun menstruation, percentage who discussed menstruation with specific persons prior to first menses, by age, YARHS 2002-2003 Jayapura City

Person with whom menstruation was discussed	Age		Total
	15-19	20-24	
Friends	27.8	22.6	25.7
Mother	57.8	55.2	56.7
Father	2.6	1.2	2.0
Siblings	13.1	11.7	12.5
Relatives	3.3	3.2	3.3
Teacher	13.5	19.8	16.1
Health service provider	10.0	17.9	13.3
Religious leader	0.5	0.6	0.5
No one	30.5	35.6	32.6
Number	235	166	401

Another question asked of female respondents was whether they talked with anyone about menstruation at the time they had their first period. Table 4.5 shows that eight in ten women reported they talked to their mothers, while friends were next (27 percent). One in eight women did not discuss menstruation with anyone when they had their first period.

The role of mothers in talking about menses at the time it first occurred is slightly stronger among younger women than among older women. While 81 percent of women age 15-19 talked with their mothers at the first menstruation, the corresponding proportion for women 20-24 is 78 percent. On the other hand, older women are more likely than younger women to talk with their friends (33 percent compared with 23 percent). Regardless of age, 11 percent of women talked with their siblings about their first menstruation. Other people play a minimal role in being contacted by women at the time they had their first period.

Table 4.5 Discussion of menstruation at time of first menses			
Among unmarried women age 15-24 who have begun menstruation, percentage who discussed menstruation with specific persons at the time of first menses, by age, YARHS 2002-2003 Jayapura City			
Person with whom menstruation was discussed	Age		Total
	15-19	20-24	
Friends	23.1	33.4	27.4
Mother	81.2	77.7	79.7
Father	2.7	4.5	3.4
Siblings	11.9	10.6	11.4
Relatives	2.4	4.2	3.1
Teacher	3.9	9.9	6.4
Health service provider	4.6	9.5	6.6
No one	13.3	10.5	12.1
Missing	1.5	2.1	1.7
Number	235	166	401

4.1.4 Wet Dreams

In the 2002-2003 YARHS, only male respondents were asked about their experiences with wet dreams. These questions include the age when they started to have wet dreams and discussions about wet dreams with anyone before their occurrence. Table 4.6 shows that very few men had their first wet dream before age 12 (1 percent). Overall, by age 15, almost half (47 percent) of men have had a wet dream, and by age 17, 77 percent have had wet dreams.

Table 4.6 also shows that 23 percent of male respondents reported never having a wet dream. This figure is much higher than that reported by the IYARHS respondents in Indonesia as a whole (7 percent) (BPS and ORC Macro, 2004).

Table 4.6 Age at first wet dream										
Percent distribution of unmarried men age 15-24 who had a wet dream by age when wet dream occurred, and percentage who never had a wet dream, according to current age, YARHS 2002-2003 Jayapura City										
Age	Age at first wet dream								Percentage who never had a wet dream	Number
	≤11	12	13	14	15	16	17+	Missing		
15	1.2	9.4	12.8	20.6	8.7	na	na	0.7	46.6	54
16	4.4	9.5	6.2	11.1	4.7	1.8	na	2.4	59.9	(47)
17	1.5	6.5	6.4	7.9	16.4	15.3	9.2	3.1	33.7	(43)
18	2.0	3.2	8.4	35.8	15.7	12.8	15.2	1.0	5.9	53
19	0.0	10.4	11.3	8.8	14.6	17.5	16.9	1.1	19.5	(35)
20	0.0	6.4	8.2	34.5	12.4	8.4	15.6	0.0	14.5	(47)
21	0.0	8.5	5.4	3.4	16.4	12.6	32.4	0.0	21.2	(33)
22	0.0	5.7	2.8	27.5	13.0	17.3	27.5	0.0	6.1	52
23	0.0	0.0	8.9	11.7	21.8	15.7	37.1	0.8	4.1	(45)
24	2.2	6.7	6.7	12.3	13.0	16.3	29.0	0.8	12.8	(47)
Number	1.2	6.5	7.7	18.5	13.5	11.4	17.7	1.0	22.5	455

Note: Figures in parentheses are based on 25-49 cases.
na = Not applicable

Male respondents were also asked whether they had discussed with anyone about wet dreams before they had the first dream. Data in Table 4.7 show that the majority of men (52 percent) did not talk to anyone about their experience in having a wet dream. Among those who discussed the dream, 37 percent talked to their friends, 15 percent talked to their teacher, and about 11 percent talked to either their mother or father. In general, younger men are more likely to talk with someone about this topic than older men.

Tables 4.4 and 4.7 demonstrate that men are less likely than women to discuss physical changes in their body with anyone. While 33 percent of women did not talk with anyone prior to having their first monthly period, 52 percent of men did not talk to anyone about wet dreams before having them.

Table 4.7 Discussion of wet dreams before first wet dream			
Among unmarried men age 15-24 who had wet dreams, percentage who discussed wet dreams with specific persons prior to first wet dream, by age, YARHS 2002-2003 Jayapura City			
Person with whom wet dream was discussed	Age		Total
	15-19	20-24	
Friends	40.6	34.1	37.0
Mother	10.3	12.5	11.5
Father	10.9	11.7	11.4
Siblings	4.5	2.5	3.3
Relatives	8.2	3.3	5.4
Teacher	15.3	14.8	15.0
Health service provider	7.0	12.1	9.9
Religious leader	1.0	0.4	0.6
Other	0.7	0.0	0.3
No one	47.6	54.9	51.7
Number	154	199	353

4.2 KNOWLEDGE OF FERTILE PERIOD AND RISK OF PREGNANCY

The success of periodic abstinence as a family planning method depends on women and men's understanding of the monthly cycle and the days when a woman is most likely to conceive. Therefore, basic knowledge of the mechanisms of reproduction including the women's monthly fertile cycle is important. In the 2002-2003 YARHS, all respondents were asked about their knowledge of a woman's fertile period in the ovulatory cycle. This information is presented in Table 4.8.

Table 4.8 Knowledge of the fertile period						
Percent distribution of unmarried women and men age 15-24 who know that there are certain days in a woman's menstrual cycle when she is more likely to become pregnant, by perceived fertile period, according to age, YARHS 2002-2003 Jayapura City						
Perceived fertile period	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Just before period	8.7	4.1	6.2	11.1	7.0	8.2
During period	0.8	1.7	1.3	0.0	0.0	0.0
Right after period	45.3	43.4	44.3	46.3	46.0	46.1
Halfway between periods	39.9	49.1	44.8	32.5	44.7	41.0
Other	1.8	0.0	0.8	0.0	0.0	0.0
Don't know/missing	3.6	1.7	2.6	10.1	2.3	4.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	87	100	187	52	120	172

Data in the table show that knowledge about the fertile period is deficient among women as well as among men; only 45 percent of women and 41 percent of men gave the correct responses that a woman has the greatest chance of becoming pregnant in the middle of her ovulatory cycle. These figures are slightly higher than those for the women and men in the IYARHS survey (29 percent of women and 32 percent of men) (BPS and ORC Macro, 2004).

There are slight differences in knowledge of the fertile period between women and men; 44 percent of women and 46 percent of men give the incorrect response that the fertile period is right after the period ends. While there are differences by age, the gap is slightly wider for men than for women. For instance, 33 percent of men 15-19 have the correct knowledge about the fertile period compared to 45 percent of men 20-24, while among women the corresponding percentages are 40 percent and 49 percent.

In the 2002-2003 YARHS, respondents were also asked if a woman can become pregnant after having only one sexual intercourse. In general, women's knowledge of the pregnancy risk after one episode of sexual intercourse is similar to that of men's (43 percent compared with 45 percent, respectively). As expected, older and better-educated respondents are more knowledgeable about the risk of being pregnant after one sexual intercourse than younger and less educated respondents (Table 4.9).

Background characteristic	Women	Men
Age		
15-19	31.6	25.5
20-24	60.7	65.2
Education		
Less than secondary	19.0	16.6
Completed secondary+	53.5	59.5
Total	43.4	45.0
Number	417	455

4.3 HEALTH EXAMINATION BEFORE MARRIAGE

In the 2002-2003 YARHS survey, respondents were asked whether couples who are planning to get married need to have a health examination. If so, they were asked what type of test they think is necessary to be done before marriage. The question was unprompted and the respondents could give more than one response. The majority of women and men say that health examination is necessary before marriage. Table 4.10 shows that male respondents are more likely than female respondents to think that a physical examination before marriage is necessary (68 percent of men compared with 61 percent of women). Data for youth in Indonesia show higher proportions; 83 percent of men and 73 percent of women think that a physical examination before marriage is necessary (BPS and ORC Macro, 2004). In this survey, physical tests include X-ray photo and tests of the heart, chest, eyes, and ear, nose and throat.

Type of test	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Physical	61.5	61.0	61.3	65.6	69.7	67.9
Blood	72.0	76.4	73.9	60.6	73.4	67.7
Urine	18.9	49.9	32.7	30.2	42.2	36.8
Number	170	136	306	115	141	255

On the other hand, women are slightly more likely than men to mention the necessity of a blood test before marriage (74 percent and 68 percent, respectively). Women are slightly less likely to believe

that a urine test is necessary before marriage (33 percent and 37 percent, respectively). Blood and urine tests are carried out in a medical laboratory.

Older respondents are much more likely than younger respondents to mention urine tests. For example, while half of women age 20-24 mention a urine test, this test is only cited by 19 percent of women 15-19.

4.4 ANEMIA

4.4.1 Knowledge about Anemia

One of the targets of the Healthy Indonesia 2010 national program is to reduce anemia prevalence among adolescents to below 20 percent (Ministry of Health, 2001). Iron deficiency is the most common and widespread nutritional disorder in developing countries (WHO, United Nations Children Fund, and United Nations University, 2001). The risk of anemia during adolescence is higher when a woman becomes pregnant. Anemia may also elevate the risk of death among pregnant women if excessive bleeding occurs, of low birth weight babies, and babies with congenital disorders. The risk of anemia occurs not only among women, but also men.

Iron deficiency, specifically iron deficiency anemia, remains one of the most severe and important nutritional problems in Indonesia. Results of the 2001 Neonatal Household Health Survey show that anemia prevalence is 27 percent among women age 15-19 and 40 percent among pregnant women (Ministry of Health, 2002).

Perception of anemia	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Have heard of anemia	78.5	82.2	80.0	60.8	72.4	66.5
Deficit in red blood cells	48.8	41.5	45.8	30.4	41.2	36.2
Blood deficit	73.3	86.7	78.9	83.6	76.8	80.0
Iron deficiency	5.9	6.9	6.3	6.3	4.1	5.1
Low blood pressure	11.8	12.3	12.0	10.8	7.7	9.1
Vitamin deficiency	6.4	6.3	6.3	8.6	8.7	8.6
Other	2.9	1.2	2.2	0.0	1.1	0.6
Don't know	1.0	1.9	1.4	5.9	5.3	5.6
Number	195	139	334	141	162	302

The majority of respondents in the YARHS in Jayapura who said that they have heard of anemia (79 percent of women and 80 percent of men) said that anemia is a blood deficit (*kurang darah*). The proportion of the IYARHS respondents in Indonesia as a whole who said that anemia is a blood deficit is similar: 81 percent of women and 74 percent of men. These findings are consistent with that of a study conducted among adolescents age 15-24 in four provinces, which found that 88 percent of women and men said that anemia is a condition of “shortage of blood supply” (Demographic Institute, 2003). It should be added that while the term “blood deficit” is inaccurate, this is the most widely used term to identify anemia in Indonesia.

The next most cited responses are deficit in red blood cells (46 percent of women and 36 percent of men) and low blood pressure (12 percent of women and 9 percent of men).

4.4.2 Knowledge of Causes of Anemia

Table 4.12 shows that two areas related to anemia in this report call for attention. The first is the misconceptions about anemia, shown by the large proportions of women and men (28 percent of women and 23 percent of men) whose response to the cause of anemia is coded “Other”. This means that the response has no relation to any of the precoded categories that encompasses the correct answers. The second area of concern refers to the group of respondents who do not know the cause of anemia (5 percent of women and 13 percent of men). These are groups of adolescents who should be targeted for education in issues related to anemia.

Among those who give valid responses, deficiencies in dietary intake are the most cited reasons for being anemic (45 to 60 percent). Variations between women and men are not significant, except for 22 percent of women who mention malnutrition as a cause of anemia compared with 11 percent of men.

Table 4.12 Knowledge of causes of anemia						
Among unmarried women and men age 15-24 who have heard of anemia, percentage who reported specific causes of anemia, by age, YARHS 2002-2003 Jayapura						
Cause of anemia	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Lack of consumption of meat, fish, and liver	41.7	49.6	45.0	45.6	49.9	47.9
Lack of consumption of vegetables and fruits	51.2	56.6	53.5	57.1	61.8	59.6
Bleeding	5.6	8.4	6.8	9.9	2.2	5.8
Menstruation	2.3	3.6	2.8	6.9	1.8	4.2
Malnutrition	24.3	18.6	21.9	10.7	11.7	11.3
Infectious disease	0.0	0.0	0.0	0.0	1.1	0.6
Other	27.0	29.4	28.0	21.0	24.4	22.8
Don't know	3.8	6.6	5.0	14.1	11.2	12.5
Number	195	139	334	141	162	302

4.4.3 Knowledge of Anemia Treatment

Respondents who have heard of anemia were also asked how anemia should be treated. Table 4.13 indicates that the most often cited anemia treatment reported by both women and men (80 percent of women and 71 percent of men) is to take pills to “increase blood” (*pil tambah darah*). Again, this is a misnomer, but a term widely used in Indonesia.

Table 4.13 Knowledge of anemia treatment						
Among unmarried women and men age 15-24 who have heard of anemia, percentage who reported specific treatments for anemia, by age, YARHS 2002-2003 Jayapura City						
Treatment for anemia	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Take pill to increase blood	78.4	81.6	79.7	79.3	64.0	71.1
Take iron tablet	18.6	27.9	22.4	16.3	30.7	24.0
Increase consumption of meat, fish, and liver	30.1	44.9	36.3	38.1	31.8	34.7
Increase consumption of vegetables rich in iron	39.0	36.1	37.8	31.7	29.0	30.2
Other	14.3	12.4	13.5	6.8	13.3	10.3
Don't know	2.2	4.9	3.3	9.5	10.1	9.8
Number	195	139	334	141	162	302

A much lower percentage mention taking iron tablets as a remedy for anemia (22 percent of women and 24 percent of men). While the proportions are relatively low, they are higher than those shown by IYARHS respondents in other parts of the country (11 percent of women and 14 percent of men) (BPS and ORC Macro, 2004).

The findings show that while the percentage of young women and men who have heard of anemia is high, the exact meaning of the problem is lost in the translation into *Bahasa Indonesia*. Knowledge of what causes anemia and how to treat the problem is low. Therefore, there is a need for IEC activities to address all issues related to anemia that should target adolescents. This can be done through formal and informal education, such as community meetings organized by NGOs and discussions among peer group.

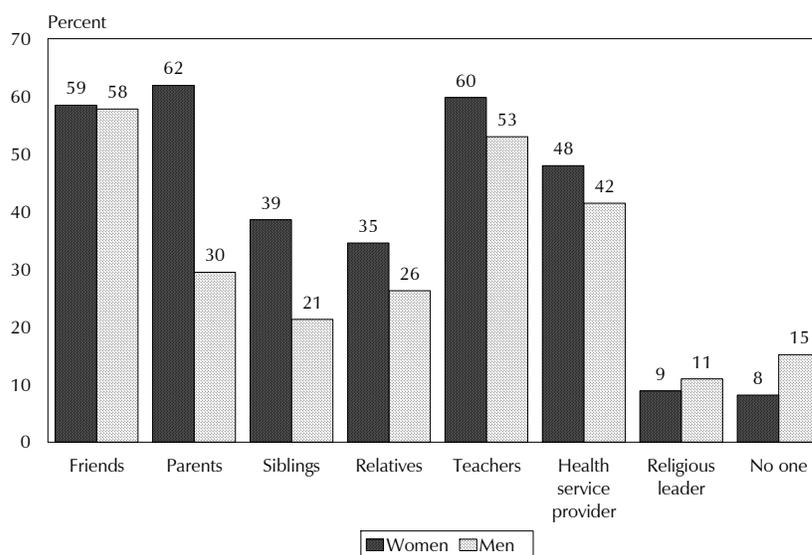
4.5 DISCUSSION ON REPRODUCTIVE HEALTH

One of the objectives of the 2002-2003 IYARHS was to find out the sources from which young adults in Indonesia obtain information on reproductive health. In the survey, respondents were asked whether they have had any discussion with anyone on issues related to human reproduction including physiology of reproduction, menstruation, wet dreams, fertile period, pregnancy, sexually transmitted diseases, and family planning methods. In certain cultures, sexuality is often considered a taboo subject between adolescents and their parents. A survey conducted in 1998/1999 show that only 29 percent of young adults spoke to their parents about reproduction before marriage (Achmad and Westley, 1999).

