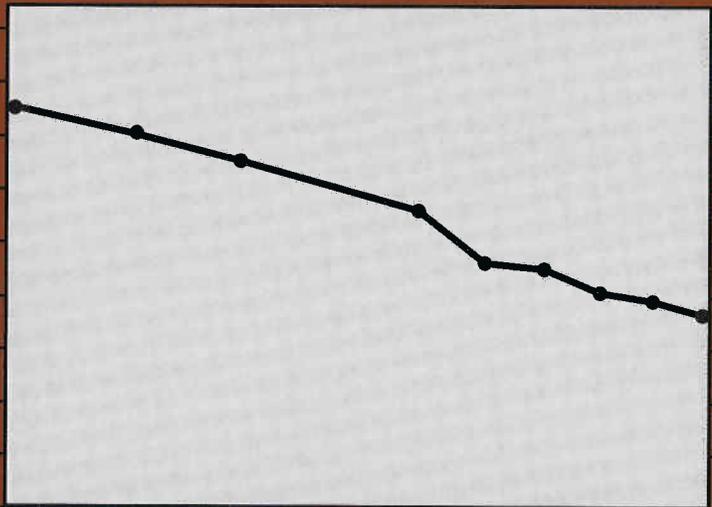


Indonesia



Demographic and Health Survey 1997

S U M M A R Y R E P O R T

Cover: Fertility trend in Indonesia 1971-1997 (see page 4).

INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 1997

SUMMARY REPORT

Background 3

Fertility 4

 Levels and Trends 4

 Age at First Marriage 5

 Fertility Preferences 6

Family Planning 7

 Knowledge of Contraception 7

 Current Use of Contraception 7

 Sources of Family Planning Services 8

 Contraceptive Failure and Discontinuation 9

 Unmet Need for Contraception 10

Maternal and Child Health 11

 Antenatal Care 11

 Assistance at Delivery 12

 Infant and Child Mortality 13

 Immunization of Children 14

 Treatment of Childhood Diseases 15

 Infant Feeding Practices 16

AIDS Awareness 17

Conclusions and Recommendations 18

 Fertility and Family Planning 18

 Maternal and Child Health 19

Fact Sheet 20



MACRO INTERNATIONAL / S. Poedjastoeti

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This report highlights the findings of the 1997 Indonesia Demographic and Health Survey (IDHS) undertaken by the Central Bureau of Statistics in collaboration with the State Ministry of Population/National Family Planning Coordinating Board (NFPCB) and the Ministry of Health (MOH). All of the local costs for the survey were provided by the Government of Indonesia through the NFPCB development budget. The U.S. Agency for International Development (USAID) provided funding for technical assistance through the DHS Program of Macro International Inc.

The 1997 IDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect, analyze, and disseminate data on fertility, family planning, and maternal and child health. Additional information on the 1997 IDHS may be obtained from the Central Bureau of Statistics, Jl. Dr. Sutomo 8, Jakarta 10710, Indonesia (Telephone: 345-6285; Fax: 384-1545), or the State Ministry of Population/National Family Planning Coordinating Board, Jl. Permata 1, Halim Perdanakusumah, Jakarta 13650, Indonesia (Telephone: 800-9029; Fax: 800-8535), or the Institute for Health Research and Development, Ministry of Health, Jl. Percetakan Negara 29, Jakarta 10560, Indonesia (Telephone: 424-4146; Fax: 424-3933). Additional information about the DHS program may be obtained by writing to: Macro International Inc., 11785 Beltsville Drive, Calverton, Maryland 20705-3119, USA (Telephone: 301-572-0200; Fax: 301-572-0999).

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Background

The 1997 Indonesia Demographic and Health Survey (IDHS) is a nationally representative survey of households and ever-married women 15-49. The primary objective of the survey is to provide policymakers and program managers in population and health with detailed information on fertility, family planning, infant, child, and maternal mortality, and maternal and child health. The survey also included information on household expenditures, and a module on family welfare. However, the findings of these modules as well as estimates of maternal mortality are not included in this report.

This survey was carried out by the Central Bureau of Statistics (CBS) in close cooperation with the State Ministry of Population/National Family Planning Coordinating Board (NFPCB), and the Ministry of Health. The DHS project of Macro International provided technical assistance under a contract with the United States Agency for International Development (USAID). All of the local costs for the survey were received from the Government of Indonesia through the NFPCB development budget.

Fieldwork for the survey was carried out between September 1 and December 31, 1997. A total of 34,255 households and 28,810 ever-married women 15-49 were interviewed. Information about children born to these women was also collected. Detailed questions about vaccinations, breastfeeding, food supplementation and illnesses were asked about children born in the 5 years before the survey. Survey results are presented at the national level, by urban and rural residence in the three regions developed for family planning program management, and for each of the 27 provinces in the country.

The 1997 IDHS is the fourth survey in Indonesia implemented under the DHS program. The preceding surveys were the 1987 National Indonesia Contraceptive Prevalence Survey (NICPS), the 1991 IDHS and the 1994 IDHS. The 1987 NICPS was carried out in 20 provinces,¹ and the three IDHS surveys covered all 27 provinces in Indonesia. Results of this survey can be compared with those of previous censuses and demographic surveys, including the 1971, 1980 and 1990 Population Censuses, and the 1976, 1985 and 1995 Intercensal Population Surveys.



CBS/Indonesia

¹ The excluded provinces are Jambi, East Nusa Tenggara, East Timor, Central Kalimantan, East Kalimantan, Maluku and Irian Jaya.

Fertility

Levels and Trends

Findings from the 1997 IDHS show that while fertility levels in Indonesia continue to decline, the pace has slowed. At current levels, Indonesian women will give birth to an average of 2.8 children during their reproductive years, half of what it was in the late 1960s.

