# THE INDONESIA CONTRACEPTIVE PREVALENCE SURVEY REPORT 1983

## The Results of Surveys in Five Cities

National Family Planning Coordinating Board (BKKBN)
Faculty of Public Health University of Indonesia
Westinghouse Health Systems
USAID Mission to Indonesia
Jakarta, Desember 1984

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Budi Utomo
Sujana Jatiputra
Muhamad Riduan Joesoef
Meiwita B. Iskandar
Sabarinah B. Prasetyo

National Family Planning Coordinating Board (BKKBN)
Faculty of Public Health University of Indonesia
Westinghouse Health Systems
USAID Mission to Indonesia

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FACULTY OF PUBLIC HEALTH
UNIVERSITY OF INDONESIA
JL. PROKLAMASI 16, JAKARTA PUSAT
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# F O R E W O R D

The population problems of Indonesia are widely known, as is the strong efforts of the Indonesian Government to control population through the activities of BKKBN. Over the years BKKBN's activities have been growing larger and more complex, while management and program design capabilities were increasing. These developments in the program led Indonesia to develop one of the most highly regarded service statistic systems in the world. This system provided a strong data base for managing the rural program. It was decided that the new strategies for urban family planning delivery required more sophisticated management data. To this end BKKBN invited Westinghouse Health Systems to install a Contraceptive Prevalence Survey geared specifically to the urban program's management needs.

The report which follows is the result of the collaboration between a number of organizations who are interested in seeing Indonesia achieve its development goals through a well designed, well managed and responsive family planning program.

BKKBN is planning to continue using the prevalence survey approach to provide baseline information for designing new programs, and evaluating and modifying existing one. The CPS can become a part of BKKBN's ongoing management information system because of the careful and professional manner in which the first one was done. The experience gained from the survey described in this report will allow us to expand the role of surveys in

program management. The organizations which deserve credit for adding the CPS approach to Indonesia's growing list of research accomplishment include : The Faculty of Public Health, University of Indonesia, Westinghouse Health Systems, and the U.S. Agency for International Development. The responsibility for incorporating the results of the 1983 Indonesian Contraceptive Prevalence Survey into the management of the Urban Family Planning Program now rests with the BKKBN central and provincial officers.

Jakarta, October, 1984

BADAN KOORDINASI KELUARGA
BERENCANA NASIONAL

Haryono Suyono
Chairman

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The Indonesian Contraceptive Prevalence Survey (ICPS) has been carried out in five cities by a number of organizations working in collaboration. Westinghouse Health System, through the international Contraceptive Prevalence Survey Project, has provided technical assistance and financial support to cover some local costs. USAID Jakarta has covered the remaining local costs through the bilateral program with the support of BKKBN. BKKBN, as the coordinating body for the government of Indonesia's family planning program, has served as overseers of the total project and primary user of the results. The Faculty of Public Health (FKM) of the University of Indonesia has served as the primary implementing agency for the ICPS. FKM has also recruited personnel and facilities from local affiliated universities including :

* Semarang - University of Diponegoro, Faculty of Medicine.
* Surabaya - University of Airlangga, Faculty of Medicine.
* Ujung Pandang - University of Hasanuddin, Faculty of Medicine.
* Medan - University of North Sumatera, Population Study Center.

These local institutions have served as a base of operation for field activities in that area. Training, some data processing, and field operations, were contracted to PT Survey

Research Indonesia (PT SRI).

The successful completion of the ICPS was the result of the spirit commitment shown by the organizations involved. Many people have directly and indirectly participated in this undertaking. We would list to recognize some individuals who were instrumental in their supports for ICPS.

We would like to express our sincere gratitude and appreciation to the Central Office of the BKKBN for the strong support to the ICPS Project, specifically : DR.Haryono Suyono, the Chairman of BKKBN, for his support and guidance; DR.Pudjo Rahardjo, the former Chief of the Bureau of Research and Development, for his role in coordinating related ICPS and BKKBN activities; Mr. Sudibyo Ali Muso, of the Bureau of Research and Development, for his role in development and implementation of the ICPS; Ms. Nancy Piet, BKKBN adviser, for her support in variety of areas which facilitate implementation of the ICPS project; and Dr. Sahala Panjaitan, the Chief of the Bureau of Program Analysis for his support and assistance in the data analysis.

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And last but not least, we would like to thank the USAID Mission to Indonesia. Without David Piet and Morrie Blumberg acting as advocates, technical advisors, data users, and liasoning between the various organizations it is unlikely the ICPS would ever have been completed.

All of the assistance and support has allowed us to improve our skills as researchers at the same time we were making a contribution to Indonesia's family planning effort. For this we are thankful. In spite of the amount of assistance and learning involved in the completion of the ICPS, the shortcomings of this report must be assigned appropriately to the authors and not to any of the organizations and individuals which have contributed so substantially.

Jakarta, October, 1984

# ERRATA

THE INDONESIA CONTRACEPTIVE PREVALENCE SURVEY REPORT 1983
The Results of Surveys in Five Cities

Page 67, Section 3.2. Current Use
Delete "and not pregnant" from the first sentence.

The first sentence should read:
"The current use rates among currently married women aged 15-49 are shown in Table 5.10.

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# CHAPTER 1

# INTRODUCTION

## 1. BACKGROUND

Indonesia is the fifth most populated country in the world, after China, India, the USSR and the USA. According to the 1980 census the population was 147.5 million, with an annual growth rate of 2.32%. The large population, high growth rate, maldistribution of the population and the large dependent young population all contribute to Indonesia's social, economic and developmental problems.

Indonesia consists of about 6000 inhabited islands, sixty percent of the population lives on the islands of Java and Bali, which have only 7% of the land of the country. The population density is about 690 per square km. on Java, and between 12 to 59 per km.on the other islands.

The Government of Indonesia aware of the impact of high rate of population growth on the national development, declared in 1969 that the population explosion was a national problem. In an effort to handle this problem, the National Family Planning Coordinating Board (BKKBN) was established in 1970. The main functions of this body are to coordinate and direct family planning efforts. As a result of the Government's early and intensive intervention in population matters, about 12.9 million eligible couples were using family planning methods in early 1984.

In the early stages of the program, family planning efforts were concentrated on the islands of Java and Bali, which have the most pressing population problems. This region covers six provinces, i.e. West Java, Jakarta, Yogyakarta, Central Java, East Java and Bali. Starting in 1973 the program also covered the region Outside Java - Bali I, with the following provinces : Aceh, North Sumatera, West Sumatera, South Sumatera, Lampung, West Kalimantan, South Kalimantan,

South Sulawesi, North Sulawesi and West Nusa Tenggara. Since 1979, the program has been expanded to the last region Outside Java - Bali II. This region consists of the following provinces : Riau, Jambi, Bengkulu, Central Kalimantan, East Kalimantan, South East Sulawesi, East Nusa Tenggara, East Timor, Maluku and Irian Jaya.

Although the program is nation-wide, Indonesia has an unusual situation, in that almost all of the urban areas have lower rates of program contraceptive use than do most rural areas. To deal with this problem, the Urban Family Planning Program was introduced recently.

The BKKBN urban family planning efforts began in 1980. Among the first efforts were commercial clinics which served a segment of the population which could pay for services and preferred to not use Puskesmas (Health Center) clinics. A survey looking at family planning from a consumer perspective in 1980/1981 showed that there was a large unmet need for services. Assumptions that the urban population was being served by private practitioners did not prove true. Women did not know where to get services. Thus, mass media campaigns were designed to meet the specific information gaps. During the first years of the urban program, Jakarta was the focus for experimentation because needs were the greatest there and the private sector was the most advanced. At the same time that private sector initiatives began, the BKKBN renovated government clinics, retrained staff and generally tried to upgrade existing facilities. This action took place mainly in Jakarta.

The BKKBN urban program has progressed from its limited beginnings, especially in Jakarta. The Jakarta project includes nine clinics designed on the original model : a social marketing program with 300 distributors; a feasibility study of the economic viability of complete service at family planning clinics (similar to the Klinik Raden Saleh); and an assessment of private sector poten-

tial in five other cities - Semarang, Surabaya, Ujung Pandang, Medan and Palembang.

Limited efforts at commercial clinics have been attempted by Ikatan Doktor Indonesia (Indonesian Medical Association) in Pasar Senen (a shopping center) on their own initiative. Clinics have been started in market areas, but most are not yet running up to expectation.

BKKBN will be continuing efforts in urban areas, concentrating on Jakarta. Jakarta is top priority because of the size of the city and its prominence in the national picture. The areas of program activity for the urban program in Jakarta and the other major cities are outlined below.

* Development and expansion of both public and private clinic and service provider network.
* Training of physicians and midwives.
* New channels for the sale of contraceptives.
* Expanded IE & C campaign.
* Technical assistance for management and market research.
* Equipment and supplies as needed.
* Pilot tests for new techniques and approaches.
* Experiments with "fee for service".

Except for the capital city of Jakarta, no studies had been conducted to assess the prevalence of contraceptive use or other family planning and socio-economic variables in urban areas. Therefore, a more thorough study of urban areas was needed, to support the development, introduction and evaluation of the Urban Family Planning Program. It was expected that family planning in urban areas would face different problems than in rural areas, and the data would be used to develop different strategies for service delivery.

## 2. THE INDONESIAN CONTRACEPTIVE PREVALENCE SURVEY (ICPS)

It was decided that a Contraceptive Prevalence Survey would be conducted in 1982-83. In the first phase five cities were selected as sites for study. Those cities are : Medan in North Sumatera, Jakarta, Semarang and Surabaya in the island of Java,and Ujung Pandang in South Sulawesi. Selection of the cities was done by the BKKBN. Medan has a population of about 1.4 million, Jakarta 6.5 million, Semarang 1.0 million, Surabaya 2.0 million and Ujung Pandang has 0.7 million.

For all the cities except Jakarta, this study is intended to provide base-line data on contraceptive prevalence. For Jakarta this study can be regarded as part of the ongoing evaluative process, that was begun since 1979. Similar studies were conducted in 1979, 1980, and late 1982. The results of these studies are used where possible in the analysis of the current CPS in Jakarta. Comparative analysis between those cities and analysis of each city will be conducted.

## 3. OBJECTIVE OF THE SURVEY

1. Long Term Objectives :

   * To obtain the needed data on contraceptive behavior for the overall planning and for the evaluation of the Indonesian family planning programs.

   * To institutionalize Contraceptive Prevalence Surveys as an adjunctive evaluation tool for increasing the efficiency and efficacy of family planning programs.

2. Immediate Objectives :

   * To collect a body of data to ascertain the knowledge and use of contraceptives,as well as their current availability.

   * To obtain information on the relationship between selected population characteristics (women and their families) and contraceptive practices.

3. Specific Objectives :

* To ascertain the contraceptive prevalence in urban areas, preferences in methods and delivery outlets used, both governmental and private.

* To identify factors influencing the contraceptive prevalence in urban areas.

* To ascertain the influence of women's jobs on contraceptive services, and on nursing and values of children.

* To identify various communication channels for conveying family planning programs messages, particularly in urban area settings.

* To determine the public perceptions concerning the family planning programs in urban areas.

4. INSTITUTIONS INVOLVED

Several institutions are involved in this study. The Westinghouse Health System, Columbia, MD, USA, provided funds and technical consultations. Additional funding came from the U.S. Agency for International Development/Indonesia and the National Family Planning Coordinating Board (BKKBN). The latter was also involved in planning and implementation of the project.

The Faculty of Public Health, University of Indonesia (FKM-UI) is responsible for the whole project. Data collection was conducted by PT Survey Research Indonesia (PT.SRI). PT SRI was also responsible for the subsequent editing, punching and validation of the data.

One of the objectives of the ICPS was to maximize utilization of the results by involving local institutions in the project. It was also hoped that some local survey skills could be developed which would allow future surveys to be undertaken locally. In conducting the study, the Faculty of Public Health, University of Indonesia, collaborated with the following local institutions :

* Medan : The Provincial BKKBN of North Sumatera, and The Center for Population Studies, University of North Sumatera.

* Jakarta : The Provincial BKKBN of the Capital City Jakarta.

* Semarang : The Provincial BKKBN of Central Java, and The Department of Public Health and Preventive Medicine, Faculty of Medicine, University of Diponegoro

* Surabaya : The Provincial BKKBN of East Java, and the Department of Public Health and Preventive Medicine, Faculty of Medicine, University of Airlangga.

* Ujung Pandang : The Provincial BKKBN of South Sulawesi, and the Faculty of Public Health, University of Hasanuddin.

## 5. ORGANIZATION OF THE REPORT

The reports of this study will consist of a comparative analysis of the five cities, and a separate report for each city. The comparative report will be written in English and Indonesian, while the five city reports will be presented in Indonesian.

This report consists of seven chapters. Starting from Chapter 3 comparison between the five cities will be presented. Chapter 3 presents the general characteristics of respondents. The fertility behavior and fertility regulation will be presented in Chapter 4 and 5 respectively. Chapter 6 will focus on the aspects of contraceptive availability and services. The last chapter will summarize the survey report.

In addition to the above seven chapters, the Appendix A and Appendix B will also present policy issues raised by ICPS findings and breastfeeding respectively.

# CHAPTER 2

# METHODOLOGY

## 1. THE SAMPLE

The population covered in the ICPS were currently married women aged 15 to 49 years. It was planned that in each city approximately 2000 respondents would be interviewed.

The Primary Sampling Units (PSU) are Rukun Tetangga (RT), except for Medan, where the PSU are Lorongs. RT or Lorong are neighbourhood organizations representing a clustering of 40 to 45 households for one RT and 60 to 65 households for one Lorong. The chief of a RT/Lorong is elected by its members. The chief of a RT/Lorong has administrative and organizational responsibilities. While RT/Lorongs are not formal governmental organization they do have a formalized relationship with governmental administrative units.

The use of RTs/Lorongs as PSUs greatly simplifies the sampling procedure. The municipal government maintains lists of the RT/Lorong with complete discriptions of the boundries. These lists are updated and modified on an ongoing basis. Each of the households in the RT/Lorong was listed and mapped in advance by an experienced mapper. Some RTs were already in the PT Sri sample frame and only had to be updated. The mappers and later the interviewers were guided and introduced by the chief of the RT/Lorong or one of his associates. The houses are numbered in each RT/Lorong. Also the mappers identified each household by the name of the head of the household. On occasion a RT/Lorong would be below or exceed the expected PSU size of 45/65. This was usually the result of building or demolition of housing units, which at the time of the survey had not been entered on the municipal lists. When this occurred the mappers adjusted the RT/Lorong boundary by combining two or cutting RT/Lorong in half on a systematic basis. This ensured that the RT/Lorong were generally comparable in size. This

allowed advance selection of households for inclusion in the ICPS.

A sampling frame of RTs and Lorongs for each city was obtained, and using systematic random sampling method 300 RTs for Jakarta were selected, 250 RTs each for Semarang, Surabaya and Ujung Pandang, and 190 Lorongs for Medan.

In each of the selected RT/Lorongs mapping and listing of every household was conducted. Every fourth listed household in each RT/Lorong was chosen for inclusion in the survey.

The results of the sampling, mapping, listing and interview process are presented in Table 2.1. The average number of households per RT or Lorong were 41 in Jakarta, 45 in Semarang, 46 in Surabaya, 46 in Ujung Pandang and 65 in Medan.

The number of households sampled were 2,968 in Jakarta, 2,841 in Semarang, 2,848 in Surabaya, 2,847 in Ujung Pandang and 2,978 in Medan. Out of those households 2,581 or 87% were visited in Jakarta, 93 % (2,649) in Semarang, 87% (2,511) in Surabaya, 90 % (2,563) in Ujung Pandang and 84 % (2,502) in Medan.

In each household that has been selected for the sample, every household member was listed. Women, aged 10 or older were identified, and from this list, currently married women, aged 15 to 49 years were selected as respondents. The number of currently married women, aged 15 to 49 years,i.e. eligible for interviews in Jakarta was 2,267, in Semarang 2,130, in Surabaya 2,029 , in Ujung Pandang 2,175 and in Medan 1,993. The average number of eligible women for each household were 0.9, 0.8, 0.8, 0.8, and 0.8 respectively for Jakarta, Semarang, Surabaya, Ujung Pandang and Medan.

Not all eligible women listed were interviewed. The number interviewed were 2,150 or 95 % in Jakarta, 1,904 or 96 % in Medan, 2,081 or 98 % in Semarang, 2,000 or 99% in Surabaya, and 2,037 or 94 % in Ujung Pandang. The most common reason for not doing the interview was unavailibility of respondents at their

home at the time of visit. The maximum number of visits per respondent was three. When at the third visit the interviewer was still unabled to see the respondent, the respondent was dropped from the sample, and no further attempts to interview were made.

Table 2.1 : Results of Sampling

| Number of | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Universe of RT/ Lorong | 4,245 | 25,828 | 5,339 | 6,311 | 3,773 |
| #PSU mapped | 184 | 299 | 250 | 250 | 250 |
| #Household | 11,926 | 12,157 | 11,351 | 11,405 | 11,420 |
| #Household selected | 2,978 | 2,968 | 2,841 | 2,848 | 2,847 |
| #Household listed | 2,502 | 2,581 | 2,649 | 2,511 | 2,563 |
| #Adult women | 4,097 | 3,924 | 3,859 | 3,945 | 4,633 |
| #Eligible women listed* | 1,993 | 2,267 | 2,130 | 2,029 | 2,175 |
| #Eligible women interviewed | 1,904 | 2,150 | 2,081 | 2,000 | 2,037 |

* Currently married women aged 15 - 49 years

Most of the respondents were visited once. In Jakarta, 95% of the respondents were visited once, 4% twice and 1% three times. The percentages for Medan were 93% once, 6 % twice and 1% three times; for Semarang 88% once, 9% twice, and 3% three times; for Surabaya 95% once, 4% twice and 1% three times, and for Ujung Pandang the figures were as following : 95% once, 4% twice and 1% three times.

The length of time of interviews, for the majority of the respondents, for all five cities ranged between 10 to 40 minutes. With an average of 24 minutes in Jakarta, Medan and Surabaya, 23 minutes in Semarang, and 22 minutes in Ujung

Pandang.

The field operations were staggered over three months in all five cities, between August and October 1983.

Table 2.2 : Results of Field Operations

| | Jakarta | Medan | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Dates of Field Ops. | 05/30-09/19 | 09/09-10/15 | 09/02-10/09 | 09/09-10/02 | 09/19-10/19 |
| # Visits | | | | | |
| 1 | 2,042 | 1,764 | 1,830 | 1,892 | 1,942 |
| 2 | 94 | 115 | 204 | 83 | 84 |
| 3 | 14 | 25 | 47 | 25 | 11 |
| Length of interviews (minutes) | | | | | |
| <10 | 3 | 10 | 0 | 6 | 10 |
| 10- 19 | 747 | 691 | 810 | 641 | 892 |
| 20- 29 | 843 | 747 | 993 | 851 | 804 |
| 30- 39 | 522 | 415 | 254 | 468 | 276 |
| 40> | 35 | 41 | 24 | 34 | 55 |

## 2. QUESTIONNAIRES

Questionnaires used in this study were based on the Westinghouse's CPS Project Model Questionnaire, modified to suit the specific research needs and situation in urban Indonesia. Changes in the questionnaire were made in consultation with the Bureau of Research and Development of the National Family Planning Coordinating Board.

The questionnaire consists of an identification page, and five sections. Section I covers items related to the characteristics of respondents; Section II covers fertility; Section III contains questions on fertility regulation; Sec-

tion IV is for the availability of contraceptive methods,and Section V covers marital experience and opinions of husband concerning family planning practice. In all there are 110 questions,excluding the identification items.

The questionnaire was printed in the Indonesian language. In cases where the respondent did not understand or did not speak the Indonesian language,the interviewers were permitted to translate the questions into the local language, with guidance from the field supervisors. The Indonesian language is the primary language spoken in all the cities surveyed. In addition to the national language in Medan there are also two local languages, Deli Melayu and Batak; in Semarang and Surabaya the local language is Javanese, and in Ujung Pandang the local languages are, Bugenese and Makassar. In Jakarta virtually all of the respondents understand and speak Indonesian.

The questionnaire was pre-tested twice in Jakarta. For each pre-testing 50 respondents were used. The aims were to test the clarity of each question,the logical flows and the adequacy of the pre-coded answers. Each pre-testing was followed by a discussion between the interviewers, field supervisors, field staffs of PT SRI,project staffs of FPH-UI and a consultant from Westinghouse. The time needed to finish one interview was also recorded. Changes were made in the wording of some of the questions or to the sequence and lay-out of the questions.

## 3. INTERVIEWERS

There were 20 to 25 interviewers employed in each city. Few of the interviewers had any survey experience. All of the interviewers were at least graduates of Senior High School and understood and spoke at least one local language. A five-day training session was conducted in each city prior to the actual field operations. Training consisted of class room discussions, interviewing simulations and field practices. The training was conducted colla-

boratively by the FKM-UI, BKKBN, the local university and PT. SRI.

## 4. QUALITY CONTROL

In each city a field coordinator and a group of experienced field supervisors were appointed. A group of six interviewers were under one supervisor. To ensure that the works of the interviewers were of the highest quality, the following mechanisms were employed:

1. Periodic supervision visits were conducted by the project staffs of FKM-UI and its local counterparts. A supervision and quality control manual were used to ensure uniform supervision. Supervision were also conducted by project staffs of PT SRI and Westinghouse.

2. The following quality control activities were also carried out :

   * Every finished questionnaire was immediately checked and edited by the field supervisor.

   * A random sample of finished questionnaires were taken, and re-interviews were conducted by the field coordinator.

   * Interviews were witnessed by the FKM-UI staffs and their local counterparts.

   * Using a short recall questionnaires, reinterviews were performed on all respondents in randomly selected PSUs.

   * A random sample of finished questionnaires were taken, and examined for completeness, logical flow and clarity of writing. The sample was taken such that every field team was covered.

## 5. EDITING, VALIDATION AND TABULATION

Coding on some of the questions was conducted by the interviewers in the field. Editing of codes and additional coding for all the cities were done in Jakarta.

For machine editing and validation the following procedures were used:

- Range check on every column and variable.
- Skip check on every skip question.

- Backward consistency check between column's values.

As part of the validation process frequency distribution tables and some selected crosstabulations were produced. This material was made available to program officials on a preliminary basis to ensure early utilization of the results.

The data processing, which includes generating frequency tables, crosstables and statistical analysis was conducted using the Westinghouse computer facility in Columbia, MD, USA. The data was processed between January 21 and February 10, 1984.

# CHAPTER 3

# CHARACTERISTICS OF RESPONDENTS

## 1. AGE OF RESPONDENTS

Age was recorded in completed years. To verify the accuracy, year and month of birth were asked. In cases where this was not possible, probing was done and the age was estimated accordingly.

Table 3.1 presents the age distribution of respondents. If the data are regrouped into three groups, based on the stages of family formation, i.e. less than 20 years, 20 - 30 years and 30 years or older, then the results are as follow : Medan 2.8%, 42.7%, and 54.5% ; Jakarta 4.3%, 44.0% and 51.7%; Semarang 4.5%, 41.0% and 54.5%; Surabaya 4.4%, 41.0% and 54.6% and Ujung Pandang 5.6%, 39.7% and 54.7%.

The mean age ranges from 31.6 years in Jakarta to 32.3 years in Semarang, while the median ranges from 30.5 years in Jakarta to 31.3 years in Surabaya and Ujung Pandang.

The Modular Survey (BKKBN, 1983) which was conducted in late 1982 provides data for a sample of rural currently married women 15 to 49 years in North Sumatera, Central Java, East Java and South Sulawesi. Except for North Sumatera, which has a mean age of 30.6 years, in the three other provinces the mean ages for rural eligible women are slightly higher than in the cities, 32.7 years in Central Java compared to 32.3 years in Semarang, 33.2 years in East Java versus 32.2 years in Surabaya and 32.6 years in South Sulawesi compared to 32.2 years in Ujung Pandang.

Table 3.1 : Distribution of respondents according to age

| A G E | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| 15 - 19 | 2.8 | 4.3 | 4.5 | 4.4 | 5.6 |
| 20 - 24 | 18.6 | 21.2 | 19.6 | 18.7 | 17.1 |
| 25 - 29 | 24.1 | 22.8 | 21.4 | 22.3 | 22.6 |
| 30 - 34 | 19.8 | 18.5 | 18.4 | 18.0 | 17.5 |
| 35 - 39 | 13.7 | 14.1 | 12.1 | 14.5 | 16.0 |
| 40 - 44 | 12.5 | 12.3 | 13.2 | 13.0 | 12.4 |
| 45 - 49 | 8.5 | 6.8 | 10.8 | 9.1 | 8.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |
| Mean | 32.2 | 31.6 | 32.3 | 32.2 | 32.2 |
| Median | 31.1 | 30.5 | 31.2 | 31.3 | 31.3 |
| Prov.Rural(Mean) | 30.6 | 31.8* | 32.7 | 33.2 | 32.6 |

* Jakarta(urban)

Except for Medan, the percentage of respondents 30 years or older are slightly larger in rural areas than in the cities studied, 55.7% in Central Java versus 54.5% in Semarang, 59.9% in East Java versus 54.6% in Surabaya and 56.3% in South Sulawesi compared to 54.7% in Ujung Pandang . The percentage in North Sumatera is 46.8% compared to 54.5% in Medan.

The mean age of respondents in Jakarta according to the Modular Survey is 31.8 years compared to 31.6 in this study. The percentage of respondents 30 years or older is 53.9% according to the Modular Survey compared to 51.7% in the ICPS.

It is clear from the data available that the age distributions found by the ICPS are comparable with those from other data sources. In addition, the age

distribution from the five urban areas are comparable. There are some small differences in the youngest age groups but this is more likely due to difference in marriage patterns than in any real age structure differences in the population.

## 2. EDUCATION OF RESPONDENTS

In Table 3.2 and Table 3.4 education is classified into six classes. Those women who never attended any school are classified as "No Education", those who have attended Elementary School and completed at the most the fifth grade are classified as "Elementary Unfinished", while those who at least completed the sixth grade of Elementary School but did not complete the third grade of Junior High School are classified as "Elementary-Finished", and the class "Junior High" is used for those who have at least completed the third grade of Junior High School but did not complete the third grade of Senior High School. The same procedures are used in the classification of "Senior High" and Academy or University. The average number of years of formal schooling in Academy is three years and University 4 - 5 years.