Table 4.14 and Figure 4.1 show that 8 percent of female respondents and 15 percent of male respondents never discussed sexual matters with anyone. The majority of the respondents who discussed reproductive health issues talked with their peers (59 percent of women and 58 percent of men). Women talk with family members on reproductive health and sexuality more than men; 62 percent of women talked to their parents and 39 percent talked to their siblings, compared with 30 percent and 21 percent of men, respectively. Women are also more likely to talk with their relatives than men (35 percent compared with 26 percent).

Table 4.14 Discussion of reproductive health									
Percentage of unmarried women and men age 15-24 who discussed reproductive health with specific persons, by background characteristics, YARHS, 2002-2003 Jayapura City									
Background characteristic	Persons with whom reproductive health was discussed								Number
	Friends	Parents	Siblings	Relatives	Teacher	Health service provider	Religious leader	No one	
WOMEN									
Age									
15-19	57.3	61.8	35.2	31.2	61.3	42.2	9.7	8.9	248
20-24	60.3	62.0	43.5	39.5	57.5	56.7	7.7	7.1	169
Education									
Less than secondary	50.7	42.5	22.0	20.6	46.4	30.7	10.1	17.4	122
Completed secondary+	61.7	69.9	45.4	40.4	65.3	55.2	8.4	4.4	295
Total	58.5	61.9	38.6	34.6	59.8	48.0	8.9	8.2	417
MEN									
Age									
15-19	54.1	27.4	16.6	24.1	57.6	39.6	12.9	19.6	232
20-24	61.7	31.7	26.2	28.6	48.2	43.5	8.9	10.5	223
Education									
Less than secondary	55.5	18.3	8.3	17.7	44.8	26.0	13.1	26.3	154
Completed secondary+	59.0	35.2	28.0	30.8	57.2	49.4	9.8	9.4	301
Total	57.8	29.5	21.3	26.3	53.0	41.5	11.0	15.2	455

Figure 4.1 Discussion on Sexual Matters with Selected Persons among Unmarried Women and Men Age 15-24



YARHS 2002-2003 Jayapura City

The role of teachers in imparting knowledge about reproductive health is significant; 60 percent of women and 53 percent of men said that they discussed these issues with their teachers. It is not clear whether the respondents actually discussed the topic with their teachers or received the information as part of class instructions. Health service providers and religious leaders play a less significant role as a source of information on reproductive health.

In the survey, respondents were asked who they would like to talk to if they wanted to learn more about reproductive health. Table 4.15 shows the results. For women, apart from their friends, two in three (67 percent) would turn to health service providers for more information. Parents and teachers are also preferred by women as a source for information on reproductive health (43 percent and 38 percent, respectively).

Men are also likely to turn to health service providers for more information on reproductive health. However, friends still play an important role (32 percent), alongside teachers (23 percent).

It is worth noting that both women and men consider health service providers as a preferred source of information on reproductive health. The existing policy and strategy of the Ministry of Health in establishing adolescent reproductive health are to 1) integrate adolescent reproductive health programs across programs and sectors, 2) provide information about adolescent reproductive health through networking on basic and referral health care, 3) increase the capability of health providers on providing information, education, and communication (IEC) and counseling on adolescent reproductive health, and 4) providing information to adolescents through health center programs which are specifically designed to serve adolescents (*peduli remaja*).

Table 4.15 Preferred source for more information about sexual matters

Percentage of unmarried women and men age 15-24 who would like further discussion on sexual matters with specific persons, by background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Persons with whom respondent would like to discuss sexual matters									Number
	Friends	Parents	Siblings	Relatives	Teacher	Health service provider	Religious leader	Other	No one	
WOMEN										
Age										
15-19	20.9	48.2	6.5	4.1	40.4	64.5	4.5	1.1	7.4	248
20-24	28.7	35.5	7.3	7.5	34.2	69.8	0.8	1.6	4.0	169
Education										
Less than secondary	23.3	28.0	6.0	6.0	31.7	51.3	5.3	0.0	13.2	122
Completed secondary+	24.3	49.3	7.1	5.3	40.5	73.1	2.1	1.8	3.0	295
Total	24.0	43.1	6.8	5.5	37.9	66.7	3.0	1.3	6.0	417
MEN										
Age										
15-19	33.1	19.4	5.5	9.7	26.2	58.9	4.5	1.8	8.2	232
20-24	31.5	16.6	2.4	5.0	20.6	69.4	1.4	4.2	5.6	223
Education										
Less than secondary	39.0	21.9	5.9	8.5	19.4	42.7	4.4	4.5	12.9	154
Completed secondary+	28.9	16.0	3.0	6.8	25.5	75.0	2.2	2.2	3.8	301
Total	32.3	18.0	4.0	7.4	23.4	64.1	3.0	3.0	6.9	455

4.6 INSTRUCTIONS ON REPRODUCTIVE HEALTH

School has not been recognized as a key source for information on reproductive health. In a survey of young adults carried out in 1998/1999, less than one-third of the respondents have learned about family planning and reproductive health at school (Achmad and Westley, 1999). This section investigates the role of school in providing information on reproductive health, in particular, the human reproductive system, methods of family planning, HIV/AIDS and sexually transmitted diseases.

Table 4.16 shows the percentage of unmarried women and men age 15-24 who have attended school by educational level in which they were taught about reproductive health. In general, instructions related to the specified topics seem to start at the junior high school (JHS) level (first three years of secondary education). For instance, 40 percent of women reported having received knowledge on the reproductive system when they were at this level and 26 percent were taught in senior high school or higher. The same pattern is true for men (40 percent taught at junior high school while 29 percent at higher level of education).

For all topics and in all educational levels, the percentage of women who reported receiving instructions on these issues is higher than that of men. Family planning methods are more likely to be taught at JHS and at a higher educational level; 34 percent of women said that they were taught in JHS and 22 percent in Senior High School (SHS) or higher. For men, the corresponding percentage is 19 percent for JHS, and 25 percent in SHS or higher.

Table 4.16 School as a source of information on reproductive health

Among unmarried women and men age 15-24 who attended school, percentage who were taught specific reproductive health topics at different educational levels, YARHS 2002-2003 Jayapura City

Topic	Women				Men			
	Primary school	Junior high school	Senior high school or higher	Number	Primary school	Junior high school	Senior high school or higher	Number
Reproductive system	21.2	40.1	26.0	409	12.4	39.6	29.2	450
Family planning methods	0.3	34.2	22.2	409	1.6	18.5	24.6	450
HIV/AIDS	0.7	22.0	55.9	409	0.7	17.0	49.9	450
Sexually transmitted infections	0.4	13.7	54.1	409	1.0	10.6	46.0	450

5.1 KNOWLEDGE OF CONTRACEPTION

In the 2002-2003 Young Adult Reproductive Health Survey (YARHS) in Jayapura City, data on knowledge of family planning methods were obtained by first asking the respondent to name the ways that a couple can delay or avoid a pregnancy. If the respondent did not spontaneously mention a particular method, the interviewer probed by describing the method and asking the respondent if she or he 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. Other traditional or folk methods mentioned by the respondent, such as herbs (*jamu*) and abdominal massage (*pijat*), were recorded as well. Table 5.1 and Figure 5.1 show these findings.

Knowledge of contraceptive methods among unmarried young adults in Indonesia as a whole and in Jayapura City is widespread. Overall, women are slightly more knowledgeable than men about ways to avoid a pregnancy (95 percent compared with 88 percent). All respondents who have heard of at least one contraceptive method have heard of modern methods. Unmarried young adults in Jayapura are much less familiar with traditional methods than with modern contraceptive ones (35 percent of women and 31 percent of men). Table 5.1 also indicates that women know on average five methods, while men know four. Women’s better knowledge of contraceptive methods is also reflected in findings of a survey conducted by the Demographic Institute (Achmad and Westley, 1999).

Table 5.1 Knowledge of contraceptive methods						
Percentage of all unmarried women and men age 15-24, who know specific contraceptive methods by age, YARHS 2002-2003 Jayapura City						
Contraceptive method	Women			Men		
	15-19	20-24	Total	15-19	20-24	Total
Any method	93.0	97.0	94.6	86.0	90.8	88.3
Modern method	93.0	97.0	94.6	86.0	90.6	88.2
Female sterilization	35.4	54.4	43.1	24.2	31.0	27.6
Male sterilization	16.0	34.1	23.3	13.8	18.6	16.2
Pill	85.9	90.8	87.9	63.8	82.5	73.0
IUD	57.0	74.6	64.1	35.4	56.5	45.8
Injectables	77.4	85.4	80.6	60.6	73.9	67.2
Implants	56.1	62.4	58.6	29.4	48.3	38.7
Condom	78.2	87.7	82.0	79.0	85.8	82.4
Intravag/diaphragm	12.8	29.2	19.4	9.2	22.4	15.7
LAM	19.4	30.2	23.8	7.9	17.2	12.4
Traditional method	27.2	46.1	34.9	24.6	36.6	30.5
Periodic abstinence	22.7	42.7	30.8	19.1	28.9	23.9
Withdrawal	17.4	28.0	21.7	15.7	31.8	23.6
Other	1.6	3.8	2.5	2.3	2.5	2.4
Number	248	169	417	232	223	455
Mean number of methods known	4.8	6.2	5.4	3.6	5.0	4.3

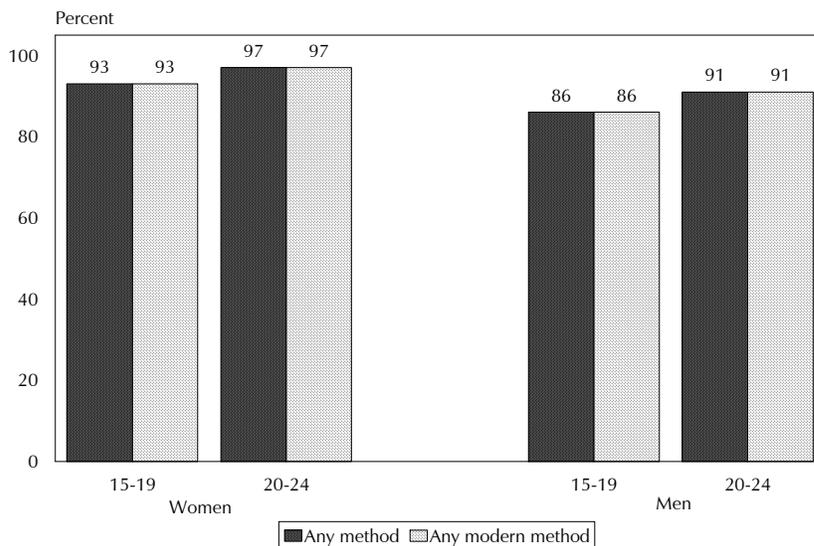
LAM = Lactational amenorrhea method

The most commonly known methods among women are the pill (88 percent), condom (82 percent), and injectables (81 percent). For men, the most commonly known methods are condoms (82 percent), the pill (73 percent), and injectables (67 percent). Older women and men (age 20-24) are more knowledgeable about family planning methods than their younger counterparts (age 15-19). For example, knowledge of modern contraceptive methods among unmarried women 15-19 is 93 percent compared with 97 percent for unmarried women 20-24.

It is worth noting that adolescents are less familiar with long-term methods. Among women, IUD is cited by 64 percent of the respondents, implants by 59 percent, and female sterilization by 43 percent of women. Among men, the corresponding proportions are much lower (46 percent, 39 percent, and 28 percent, respectively). It is also interesting to note that only 23 percent of women and 16 percent of men have heard about male sterilization.

Figure 5.1 highlights that in general, women are more knowledgeable about contraceptive methods than men, and older respondents are more knowledgeable than younger ones.

Figure 5.1 Knowledge of Family Planning among Women and Men Age 15-24



YARHS 2002-2003 Jayapura City

5.2 INTENTION TO USE FAMILY PLANNING

Information on intention to use contraception in the future provides some estimation of the potential demand for family planning services. In the 2002-2003 YARHS, respondents were asked if they intended to use a method at any time in the future, and if so, what method they would prefer to use.

Table 5.2.1 shows the percentage of unmarried women who intend to use contraception by preferred contraceptive method, according to age. The majority of respondents want to use a modern method (86 percent). Most of these women intend to use the pill (36 percent) or injectables (21 percent).

There are some variations in the intention to use of family planning between older and younger respondents. Younger women are more likely to say that they intend to use the pill and injectables, while older women tend to mention female sterilization in addition to the pill and injectables.

<u>Table 5.2.1 Preferred method of contraception for future use: women</u>			
Percent distribution of unmarried women age 15-24 who intend to use a contraceptive method by preferred method, according to age, YARHS 2002-2003 Jayapura City			
Preferred method	Age		Total
	15-19	20-24	
Any method	100.0	100.0	100.0
Modern method	87.0	85.3	86.1
Female sterilization	6.4	17.3	12.2
Pill	44.0	28.7	35.9
IUD	5.8	9.5	7.8
Injectables	24.5	18.4	21.3
Implants	4.6	7.4	6.1
Traditional method	13.0	14.7	13.9
Periodic abstinence	2.4	0.0	1.1
Withdrawal	0.0	0.0	0.0
Other methods	10.6	14.7	12.8
Number	98	112	210

The majority of men want to use a modern method (85 percent), with condom being the preferred method (54 percent). This proportion is the same for younger and older respondents (Table 5.2.2).

<u>Table 5.2.2 Preferred method of contraception for future use: men</u>			
Percent distribution of unmarried men age 15-24 who intend to use a contraceptive method by preferred method, according to age, YARHS 2002-2003 Jayapura City			
Preferred method	Age		Total
	15-19	20-24	
Any method	100.0	100.0	100.0
Modern method	84.9	84.3	84.6
Male sterilization	4.8	12.3	9.0
Condom	54.0	54.1	54.1
Traditional method	15.1	15.7	15.4
Periodic abstinence	4.7	2.9	3.7
Withdrawal	0.0	0.9	0.5
Other methods	10.4	11.9	11.2
Number	81	101	182

In the 2002-2003 YARHS survey, respondents were also asked what specific family planning method they want their partner or future spouse to use in the future. Half of women say that they want their partner or future spouse to use family planning method in the future (data not shown). Table 5.3.1 presents the preferred method for the respondent's partner. Overall, 83 percent of women want their partner to use a modern method. The most popular methods cited by women are condom (57 percent) and male sterilization (16 percent).

Younger women are as likely as older women to say that they want their partner to use condoms; however, older women tend to mention male sterilization.

Table 5.3.1 Preferred method of contraception for partner: women
Percent distribution of unmarried women age 15-24 who want their partner to use a contraceptive method by specific method, according to age, YARHS 2002-2003 Jayapura City

Preferred method	Age		Total
	15-19	20-24	
Any method	100.0	100.0	100.0
Modern method	80.7	84.1	82.5
Male sterilization	7.5	23.7	15.9
Condom	60.9	53.8	57.2
Traditional method	19.3	15.9	17.5
Periodic abstinence	0.0	0.0	0.0
Withdrawal	2.7	0.8	1.8
Other methods	16.6	15.1	15.8
Number	86	91	177

Contraceptive methods most often mentioned by men as their preferred methods for their partners are the pill (32 percent) and injectables (24 percent). These methods are preferred by younger and older men alike (Table 5.3.2).

Table 5.3.2 Preferred method of contraception for partner: men
Percent distribution of unmarried men age 15-24 who want their partner to use a contraceptive method by specific method, according to age, YARHS 2002-2003 Jayapura

Preferred method	Age		Total
	15-19	20-24	
Any method	100.0	100.0	100.0
Modern method	80.4	85.5	83.3
Female sterilization	7.0	12.8	10.3
Pill	30.1	33.7	32.2
IUD	14.8	8.2	11.0
Injectables	22.7	24.9	24.0
Implants	2.8	4.3	3.6
Traditional method	19.6	14.5	16.7
Periodic abstinence	2.2	2.1	2.1
Withdrawal	0.0	0.0	0.0
Other methods	17.4	12.4	14.6
Number	81	108	189

5.3 SOURCE OF CONTRACEPTION

One of the factors that affects use of any contraceptive method is to know where to obtain it. Survey respondents who intend to use contraception in the future were asked about the place to obtain the method. Almost all of the women in the survey say that they will go to a government facility to obtain their contraceptive method. While there are women who say that they intend to use other methods, their

number is too small to be presented separately. The most often mentioned public sources are government hospitals and health centers (60 and 31 percent, respectively, data not shown).

Tables 5.4.1 and 5.4.2 show that women are slightly more likely than men to mention a public facility as a source of method for any method of contraception (93 and 64 percent, respectively). Unlike women, men also mention pharmacy as a source of contraception, particularly for condoms (40 percent of men who intend to use condoms, data not shown).