Women in Java-Bali continue to have the smallest number of children (2.6 per woman) compared with women in either Outer Java-Bali I (3.1) or Outer Java-Bali II (3.2). The gap in fertility levels between Java-Bali and the Outer Java-Bali regions continues to narrow.

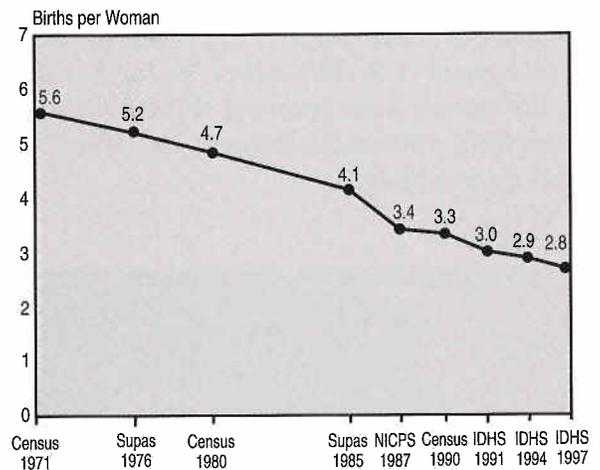
Fertility levels vary considerably by province. Among the provinces in Java, West Java continues to have the highest fertility (3.0 children per woman). Fertility has reached or is approaching the replacement level of 2 or fewer children in DKI Jakarta, DI Yogyakarta, and Bali. In 5 of the 11 provinces in the Outer Java-Bali II region, the total fertility rate is less than 3 children per woman.

Women in Java-Bali continue to have the smallest number of children (2.6 per woman) compared with women in either Outer Java-Bali I (3.1) or Outer Java-Bali II (3.2).



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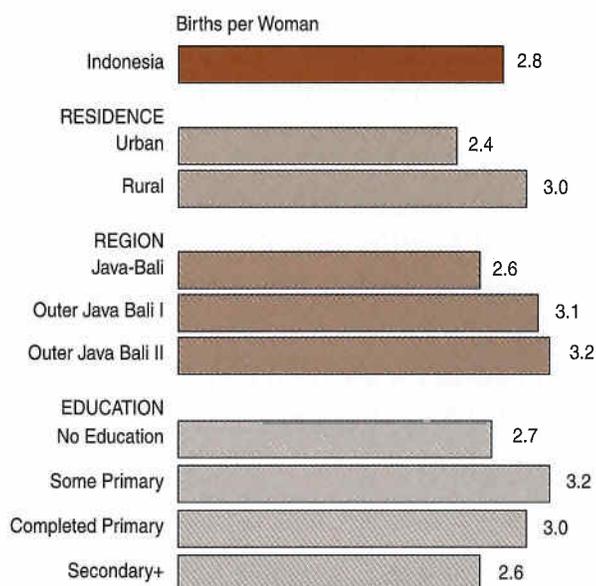
Figure 1
Total fertility rates, Indonesia, 1971-1997



The fertility level is half of what it was in the late 1960s.

Urban women have an average of 0.6 child less than rural women. The pattern of fertility by education takes the shape of an inverted U. It is low among women with no education and women with some secondary education (2.6 and 2.7 children per woman), and high among women with some primary schooling and women who completed primary education (3.2 and 3.0 children per woman).

Figure 2
Total fertility rate by background characteristics



Over time, the gap in fertility levels between Java-Bali and the Outer Java-Bali regions has continued to narrow.

Age at First Marriage

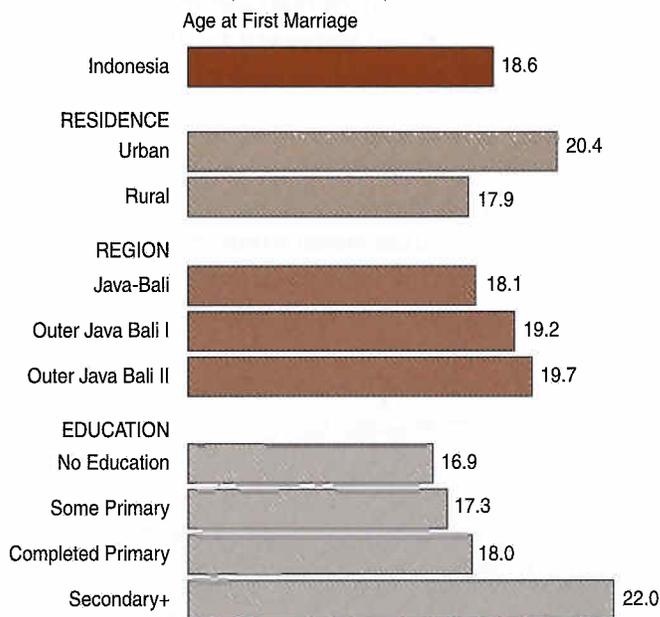
One factor that contributed to the decline in fertility is the continuing increase in the age at which Indonesian women marry. The median age at first marriage increased from 17.3 among women age 45-49 to 19.9 for women age 25-29. Overall, the median age at first marriage had increased by almost one year from 17.7 in 1991 to 18.6 in 1997.

There are significant variations in age at first marriage by urban-rural residence, region, and women's education. Urban women marry 2.5 years later than rural women; women in Outer Java-Bali II marry 1.6 years later than women living in Java-Bali; and women with some secondary education marry more than five years later than women who have never gone to school.



Urban women marry 2.5 years later than rural women.

Figure 3
Median age at first marriage by background characteristics (women 25-49)



Women in Outer Java-Bali II marry 1.6 years later than women living in Java-Bali.