In terms of number of years of formal schooling the followings can be used as approximations :

* Elementary Unfinished : 1 - 5 years
* Elementary Finished : 6 - 8 years
* Junior High : 9 - 11 years
* Senior High : 12 - 15 years
* Academy/University : 16 - 18 years

The cumulative percentages of women with a completed elementary education or less are 71.0% in Medan, 68.3% in Jakarta, 72.1% in Semarang, 64.4% in Surabaya and 70.0% in Ujung Pandang.

The corresponding figures for the Modular Survey-1982 for rural women :

87.3% for North Sumatera, 62.7% for Jakarta, 93.4% for Central Java, 89.9% for East Java and 93.7% for South Sulawesi.

Table 3.2 : Distribution of Respondents According to Levels of Education

| Education | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| No Education | 6.7 | 13.2 | 19.7 | 13.6 | 16.6 |
| Elementary Unfinished | 32.6 | 27.7 | 29.7 | 22.9 | 30.8 |
| Elementary Finished | 31.7 | 27.4 | 22.7 | 27.9 | 22.6 |
| Junior High | 15.4 | 15.1 | 12.6 | 15.6 | 13.9 |
| Senior High | 11.8 | 13.8 | 12.4 | 17.3 | 12.9 |
| Acad./Univ. | 1.8 | 2.8 | 2.9 | 2.7 | 3.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

The percentages of those classified as having "No Education" are 6.7% in Medan compared to 10.2% in North Sumatera, 19.7% in Semarang and 30.9% in Central Java, 13.6% in Surabaya and 21.6% in East Java, and 16.6% in Ujung Pandang versus 45.3% in South Sulawesi. In Jakarta the results from both studies are almost identical: 13.2% (Modular) and 13.7% (ICPS).

From those comparisons, it is apparent that eligible women in the five cities have higher level of education than rural eligible women.

There are some differences in the levels of education between the five cities observed. The cities range from Medan with the overall lowest percentage of no education to Semarang with the highest. Since education is an important causal variable in family planning acceptance (and fertility), the reader should allow for this small difference in subsequent analysis.

Among respondents who had completed elementary education or less, 57.8% to 79.1% can read and write roman letters, and 12.2% to 31.8% can't read and write any type of character. Around 3.6% to 6.9% were able to read roman letters, but can't write it, while 1.8% to 3.6% can't read or write roman letters. See Table 3.3 for more detail.

Table 3.3 : Distribution of Respondents who finished Elementary School or less according to the ability to read and write

| Read/write roman letters | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| *Can read & write roman character. | 79.1 | 69.7 | 62.4 | 66.1 | 57.8 |
| *Can read, but not write roman | 6.8 | 6.6 | 4.0 | 3.6 | 6.9 |
| *Can't read & write roman | 1.9 | 3.1 | 1.8 | 3.3 | 3.6 |
| *Can't read & write any character | 12.2 | 20.5 | 31.8 | 27.0 | 31.7 |
| Total | 100.0 | 99.9 | 100.0 | 100.0 | 100.0 |
| N | 1188 | 1312 | 1395 | 1123 | 1285 |

3. EDUCATION OF HUSBANDS

The cumulative percentages up to "Elementary Finished" are 42.2% in Medan, 43.0% in Jakarta, 50.8% in Semarang, 50.0% in Surabaya, and 45.4% in Ujung Pandang.

Generally husbands have higher education than wives. Among wives in Medan 29.0% finished Junior High School or higher, while the figure for husbands is 50.8%. In Jakarta : 31.7% for wives and 54.3% for husbands, in Semarang : 27.9% for wives and 43.4% for husbands, in Surabaya : 35.6% for wives and 54.0% for husbands and in Ujung Pandang the figures are 30.0% for wives and 50.4% for

husbands.

Table 3.4 : Distribution of husband's education
(according to respondents)

| Levels of Education | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| No Education | 1.0 | 4.7 | 7.4 | 5.6 | 9.2 |
| Elementary Unfin. | 15.1 | 14.7 | 19.4 | 12.5 | 16.4 |
| Elementary-fin. | 26.1 | 23.6 | 24.0 | 21.9 | 19.8 |
| Junior High | 19.5 | 17.0 | 16.1 | 17.4 | 14.0 |
| Senior High | 23.9 | 17.0 | 16.1 | 17.4 | 14.0 |
| Acad./Univ. | 7.4 | 10.1 | 6.6 | 8.6 | 11.6 |
| Don't know | 7.0 | 2.6 | 5.8 | 6.0 | 3.9 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

## 4. WORK STATUS OF RESPONDENTS

Women covered in the survey were asked a series of questions on their work status. The information collected includes: currently working for payment; ever working for payment; workplace; reasons for not working; occupation, size of employer(number of employees)

When compared to the results of the Modular Survey, the urban women in Medan, Semarang and Surabaya have lower proportions of working women than the rural women in corresponding provinces. The proportions of working women in Jakarta from both surveys are almost identical, 18.9% based on the Modular Survey and 18.2% in the current ICPS. The proportion of working women in South Sulawesi is only slightly higher than in Ujung Pandang (18.8% and 16.7% respectively). The proportions of working women in Medan and North Sumatera are 27.6%

and 65.6%, in Semarang and Central Java are 38.7% and 71.1%,and in Surabaya and East Java are 34.4% and 61.1% respectively.

Table 3.5 : Distribution of respondents according work status

| Work status | Medan % | Jakarta % | Semarang % | Surbaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Currently working | 27.6 | 18.2 | 38.7 | 34.4 | 16.7 |
| Worked in past (not currently) | 25.7 | 21.8 | 23.6 | 25.4 | 10.3 |
| Never worked | 46.7 | 60.0 | 37.7 | 40.3 | 73.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Table 3.6 : Distribution of working respondents according to work place

| Work Place | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Inside home | 34.8 | 34.2 | 29.3 | 33.9 | 47.6 |
| Outside home | 65.2 | 65.8 | 70.7 | 66.1 | 52.4 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 526 | 395 | 805 | 690 | 340 |

To understand the impact of female employment it is necessary to understand where the woman works. Women who work at home are less likely to experience conflicts between family and employment obligations; they are more likely to be involved in traditional occupations for women; and they are less likely to be

extensively involved in a cash economy. Women who work outside the home have greater access to information and services; they are more involved in family decision-making; and they are more exposed to new ideas. Table 3.6 shows that most women who work work outside the home.

Among women not currently working the main reason for not working is household responsibilities like taking care of children and the family. The proportions who list housework responsibilities as their reason for not working for payment range from 77% in Surabaya to 92% in Jakarta. The next major reason for not working in all urban areas was that the husband did not permit it. This reason was especially important in Medan and Surabaya.

Table 3.7 : Distribution of non-working respondents according to reasons for not working

| Reasons for not working | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| * Busy at home | 79.5 | 91.5 | 87.2 | 77.1 | 90.3 |
| * Not permitted by husband | 17.0 | 7.2 | 7.9 | 18.9 | 5.4 |
| * To old | 1.5 | 0.9 | 2.4 | 2.4 | 2.1 |
| * Disabled | 2.0 | 0.0 | 0.1 | 0.2 | 0.2 |
| * Others | 0.0 | 0.4 | 2.4 | 1.4 | 2.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1379 | 1758 | 1275 | 1313 | 1697 |

With regard to the main occupation of respondents, the largest percentages for all five cities are in the category of business. The second most important occupational category is administrative work, which ranges from 14.6% in Medan to 30.4% in Jakarta.

The percentages of skilled and unskilled labor vary from city to city. In Medan, Jakarta and Semarang the percentages for unskilled labor rank third and skilled labor is fourth ranked. The reverse situations exist in Surabaya and Ujung Pandang. See Table 3.8.

The percentages of working respondents who work in the government sector range from 12.7% in Medan to 29.5% in Ujung Pandang. If compared to the Modular Survey, the percentages of urban women working in government sector are much higher than those observed for rural women. The figures are 4.1% in North Sumatera, 2.8% in Central Java, 2.7% in East Java and 9.1% in South Sulawesi.

Table 3.8 : Distribution of currently working respondents according to types of main occupation

| Occupation | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| * Manager | 0.6 | 1.0 | 0.0 | 1.0 | 1.5 |
| * Ass.manager | 2.5 | 3.8 | 4.1 | 3.4 | 2.9 |
| * Adm.staff | 14.6 | 30.4 | 17.3 | 23.5 | 29.1 |
| * Business | 51.0 | 36.5 | 42.8 | 43.0 | 43.5 |
| * Skilled labor | 8.9 | 12.6 | 8.1 | 12.3 | 15.3 |
| * Unskilled labor | 12.9 | 15.7 | 18.9 | 11.1 | 7.4 |
| * Farmer/fisherman | 9.3 | 0.0 | 0.0 | 0.1 | 0.0 |
| * Student | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 |
| * No response | 0.2 | 0.0 | 0.1 | 0.1 | 0.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 526 | 395 | 805 | 689 | 340 |

Most of the working respondents reported working in places with less than five employees. The variation among cities is quite large, with lowest in Jakar-

ta (56.2%) and highest in Medan (79.8%). While those working in places with employees equal to or more than 21 persons are between 11.0% in Medan and 25.5% in Jakarta.

Table 3.9 : Distribution of currently working respondents according to whether working in government sector

| Government sector | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes | 12.7 | 21.2 | 13.4 | 12.9 | 29.5 |
| No | 87.3 | 78.8 | 86.6 | 87.1 | 70.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 526 | 397 | 806 | 688 | 342 |

Table 3.10 : Distribution of currently working respondents according to size of employer

| Size of employer | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| < 5 | 79.8 | 56.2 | 62.1 | 62.2 | 66.5 |
| 5 - 10 | 4.2 | 9.1 | 8.3 | 8.4 | 6.2 |
| 11 - 20 | 4.0 | 5.7 | 4.1 | 6.1 | 3.8 |
| 21 > | 11.0 | 25.5 | 22.4 | 21.4 | 1.7 |
| Don't know | 1.0 | 3.5 | 3.1 | 1.9 | 1.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 526 | 395 | 805 | 688 | 340 |

Indonesian women would appear to play a major role in the economy, based on the results of the ICPS. Over 85% work a full work week. In all the cities, except Medan (43%), over 55% of the women work full work day (7 hours or more).

In addition to questions on work status, respondents were also asked about their opinions on whether working women have family problems. A substantial proportion of respondents (6.4% - 28.1%) who did not have an opinion on this question. Most women felt that working women did not cause problems for the family. Responses ranged from 48.0% (Ujung Pandang) to 65.0% (Jakarta). See Table 3.13.

Table 3.11 : Distribution of currently working respondents according to number of working day per week

| Number of working day | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| 1 | 0.8 | 1.3 | 0.9 | 0.9 | 1.8 |
| 2 | 2.8 | 1.0 | 1.7 | 2.6 | 2.0 |
| 3 | 5.5 | 2.0 | 3.7 | 3.8 | 5.3 |
| 4 | 2.1 | 2.8 | 1.6 | 2.9 | 2.9 |
| 5 | 4.7 | 6.6 | 4.0 | 3.8 | 1.8 |
| 6 | 33.1 | 43.0 | 37.5 | 37.1 | 36.5 |
| 7 | 51.0 | 43.3 | 50.4 | 48.9 | 49.7 |
| Don't know | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 526 | 395 | 805 | 689 | 340 |
| Mean | 6.1 | 6.1 | 6.2 | 6.1 | 6.1 |

Table 3.12 : Distribution of currently working respondents according to number of daily working hours

| Number of working hour | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| 1 - 2 | 12.1 | 3.0 | 4.5 | 7.0 | 10.0 |
| 3 - 4 | 23.5 | 12.6 | 12.8 | 16.4 | 13.5 |
| 5 - 6 | 21.4 | 25.1 | 21.7 | 20.6 | 22.4 |
| 7 - 8 | 18.4 | 38.9 | 30.1 | 31.5 | 27.6 |
| 9 -10 | 10.1 | 9.8 | 16.8 | 11.5 | 8.8 |
| 11 -12 | 9.5 | 6.5 | 10.2 | 8.1 | 5.3 |
| 13 -14 | 2.8 | 2.8 | 2.5 | 2.0 | 6.8 |
| 15 > | 2.1 | 1.3 | 1.5 | 2.8 | 5.6 |
| Don't know | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 527 | 398 | 805 | 689 | 340 |
| Mean | 6.4 | 7.2 | 7.4 | 7.0 | 7.2 |

Table 3.13 : Distribution of respondents according to their opinions on problems for family when mother works

| Causing problem | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes | 30.0 | 26.8 | 33.6 | 34.5 | 23.9 |
| No | 62.1 | 65.0 | 59.9 | 59.2 | 48.0 |
| Don't know | 7.9 | 8.2 | 6.4 | 6.3 | 28.1 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

## 5. WORK STATUS OF HUSBANDS

The proportions of husbands currently working range from 95.1% in Surabaya to 97.3% in Medan. Among those currently working, 16.6% (Medan) to 27.1% (Jakarta) work in government sector.

Although the proportions of working husbands in the Modular Survey are almost identical to the present study, the proportions working in government sector are much less. The results of the Modular Survey are : 98.6% in North Sumatera, 96.1% in Jakarta, 98.1% in Central Java, 98.1% in East Java and 96.6% in South Sulawesi. The proportions of working husbands working in government sector are: 16.6% in Medan and 9.7% in North Sumatera, 22.3% in Semarang and 10.5% in Central Java, 23.8% in Surabaya and 11.7% in East Java, and 25.4% in Ujung Pandang and 8.3% in South Sulawesi. The proportion of husbands working in the government sector in Jakarta in the present study is 27.1% compared to 25.9% in the Modular Survey.

Table 3.14 : Distribution of respondents according to work status of husbands

| Working status | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Currently working | 97.3 | 95.8 | 95.3 | 95.1 | 95.9 |
| Currently not working | 2.7 | 4.2 | 4.7 | 4.9 | 4.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Table 3.15 : Distribution of currently working husbands according to whether working in government sector

| Government sector | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes | 16.6 | 27.1 | 22.3 | 23.8 | 25.4 |
| No | 83.4 | 72.9 | 77.7 | 76.2 | 74.6 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1852 | 2059 | 1983 | 1902 | 1953 |

Compared to the main occupation of wives, there is a larger proportion of husbands working as manager (1.3% to 4.5%). Except for Medan, the modes of the percentage distribution are in the category "Adm.staff"( 27.3% in Ujung Pandang to 33.5% in Jakarta). The next highest is the category of "Skilled Labor", except for Medan and Ujung Pandang where the second highest is the category "Business".

Table 3.16 : Distribution of currently working husbands according to types of main occupation

| Occupation | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| * Manager | 2.3 | 4.7 | 1.3 | 4.5 | 2.2 |
| * Ass.manager | 4.4 | 6.0 | 6.9 | 8.3 | 6.0 |
| * Adm.staff | 24.4 | 33.5 | 27.8 | 31.8 | 27.3 |
| * Business | 26.6 | 16.0 | 9.4 | 16.8 | 23.2 |
| * Skill labor | 22.2 | 18.4 | 21.8 | 23.6 | 18.4 |
| * Unskilled labor | 14.9 | 19.7 | 22.6 | 11.9 | 18.1 |
| * Farmer/fisherman | 5.0 | 1.6 | 10.1 | 2.7 | 4.6 |
| * Student | 0.0 | 0.0 | 0.0 | 0.3 | 0.1 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1852 | 2059 | 1983 | 1902 | 1952 |

A large proportion of respondents could not give the number of employees working in their husband's work places (19.7% - 28.9%).

Table 3.17 : Distribution of currently working husbands according to size of employer

| Size of employer | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| < 5 | 43.3 | 32.5 | 34.5 | 33.8 | 44.3 |
| 5 - 10 | 5.3 | 6.2 | 12.0 | 8.6 | 7.1 |
| 11 - 20 | 2.8 | 4.4 | 6.3 | 5.6 | 3.9 |
| 21 > | 19.7 | 29.7 | 27.5 | 29.8 | 22.6 |
| Don't know | 28.9 | 27.2 | 19.7 | 22.2 | 22.6 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1822 | 2059 | 1983 | 1902 | 1952 |

## 6. MEMBERSHIP IN COMMUNITY ORGANIZATIONS

Questions were asked on community group participation, in order to get some idea of community structure.

These community organizations are non-government organizations, and membership are voluntarily. The family planning groups consist of acceptors in a village or a Rukun Tetangga (in cities). Its function is to look out for the welfare of its members. In some areas they also serve as distribution center of pills.

The traditional cultural group is a collection of traditional artists, most often in drama, music or puppet shows. Its purpose is to train new artists and give performances and shows.

The religious groups are religion affiliated social groups which come together periodically for praying and religous education, and to discuss relevant social issues. Membership is voluntarily.

The objectives of women's development groups are to increase the role of women in national development, by increasing job participation through training. It is expected that by acquiring skills in certain areas, they can work for payment and increase the family income and quality of life.

Saving groups serve a social and not economical purpose. They are informal clubs consisting of 20 - 30 women, who contribute a certain amount of money monthly to common fund. Each month a different woman gets keep the fund collected that month. Group are formed in offices, factories or neighbourhoods.

Cooperative groups are voluntary groups of members who form to by services or commodities for the group rather than for the individuals. Cooperative groups usually have an economic basis.

Sport clubs are formed to support training and organize matches for the members.

The lowest percentage of membership in family planning group is in Medan (7.4%) and the highest in Surabaya (25.9%). A very large proportion of respondents in Surabaya, who are members of family planning group are active members (90.0%), while in Medan the proportion is only 67.9%. The Modular Survey also asked about participation in family planning groups. The data clearly show that rural women are more likely to participate in a family planning group than their urban counterparts (Medan 7.4%, North Sumatera 13%; Semarang 12.1%, Central Java 48.4%; Surabaya 25.9%, East Java 61.6%; Ujung Pandang 15.8%, South Sulawesi 24.9%).

Table 3.18 : Distribution of respondents according to membership in family planning groups

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes, regular | 5.0 | 15.2 | 10.3 | 23.3 | 11.4 |
| Yes, irregular | 2.4 | 2.5 | 1.8 | 2.6 | 4.4 |
| No | 92.6 | 82.3 | 87.9 | 74.1 | 84.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Table 3.19 : Distribution of respondents according to membership in traditional cultural groups

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes, regular | 11.6 | 4.8 | 1.2 | 3.1 | 2.5 |
| Yes, irregular | 4.3 | 2.4 | 0.2 | 0.7 | 1.7 |
| No | 84.1 | 92.8 | 98.6 | 96.2 | 95.8 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

The urban/rural differences in proportions participating in family planning groups are not quite as substantial or consistent for cultural groups. The differences were strongest for urban Medan and rural North Sumatera (15.9% vs 34.1%) and Semarang and Central Java (1.4% vs 15.4%). For the other two provinces membership in cultural groups was very small with no significant difference between urban and rural cultural group membership (Surabaya 3.8% vs East Java

2.0%, and Ujung Pandang 4.2% vs South Sulawesi 2.6%).

The proportions of respondents who are members of religious groups range from 18.7% in Ujung Pandang to 60.3% in Medan. Those who participated regularly are 53.8% in Ujung Pandang and 80.3% in Medan.

Although generally the proportions of rural women who were member of religious groups are larger than the proportions for urban women but the differences are not quite large, 60.3% in Medan vs 69.2% in North Sumatera, 30.6% in Semarang vs 22.7% in Central Java, 36.6% in Surabaya and 47.4% in East Java, and 18.7% in Ujung Pandang vs 27.5% in South Sulawesi.

Table 3.20 : Distribution of respondents according to membership in religious groups

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes,regular | 48.4 | 37.1 | 21.0 | 27.6 | 10.1 |
| Yes,irregular | 11.9 | 16.5 | 9.6 | 9.0 | 8.6 |
| No | 39.8 | 46.4 | 69.4 | 63.4 | 81.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

There are wide variations between cities in the percentages of respondents who are members of womens development groups, ranging from 8.6% in Ujung Pandang to 42.9% in Surabaya. Among those who are members, 51.9% (Medan) to 86.7% (Surabaya) participate regularly. The proportions in rural areas ranged between 9.5% in North Sumatera to 54.1% in East Java.

Savings groups tend to be quite popular, as indicated by the relatively high rates of participation shown in Table 3.22. The proportion of members

participating regularly is lowest in Medan (88.0%) and highest in Semarang (97.2%). If compared to the results of the Modular Survey, generally the proportion of respondents who are members of a saving group is larger in urban areas than among rural residents (the range for rural is 8.0% for North Sumatera to 56.1% in East Java).

Table 3.21 : Distribution of respondents according to membership in womens development groups

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes,regular | 5.4 | 7.9 | 23.9 | 37.2 | 4.9 |
| Yes,irregular | 5.0 | 4.1 | 3.4 | 5.7 | 3.7 |
| No | 89.6 | 88.0 | 72.7 | 57.1 | 91.4 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Table 3.22 : Distribution of respondents according to membership in saving groups

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes,regular | 23.2 | 41.6 | 61.4 | 62.4 | 33.9 |
| Yes,irregular | 3.2 | 4.2 | 1.8 | 2.9 | 3.8 |
| No | 73.6 | 54.2 | 36.8 | 34.7 | 62.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Table 3.23 : Distribution of respondents according to membership in cooperative groups

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes, regular | 3.8 | 7.5 | 11.1 | 18,0 | 5.7 |
| Yes, irregular | 0.4 | 1.3 | 1.0 | 0.8 | 0.6 |
| No | 95.8 | 91.2 | 87.9 | 81.2 | 93.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Between 4.2% (Medan) and 18.8% (Surabaya) of respondents are members of cooperative groups. In the rural areas according to the Modular Survey membership in cooperative groups was also low, falling between 2.4% in North Sumatera and 9.5% in Central Java which is not significantly different from urban participation rates.

Membership in Sports Clubs, as expected among married women, was small in all urban areas.

Table 3.24 : Distribution of respondents according to membership in sport clubs

| Membership | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Yes, regular | 1.9 | 5.9 | 5.2 | 10.1 | 2.5 |
| Yes, irregular | 1.8 | 3.2 | 2.8 | 3.2 | 3.0 |
| No | 96.3 | 90.9 | 92.0 | 86.7 | 94.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

The rates of participation in a variety of community groups has been presented in Tables 3.18-3.24. These findings are summarized in Table 3.25.

The table shows that religious and savings groups to be the two most important organizations in community involvement. Family Planning groups are a distant third in terms of participation. The women of Surabaya have the highest level of group participation for almost every type of organization.

Table 3.25: Proportion of respondents participating (regularly and irregularly) in a variety of community groups

| Groups | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| F.P Groups | 7.4 | 17.7 | 12.1 | 25.9 | 15.8 |
| Cultural Groups | 15.9 | 7.2 | 1.4 | 3.8 | 4.2 |
| Religious Groups | 60.3 | 53.6 | 30.6 | 36.6 | 18.7 |
| Womens Dev.Groups | 10.4 | 12.0 | 27.3 | 42.9 | 8.6 |
| Savings Groups | 26.4 | 45.8 | 63.2 | 65.3 | 37.7 |
| Cooperative Groups | 4.2 | 8.8 | 12.1 | 18.8 | 6.3 |
| Sports Clubs | 3.7 | 9.1 | 8.0 | 13.3 | 5.5 |

## 7. EXPOSURE TO MASS MEDIA

For the purpose of assessing the impact of mass-media, three questions were asked on television, radio and newspaper or magazine practices. Each of the respondents was asked how many days in the weeks before interview she has watched, listened, or read the appropriate form of media. The distribution of responses are given below.

Table 3.26: Distribution of respondents watching at least one TV program per day during the last week

| T.V watched in last week(days) | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Did not watch | 28.8 | 12.9 | 59.9 | 19.6 | 27.0 |
| 1-3 days | 20.4 | 18.4 | 11.0 | 16.9 | 24.2 |
| 4-7 days | 50.8 | 68.7 | 29.1 | 63.5 | 48.8 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |
| Mean° | 5.4(3.9) | 5.7(5.0) | 5.5(4.0) | 5.8(4.7) | 5.0(3.7) |

°Figures in parenthesis are means from the total sample

As would be expected, rural women have considerably less access to information through the modern media than do their urban counterparts. The Modular Survey allows us to compare the practices of rural women with those of urban women surveyed in the ICPS. The percent not watching any television is as follows: Medan 28.8% vs 64.1% in North Sumatera; Semarang 59.9% vs 70.6% in Central Java; Surabaya 19.6% vs 54.3% in East Java ; Ujung Pandang 27% vs 80.2% in South Sulawesi.

The urban/rural differential in the proportion who have not listened to the radio are much less than those observed for television, but are still substantial: 56.5% in Medan and 62.2% in North Sumatera, 35.6% in Semarang and 35.4% in Central Java, 49.2% in Surabaya and 29.3% in East Java, and 44.3% in Ujung Pandang and 55.2% in South Sulawesi.

Table 3.27 : Distribution of respondents according to frequency of listening to at least one radio program per day during the last week

| Listening to radio last week(days) | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Did not listen | 56.5 | 24.6 | 35.6 | 49.2 | 44.3 |
| 1-3 | 10.9 | 18.1 | 7.9 | 7.9 | 18.1 |
| 4-7 | 32.6 | 57.3 | 56.5 | 42.9 | 37.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2031 | 2000 | 2037 |
| Mean° | 5.6(2.4) | 5.5(4.2) | 6.2(4.0) | 6.1(3.1) | 5.0(3.7 |

°Figures in parenthesis are means for the total sample

The urban/rural differential in the proportion who have not read a newspaper or magazine vary but are generally quite significant : 57.7% in Medan and 87.7% in North Sumatera, 26.8% in Semarang and 85.0% in Central J. a, 56.8% in Surabaya and 89.3% in East Java, and 65.8% in Ujung Pandang and 91.7% in South Sulawesi.