Table 5.4.1 Source of contraception: women				
Percent distribution of unmarried women age 15-24 who intend to use a contraceptive method in the future by source of contraception, according to method, YARHS 2002-2003 Jayapura City				
Source of contraception	Any method	Any modern method	Pill	Injectables
Public	92.8	93.8	92.4	(100.0)
Private	6.1	5.8	7.6	(0.0)
Other	0.6	0.0	0.0	(0.0)
Missing	0.4	0.4	0.0	(0.0)
Total	100.0	100.0	100.0	100.0
Number	184	181	75	45

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

Table 5.4.2 Source of contraception: men			
Percent distribution of unmarried men age 15-24 who intend to use a contraceptive method in the future by source of contraception, according to method, YARHS 2002-2003 Jayapura City			
Source of contraception	Any method	Any modern method	Condom
Public	64.1	64.9	52.4
Private	30.6	32.5	44.7
Other	1.5	0.7	1.2
Missing	3.8	1.9	1.8
Total	100.0	100.0	100.0
Number	164	154	99

5.4 NEED FOR FAMILY PLANNING SERVICES FOR ADOLESCENTS

Currently, family planning services that are available to adolescents offer a wide range of information, education, and counseling. However, provision of contraceptive methods to unmarried persons is not part of the national family planning program. In the 2002-2003 YARHS, all respondents were asked if they think that family planning services should be offered to unmarried youth. In Jayapura, four in ten respondents agree that family planning services should be extended to unmarried persons. Older respondents are more likely than younger respondents to respond positively to this question (data not shown). The majority of respondents in Jayapura say that family planning information should be offered to this population group (87 percent of women and 85 percent of men). Respondents who think that these services should be offered to unmarried youth were further asked the kind of services that should be provided. Older women are as likely as younger women than their peer to express this need. However, younger men are more likely than older men to say that information on family planning is necessary for adolescents.

While some women and men want to have certain family planning methods available to adolescents, they appear to be unsure about the methods. Among women and men who mention specific methods, condoms seem to be the most popular (19 percent of women and 21 percent of men). While younger and less educated women are more likely to mention this method than other women, among men, older and better educated men are more likely than other men to say that condoms should be made available to young unmarried adolescents. The next most often cited method by female and male respondents is the pill (10 percent of each). Again, younger and less educated women as well as older and better educated men are more likely to mention this method.

Table 5.5 Attitudes toward provision of family planning services to unmarried adolescents								
Percentage of unmarried women and men age 15-24 who think that family planning services should be available to unmarried adolescents, by type of service and background characteristics, YARHS 2002-2003 Jayapura City								
Background characteristic	Family planning information	Contraceptive services						Number
		Pill	IUD	Injectables	Condom	Intravag/diaphragm	Other methods	
Women								
Age								
15-19	86.4	14.6	0.0	3.0	21.4	2.1	6.5	83
20-24	86.8	5.9	5.1	2.1	15.7	0.0	2.6	88
Education								
Less than secondary	(84.5)	(18.0)	(0.0)	(5.9)	(29.9)	(4.0)	(4.6)	43
Completed secondary+	87.3	7.5	3.5	1.4	14.6	0.0	4.5	128
Total	86.6	10.1	2.6	2.5	18.5	1.0	4.5	171
Men								
Age								
15-19	89.9	7.7	0.8	2.4	15.8	1.2	5.7	84
20-24	80.9	10.8	0.0	1.6	25.2	1.6	1.9	107
Education								
Less than secondary	(89.2)	(4.3)	(1.5)	(0.0)	(11.5)	(0.0)	(7.6)	42
Completed secondary+	83.6	10.9	0.0	2.5	23.7	1.8	2.4	150
Total	84.8	9.5	0.3	2.0	21.1	1.4	3.5	191

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

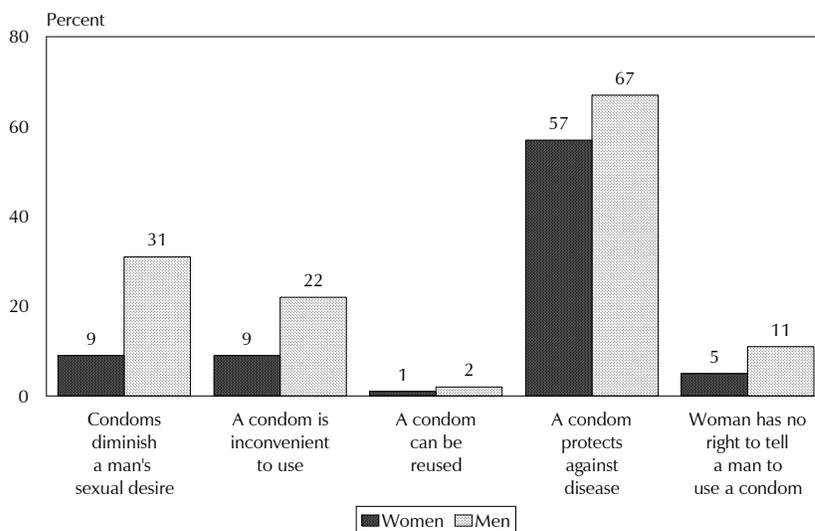
5.5 ATTITUDES ABOUT CONDOM USE

In the 2002-2003 YAHRs, all women and men were asked their attitude about condom use. Statements were read to the respondents and they were asked if they agree or disagree. These statements are: condoms diminish a man's sexual pleasure, a condom is inconvenient to use, a condom can be reused, a condom protects against disease, and a woman has no right to tell a man to use a condom.

Table 5.6 and Figure 5.2 show that men are much more likely than women to agree with all statements. For example, while 9 percent of women say that condoms diminish a man's sexual pleasure, the corresponding percentage for men is 31 percent. It is encouraging to note that both women and men recognize the benefit of using condoms as protection against diseases (57 percent of women and 67 percent of men) and that very few women and men say that condoms can be reused (less than 2 percent). Men seem to perceive the notion that condoms are inconvenient to use (22 percent). This sentiment is not shared by women (9 percent). It is interesting to note that men are twice as likely as women to say that a woman has no right to tell a man to use a condom (11 percent compared with 5 percent).

Table 5.6 Attitudes about condom use						
Percentage of unmarried women and men age 15-24 who agree with specific statements about condom use, by background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Condom diminishes a man's sexual pleasure	Condom is inconvenient to use	Condom can be reused	Condom protects against disease	A woman has no right to tell a man to use a condom	Number
WOMEN						
Age						
15-19	7.7	7.3	1.2	58.7	4.5	247
20-24	11.2	10.6	0.6	54.7	4.7	170
Education						
Less than secondary	4.7	6.2	1.6	61.7	4.7	128
Completed secondary+	11.1	9.7	0.7	55.0	4.5	289
Total	9.1	8.6	1.0	57.0	4.6	417
MEN						
Age						
15-19	19.8	14.5	1.7	64.9	9.1	242
20-24	43.7	30.0	1.4	69.5	12.2	213
Education						
Less than secondary	20.9	17.6	2.7	64.9	10.2	128
Completed secondary+	35.8	23.8	1.0	68.1	10.7	307
Total	31.0	21.8	1.5	67.0	10.5	455

Figure 5.2 Attitudes about Condom Use among Unmarried Women and Men Age 15-24



YARHS 2002-2003 Jayapura City

MARRIAGE AND PREFERENCE FOR CHILDREN

6.1 ATTITUDES ABOUT MARRIAGE

All 2002-2003 YARHS respondents were asked about their opinion on the best age for a woman and a man to get married. Table 6.1.1 shows the percent distribution of unmarried women and men age 15-24 by their perceived ideal age at first marriage for women by background characteristics. It should be noted that 17 percent of women and 27 percent of men did not give a response to this question.

Among those who responded to this question, few women and men think that the ideal age at first marriage for women is below 20 (1 percent of women and 2 percent of men). In general, men think that they should marry at an earlier age than what the women do. For example, while 36 percent of women say that the ideal age at first marriage for a woman is 25 years or younger, the corresponding proportion for men is 43 percent. Women and men's education has a positive association with ideal age at first marriage for women. Respondents with higher education tend to think that women should marry at an older age than respondents with less education.

The last column in Tables 6.1.1 and 6.1.2 show the median ideal age at marriage for women and men as perceived by female and male respondents. The median ideal age at marriage for women according to women (22.5 years) is similar to that according to men (23.7 years). Better-educated respondents tend to cite a higher ideal age at marriage than their less educated counterparts.

Table 6.1.1 Ideal age at marriage for women							
Percent distribution of unmarried women and men 15-24, by ideal age at first marriage for women, according to background characteristics, YARHS 2002-2003 Jayapura City							
Background characteristic	Ideal age at marriage				Total	Number	Median
	< 20	20-24	25+	Don't know/missing			
WOMEN							
Age							
15-19	1.3	36.0	41.5	21.3	100.0	248	25.1
20-24	1.1	34.2	53.1	11.7	100.0	169	25.2
Education							
Less than secondary	0.9	37.2	29.2	32.8	100.0	122	24.6
Completed secondary+	1.3	34.4	53.2	11.0	100.0	295	25.2
Total	1.2	35.2	46.2	17.4	100.0	417	22.5
MEN							
Age							
15-19	2.3	42.2	20.6	34.8	100.0	232	23.1
20-24	2.6	39.2	40.1	18.1	100.0	223	24.8
Education							
Less than secondary	3.5	37.1	17.8	41.5	100.0	154	22.6
Completed secondary+	1.9	42.6	36.6	18.9	100.0	301	24.3
Total	2.4	40.8	30.2	26.6	100.0	455	23.7

A large proportion of respondents also declined to give an answer to the question about the ideal age at marriage for men (24 percent of women and 20 percent of men) (Table 6.1.2). Among those who responded, most agreed that men should marry at 26-27 years. While women's age has no relationship to perceived ideal age at first marriage for men, women with secondary or higher education think that men should marry a year older than do women with less education. The difference by education among men is smaller.

Table 6.1.2 Ideal age at marriage for men							
Percent distribution of unmarried women and men 15-24, by ideal age at first marriage for men, according to background characteristics, YARHS 2002-2003 Jayapura City							
Background characteristic	Ideal age at marriage				Total	Number	Median
	< 20	20-24	25+	Don't know/missing			
WOMEN							
Age							
15-19	0.9	5.0	66.2	27.9	100.0	248	27.0
20-24	0.5	13.6	68.7	17.3	100.0	169	27.2
Education							
Less than secondary	0.9	9.4	52.5	37.2	100.0	122	25.9
Completed secondary+	0.6	8.1	73.3	18.0	100.0	295	27.2
Total	0.7	8.5	67.2	23.6	100.0	417	27.1
MEN							
Age							
15-19	0.7	17.1	53.6	28.6	100.0	232	25.6
20-24	1.0	9.9	78.1	11.0	100.0	223	26.6
Education							
Less than secondary	0.7	18.5	44.4	36.4	100.0	154	25.5
Completed secondary+	0.9	11.1	76.6	11.5	100.0	301	26.0
Total	0.8	13.6	65.7	20.0	100.0	455	25.9

6.2 DECISIONS ABOUT MARRIAGE

In the 2002-2003 YARHS, respondents were asked who is going to choose the person they are going to marry: their parents, themselves or their parents together with them. The findings are presented in Table 6.2 and Figure 6.1. Data in the table show that women are more likely than men to say they themselves will decide on whom they will marry (48 percent compared with 28 percent). On the other hand, men are more likely than women to say this decision should be made by their parents and themselves (67 percent compared with 48 percent). Few respondents report that their parents alone will decide who their future spouse will be (3 percent of women and 4 percent of men).

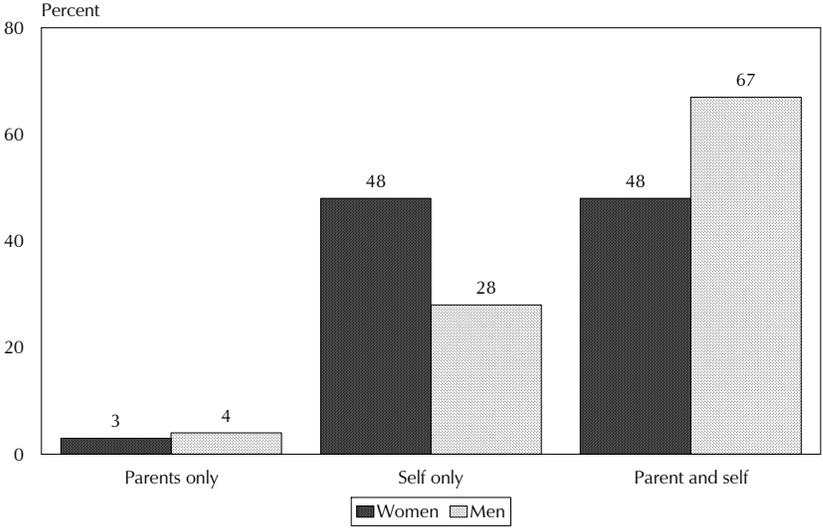
Comparison between age groups show that among women, younger respondents are more likely than older respondents to say that they themselves are going to make the decision on whom they will marry (50 percent compared with 45 percent). On the other hand, older respondents are more likely than younger respondents to involve their parents in making this decision (54 percent compared with 45 percent).

Table 6.2 Decision on whom to marry

Percent distribution of unmarried women and men age 15-24 by who makes the decision on whom the respondent will marry, according to background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Decisionmaker				Total	Number
	Parents	Self	Parents and self	Missing		
WOMEN						
Age						
15-19	5.0	49.8	44.9	0.2	100.0	248
20-24	1.1	45.4	53.6	0.0	100.0	169
Education						
Less than secondary	9.6	31.3	58.6	0.5	100.0	122
Completed secondary+	0.9	55.0	44.2	0.0	100.0	295
Total	3.4	48.0	48.4	0.1	100.0	417
MEN						
Age						
15-19	4.6	29.0	65.7	0.7	100.0	232
20-24	3.6	27.8	68.6	0.0	100.0	223
Education						
Less than secondary	7.4	23.2	69.4	0.0	100.0	154
Completed secondary+	2.4	31.1	65.9	0.5	100.0	301
Total	4.1	28.4	67.1	0.4	100.0	455

Figure 6.1 Person(s) Who Decide Whom the Respondent Will Marry, Women and Men 15-24



YARHS 2002-2003 Jayapura City

A woman's education also makes a difference in their perception about making a decision on marriage. Women with secondary education are more likely than women with less education to say that they are going to decide who to marry (55 percent compared with 31 percent), while less educated women are more likely to involve their parents in making this decision (59 percent compared with 44 percent).

For men, there are small differentials by age and educational level.

6.3 PREFERENCE FOR CHILDREN

6.3.1 Ideal Age at First Birth

Data from the 2002-2003 IDHS show that 10 percent of teenagers have begun childbearing, 8 percent have become mothers and 2 percent are currently pregnant with their first child (BPS et al., 2003).

In the 2002-2003 YARHS, respondents were asked about the ideal age for a woman and a man to have the first child. As in the case of ideal age at first marriage, respondents seem to have difficulty in providing a response to the question on ideal age at first birth. Data in Table 6.3.1 and 6.3.2 show that a large proportion of respondents did not respond to this question (30 percent of women and 37 percent of men). Younger respondents and respondents with less than secondary education are less sure about this question than other respondents. Among women who gave a response, 44 percent say that the ideal age for a woman to have her first birth is 25 or older, 24 percent think that the best age is between age 20-24, and less than 2 percent of women think that a woman should give birth before age 20.

Table 6.3.1 Ideal age at first birth for women							
Percent distribution of unmarried women and men 15-24, by ideal age at first birth for women, according to background characteristics, YARHS 2002-2003 Jayapura City							
Background characteristic	Ideal age at first birth				Total	Number	Median
	< 20	20-24	25+	Don't know/missing			
WOMEN							
Age							
15-19	1.3	23.4	40.6	34.7	100.0	248	25.7
20-24	2.6	23.9	50.0	23.5	100.0	169	25.8
Education							
Less than secondary	3.9	17.7	30.0	48.3	100.0	122	25.3
Completed secondary+	0.9	26.1	50.4	22.6	100.0	295	26.0
Total	1.8	23.6	44.4	30.2	100.0	417	25.7
MEN							
Age							
15-19	0.9	30.1	22.5	46.5	100.0	232	24.4
20-24	1.3	35.9	35.9	26.9	100.0	223	24.9
Education							
Less than secondary	1.5	24.0	18.5	56.0	100.0	154	24.3
Completed secondary+	0.9	37.5	34.5	27.1	100.0	301	24.8
Total	1.1	32.9	29.1	36.9	100.0	455	24.7

In general, men think that women should have their first birth at a younger age than do women. One in three men think that the ideal age for a woman to have her first birth is between age 20 and 24 and 29 percent think that the best age is 25 or older. The difference between women and men with regard to median ideal age at first birth for women is smaller.

Table 6.3.2 shows respondents' perceptions of the ideal age at first birth for men. The majority of women (63 percent) and men (56 percent) think that men should be at least 25 years old when they have their first child.

According to women, the median ideal age at first birth for men is 27.9, while men think that the ideal age is one year younger (26.8). Age and education have only a small influence on median ideal age at first birth.