Fertility Preferences

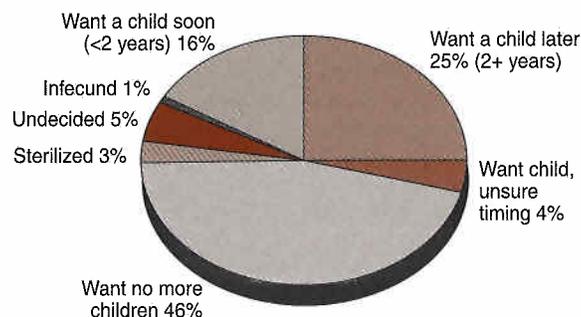
Half of married women in Indonesia do not want to have any more children or have been sterilized. An additional 25 percent want to delay their next birth for at least two years. Older women and women who have had more children are more likely to want to stop child-bearing. Seventy percent or more of women with three or more children want no more children or have been sterilized.

Among children born in the five years prior to the survey, 83 percent were wanted at the time they were conceived, 9 percent were mistimed, and 8 percent were not wanted at all. If all unwanted births were avoided, the total fertility rate would be 2.4 children per woman, 14 percent lower than the observed rate of 2.8 children per woman.

Fertility desires have changed little since 1994. A two-child family is desired by 37 percent of women, while 19 percent say their ideal family size is three children. One in five women did not specify the number of children she desired, leaving the decision to God, or giving a non-numeric response.

If all unwanted births were avoided, the total fertility rate for the three-year period before the survey would be 2.4 children per woman, 14 percent lower than the observed rate of 2.8 children per woman.

Figure 4
Fertility preferences of currently married women age 15-49



Half of married women either do not want any more children or have been sterilized.

Family Planning

Knowledge and Use of Contraception

For sometime, knowledge of a family planning method among married women in Indonesia has been virtually universal. Knowledge of the pill and injection is particularly high (94 percent each), while implants and the IUD are known to eight in ten married women. Familiarity with female and male sterilization has increased over time to reach 61 percent and 36 percent, respectively. Traditional methods are much less widely known than modern methods. In general, women who know of a modern method of contraception are able to identify a place where they can obtain the method.



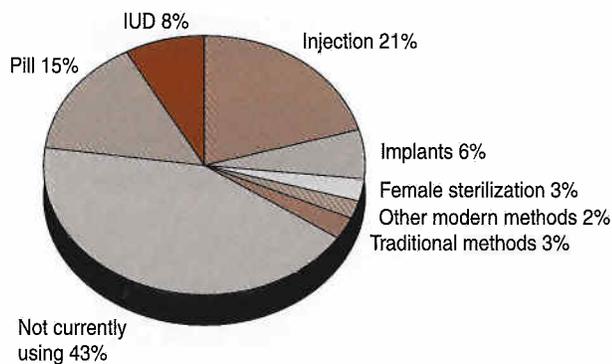
NFPCB/Indonesia

Current Use of Contraception

Fifty-seven percent of currently married women were using contraception at the time of the survey, an increase of two percentage points since 1994. Almost all of these women were using a modern contraceptive method. The most popular modern methods are, in the order of popularity, injection (21 percent), the pill (15 percent), and the IUD (8 percent).

The highest level of modern contraceptive use is found among women in Java-Bali (59 percent), and the lowest in Outer Java-Bali II (47 percent). Among the 27 provinces in the country, the highest level of use of modern methods (64 percent or higher) is in DI Yogyakarta, Bali, Lampung, Bengkulu, and North Sulawesi. In contrast, less than 30 percent of women in East Timor are using a modern method.

Figure 5
Current use of family planning by method
(currently married women age 15-49)

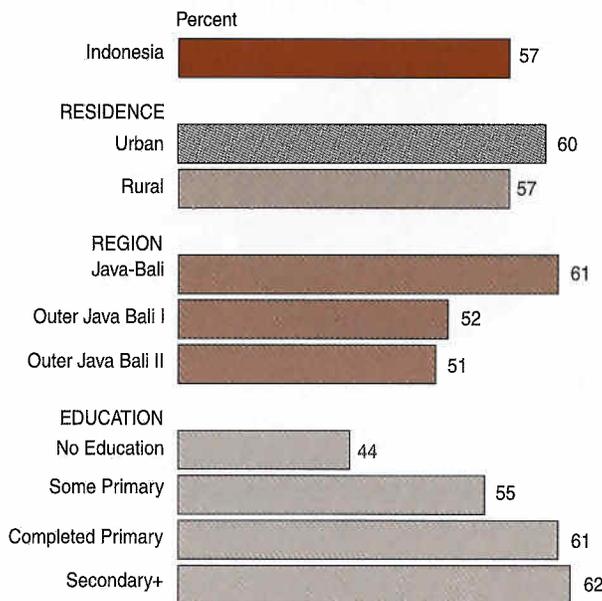


The most widely used methods in Indonesia are injection, the pill, and the IUD, which together account for almost 80 percent of all contraceptive use.

Use of contraception varies by women's age, place of residence, number of living children, and education. More than six in ten married women age 20-39, women with two or three children, and women who have completed primary education are using a method of family planning. Urban women are more likely than rural women to use a method of family planning (60 percent vs. 57 percent), but the gap is gradually narrowing.

Fifty-seven percent of currently married women were using contraception at the time of the survey, an increase of two percentage points since 1994.