Table 3.28 : Distribution of respondents according to frequency of reading at least one article of Newspaper/ magazine per day during the last week

| Newspaper/Magazine read last week(days) | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Did not read | 57.7 | 37.5 | 26.8 | 56.8 | 65.8 |
| 1-3 | 18.6 | 17.1 | 18.8 | 12.8 | 16.9 |
| 4-7 | 23.6 | 45.4 | 54.4 | 30.4 | 17.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |
| Mean ° | 4.4(1.9) | 5.4(3.4) | 5.5(2.2) | 5.4(2.3) | 4.2(1.4) |

° Figures in parenthesis are means from the total sample

# CHAPTER 4

# F E R T I L I T Y

## 1. N U P T I A L I T Y°

High birth rates are usually associated with the prolongation of the child bearing period. Thus, from a demographic point of view, differences in age at first marriage is often an important factor in explaining differentials in completed fertility.

Table 4.1 shows that from the five urban areas surveyed, the mean age at first marriage for Medan is the highest (19.7 years). This is about one year higher than Jakarta, and eight months higher than Ujung Pandang. For the island of Java, the differences in the mean age at first marriage among women in Jakarta (18.7 years), Semarang (18.5 years) and Surabaya (18.9 years) are relatively small; even the other two urban areas did not show a strong difference in age at marriage.

To see the changes in marriage practices over time, it is useful to examine the mean age at first marriage for women in East Java (including Surabaya), as reported by POPLAB staff in the East Java Population Survey (EJPS), were 17.9 years in 1961 and 19.9 years in 1980 (POPLAB STAFF, December 1981). While there appears to be some trend towards later ages at marriage, there has been no changes in marriage patterns substantial enough to affect fertility.

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°The reader should be aware of the analysis of nuptiality patterns using mean ages at marriage is the simplest form of analysis and presentation. However, there are some problems with these measures. The population covers only women who are currently married and so is not representative of the population of women aged 15-49 years. The younger age groups are not representative because they include only those women who married young, which reduces the mean ages for the 15-24 age groups. Also older women, who are likely to have married early and had more children are more likely to be lost to the survey through mortality. The impact of each of these biasing factor is relatively small, but it is important that reader be aware of the limits of these data

Looking at the mean age at first marriage for respondents presently aged 25 years and over further supports the lack of change in marriage patterns. It appears that the mean age at first marriage in Medan, Surabaya and Ujung Pandang has remained relatively constant for at least 20 years. Probably there has been a very small increase in the mean age at first marriage for Jakarta and Semarang (from 18.0 to 19.0 years) during the 20 year period. These data suggest that if there has been a significant decline in the fertility level during the past 20 years, the decline is not attributable to changes in nuptiality patterns.

Table 4.1 : Mean Age at first marriage of currently married women by age and city

| A g e (yrs) | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 15 - 19 | 17.0 | 16.2 | 16.6 | 16.4 | 16.1 |
| 20 - 24 | 18.0 | 18.0 | 18.1 | 17.8 | 17.7 |
| 25 - 29 | 20.1 | 19.3 | 19.0 | 19.5 | 19.5 |
| 30 - 34 | 19.9 | 19.4 | 19.0 | 19.4 | 19.6 |
| 35 - 39 | 20.1 | 19.0 | 18.7 | 19.7 | 19.3 |
| 40 - 44 | 19.7 | 18.4 | 18.6 | 18.7 | 18.8 |
| 45 - 49 | 20.4 | 18.2 | 17.8 | 19.2 | 19.2 |
| All ages | 19.7 | 18.7 | 18.5 | 18.9 | 18.9 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

## 2. CURRENT FERTILITY

### 2.1. Levels of Current Pregnancy

The proportion currently pregnant can be used as an indicator of current fertility levels. The proportion will almost always underestimate the level of current pregnancy because many women in the first and second month of pregnancy will not realize they are pregnant. Table 4.2 shows that the percentage of

currently married women who were pregnant at the time of the Survey varies by city within the range of 7 to 13 percent.

Comparatively, Jakarta, Semarang and Surabaya, have lower percentages of pregnant women than Medan and Ujung Pandang. Only a small percentage (less than 2%) of currently married women were uncertain about their pregnancy status.

Table 4.2 : Distribution of currently married women by pregnancy status and city

| Pregnancy status | Medan % | Jakarta % | Semarang % | Surabaya % | Ujung Pandang % |
|---|---|---|---|---|---|
| Currently pregnant | 12.9 (245) | 9.3 (201) | 7.0 (145) | 8.5 (170) | 12.8 (261) |
| Not pregnant | 86.0 (1637) | 89.0 (1914) | 92.2 (1919) | 90.4 (1810) | 85.9 (1751) |
| Uncertain | 1.2 (22) | 1.6 (35) | 0.8 (17) | 1.0 (20) | 1.2 (25) |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

Table 4.3 : Percent distribution of pregnant women by number of living children and city

| Number of children | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 0 | 37.1 (140) | 18.4 (207) | 21.5 (186) | 19.0 (247) | 30.3 (178) |
| 1 - 2 | 18.3 (567) | 11.7 (795) | 8.4 (826) | 10.0 (780) | 16.9 (645) |
| 3 - 4 | 8.9 (561) | 8.2 (621) | 3.3 (614) | 5.2 (612) | 10.9 (587) |
| 5 + | 6.1 (636) | 3.6 (527) | 3.5 (455) | 3.6 (361) | 5.4 (627) |
| All women | 12.9 | 9.3 | 7.0 | 8.5 | 12.8 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

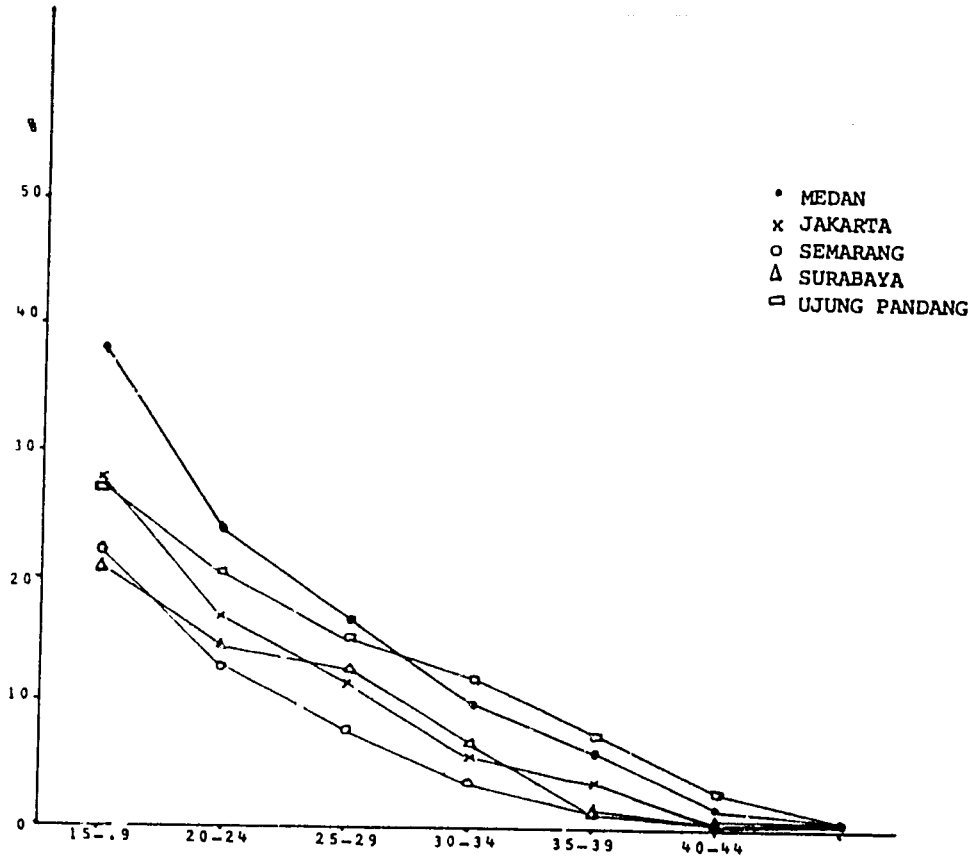


Figure 4.1: Percent distribution of pregnant women by age

The age and parity patterns observed for currently pregnant women are what would be expected - younger low parity women are pregnant in greater proportions than older high parity women. Women who are in the family formation stage of life want to get pregnant and, as Tables 4.2, 4.3 and Figure 4.1 show, do get pregnant.

## 2.2. Open Interval Since Last Live Birth

Analysis of current level of fertility can also be done by looking at the mean interval since last live birth. A longer open interval means more time between births and lower completed fertility. Differences in the mean length of the open interval indicate relative differences in current fertility. Table 4.4 provides the average open interval among all currently married women by age and city. As expected, the average open interval increases with increases in age in all five cities.

Table 4.4 : Average open interval (in months) among all currently married women by age and city

| Age (years) | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 15 - 19 | 13.5 | 14.1 | 14.4 | 16.8 | 13.9 |
| 20 - 24 | 14.8 | 20.7 | 21.2 | 21.4 | 17.3 |
| 25 - 29 | 24.1 | 31.1 | 30.0 | 31.7 | 24.5 |
| 30 - 34 | 37.0 | 49.1 | 47.5 | 54.9 | 37.7 |
| 35 - 39 | 57.9 | 74.6 | 72.4 | 89.6 | 60.4 |
| 40 - 44 | 91.8 | 112.4 | 115.6 | 119.4 | 98.2 |
| 45 - 49 | 133.2 | 144.2 | 155.3 | 165.6 | 140.0 |
| All ages | 48.5 | 56.9 | 62.4 | 66.8 | 51.4 |
| N | 1904 | 2150 | 1930 | 1776 | 1876 |
| Missing | 128 | 194 | 151 | 224 | 161 |

The mean duration of the open interval shows the same pattern between urban areas, as was observed for proportion pregnant. Both measures indicate that fertility is lower in the three cities of Java, while Medan and Ujung Pandang have relatively high levels of fertility.

## 2.3. Age Specific Marital Fertility Rate

To measure the current level of fertility in the five cities, Table 4.5 presents the unadjusted age specific marital fertility rates and total marital fertility rate among currently married women in the sample. The rates are derived from the information on live births occurring in the twelve-month period preceding the Survey. No effort has been made to adjust for the occurrence of either penultimate or multiple births during the reference period since, as shown by Sullivan and Wilson (1982, Annex 5.3), in the case of fertility analysis, such an adjustment will affect the estimated rates insignificantly. Also no effort has been made to adjust the distribution as reported by respondents.

Table 4.5 : Age specific marital fertility rate (per 1,000 women) by city°

| Age (years) | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 15 - 19 | 315 | 348 | 344 | 258 | 322 |
| 20 - 24 | 406 | 356 | 325 | 305 | 424 |
| 25 - 29 | 308 | 259 | 274 | 233 | 343 |
| 30 - 34 | 249 | 179 | 209 | 139 | 253 |
| 35 - 39 | 103 | 95 | 87 | 48 | 126 |
| 40 - 44 | 97 | 34 | 29 | 12 | 51 |
| 45 - 49 | 12 | 7 | 9 | 6 | 17 |
| GMFR | 235 | 200 | 192 | 154 | 241 |
| TMFR | 7450 | 6390 | 6385 | 5005 | 7680 |

°Based on the last live birth within the last one year

In all five cities, women aged below 30 years have higher fertility rates than women aged above 30 years. Except for Semarang, women in the age group of 20 to 24 years have the highest fertility rates. In Semarang women aged 15 - 19 have higher fertility rate than women in the age group 20-24 years.

## 2.4. Cumulative Fertility

The mean number of children ever born (CEB) and the mean number of living children (LC) by age and city are presented in Table 4.6. Overall, the mean number of CEB to all women aged 15-49 years in Medan and Ujung Pandang is about 4.1 children, while in Jakarta, Semarang and Surabaya is about half to one child lower. As expected, the mean number of children ever born as well as the mean number of living children increases with increasing age.

Table 4.6 : Average number of children ever born (CEB) and living children (LC) per currently married woman by age and city

| Age (years) | Medan | | Jakarta | | Semarang | | Surabaya | | U.Pandang | |
|---|---|---|---|---|---|---|---|---|---|---|
| | CEB | LC | CEB | LC | CEB | LC | CEB | LC | CEB | LC |
| 15 - 19 | 0.78 | 0.63 | 0.97 | 0.88 | 0.83 | 0.79 | 0.72 | 0.67 | 0.92 | 0.78 |
| 20 - 24 | 1.79 | 1.65 | 1.80 | 1.64 | 1.56 | 1.40 | 1 57 | 1.45 | 2.00 | 1.83 |
| 25 - 29 | 2.90 | 2.68 | 2.75 | 2.43 | 2.66 | 2.41 | 2.49 | 2.32 | 3.06 | 2.68 |
| 30 - 34 | 4.51 | 4.11 | 3.83 | 3.30 | 3.57 | 3.24 | 3.24 | 3.00 | 4.31 | 3.73 |
| 35 - 39 | 5.74 | 5.07 | 5.18 | 4.32 | 4.54 | 4.14 | 3.79 | 3.44 | 5.55 | 4.52 |
| 40 - 44 | 6.61 | 5.59 | 5.91 | 4.97 | 4.97 | 4.36 | 4.60 | 3.95 | 6.68 | 5.19 |
| 45 - 49 | 6.61 | 5.92 | 6.52 | 5.27 | 5.65 | 4.52 | 4.72 | 4.13 | 6.86 | 5.16 |
| All ages | 4.15 | 3.68 | 3.67 | 3.13 | 3.39 | 2.99 | 3.04 | 2.74 | 4.15 | 3.43 |

The mean number of children ever born for women aged 45-49 years sometime is used as an estimate of completed family size. Based on these estimates,

Semarang and Surabaya have the lowest completed fertility compared to the other cities. In Semarang and Surabaya, women aged 45-49 years have on the average 5 to 6 children when they finish having children, while those in Medan, Jakarta and Ujung Pandang have about 7 children.

## 3. FERTILITY DESIRE AND ATTITUDES

### 3.1. Desired Family Size

One of the measures related to fertility behavior is the number of children desired. In this report, the number of children desired is calculated by adding the number of living children to the number of additional children wanted. Many factors influence fertility behavior, those factors include socioeconomic characteristics as well as demographic characteristics.

The average desired number of children (actual + additional desired), is presented in Table 4.7. There is a clear difference between the five urban areas in the level of desired family size. The three cities of Java have the smallest desired family size, while the two remaining cities desire by about one child more than their counterparts in Java. Even among low parity women (whose desire is not influenced by actual parity, and who can still influence their completed family size) those in the two non-Java cities still want more children.

Table 4.8 presents the mean ideal number of children. The ideal number of children is based on responses given to questions asking women about their attitudes on family size for Indonesian couples in general. The differences in the ideal number of children between cities is relatively small, suggesting that the impact of the family planning program's two child motivation efforts, have resulted in a fairly universal concept of a hypothetical ideal family size. As would be expected higher parity women consider larger families to be ideal. Comparing Table 4.7 and Table 4.8 clearly shows that the ideal number falls

about 1 - 1.5 to 2 children below the desired, even for low parity couples who can be expected to be able to achieve their desire. This inconsistency may arise from several factors.

A woman answering the ideal number of children question may respond with the number which she has been told is ideal, but with which she does not personally relate. Other women may perceive their situation as unique and, therefore, can justify a family size larger than the perceived optimum. For whatever the reason, the women in Indonesia do seem to want more children than they consider ideal for couples in general.

Table 4.7 : Mean desired° number of children by number of living children

| No.of living children | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 0 | 2.8 | 2.2 | 2.0 | 1.9 | 2.5 |
| 1 | 3.5 | 3.0 | 2.4 | 2.3 | 3.2 |
| 2 | 3.9 | 3.5 | 2.8 | 3.1 | 3.4 |
| 3 | 3.9 | 3.3 | 3.2 | 3.3 | 4.4 |
| 4 | 4.7 | 4.2 | 4.1 | 4.5 | 4.8 |
| 5 | 6.1 | 5.1 | 5.0 | 5.0 | 5.2 |
| 6+ | 6.5 | 6.0 | 6.0 | 6.5 | 6.1 |
| Total | 4.7 | 3.9 | 3.5 | 3.5 | 4.4 |

° Desired = actuals + addition desired number of children

Educational level is one of the best indicators of socio-economic status. Completion of formal education has been found to be one of the main reasons for the postponent of marriage. Education also negatively correlates with the mean number of children desired among married women. Differentials in the number of children desired by level of education are shown in Table 4.9. The table shows

the expected relationship between education and desired number of children - as educational level goes up desired family size goes down. The difference in desired number of children between women with low educational levels and those with high levels, is as much as two children (Medan).

Table 4.8 : Mean ideal number of children by number of living children

| No.of living children | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 0 | 0.0 | 0.1 | 0.1 | 0.2 | 0.0 |
| 1 | 0.2 | 0.4 | 0.5 | 0.5 | 0.4 |
| 2 | 0.7 | 1.2 | 1.4 | 1.6 | 0.9 |
| 3 | 1.9 | 2.4 | 2.5 | 2.6 | 1.8 |
| 4 | 3.0 | 3.5 | 3.5 | 3.4 | 2.9 |
| 5 | 4.1 | 4.2 | 4.2 | 4.2 | 4.0 |
| 6+ | 6.0 | 6.1 | 5.4 | 5.3 | 6.0 |
| Total | 2.6 | 2.5 | 2.3 | 2.2 | 2.5 |

Because the measures of desired number of children is influenced by the actual number a woman has already, older higher parity women would be expected to "desire" larger families. Table 4.10 shows that younger women desire fewer children than older women. These women still have the opportunity to macth their desires with their actual number of children. This type of fertility behavior will hopefully support fertility declines in Indonesia.

Table 4.9 : Mean number of children desired among currently married women by education and city

| Education | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| - No education | 5.54 | 4.59 | 4.04 | 3.94 | 4.66 |
| - Elementary unfinished | 4.78 | 4.08 | 3.85 | 3.81 | 4.58 |
| - Elementary finished | 4.52 | 3.93 | 3.64 | 3.53 | 4.35 |
| - Junior High | 4.29 | 3.77 | 3.45 | 3.42 | 4.24 |
| - Senior High | 4.01 | 3.19 | 3.01 | 2.92 | 3.83 |
| - University | 3.51 | 2.73 | 2.78 | 2.61 | 3.40 |
| Total | 4.56 | 3.90 | 3.65 | 3.49 | 4.36 |
| N | 1886 | 2111 | 2081 | 1938 | 2022 |
| Missing | 18 | 39 | 31 | 62 | 15 |

Table 4.10 : Mean number of children desired for currently married women by age and city

| Age (years) | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 15 - 19 | 3.09 | 2.94 | 2.82 | 2.54 | 3.03 |
| 20 - 24 | 3.57 | 3.06 | 2.82 | 2.82 | 3.55 |
| 25 - 29 | 3.79 | 3.29 | 3.11 | 3.12 | 3.88 |
| 30 - 34 | 4.66 | 3.81 | 3.60 | 3.53 | 4.43 |
| 35 - 39 | 5.37 | 4.58 | 4.40 | 3.79 | 4.93 |
| 40 - 44 | 5.74 | 5.23 | 4.58 | 4.32 | 5.42 |
| 45 - 49 | 6.08 | 5.61 | 4.77 | 4.69 | 5.34 |
| All ages | 4.56 | 3.89 | 3.65 | 3.49 | 4.36 |
| N | 1886 | 2112 | 2050 | 1938 | 2022 |
| Missing | 18 | 38 | 31 | 62 | 15 |

## 3.2. Desire to Terminate Fertility

The proportion of women who want no more children is an indicator of the approximate age when desired family size is reached. In addition, the proportions indicates the point at which women will be most open for contraceptive services.

Table 4.11 presents percentage of currently married women who wanted no more children by age and city. In all five cities the proportions of women who wanted no more children increase with increasing age. When the proportion of women who wanted no more children reaches 90 percent - the age level may be considered as the approximate age when desired family size is reached by virtually all families. The age when desired family size is reached is 40 years in Medan, Jakarta, Semarang, and Surabaya, but 45 years in Ujung Pandang. For comparison, the approximate age in Korea in 1977 was younger; more than 90% of women aged 35 years and over wanted no more children (Kap Suk Koh et al,1980). Another way of looking at these data, which is not so influenced by extreme cases, is to look at the median age, the age at which 50 percent of the women want no more children - Medan 30.2, Jakarta 30.1, Semarang 26.2, Surabaya 25.6 and Ujung Pandang 30.3 years of age. These data show a slightly different picture. For example Jakarta which is usually has rates comparable to the other two Javanese urban areas has a much higher median age of completion of childbearing. This difference can be caused by two factors - differentials in desired family size, and differentials in the pattern of births within the child bearing period. In the case of the first, Jakarta has slightly higher desired numbers of children than the other Java cities, but not enough to explain totally the difference observed. The second factor, the pattern of births, may cause the difference, but we have already shown that the age at marriage is comparable for all Java, so it is not delayed entry into sexual union that

causes the difference. Also the mean open interval since last live birth does not suggest that there is considerable spacing between births. The other possible variation in the patterns of birth is a long delay in the first birth after marriage. The data suggest the Jakarta's extended period of child bearing is due to a number of factors but that in the absence of other information the patterns of childbearing especially delaying the birth of the first child may explain the difference between cities.

Comparison across cities shows that the percentage of currently married women who wanted no more children is slightly higher in the three cities in Java, both in total and among individual age groups. Overall, between 50 to 60 percent of currently married women in all five cities wanted no more children. This indicates that at least 50 to 60 percent of currently married women have an interest in controlling future fertility. Not all of these women will be at risk of an unwanted pregnancy. But enough of them will be that when combined with those women who would use contraception to space births, there is clearly a large population of potential users.

Table 4.11 : Percent of currently married women who wanted no more children by age and city

| Age (years) | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 15 - 19 | 1.9 | 8.9 | 4.3 | 11.2 | 4.3 |
| 20 - 24 | 15.8 | 22.1 | 19.9 | 26.7 | 16.9 |
| 25 - 29 | 37.8 | 45.6 | 51.6 | 51.8 | 33.2 |
| 30 - 34 | 63.7 | 68.2 | 73.3 | 66.8 | 55.9 |
| 35 - 39 | 81.2 | 85.5 | 86.9 | 81.3 | 69.3 |
| 40 - 44 | 90.8 | 90.9 | 94.9 | 94.6 | 87.7 |
| 45 - 49 | 93.8 | 95.9 | 98.7 | 96.1 | 91.0 |
| All ages | 55.1 | 57.9 | 62.3 | 61.8 | 50.3 |
| N | 1903 | 2139 | 2079 | 1998 | 2037 |

Another way to look at the desired level of fertility is to examine, for woman who want no more children, whether the last child was wanted. The responses are presented in Table 4.12 through 4.16. Since desire for additional children is obviously most heavily influenced by the number of living children, the child desire status is controlled by the number of living children. It should be noted that there is considerable evidence, that women tend to rationalize an undesired pregnancy by making an unwanted pregnancy into a wanted child. As a consequence, it is likely that the proportion reporting their last child as wanted may be slightly over-estimated.

An important finding is the extremely high level of unwanted pregnancies, as suggested by the proportion of women whose last child was not wanted. In other words, the proportion of women who have already experienced an unwanted birth is extremely high.

The proportion of women who want more children declines rapidly with increasing parity. Those women who want no more children can be expected to be interested in regulation of future fertility. For Jakarta, Semarang and Surabya the majority of women with two living children would be interesting in regulating future fertility. For Ujung Pandang and Medan those women with three living children would be interested in regulating future fertility. These tables indicate as shown previously in this Chapter that Medan and Ujung Pandang not only have the highest level of fertility, they also have larger desired family sizes.

Table 4.12 : Percent of women by child desire and number of living children, JAKARTA

| No.of living children | N=100% | Want More | Want No More | | |
|---|---|---|---|---|---|
| | | | Last Child Wanted | Last Child Not Wanted | Last Child Don't know |
| 0 | 207 | 93.7 | 4.3 | 1.0 | 1.0 |
| 1 | 380 | 77.9 | 16.6 | 5.0 | 0.5 |
| 2 | 415 | 48.4 | 33.3 | 16.4 | 1.9 |
| 3 | 367 | 23.7 | 42.8 | 31.1 | 2.5 |
| 4 | 254 | 11.0 | 41.3 | 44.5 | 3.1 |
| 5 | 180 | 7.8 | 28.3 | 60.0 | 3.9 |
| 6+ | 347 | 1.7 | 22.8 | 67.7 | 7.8 |
| N | 2150 | | | | |

Table 4.13 : Percent of women by child desire and number of living children, SEMARANG

| No.of living children | N=100% | Want More | Want No More | | |
|---|---|---|---|---|---|
| | | | Last Child Wanted | Last Child Not Wanted | Last Child Don't know |
| 0 | 186 | 93.0 | 7.0 | 0.0 | 0.0 |
| 1 | 421 | 79.1 | 19.0 | 1.4 | 0.5 |
| 2 | 405 | 39.8 | 47.9 | 11.4 | 1.0 |
| 3 | 348 | 14.7 | 60.3 | 23.3 | 1.7 |
| 4 | 266 | 4.5 | 50.4 | 44.4 | 0.8 |
| 5 | 179 | 0.6 | 45.3 | 50.3 | 3.9 |
| 6+ | 276 | 0.0 | 29.7 | 66.3 | 4.0 |
| N | 2081 | | | | |

Table 4.14 : Percent of women by child desire and number of living children, SURABAYA

| No.of living children | N=100% | Want More | Want No More | | |
|---|---|---|---|---|---|
| | | | Last Child Wanted | Last Child Not Wanted | Last Child Don't know |
| 0 | 247 | 92.7 | 6.1 | 0.8 | 0.4 |
| 1 | 359 | 77.4 | 19.8 | 2.5 | 0.3 |
| 2 | 421 | 36.6 | 53.2 | 9.5 | 0.7 |
| 3 | 361 | 14.1 | 58.7 | 25.5 | 1.7 |
| 4 | 251 | 9.2 | 51.8 | 38.2 | 0.8 |
| 5 | 160 | 2.5 | 44.4 | 52.5 | 0.6 |
| 6+ | 201 | 1.5 | 31.8 | 63.7 | 3.0 |
| N | 2000 | | | | |

Table 4.15 : Percent of women by child desire and number of living children, UJUNG PANDANG

| No.of living children | N=100% | Want More | Want No More | | |
|---|---|---|---|---|---|
| | | | Last Child Wanted | Last Child Not Wanted | Last Child Don't know |
| 0 | 178 | 98.3 | 1.7 | 0.0 | 0.0 |
| 1 | 298 | 80.5 | 16.4 | 2.7 | 0.3 |
| 2 | 347 | 60.5 | 33.1 | 5.5 | 0.9 |
| 3 | 303 | 43.9 | 42.6 | 11.6 | 2.0 |
| 4 | 284 | 27.8 | 48.6 | 22.2 | 1.4 |
| 5 | 232 | 15.9 | 48.3 | 33.2 | 2.6 |
| 6+ | 395 | 5.8 | 51.9 | 39.7 | 2.5 |
| N | 2037 | | | | |

Table 4.16 : Percent of women by child desire and number of living children, MEDAN

| No.of living children | N=100% | Want More | Want No More | | |
|---|---|---|---|---|---|
| | | | Last Child Wanted | Last Child Not Wanted | Last Child Don't Know |
| 0 | 140 | 98.6 | 1.4 | 0.0 | 0.0 |
| 1 | 238 | 89.9 | 8.0 | 2.1 | 0.0 |
| 2 | 329 | 71.1 | 25.2 | 3.6 | 0.0 |
| 3 | 300 | 39.0 | 51.3 | 9.3 | 0.3 |
| 4 | 261 | 26.1 | 54.4 | 18.0 | 1.5 |
| 5 | 208 | 13.5 | 58.2 | 27.9 | 0.5 |
| 6+ | 428 | 4.9 | 48.1 | 46.5 | 0.5 |
| N | 1904 | | | | |

3.3. Husbands Desire for Additional Children

Family size decisions are among the most important decisions a couple can make. In the ICPS women were asked in addition to their own desires for more children, whether their husbands wanted more children or not. Table 4.17 presents this comparison in an effort to examine the structure of desired family size in a different way. It is clear that these subjective questions on desire for additional children are difficult for a woman to answer given the high proportion of women who are unable or unwilling to give responses. Among those women who gave responses, there seems to be a fairly high level of agreement between husbands and wives. The level of disagreement between husbands and wives ranges from a high in Medan of 9.6 percent to a low in Semarang of 5.1%. The difference between cities is insignificant. Caution should be used in interpreting the results. The low level of disagreement may not come from a lack of

conflict between husbands and wives on family size, but may be more the result of women who were in disagreement being unwilling or unable to respond to the questions.