<u>Table 6.3.2 Ideal age at first birth for men</u>							
Percent distribution of unmarried women and men 15-24, by ideal age at first birth for men, according to background characteristics, YARHS 2002-2003 Jayapura City							
Background characteristic	Ideal age at first birth				Total	Number	Median
	< 20	20-24	25+	Don't know/missing			
WOMEN							
Age							
15-19	0.7	4.0	59.8	35.5	100.0	248	27.7
20-24	1.0	7.3	67.4	24.4	100.0	169	28.1
Education							
Less than secondary	1.3	7.0	43.2	48.5	100.0	122	27.1
Completed secondary+	0.6	4.7	71.0	23.7	100.0	295	28.0
Total	0.8	5.3	62.9	31.0	100.0	417	27.9
MEN							
Age							
15-19	0.4	13.3	44.2	42.1	100.0	232	26.1
20-24	0.5	7.9	68.9	22.8	100.0	223	27.4
Education							
Less than secondary	0.0	13.5	35.5	51.0	100.0	154	25.9
Completed secondary+	0.7	9.2	67.0	23.2	100.0	301	27.2
Total	0.5	10.6	56.3	32.6	100.0	455	26.8

6.3.2 Ideal Number of Children

In the 2002-2003 YARHS, respondents were asked about the number of children they would like to have if they could choose. Overall, the ideal number of children among women is slightly lower than that for men (2.8 children compared with 3.0 children). For both women and men, younger respondents desire for a smaller number of children than older respondents. For instance, 2.6 children for women 15-19 compared with 3.0 children for women 20-24. The corresponding figures for men are 2.9 and 3.1 children, respectively.

Less educated women and men want to have a smaller number of children than their better-educated counterparts. The desire for fewer children among women than among men is also evident when the individual number of children is examined. While 35 percent of women want to have two children, the corresponding proportion for men is 30 percent. Furthermore, men are also more likely to want four or more children than women (25 percent compared with 14 percent).

Table 6.4 Ideal number of children										
Percent distribution of all unmarried women and men 15-24, by ideal number of children and mean ideal number of children, according to age and sex, YARHS 2002-2003 Jayapura City										
Background characteristic	Ideal number of children						Non-numeric response	Total	Number	Mean ideal number of children
	1	2	3	4	5	6+				
WOMEN										
Age										
15-19	1.6	35.0	37.7	7.3	0.5	0.0	18.0	100.0	248	2.6
20-24	1.0	34.8	28.6	18.0	3.7	2.1	11.8	100.0	169	3.0
Education										
Less than secondary	2.6	39.4	26.9	4.3	1.0	0.0	25.8	100.0	122	2.5
Completed secondary+	0.8	33.1	37.0	14.6	2.1	1.2	11.2	100.0	295	2.9
Total	1.3	35.0	34.0	11.6	1.8	0.8	15.5	100.0	417	2.8
MEN										
Age										
15-19	1.6	28.2	26.7	17.0	3.3	0.0	23.2	100.0	232	2.9
20-24	2.3	32.6	25.2	22.8	3.3	3.0	10.9	100.0	223	3.1
Education										
Less than secondary	4.1	28.6	24.3	10.7	3.8	0.9	27.7	100.0	154	2.8
Completed secondary+	0.9	31.3	26.8	24.5	3.1	1.8	11.7	100.0	301	3.1
Total	1.9	30.3	25.9	19.8	3.3	1.5	17.1	100.0	455	3.0

6.3.3 Decision on Number of Children

The 2002-2003 YARHS respondents were also asked: “Who should decide on how many children a couple should have, the wife, the husband, or both?” Table 6.5 presents the findings. Overall, there is a consensus that husband and wife together should make the decision on the number of children they are going to have, although women feel stronger about this notion than men (92 percent of women and 81 percent of men).

Individual decisions are not popular among both women and men. For instance, less than 1 percent of women and men think that the number of children should be decided by a wife alone. However, men are more likely than women to say that a husband alone should decide on the number of children (8 percent compared with 1 percent).

There are slight variations across age groups, e.g., the proportion of women age 20-24 who say that husband and wife together should make the decision on the number of children is 94 percent compared with 90 percent for age 15-19. The corresponding figures for men are 86 and 76 percent, respectively.

Better-educated women and men are more likely than other respondents to say that husband and wife together should decide on the number of children they are going to have.

Table 6.5 Decision on number children						
Percent distribution of unmarried women and men age 15-24 by who should make the decision on the number of children to have, according to background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Decisionmaker				Total	Number
	Wife only	Husband only	Wife and husband	Don't know/missing		
WOMEN						
Age						
15-19	0.6	0.3	90.1	9.0	100.0	248
20-24	0.6	2.2	94.4	2.8	100.0	169
Education						
Less than secondary	1.2	1.8	81.0	16.1	100.0	122
Completed secondary+	0.4	0.7	96.4	2.5	100.0	295
Total	0.6	1.0	91.8	6.5	100.0	417
MEN						
Age						
15-19	0.9	8.9	75.6	14.6	100.0	232
20-24	0.3	6.9	86.4	6.4	100.0	223
Education						
Less than secondary	1.3	8.0	69.1	21.5	100.0	154
Completed secondary+	0.2	7.9	87.0	4.9	100.0	301
Total	0.6	7.9	80.9	10.6	100.0	455

In the 2002-2003 YARHS, a section is dedicated in investigating practices which can be considered high risk. These include tobacco smoking, alcohol drinking, and use of drugs. Given the sensitive nature of this section, respondents were reminded again that this section is voluntary; the respondent may choose not to answer any or all of the questions on tobacco smoking, alcohol drinking, and use of drugs. The respondents were also reminded that the information they provide would only be used for a scientific study.

While most respondents did not have any objection to providing information on these topics, it is worth noting that as in any data collection on sensitive topics, there is a tendency for the respondents to underreport the occurrences.

7.1 SMOKING

One of the targets of the Indonesia Ministry of Health (MOH) programs in community empowerment and healthy behavior is to reduce the prevalence of smoking, at the same time creating a healthy environment that is free of cigarette smoking at school, work and public areas (MOH, 2003). Tobacco smoking is associated with major health effects. Information about smoking behavior can be used to predict the prevalence of non-communicable diseases, such as cardiovascular diseases, diabetes, chronic obstruction pulmonary diseases, and cancer (WHO, 2000). An understanding of the full impact of tobacco use on a population's health requires data on frequency or level of exposure to tobacco smoke, duration of exposure, and quantity or magnitude of exposure.

The World Health Organization (WHO, 2002) defines a current smoker, nonsmoker, and ex-smoker as follows:

- A current smoker is someone who, at the time of the survey, smokes any tobacco product either daily or occasionally. Current smokers can be classified into two categories: 1) daily smoker, defined as someone who smokes any tobacco product at least once a day, and 2) nondaily smoker, defined as someone who smokes, but not everyday.
- Non-smokers are individuals who have never smoked at all.
- Ex-smokers are people who were former daily or occasional smokers, but have stopped smoking.

The data collected in the 2002-2003 Young Adult Reproductive Health Survey (YARHS) did not facilitate the presentation of data according to the criteria defined by WHO. Instead, *current smoker* is a respondent who gave a positive response to the question whether she or he is currently smoking cigarettes. A *daily smoker* is defined as someone who is a current smoker and smoked at least one cigarette in the 24 hours preceding the survey. An *occasional smoker* is someone who has never smoked regularly, but says that she or he is a current smoker. Thus, the percentage of current smokers is *not* the sum of the percentages of daily smokers and occasional smokers.

This chapter provides information on smoking behavior among adolescents. Table 7.1 shows the proportion of young adults who are nonsmokers, who are ex-smokers, and who are current smokers, by background characteristics. Data show that 87 percent of women and 46 percent of men have never

smoked. Among those who smoked, 10 percent of women and 14 percent of men have stopped smoking (ex-smokers). Few women continue to smoke (3 percent), while this is true for 39 percent of the male respondents. It is worth noting that most of these men are daily smokers (39 percent).

The 2001 National Socioeconomic Survey (Susenas) found that the prevalence of smoking among people age 10 and above, measured by the percentage who smoked in the month preceding the survey, has increased from 23 percent in 1995 to 28 percent in 2001 (NIHRD, 2002b). Data from the 2001 National Health Survey (NHS) indicate that men are much more likely than women to smoke: 58 percent of men are daily smokers compared with 3 percent of women.

Table 7.1 also shows that for women and men, younger respondents are more likely than older respondents to have not started to smoke. Older and better-educated women and men are more likely to smoke daily than younger and less educated women. For example, while 7 percent of women 20-24 smoke daily, the corresponding proportion for women age 15-19 is less than 1 percent.

Table 7.1 Cigarette smoking						
Percentage of unmarried women and men age 15-24 who are non-smokers and among those who report having smoked, percentage who are ex-smokers, and percentage who are current smokers, according to background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Non-smoker	Ex-smoker	Current smoker	Occasional smoker	Daily smoker	Number
WOMEN						
Age						
15-19	90.4	8.1	0.7	0.3	0.7	248
20-24	81.1	11.6	7.3	4.3	7.3	169
Education						
Less than secondary	85.9	12.1	2.0	1.2	2.0	122
Completed secondary+	86.9	8.4	3.9	2.2	3.9	295
Total	86.6	9.5	3.3	1.9	3.3	417
MEN						
Age						
15-19	57.2	17.4	24.7	7.1	23.8	232
20-24	33.7	11.3	54.7	7.1	53.7	223
Education						
Less than secondary	50.5	18.2	31.3	4.4	29.9	154
Completed secondary+	43.2	12.5	43.6	8.5	42.9	301
Total	45.7	14.4	39.4	7.1	38.5	455

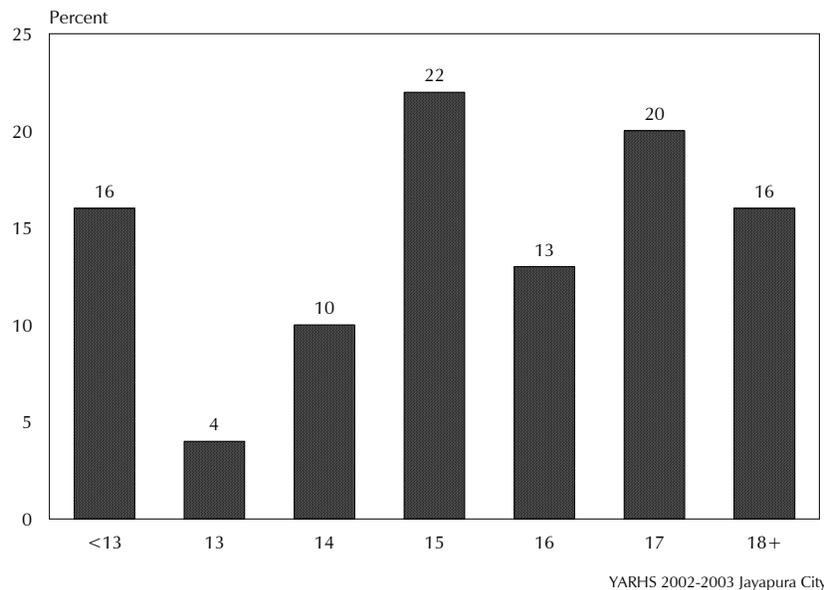
7.1.1 Initiation of Cigarette Smoking

Table 7.2 presents information on cigarette smoking only for men because of the small number of cases of women smoking. Data show that men start to smoke at an early age. Among those who have ever smoked, 16 percent of men started to smoke before they were age 13. By age 14, 30 percent of men have started smoking, and by age 16, 65 percent of men have smoked. The table also shows that young men age 15-19 generally start smoking at an earlier age than those age 20-24. For example, while 14 percent of men age 20-24 started to smoke before age 13, the corresponding proportion for men age 15-19 is 19 percent.

Background characteristic	First smoked by exact age							Total	Number
	<13	13	14	15	16	17	18+		
Age									
15-19	19.4	7.1	14.3	28.5	13.6	12.1	5.0	100.0	92
20-24	14.4	2.0	7.9	17.2	12.3	24.2	22.0	100.0	148
Education									
Less than secondary	27.3	11.9	18.9	19.6	5.6	3.1	13.6	100.0	73
Completed secondary+	11.6	0.5	6.7	22.4	15.9	26.6	16.3	100.0	167
Total	16.3	3.9	10.4	21.6	12.8	19.5	15.5	100.0	240

Figure 7.1 shows the percentage of men who first began smoking at specific ages.

Figure 7.1 Percent Distribution of Unmarried Men Age 15-24 by Age When They First Began Smoking



7.1.2 CURRENT CIGARETTE SMOKING

Since the number of female respondents who are smokers is too small to be presented separately, Table 7.3 presents data on the number of cigarettes smoked daily for men only. Among men who are current smokers, six in ten smoked 10 or more cigarettes in the 24 hours preceding the interview. This proportion is by far the largest group among smokers; 7 percent smoked 1 to 2 cigarettes, 10 percent smoked 3 to 5 cigarettes, and 21 percent smoked 6-9 cigarettes. Older men are more likely than younger men to smoke more cigarettes. Whereas 66 percent of men age 20-24 smoked 10 or more cigarettes in the past 24 hours, the corresponding proportion for men age 15-19 is 47 percent. Men's education has no association with the number of cigarettes they smoke.

Table 7.3 Number of cigarettes smoked							
Percent distribution of unmarried men age 15-24 who are current smokers by number of cigarettes smoked in past 24 hours, according to background characteristics, YARHS 2002-2003 Jayapura City							
Background characteristic	Number of cigarettes					Total	Number
	1-2	3-5	6-9	10+	Missing		
Age							
15-19	11.6	18.0	19.4	47.4	3.6	100.0	57
20-24	4.6	6.1	21.7	65.7	1.9	100.0	122
Education							
Less than secondary	(5.4)	(10.4)	(20.3)	(59.6)	(4.2)	100.0	48
Completed secondary+	7.4	9.7	21.2	59.9	1.8	100.0	131
Total	6.9	9.9	21.0	59.9	2.4	100.0	179
Note: Figures in parentheses are based on 25-49 cases.							

7.2 ALCOHOL DRINKING

Patterns of alcohol drinking vary considerably with cultural setting. Some communities abstain from alcohol entirely, and some may consume two or more times a week. Drinking may also be traditionally associated with particular religious or other holidays, and may also vary according to the season of the year.

In the 2002-2003 YARHS, respondents were asked a series of questions regarding alcohol drinking, including whether they have ever drunk an alcoholic beverage and the age at which they drank alcohol for the first time. To get a measure of the regularity and severity of their drinking behavior, respondents who have ever drunk alcohol were asked how many days they drank alcohol in the past three months, and whether they have ever been drunk.

There are three categories of respondents based on their alcohol drinking behavior:

- Non-drinkers, or lifetime abstainers, are those who have never consumed any type of alcohol.
- Ex-drinkers are those who have ever drunk alcohol, but did not consume any drinks during the three months preceding the survey
- Current drinkers are those who consumed one or more alcohol-containing drinks in the three months preceding the survey. Current drinkers are classified into two categories: 1) daily drinkers are those who drink alcohol at least once a day, and 2) occasional drinkers, are those who drink, but not everyday.

Table 7.4 shows that drinking is not popular among young women in Jayapura City—88 percent of women 15-24 are non-drinkers. Among those who have ever drunk alcohol, 1 percent drink daily, 3 percent are occasional drinkers, and 8 percent have not drunk alcohol in the past three months.

Men are more likely than women to drink alcohol. A total of 42 percent of men have drunk alcohol at some time. Of these, less than 1 percent drink daily, 28 percent are occasional drinkers, and 13 percent have not drunk in the past three months. Older men and better-educated men are more likely to have drunk alcohol than other subgroups, but they are also more likely to have stopped drinking. For example, 70 percent of men age 15-19 are non-drinkers compared with 45 percent of those age 20-24 and 10 percent of men age 15-19 are ex-drinkers compared with 17 percent of those age 20-24.

These findings are supported by data from the 2001 National Health Survey, which indicated that only 2 percent of women age 15 and above have drunk alcohol. The corresponding percentage for men is 77 percent. The survey further shows that 6 percent of men and 1 percent of women are current drinkers (NIHRD, 2002b).

Table 7.4 Alcohol drinking						
Percentage of unmarried women and men age 15-24 who never drank alcohol, percentage of ex-drinkers, and percentage of current drinkers, by background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Non-drinker	Ex-drinker	Current drinker		Total	Number
			Occasional	Daily		
WOMEN						
Age						
15-19	90.7	5.5	2.1	1.6	100.0	248
20-24	84.3	10.4	5.1	0.2	100.0	169
Education						
Less than secondary	85.5	7.9	5.3	1.4	100.0	122
Completed secondary+	89.2	7.3	2.5	0.9	100.0	295
Total	88.1	7.5	3.3	1.0	100.0	417
MEN						
Age						
15-19	70.1	10.2	18.8	0.9	100.0	232
20-24	44.9	16.8	37.7	0.6	100.0	223
Education						
Less than secondary	62.8	10.8	26.2	0.2	100.0	154
Completed secondary+	55.2	14.8	29.0	1.0	100.0	301
Total	57.8	13.4	28.1	0.7	100.0	455

7.2.1 Initiation of Drinking

As in the case of cigarette smoking, differences between subgroups of women are hard to discern due to small number of cases. Table 7.5 shows data for men, as in the case of smoking, drinking starts early. Among men who have ever drunk, 9 percent started to drink at age 14. By age 16, 43 percent of men have drunk alcohol. Data in the table also show that younger men started drinking at an earlier age than older men. For all ages at first drinking, the proportion of men age 15-19 is higher than that of men age 20-24. For example, while 6 percent of men age 20-24 have drunk at age 14, the corresponding percentage for men age 15-19 is 15 percent.