Figure 6
Current use of family planning by background characteristics (currently married women 15-49)



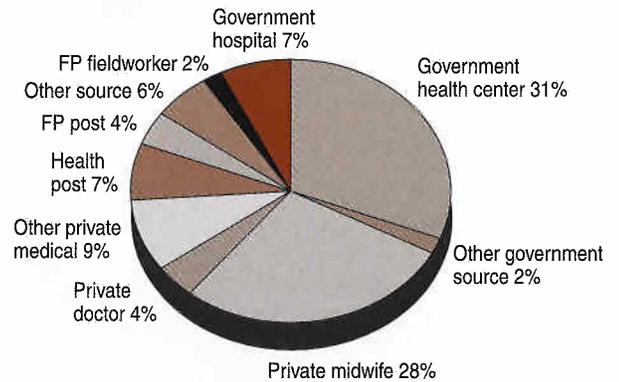
Women in Java-Bali, urban women, and better educated women are more likely to use contraception.

Sources of Family Planning Services

Forty-three percent of modern contraceptive users obtained their method from a government source, 42 percent from a private medical source, and 15 percent from other sources such as village delivery posts (*polindes*), integrated health posts (*posyandu*), and family planning posts. Short distances between the family planning outlet and home are most often cited as the main reason for going to a particular service provider.

Health centers represent a major source for contraception, supplying 31 percent of modern contraceptive users. Among nongovernment sources, the most important providers are private midwives (28 percent) and integrated health posts (7 percent).

Figure 7
Sources family planning among current users of modern methods



Forty-three percent of modern contraceptive users obtained their method from government sources.

An increasing proportion of contraceptive users pay for their services—84 percent in 1997 compared with 74 percent in 1994. Three in four users who obtain their contraceptive method from a government source pay for the method, compared with virtually all users who obtain the method from a private sources.

Among nongovernment sources, the most important providers are private midwives (28 percent) and integrated health posts (7 percent).

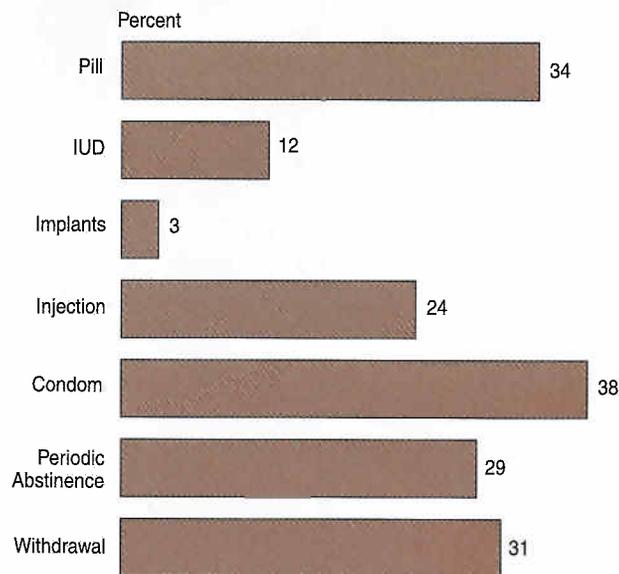


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Contraceptive Failure and Discontinuation

Improvement in the quality of family planning services is one of the goals of the Indonesian family planning program. One measure of the quality of use is the extent to which contraceptive users discontinue using, and their reasons for doing so. Based on information for the five years preceding the survey, 24 percent of users discontinued using a method within 12 months of starting. Method failure accounts for 3 percent of discontinuations, while 6 percent stopped to get pregnant, 10 percent because of side effects or health problems, and 6 percent stopped for other reasons. These rates are almost identical to those in the 1991 and 1994 IDHS.

Figure 8
Contraceptive discontinuation rates
for first year of use



One in four users of contraception discontinued using the method within 12 months of starting.

Discontinuation rates for those adopting the IUD and injection were lower than for those using the pill, condom, and traditional methods. The overall discontinuation rate and method-specific discontinuation rates were lower in 1997 than in 1994 except for the pill, which remained constant (34 percent).

Discontinuation rates for those adopting the IUD and injection were lower than for those using the pill, condom and traditional methods.



CBS/Indonesia

Unmet Need for Contraception

IDHS data can be used to calculate the level of *unmet need*, which refers the proportion of married women who say either that they do not want any more children or that they want to wait two or more years before having another child but are not using contraception. The total unmet need for family planning in Indonesia in 1997 is 9 percent, of which 4 percent is for spacing and 5 percent for limiting.

Unmet need for family planning services varies only slightly among subgroups of woman according to age, residence, and education.

Satisfying the potential demand for family planning could increase the contraceptive prevalence rate to 67 percent. The demand for limiting childbearing is greater than the demand for spacing births (37 and 30 percent, respectively).

Satisfying the potential demand for family planning could increase the contraceptive prevalence rate to 67 percent.

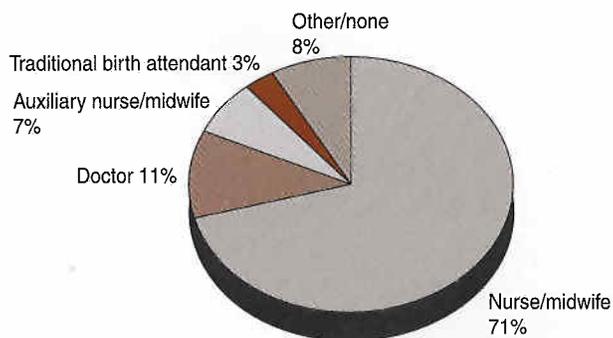
Maternal and Child Health

Antenatal Care

Data from the 1997 IDHS indicate that in the five years preceding the survey, most mothers in Indonesia received health care during pregnancy, and for nine in ten births the mothers received antenatal care from a medical professional (doctor, nurse or midwife). Mothers in Java-Bali are more likely to receive antenatal care than mothers in other regions. In all provinces in Java except West Java, antenatal care from a medical professional is received by at least 94 percent of mothers.

Nine in ten births the mothers received antenatal care from a medical professional (doctor, nurse or midwife).