Table 4.17 : Percent of couples desiring more children by agreement status

| Agreenent Status | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| - Husband and wife want more | 40.3 | 34.3 | 32.3 | 32.5 | 41.1 |
| - Husband wants more/wife does not | 8.6 | 6.5 | 4.6 | 8.0 | 6.9 |
| - Wife wants more/husband does not | 1.0 | 1.2 | 0.5 | 1.1 | 0.6 |
| - Husband and wife do not want more | 18.2 | 24.2 | 25.0 | 23.1 | 16.2 |
| - No response/do not know, not sure | 31.9 | 33.8 | 37.6 | 35.3 | 35.2 |

# CHAPTER 5

## KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING

This chapter will provide the ICPS results on the extent of contraceptive knowledge, attitudes and use among currently married women aged 15 - 19 years in five urban settings. This information is important, as an empirical base, for evaluating the urban family planning program in Indonesia.

### 1. KNOWLEDGE OF FAMILY PLANNING METHODS

Knowledge of specific family planning methods was based on the responses to a series of prompted and unprompted questions asked of all respondents. The questions asked were whether she had heard about any family planning methods. If the response was affirmative, then she was asked which specific method she knew. The response to this question constituted the respondent's unprompted knowledge about contraceptive methods. If the respondent failed to mention one of the listed methods ( Pill, IUD, Condom, Vaginal Method, Injectable, Female Sterilization, Male Sterilization, Induced Abortion, Rhythm, or Withdrawal), she was prompted with other common or local names of those methods. The interviewers were not allowed to describe the method(s).

Table 5.1 gives the percentages of currently married women with prompted and unprompted knowledge of specific contraceptive methods. In this report, knowledge or awareness of contraceptive methods is generally considered to include either unprompted or prompted knowledge. However, the pattern of responses to knowledge bears examination because they provide some insights into the way Indonesian women consider various methods. Knowledge of condoms is a good example. There is considerable evidence that women in many countries will under

report knowledge and use of condoms or other male methods. While condoms are widely available and have been promoted by both the private sector and the Program, the unprompted knowledge is low, but with prompting the level of awareness makes condoms of the most commonly known methods. This suggests that women represented in the Survey have some personal or social constraints to talking about and possibly using condoms. Program efforts aimed at education might result in increased acceptability for the condoms.

Pill knowledge is a good example of the effects of program efforts to promote a method. Almost all women in the Survey knew about the pill, and most of the pill knowledge was unprompted. There is some variation in levels of knowledge between cities, which suggests areal variation in program efforts to promote pill. The pill knowledge pattern of prompted/unprompted responses between the five cities is similar for other methods, suggesting that there are geographical differences in the levels of program activities.

Permanent methods of contraception (sterilization) suffer in comparison of prompted/unprompted knowledge. Knowledge of both types of sterilization are low, but increase substantially with prompting. Sterilization knowledge never gets near the levels achieved by modern temporary methods. This suggests that the women covered by the Survey do not associate sterilization and family planning, and do not seem to have much information on the methods which are appropriate for women who have completed their childbearing.

Table 5.2 provides a variety of information on knowledge levels. Among the eleven methods, pills are the most widely known, with IUD and injections in second or third place in the five cities covered by the Survey. Condoms were the fourth most widely known method, but much of this awareness was the result of prompting, as mentioned earlier. Traditional methods varied in the levels of awareness--rhythm was fairly widely known (32 - 47%) but only one woman in five knew about withdrawal (15 to 27%).

Table 5.1. : Percent of currently married wonen aware of specific contraceptive methods unprompted and prompted

| | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| **Unprompted** | | | | | |
| Pill | 74 | 83 | 80 | 75 | 60 |
| Condom | 44 | 44 | 54 | 55 | 21 |
| Vaginals | 1 | 4 | 4 | 3 | 2 |
| Injection | 51 | 63 | 69 | 45 | 41 |
| IUD | 64 | 74 | 70 | 65 | 50 |
| Female ster. | 18 | 26 | 36 | 41 | 8 |
| Male ster. | 2 | 12 | 18 | 9 | 2 |
| Abortion | 1 | 3 | 1 | 2 | 1 |
| Rhythm | 12 | 12 | 10 | 12 | 6 |
| Withdrawal | 2 | 2 | 2 | 1 | 1 |
| Other | 4 | 1 | 2 | 3 | 1 |
| **Prompted** | | | | | |
| Pill | 15 | 10 | 13 | 11 | 16 |
| Condom | 34 | 41 | 25 | 23 | 32 |
| Vaginals | 11 | 12 | 13 | 15 | 11 |
| Injection | 31 | 24 | 20 | 26 | 26 |
| IUD | 18 | 15 | 14 | 13 | 16 |
| Female ster. | 47 | 45 | 39 | 32 | 38 |
| Male ster. | 18 | 32 | 39 | 25 | 14 |
| Abortion | 39 | 38 | 26 | 35 | 28 |
| Rhythm | 35 | 30 | 28 | 35 | 26 |
| Withdrawal | 21 | 16 | 17 | 26 | 14 |

The pattern of contraceptive awareness between cities is remarkably consistent. While there is some variation in knowledge levels: only Ujung Pandang always has lower level of knowledge, ranging from 8 percent lower for injection to 19 percent lower for female sterilization than the next lowest city.

The age patterns of contraceptive knowledge, presented in Table 5.2. are also remarkably consistent across cities and methods. Knowledge is lowest for the younger women (15 - 24 years), peaks for the middle years (24 - 34) and then declines for older women (35 - 49) into levels generally slightly above those observed for the youngest age group. This pattern has been widely observed in other countries and would generally be expected to exist in Indonesia. Younger women who get married are not generally interested in delaying fertility, so their interest in and knowledge of family planning is lower. Married women in the middle age group have been married on average ten years. They have had children and are now interested in spacing future pregnancies, delaying pregnancy decisions based on survival of living-children, and in some cases terminating child-bearing. These women would be expected to have the most interest and highest level of awareness of family planning, and the data support this. Married women in the older age group (35 - 49 years) could be expected to have many of the fertility concerns of the younger group. However the older group also contains women who are protected from unwanted pregnancy by subfecundity or infecundity. Diminished frequency of sexual intercourse also plays a role in convincing older women that their need for family planning is less, and so their interest and knowledge is less. The age patterns for contraceptive knowledge described above hold with few exceptions for all cities and methods. There are, however, relative variations which are interesting. For traditional methods like rhythm and withdrawal younger women had relatively less knowledge than their older counterparts when compared to other methods. The same curvalinear age and knowledge patterns are observed for all methods, but in the case of permanent

Table 5.2. : Percent distribution of currently married women aware (unprompted and prompted) of specific methods by age

| | Pill | Condom | Vaginals | Injection | I.U.D | Fem. Ster. | Male Ster. | Abortion | Rhythm | Withdrawal | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Medan total | 89 | 78 | 12 | 82 | 82 | 65 | 21 | 40 | 47 | 22 | 4 |
| 15-24 | 86 | 71 | 8 | 79 | 78 | 55 | 13 | 31 | 33 | 13 | 1 |
| 25-34 | 91 | 82 | 12 | 84 | 87 | 67 | 22 | 41 | 52 | 26 | 6 |
| 35-49 | 88 | 75 | 14 | 79 | 80 | 70 | 27 | 43 | 50 | 25 | 5 |
| Jakarta total | 93 | 85 | 16 | 87 | 89 | 71 | 44 | 41 | 42 | 18 | 1 |
| 15-24 | 93 | 81 | 10 | 88 | 87 | 62 | 31 | 31 | 27 | 7 | 0 |
| 25-34 | 96 | 89 | 18 | 89 | 92 | 77 | 50 | 46 | 47 | 23 | 2 |
| 35-49 | 91 | 82 | 18 | 83 | 85 | 68 | 47 | 40 | 47 | 18 | 1 |
| Semarang total | 93 | 79 | 17 | 89 | 84 | 75 | 57 | 27 | 38 | 19 | 2 |
| 15-24 | 93 | 77 | 8 | 90 | 82 | 69 | 39 | 22 | 29 | 9 | 2 |
| 25-34 | 96 | 86 | 19 | 94 | 91 | 82 | 54 | 32 | 44 | 24 | 2 |
| 35-49 | 87 | 73 | 21 | 81 | 73 | 67 | 44 | 26 | 38 | 19 | 3 |
| Surabaya total | 86 | 78 | 18 | 71 | 78 | 73 | 34 | 37 | 47 | 27 | 3 |
| 15-24 | 82 | 71 | 11 | 66 | 73 | 65 | 18 | 27 | 32 | 17 | 2 |
| 25-34 | 92 | 85 | 21 | 80 | 84 | 80 | 42 | 41 | 54 | 31 | 3 |
| 35-49 | 81 | 73 | 19 | 63 | 73 | 69 | 37 | 38 | 48 | 28 | 3 |
| Ujung Pandang total | 76 | 53 | 13 | 67 | 66 | 46 | 16 | 29 | 32 | 15 | 1 |
| 15-24 | 70 | 45 | 8 | 63 | 60 | 36 | 9 | 26 | 23 | 9 | 0 |
| 25-34 | 79 | 59 | 13 | 74 | 72 | 50 | 16 | 30 | 35 | 15 | 1 |
| 35-49 | 73 | 49 | 15 | 62 | 63 | 46 | 18 | 27 | 34 | 16 | 1 |

methods this is unexpected. For sterilization one would expect a more linear relationship, with older women who have completed their families having more interest and knowledge of these methods. This is not the case in Indonesia.

Table 5.3. illustrates that educational level does correlate positively with the level of contraceptive awareness. Women with lower educational levels tend to have lower level of awareness and knowledge. For this analysis, levels of education has been divided into three categories, i.e. low, middle and high. Low level education corresponds to not finishing elementary school, middle level are those who had finished elementary education but had not finished senior high school and high level of education corresponds to senior high school and higher.

What is impressive is that the family planning awareness among respondents in Semarang is 94.6% for low level of education, 98.4% for middle level of education and 100% for high level of education. The other four cities having the same pattern, but relatively lower percentages.

Table 5.3. : Awareness of family planning methods by education and city

| Level of education | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| L o w | 84.3<br>(747) | 90.3<br>(880) | 94.6<br>(1028) | 81.0<br>(730) | 81.2<br>(965) |
| Middle | 92.7<br>(898) | 97.8<br>(914) | 98.4<br>(734) | 96.8<br>(870) | 92.9<br>(743) |
| High | 98.5<br>(256) | 98.3<br>(356) | 100.0<br>(319) | 99.5<br>(400) | 96.7<br>(329) |

( ) are numerators for calculating % and not cell size.

In general, there are few differences in method specific awareness by education in the five cities (Table 5.4). Pill ranks the first in Medan, Jakarta, Surabaya and Ujung Pandang, while in Semarang it ranks second after

Table 5.4. : Percent of currently married women aware of specific family planning methods (unprompted and prompted) by education

| Methods | Medan | | | Jakarta | | | Semarang | | | Surabaya | | | Ujung Pandang | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Le | Me | He | Le | Me | He | Le | Me | He | Le | Me | He | Le | Me | He |
| Pill | 82.0 | 91.8 | 97.7 | 88.1 | 97.7 | 98.0 | 87.2 | 97.0 | 99.7 | 70.3 | 93.1 | 98.5 | 60.5 | 85.7 | 94.8 |
| Condom | 65.0 | 82.1 | 96.5 | 72.4 | 92.9 | 96.3 | 63.9 | 91.7 | 99.4 | 54.0 | 83.4 | 97.8 | 28.2 | 67.8 | 90.3 |
| Vaginal Method | 5.2 | 11.1 | 32.8 | 5.1 | 19.1 | 36.2 | 3.6 | 19.9 | 53.6 | 3.3 | 18.5 | 41.8 | 4.0 | 14.9 | 35.3 |
| Injection | 74.2 | 84.2 | 96.5 | 79.4 | 91.2 | 94.7 | 80.6 | 94.6 | 99.7 | 47.1 | 79.9 | 91.3 | 49.5 | 79.7 | 90.9 |
| I U D | 72.8 | 85.2 | 97.7 | 77.8 | 95.5 | 97.8 | 72.7 | 92.9 | 100.0 | 53.6 | 88.5 | 98.0 | 45.0 | 80.8 | 94.2 |
| Female Steriliz. | 53.9 | 69.3 | 84.9 | 53.3 | 81.4 | 89.9 | 59.7 | 85.1 | 99.1 | 45.5 | 84.4 | 96.0 | 25.0 | 57.1 | 79.9 |
| Male Ster. | 10.6 | 21.7 | 52.1 | 24.5 | 51.4 | 73.6 | 25.5 | 58.0 | 88.1 | 9.7 | 38.2 | 70.8 | 4.4 | 18.6 | 42.6 |
| Abortion | 25.3 | 42.7 | 68.3 | 19.7 | 46.9 | 73.9 | 10.2 | 31.5 | 73.7 | 12.5 | 38.5 | 77.0 | 12.6 | 34.3 | 60.8 |
| Rhythm | 12.4 | 54.0 | 84.6 | 16.4 | 51.3 | 82.9 | 12.5 | 50.5 | 91.8 | 13.0 | 54.8 | 89.8 | 10.5 | 40.9 | 74.2 |
| Withdrawal | 12.2 | 24.3 | 50.2 | 3.4 | 17.7 | 52.8 | 3.6 | 21.1 | 61.4 | 6.4 | 27.1 | 65.5 | 3.8 | 17.5 | 41.0 |
| N | 747 | 898 | 259 | 880 | 913 | 356 | 1028 | 374 | 319 | 730 | 870 | 400 | 965 | 743 | 329 |

Le = Low education

Me = Middle education

He = High education

IUD. IUD and injection are the second best known methods across all educational levels.

Current employment status (Table 5.5) did not make a consistent difference of level of awareness among married women in the five cities studied. In Semarang and Surabaya the level of awareness among not working women are higher than among working women.

Table 5.5. : Percent of currently married women with knowledge of family planning methods by working status

| Working status | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Working | 91.6<br>(525) | 95.7<br>(392) | 96.3<br>(804) | 88.8<br>(687) | 93.2<br>(340) |
| Not working | 89.6<br>(1379) | 94.5<br>(1758) | 97.0<br>(1277) | 93.0<br>(1313) | 86.9<br>(1697) |

( ) are numerators for calculating % and not cell size

The prevalence of contraceptive knowledge among currently married women aged 15 - 49 years is shown in Table 5.6. An average of 2 - 3 methods known, of all modern family planning methods, can be concluded by observing the modes of the distribution for each city.

Table 5.6. : Percent distribution of number of modern methods° known

| Number of methods | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 0 | 19.7 | 11.4 | 13.3 | 19.2 | 34.1 |
| 1 | 11.8 | 8.0 | 9.4 | 11.5 | 14.9 |
| 2 | 20.0 | 20.6 | 13.2 | 15.5 | 14.2 |
| 3 | 37.5 | 39.1 | 33.5 | 28.9 | 31.2 |
| 4 | 9.4 | 12.5 | 16.7 | 19.2 | 4.6 |
| 5 | 1.6 | 8.4 | 13.9 | 5.5 | 1.0 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Mean | 2.10 | 2.58 | 2.73 | 2.34 | 1.60 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

° Pill, IUD, Injection, Male and Female sterilization are considered modern methods

## 2. ATTITUDE TOWARDS FAMILY PLANNING

### 2.1. Reasons for Non Use

A question often raised is why some currently married women do not use some form of contraception. In the ICPS, women who had knowledge of family planning methods but were not currently using contraception were asked to identify their reasons for choosing not to use contraceptives. Some of the reasons appear in Table 5.7.

Less than 6 percent stated that they did not want family planning. Many of the reasons are not directly related to contraception. For example, about 8 to 14% of all currently married women reported that they were pregnant, post partum, or just had an abortion. Four to nine percent implied they were subfecund or infecund (hard to have children). The percentage wanting additional children (seeking pregnancy) shows some variation among the five cities - from 11% in Surabaya, 17% in Semarang, 18% in Ujung Pandang, 20% in Jakarta, to the highest of 23% in Medan.

Among the reasons for non-use that relate directly to contraception, fear of side effects, "husband doesn't allow it", and lack of knowledge were cited most often as the primary contraceptive related reasons for non-use. It is interesting to note, however, that none of the respondents in all five cities were opposed to fertility regulation.

### 2.2. Prefered Methods Among Non-users

Women who were not currently using contraception were asked what method they would prefer to use when they started. Table 5.8 reports the preferred contraceptive method among current non-users by age. Overall, Pill usually ranks first (20 - 22%). Injectables rank second in Jakarta, Surabaya and Ujung Pandang; but was most preferred by current non-users in Medan and Semarang, particularly among younger women aged 15 - 19 and 20 - 24.

Table 5.7: Percent distribution of stated reasons for not using contraceptive method (among non-users of any method) by age and city

| | MEDAN | | | | JAKARTA | | | | SEMARANG | | | | SURABAYA | | | | UJUNG PANDANG | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 |
| Number of non-contraceptive users | 1,231 | 324 | 511 | 396 | 1,241 | 371 | 454 | 416 | 1,023 | 269 | 341 | 413 | 1,104 | 309 | 372 | 423 | 1,387 | 366 | 519 | 502 |
| Pregnant/just delivered/just had spontaneous abortion | 10 | 14 | 12 | 3 | 10 | 20 | 10 | 1 | 14 | 25 | 19 | 3 | 10 | 15 | 13 | 2 | 8 | 14 | 9 | 2 |
| Doctors advice | 3 | 1 | 2 | 4 | 4 | 2 | 4 | 5 | 2 | 1 | 3 | 3 | 3 | 2 | 3 | 3 | 2 | 1 | 2 | 2 |
| Hard to have children | 8 | 4 | 10 | 10 | 8 | 2 | 8 | 11 | 9 | 5 | 8 | 11 | 8 | 2 | 8 | 12 | 4 | 2 | 3 | 6 |
| Infertile | 3 | * | 1 | 7 | 3 | * | 1 | 6 | 3 | - | 1 | 5 | 4 | 2 | 1 | 9 | 1 | - | * | 3 |
| Had hysterectomy | * | - | - | * | * | - | * | * | 1 | - | 2 | 2 | * | - | * | 1 | * | - | * | - |
| Menopause | 3 | - | - | 8 | 3 | - | * | 9 | 5 | - | - | 12 | 3 | - | * | 7 | 2 | * | - | 6 |
| Afraid of side effect | 16 | 11 | 15 | 20 | 14 | 11 | 18 | 12 | 10 | 8 | 13 | 9 | 13 | 13 | 15 | 11 | 16 | 11 | 18 | 16 |
| Husband doesn't allow it | 7 | 9 | 9 | 4 | 7 | 9 | 7 | 5 | 5 | 7 | 6 | 3 | 4 | 4 | 5 | 3 | 5 | 7 | 6 | 3 |
| Relatives against it | * | 1 | * | * | * | * | 1 | - | * | * | - | - | - | - | - | - | * | * | 1 | * |
| Not sexually active | 2 | - | 1 | 4 | 1 | 1 | * | 1 | 2 | - | 2 | 5 | 1 | 1 | 2 | 3 | 1 | * | 1 | 1 |
| Separated from Husband | 1 | 1 | 1 | 1 | * | 1 | * | - | 1 | 1 | 1 | 1 | * | * | * | 1 | 1 | * | 1 | 1 |
| Want to be pregnant | 23 | 37 | 27 | 7 | 20 | 27 | 27 | 5 | 17 | 31 | 23 | 3 | 11 | 26 | 30 | 5 | 18 | 28 | 23 | 6 |
| Does not want Family Planning | 3 | 1 | 2 | 4 | 6 | 5 | 4 | 8 | 3 | 1 | 3 | 4 | 1 | 1 | 1 | 2 | 4 | 1 | 3 | 8 |
| Other | 5 | 3 | 6 | 6 | 8 | 5 | 5 | 13 | 10 | 7 | 8 | 13 | 3 | 6 | 4 | 5 | 2 | 1 | 3 | 3 |
| Don't know | 6 | 5 | 5 | 7 | 7 | 7 | 7 | 8 | 7 | 5 | 6 | 8 | 3 | 4 | 5 | 5 | 5 | 3 | 6 | 6 |
| No response** | 11 | 13 | 9 | 15 | 9 | 10 | 8 | 16 | 11 | 9 | 5 | 18 | 36 | 34 | 13 | 31 | 31 | 32 | 24 | 37 |

* = under 1%. ** = no response because question not asked because no family planning methods were known. - = no cases.

Table 5.8: Preferred contraceptive methods for those currently not using the methods by age

| | MEDAN | | | | JAKARTA | | | | SEMARANG | | | | SURABAYA | | | | UJUNG PANDANG | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TOTAL | 15-24 | 25-34 | 34-49 | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 | TOTAL | 15-24 | 25-34 | 35-49 |
| Number of non-FP users | 1,231 | 324 | 511 | 396 | 1,241 | 371 | 454 | 416 | 1,023 | 269 | 341 | 413 | 1,104 | 309 | 372 | 423 | 1,387 | 366 | 519 | 502 |
| | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % |
| Pill | 22 | 24 | 23 | 19 | 21 | 29 | 22 | 19 | 15 | 18 | 20 | 8 | 21 | 30 | 24 | 12 | 20 | 27 | 22 | 13 |
| Condom | 2 | 1 | 3 | 1 | 1 | 1 | 2 | 2 | 2 | 1 | 4 | 1 | 4 | 4 | 6 | 4 | 1 | - | 1 | * |
| Vaginal method | - | - | - | 1 | - | - | - | - | - | - | * | - | - | - | - | - | - | - | - | - |
| Injection | 22 | 30 | 23 | 14 | 17 | 24 | 19 | 14 | 22 | 36 | 25 | 10 | 10 | 14 | 14 | 4 | 14 | 18 | 19 | 9 |
| I U D | 6 | 5 | 8 | 4 | 8 | 8 | 13 | 7 | 5 | 8 | 7 | 2 | 5 | 9 | 6 | 2 | 7 | 5 | 8 | 6 |
| Female Sterilization | 4 | 3 | 5 | 5 | 2 | 2 | 3 | 3 | 2 | * | 4 | 1 | 5 | 2 | 7 | 4 | 1 | - | 1 | 1 |
| Male Sterilization | * | * | - | * | - | - | - | - | * | * | * | * | * | - | * | - | - | - | - | - |
| Induced Abortion | - | - | - | - | * | * | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Rhythm | 3 | 3 | 2 | 4 | 2 | * | 2 | 3 | 1 | 1 | 1 | 1 | 2 | 1 | 3 | 3 | 2 | 1 | 1 | 2 |
| Withdrawal | * | * | - | * | - | - | - | - | - | - | - | - | * | 1 | - | - | * | - | * | - |
| Other | 2 | 1 | 3 | 1 | * | * | * | 1 | * | - | - | * | 1 | 1 | * | * | * | - | * | * |
| No choice | 10 | 10 | 11 | 29 | 26 | 14 | 18 | 41 | 8 | 17 | 24 | 53 | 25 | 12 | 20 | 40 | 17 | 10 | 13 | 27 |
| Don't know | 11 | 11 | 11 | 7 | 13 | 14 | 16 | 13 | 11 | 10 | 9 | 5 | 4 | 5 | 4 | 2 | 9 | 10 | 11 | 5 |

In contrast to temporary methods like pill and condom, more permanent methods suffered as choices among non-users. This is probably to be expected since the question ask about the method the respondent would use first. There is relatively little difference in the proportions selecting temporary methods by age, which would suggest that women will try family planning before they go for more permanent methods. This would also suggest that among non-users the primary perceived purpose of family planning is to terminate childbearing and not to space birth.

It is also important to note that the proportion having no opinion reaches as high as 26 percent and as low as 8 percent. This difference is enough to influence the distribution, if those who report "no opinion" have a systematic bias for or against a specific method.

## 3. USE OF FAMILY PLANNING

The focus of this section is the measurement of contraceptive use. After ascertaining a respondent's knowledge of a specific family planning method, she was asked whether she or her spouse has ever used that method. If the respondent claimed ignorance of a method even after prompting, she was not asked the question on ever use.

Furthermore, information was collected on both past and current use of modern and traditional methods of fertility regulation. Current use was defined as the use of a method within 30 days preceeding the date of interview. Ever users were the ones who had used a method but were not currently using a method.