Table 7.5 Initiation of drinking

Percent distribution of unmarried men 15-24 who have ever drunk by age at first drinking, according to background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	First drank by exact age						Total	Number
	< 14	14	15	16	17	18+		
Age								
15-19	9.1	15.1	12.8	20.1	19.3	13.4	100.0	67
20-24	4.5	6.0	11.4	12.6	23.0	33.5	100.0	122
Education								
Less than secondary	12.3	23.8	15.1	12.4	12.7	19.4	100.0	57
Completed secondary+	3.5	2.9	10.5	16.5	25.6	29.4	100.0	132
Total	6.1	9.2	11.9	15.3	21.7	26.3	100.0	189

Data in Table 7.6 show that two in three men who have ever drunk alcohol drank in the past three months and have ever been drunk. Younger men are more likely than older men to have been drunk.

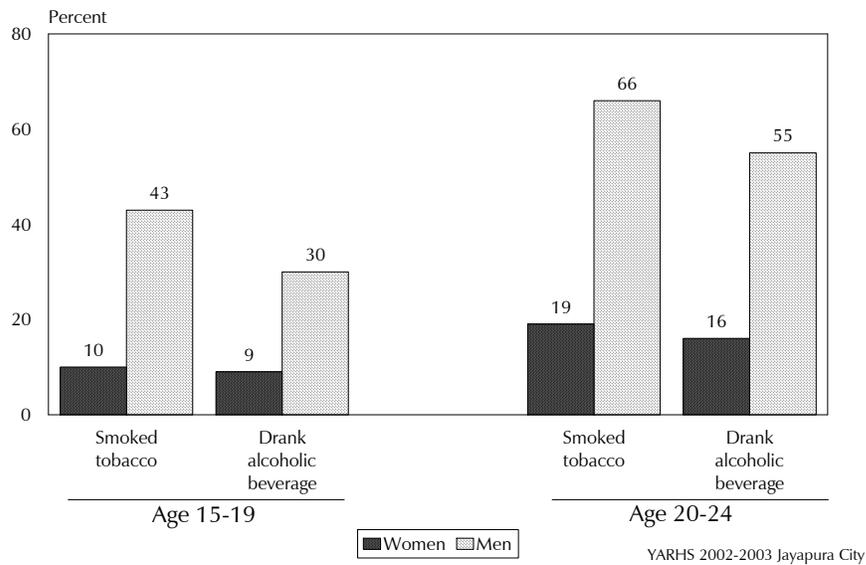
Table 7.6 Drinking behavior

Percentage of unmarried men 15-24, who have ever drunk alcohol, percentage who drank in the past 3 month preceding the survey and percentage who ever been drunk, according to background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Ever drank	Number	Drank in past 3 months	Ever been drunk	Number
Age					
15-19	29.0	232	64.9	71.9	67
20-24	54.5	223	69.1	67.4	122
Education					
Less than secondary	37.0	154	70.9	83.2	57
Completed secondary+	43.9	301	66.2	62.9	132
Total	41.5	455	67.6	69.0	189

Figure 7.2 summarizes the data on the prevalence of smoking and drinking among unmarried women and men in the survey.

Figure 7.2 Percentage of Unmarried Women and Men Age 15-24 Who Have Ever Smoked Tobacco and Have Ever Drunk An Alcoholic Beverage by Age Group



7.3 DRUG USE

Prior to the 2002-2003 YARHS survey, field teams were encouraged to find out local terms for drugs and the state of being “high” in addition to those already included in the questionnaire. Less than 1 percent of the women in the survey reported having used drugs and all of them smoked the drug (data not shown). Since the number of female respondents who have used drugs is too small, Table 7.7 presents data for men only.

Eight percent of men age 15-24 reported having used drugs and almost all of them have smoked the drug (data not shown). Less than 2 percent of these respondents say that they have inhaled, injected, or drunk or swallowed the drug.

Table 7.7 Use of drugs						
Percentage of unmarried men age 15-24, who have ever used drug by method of drug use, according to background characteristics, YARHS 2002-2003 Jayapura City						
Background characteristic	Never used drug	Method of drug use				Number
		Smoked	Inhaled	Injected	Drank/ swallowed	
Age						
15-19	95.3	4.7	0.9	0.0	0.0	232
20-24	89.5	10.5	0.3	0.8	0.8	223
Education						
Less than secondary	94.0	6.0	0.0	0.7	0.0	154
Completed secondary+	91.6	8.4	0.9	0.2	0.6	301
Total	92.5	7.5	0.6	0.4	0.4	455

8.1 KNOWLEDGE OF AIDS

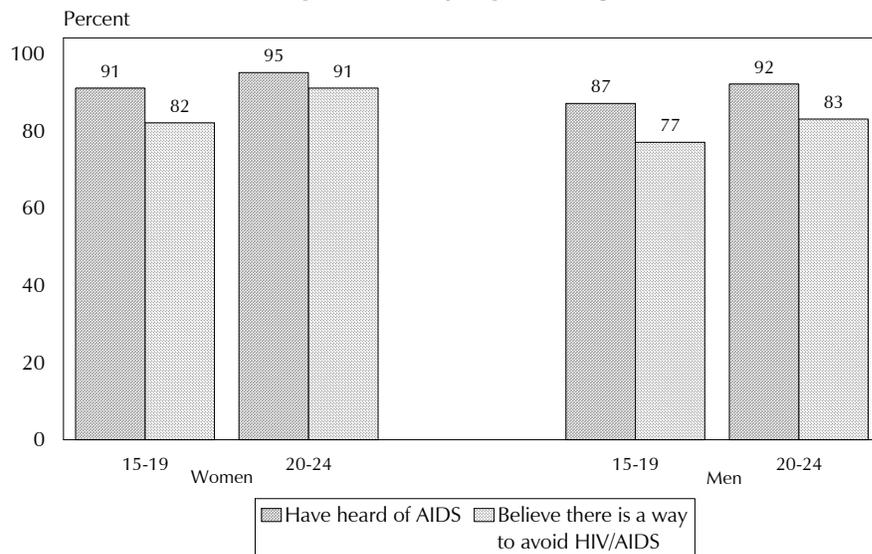
One of the realms of policy and law agreed to at the Cairo and Beijing Conferences is to develop integrated service, information, and educational programs for adolescents that address sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs), and HIV/AIDS (Weiss et al., 1996). Research suggests that knowledge alone is not enough to change sexual behavior. Youth must understand the long-term consequences of unsafe sexual practices and feel empowered to practice healthy behaviors. The operational strategy of adolescent-sensitive health services in Indonesia (*Pelayanan Kesehatan Peduli Remaja*) is to improve the health status of adolescents through increasing knowledge and promoting healthy attitudes and practices of adolescence health and sexuality. It has been well established that besides a host of debilitating reproductive health consequences of STIs, including infertility, their presence can increase the likelihood of HIV transmission. In the absence of cure for HIV/AIDS, the main strategy for combating the epidemic has been focused on avoiding HIV infection through abstinence, limiting the number of sexual partners and condom use. The IEC programs aimed at HIV/AIDS prevention focus on abstinence, being faithful to one partner, using condom, avoiding a blood transfusion without screening, and using sterilized medical/non medical instruments (MOH, 2003). This strategy depends heavily on the knowledge of the population in general and of adolescents in particular, and their perception of HIV and AIDS. For this reason, the 2002-2003 YARHS respondents were asked questions to gauge their knowledge of HIV/AIDS and other STIs, and their behaviors.

Table 8.1 and Figure 8.1 show the percentage of unmarried women and men age 15-24 who have heard of AIDS and who believe there is a way to avoid HIV or AIDS by background characteristics. An overwhelmingly large proportion of respondents (93 percent of women and 89 percent of men) have heard of HIV/AIDS.

Table 8.1 Knowledge of HIV/AIDS						
Percentage of unmarried women and men age 15-24 who have heard of AIDS and who believe that there is a way to avoid HIV/AIDS, by background characteristics, YARHS 2002-2003 Jayapura						
Background characteristic	Women			Men		
	Has heard of AIDS	Believes there is a way to avoid HIV/AIDS	Number	Has heard of AIDS	Believes there is a way to avoid HIV/AIDS	Number
Age						
15-19	91.0	81.9	248	86.8	77.2	232
20-24	94.9	90.9	169	91.9	83.2	223
Education						
Less than secondary	83.6	70.2	122	79.8	71.2	154
Completed secondary+	96.3	92.0	295	94.1	84.8	301
Total	92.6	85.6	417	89.3	80.2	455

The second indicator on knowledge of HIV/AIDS shown in Table 8.1 and Figure 8.1 refers to the perceptions of women and men whether there is a way to avoid the AIDS virus. Overall, 86 percent of women and 80 percent of men say that HIV/AIDS can be avoided. Older respondents are more likely than younger respondents to believe that there is a way to avoid HIV/AIDS. However, the differences across education are most notable. For example, 92 percent of women with secondary or higher education believe that there is a way to avoid getting the disease compared with 70 percent of women with less than secondary education. For men, the corresponding proportions are 94 and 80 percent, respectively.

Figure 8.1
Knowledge of HIV/AIDS Among Unmarried Women and Men
Age 15-24 by Age Group



YARHS 2002-2003 Jayapura City

8.2 KNOWLEDGE OF WAYS TO AVOID CONTRACTING HIV/AIDS

The 2002-2003 YARHS questionnaire collects information on knowledge on HIV/AIDS prevention and avoidance in two ways: first, if a respondent reported that AIDS could be avoided, an open-ended or “spontaneous” question was asked about “how a person can avoid getting the AIDS virus.” Respondents were allowed to report as many ways to avoid HIV/AIDS as they knew. Next, respondents were asked specific questions (prompted) on specific ways to avoid HIV transmission.

Table 8.2 presents data obtained from the first of these approaches. The responses should not total to 100 percent because multiple responses are permitted. The denominator includes all unmarried women and men age 15-24, including those who reported that they did not know about HIV/AIDS, that they did not know whether it could be avoided, and those who thought HIV/AIDS could not be avoided. The results show that 29 percent of women and 32 percent of men have not heard of HIV/AIDS or do not know that HIV/AIDS can be avoided. Thirty-seven percent of women and 55 percent of men believe that AIDS cannot be avoided.

Table 8.2 further shows that knowledge of the most important means to avoid HIV infection among adolescents in Jayapura City is limited. Among women, the most often cited means of avoiding AIDS is avoid having sex with homosexuals (38 percent) and having sex with a partner who has multiple sexual partners 30 percent). Only 12 percent of women and 15 percent of men mention abstinence, 21 percent of women and 36 percent of men mention the use of condoms, and 22 percent of women and 15 percent of men mentioned limiting sexual relations with one partner as ways to avoid HIV/AIDS. The most common responses on ways to avoid getting the AIDS virus for men are condom use (36 percent), followed by avoid sex with prostitutes and avoid sex with homosexuals (18 percent each).

Background characteristic	Women	Men
Does not know HIV/AIDS or does not know ways to avoid HIV/AIDS	28.9	31.8
Believes no way to avoid AIDS	37.1	55.0
Does not know specific ways ¹	34.0	23.3
Abstain from sex	11.5	14.9
Use condoms	21.0	36.0
Limit sex to one partner/stay faithful to one partner	22.3	14.9
Limit number of sexual partners	4.2	5.7
Avoid sex with prostitutes	15.1	18.3
Avoid sex with person who have many partners	30.4	16.5
Avoid sex with homosexuals	38.4	18.2
Avoid sex with persons who inject drugs intravenously	19.9	11.3
Avoid blood transfusions	1.7	0.0
Avoid injections	0.0	0.8
Avoid sharing razor/blades	0.0	0.3
Avoid kissing	3.1	1.3
Number	417	455

¹ Believes there is something a person can do to avoid AIDS, but could not spontaneously mention any specific way

8.3 KNOWLEDGE OF PROGRAMMATICALLY IMPORTANT WAYS TO AVOID HIV/AIDS

Programs in behavioral change in the prevention of AIDS virus focus on three important ways: abstinence, limiting the number of sexual partners, and using condom. These are considered programmatically important ways. Table 8.3 shows the percent distribution of respondents who reported 0, 1, or 2-3 ways to avoid HIV/AIDS. Data in the table show that overall, 21 percent of women and 20 percent of men were able to mention two or three programmatically important ways to avoid HIV/AIDS.

The level of knowledge varies across subgroups of respondents, with no clear pattern. Younger women are less likely than older women to say that there are ways to avoid HIV/AIDS. However, men show the opposite pattern; younger men are more likely than older men to say that there are ways to avoid HIV/AIDS.

Table 8.3 Knowledge of programmatically important ways to avoid HIV/AIDS

Percent distribution of unmarried women and men age 15-24 by knowledge of three programmatically important ways to avoid HIV/AIDS, and percentage who know specific ways to avoid HIV/AIDS, according to background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Knowledge of specific ways to avoid HIV/AIDS		Number
	None ¹	One way	Two or three ways		Use condom	Limit number of sexual partners	
WOMEN							
Age							
15-19	47.5	33.5	19.0	100.0	31.8	27.7	248
20-24	27.7	49.3	22.9	100.0	43.6	37.8	169
Education							
Less than secondary	48.1	28.5	23.3	100.0	32.9	30.0	122
Completed secondary+	35.9	44.6	19.5	100.0	38.0	32.5	295
Total	39.5	39.9	20.6	100.0	36.5	31.8	417
MEN							
Age							
15-19	36.6	42.3	21.1	100.0	53.7	23.3	232
20-24	31.8	48.9	19.3	100.0	54.7	19.9	223
Education							
Less than secondary	42.1	44.9	13.0	100.0	52.4	15.1	154
Completed secondary+	30.2	45.9	23.9	100.0	55.1	25.0	301
Total	34.2	45.6	20.2	100.0	54.2	21.6	455

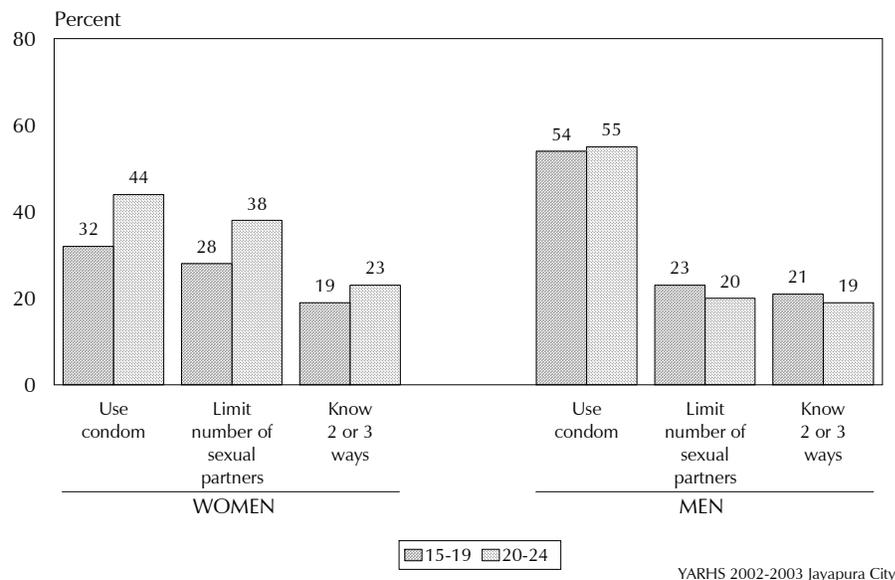
¹ Those who have not heard of HIV/AIDS or do not know of any programmatically important ways to avoid HIV/AIDS

Variations in knowledge of ways to avoid HIV/AIDS are notable by the respondent's education. Women with secondary or higher education are less likely than women with less than secondary education to mention two or three programmatically important ways to avoid HIV/AIDS (20 percent compared with 23 percent). However, men show the reverse pattern; men with less than secondary education are less likely than men with secondary or higher education to mention two or three programmatically important ways to avoid HIV/AIDS (13 percent compared with 24 percent).

Two programmatically important ways to avoid HIV/AIDS are use of condom and limiting the number of sexual partners. Table 8.3 shows that 37 percent of women and 54 percent of men cite the use of condom as a means to avoid HIV/AIDS, while limiting the number of sexual partners is mentioned by 32 percent of women and 22 percent of men.

Figure 8.2 shows there are substantial differences between women and men with respect to knowledge of programmatically important ways to avoid HIV/AIDS, in particular condom use and limiting the number of sexual partners. Men are more likely than women to mention condoms as a way to avoid HIV/AIDS, while women are more likely to mention limiting the number of sexual partners.

Figure 8.2
Knowledge of Ways to Avoid HIV/AIDS Among Unmarried Women and Men Age 15-24 by Age Group



8.4 KNOWLEDGE OF HIV/AIDS-RELATED ISSUES

Table 8.4 shows responses to another important question on HIV/AIDS information: whether the respondents think that they can tell from looking at someone whether the person carries the HIV virus. Eleven percent of women and 16 percent of men incorrectly say that they can tell from the appearance that a person has the AIDS virus. For women, the level of knowledge does not vary. However, older and better-educated men are less likely to give the correct response. For example, while 14 percent of men with less than secondary education say that a healthy-looking person can have the AIDS virus, the corresponding proportion among men who completed secondary education is 18 percent.