Figure 9
Antenatal care (births in the preceding 5 years)



Nurses and midwives are major providers of antenatal care in Indonesia.

Seven in ten pregnant women made four or more antenatal care visits, and 38 percent had their first visit during the first trimester of pregnancy. The Ministry of Health in Indonesia recommends that women receive two tetanus injections during their first pregnancy and a booster during each succeeding pregnancy to protect the baby from neonatal tetanus. The 1997 IDHS data show that for 53 percent of births in the five years preceding the survey the mothers received two or more doses of tetanus toxoid during pregnancy, while 18 percent received only one dose.

In order to reduce pregnancy-induced anemia, women are encouraged to take iron tablets during pregnancy. Eight in ten births in the five years preceding the survey were to mothers who took iron tablets during pregnancy. For 1 in 4 births, the mothers took 90 or more iron pills.

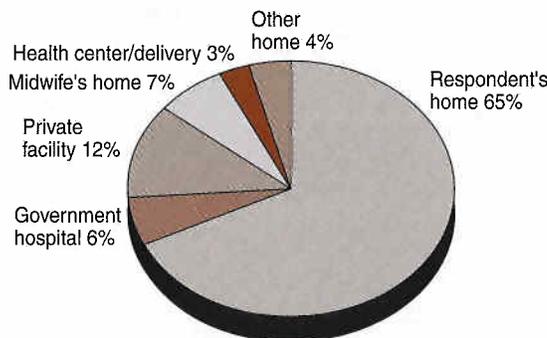


Assistance at Delivery

Four of 5 births in Indonesia are delivered at home, including 7 percent in a midwife's home. The remaining births were delivered in a government facility (9 percent) and a private facility (12 percent). There are considerable differences in the place of delivery among provinces. While eight in ten births in DKI Jakarta were delivered in a health facility, about 90 percent of births in Dista Aceh, Bengkulu, South Kalimantan, Central Kalimantan, Central Sulawesi and Southeast Sulawesi were born at home.

The majority of births in Indonesia (54 percent) are assisted by traditional birth attendants, and only a small proportion (3 percent) are assisted by a doctor. The role of midwives in providing assistance at delivery has become more prominent (40 percent in 1997 compared with 34 percent in 1994).

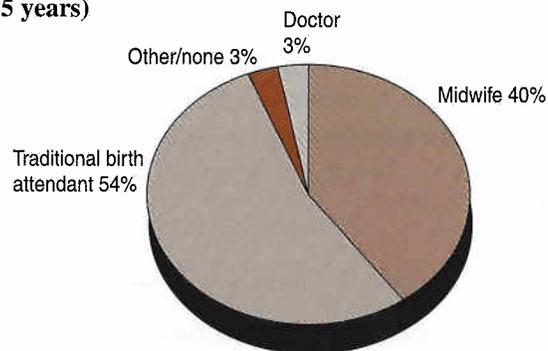
Figure 10
Place of delivery (births in the preceding 5 years)



Four in 5 births in Indonesia occur at either the mother's or someone else's home.

There are large differences in the type of assistance during delivery by residence. While three-quarters of urban births are attended by either doctors or midwives, 2 in 3 births in the rural areas are assisted by traditional birth attendants.

Figure 11
Assistance at delivery (births in the preceding 5 years)



More than half of births are assisted by traditional birth attendants.



There are also significant variations among provinces in delivery assistance. Nine in ten births in DKI Jakarta are assisted by a medical professional. By contrast, 6 to 7 in 10 births in the surrounding provinces of West Java and Central Java are attended by a traditional birth attendant. Six in 10 births in East Timor are assisted by a relative.

The role of midwives in providing assistance at delivery has become more prominent (40 percent in 1997 compared with 34 percent in 1994).

Infant and Child Mortality

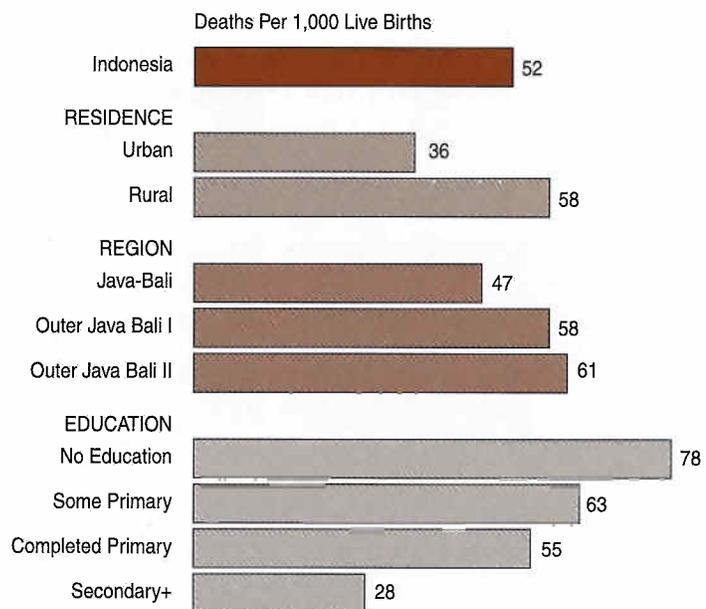
Childhood mortality is continuing to decline in Indonesia. The infant mortality rate for the 5 years preceding the survey was 46 deaths per 1,000 live births, down from 65 per 1,000 recorded for the 1982-1987 period. For the same reference period, the comparable decline in under-five mortality was from 95 to 58 deaths per 1,000 births.

Infant mortality varies significantly by mother's residence and education. Rural children have higher mortality risks than urban children (58 vs. 36 deaths per 1,000 births). The probability of dying in infancy is almost three times higher for infants whose mothers have no education than for infants whose mothers have secondary education.