### 3.1. Ever-use

Ever use of contraception is defined as past use of a specific method, with no current use of any methods. The ever users represent those who are complete family planning dropouts.

The overall rate of ever use of contraceptive methods among currently married women in all five cities was found to be 15 percent. The differentials by city are shown in Table 5.9. Medan shows the highest ever use rate of 17 percent, while Ujung Pandang has the lowest (12%).

Most of the ever-users have tried some modern methods, with the pill being the most widely discontinued method. An unexpected finding is that a high proportion of currently married women have used condom as their contraceptive method second only to pill in Medan, Semarang and Surabaya. The ever-use of IUD was greater than the ever-use of Injection, except for Medan which shows the reverse. Out of the traditional methods, Rhythm shows the greatest rate of ever-used by currently married women in all the five cities.

Table 5.9. : Distribution of women by status of contraception and city

| Status of contraception | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Currently using | 35.3 | 42.3 | 50.9 | 44.8 | 32.0 |
| Have ever used | 16.9 | 16.6 | 15.1 | 15.7 | 11.7 |
| Never used | 47.7 | 41.2 | 34.0 | 39.5 | 56.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

3.2. Current Use

The current use rates among currently married women aged 15 - 49 and not pregnant are shown in Table 5.10.

According to Table 5.10. and Figure 5.1., almost all of the current users were employing a modern method. As can be seen, pill leads with an average current user rate of 12 percent. Jakarta, Medan and Ujung Pandang have equal percentages of 11 percent, while Surabaya shows the highest pill usage with 14 percent, and Semarang is inbetween (13%).

The second highest rate of use is for IUD, except in Semarang where injec-

tion was practiced more than IUD. It seems that injection has slowly but steadily increased in acceptance among users. The condom is still not a major method in Indonesia, since it is used by less than 6 percent with Ujung Pandang showing the lowest level with only 1 percent using.

Table 5.10. : Percent distribution of all currently married women 15 - 49 years of age by contraceptive use status

| | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Total respondent (N) | (1,904) | (2,150) | (2,081) | (2,000) | (2,037) |
| Total using | 35 | 42 | 51 | 45 | 32 |
| Pill | 11 | 11 | 13 | 14 | 11 |
| Condom | 3 | 3 | 4 | 6 | 1 |
| Injection | 4 | 7 | 12 | 3 | 5 |
| IUD | 5 | 12 | 10 | 7 | 8 |
| Female sterilization | 4 | 5 | 6 | 7 | 3 |
| Rhythm | 4 | 4 | 4 | 5 | 3 |
| Withdrawal | 2 | 1 | 1 | 1 | 1 |
| Other | 2 | 1 | 1 | 1 | 0 |
| Not using | 65 | 58 | 49 | 55 | 68 |

The age distribution of current users is presented in Table 5.11. The most obvious age/use characteristic is the curvalinear age pattern of contraceptive users - use levels are lower for the young age group (15 - 24 years), rises for the middle age group (25 - 34 years), and finally fall for older women (35 - 49 years) to levels closer to the younger age group. This generalization holds true for four of the five cities and most of the methods. However even within this generalization the exceptions and anomalies are interesting. Among the five cities : Ujung Pandang, the exception, has a straight line increase in use, with the highest levels of use recorded for the oldest age groups; Surabaya

Figure 5.1: Contraceptive use by city
1983

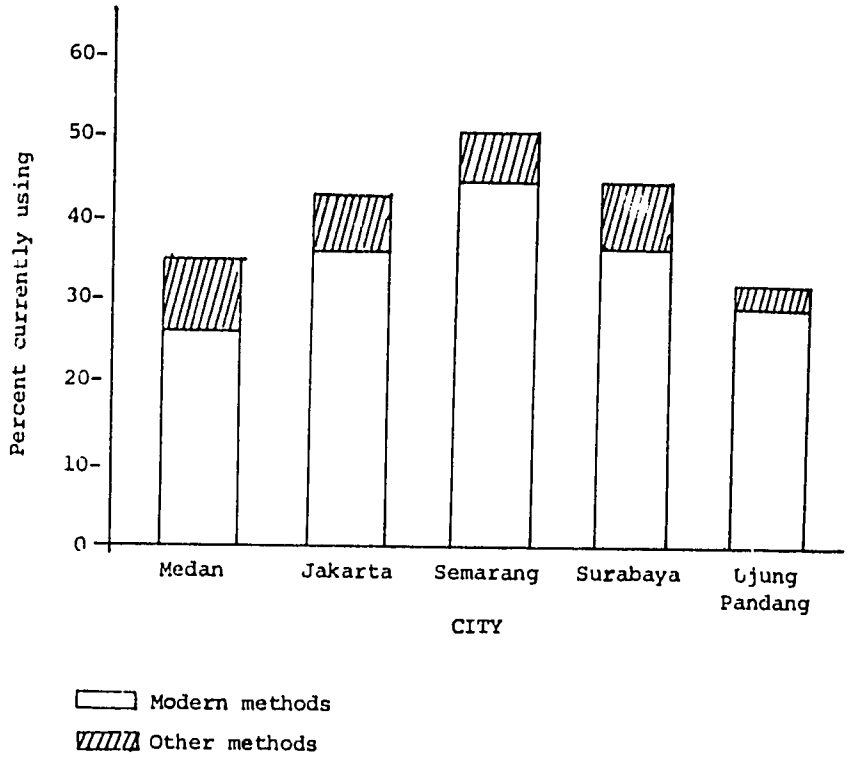

Table 5.11 : Percent of all currently married women by method and age

| | Medan | | | Jakarta | | | Semarang | | | Surabaya | | | Ujung Pandang | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 15-24 | 25-34 | 35-49 | 15-24 | 25-34 | 34-49 | 15-24 | 25-34 | 35-49 | 15-24 | 25-34 | 35-49 | 15-24 | 25-34 | 35-49 |
| All respondents | 409 | 835 | 660 | 547 | 888 | 715 | 502 | 828 | 751 | 463 | 807 | 730 | 464 | 817 | 756 |
| | % | % | % | % | % | % | % | % | % | % | % | % | % | % | % |
| Pill | 12 | 13 | 9 | 13 | 13 | 5 | 14 | 17 | 10 | 14 | 19 | 8 | 9 | 12 | 10 |
| Condom | 3 | 3 | 4 | 1 | 3 | 3 | 2 | 6 | 4 | 3 | 7 | 6 | 1 | 1 | 1 |
| Vaginal method | - | - | - | - | - | - | - | * | - | - | - | - | - | - | * |
| Injection | 5 | 6 | 3 | 13 | 7 | 2 | 17 | 14 | 5 | 6 | 4 | 1 | 4 | 6 | 3 |
| I U D | 4 | 6 | 5 | 5 | 16 | 12 | 11 | 12 | 6 | 5 | 9 | 7 | 5 | 10 | 8 |
| Female steril. | - | 2 | 9 | * | 4 | 10 | * | 4 | 12 | * | 6 | 12 | * | 3 | 5 |
| Male steril. | - | - | - | - | * | * | - | *, | 1 | - | * | * | - | - | * |
| Rhythm | 1 | 5 | 5 | 1 | 4 | 7 | 1 | 4 | 5 | 3 | 6 | 5 | 1 | 3 | 4 |
| Withdrawal | 1 | 3 | 3 | - | 1 | 1 | * | 1 | * | 1 | 1 | 1 | 1 | * | 1 |
| Other | 1 | 2 | 2 | * | 1 | 1 | * | 1 | 1 | * | 1 | 1 | * | * | * |
| Not using | 79 | 49 | 60 | 68 | 51 | 58 | 54 | 41 | 55 | 68 | 45 | 58 | 79 | 63 | 66 |
| Using | 21 | 51 | 40 | 32 | 49 | 42 | 46 | 49 | 45 | 32 | 55 | 42 | 21 | 37 | 44 |

- = 0

* = less than 0.5%

and Jakarta have very similar patterns; Semarang shows use levels which are almost equal for each age group, and Medan has the largest range of use levels by age, a 30 percent increase between the youngest and middle age groups and a 20 percent drop between the middle and older age groups. These data suggest a variety of situations - Ujung Pandang lags behind the other major urban areas in the promotion of family planning; Semarang has been most successful in promoting use among all age groups equally, especially younger women who are more interested in spacing births; and all cities have room to improve family planning performance to match the peak performances of different age groups in other cities.

For specific methods several points can be made. Rhythm is a relatively more acceptable method of older women in the five cities. The decline in use levels among older women does not occur for rhythm as it does for other methods. However, some caution should be used in interpreting rhythm use data because of the relatively small population using the method. The two most realistic explanations for the age pattern of rhythm users : older women are more conservative and more accepting of traditional methods; and older women feel comfortable using less reliable methods because of their perceived subfecundity and/or the greater ability to control the timing of intercourse. Female sterilization, as would be expected, also has an older population of current users. It is one of the most commonly used methods for the older age groups. However, a large part of this older group, which can be considered to have completed their child bearing is still relying on temporary resupply methods like pill and condom (Medan 13%, Jakarta 8%, Semarang 14%, Surabaya 14%, Ujung Pandang 11%). If these users were to shift to more permanent methods considerable resources could be saved.

Educational attainment seems to be another important factor affecting the rate of contraceptive use among currently married women. As can be seen in Table 5.12, the rate of current use increases as the level of education rises. Married women with less than primary school education were less likely to practice family planning. This pattern is consistent for all the five cities.

Table 5.12. : Percent of currently married women who are using contraceptive methods by levels of education and city

| Education | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Elementary-unfinished or less | 26.6 (747) | 19.1 (418) | 40.1 (1028) | 27.5 (730) | 20.5 (965) |
| Finished elementary and Junior high | 38.4 (898) | 41.4 (874) | 58.4 (734) | 51.5 (870) | 39.0 (743) |
| Senior high or university | 50.6 (259) | 56.9 (802) | 68.3 (319) | 61.8 (400) | 49.5 (329) |

Among the five cities, Jakarta has the lowest level of contraceptive use among women with less than primary school education, only 19 percent were using. This is very low in comparison to Semarang, where at the same educational level prevalence of use reached 40 percent. For those who had finished secondary school, the current use rate in Medan is the lowest with 38 percent, while Semarang was still the highest with 58 percent. Lastly, among women who had finished senior high school or university, Ujung Pandang has the lowest level of use with 50 percent, while Semarang has the highest with 68 percent.

Analysis of current use by work status found that in Medan, Jakarta, Semarang and Surabaya, those women who were in the labor force were as likely to use as those who were not (Table 5.13). The difference in level of current

contraceptive use between the two groups, working and non-working, were small (less than 3%), except for Ujung Pandang where the working group had a 10.7 percent higher level of current use when compared to the non-working group. The small differences in contraceptive use based on work status are a product of the social setting in Indonesia. One might expect working women to have more interest in controlling fertility, but more often these are less educated women with lower socioeconomic status and less inclination to use contraception.

Table 5.13. : Percent of women who are currently using contraceptive method by working by status and city

| Working status | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Working | 37.1<br>(525) | 44.6<br>(392) | 51.1<br>(804) | 44.1<br>(687) | 40.9<br>(340) |
| Not working | 34.7<br>(1379) | 41.8<br>(1758) | 50.7<br>(1277) | 45.2<br>(1313) | 30.2<br>(1697) |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

The number of living children a woman has will influence her decision to acceptance use of contraception. Table 5.14 shows that in general, the more children a woman has, the greater will be her tendency to use contraception to postpone or to prevent future births. There is a slight downturn in prevalence levels in the three Javanese cities for women in the highest parity group (for more living children). These downturns are a product of women's awareness of their infecundity or subfecundity.

Table 5.14. : Percent of women who are currently using contraceptive methods by number of living children and city

| Number of living children | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| 0 | 1.4 (120) | 2.4 (207) | 5.4 (186) | 0.8 (247) | 0.6 (178) |
| 1 - 2 | 24.5 (567) | 39.9 (795) | 48.3 (826) | 41.4 (780) | 26.2 (645) |
| 3 - 4 | 43.5 (561) | 52.8 (621) | 63.7 (614) | 61.3 (612) | 38.3 (587) |
| 5+ | 45.3 (636) | 49.1 (527) | 56.9 (455) | 54.3 (361) | 40.8 (627) |
| N | 1904 | 2150 | 2081 | 2000 | 2037 |

## 4. THE AT RISK POPULATION

Women at risk of an unwanted pregnancy are those women who do not want to get pregnant, but are not using contraception. Examining the use patterns of women who based on stated fertility desires, should be using contraception provides insights into the success of program efforts and a better idea of the continuing magnitude of the problem.

The proportion of women not wanting additional children among those currently using contraception represents women who are actively seeking to limit their fertility. As shown in Table 5.15., about 70 to 78 percent of current users did not want more children in the five cities. The remaining 22 to 30 percent of current users can be considered women who are spacing the next birth, or who are not decided on the number of children they want and so use until a decision is made. Most of this latter group will probably choose to terminate child bearing.

Among those who have discontinued contraceptive use (ever-user group), about 63 to 68 percent did not want to have any additional children. This also means that 32 to 37 percent have probably discontinued contraceptive use to become pregnant. This is consistent with data shown in Table 5.17. Clearly, the ever-use group presents the greatest percentage of respondents who were pregnant at the time of survey, in comparison with current user or never user.

Determining how many women are at risk of unwanted pregnancy is important for program administrators. The following are the criteria for women at risk: currently married, does not desire another child, and are not using a contraceptive method or are using ineffective method (herb, abstinence or other traditional method).

Table 5.15. : Percent of women (by contraceptive status) who do not want more children

| Status | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Currently using | 71.7<br>(671) | 73.4<br>(903) | 73.4<br>(1053) | 78.3<br>(893) | 69.6<br>(651) |
| Ever use | 64.2<br>(321) | 65.4<br>(347) | 68.2<br>(308) | 67.1<br>(310) | 63.5<br>(233) |
| Never use | 47.7<br>(833) | 57.4<br>(753) | 59.1<br>(618) | 55.1<br>(635) | 50.9<br>(1059) |
| N | 1825 | 2003 | 1979 | 1838 | 1943 |

( ) are numerators for calculating % and not cell size

Table 5.16. : Percent of married women who are at immediate risk of an unwanted pregnancy (want no more children but not currently using)

| Status | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| At risk | 33.1 | 32.9 | 29.1 | 30.4 | 35.4 |
| N | 603 | 659 | 575 | 558 | 687 |

Table 5.17. : Percent of current pregnancies by contraception status

| Status | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Ever use | 24.8<br>(322) | 22.8<br>(356) | 20.3<br>(315) | 22.6<br>(314) | 25.5<br>(239) |
| Never use | 17.8<br>(929) | 13.5<br>(885) | 10.7<br>(707) | 12.4<br>(790) | 17.0<br>(1147) |

( ) are numerators for calculating % and not cell size.

Table 5.15 shows that about 50 to 60 percent of the currently married women who have never used any method, did not want additional children. The proportion at risk of an unwanted pregnancy varied from 48 percent in Medan, to the highest level of 59 percent in Semarang.

Another group that can also be considered to have an unmet need for family planning services, were the ever-users who did not want additional children. In Jakarta, Semarang and Surabaya, it range from 65 to 68 percent. Medan and Ujung Pandang were slightly lower (64%).

By dividing the actual number of both groups, ever-use and never-use, who are at risk of unwanted pregnancy, with the total number of currently married women, we will get the size of the at risk population in all five cities. The lowest level of unmet need was in Semarang (29%), followed by Surabaya (30%) and Jakarta (33%), Medan (33%) and lastly Ujung Pandang with 35 percent as the highest level of respondents at risk of an unwanted pregnancy.

# CHAPTER 6

# CONTRACEPTIVE AVAILABILITY

## 1. INTRODUCTION

For a family planning program to succeed, a network of service and supply sources is necessary to educate, motivate and distribute family planning to the women who want it. The program must make family planning available by providing the services, and informing the public of the service locations. Knowledge of contraception alone is often not sufficient to motivate women to use if methods are not readily available. Thus, widespread availability of family planning services is a crucial element for a successfull family planning program.

Conceptually, availability can be measured as: knowledge of a source of family planning services; knowledge of the travel time, travel mode, and perceived convenience of the source (Lewis and Novak, 1982). This report describes the contraceptive availability based on those measures.

Another important thing to remember is that there are two aspects of availability -- perceived and actual availability. Perceived availability is concerned with the awareness of family planning services among eligible couples. By definition it also covers the perception of travel time, travel mode, and conveniences to reach the sources. Actual availability is the actual number and location of services and supply sources. Hence, information on perceived availability is collected mostly from the non-users and users of other family planning methods,

while information on actual availability is derived from actual program operations and the experiences of users of the specific sources.

Since respondent's perception about availability is affected by numerous factors such as education, willingness to cooperate in the interview, and cultural background; conclusions based on perceived availability may agree or disagree with the actual availability as measured. The analysis of perceived availability in this survey consists of knowledge of a source for the specific methods known, type of sources, mode of transportation and travel time to sources, and perceived convenience to reach sources.

## 2. KNOWLEDGE OF A SOURCE FOR THE FAMILY PLANNING METHODS

In the ICPS survey, a respondent who currently did not use a specific method was asked whether she knew where to obtain that method. Logically, the more sources a respondent knows about, the easier it is to obtain contraception, if she wishes to become an acceptor. The implication is that every woman regardless of her current family situation should know where to obtain contraception services and or supplies.

Table 6.1 shows the proportions of non-users who know a specific method, with knowledge of a source. Overall, non-users in Jakarta had the highest source knowledge for almost all family planning methods. Ujung Pandang experienced the lowest level of knowledge of sources for almost all family planning methods.

## 3. TYPE OF SOURCES FOR SPECIFIC FAMILY PLANNING METHODS

Once a non-user indicated source knowledge, the interviewer asked her specifically the name of the place she would obtain the

method. A respondent may give more than one source for a specific method. So this analysis was based on the number of times a source was named rather than by number of non-users.

Table 6.1 : Percent of non-users of specific method knowing the method who also know source by method and city

| Method | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Pill | 65.5 | 74.6 | 65.8 | 58.6 | 56.4 |
| Condom | 53.7 | 67.9 | 57.2 | 55.6 | 38.9 |
| Injection | 65.4 | 71.7 | 64.2 | 52.9 | 54.9 |
| IUD | 60.7 | 68.0 | 60.5 | 55.7 | 49.5 |
| Female ster. | 51.1 | 57.5 | 60.8 | 57.2 | 37.6 |
| Male steril. | 16.0 | 36.1 | 38.2 | 27.0 | 13.5 |

In this report we only examined the so-called modern methods of contraception (pill, condom, injection, IUD, female and male sterilization). Among non-users the patterns of knowledge of pill sources in the five cities are similar (Table 6.2). Family planning clinics Health Centers were the most cited sources for obtaining pill followed by hospitals or maternity hospitals, except for Semarang (in Semarang family planning posts held the second position). For injection and IUD the patterns of knowledge of sources among non-users was the same as observed for the pill patterns, in which hospital and family planning clinic were the most popular sources in each city. Physician were the next most popular source (Table 6.3 and 6.4).

Table 6.2 : Percent of responses from non-users of Pill who know source for Pill by type of source and city

| Source | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Hospital/Maternity Hospital | 28.5 | 20.1 | 12.2 | 20.8 | 39.4 |
| F.P Clinic/H.C | 39.7 | 57.5 | 39.7 | 33.2 | 43.8 |
| F.P Post | 5.6 | 3.7 | 29.2 | 20.5 | 3.7 |
| Mobile F.P Team | * | * | * | * | * |
| Pharmacy | 10.3 | 3.7 | 5.4 | 11.9 | 2.3 |
| Physician | 8.5 | 8.1 | 5.3 | 10.5 | 9.8 |
| Midwife | 4.7 | 5.4 | 3.3 | * | * |
| Home Visits | 1.9 | 1.4 | 4.8 | 2.0 | * |
| Total Resp. | 1247 | 1603 | 1370 | 1172 | 1149 |

* less than 1%

Table 6.3 : Percent of responses from non-users of Injection who know source for Injection by type of source and city

| Source | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Hospital/Maternity Hospital | 42.2 | 25.9 | 21.6 | 38.3 | 44.3 |
| F.P Clinic/H.C | 32.0 | 53.5 | 51.0 | 30.9 | 38.1 |
| F.P Post | 2.8 | 1.2 | 9.0 | 2.9 | 2.4 |
| Mobile F.P Team | * | * | * | * | * |
| Pharmacy | - | - | - | - | - |
| Physician | 15.8 | 14.9 | 12.5 | 26.3 | 14.5 |
| Midwife | 6.1 | 4.5 | 3.7 | * | * |
| Home Visits | - | - | - | - | - |
| Total Resp. | 1231 | 1532 | 1326 | 1058 | 1108 |

* less than 1%
- Not applicable

Table 6.4 : Percent of responses from non-users of IUD who know a source for IUD by type of source and city

| Source | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Hospital/Maternity Hospital | 45.9 | 32.3 | 31.2 | 47.2 | 47.9 |
| F.P Clinic/H.C | 31.8 | 52.8 | 48.4 | 31.0 | 37.1 |
| F.P Post | – | – | – | – | – |
| Mobile F.P Team | 4.1 | 1.4 | 6.5 | 2.2 | 2.2 |
| Pharmacy | – | – | – | – | – |
| Physician | 14.0 | 10.3 | 10.7 | 18.1 | 12.3 |
| Midwife | 3.2 | 3.1 | 2.8 | * | * |
| Home Visits | – | – | – | – | – |
| Total Resp. | 1123 | 1450 | 1237 | 1113 | 1002 |

* less than 1%
\- Not applicable

Table 6.5 : Percent of responses from non-users of female sterilization who know a source for female sterilization by type of source and city

| Source | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Hospital/Maternity Hospital | 79.5 | 80.3 | 85.1 | 72.8 | 77.3 |
| F.P Clinic/H.C | 6.6 | 10.9 | 7.0 | 10.1 | 9.8 |
| F.P Post | 1.5 | * | 1.0 | * | * |
| Mobile F.P Team | – | – | – | – | – |
| Pharmacy | – | – | – | – | – |
| Physician | 12.5 | 8.5 | 7.0 | 16.2 | 12.3 |
| Midwife | – | – | – | – | – |
| Home Visits | – | – | – | – | – |
| Total Resp. | 937 | 1233 | 1247 | 1143 | 763 |

* less than 1%
\- Not applicable

As expected for male and female sterilization, hospitals were the most cited source (Table 6.5 and 6.6). Physician and family planning clinics were the second most cited sources.

Table 6.6 : Percent of responses from non-users of male sterilization who know a source for male sterilization by type of source and city

| Source | Medan | Jakarta | Semarang | Surabaya | Ujung Pandang |
|---|---|---|---|---|---|
| Hospital/Maternity Hospital | 76.8 | 82.1 | 84.8 | 70.7 | 74.9 |
| F.P Clinic/H.C | 4.7 | 8.0 | 5.4 | 8.3 | 7.6 |
| F.P Post | 1.3 | * | * | * | * |
| Mobile F.P Team | _ | _ | _ | _ | _ |
| Pharmacy | _ | _ | _ | _ | _ |
| Physician | 17.1 | 9.3 | 9.2 | 20.6 | 17.5 |
| Midwife | _ | _ | _ | _ | _ |
| Home Visits | _ | _ | _ | _ | _ |
| Total Resp. | 298 | 775 | 783 | 539 | 275 |

* less than 1%
_ Not applicable

## 4. TRAVEL TIME TO REACH THE SOURCE

Women who knew the source were asked how much time it took to reach a specific source. Responses about travel time are of course contingent upon the distance and the mode of transportion used to reach the source. From the answers of these questions, the comparison of average travel time between non-user and user was attempted.

In comparing the results among non-users and users, it is important to recognize that the answers to the questions contain objective and subjective elements. For example, a respondent

estimates the travel time to reach the source based not only on fact, but also on her attitude toward family planning programs and her familiarity of the distance and transportation mode she would use. Thus, the comparison should be taken cautiously, especially in questions where subjective element plays an important role. Aside from comparison between non-users and users, comparison of the perceived availability between cities was also attempted. Of course, the same caution should be exercised.

Table 6.7 shows the perceived time to the source of specific methods among non-users and users in five cities. Family planning posts, which are fairly small in size and staff but large in number and widely dispersed are recognized by women to be the most accesible source, with most women being within 11 minutes of an outlet. Hospitals, with their larger staffs, facilities, and service areas were perceived accurately as being less accessible. Most urban women were within 35 minutes travel time to a hospital The other sources averaged travel times which fell between hospitals and family planning posts. It was somewhat unexpected that pharmacies/drugstores were not more accessible.

Comparing current users with non-users does not provide any clear pattern. It would be expected that users would have a much better idea of the travel time to a source than non-users. However, there is no clear pattern -- sometimes users show higher travel times and sometimes lower. It will take further analysis to figure out the impact of use status on perceived travel times.

Table 6.7 : Average Travel Time in Minutes by Sources among Non-User(NU) and Current-User(CU)

| Source | Medan | | Jakarta | | Semarang | | Surabaya | | Ujung Pandang | |
|---|---|---|---|---|---|---|---|---|---|---|
| | NU | CU | NU | CU | NU | CU | NU | CU | NU | CU |
| Hospital | 37 | 33 | 39 | 42 | 44 | 37 | 34 | 35 | 24 | 24 |
| FP. Clin | 25 | 31 | 22 | 24 | 25 | 31 | 20 | 21 | 16 | 19 |
| FP. Post | 13 | 12 | 16 | 17 | 11 | 17 | 10 | 8 | 12 | 12 |
| Pharmacy | 22 | 17 | 19 | 27 | 18 | 20 | 19 | 20 | 16 | 16 |
| Physic. | 27 | 27 | 26 | 26 | 23 | 25 | 24 | 22 | 21 | 18 |
| Midwife | 25 | 22 | 17 | 23 | 13 | 17 | 25 | 40 | 35 | 14 |

In summary, a woman acquiring contraceptive supplies or services in the five urban must travel on average less than 25 minutes.

## 5. MODE OF TRANSPORTATION

In this survey respondents who knew the sources of family planning method were further asked the mode of transportation to reach the sources.