One of the objectives of the AIDS prevention is to reduce the incidence of mother-to-child transmission of HIV. In the 2002-2003 YARHS, respondents were asked whether they thought the AIDS virus can be transmitted from a mother to a child during pregnancy, during delivery, and during breastfeeding. The results indicate that 66 percent of women and 49 percent of men say that HIV/AIDS can be transmitted from mother to child during pregnancy. The percentage of women and men who think that the transmission can take place during delivery is higher (71 percent of women and 60 percent of men). Two in three women and 57 percent of men think that the AIDS virus can be transmitted during delivery breastfeeding.

Table 8.4 Knowledge of HIV/AIDS-related issues

Percentage of unmarried women and men age 15-24 who gave specific responses to questions on various HIV/AIDS related issues, by background characteristics, YARHS 2002-2003 Jayapura City

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			Number
		During delivery	During pregnancy	Through breast-feeding	
WOMEN					
Age					
15-19	9.9	65.8	63.3	63.0	248
20-24	11.3	77.9	70.9	70.1	169
Education					
Less than secondary	10.5	50.3	43.4	40.5	122
Completed secondary+	10.5	79.2	75.9	76.4	295
Total	10.5	70.7	66.4	65.9	417
MEN					
Age					
15-19	14.0	50.0	38.3	46.3	232
20-24	19.0	70.6	59.6	68.9	223
Education					
Less than secondary	13.1	47.1	36.3	43.2	154
Completed secondary+	18.1	66.8	55.1	64.7	301
Total	16.4	60.1	48.8	57.4	455

8.5 SOCIAL ASPECTS OF HIV/AIDS

In the 2002-2003 YARHS, respondents were asked, "If a family member or a relative is infected with the virus that causes AIDS, would you keep this fact private?" Table 8.5 shows that 35 percent of women and 38 percent of men believe that the HIV status of a family member should be kept a secret. Younger and less educated women are more likely than other respondents to say that a relative's HIV-status should be kept confidential. While older men are almost as likely as younger men to think that HIV status should be kept secret, less educated men are much more likely than better-educated men to have this opinion.

In the 2002-2003 YARHS, the respondents were also asked, "If a family member or a relative is infected with the virus that causes AIDS, would you be willing to care for her or him in your own household?" Nineteen percent of women and 21 percent men say they would not be willing to care for a relative with AIDS at their home. Younger women and women with less than secondary education are more likely to be unwilling to care for relatives with AIDS. While a man's education does not have an impact on his willingness to care for a family member who have AIDS, younger men express this sentiment stronger than older men.

Table 8.5 Social aspects of HIV/AIDS

Among unmarried women and men age 15-24 who have heard of AIDS, the percentage who provided specific responses to questions on the social aspects of HIV/AIDS, by background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Women			Men		
	Believes that HIV status of family member should be kept secret	Not willing to care for family member or relative with AIDS at home	Number	Believes that HIV status of family member should be kept secret	Not willing to care for family member or relative with AIDS at home	Number
Age						
15-19	39.3	20.4	226	36.7	25.0	201
20-24	27.9	17.7	160	38.5	16.1	205
Education						
Less than secondary	40.0	27.0	102	43.5	20.1	123
Completed secondary+	32.6	16.6	284	35.1	20.7	283
Total	34.6	19.3	386	37.6	20.5	406

8.6 SOURCE OF INFORMATION ON HIV/AIDS

Table 8.6 shows the percentage of women and men who have heard of HIV/AIDS by source of information, according to background characteristics. Respondents are allowed to report more than one source. Television is the most important media for obtaining information about HIV/AIDS, with 81 percent of women and 63 percent of men reporting having heard of HIV/AIDS from television. The next popular media for HIV/AIDS information is the radio (70 percent of women and 56 percent of men), school or teacher (66 percent of women and 49 percent of men), and newspaper or magazine (65 percent of women and 55 percent of men).

Personal contacts are much less important sources of information on HIV/AIDS. The most often cited person is health professional (38 percent of women and 25 percent of men). Men are more likely to mention friends and relatives as a source of information about HIV/AIDS than women: 38 percent compared with 20 percent.

8.7 TESTING FOR THE AIDS VIRUS

In the 2002-2003 YARHS, respondents who have heard of HIV/AIDS were asked whether they know about a test for the AIDS virus and whether they know where the test can be done. The findings are presented in Table 8.7. Overall, 56 percent of women and 49 percent of men know that there is a test to identify if a person is infected with the AIDS virus. Older respondents and respondents with higher education are more likely than other respondents to know about the HIV test.

Table 8.6 Source of information on HIV/AIDS

Among unmarried women and men age 15-24 who have heard of HIV/AIDS, percentage who received information about HIV/AIDS from specific sources, YARHS 2002-2003 Jayapura City

Source	Women	Men
Radio	69.5	55.8
Television	80.6	63.3
Newspaper/magazine	64.8	55.0
Poster	20.4	20.8
Health professional	37.8	24.8
Mosque/church	4.5	4.1
School/teacher	66.1	48.5
Community meeting	19.1	16.1
Friend/relative	20.1	37.9
Work place	0.3	2.1
Other	0.7	0.7
Number	386	406

Table 8.7 Testing for HIV

Among unmarried women and men age 15-24 who have heard of AIDS, percentage who know of a test for HIV and percentage who know of a source for the HIV test, by background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Women			Men		
	Percentage who know of HIV test	Percentage who know source for HIV test	Number	Percentage who know of HIV test	Percentage who know source for HIV test	Number
Age						
15-19	47.3	44.3	226	44.1	40.5	201
20-24	68.3	65.2	160	54.2	48.2	205
Education						
Less than secondary	42.7	39.1	102	34.6	28.9	123
Completed secondary+	60.8	57.9	284	55.6	51.1	283
Total	56.0	52.9	386	49.2	44.4	406

When asked if they know where the test can be done, 53 percent of women and 44 percent of men gave a positive response. The survey does not further investigate whether the respondent can name this source. Similarly, knowledge of a source for the HIV test is higher among older respondents and respondents with higher education.

8.8 KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS (STIs)

8.8.1 Knowledge of Symptoms of STIs

Knowledge of other sexually transmitted infections (STIs) was also investigated in the 2002-2003 YARHS. Respondents were asked if they have heard of other STIs, and whether they can name such infections. There is no attempt in the survey to find out whether the respondents do, in fact, know about these diseases other than just the name.

Four in ten youth in Jayapura City have no knowledge of STIs other than HIV (see Table 8.10). Table 8.8 shows that of those who have heard of STIs other than HIV, most were able to name two diseases: syphilis (72 percent of women and 85 percent of men) and gonorrhea (60 percent of women and 55 percent of men). In general, younger respondents are more familiar with gonorrhea, while older respondents are more likely to mention syphilis.

Table 8.8 Knowledge of other sexually transmitted infections

Percentage of unmarried women and men age 15-24 who have heard of other sexually transmitted infections, by background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Other sexually transmitted infections				Number
	Syphilis	Gonorrhoea	Genital herpes	Other	
WOMEN					
Age					
15-19	63.8	65.9	11.1	5.2	127
20-24	80.5	54.0	5.8	5.4	114
Education					
Less than secondary	(70.6)	(50.7)	(15.2)	(12.2)	44
Completed secondary+	72.0	62.4	7.1	3.7	198
Total	71.7	60.3	8.6	5.3	242
MEN					
Age					
15-19	78.0	58.9	3.5	2.0	117
20-24	89.9	52.3	8.1	5.8	158
Education					
Less than secondary	84.7	59.4	3.0	4.1	56
Completed secondary+	84.9	54.0	6.9	4.2	219
Total	84.8	55.1	6.1	4.2	275

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

8.8.2 Source of Information on STIs Other Than HIV/AIDS

Table 8.9 shows the percentage of women and men who have heard of STIs other than HIV/AIDS by source of information, according to background characteristics. As in the case of source of information on HIV/AIDS, a respondent may report having heard about STIs from more than one source. Knowledge of STIs is much more limited and has a very different pattern than that of HIV/AIDS. Furthermore, the source varies by the respondent's gender. For women, the main source of information is television (72 percent) and the school environment (71 percent). For men, the key source for information on STIs is television (56 percent), newspaper and magazine (55 percent), and school/teacher (51 percent).

Table 8.9 Source of information on sexually transmitted infections other than HIV/AIDS

Among unmarried women and men age 15-24 who have heard of sexually transmitted infections other than HIV/AIDS, percentage who received information about these infections from specific sources, YARHS 2002-2003 Jayapura City

Source	Women	Men
Radio	67.8	47.4
Television	72.0	56.1
Newspaper/magazine	60.2	54.5
Health professional	42.8	30.0
Poster	13.2	19.2
School/teacher	71.1	51.3
Friend/relative	13.6	32.6
Number	242	275

8.8.3 Knowledge of Symptoms of STIs

While some women were able to mention STIs, this awareness is not always translated into knowledge about their symptoms. Data in Table 8.10 show that knowledge among adolescents in Jayapura City is limited. About four in ten women and men have no knowledge of symptoms of STIs. Among those who say that they have heard of STIs, a significant proportion cannot name the symptoms. Women's knowledge of symptoms of STIs in a woman is the same as that for symptoms in a man. Overall, 13 percent of women reported no knowledge of symptoms associated with STIs in women and 18 percent have no knowledge of STIs in men. Men, on the other hand, are less knowledgeable of STI symptoms in women than in men. For example, while 16 percent of men can mention two or more symptoms of STIs in a man, only 5 percent can indicate the symptoms in a woman.

The pattern of knowledge of STIs in a woman is similar with that in a man. Knowledge of symptoms of STIs varies by background characteristics; it is lower among younger respondents and those with less education.

Table 8.10 Knowledge of symptoms of STIs								
Percentage of unmarried women and men age 15-24 with knowledge of symptoms associated with sexually transmitted infections (STIs) in a man and in a woman, by background characteristics, YARHS 2002-2003 Jayapura City								
Background characteristic	No knowledge of STIs	Knowledge of symptoms in a man			Knowledge of symptoms in a woman			Number
		None	One	Two or more	None	One	Two or more	
WOMEN								
Age								
15-19	48.7	16.9	13.1	21.3	12.7	10.4	28.2	248
20-24	32.1	14.8	11.7	41.3	13.5	7.6	46.8	169
Education								
Less than secondary	64.2	17.9	8.7	9.2	13.8	5.9	16.0	122
Completed secondary+	32.8	15.3	14.1	37.8	12.7	10.6	43.9	295
Total	42.0	16.1	12.5	29.4	13.0	9.2	35.7	417
MEN								
Age								
15-19	49.5	6.9	9.4	34.2	29.4	5.0	16.1	232
20-24	29.1	8.1	11.5	51.3	35.4	7.4	28.2	223
Education								
Less than secondary	63.8	9.6	9.1	17.6	25.1	1.6	9.5	154
Completed secondary+	27.1	6.4	11.1	55.4	36.0	8.5	28.4	301
Total	39.5	7.5	10.4	42.6	32.3	6.2	22.0	455

DATING AND SEXUAL EXPERIENCE

With an increase in the number of years that young women are single, the possibility of premarital sexual activity and pregnancy also increases. In many Asian and Pacific societies, adolescent girls are particularly vulnerable to the risks associated with misinformed and unprotected sexual relationships, as well as the adverse consequences of adolescent pregnancy (United Nations Economic and Social Commission for Asia and the Pacific, 2001:10). Consequently, the proportion of births to unmarried adolescent women is increasing. This trend may continue unless contraceptive use also increases.

9.1 DATING

In an adolescent's life, dating can be considered a step toward finding a special person who provides companionship and shares experiences. In the 2002-2003 Young Adult Reproductive Health Survey (YARHS), respondents were asked whether they have ever had a girlfriend or boyfriend, which was defined in the questionnaire as a person of the opposite sex with whom the respondent had a romantic relationship. Table 9.1 shows that men are more likely than women say that they have never have a girl friend prior to the survey (37 percent of men compared with 32 percent of women).

Table 9.1 Age at first date									
Percent distribution of unmarried women and men age 15-24 by specific age at first date, according to background characteristics, YARHS 2002-2003 Jayapura City									
Background characteristic	Never had a boyfriend/girlfriend	Age at first date					Don't know/missing	Total	Number
		≤13	14	15	16	17+			
WOMEN									
Age									
15-19	42.0	1.0	9.8	43.4	2.3	0.0	1.6	100.0	248
20-24	16.7	0.7	4.9	53.3	18.4	6.0	0.0	100.0	169
Education									
Less than secondary	49.1	1.0	13.1	33.0	2.9	0.0	0.9	100.0	122
Completed secondary+	24.6	0.8	5.6	53.4	11.3	3.4	0.9	100.0	295
Total	31.8	0.9	7.8	47.4	8.8	2.4	0.9	100.0	417
MEN									
Age									
15-19	51.3	0.5	7.5	38.5	2.2	0.0	0.0	100.0	232
20-24	21.8	0.0	8.5	41.8	18.0	9.6	0.3	100.0	223
Education									
Less than secondary	58.9	0.7	10.6	21.8	6.0	1.9	0.0	100.0	154
Completed secondary+	25.5	0.0	6.6	49.5	11.9	6.1	0.3	100.0	301
Total	36.8	0.2	8.0	40.1	9.9	4.7	0.2	100.0	455

For young people, the first date is usually remembered as an important event in which she or he has attracted the attention of the opposite sex. The first date may lead to a more serious, long-term relationship with the person of the opposite sex. Initiation of dating is more likely to occur at a younger age among women than men. While 10 percent of women age 15-19 said that they dated by age 14, the corresponding proportion for men age 15-19 is 8 percent. Most of the respondents say that they first dated at age between 15 and 16 (56 percent of women and 50 percent of men).

For both women and men, older respondents and respondents with secondary education are more likely to say that they had dated. For example, while 42 percent of women age 15-19 have never dated, the corresponding proportion for women age 20-24 is 17 percent.

9.2 SEXUAL EXPERIENCE

9.2.1 Attitudes about Premarital Sex

Increasing teenage pregnancy rates have prompted government organizations to provide reproductive health information and services to their peers. Working with PKBI and BKKBN, UNFPA support the production of materials to reach parents, policy makers and community leaders with the theme: “having sex before marriage is not appropriate among youth” (UNFPA, 2000).

In the 2002-2003 YARHS survey, respondents were asked about their attitudes and practice in dating and sexual relations. Given the fact that premarital sex is generally not socially accepted in Indonesia, the respondents were asked first about their attitude toward premarital sex, the importance of virginity, and whether they know someone who had sex before marriage in order to introduce this delicate topic. Table 9.2 presents these findings.

Background characteristic	Women			Men		
	Accept premarital sex for:			Accept premarital sex for:		
	Women	Men	Number	Women	Men	Number
Age						
15-19	0.9	3.9	248	5.0	6.8	232
20-24	1.7	4.0	169	7.9	11.1	223
Education						
Less than secondary	1.3	6.0	122	7.3	7.7	154
Completed secondary+	1.2	3.1	295	6.0	9.6	301
Total	1.2	3.9	417	6.4	9.0	455

As expected, acceptance of premarital sex is low. An earlier survey of young adults also found that nearly all respondents disapprove of sexual activity before or outside marriage (Achmad and Westley, 1999). Two important findings emerge from data in this table. In general, women are less likely than men to accept premarital sex and premarital sex is more acceptable for men. While 4 percent of women accept premarital sex for men, 9 percent of men agree to this sentiment. One percent of women say that they accept sex before marriage for women but 4 percent accept premarital sex for men.

Age and education have no association with the respondent's opinion about premarital sex for women. However, there are differences across age and education towards premarital sex for men. Women with less than secondary education are twice as likely as their better-educated peers to accept premarital sex for men. For men, older respondents are much more likely than younger men to accept premarital sex for men (11 percent compared with 7 percent).

9.2.2 Attitudes toward Virginity

As expected, virginity is regarded highly among both women and men. The majority of women and men say that it is important for a woman to maintain her virginity (91 percent of women and 86 percent of men). This perception does not vary much across age and education. The survey respondents were also asked their opinion about men's perception of their future wife's virginity. Two in three respondents think that men value their wife's virginity. No notable variations are observed across subgroups of respondents.

Table 9.3 Attitudes toward virginity

Percentage of unmarried women and men age 15-24 who agree that a woman should maintain her virginity and percentage who think that men value their future wife's virginity, according to background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Women		Men	
	Agrees women should maintain virginity	Thinks men value future wife's virginity	Agrees women should maintain virginity	Thinks men value future wife's virginity
Age				
15-19	91.1	65.7	81.0	66.0
20-24	91.3	66.3	91.3	65.2
Education				
Less than secondary	88.4	65.9	78.5	62.7
Completed secondary+	92.2	66.0	90.0	67.1
Total	91.1	65.9	86.1	65.6

9.2.3 Sexual Experience

The subject of sexual intercourse is very sensitive, especially to a person who has never married. Survey data on prevalence of socially unaccepted behavior collected through personal interviews should be used with caution as they may involve wide confidence intervals (Mensch et al., 2001). A better method for collecting data on sexual behavior from young women is a combination of qualitative and quantitative methods (Weiss et al., 1996). Ever-married respondents are much more likely than unmarried persons to admit premarital sex. Data from a survey of young adults in four provinces in Indonesia show

that while 12 percent of ever-married men and 5 percent of ever-married women say that they had sex before marriage, only three percent of unmarried men and less than one percent unmarried women report having had sex (Demographic Institute, 1999).