The probability of dying in infancy is much higher for rural infants and those whose mothers have little or no education than for other children.

A child born less than two years after the previous sibling has more than triple the risk of dying in the first year of life, compared with a child born four years or more after a prior birth (103 vs. 32 deaths per 1,000 births). Mortality risks are also greater for children of birth order 7 or higher and for those born to mothers less than 20 years of age.

Figure 12
Infant mortality by background characteristics



Rural children have higher mortality risks than urban children (58 vs. 36 deaths per 1,000 births).

Immunization of Children

A child is considered to be fully immunized when he or she has received one vaccination each against tuberculosis and measles, and three vaccinations each against diphtheria, pertussis, tetanus (DPT) and polio. The 1997 IDHS data show that 55 percent of children age 12-23 months have been fully immunized against the six principal childhood illnesses.

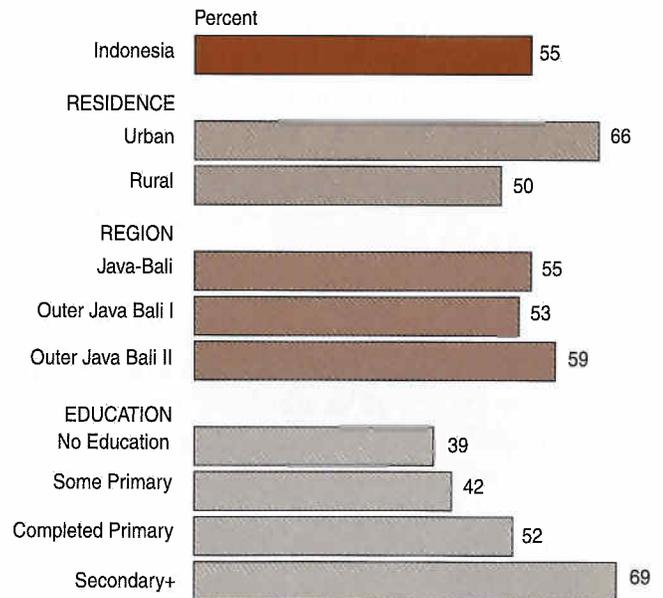
Vaccination coverage would be higher if the dropout rate for DPT and polio were reduced. Currently, about one in five children who received the first dose of these two vaccines did not complete the three-dose course.

The increase in vaccination coverage has occurred throughout the country. While regional variation persists, the gap is narrowing. The percentage of children who are fully vaccinated is higher in Outer Java-Bali II (59 percent) and in Java-Bali (55 percent) than in Outer Java-Bali I (53 percent).

The Ministry of Health in Indonesia recommends that each child under age 5 have a card on which vaccinations are recorded. However, many children do not have vaccination cards. In the 1997 IDHS, vaccination cards were seen by interviewers for 31 percent of infants 12-23 months.

Fifty-five percent of children age 12-23 months have been fully vaccinated against the six principal childhood diseases.

Figure 13
Vaccination coverage by background characteristics (children 12-23 months)



The percentage fully vaccinated is highest for children in urban areas and those whose mothers have secondary education.



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Treatment of Childhood Diseases

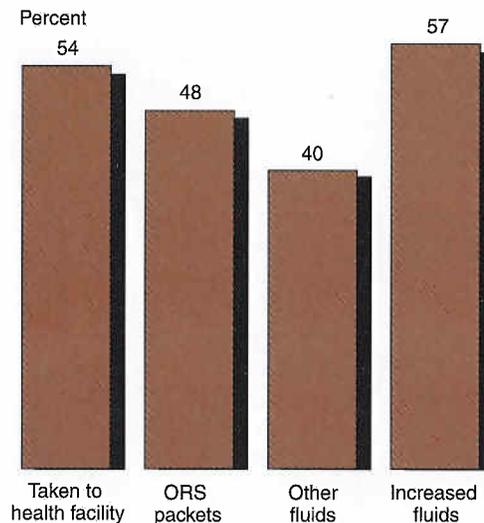
One in ten children under five was reported to have had diarrhea during the two weeks before the survey, and more than half of these children (54 percent) were taken to a health facility. While knowledge about oral rehydration therapy for treating diarrhea among mothers of children under age 5 is high (94 percent), only 48 percent of children with diarrhea were given solution prepared from ORS packets (i.e., oral rehydration salts). Forty percent were treated with other fluids, and 57 percent received increased fluids.

Knowledge about oral rehydration therapy for treating diarrhea among mothers of children under five is high (94 percent).



Nine percent of children under age 5 had a cough accompanied by rapid breathing in the two weeks prior to the survey. Seven in 10 of these children were taken to a health facility for treatment. During the same period, 26 percent of children had a fever, 58 percent of whom were taken to a health facility for treatment. These figures show that the prevalence of cough and fever is slightly lower than that recorded in 1994, while the proportion of children taken to a health facility increased.

Figure 14
Treatment of diarrhea in the two weeks preceding the survey (children under five years)



More than half of children who had diarrhea were taken to a health facility.

Infant Feeding Practices

Breastfeeding is almost universally practiced in Indonesia, and typically lasts for about 24 months. Children in rural areas, in Java-Bali, and those whose mother have had no education are likely to be breastfed longer than other children.