Table 6.8 provides the information on the mode of transportation used by the respondent to reach the sources. Overall, 65% responses from users indicated they used a vehicle, 34% walked. Those who obtained the methods through hospital, pharmacy, physician, and family planning clinic primarily used a vehicle, while those who obtained methods through family planning posts and midwives did not. These findings are consistent with the fact that those sources tend to serve low income families. In addition, the family planning posts and midwives are more widely distributed making travel easier (as indicated by the

average travel time to reach those sources). Comparison of Table 6.8 and 6.9 indicates that the mode of transportation practices between non-users and users are strikingly similar. This consistent result suggests that the subjective element in answering the question is not dominant.

Table 6.8: Percent of responses from Current User of FP method who know a source for methods by mode of transportation and by source (All cities)

| | SOURCE | | | | | | |
|---|---|---|---|---|---|---|---|
| | Hosp. | FP Clinic | FP Post | Pharm. | Physic | Midwife | Total |
| TRANSPORT: | | | | | | | |
| Walk | 12 | 49 | 82 | 29 | 18 | 64 | 34 |
| Use vehicle | 8 | 51 | 17 | 71 | 82 | 36 | 65 |

* less than 0.5%

Table 6.9: Percent of responses from Non-User of FP method who know a source for methods by mode of transportation and by source (All cities)

| | SOURCE | | | | | | |
|---|---|---|---|---|---|---|---|
| | Hosp. | FP Clinic | FP Post | Pharm. | Physic. | Midwife | Total |
| TRANSPORT: | | | | | | | |
| Walk | 27 | 35 | 53 | 29 | 28 | 40 | 32 |
| Use vehicle | 73 | 65 | 47 | 71 | 72 | 59 | 67 |
| Don't know | * | * | * | * | * | 1 | 1 |

* less than 0.5%

## 6. PERCEIVED CONVENIENCE OF THE SOURCE

Questions on the respondent's perception of the convenience of the source is likely to elicit very subjective responses. For this reason interviewers took extra effort not to interfere with the respondent answering the question. Respondents who specified

knowledge of a source of contraception were asked whether it was convenient for them to reach the place they named. The vast majority of the users and non-users indicated sources were convenient (Table 6.10 and 6.11). Surprisingly, the proportion of "convenient" responses is similar from one source to another, 97% to 98%.

Table 6.10: Percent of responses from Current User of FP method who know a source for methods by convenience and by source (All cities)

| | SOURCE | | | | | | |
|---|---|---|---|---|---|---|---|
| | Hosp | FP Clinic | FP Post | Pharm. | Physic. | Midwife | Total |
| CONVENIENCE: | | | | | | | |
| Inconvenient | 2 | 3 | 2 | 1 | 3 | 2 | 2 |
| Convenient | 97 | 97 | 97 | 98 | 97 | 98 | 97 |
| Don't know | 1 | * | 1 | 1 | * | | 1 |

* less than 0.5%

Table 6.11: Percent of responses from Non-User of FP method who know a source for methods by convenience and by source (All cities)

| | SOURCE | | | | | | |
|---|---|---|---|---|---|---|---|
| | Hosp | FP Clinic | FP Post | Pharm | Physic. | Midwife | Total |
| CONVENIENCE: | | | | | | | |
| Inconvenient | 4 | 3 | 3 | 2 | 3 | 3 | 3 |
| Convenient | 96 | 97 | 97 | 97 | 97 | 96 | 96 |
| Don't know | * | * | * | * | * | 1 | 1 |

* less than 0.5%

## 7. AVAILABILITY OF OTHER MEDICAL SERVICES

Respondents were also asked about the delivery site of their last birth in order to determine both availability of medical

services and to access use levels of these services. It is clear from Table 6.12 that there is tremendous variation in the availability or use of medical facilities in the cities covered by the ICPS. In Semarang less than half the births take place in a medical facility, while in Ujung Pandang 84% of the births do. It is assumed that births in medical facilities are overseen by trained personnel, however, those births which take place at home may or may not have medical attention. As can be seen in the table, in Jakarta one birth out of five takes place without professional attention. For Semarang the ratio is one out of three, Surabaya and Medan are one out of ten, and Ujung Pandang is one out of seven. The difference between Semarang's 39 percent and Ujung Pandang's 11 percent of all recent birth occurring unattended is pretty substantial.

Table 6.12: Percentage of Live Births in the Last Three Years by Place and Type of Attendant at Delivery.

| Births | Jakarta | Semarang | Surabaya | Ujung Pandang | Medan |
|---|---|---|---|---|---|
| In Medical facilities | 64.8 | 48.9 | 69.6 | 83.5 | 56.0 |
| At home | 35.2 | 51.1 | 30.4 | 16.5 | 44.0 |
| * Medical Personnel present** | 12.7 | 12.3 | 5.5 | 3.0 | 33.3 |
| * No Medical Personnel present** | 22.5 | 38.8 | 24.9 | 13.5 | 10.7 |
| Total | 1052 | 1140 | 826 | 916 | 1042 |

** No Medical Personnel present means that no formally medical personnel attended the birth. Traditional midwives and family members are not considered "trained" medical personnel.

Medical facilities as used here include; hospitals, maternity hospitals, and health centers. Medical personnel as used here included; doctors, midwives, nurses, but do not include traditional midwives, family members and others.

# CHAPTER 7

## S U M M A R Y

The National Family Planning Coordinating Board (BKKBN) and the Faculty of Public Health, University of Indonesia (FKM-UI) conducted a Contraceptive Prevalence Survey (ICPS) in five cities in Indonesia in 1983 with financial assistance from the United States Agency for International Development (USAID) and with technical assistance from Westinghouse Health Systems. Data collection and part of data processing was conducted by P.T.Survey Research Indonesia under the supervision of FKM-UI.

A probability sample was drawn, and 10,172 currently married women aged 15 - 49 years were interviewed. Cities studied were Medan in the province of North Sumatera, the capital city of Jakarta, Semarang in the province of Central Java, Surabaya in the province of East Java, and Ujung Pandang in the province of South Sulawesi. Some of the major findings from this survey are presented below.

1. The age distribution of respondents were similar in five cities studied. About 45% of respondents were under 30 years old.

2. About 35% to 50% of respondents had not completed Primary School. The proportion of poorly educated respondents were higher in Semarang and Ujung Pandang than the other cities. In general, husbands have higher education than the wives.

3. The proportion of respondents currently working ranged from 17% to 39%; relatively high in Medan, Semarang and Surabaya, and relatively low in Ujung Pandang and Jakarta. Among working respondents, about 75% worked outside the Government Sector. The majority worked in small business

with less than 5 employees. About one third worked in their home. The main occupation of respondents was "business" (30 to 50%).

4. Savings groups had the largest membership among the social groups considered. Between 23% (Medan) and 62% (Surabaya) were active members of a savings group.

5. Television was the most commonly used media. Between 25% (Semarang) to 60% (Surabaya) of respondents watched at least one TV program a day during the week before interview.

6. The mean age at first marriage for respondents 25 years or older, in Medan, Surabaya and Ujung Pandang, has remained nearly constant for at least 20 years. In Jakarta and Semarang, the mean age at first marriage increased slightly from 18.0 years to 19.0 years.

7. At least 7% (Semarang) to 13% (Ujung Pandang) of respondents were pregnant at time of the survey. The proportions of pregnant women were largest for women in younger age groups and women with smaller number of living children.

8. The mean interval since last live birth was longer in Jakarta, Semarang and Surabaya than in the other cities. The average open interval among younger respondents, both contraceptive users and non-users were shorter than that observed for older respondents.

9. Total Marital Fertility Rate (TMFR) were relatively high, but they were lower in Jakarta (6.4), Semarang (6.4) and Surabaya (5.0) than in Medan and Ujung Pandang (7.7).

10. The number of children desired on average, was between 3.5 and 4.5.

The total mean number of children desired was less than the mean number of living children reported by respondents (among those who did not want additional children). The higher the level of education, the fewer the number of children desired. Younger women expected fewer children than older ones.

11. Among respondents who have given births within the three years before the survey, more than 50% (except in Semarang) of all deliveries took place in hospitals, and most of the remainder took place at home. In Semarang deliveries at one's own home were more frequent than in other cities.

12. Most of the deliveries were attended by midwives, followed by traditional birth attendants, and lastly by obstetricians. A low percentage (less than 4%) were atttended by general practitioners. The role of obstetricians was more important in Surabaya and less in the other four cities. It seemed that traditional birth attendants were still popular; in general 38.9% of births were attended by them.

13. When questioned on the desire status of their previous pregnancy, 15% to 30% of the women reported that the pregnancy was unwanted.

14. About 25% to 30% of respondents reported that they were physically unable to have more children.

15. About 15% to 25% of respondents mentioned that their husbands did not want more children.

16. Median durations of breastfeeding ranged from 15 months (Medan) to 25 months in Semarang. There were no significant relationship between breastfeeding practice and age of respondents, working status of

respondents, and number of living children. The education level of respondents and their husbands has a slight negative relationship on duration of breastfeeding.

17. The proportion of respondents who never breastfed their children ranged from 5% (Jakarta) to 10% in Semarang. The proportion of non-breastfeeding respondents were higher in older age groups than in younger ones.

18. About 85% to 95% of respondents practiced breastfeeding for at least three months, while 80% to 90% breastfed for at least six months, and 70% to 80% continued breastfeeding up to 12 months.

19. The median duration of full breastfeeding (without supplemental foods) for all cities was around three months. Age of respondents, working status, and number of living children did not show any relationship to the duration of full breastfeeding. Higher education was associated with shorter duration of full breastfeeding.

20. Reasons for not breastfeeding were as follows: "amount of milk was not sufficient" (19% to 28%), "child has grown up" (38% to 62%), and "too busy" (2% to 6%).

21. In general, women who never breastfed mentioned such reasons as "insufficient milk flow" (50 to 90%) and "health reasons" (5 to 30%).

22. Overall, the knowledge of a family planning method in all five cities is high. In Medan, Jakarta, Semarang and Surabaya more than 80% of respondents know at least one method of family planning. Only in Ujung Pandang the percentage of respondents who knew at least one method was only 67%. In all five cities, women aged 25-34 years are more

knowledgeable of family planning methods than those in any other age groups.

23. Among the methods considered in ICPS, Pill, IUD and Injection are the most widely known without prompting. Pill is the most widely known (60-85%), followed by IUD (50-75%), and Injection (40-65%). Condoms ranks fourth. Female sterilization is more commonly recognized than male sterilization. Knowledge of female sterilization reaches 25% to 40% in Jakarta, Semarang an Surabaya, and 18% in Medan, and 8% in Ujung Pandang. Unprompted knowledge level of traditional family planning methods are very low, except for calendar method rhythm (6% in Ujung Pandang, and 10% to 12% in the other four cities). Higher levels of contraceptive knowledge are generally found among those with higher levels of education.

24. The average number of methods known, overall, is between 2 and 3 methods.

25. The rate of contraceptive use shows some variation by cities, it is relatively high in Jakarta (42.3%), Semarang (50.9%) and Surabaya (44.8%), and relatively low in Medan (35.3%) and Ujung Pandang (32.0%).

26. The rate of contraceptive use increases as age increases up to 35 years, then declines except for female sterilization and rhythm (calendar method).

27. Among respondents currently using modern contraceptive methods, Pill is the most commonly used (12%), follows by IUD, except for Semarang where

Injection follows Pill. Among these women, 90% to 95% stated that the method currently used is the appropriate method for them.

28. The prevalence of contraceptive use is highest among women aged 20-24 years.

29. In all cities, the prevalence of contraceptive use is associated positively with levels of education.

30. Among respondents with little or no education, the prevalence of contraceptive use ranged from 19.1% in Jakarta to 27.5 % in Semarang.

31. There is little difference in prevalence of contraceptive use based on current employment status.

32. In all five cities the prevalence of contraceptive use increases with increases in number of living children. In Jakarta, Semarang and Surabaya the use increase up to 4 living children, and then declined.

33. Among respondents who knew family planning but were not practicing at the time of the survey, the reasons given for not practicing are as follows: "pregnant, postpartum, or post abortion (8% to 14%); want to become pregnant (11% to 28%); afraid of side effects (10% to 16%); do not want family planning (6%); hard to have children (4% to 9%).

34. Among those who were not using any contraceptive method, 20% to 22% would prefer to use the pill if they were to choose a family planning method. In Semarang the first preference for Injection (22%) and secondly the Pill (15%). Injection was the second method preferred in Jakarta, Semarang, Surabaya and Ujung Pandang, but the most preferred by non-users aged 15-24 years in Semarang (35%) and Medan (30%). The

preference for IUD is very low in all cities, only 5% to 8%. About 20% to 40% of respondents did not make any choice.

35. About 50% to 60% of respondents who never used contraception, and 65% to 70% of past users, did not want any additional children. Since these women are fecund or at risk of pregnancy, they should be target group for contraceptive service.

36. Overall, the proportion of high risk women is about 30% to 35%. The lowest rate is in Semarang and the highest in Ujung Pandang.

37. Among current users, 70% to 75% were using contraceptive because they want no more births, while the remaining used contraceptives for spacing or delaying births.

38. Among respondents who have ever used contraception but discontinued using it, 35% indicated that they stopped using to have additional children.

39. Among current users, 8% to 13% complained about side sffects while using contraception. In all five cities, the most common complaint is headache, mainly among users aged 25-34 years. Next is irregular menstruation. Worries about pregnancy was an important problem in Medan, while bleeding and vaginal discharge were relatively important in Jakarta.

40. About 40% to 70% of non-users knew a source for the Pill, Condom, IUD and female sterilization. The proportion of non-users who knew a contraceptive source in Jakarta and Semarang were higher than in Ujung Pandang, which had the lowest proportion. Sources of male steriliza-

tion were known to 13% to 40% of the respondents, with higher proportions in Jakarta and Semarang than in Medan and Ujung Pandang.

41. The reported sources for all women in the survey were as follows. Concerning the sources of Pills - 33% to 58% of respondents said family planning clinics or Health Centers; and 20% to 39% said hospitals or maternity hospitals. For IUD and Injectables, 22% to 54% said in FP clinics and hospitals or maternity hospitals, and 10% to 26% said from general practitioners. As expected, the majority of respondents (71% to 85%) said that male and female sterilization could be obtained in hospitals and 7% to 18% from physicians.

42. The reported time to reach the source of specific method in the five cities ranges from 8 to 45 minutes. The minimum mean travel time to reach a family planning post is 8 to 17 minutes, and to reach a hospital 25 to 45 minutes. The average time to reach those sources is similar for all cities.

43. In all cities, 65% of respondents, who were current users, utilized a vehicle to get to their source of supply and 34% walked. Similar patterns of responses also came from non-users.

44. The majority of respondents (97% to 98%) stated that the sources were quite convenient to reach.

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APPENDIX A

## POLICY ISSUES RAISED BY ICPS FINDINGS

### A. Use of Temporary Methods by Older Women

Older high parity women do not usually want additional children. They have completed their families and want to terminate their fertility. In five cities, over 20 percent of the current users among women over 35 years of age are using temporary resupply methods. In Surabaya the level rises to 33 percent. What this means is that a tremendous number of women are using methods which require the expenditures of significant resources on the part of both the couple using and the family planning program.

Given current levels of desired family size, age at marriage, and infant mortality it is very reasonable that an urban Indonesian woman could spend twenty years of her reproductive life at risk of an unwanted pregnancy. This translate, for example, to 240 cycles of pills, clinic and medical personnel time, and personal time spent in acquiring pills and clinical services. Obviously, the use of inappropriate temporary methods by women who should be using more permanent non-resupply methods, like sterilization would represent a major savings in program resources. The program should be considering approaches which stress the use of more permanent methods for women who want no more children.

### B. Geographical Differences in Fertility and Family Planning

The ICPS was carried out in five cities, three on Java, one in Sumatera, and one on Sulawesi. For virtually every measure of fertility or family planning, desired and ideal family size, total fertility rates, and contraceptive knowledge and prevalence, the three cities of Java dominate. While there remains a considerable amount of work to be done, it appears that the urban population

of Java is on the road to decline in fertility. While a number of factors need to be considered in making resource allocations, the program may want to consider increasing urban strategies, specifically designed for the other islands, to bring them into line with urban Java.

C. Knowledge of Family Planning

The level of awareness of specific family planning methods is reasonably high for the urban population covered in the survey. However, the high level of knowledge had to use prompting to get results, and even then there are strong differences in levels between methods. These factors suggest : urban women do not know enough about a variety of methods to make an informed decision about the method which is appropriate for them, and upon which they can seek further advice from the program; and the impact of advertising, and other information activities have not done away with the shyness or hesitancy in discussing specific methods of family planning. Thailand serves as a good example of a program which has used a variety of both public and private sector approaches to increase awareness of family planning. As a result women knew an average of four to five methods, and for some methods prompting was needed in only a small percentage of cases. The program needs to increase innovative activities in the area of information, education and communication (IE&C). The IE&C activities should be geared to increasing knowledge of specific methods and desensitize the public to selected methods (like the condom and sterilization).

D. The Use of Traditional Methods

The use of traditional and less effective methods like rhythm, withdrawal, and other methods, is not excessive when compared to other Asian countries like Sri Lanka, but it still represents a very substantial population which should be available for accepting modern methods. For Medan, 22 percent of all current use

is traditional methods. For the other cities the similar figure is around 14 percent. Traditional method users represent a group of women who have indicated a desire to limit fertility, but have not accepted modern methods. The program has two options. The first is to bring traditional method users into the program. The second is not so obvious and requires careful consideration. Traditional methods may be the choice of women who have religious or personal objections to modern methods, or they may be the method of choice of couples who wish to control fertility and who are willing to take the greater risk of an unwanted pregnancy. To provide desired services, the program could support training in methods like rhythm. With adequate training, periodic abstinence can be made more effective. While these methods should not be used instead of modern methods, they can provide some protection to couples who would not be using otherwise.

E. Age at Marriage

The age at marriage recorded by the ICPS is around 19 years for women. Other data sources for earlier periods indicate that this age has not experienced a substantial change in the last decade. Delaying age at marriage is one social devise which can shorten the period of child-bearing, and usually results in smaller completed family size. The ICPS also showed that the younger married women have the highest levels of fertility. This situation has a variety of negative implications for both maternal and infant health. The program is limited in how much it can do to change age at marriage, but efforts to promote higher ages at marriage should be attempted on both family planning and health grounds.

F. The Role of Men in Family Planning

Among women in the ICPS who perceived themselves to be at risk of pregnancy, the major reason for not using contreption was that their "husband disap-

proves". For the question on husband's desire for additional children, around 30 percent of the women in each city could not answer the question, and another 5 to 9 percent indicated their husbands wanted more children even though the respondents did not. These factors suggest that urban husbands often play a negative role or at least a non-supporting role in fertility limitation decisions and practices. This further suggests that efforts to influence fertility desires and contraceptive acceptance, which are aimed at women, will never completely achieve their goals. This is not to suggest that men are generally opposed to family planning. The relative importance in overall use of the condom and rhythm are clear indications that some men recognise the need to limit fertility and are willing to participate in a meaningful way. The ICPS results reaffirm the logical role men play in the fertility process. The survey also shows that urban men had traditional large family values, rarely discuss family size or family planning attitudes with their wives, and are not a major component in contraceptive use. There are several areas in which program efforts would be useful. Further research on the roles men play in fertility decisions, acceptance and use of contraception, child raising, and attitudes to related areas is required. IE&C programs designed specifically for men, and using delivery systems especially relevant to men, will have to be developed. The IE&C messages should focus first on modifying desired family size and second on family planning acceptance. Finally, the program should consider contraceptive delivery systems geared specifically to men.

## G. Worksites and the Provision of Family Planning

One of the objectives of the ICPS was to examine the nature of women's worksites to see if the program could use these facilities to provide family planning information, supplies, and services. The data indicate that for women, other than those working in the Government, worksite family planning services

would not reach a large segment of the female working population. The large majority of non-government working women work at home or in places with less than five employees. While working women are a logical target for family planning, and worksites can provide a good environment for proving family planning, most women will have to be motivated and serviced by channels other than job site facilities because there are few concentrations of working women.

The possibilities of worksite provision of family planning are greater for men. The higher proportions working in the government are augmented by a large proportion of men who work in establishment with more than 20 employee. Worksite services might cover between 20 to 30% of the working male population. However, like the case for women while worksite family planning can achieve certain economies it does not serve the majority of the urban population. In other words, worksite family planning services can augment but not replace other channels of delivery.

## H. Problems with Contraceptive Methods

The percentage of current users who reported problems with their current method is relatively small (8 - 13%). While it is likely the women with serious problems would dicontinue use, the low percentage still indicates a general level of satisfaction with current methods. The two most common problems were side-effects, and anxiety over accidental pregnancy. Method satisfaction is frequently a function of follo.-up and continued motivational support. It appears that the program has been successful in providing the necessary follow-up to keep most users satisfied. The program should continue its follow-up activities and possibly expand them to reduce further, user reported medical problems. Women who are afraid of a method failure are usually women using temporary methods and not wanting additional children (see Issue A). The appropriate method for couples in this situation is sterilization. If the

program were to increase support and availability for this method, they would likely have heavy demand.

## I. Breastfeeding in Urban Indonesia

The ICPS data allows us to measure duration of both full breastfeeding and partial breastfeeding with supplemental foods. Extended periods of breastfeeding is generally considered to be a good idea because of the nutritional and immunological effects on the infant. Also extended breastfeeding is associated with extended periods of postpartum amenorrhea and non-susceptibility, which can results in longer intervals beween births. In non-contracepting populations breastfeeding duration can be one of the major determinants of birth intervals and completed fertility. The period of postpartum non-susceptibility to pregnancy is influenced, not just by duration but by intensity. In urban Indonesia the intensity of breastfeeding as measured by full breastfeeding, is not particularly long (about 2 - 3 months). On the positive side women in the survey reported a very small proportion who never breastfed, and median duration of partial breastfeeding extend out to close to two year. These results suggest that breastfeeding is widely practiced in urban Indonesia; that the influence of duration of breastfeeding has on limiting fertility is limited; and that the infant health benefits of breastfeeding are being experienced. The program should promote breastfeeding for a variety of reasons, but the evidence suggests that increasing the use of breastfeeding would not be difficult given its current wide acceptance.

## J. Use of Medical Facilities in Urban Indonesia

Use of modern medical facilities and personnel at childbirth can substantially reduce maternal and infant mortality. These facilities can also provide outlets for a variety of medical services including family planning and MCH

care. The data from the ICPS clearly show major differences between the five cities in the study. The proportions of respondents whose last birth was not attended by a trained medical person were much higher in the three Javanese cities than in the other two cities. This reverses the pattern observed for the use of family planning which might be expected to parallel use of medical facilities for childbirth. Women who have births are not using or are not using effectively. This suggests that in Ujung Pandang and Medan postpartum oriented family planning programs would provide fairly wide coverage among fecund women.

On the other hand, in the Javanese cities there appears to be a segment of the population which does not use either family planning or medical services. These women can be considered a very difficult group to recruit into not only the family planning program but also any other social services. Efforts should be made to identify these women, perhaps with the assistance of leaders or traditional midwives, and develop programs which will get family planning and MCH services to the most underserved segments of urban society.

## K. Desired And Ideal Fertility

Women in the five cities covered by the ICPS were asked how many children they wanted and how many children they considered to be ideal for a family like their own. The results suggest that Indonesian women have an ideal which is considerably below their own desires. It appears that program efforts to promote a two child family have successfully reached the urban population, but have had little success in modifying individual preferences for a greater number of children. It should, however, be noted that there is considerable evidence of declines in family size desires but these desires still represent relatively high levels of fertility if they are achieved. Program efforts to influence family size desires need to continue with more refined approaches. Simple sayings will not further modify attitudes. Educational and information programs

which get at the underlying causes of large family desires will have to be developed.

## L. High Risk Fertility

Considerable amounts of recent international research have focused on the health risks of early/late fertility and high birth order fertility. Births to women under 25 years and over 40 years of age, and births to women who have already more than five births, show substantial increases in infant and maternal mortality, child morbidity and foetal loss. The very clear implications of these findings are that family planning programs which can prevent these high risks pregnancies are not only contributing to solving population problems, but are also contributing to improving the country's health status.

The ICPS generated fertility measures show that at least 20% of the births in the last year occured to women under 20 years of age. Another 25% of births were slightly lower risk, occuring to women between 25 and 30 years of age. Between 5 and 10% of the births occured to women over 40 years of age. The program should educate the people to the risks of pregnancy at older and younger ages. Programs aimed at delaying first pregnancies could have important health impacts as well as reducing overall fertility.

## M. Shifting in Contraceptive Preference

Data shows that the prevalence of injectable use tends to increase, particularly in Semarang and Jakarta. In Semarang, injectables are more preferred than IUD. In Jakarta, although injectable users are less than IUD users, compared with previous survey the rate of injectable users increases sharply.

Among thos who know about family planning but not practising at the time of the survey, 20 to 22 percent (except Semarang) are more likely to use pill if they were asked to choose a contraceptive method. In Semarang, the first

preference is for injectable (22%) and secondly pill with 15%. Injection is the second method preferred in Jakarta, Surabaya and Ujung Pandang, but the most preferred by non users aged 15-24 years in Medan (30%) and Semarang (35%). On the other hand, the preference for IUD is very low in all five cities, only 5 to 8 percent.

Since injection is a repetitious contraceptive method, the above shifting in contraceptive preference has to be accompanied with sufficient logistic supply. Insufficient supply will cause injectables users drop-out, which has a significant impact to fertility because the majority of injectable users are young women. The implication for the program is to consider a more appropriate Communication, Information and Education approach towards young and fertile women, and to introduce various contrceptive methods as possible alternatives in case the preferable method is unavailable.

N. Small Family Size Norm

The proportion of pregnant women is quite large among those who have already more than three children (25-40%) and among respondents aged 30 and over (25-35%). Over 15 to 35% out of those who are pregnant, their pregnancy were unwanted. These indicate that the small family size (3 children) norm is not yet accepted, nor else the two children norm. It seems that the program should continue the IE&C campaign about the importance of accepting small family size norm, and warn the danger of pregnancy after the age of 30 through more efficient family planning services available at all level of society. On the opposite, it was indicated that among those who do not want more children, they have not been yet approached by the program to participate in family planning. Expanding program coverage towards this population target will reduce fertility rate at least by 30 percent.