In the 2002-2003 YARHS, all respondents were asked about their sexual experience. Eight percent of women and 33 percent for men admitted that they have ever had sex. Men started having sex at an earlier age than women. At age 17, only 2 percent of women have ever had sex. The corresponding proportion among men is 6 percent.

Table 9.4 Age at first sex										
Percentage of unmarried women and men 15-24 by age at first sex, by background characteristics, YARHS, 2002-2003 Jayapura City										
Background characteristic	Age at first sex						Don't know/missing	Percentage who have never had sex	Total	Number
	≤15	16	17	18	19	20+				
WOMEN										
Age										
15-19	1.1	0.9	0.9	0.0	0.4	0.0	0.5	96.2	100.0	248
20-24	0.6	0.6	3.1	4.1	2.9	2.2	0.7	85.7	100.0	169
Education										
Less than secondary	1.4	1.3	0.9	0.0	1.2	0.0	0.6	94.6	100.0	122
Completed secondary+	0.7	0.6	2.2	2.3	1.5	1.3	0.6	90.9	100.0	295
Total	0.9	0.8	1.8	1.6	1.4	0.9	0.6	92.0	100.0	417
MEN										
Age										
15-19	7.5	1.2	4.1	1.5	0.5	0.0	0.0	85.3	100.0	232
20-24	2.4	3.3	7.4	7.3	4.8	6.1	0.8	67.9	100.0	223
Education										
Less than secondary	8.8	0.9	3.9	4.2	1.5	0.4	0.0	80.3	100.0	154
Completed secondary+	3.0	2.8	6.7	4.5	3.2	4.3	0.6	74.9	100.0	301
Total	5.0	2.2	5.7	4.4	2.6	3.0	0.4	76.8	100.0	455

Table 9.5 shows the distribution of women and men who have ever had sex according to the reason for having the first sex. The most often cited reason for having sex is that they liked each other (57 percent of women and 42 percent of men). One in three respondents had sex because they wanted to satisfy their curiosity. The percentage of women who said that they were under the influence of alcohol when they had sex is twice as high as that for men (8 percent compared with 4 percent).

Table 9.5 Reason for having first sex

Among unmarried women and men 15-24, who have ever had sex, percent distribution by reason for having first sex, by respondent's sex, YARHS 2002-2003 Jayapura City

Sex	Percentage who ever had sex	Number	Reason for having first sexual intercourse						
			Liked each other	Curious	Peer pressure to be accepted	Forced	Influence of alcohol or drug	Other	Missing
Women	13.7	57	56.7	24.9	0.0	3.7	7.8	4.7	2.2
Men	35.4	161	42.3	36.3	7.5	3.3	3.8	6.2	0.7
Total	25.0	218	46.1	33.3	5.5	3.4	4.8	5.8	1.1

9.3 USE OF CONDOMS

In the YARHS, respondents who have ever had sex were asked whether they used protection when they have sexual intercourse. Specifically, they were asked whether they used a condom during their first and last sex. The findings show that 9 percent of men used condoms at their first sex, and 15 percent used at last sex (Table 9.6). Variations across subgroups are hard to discern due to small number of men age 15-19 and those having less than secondary education. A study in 2001 found out that the majority (60 percent) of adolescents who have had sex did not use any protection (Sahanaya, 2002).

Table 9.6 Condom use

Percentage of unmarried men 15-24, who have ever had sex by use of condom at first and last sex, according to background characteristics, YARHS 2002-2003 Jayapura City

Background characteristic	Condom use		Number
	At first sex	At last sex	
Age			
15-19	(10.6)	(15.5)	34
20-24	8.3	14.7	72
Education			
Less than secondary	(5.0)	(3.8)	30
Completed secondary+	10.7	19.4	75
Total	9.0	14.9	106

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

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A.1 INTRODUCTION

The 2002-2003 YARHS will obtain data from a representative sample never-married women age 15-24 and never-married men age 15-24 to:

- measure the level of knowledge about reproductive health issues;
- study the attitudes of young adults on various issues in reproductive health;
- measure the level of sexual practice among young adults;
- explore young adult's awareness of HIV/AIDS and sexually transmitted infections;

The survey will provide estimates at the national level for all of the above indicators.

A.2 SAMPLE DESIGN

The census blocks (CBs) are the primary sampling unit for the 2002-2003 YARHS. 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 the YARHS. Household listing was done in all CBs covered in the 2002 Susenas, which eliminated the need to conduct a separate household listing for the 2002-2003 YARHS.

In the 2002 Susenas, the only area covered in the Papua Province was the city of Jayapura. Given the interest to obtain data pertaining to areas which are high-risk in terms of HIV/AIDS infections, the 2002-2003 YARHS included Jayapura city as a separate domain. A total of 36 CBs were selected in Jayapura City, 35 in urban areas and one in a rural area. A sample of 25 households were selected systematically in each CB.

All household members and visitors were listed in the 2002-2003 IDHS Household Questionnaire, and all unmarried women 15-24 and unmarried men 15-24 living in the selected households were interviewed in the YARHS. Because the number of respondents in the rural areas is small, no urban-rural distinction is made in this report.

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 Young Adult Reproductive Health Survey (IYARHS) in Jayapura 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 YARHS 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 IYARHS 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 IYARHS 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 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.

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 YARHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. For each variable, the type of statistic (mean or proportion) and the base population are given in Table B.1. Table B.2 presents the value of the statistic (R), its standard error (SE), the number of unweighted (N -UNWE) and weighted (N -WEIG) 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).

The confidence interval (e.g., as calculated for *Ideal number of children*) can be interpreted as follows: the overall average from the woman sample is 2.768 and its standard error is 0.074. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $2.768 \pm 2 \times 0.074$. There is a high probability (95 percent) that the *true* average ideal number of children for women 15-24 is between 2.620 and 2.917.

Sampling errors are analyzed for the woman sample. The relative standard errors (SE/R) for the means and proportions range between 1.2 percent and 65.3 percent with an average of 14.5 percent; the highest relative standard errors are for estimates of very low values (e.g. *less than primary education*). If estimates of very low values (less than 10 percent) were removed, then the average drops to 10.6 percent. So in general, the relative standard error for most estimates is small, except for estimates of very small proportions. The value of the design effect (DEFT), averaged over all variables, is 2.38 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 2.38 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, YARHS 2002-2003 Jayapura City

Variable	Estimate	Base population
WOMEN		
Literate	Proportion	Unmarried women 15-24
Less than primary education	Proportion	Unmarried women 15-24
Secondary education or higher	Proportion	Unmarried women 15-24
Knowing any contraceptive method	Proportion	Unmarried women 15-24
Knowing any modern contraceptive method	Proportion	Unmarried women 15-24
Knowing fertile period	Proportion	Unmarried women 15-24
Knowing anemia	Proportion	Unmarried women 15-24
Ideal number of children	Mean	Unmarried women 15-24
Has heard of HIV/AIDS	Proportion	Unmarried women 15-24
Knows limiting partners to avoid HIV/AIDS	Proportion	Unmarried women 15-24
Knows using condoms to avoid HIV/AIDS	Proportion	Unmarried women 15-24
Has heard of STI	Proportion	Unmarried women 15-24
Has ever smoked	Proportion	Unmarried women 15-24
Has ever drunk alcohol	Proportion	Unmarried women 15-24
MEN		
Literate	Proportion	Unmarried men 15-24
Less than primary education	Proportion	Unmarried men 15-24
Secondary education or higher	Proportion	Unmarried men 15-24
Knowing any contraceptive method	Proportion	Unmarried men 15-24
Knowing any modern contraceptive method	Proportion	Unmarried men 15-24
Knowing fertile period	Proportion	Unmarried men 15-24
Knowing anemia	Proportion	Unmarried men 15-24
Ideal number of children	Mean	Unmarried men 15-24
Has heard of HIV/AIDS	Proportion	Unmarried men 15-24
Knows limiting partners to avoid HIV/AIDS	Proportion	Unmarried men 15-24
Knows using condoms to avoid HIV/AIDS	Proportion	Unmarried men 15-24
Has heard of STI	Proportion	Unmarried men 15-24
Has ever smoked	Proportion	Unmarried men 15-24
Has ever drunk alcohol	Proportion	Unmarried men 15-24
Has ever used drugs	Proportion	Unmarried men 15-24
Has ever had sexual intercourse	Proportion	Unmarried men 15-24

Table B.2 Sampling errors, YARHS 2002-2003 Jayapura City

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Literate	0.984	0.011	417	417	1.887	0.012	0.962	1.000
Less than primary education	0.022	0.014	417	417	1.995	0.653	0.000	0.051
Secondary education or higher	0.706	0.046	417	417	2.068	0.065	0.614	0.799
Knowing any contraceptive method	0.946	0.032	417	417	2.904	0.034	0.882	1.000
Knowing any modern contraceptive method	0.946	0.032	417	417	2.904	0.034	0.882	1.000
Knowing fertile period	0.448	0.090	169	187	2.346	0.201	0.268	0.628
Knowing anemia	0.801	0.067	416	416	3.403	0.083	0.667	0.934
Ideal number of children	2.768	0.074	347	353	1.579	0.027	2.620	2.917
Has heard of HIV/AIDS	0.927	0.046	416	416	3.596	0.049	0.835	1.000
Knows limiting partners to avoid HIV/AIDS	0.318	0.054	417	417	2.365	0.170	0.210	0.426
Knows using condoms to avoid HIV/AIDS	0.365	0.049	417	417	2.094	0.135	0.266	0.464
Has heard of STI	0.580	0.066	417	417	2.723	0.114	0.448	0.712
Has ever smoked	0.128	0.025	417	417	1.503	0.192	0.079	0.178
Has ever drunk alcohol	0.112	0.030	417	417	1.930	0.266	0.052	0.172
MEN								
Literate	0.992	0.005	455	455	1.088	0.005	0.983	1.000
Less than primary education	0.030	0.014	455	455	1.766	0.474	0.002	0.058
Secondary education or higher	0.661	0.036	455	455	1.611	0.054	0.590	0.733
Knowing any contraceptive method	0.883	0.049	455	455	3.223	0.055	0.786	0.981
Knowing any modern contraceptive method	0.882	0.049	455	455	3.234	0.055	0.785	0.980
Knowing fertile period	0.405	0.081	149	177	2.014	0.210	0.243	0.568
Knowing anemia	0.669	0.057	453	452	2.587	0.086	0.554	0.783
Ideal number of children	2.993	0.101	373	377	1.629	0.034	2.792	3.195
Has heard of HIV/AIDS	0.893	0.052	455	455	3.581	0.058	0.789	0.997
Knows limiting partners to avoid HIV/AIDS	0.216	0.042	455	455	2.177	0.195	0.132	0.300
Knows using condoms to avoid HIV/AIDS	0.542	0.057	455	455	2.419	0.104	0.429	0.655
Has heard of STI	0.605	0.050	455	455	2.176	0.083	0.505	0.705
Has ever smoked	0.539	0.040	455	455	1.723	0.075	0.458	0.619
Has ever drunk alcohol	0.415	0.057	450	452	2.459	0.137	0.301	0.529
Has ever used drugs	0.076	0.017	452	453	1.347	0.221	0.042	0.109
Has ever had sexual intercourse	0.233	0.032	452	454	1.593	0.136	0.170	0.297

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	MARITAL STATUS	ELIGIBILITY
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
			M F	YES NO	YES NO	YEARS			
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	

*) 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 = DIVORCE
- 4 = WIDOWED

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 <input type="checkbox"/> | ENTER EACH IN TABLE | NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> | ENTER EACH IN TABLE | NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> | ENTER EACH IN TABLE | NO <input type="checkbox"/> |
| 4) Are there any other people who usually live here, but have been away for less than 6 months? | YES <input type="checkbox"/> | ENTER EACH IN TABLE | NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> | ENTER EACH IN TABLE | NO <input type="checkbox"/> |

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO												
15	Does any member of your household own: A bicycle/rowboat? A motorcycle or motorboat? A car?	<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>BICYCLE/ROWBOAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/MOTOR BOAT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE/ROWBOAT	1	2	MOTORCYCLE/MOTOR BOAT	1	2	CAR	1	2	
	YES	NO													
BICYCLE/ROWBOAT	1	2													
MOTORCYCLE/MOTOR BOAT	1	2													
CAR	1	2													
16	What is the ownership status of your dwelling?	OWN 1 INSTALLMENT 2 CONTRACT 3 RENT 4 OFFICIAL 5 OTHER 6													

INTERVIEW WITH WOMEN AND MEN 15-17						
LINE NUMBER FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)		LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	
		AGE 15-17	AGE 18-24		GRANTED	REFUSED
(10)	(11)	(12)		(13)	(14)	
<input type="text"/>	_____	1	2	<input type="text"/>	1	2
		GO TO INDIVIDUAL QUESTIONNAIRE			↓	NEXT LINE
<input type="text"/>	_____	1	2	<input type="text"/>	1	2
		GO TO INDIVIDUAL QUESTIONNAIRE			↓	NEXT LINE
<input type="text"/>	_____	1	2	<input type="text"/>	1	2
		GO TO INDIVIDUAL QUESTIONNAIRE			↓	NEXT LINE
<input type="text"/>	_____	1	2	<input type="text"/>	1	2
		GO TO INDIVIDUAL QUESTIONNAIRE			↓	NEXT LINE

*** CONSENT STATEMENT FROM PARENT/GUARDIAN**

In this survey, we are going to interview unmarried women and men age 15 to 24 individually. We will ask them about their knowledge, attitudes toward and practice in health care. This information will help the government in developing programs to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your approval for us to have your children/children under your care participate in this survey. The survey usually takes about 30 minutes to complete. Whatever information the children provide will be kept strictly confidential and will not be shown to other persons.

May I now ask that (NAME OF CHILD[REN]) participate in the study? If you decide not to have your children interviewed, it is your right and we will respect your decision. Now please tell me if you agree to have your children participate in the study.

PARENTAL/GUARDIAN CONSENT (READ TO PARENTS OR GUARDIAN of respondents age 15-17)

In this survey, we are interviewing unmarried women and men between age 15 and 24 individually. We are interested in their knowledge of, attitudes toward and practice in health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES....1

PARENT/GUARDIAN DOES NOT AGREE....2 ⇔ END



SECTION 1

Signature of interviewer: _____

Date: _____

1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is

I am working with BPS. We are conducting a national survey of unmarried women and men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care. This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 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? (GIVE BRIEF RESPONSE).