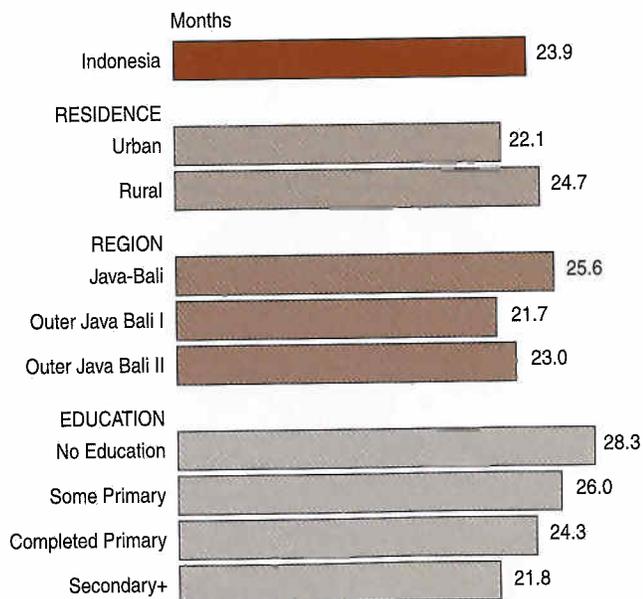
The use of pacifiers and bottles with nipples is generally discouraged by health providers, since they can introduce germs into the baby's system as well as reduce the frequency and volume of breastfeeding. In Indonesia, 10 percent of breastfed children under six months of age are given pacifiers and 5 percent are fed using a bottle with a nipple.



Because of breastfeeding's advantages for both the child and the mother, mothers are generally advised not to supplement breastfeeding with other foods and liquids until the baby reaches four months of age. The 1997 IDHS data indicate that, on average, supplementation occurs too early—over half of newborns under four months of age are receiving supplemental foods or liquids.

Breastfeeding is almost universally practiced in Indonesia, and typically lasts for about 24 months.

Figure 15
Median duration of breastfeeding by background characteristics



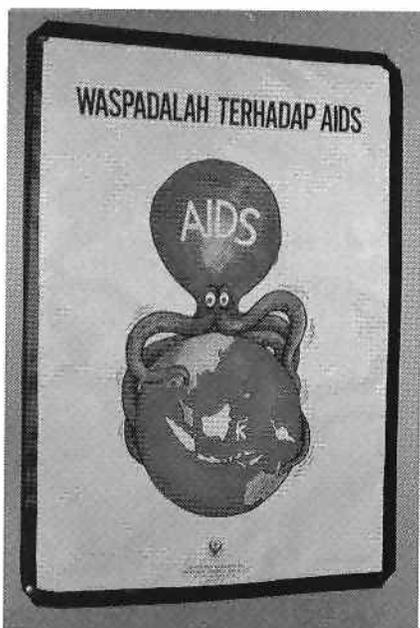
Children in Java-Bali, rural areas, and those whose mothers have no education are likely to be breastfed longer than other children.

AIDS Awareness

More than half of women in Indonesia report that they have heard of AIDS. Regardless of region of residence, urban women are much more likely to have heard about the disease than rural women. Knowledge of AIDS increases with women's education. While nine in ten women with secondary or higher education have heard of AIDS, the corresponding percentage for women with no education is only 14 percent.

Women who have heard of AIDS report that their main sources of information are television (91 percent), radio (35 percent), and newspapers and magazines (30 percent).

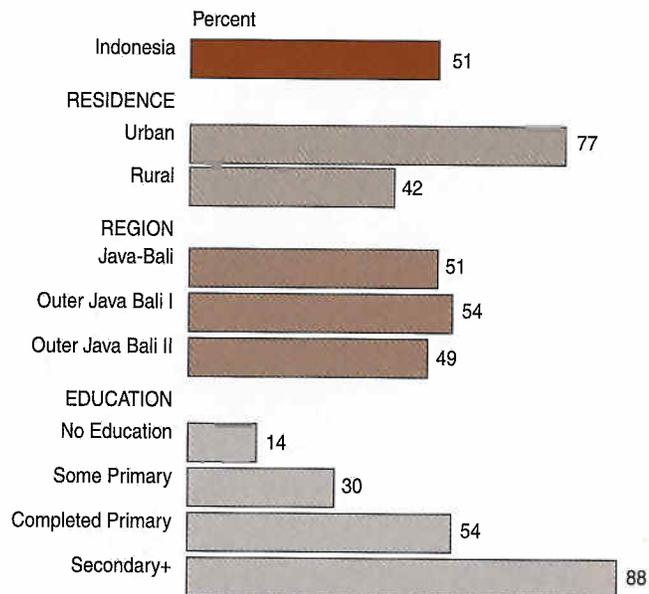
When asked if there was any way to avoid contacting AIDS, one in five said there was no way to avoid the disease, while 24 percent said avoiding sex with prostitutes and 29 percent said having only one sexual partner were ways to avoid getting AIDS. Only 4 percent of women cited using condoms as a way to avoid AIDS.



One in four women in Indonesia have the mistaken impression that AIDS can be cured. Eighteen percent considered themselves at some risk of contracting AIDS.

Women who have heard of AIDS report that their main sources of information are television (91 percent), radio (35 percent), and newspapers and magazines (30 percent).

Figure 16
Knowledge of AIDS by background characteristics



More than half of ever-married women age 15-49 have heard of AIDS. Knowledge is much higher in urban areas and among better educated women.

Conclusions

Fertility and Family Planning

Findings from the 1997 Indonesia Demographic and Health Survey (IDHS) indicate that the total fertility rate in Indonesia continues to decline, however, the pace has slowed in recent years. While women in Java-Bali continue to have the smallest number of children in Indonesia, the interregional gap in fertility has narrowed over time. In particular, fertility in the Outer Java-Bali II region is catching up with that in rest of the country. The decline in fertility may continue in the future, as some women have more children than they want.



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Continued increase in the use of contraception is one of the major contributors to the decline in fertility. Not only is contraception more widely accepted throughout Indonesia, but couples are using more effective and long-term methods such as implants. It is encouraging to note that most users of the pill, injection, and condoms are using the methods correctly.