## O. Unmeet Need of Family Planning Services

About 50 to 70% of currently married women who have never used any method, stated that they did not want additional children. The risk of either an unwanted pregnancy for this group varied from 48% in Medan, to the highest level of 59% in Semarang. This group must be considered in need of family planning services. Another group that also representing the unmet need of family planning services was the ever-users who did not want additional children, it range from 64 to 68%.

By dividing the actual number of both groups, ever-use and never-use, who are at risk of unwanted pregnancy, with the total number of currently married women, we will get the size of the "at risk" population in all 5 cities. The lowest level of unmet need was in Semarang (24%), followed by Surabaya (30%), Medan and Jakarta (33%), and lastly Ujung Pandang (35%). The program should be geared to reach these group of women with unmet need of family planning services.

## P. The Maximum Level of Contraceptive User Rate

The pregnancy rate of respondents who have ever used contraceptives in higher than those who never used. This may indicate higher fertility on ever-use group who stop using contraceptives, compared to never-use group.

Among respondents who never use contraceptives, around 25 to 30% stated that they were physically unable to bear a child, and did not need any contraception. Thus, the maximum prevalence possibly achieved by the program will not exceed 75 percent.

Appendix B

# BREASTFEEDING PRACTICES IN URBAN INDONESIA

## 1. Introduction

In recent years, interest in breastfeeding practices in developing countries has grown to the point where numerous institutions are studying the limited data available on breastfeeding and weaning practices. Even with the limited data currently available for the developing world, the apparent situation for most countries is that there has been a decline in the use of breastfeeding as a mainstay of infant nutrition. This apparent decline has been the subject of numerous articles describing to the impact of the trend on infant mortality and morbidity, fertility levels, and family finances.

In Indonesia national data on breastfeeding trends is far from complete. A fertility survey conducted under the auspices of the World Fertility Survey Project provided the first information on breastfeeding practices. The survey conducted in 1976 found that 97.1% of infants had ever been breastfed, and that the average duration for children breastfed was 24 months.[1] These measures are based on current breastfeeding status of children born three years or less before the survey. This survey was the first and only survey to measure breastfeeding practices for the whole of Indonesia. The ICPS collected information from urban populations on : The prevalence and duration of breastfeeding and the timing and type of supplemental foods introduced into the infant's diet. As in the World Fertility Survey, questions on breastfeeding were asked only of women who have had birth surviving in the three years before interview. A three year reference period has the advantage of reducing data collection, focusing on the current breastfeeding practices, and probably reduce recall error.

Based on the information collected, it is possible to estimate the proportions of women who are still breastfeeding their last born child at a specific interval after the birth. As with any measure of central tendency median duration of breastfeeding does not measure the pattern of breastfeeding. With the addition of another indicator - proportion still breastfed at different intervals since birth - it is possible to also define the patterns of breastfeeding. Life table techniques were used to estimate the proportion still being breastfed for full and partial breastfeeding.[2, 3, 4] Full breastfeeding refers to the period from birth to the initiation of supplemental food. Partial breastfeeding refers to the period from birth to complete cessation of breastfeeding regardless of weaning practices.

Because of the nature of the data collected in the ICPS, several points should be kept in mind when interpreting the data. Firstly, breastfeeding information was collected only from those women whose last birth survived to the point of interview. Hence, women whose last birth died were excluded. However, the prevailing levels of infant and child mortality of the five cities would suggest that this exclusion would have only a slight influence on the results. The second point to be aware of is that the survey is a sample of women, rather than a sample of children born. Thus, only the breastfeeding experience of the last born child, and not all children born in the three years before the interview were collected. Last live births tend to yield a slightly longer duration of breastfeeding because they are by definition less likely to have breastfeeding terminated due to another pregnancy. It should also be noted that the ICPS actually represents five independent samples of five major urban centers in Indonesia. However, because the samples were independent and no weighting or adjustment was done, each is representative of only itself. Unfortunately, this makes the analysis and data presentation more difficult, but it is essential considering the design of the original survey. The above qualifica-

tions should be considered in examining the results.

## 2. Duration of Breastfeeding

In the five urban areas covered in this survey, almost all women breastfed their last born child for at least a short time. The proportions who never breastfed are as follows : Jakarta - 6%, Semarang - 10%, Surabaya - 8%, Ujung Pandang - 6%, Medan - 8%. These figures are taken directly from the responses reported by the women surveyed and are not derived from the life table analysis, which provide much of the data on duration used in this study.

In subsequent discussions of breastfeeding practices, full breastfeeding will always be referred to as "full breastfeeding" while partial breastfeeding including both full breastfeeding and breastfeeding with supplemental foods, will be referred to simply as "breastfeeding". The data on duration of both types of breastfeeding are presented in Tables 1 - 10. As can be seen in the tables, the five cities show remarkably similar patterns for both types of breastfeeding. The one slight exception to this is the city of Medan which appears to have a much shorter duration of breastfeeding. For the full breastfeeding, all five cities are slightly less than three months. This would suggest that since the age at which supplemental foods are introduced is comparable for all geographic areas and subgroups, that social and cultural traditions set weaning to start when the child is three months old. Ujung Pandang had a slightly longer duration of full breastfeeding, with a median duration of a little less than 4.5 months.

The duration of breastfeeding shows considerably more variation than that observed for full breastfeeding. The comparison of cities showed a range extending from 15 month median duration in Medan up to a 25 month duration in Semarang. This ten month differential between full and partial breastfeeding is

so subtantial that it is clear that almost all Indonesian women breastfeed; most discontinue the full breastfeeding as sole source of infant nutrition at about three months; breastfeeding continues for an extended period of time. For some subgroups, the median duration of breastfeeding extended beyond the three year reference period.

Examining the breastfeeding duration patterns by various background characteristics provide some interesting differentials. Age, however, is not one of the interesting differentials. In virtually all cities, the durations and patterns for births occurring to younger (under 30 years) and older women (30 years and more) were remarkably close. The largest differential observed was for Jakarta with women over 30 having a median duration of breastfeeding approximately five months longer than their younger counterparts.

Analysis based on educational levels produced the most substantial differences. Women in all five cities, with less education had longer durations of breastfeeding. The same pattern was observed for husband's education. However, this is to be expected since husbands and wives educations tend to be positively correlated. In all five cities, women with more than an elementary education had mean duration of breastfeeding of 13 to 14 months. Women with less education in the five cities have median durations with slightly greater variation, ranging from 18 months in Medan to 27 month in Semarang. The other three cities tend to be closer to the median durations observed for the less educated women for Semarang. This same pattern has been observed in a variety of countries with widely differing breastfeeding practices.[5, 6, 7, 8, 9, 10]

With regard to work status, it would be anticipated that working women would be expected to have shorter median durations of breastfeeding than their non-working counterparts.[9, 10, 11] This pattern is observed in all the cities in the Survey except for Medan. The difference in duration breastfed for working and non-working women is small enough to be insignificant except for Jakarta and

Medan where the difference is slightly more substantial - about 5 months. The difference in the relationship between work status and duration of breastfeeding, observed for Medan might be due to a greater number of less educated women who tend to breastfeed longer, being more heavily involved in the labor force as laborers. In the ICPS work status was defined as doing work for which the women was paid in cash or kind.

The median duration of breastfeeding was also measured based on the number of living children. It might be expected that higher parity women would be older, has less education and hold more traditional values. All of which would result in their having longer durations of breastfeeding.[5, 10] In fact, higher parity women (3 or more children) have longer median durations of breastfeeding. However, in some cases, the differentials was not particularly substantial. For example, the difference in duration between high and low parity women was about seven months for Jakarta, two months for Semarang and Surabaya, four months for Ujung Pandang and five months for Medan.

TABLE 1

JAKARTA

Median Duration of "Full Breastfeeding" and Proportion Who "Full Breastfed" by Months for Various Characteristics Among Women with a Surviving Birth in the 36 Months Prior to Interview - 1983

| | Median Duration (Months) | Proportion Full Breastfeeding at Least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 2.94 | .815 | .664 | .490 | .300 | .102 |
| Age | | | | | | |
| Less than 30 years | 2.96 | .818 | .669 | .493 | .307 | .105 |
| Equal or more than 30 years | 2.90 | .808 | .652 | .483 | .285 | .096 |
| Education | | | | | | |
| Equal or less than elementary | 2.94 | .797 | .666 | .490 | .349 | .151 |
| More than elementary | 2.94 | .847 | .662 | .491 | .223 | .026 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 2.80 | .777 | .613 | .473 | .351 | .159 |
| More than elementary | 2.99 | .836 | .693 | .498 | .260 | .058 |
| Work Status | | | | | | |
| Working | 2.65 | .803 | .614 | .493 | .242 | .048 |
| Not working | 2.99 | .816 | .672 | .498 | .310 | .111 |
| No. of Living Children | | | | | | |
| 0 - 2 | 2.87 | .817 | .655 | .477 | .279 | .078 |
| 3+ | 3.01 | .812 | .672 | .501 | .320 | .124 |

Notes: "Full breastfeeding" was defined as not having fed the child supplemental food.

TABLE 2

SEMARANG

Median Duration of "Full Breastfeeding" and Proportion Who "Full Breastfed" by Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview - 1983

| | Median Duratin (Months) | Proportion Full Breastfeeding at Least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 2.65 | .734 | .568 | .463 | .287 | .087 |
| Age | | | | | | |
| Less than 30 years | 2.58 | .724 | .562 | .456 | .310 | .095 |
| Equal or more than 30 years | 2.78 | .755 | .580 | .478 | .243 | .072 |
| Education | | | | | | |
| Equal or less than elementary | 2.37 | .711 | .533 | .443 | .319 | .105 |
| More than elementary | 3.02 | .783 | .641 | .505 | .220 | .047 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 2.08 | .693 | .506 | .537 | .321 | .116 |
| More than elementary | 3.02 | .776 | .632 | .504 | .261 | .065 |
| Work Status | | | | | | |
| Working | 2.27 | .741 | .532 | .413 | .247 | .062 |
| Not working | 2.84 | .731 | .583 | .484 | .304 | .098 |
| No. Living Children | | | | | | |
| 0 - 2 | 2.78 | .741 | .587 | .475 | .296 | .094 |
| 3+ | 2.50 | .727 | .549 | .452 | .278 | .081 |

Note: "Full breastfeeding" was defined as not having fed the child supplemental food.

TABLE 3

SURABAYA

Median Duration- Surabaya -"Full Breastfeeding" and Proportion Who "Full Breastfed" by Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion Full Breastfedding at Least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 3.10 | .806 | .644 | .519 | .325 | .113 |
| Age | | | | | | |
| Less than 30 years | 3.09 | .805 | .635 | .518 | .327 | .111 |
| Equal or more than 30 years | 3.12 | .810 | .667 | .525 | .320 | .117 |
| Education | | | | | | |
| Equal or less than elementary | 3.17 | .790 | .642 | .523 | .387 | .153 |
| More than elementary | 3.06 | .827 | .646 | .515 | .245 | .061 |
| Husband's Education | | | | | | |
| Equal or Less elementary | 3.29 | .791 | .640 | .537 | .408 | .179 |
| Moren than elementary | 3.01 | .814 | .642 | .501 | .265 | .075 |
| Work Status | | | | | | |
| Working | 2.73 | .786 | .610 | .459 | .281 | .130 |
| Not working | 3.21 | .813 | .656 | .541 | .341 | .105 |
| No. Living Children | | | | | | |
| 0 - 2 | 2.86 | .789 | .617 | .480 | .287 | .087 |
| 3+ | 3.36 | .828 | .678 | .570 | .374 | .147 |

Note: "Full breastfeeding" was defined as not having fed the child supplemental food.

TABLE 4

UJANG PANDANG

Median Duration of "Full Breastfeeding" and Proportion Who "Full Breastfed" by Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion Full Breastfeeding at Least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 4.33 | .938 | .878 | .791 | .532 | .141 |
| Age | | | | | | |
| Less than 30 years | 4.49 | .957 | .893 | .807 | .554 | .158 |
| Equal or more than 30 years | 3.98 | .905 | .851 | .766 | .495 | .114 |
| Education | | | | | | |
| Equal or less than elementary | 5.25 | .942 | .890 | .825. | .613 | .196 |
| More than elementary | 3.71 | .931 | .858 | .739 | .405 | .056 |
| Husband's Education | | | | | | |
| Equal or lesss than elementary | 5.68 | .950 | .906 | .832 | .648 | .234 |
| More than elementary | 3.86 | .931 | .862 | .768 | .456 | .078 |
| Work Status | | | | | | |
| Working | 3.61 | .902 | .816 | .698 | .375 | .096 |
| Not working | 4.61 | .944 | .887 | .806 | .557 | .148 |
| No. Living Children | | | | | | |
| 0 - 2 | 4.20 | .947 | .864 | .772 | .525 | .126 |
| 3+ | 4.47 | .931 | .887 | .805 | .537 | .151 |

Note: "Full breastfeeding" was defined as not having fed the child supplemental food.

TABLE 5

MEDAN

Median Duration of "Full Breastfeeding" and Proportion who "Full Breastfed" by Months, for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion Full Breastfeeding at Least 1 Months | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 2.73 | .743 | .586 | .467 | .334 | .130 |
| Age | | | | | | |
| Less than 30 years | 2.66 | .744 | .582 | .458 | .321 | .120 |
| Equal or more than 30 years | 2.85 | .741 | .595 | .484 | .355 | .146 |
| Education | | | | | | |
| Equal or less than elementary | 2.90 | .749 | .595 | .490 | .356 | .164 |
| More than elementary | 2.52 | .733 | .573 | .432 | .297 | .075 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 2.61 | .743 | .571 | .455 | .331 | .174 |
| More than elementary | 2.75 | .742 | .589 | .471 | .320 | .083 |
| Working Status | | | | | | |
| Working | 3.18 | .767 | .632 | .521 | .406 | .173 |
| Not working | 2.61 | .737 | .574 | .453 | .314 | .118 |
| No. Living Children | | | | | | |
| 0 - 2 | 2.48 | .741 | .567 | .426 | .298 | .102 |
| 3+ | 2.96 | .744 | .600 | .495 | .358 | .148 |

Note: "Full breastfeeding" was defined as not having fed the child supplemental food.

TABLE 6

JAKARTA

Median Duration "Partial Breastfeeding" and Proportion who Partially Breastfed" ly Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion Partially Breastfeeding at Least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 20.03 | .958 | .931 | .891 | .863 | .785 |
| Age | | | | | | |
| Less than 30 years | 19.36 | .969 | .946 | .901 | .874 | .792 |
| Equal or more than 30 years | 24.69 | .934 | .899 | .870 | .840 | .770 |
| Education | | | | | | |
| Equal or less than elementary | 24.41 | .965 | .952 | .916 | .903 | .858 |
| More than elementary | 14.05 | .946 | .896 | .849 | .799 | .667 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 25.15 | .974 | .952 | .919 | .907 | .858 |
| More than elementary | 17.26 | .947 | .916 | .870 | .831 | .733 |
| Work Status | | | | | | |
| Working | 15.30 | .949 | .913 | .875 | .822 | .688 |
| Not working | 20.52 | .959 | .934 | .893 | .870 | .802 |
| No. Living Children | | | | | | |
| 0 - 2 | 18.14 | .953 | .928 | .881 | .845 | .732 |
| 3+ | 25.27 | .963 | .934 | .901 | .881 | .836 |

Note: "Partial Breastfeeding" was defined as, the period when the child was fed breast milk alone or with supplemental food.

TABLE 7

SEMARANG

Median Duration of "Partial Breastfeeding" and Proportion who "Partially Breastfed" by Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion of Partial Breastfeeding at least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 24.68 | .950 | .926 | .905 | .885 | .808 |
| Age | | | | | | |
| Less than 30 years | 24.71 | .955 | .934 | .907 | .886 | .805 |
| Equal or more than 30 years | 24.61 | .941 | .920 | .902 | .883 | .813 |
| Education | | | | | | |
| Equal or less than elementary | 26.98 | .968 | .956 | .935 | .929 | .896 |
| More than elementary | 14.02 | .912 | .873 | .844 | .794 | .626 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 36.00+ | .973 | .963 | .947 | .941 | .907 |
| More than elementary | 18.39 | .929 | .901 | .867 | .832 | .714 |
| Work Status | | | | | | |
| Working | 24.26 | .945 | .930 | .893 | .864 | .739 |
| Not working | 24.81 | .952 | .929 | .911 | .894 | .839 |
| No. Living Children | | | | | | |
| 0 - 2 | 23.57 | .948 | .929 | .900 | .879 | .788 |
| 3+ | 25.46 | .953 | .930 | .911 | .891 | .828 |

Note: Partial Breastfeeding" was defined as, the period when the child was fed breast milk alone or with supplemental food.

TABLE 8

SURABAYA

Median Duration of Partial Breastfeeding" and Proportion who "Partially Breastfed" by Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion Partially Breastfeeding at Least | | | | |
|---|---|---|---|---|---|---|
| | | 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
| Total | 18.42 | .943 | .901 | .863 | .816 | .728 |
| Age | | | | | | |
| Less than 30 years | 18.55 | .953 | .905 | .869 | .833 | .749 |
| Equal or more than 30 years | 18.02 | .917 | .889 | .850 | .770 | .672 |
| Education | | | | | | |
| Equal or less than elementary | 24.31 | .963 | .940 | .914 | .884 | .848 |
| More than elementary | 12.89 | .918 | .851 | .801 | .730 | .581 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 24.94 | .971 | .941 | .919 | .891 | .869 |
| More than elementary | 14.00 | .924 | .873 | .829 | .767 | .633 |
| Work Status | | | | | | |
| Working | 16.44 | .942 | .892 | .826 | .755 | .651 |
| Not working | 18.86 | .944 | .904 | .877 | .837 | .756 |
| No. Living Children | | | | | | |
| 0 - 2 | 17.90 | .939 | .889 | .846 | .809 | .713 |
| 3+ | 19.55 | .948 | .916 | .886 | .823 | .747 |

Note: "Partial breastfeeding" was defined as, the period when the child was fed breast milk alone or with supplemental food.

TABLE 9

UJANG PANDANG

Median Duration of "Partial Breastfeeding" and Proportion who "Partially Breastfed" by Months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion partially breastfeeding at least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 22.62 | .977 | .952 | .934 | .915 | .840 |
| Age | | | | | | |
| Less than 30 years | 21.23 | .988 | .962 | .945 | .922 | .846 |
| Equal or more than 30 years | 22.26 | .957 | .935 | .917 | .903 | .831 |
| Education | | | | | | |
| Equal or less than elementary | 26.60 | .985 | .971 | .961 | .951 | .907 |
| More than elementary | 14.46 | .964 | .922 | .891 | .856 | .733 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 36.00+ | .983 | .978 | .973 | .970 | .932 |
| More than elementary | 15.57 | .973 | .935 | .910 | .878 | .779 |
| Work Status | | | | | | |
| Working | 18.06 | .952 | .910 | .881 | .851 | .751 |
| Not working | 24.33 | .981 | .959 | .943 | .925 | .855 |
| No. Living Children | | | | | | |
| 0 - 2 | 20.07 | .982 | .950 | .928 | .895 | .815 |
| 3+ | 24.30 | .973 | .954 | .939 | .928 | .857 |

Note: "Partial breastfeeding" was defined as,the period when the child was fed breast milk alone or with supplemental food.

TABLE 10

MEDAN

Median Duration of "Partial Breastfeeding" and Proportion who "Partially Breastfed" by months for Various Characteristics, for Women with a Surviving Birth in the 36 Months Prior to Interview 1983

| | Median Duration (Months) | Proportion Partially Breastfeeding at least 1 Month | 2 Months | 3 Months | 6 Months | 12 Months |
|---|---|---|---|---|---|---|
| Total | 14.93 | .949 | .930 | .910 | .866 | .725 |
| Age | | | | | | |
| Less than 30 years | 14.79 | .961 | .940 | .926 | .879 | .751 |
| Equal or more than 30 years | 15.67 | .927 | .912 | .883 | .844 | .790 |
| Education | | | | | | |
| Equal or less than elementary | 18.17 | .954 | .933 | .910 | .885 | .764 |
| More than elementary | 13.50 | .941 | .924 | .910 | .836 | .661 |
| Husband's Education | | | | | | |
| Equal or less than elementary | 18.10 | .960 | .938 | .912 | .877 | .761 |
| More than elementary | 13.93 | .951 | .932 | .920 | .867 | .705 |
| Work Status | | | | | | |
| Working | 18.23 | .963 | .954 | .944 | .885 | .706 |
| Not working | 14.45 | .945 | .923 | .900 | .861 | .731 |
| No. Living Children | | | | | | |
| 0 - 2 | 13.44 | .937 | .919 | .897 | .841 | .701 |
| 3+ | 18.03 | .957 | .937 | .919 | .883 | .735 |

Note: "Partial Breastfeeding" was defined as, the period when the child was fed breast milk alone or with supplemental food.

3. Weaning Foods in Urban Indonesia

Percent distribution of women's reported first weaning foods are presented in Table 11. Several aspects of the results deserve special note. Approximately 30% of the surviving children born in the last three years received infant formula either by itself or in combination with some other form of weaning food. About 60% of the children were weaned with only the traditional foods. Use of commercially prepared baby foods in the absence of traditional foods is fairly uncommon in all five cities, ranging from 5% to 10%.

Among the traditional foods, the most commonly utilized weaning foods were fruit and vegetables. The next common response on weaning foods was a combination of infant formula and fruits and/or vegetables.

Table 11 : Percent Distribution of Foods Used to Wean Surviving Children Born in the Last Three Years

| Type of Foods | Jakarta | Semarang | Surabaya | Ujung Pandang | Medan |
|---|---|---|---|---|---|
| Infant Formula | 2.1 | 1.5 | 5.8 | 4.7 | 4.1 |
| Infant Formula & Commercial Foods* | 3.3 | 2.4 | .4 | 2.5 | 1.9 |
| Infant Formula & Traditional Foods** | 22.9 | 22.1 | 27.7 | 25.5 | 27.0 |
| Commercial Foods* | 3.0 | 1.6 | 1.6 | 3.4 | 4.0 |
| Traditional* | 59.1 | 68.9 | 59.4 | 58.1 | 58.4 |
| Commercial & Traditional Foods*** | 9.6 | 3.5 | 5.1 | 5.8 | 4.6 |

* Commercial Foods - Bottled or Canned Baby Foods Condensed Milk
** Traditional Foods, Rice, Fruits, Bread, Eggs, etc.

4. Reason for Not Breastfeeding

Women in the ICPS who had a live birth in the last three years and who discontinued breastfeeding are presented in Table 12. The major reason for stopping breastfeeding given by approximately half the women in the five cities is that the child was old enough to terminate breastfeeding. Given the long duration of breastfeeding observed for all five cities, this is not a particularly surprising response. Of greater interest is the fact that 22% - 30% of the women in each of the five cities indicated that they discontinue breastfeeding because they could not provide the child enough milk. This high level may be explained in a variety of ways. For example, a lack of milk could be due to the poor nutritional or health status of the mother; it could be due to common misconceptions abou the nutritutional needs of infants; or in some cases it could be another way of saying that the child is old enough so that breast milk is not enough to sustain the child's level of growth. The most common explanation of inadequate milk is that the mother does not breastfeed enough to stimulate lactation. This explanation is consistent with the almost universal discontinuation of full breastfeeding at three months. Health reasons were also given as a reason for discontinuing by 8% to 15% of the women surveyed in five cities. At the time of the survey this questions was not asked in such a way that it could be determined whether the mother was referring to her or the child's health as the reason for discontinuing breastfeeding. "Working" or "Too busy" played a relatively minor role as a reason for discontinuing breastfeeding.

The incredibly small proportion of women who never breastfed were also asked why they never breastfed (Table 13). The reader is warned to exercise caution interpreting these results given the very small number of cases involved. The primary reason for most of the women who never breastfed was that

they did not have any milk, or that the milk that flowed was not adequate to feed the child. This answer ranged between about 50% to over 90% of the women who never breastfed.