During this interview, how should I address you? Respondent's title: _____ (SPECIFY)

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	CODE	SKIP TO
101	RECORD THE TIME	HOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102	In what month and year were you born?	MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW MONTH 98 YEAR <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"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→110
105	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	
106	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE <input style="width: 20px; height: 20px;" type="text"/>	
107	Are you currently attending school?	YES 1 NO 2	→109

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
108	Why is it that you are not currently attending school or university?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER _____ 96 (SPECIFY)	
109	CHECK 105: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 113
110	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3	
111	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	
112	CHECK 110: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 114
113	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	
114	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	→ 117
115	What kind of programs do you most often listen to? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	NEWS A MUSIC B SPORTS C SERIAL DRAMA D QUIZ/GAME E RELIGIOUS PROGRAM F CULTURAL G HEALTH H OTHER _____ X (SPECIFY)	
116	In the last 6 months did you hear on the radio: Any program on how to prevent a pregnancy/family planning? A condom advertisement? Any program on postponement of age at marriage? Information on HIV/AIDS? Information on sexually transmitted diseases?	YES NO PREVENT PREGNANCY ... 1 2 CONDOM ADVERTISEMENT 1 2 POSTPONEMENT OF AGE AT MARRIAGE 1 2 HIV/AIDS 1 2 STDs 1 2	
117	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	→ 120

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																		
118	What kind of programs do you most often watch? Any other programs? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	NEWS A MUSIC B SPORTS C SERIAL DRAMA D FILM E QUIZ/GAME F RELIGIOUS PROGRAM G HEALTH I CULTURAL H OTHER _____ X (SPECIFY)																			
119	In the last 6 months did you watch on television about: How to prevent a pregnancy/family planning? Condom advertisement? Postponement of age at marriage? HIV/AIDS? Sexually transmitted diseases?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>PREVENT PREGNANCY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONDOM ADVERTISEMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTPONEMENT OF AGE AT MARRIAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STDs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	PREVENT PREGNANCY ...	1	2	CONDOM ADVERTISEMENT	1	2	POSTPONEMENT OF AGE AT MARRIAGE	1	2	HIV/AIDS	1	2	STDs	1	2	
	YES	NO																			
PREVENT PREGNANCY ...	1	2																			
CONDOM ADVERTISEMENT	1	2																			
POSTPONEMENT OF AGE AT MARRIAGE	1	2																			
HIV/AIDS	1	2																			
STDs	1	2																			
120	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHIST 05 CONFUCIAN 06 OTHER 96																			
121	Are you currently working?	YES 1 NO 2	→ 124																		
122	As you know, some people 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	→ 124																		
123	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201																		
124	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETELY AS POSSIBLE. DO NOT FILL IN BOXES. _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	PROFESSIONAL, TECHNICAL 01 MANAGERIAL AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																			
125	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	→ 201																		
126	What do you do with your money, do you use some of it, or all of it to help with household expenditure, or do you keep all of it for yourself?	GIVE ALL 1 GIVE SOME 2 KEEP ALL 3	→ 201																		
127	On average, how much of your household's expenditure do your earnings pay for: almost none, less than half, about half, more than half, or all?	NONE, SAVED ALL 1 ALMOST NONE 2 LESS THAN HALF 3 ABOUT HALF 4 MORE THAN HALF 5 ALL 6 DON'T KNOW 8																			

2. KNOWLEDGE ABOUT HUMAN REPRODUCTION

Now I want to ask you about changes from childhood to adolescence, the reproductive system and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	<p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DONOT READ OUT RESPONSES.</p>	<p>DEVELOP MUSCLES A</p> <p>CHANGE IN VOICE B</p> <p>GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>WET DREAMS E</p> <p>GROWTH OF ADAM'S APPLE F</p> <p>HARDENING OF NIPPLES G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
202	<p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DONOT READ OUT RESPONSES.</p>	<p>GROWTH OF PUBIC AND UNDERARM HAIR A</p> <p>GROWTH IN BREASTS B</p> <p>GROWTH IN HIPS C</p> <p>INCREASE IN SEXUAL AROUSAL ... D</p> <p>GAIN WEIGHT E</p> <p>MENSTRUATION F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
203	<p>Where did you get information about the physical change from childhood to adolescence?</p> <p>CIRCLE ALL MENTIONED.</p> <p>DONOT READ OUT RESPONSES.</p>	<p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER G</p> <p>RELIGIOUS LEADER H</p> <p>TELEVISION I</p> <p>RADIO J</p> <p>BOOK/MAGAZINE/NEWSPAPER K</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Z</p>	
204	<p>RESPONDENT:</p> <p style="text-align: center;">FEMALE <input type="checkbox"/> MALE <input type="checkbox"/></p>		→208A
205	<p>How old were you when you had your first menstruation?</p>	<p>NEVER 00</p> <p>AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	→ 209
206	<p>Before you menstruated, did anyone talk to you about menstruation?</p>	<p>YES 1</p> <p>NO 2</p>	→ 208
207	<p>Who talked to you about menstruation?</p> <p>Any one else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>FRIENDS A</p> <p>MOTHER B</p> <p>FATHER C</p> <p>SIBLINGS D</p> <p>RELATIVES E</p> <p>TEACHER F</p> <p>HEALTH SERVICE PROVIDER H</p> <p>RELIGIOUS LEADER G</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
208	The first time you menstruated, did you talk to anyone? Who did you talk to? Anybody else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY) NO ONE Z	→ 209
208A	How old were you when you had your first wet dream?	NEVER 00 AGE IN YEAR <input type="text"/> <input type="text"/>	→ 209
208B	Before you had wet dreams, did anyone talk to you about wet dreams?	YES 1 NO 2	→ 209
208C	Who talked to you about wet dreams? Any one else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY)	
209	For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 211
210	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 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
211	Can a woman become pregnant by having one sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.

212	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		
	01. Female sterilization Women can have 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	
	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 that stops them from becoming pregnant for one or more months.	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
	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	
	07. Condom. Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO..... 2	
	08. Intra-vag/diaphragm. Women can place a thin flexible disk in their vagina before intercourse.	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	
	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	
	11. Withdrawal. Men can be careful and pull out before climax.	YES 1 NO..... 2	
	12. Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY)	YES 1 NO..... 2	
212A	CHECK 212: AT LEAST ONE "YES" <input type="checkbox"/> "YES" <input type="checkbox"/>	→ 221	
213	Now I want to talk about the future in family planning use. Do you think you will use a family planning method some time in the future?	YES 1 NO..... 2 DON'T KNOW 8	→ 216
214	What method would you like to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACTATIONAL AMEN. METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 DON'T KNOW 98	→ 216

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
215	<p>Where can you obtain this method?</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>(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>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>DON'T KNOW 98</p>	
216	<p>Do you want your partner to use a contraceptive method to delay or avoid pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>↳ 219</p>
217	<p>What method of contraception would you like your partner 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>IMPLANTS 06</p> <p>CONDOM 07</p> <p>INTRAVAG/DIAPHRAGM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>PERIODIC ABSTINENCE 10</p> <p>WITHDRAWAL 11</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p>	<p>↳ 219</p>
218	<p>Where can you obtain this method?</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>(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>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>DON'T KNOW 98</p>	
219	<p>Do you think that family planning services should be offered to unmarried youth?</p>	<p>YES 1</p> <p>NO 2</p>	<p>↳ 221</p>

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
220	<p>What service or method of family planning do you think should be made available to unmarried youth?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>INFORMATION A PILL B IUD C INJECTABLES D CONDOM E DIAPHRAGM F OTHER _____ X (SPECIFY)</p>	
221	<p>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.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>A condom protects against disease.</p> <p>A woman has no right to tell a man to use a condom.</p>	<p>DIS AGREE AGREE DK</p> <p>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</p>	
222	<p>Have you ever heard of anemia?</p>	<p>YES 1 NO..... 2</p>	→ 301
223	<p>What is anemia?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>DEFICIT IN RED BLOOD CELLS A BLOOD DEFICIT B IRON DEFICIENCY C LOW BLOOD PRESSURE D VITAMIN DEFICIENCY E OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
224	<p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B BLEEDING C MENSTRUATION D MALNUTRITION E INFECTIOUS DISEASE F OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
225	<p>How is anemia treated?</p> <p>Anything else?</p> <p>CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>TAKE PILL TO INCREASE BLOOD ... A TAKE IRON TABLET B INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C INCREASE CONSUMPTION OF IRON-RICH VEGETABLES AND FRUITS D OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	

SECTION 3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
301	At what age would you like to be married?	AGE IN YEARS <input type="text"/> <input type="text"/> NEVER 95 DON'T KNOW 98	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
303A	Do you think a couple who wants to get married needs to have a medical test?	YES 1 NO 2 DON'T KNOW 8	→ 304
303B	What kind of medical test? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL A BLOOD B URINE C OTHER _____ X (SPECIFY)	
304	Who is going to choose the person you will marry, your parents, yourself or together?	PARENTS 1 SELF 2 PARENTS AND SELF 3	
305	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"/> OTHER _____ 96 (SPECIFY)	→ 307
306	How many of these children would you like to be boys, how many would you like to be girls and for how many would sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999996 (SPECIFY)	
307	Who do you think should decide on how many children a couple should have, the wife, the husband or both?	WIFE 1 HUSBAND 2 BOTH 3 DON'T KNOW 8	
308	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
309	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																																				
310	How long do you think a woman should wait after one birth before she has another birth?	MONTHS 1 <table border="1" data-bbox="1230 142 1312 256" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEARS 2 DON'T KNOW 998																																					
311	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, or have an abortion?	HAVE THE BABY AND KEEP IT 1 HAVE THE BABY AND GIVE IT UP FOR ADOPTION 2 HAVE AN ABORTION 3 UP TO HER 4 DO NOT KNOW 8																																					
312	I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if: Her health is endangered by the pregnancy? Her life is endangered by the pregnancy? The fetus has physical deformity? The pregnancy has resulted from rape? She is unmarried? The couple can not afford to have a child? She is attending school?	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">DIS</th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>ENDANGER HEALTH ..</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>ENDANGER LIFE</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>FETUS DEFORMED ...</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>RAPED</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>UNMARRIED</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>CAN NOT AFFORD</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>ATTENDING SCHOOL ..</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>		DIS				AGREE	AGREE	DK	ENDANGER HEALTH ..	1	2	8	ENDANGER LIFE	1	2	8	FETUS DEFORMED ...	1	2	8	RAPED	1	2	8	UNMARRIED	1	2	8	CAN NOT AFFORD	1	2	8	ATTENDING SCHOOL ..	1	2	8	
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SECTION 4. ROLE OF FAMILY, SCHOOL AND COMMUNITY

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO																								
401	We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with: Friends? Your parents? Siblings? Relatives? Teacher? Health service provider? Religious leader?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>FRIENDS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PARENTS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SIBLINGS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RELATIVES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TEACHER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HEALTH SERVICE PROVIDER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RELIGIOUS LEADER</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	FRIENDS	1	2	PARENTS	1	2	SIBLINGS	1	2	RELATIVES	1	2	TEACHER	1	2	HEALTH SERVICE PROVIDER	1	2	RELIGIOUS LEADER	1	2	
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402	If you want to ask more questions on these issues, who would you like to ask? Anyone else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	<table border="0"> <tr> <td>FRIENDS</td> <td align="center">A</td> </tr> <tr> <td>FATHER</td> <td align="center">B</td> </tr> <tr> <td>MOTHER</td> <td align="center">C</td> </tr> <tr> <td>SIBLING</td> <td align="center">D</td> </tr> <tr> <td>RELATIVES</td> <td align="center">E</td> </tr> <tr> <td>TEACHER</td> <td align="center">F</td> </tr> <tr> <td>HEALTH SERVICE PROVIDER</td> <td align="center">G</td> </tr> <tr> <td>RELIGIOUS LEADER</td> <td align="center">H</td> </tr> <tr> <td>OTHER _____</td> <td align="center">X</td> </tr> <tr> <td></td> <td align="center">(SPECIFY)</td> </tr> <tr> <td>NO ONE</td> <td align="center">Z</td> </tr> </table>	FRIENDS	A	FATHER	B	MOTHER	C	SIBLING	D	RELATIVES	E	TEACHER	F	HEALTH SERVICE PROVIDER	G	RELIGIOUS LEADER	H	OTHER _____	X		(SPECIFY)	NO ONE	Z			
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403	CHECK104: <table border="0" style="width: 100%;"> <tr> <td align="center"> HAVE ATTENDED SCHOOL <input type="checkbox"/> </td> <td align="center"> NEVER ATTENDED SCHOOL <input type="checkbox"/> </td> <td align="right">→ 406</td> </tr> </table>			HAVE ATTENDED SCHOOL <input type="checkbox"/>	NEVER ATTENDED SCHOOL <input type="checkbox"/>	→ 406																					
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	TOPIC	404. Have you ever been taught at school about (TOPIC)?	405. In what level of schooling were you when you first were taught at school about (TOPIC)?																								
	A. How the reproductive system works	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table border="0"> <tr> <td>PRIMARY</td> <td align="center">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td align="center">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td align="center">3</td> </tr> <tr> <td>ACADEMY</td> <td align="center">4</td> </tr> <tr> <td>UNIVERSITY</td> <td align="center">5</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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	B. Methods of birth control	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table border="0"> <tr> <td>PRIMARY</td> <td align="center">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td align="center">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td align="center">3</td> </tr> <tr> <td>ACADEMY</td> <td align="center">4</td> </tr> <tr> <td>UNIVERSITY</td> <td align="center">5</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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	C. HIV/AIDS.	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table border="0"> <tr> <td>PRIMARY</td> <td align="center">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td align="center">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td align="center">3</td> </tr> <tr> <td>ACADEMY</td> <td align="center">4</td> </tr> <tr> <td>UNIVERSITY</td> <td align="center">5</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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	D. Other sexually transmitted diseases.	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<table border="0"> <tr> <td>PRIMARY</td> <td align="center">1</td> </tr> <tr> <td>JUNIOR HIGH SCHOOL</td> <td align="center">2</td> </tr> <tr> <td>SENIOR HIGH SCHOOL</td> <td align="center">3</td> </tr> <tr> <td>ACADEMY</td> <td align="center">4</td> </tr> <tr> <td>UNIVERSITY</td> <td align="center">5</td> </tr> <tr> <td>DON'T KNOW</td> <td align="center">8</td> </tr> </table>	PRIMARY	1	JUNIOR HIGH SCHOOL	2	SENIOR HIGH SCHOOL	3	ACADEMY	4	UNIVERSITY	5	DON'T KNOW	8						
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406	Have you ever attended a community-sponsored meeting about reproductive health, such as use of contraception, preparedness for delivery and prevention of sexual diseases?	<table border="0"> <tr> <td>YES</td> <td align="center">1</td> </tr> <tr> <td>NO</td> <td align="center">2</td> </tr> </table>	YES	1	NO	2																					
YES	1																										
NO	2																										

5. SMOKING, DRINKING, AND DRUGS

Now I'd like to ask you some questions about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for a scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Have you ever tried cigarette smoking?	YES 1 NO..... 2	→ 506
502	How old were you when you smoked a cigarette for the first time?	AGE IN YEARS <input type="text"/>	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input type="text"/> NEVER SMOKED REGULARLY 95 DON'T KNOW 98	
504	Do you currently smoke cigarettes?	YES 1 NO..... 2	→ 506
505	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
506	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO..... 2	→ 510
507	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input type="text"/> NEVER MORE THAN A FEW SIPS 95	
508	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> NONE 95	
509	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO..... 2	
510	There are drugs such as ganja, putau, shabu-shabu, ice and other drugs which can be used for fun or to get high (LOCAL TERMS: fly, boat, fantasize, etc.) Do you know someone who takes drugs?	YES 1 NO..... 2	
511	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO..... 2	→ 601
512	How did you use the drug? Any other way? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER _____ X (SPECIFY)	
513	CHECK 512: CODE 'C' <input type="checkbox"/> NOT CIRCLED <input type="checkbox"/>	CODE 'C' <input type="checkbox"/> CIRCLED _____	→ 515
514	Have you ever injected drugs which can make you (LOCAL TERMS: fly, high, intoxicated, etc.)?	YES 1 NO..... 2	→ 601

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
515	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
516	Did you inject drugs in the last 12 months?	YES 1 NO..... 2	→ 601
517	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE A WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER _____ 96 (SPECIFY)	
518	Have you ever shared needles?	YES 1 NO..... 2	

6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
601	Now I want to talk about something else. Have you ever heard of HIV or an illness called AIDS?	YES 1 NO..... 2	→ 618
602	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 FRIENDS/RELATIVES I WORK PLACE J OTHER _____ X (SPECIFY)	
603	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	↳ 611
604	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 BITE M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
605	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO..... 2 DON'T KNOW 8	
606	Can a person get the AIDS virus from mosquito bites?	YES 1 NO..... 2 DON'T KNOW 8	
607	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	
608	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO..... 2 DON'T KNOW 8	
609	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	

NO.	QUESTIONS AND FILTER	CODE	SKIP TO																
610	Can you tell from looking at a person if she or he has the AIDS virus?	YES 1 NO..... 2 DON'T KNOW 8																	
611	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO..... 2																	
612	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO..... 2 DON'T KNOW 8	→ 614																
613	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>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>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>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	PREGNANCY	1	2	8	DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
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614	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																	
615	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 8																	
616	Do you know that there is a test to see if you have the AIDS virus?	YES 1 NO..... 2	→ 618																
617	Do you know a place where one can go to have the test?	YES 1 NO..... 2																	
618	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO..... 2	→ 701																
618A	What other infections have you heard? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA . C CHANCROID D CHLAMIDIA E CANDIDA F GENITAL HERPES G OTHER _____ X (SPECIFY)																	
619	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/RELATIVES I WORK PLACE J OTHER _____ X (SPECIFY)																	

NO.	QUESTIONS AND FILTER	CODE	SKIP TO
620	<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>	
621	<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>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
710	How old were you when you first had sexual intercourse?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
710A	What made you have sexual intercourse the first time? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	LIKED EACH OTHER A CURIOUS B PEER PRESSURE TO BE ACCEPTED C FORCED D INFLUENCE OF ALCOHOL OR DRUG E OTHER X (SPECIFY)	
710B	What is your relationship to the person you had sex with the first time?	FRIEND A BOY/GIRLFRIEND B SIBLING C RELATIVE D FATHER E MOTHER D PROSTITUTE E OTHER X (SPECIFY)	
711	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T REMEMBER 8	→ 714
712	What did you or your partner use? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	CONDOM A PILL B DIAPHRAGM C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER X (SPECIFY)	
714	Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS FEMALE: In the past, have you ever had a sex partner who became pregnant when you did not want her to be?	YES 1 NO 2	→ 718
715	In this situation, what did you do about it?	CONTINUE THE PREGNANCY 1 STOPPED THE PREGNANCY 2 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 3 HAD A MISCARRIAGE 4 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 717 → 718
716	What did you do with the baby?	KEEP THE BABY 1 BABY CARED BY OTHER PEOPLE .. 2 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 718
717	Who helped you in delivering the baby (in stopping the pregnancy/attempting to stop the pregnancy)? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT . C PHARMACIST D FRIENDS/RELATIVES E NO ONE F OTHER X (SPECIFY) DON'T KNOW Z	
718	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	

**PARENTS LOVE
THEIR CHILDREN**

**FARMING IS HARD
WORK**

**BOYS AND GIRLS
ARE THE SAME**

**LEARN FROM OTHER'S
MISTAKES**

**THAT CHILD IS READING
A BOOK**

**ALL CHILDREN HAVE TO
GO TO SCHOOL**