The increase in contraceptive use took place throughout the country. While women in the Outer Java-Bali II region have the lowest contraceptive prevalence rate, they are catching up with women in other regions.

The shift in the method mix is closely associated with the service providers. While public health centers remain the most popular source for contraceptive methods, private midwives have become the major source for injection, which since 1994 has become the most popular contraceptive method. If the promotion of injection is to continue, family planning program managers need to sustain the distribution networks.

Maternal and Child Health

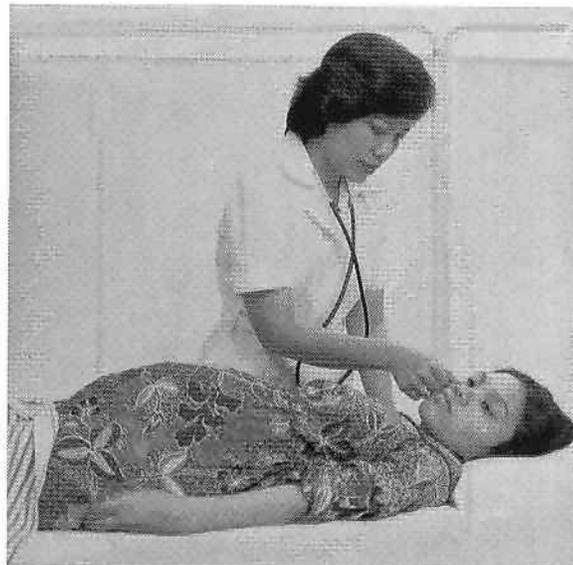
The 1997 survey findings show encouraging changes in the coverage of maternal and child health programs in Indonesia, particularly compared with 1994. Almost all pregnant women receive some care, a larger proportion of women receive tetanus toxoid injections during pregnancy, and increasing proportions of deliveries are assisted by medical professionals and take place in a health facility.

Despite such progress, challenges remain. Many women do not have contact with medical professionals at delivery. More than half of women are assisted by a traditional birth attendant at delivery, and the majority deliver their babies at home.

While the health priorities include universal immunization of children under age 5, almost half of these children have not received the full series of vaccinations. Two in 5 children under age 5 who received the first dose of DPT and polio vaccines did not complete the three-dose course. Health cards, on which the type and date of vaccination are recorded, were seen for only one in three children under five.

While infant and child mortality rates continue their downward trend, they are relatively high compared with those in the neighboring Asian countries. Mother's lack of education, rural residence, a short interval between births, and high birth order increase the mortality risks for children.

Indonesian women, especially those living in urban areas, are becoming more knowledgeable about AIDS. However, many women have the mistaken impression that AIDS can be cured, and are misinformed about the ways to avoid getting AIDS.



MOH/Indonesia

Fact Sheet

1997 Population Data¹

Total population (millions)	201
Urban population (percent)	36
Annual natural increase (percent)	1.5
Population doubling time (years)	42
Crude birth rate (per 1,000 population)	21
Crude death rate (per 1,000 population)	8
Life expectancy at birth, male and female (years)	65

Indonesia Demographic and Health Survey 1997

Sample Population

Ever-married women age 15-49	28,810
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Background Characteristics of Women Interviewed

Percent urban	28
Percent with no education	13
Percent attended secondary or higher	28

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married ²	70
Percent of women 15-49 ever married ²	75
Median age at first marriage among women age 25-49	18.6
Median duration of breastfeeding (in months) ³	23.9
Median duration of postpartum amenorrhea (in months) ³	5.7
Median duration of postpartum abstinence (in months) ³	2.4

Fertility

Total fertility rate ⁴	2.8
Mean number of children ever born to women age 40-49	4.3

Desire for Children

Percent of currently married women who:	
Want no more children ⁵	50
Want to delay their next birth at least 2 years	25
Mean ideal number of children among women 15-49 ⁶	2.9
Percent of women giving a non-numeric response to ideal family size	
to ideal family size	21
Percent of births in the last 5 years which were:	
Unwanted	8
Mistimed	9

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	97
Knowing a modern method	97
Knowing a modern method and knowing a source for the method	97
Had ever used any method	78
Currently using any method	57

Percent of currently married women currently using:

Pill	15
IUD	8
Injection	21
Implants	6
Condom	1
Female sterilization	3
Periodic abstinence	1
Withdrawal	1
Other traditional	1

Mortality and Health

Infant mortality rate ⁷	46
Under-five mortality rate ⁷	58
Percent of births ⁸ whose mothers:	
Received antenatal care ⁹	89
Received 2 or more tetanus toxoid injections	53
Percent of births ⁸ whose mothers were assisted at delivery by:	
Doctor	3
Midwife	40
Traditional birth attendant	54
Percent of children 0-3 month who are exclusively breastfeeding	
Percent of children 12-23 months who received: ¹⁰	52
BCG	85
DPT (three doses)	64
Polio (three doses)	74
Measles	71
All vaccinations	55
Percent of children under 5 years ¹¹ who:	
Had diarrhea in the 2 weeks preceding the survey	10
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	9

1 Population Projection for Indonesia by Province 1995-2005. 1998. Jakarta: CBS.

2 Based on all women

3 Current status estimate based on births during the 36 months preceding the survey

4 Based on births to women 15-49 years during the period 0-2 years preceding the survey

5 Includes sterilized women

6 Based on ever-married women. Excludes women who gave a non-numeric response to ideal family size

7 Rates are for the period 0-4 years preceding the survey (late 1993 to late 1997)

8 Figure includes births in the period 1-59 months preceding the survey

9 Received antenatal care from a doctor, a midwife or a nurse

10 Based on information from vaccination records and mothers' reports

11 Figures include children born in the period 1-59 months preceding the survey

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