Table 12 : Percent of Women with a Surviving Birth in the 36 Months Prior to Interview Who are not Currently Breastfeeding by Reason

| Reason | Jakarta | Semarang | Surabaya | Ujung Pandang | Medan |
|---|---|---|---|---|---|
| Too busy/working | 2.6 | 6.1 | 6.2 | 1.7 | 3.9 |
| Amount of Milk is not sufficient | 20.1 | 18.3 | 21.7 | 23.1 | 27.7 |
| Health Reason | 10.5 | 9.7 | 15.1 | 7.8 | 9.2 |
| Child has grown up | 38.3 | 51.2 | 44.5 | 61.9 | 50.0 |
| Others | 28.3 | 14.7 | 12.5 | 5.5 | 9.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 478 | 278 | 337 | 343 | 382 |

Table 13 : Percent of Women with a Surviving Birth in the 36 Months Prior to Interview Who Never Breastfed by Reason

| Reason | Jakarta | Semarang | Surabaya | Ujung Pandang | Medan |
|---|---|---|---|---|---|
| Too busy/working | 5.3 | 3.2 | 20.7 | 4.7 | 4.3 |
| Milk does not flow/not enough milk | 55.2 | 80.0 | 48.3 | 90.5 | 60.9 |
| Health Reason | 29.0 | 9.7 | 17.2 | 4.8 | 30.5 |
| Others | 10.5 | 16.1 | 13.8 | 0.0 | 4.3 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| N | 38 | 31 | 29 | 21 | 23 |

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APPENDIX C

# ICPS PROJECT STAFF

## CENTRAL STAFF

| | | |
|---|---|---|
| Dr. Does Sampoerno | Consultant | FKM-UI |
| Dr. Pudjo Rahardjo | Consultant | BKKBN |
| Dr. Sujana Jatiputra | Consultant | FKM-UI |
| Mrs. Nancy Piet | Consultant | BKKBN |
| Dra. Suyatni | Consultant | BKKBN |
| Dr. Budi Utomo | Project Director | FKM-UI |
| Dr. Mohamad Riduan Joesoef | Vice Director | FKM-UI |
| Dr. Sabarinah Prasetyo | Associate | FKM-UI |
| Mr. Soedibyo Alimoeso | Associate | BKKBN |
| Dr. Toha Muhaimin | Associate | FKM-UI |
| Dr. Meiwita Budiharsana | Associate | FKM-UI |
| Dr. Kemal N. Siregar | Associate | FKM-UI |
| Mr. David Sparkes | Field Managing Director | PT.Sri |

## REGIONAL COORDINATORS

### Medan

| | |
|---|---|
| Dr. Loed Affandi | BKKBN - Sumatera Utara |
| Dr. Suhaemi | BKKBN - Sumatera Utara |
| Drs. Djoko Ginting | Population Institute - Universitas Sumatera Utara |

### Jakarta

| | |
|---|---|
| Dr. Abdullah Cholil | BKKBN - DKI Jakarta |
| Drs. Gautama Z.Agoes | BKKBN - DKI Jakarta |

Semarang

| | |
|---|---|
| Drs. Sugeng Waiuyo | BKKBN - Jawa Tengah |
| Drs. M.Warid | BKKBN - Jawa Tengah |
| Dr. Budioro Brotosaputro | Fakultas Kedokteran, Universitas Diponegoro |

Surabaya

| | |
|---|---|
| Dr. M.Pangestuhadi | BKKBN - Jawa Timur |
| Drs. Tamadi | BKKBN - Jawa Timur |
| Dr. Rachmat Hargono | Fakultas Kedokteran, Universitas Airlangga |

Ujung Pandang

| | |
|---|---|
| Dr. Rudi Halim | BKKBN - Sulawesi Selatan |
| Drs. Arifin Nganro | BKKBN - Sulawesi Selatan |
| Dr. A.Latief Tjoke | FKM - Universitas Hasanuddin |

FIELD STAFF

| | | |
|---|---|---|
| Mr. Sumarlianto | Senior Supervisor | PT Sri |
| Ms. Maria Bakri | Senior Supervisor | PT Sri |
| Ms. Kasmini | Senior Supervisor | PT Sri |
| Mr. Bisker Harianja | Supervisor | PT Sri |
| Mr. Machmud | Supervisor | PT Sri |
| Mr. Basri Amin | Supervisor | PT Sri |
| Ms. Lili Wijaya | Supervisor | PT Sri |

APPENDIX D

SCHEDULE OF ICFS ACTIVITIES

| | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Agreement Signed * | | | | | | | | | | | | | | | | | | |
| Agreement Signed ** | X | | | | | | | | | | | | | | | | | |
| Project Design | XXXX | XXXX | XXXX | | | | | | | | | | | | | | | |
| Sample Design | | XXXX | XXXX | | | | | | | | | | | | | | | |
| Translation | X | XXXX | XXXX | | | | | | | | | | | | | | | |
| Recruitment of Staff | X X | XX | | XX | | | | | | | | | | | | | | |
| Pretest | | | XX | | | | | | | | | | | | | | | |
| Finalize Quest. and Manuals | | | XX | XX | | | | | | | | | | | | | | |
| Print Quest. | | | | XX | X | | | | | | | | | | | | | |
| Training | | | | | XXX | XX | | | | | | | | | | | | |
| Sample Listing | | | | X | XXXX | XXXX | XXXX | | | | | | | | | | | |
| Fieldwork | | | | | | | X | XXXX | XXXX | | | | | | | | | |
| Prepare Analysis Plan | | | | | XX | XXXX | XXXX | XX | | | | | | | | | | |
| Edit Quest. | | | | | | | | | X | XXXX | XXXX | | | | | | | |
| Code Quest. | | | | | | | | | | | XXXX | XX | | | | | | |
| Punching | | | | | | | | | | | | XXXX | | | | | | |
| Computer Edits | | | | | | | | | | | | X | XXXX | | | | | |
| Tabulations | | | | | | | | | | | | | XX | XXXX | | | | |
| Analysis | | | | | | | | | | | | | | | | X | | |
| Present Prelim. Reports | | | | | | | | | | | | X | | | | X | | |
| Comparative Report | | | | | | | | | | | | | | | | | X | |
| Westinghouse Review | | | | | | | | | | | | | | | | | XXXX | |
| Final Report Approval BKKBN | | | | | | | | | | | | | | | | | | X |
| Printing | | | | | | | | | | | | | | | | | | XXX |
| Seminar | | | | | | | | | | | | | | | | | | X |

* Was signed October 1982

** Between BKKBN - USAID (PIL - Agreement)

CONTRACEPTIVE PREVALENCE SURVEY INDONESIA 1983

THE RESPONSENT IS A CURRENTLY MARRIED WOMAN AGE 15 - 49

Issue Number ☐☐☐☐☐ 1 ☐☐☐☐☐

Questionnaire Number

1. Respondent's Name: _____
2. Husband's Name: _____
3. Address: _____
4. City: 1. Jakarta 2. Semarang 3. Surabaya 4. Ujung Pandang 5. Medan 6 ☐
5. Area: 1. Pusat 2. Timur 3. Barat 4. Utara 5. Selatan 7 ☐
6. District: _____ 8 ☐☐
7. Village: _____ 10 ☐
8. Household Number: _____ 11 ☐☐
9. Respondent Number: _____ 13 ☐☐

| VISIT RECORD | VISIT I | VISIT II | VISIT III |
|---|---|---|---|
| Date | | | |
| Time of Visit | | | |
| Supervisors Code | | | |
| Interviewers Code | | | |
| Time Started Interview | | | |
| Time Finished Interview | | | |
| Duration of Interview | | | |
| Result* | | | |

15 ☐ No. of Visits
16 ☐☐ Month
18 ☐☐ Year
20 ☐☐

*Result Code: 1. Completed 2. Incomplete 3. Postponed 4. Respondent not home 5. Refused 6. Other _____ 22 ☐

OBSERVATIONS: _____

| | Edited By | Coded by | Key Punched by | Checked by |
|---|---|---|---|---|
| Name | | | | |
| Date | | | | |

23 ☐☐

## SECTION I. RESPONDENT CHARACTERISTICS

101. We want to know your exact age. How old are you in years?

AGE _____ YEARS 25 [ ][ ]

102. When were you born?

MONTH _____ YEAR _____ 27 M [ ][ ] Y [ ][ ]

AFTER EXAMINING THE RESPONSES IN 101 AND 102 COMPLETELY, WRITE DOWN THE AGE OF THE RESPONDENT IN THE SPACE BELOW. IF THE AGE OF THE RESPONDENT CANNOT BE DETERMINED BY PROBING, ESTIMATE THE RESPONDENT'S AGE.

AGE _____ YEARS _____ 31 [ ][ ]

103. CIRCLE THE CODES BELOW ACCORDING TO WHAT YOU HAVE DONE IN DETERMINING THE RESPONDENT' AGE.

1 Questions 101 and 102 both answered. Both answers consistent.

2 Questions 101 and 102 both answered. Responses were not consistent and age determined by probing.

3 One or both age questions were not answered initially. Age determined by probing.

4 No age response given. Age estimated because it could not be determined by probing.

33 [ ]

IF RESPONDENT IS UNDER 15 OR OVER 49 YEARS TERMINATE INTERVIEW. THANK RESPONDENT FOR HER TIME AND FOLLOW IN-INSTRUCTIONS FOR SELECTING THE NEXT RESPONDENT.

104. What is your marital status? Are you married, widowed, divorced, separated, or unmarried?

1. Married
2. Separated
3. Divorced
4. Widowed
5. Not yet married

34 [ ]

IF RESPONDENT IS NOT CURRENTLY MARRIED, STOP THE INTERVIEW. THANK THE RESPONDENT FOR HER TIME AND FOLLOW THE INSTRUCTIONS FOR INTERVIEWING THE NEXT RESPONDENT.

105. What is the level of school you attended and what is the highest grade you completed?

| LEVEL | GRADE | |
|---|---|---|
| 1 Never attended school | | |
| 2 Elementary | 0 1 2 3 4 5 6 | |
| 3 Junior high school | 1 2 3 | |
| 4 Senior high school | 1 2 3 | → (SKIP TO 109) |
| 5 University/academy | 1 2 3 4+ | |

35 ☐☐

106. Can you speak the Indonesian language?

1 Yes --- (SKIP TO 108)
2 No

37 ☐

107. What language do you use every day?

1 Bahasa Jawa
2 Bahasa Sunda
3 Bahasa Tapanuli (Batak)
4 Bahasa Padang
5 Bahasa Makasar
6 Bahasa Bugis
7 Bahasa Medan
8 Bahasa Madura
9 Other _____ (Specify)

38 ☐

108. Can you read and write?

1 Can read and write Latin letters
2 Can read but cannot write Latin letters
3 Cannot read and cannot write Latin letters, but can read and write other language
4 Cannot read and write any language

39 ☐

109. Do you work for payment?

1 Yes --- (SKIP TO 112)
2 No

40 ☐

110. Why don't you work?

1 Take care of household and family
2 Husband doesn't allow me to work
3 Feel too old to work
4 Invalid
5 Other _____ (Specify)

41 ☐

111. Have you ever worked?

1 Yes
2 No
} ---(SKIP TO 11B)

42 ☐

112. Are you working in the government sector?

1 Yes
2 No

43 ☐

113. What is your main job?

1 Government Official/Executive/Manager/Military or Police Officer/Professional
2 Assistant Manager (for example department head or important position other than manager)
3 Administrative staff
4 Business woman
5 Skilled labor
6 Unskilled labor
7 Farming/fishing
8 Student
9 No answer

44 ☐

114. Where is the place that you work?

1 In the home
2 Outside the home

45 ☐

115. How many persons work in the place where you work?

1 Less than 5
2 5 - 10
3 11 - 20
4 20+
5 Don't know/not sure

46 ☐

116. On average, how many days a week do you work?

_____DAYS

47 ☐

117. On average, how many hours do you work a day?

_____HOURS

48 ☐☐

118. In your opinion, is there any problem for the family when mothers work outside the home?

1 Yes
2 No
3 Don't know/not sure

50 ☐

119. Does your husband work for money?

1 Yes
2 No --- (SKIP TO 123)

51 ☐

120. Does your husband work in the government sector?

1 Yes
2 No

52 ☐

121. What is the main job of your husband?

1 Government Official/Executive/Manager/Militaryor Police Officer/Professional
2 Assistant Manager (for example department head or important position other than manager)
3 Administrative staff
4 Business man
5 Skilled laborer
6 Unskilled laborer
7 Farming/fishing
8 Student
9 No answer

53 ☐

122. How many people work in the place where your husband work?

1 Less than 5
2 5 to 10
3 11 - 20
4 20+
5 Don't know/not sure

5 ☐

123. Are you a member of a community organization?

CIRCLE APPROPRIATE CODE, LISTED BELOW, FOR EACH ORGANIZATION

| | | | | | |
|---|---|---|---|---|---|
| a. | Family planning group | 1 | 2 | 3 | 55 ☐ |
| b. | Traditional cultural association | 1 | 2 | 3 | 56 ☐ |
| c. | Religious group | 1 | 2 | 3 | 57 ☐ |
| d. | Women's development group | 1 | 2 | 3 | 58 ☐ |
| e. | Community saving association | 1 | 2 | 3 | 59 ☐ |
| f. | Cooperative | 1 | 2 | 3 | 60 ☐ |
| g. | Sports club | 1 | 2 | 3 | 61 ☐ |

CODES:

1 Yes, regular member
2 Yes, not regular member
3 Have not joined a group

124. How many days did you watch a television program during the last week?

_____DAYS

62 ☐

125. How many days did you listen to a radio program during the last week?

_____DAYS

63 ☐

126. How many days did you read the newspaper or a magazine during the last week?

_____DAYS

64 ☐

## SECTION II. FERTILITY

201. How I want to ask some questions concerning pregnancy and birth. When did you have your last period?

1 Less than one month ago --- (SKIP TO 203) 65 ☐
2 30 days or more but less than 60 days
3 2 months up to 3 months ago
4 3 months up to 4 months ago
5 4 months up to 5 months ago
6 5 months up to 7 months ago
7 6 months up to 7 months ago
8 7 or more months ago

202. Are you pregnant now?

1 Yes --- (SKIP TO 204) 66 ☐
2 No
3 Don't know/not sure

203. Have you ever been pregnant?

1 Yes 67 ☐
2 No --- (SKIP TO 224)

204. How many times have you been pregnant? (Including current pregnancy)

_____PREGNANCIES 68 ☐☐

205. Have you ever had a live birth?

1 Yes 70 ☐
2 No --- (SKIP TO 223)

206. How many live births have you had? Please be sure you include all children you have given birth to, even if some lived only a short time.

NUMBER _____ 71 ☐☐

207. How many children are still living?

NUMBER _____ 73 ☐☐

Don't forget to include all living children, including those who stay outside of your house.

IF THE RESPONDENT DOES NOT HAVE ANY LIVING CHILDREN, WRITE DOWN 00 IN QUESTION 207 AND THEN SKIP TO QUESTION 209. IF SHE HAS LIVING CHILDREN, GO TO QUESTION 208.

208. How many boys and how many girls do you have?

_____BOYS 75 [ ][ ]

_____GIRLS 77 [ ][ ]

CHECK WHETHER THE NUMBER OF BOYS AND GIRLS IS CONSISTENT WITH THE ANSWER IN QUESTION 207.

209. When did you have your last live birth? 79 [ ][ ]

MONTH _____ 19 ____ 81 [ ][ ]

WHEN YEAR AND MONTH ARE NOT MENTIONED, PROBE.

210. How long ago was your last live birth? 83 [ ][ ]

YEARS _____ MONTH _____ 85 [ ][ ]

IF THE LAST LIVE BIRTH OCCURRED AFTER AUGUST 1980 (LESS THAN THREE YEARS AGO) GO TO QUESTION 211. IF THAT BIRTH OCCURRED BEFORE AUGUST 1980 GO TO QUESTION 223.

211. Where did you deliver your last live birth? 87 [ ]

1 General hospital
2 Maternity hospital
3 Health Center
4 At home
5 At someone else's house

212. Who helped you deliver your last live birth? 88 [ ]

1 Ob/Gyn doctor
2 General practitioner
3 Midwife
4 Nurse
5 Traditional midwife
6 Other _____ (Specify)

213. Did you receive any family planning information--written or oral-- in the place where you delivered? 89 [ ]

1 Yes
2 No
3 Don't know/not sure

214. Is your last live birth still living? 90 [ ]

1 Yes
2 No --- (SKIP TO 223)

215. Are you currently breastfeeding your child? 91 ☐

1 Yes --- (SKIP TO 220)
2 No

216. Did you ever breastfeed your last child? 92 ☐

1 Yes --- (SKIP TO 218)
2 No

217. What is the reason you never breastfed your last child? 93 ☐

1 Too busy/working
2 Milk doesn't flow/not enough milk
3 Health reason
4 Other _____ (Specify)

} --- (SKIP TO 223)

218. How long did you breastfeed your child 94 ☐☐

_____ MONTHS

219. Why are you not breastfeeding now? 96 ☐

1 Too busy/working
2 Amount of milk is becoming less
3 Health reason
4 Child has grown up
5 Other _____ (Specify)

220. When the child was breastfed, did you give other food? 97 ☐

1 Yes
2 No .....
3 Don't know/not sure (because the child is fed by someone else) .....

} --- (SKIP TO 223)

221. What additional food did you give? (COULD BE MORE THAN ONE ANSWER)

1 Powdered infant formula
2 Condensed sweet milk 98 ☐
3 Fruit/vegetables
4 Rice 99 ☐
5 Biscuits/bread
6 Mashed rice
7 Canned or bottled baby food
8 Eggs/meats/fish/liver
9 Other _____ (Specify)

222. How many weeks old was this child when you gave it additional food? 100 ☐☐

____WEEKS

223. Do you still want to have children?(FOR THOSE WHO ARE NOW PREGNANT, BESIDES THE ONE SHE IS CARRYING) 102 ☐

1 Yes --- (SKIP TO 225)

2 No .....
3 Don't know/not sure } --- (SKIP TO 227)

224. Do you want to have children? 103 ☐

1 Yes

2 No .....
3 Don't know/not sure } --- (SKIP TO SECTION III)

225. How many (more) children do you want to have in the future? 104 ☐☐

NUMBER ____ CHILDREN

226. If it were entirely up to you, when would you prefer to have your next (first) child? (FIRST CHILD FOR THOSE WHO DON'T HAVE ANY CHILDREN) 106 ☐

1 As soon as possible .....
2 Within one year (want to be pregnant now)
3 Within two years .....
4 After two years .....
5 Whenever it happens/if God allows it ....
6 Depends on economic conditions .....
7 Other _____ (Specify)
8 Don't know/not sure .....

--- (SKIP TO SECTION III)

227. Before you became pregnant the last time, did you want to have (more) children? 107 ☐

1 Yes

2 No

3 Don't know/not sure

228. If you could have exactly the number of children you want, how many children would you want to have? 108 ☐☐

NUMBER ____ CHILDREN

## SECTION III. FERTILITY REGULATION

INTERVIEWER: DO NOT EXPLAIN THE MEANING OF "FAMILY PLANNING".

10

301. Have you ever heard of "Family Planning" ("KB")?

1 Yes
2 No --- (SKIP TO 303) 110

302. Could you mention the objectives of KB? (COULD BE MORE THAN ONE ANSWER)

1 Postpone/spacing births
2 Limit births 111
4 Family happiness/family prosperity
9 Don't know

303. There are many ways that a couple can postpone pregnancy or limit births if they want to do that. Those methods are known as family planning methods. Do you know or have you ever heard of any of those methods? 112

1 Yes
2 No --- (SKIP TO 305)

RECORD ANSWERS TO QUESTIONS 304-306 ON TABLE I.

304. What family planning methods do you know?
PROBE: Any others?

CIRCLE CODE #1 (YES) IN COLUMN [A] FOR EACH METHOD MENTIONED BY RESPONDENT.

305. FOR EACH METHOD IN COLUMN [A] WHICH IS NOT CIRCLED, ASK:

Just to be sure, have you ever heard of _____ (Method)

CIRCLE ANSWER IN COLUMN [B]

TABLE I

| METHOD | [A] KNOWLEDGE UNPROMPTED Q.304 | [B] KNOWLEDGE PROMPTED Q.305 | [C] EVER USE Q.306 | [D] CURRENT USE Q.308 or 309 | A-B | C |
|---|---|---|---|---|---|---|
| Pill | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 01. Pill | 113 | 114 |
| Condom* | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 02. Condom | 115 | 116 |
| Vaginal Method | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 03. Vaginal Method | 117 | 118 |
| Injection | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 04. Injection | 119 | 120 |
| IUD | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 05. IUD | 121 | 122 |
| Female Sterilization | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 06. Female Sterilization | 123 | 124 |
| Male Sterilization | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 07. Male Sterilization | 125 | 126 |
| Induced Abortion | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | | 127 | 128 |
| Rhythm | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 09. Rhythm | 129 | 130 |
| Withdrawal | 1. Yes | 2. Yes 3. No | 1. Yes 2. No | 10. Withdrawal | 131 | 132 |
| Other_____ | 1. Yes | | 1. Yes 2. No | 11. Other method | 133 | 134 |
| | | | | 90. Not using currently | 135 | 0 |

IF THE RESPONDENT DOES NOT KNOW ANY METHOD (NO CODE YES IS CIRCLED IN COLUMNS [A] OR [B]) CIRCLE CODE 90 IN COLUMN [D] AND THEN GO TO SECTION V.

11

306. FOR EACH METHOD IN COLUMN [A] OR COLUMN [B] WHERE YES IS CIRCLED, ASK:

Have you (*has your husband) ever used _____ ?
(Method)

CIRCLE THE RESPONDENT'S ANSWER TO QUESTION 306 IN COLUMN [C].

307. Are you or your husband currently using a family planning method or doing something to avoid pregnancy? 137 [ ]

1 Yes --- (SKIP TO 309)
2 Have never used --- (SKIP TO 320)
3 Not currently using, but have used

308. Have you or your husband used any method in the last month? 138 [ ]

1 Yes
2 No --- (MARK CODE 90--NOT USING--IN COLUMN [D] AND SKIP TO QUESTION 317.)

309. Which method are you using? 139 [ ] [ ]

METHOD _____

IF METHOD 6 OR 7 IN COLUMN [D] OF THAT TABLE IS CIRCLED, SKIP TO QUESTION 314, OTHERWISE GO TO QUESTION 310.

310. If it were entirely up to you, what method would you prefer to use now--your present method or some other method? 141 [ ]

1 Present method ..
2 No method used... } --- (SKIP TO 313)
3 Some other method

311. What method would you rather use? 142 [ ][ ]

01 Pill
02 Condom
03 Vaginal method
04 Injection
05 IUD
06 Female Sterilization
07 Male Sterilization
08 Abortion
09 Rhythm
10 Withdrawal
11 Other _____
(Specify)
12 None .....
98 Don't know/not sure } --- (SKIP TO 313)

312. Why are you not using that method now? (RESPONDENT MAY GIVE ONE OR TWO REASONS)

01 Side effects
02 Health problems
03 Emotional reason/nervousness/loss of sleep
04 Want to use more effective method
05 Fear of abnormalities and fear of illness-cancer
06 Inconvenient (problem to use)
07 Inconvenient (problem to obtain)
08 Doctor recommended new method
09 Husband doesn't like it
10 Still want to have children
11 Other _____ (Specify)
99 No reason/no response

144 [ ][ ]
146 [ ][ ]

313. Since you started to use your current method, did you ever stop using it for more than one month?

1 Yes --- PROBE: Why? ⟶
2 No
3 Don't know/not sure

01 Side effects
02 Illness
03 Doctor's recommendation
04 Husband or respondent dislikes
05 Out of supplies
06 Use more than one method
07 Forgot to use
08 Husband away temporarily
09 Desire Pregnancy
10 Other _____ (Specify)
99 Don't know/not sure

148 [ ]
149 [ ][ ]

314. How long have you been using your present method (without interruption)?

____ YEARS ____ MONTHS

151 Y M [ ][ ][ ][ ]

315. Have you had any problems or difficulties with your present method?

1 Yes
2 No --- (SKIP TO SECTION IV.)

155 [ ]

13

316. What problems did you have?

01 Bleeding
02 Irregular menstruation
03 Vaginal discharge
04 Muscular pain
05 Headaches/dizzy
06 Emotional
07 Worries about pregnancy
08 Disturbance
09 Other _____ (Specify)
99 Don't know/not sure

--- (SKIP TO SECTION IV) 156 [ ][ ]

QUESTIONS 317 THROUGH 319 ARE ONLY FOR THOSE WOMEN WHO HAVE USED A METHOD BEFORE BUT ARE NOT CURRENTLY USING OR DID NOT USE A METHOD IN THE PAST MONTH (THAT IS, IF THE RESPONDENT SAYS "YES" TO ANY METHOD IN COLUMN [C] OF TABLE I AND CODE 90 IS CIRCLED IN COLUMN [D]).

317. What is the last family planning method you used?

Method _____ (Specify) 158 [ ][ ]

318. When did you stop using that family planning method?

_____ (Month) 19 _____ (Year) 160 M [ ][ ] Y [ ][ ]

319. Why did you stop using that method?

1 Pregnant/just delivered/just had spontaneous abortion
2 Doctor's advice
3 Want to have children
4 Menopause
5 Side effects
6 Husband does not allow
7 Temporary separation/abstained for religious reasons
8 Other _____ (Specify)
9 Don't know/not sure

164 [ ]

ASK QUESTIONS 320 THROUGH 323 FOR THOSE WHO ARE CURRENTLY NOT USING A METHOD, THAT IS, WHEN CODE 90 IN COLUMN [D] OF TABLE I IS CIRCLED.

320. What is the main reason that you are not using any family planning method to avoid or postpone pregnancy?

01 Pregnant/just delivered/just had spontaneous abortion
02 Doctor's advice
03 Hard to have children (may be infertile)
04 Infertile
05 Had hysterectomy
06 Menopause (no period anymore)
07 Afraid of side effects
08 Husband doesn't allow it
09 Friend or relative against it
10 Not sexually active
11 Separated from husband (temporarily away)
12 Want to be pregnant
13 Doesn't want to use family planning
14 Other _____ (Specify)
99 Don't know/not sure

165 [ ][ ]

321. Any other reason?

01 Pregnant/just delivered/just had spontaneous abortion
02 Doctor's advice
03 Hard to have children (may be infertile)
04 Infertile
05 Had hysterectomy
06 Menopause (no period anymore)
07 Afraid of side effects
08 Husband doesn't allow it
09 Friend or relative against it
10 Not sexually active
11 Separated from husband (temporarily away)
12 Want to be pregnant
13 Doesn't want to use family planning
14 Other _____ (Specify)
99 Don't know/not sure

167 [ ][ ]

322. If you were to choose a family planning method someday, what method would you choose?

01 Pill
02 Condom
03 Vaginal Method
04 Injection
05 IUD
06 Female Sterilization
07 Male Sterilization
08 Abortion
09 Rhythm
10 Withdrawal
11 Other _____ (Specify)
12 None --- (SKIP TO SECTION IV)
98 Don't know/not sure

169 [ ][ ]

323. What time of day is most convenient for you to get the family planning services?

1 Morning
2 Mid-day
3 Late afternoon
4 Evening
5 No preference
8 Don't know/not sure

171 [ ]

324. What day of the week would be most convenient for you to get family planning services?

01 Monday
02 Tuesday
03 Wednesday
04 Thursday
05 Friday
06 Saturday
07 Sunday
08 No preference
98 Don't know/not sure

172 [ ][ ]

325. In general, do you approve or disapprove of a couple's using family planning?

1 Approve
2 Disapprove _____ (Reason)
3 It depends _____ (On what)
4 Don't know/not sure

174 [ ]

401. CIRCLE BELOW THE CODE FOR THE METHOD CIRCLED IN COLUMN [D] OF TABLE I AND THEN FOLLOW THE INSTRUCTIONS.

01 Pill
02 Condom
03 Vaginal Method
04 Injection
05 IUD
06 Female Sterilization
07 Male Sterilization
08 Rhythm
10 Withdrawal
11 Other _____ (Specify)
90 Not using

--- (SKIP TO 403)

--- (SKIP TO 416)

175 [ ][ ]

402. Who usually obtains the family planning method you are using?

1 Respondent
2 Husband
3 Other _____ (Specify)

177 [ ]

403. From where do you/does your husband obtain your method?

1 Hospital/maternity hospital
2 FP clinic/health center
3 FP post/subclinic/local FP offices
4 Mobile FP team
5 Pharmacy (dispensary)
6 Private practice physician
7 Private midwife
8 Home visit by local FP official --- (SKIP TO 412)
9 Don't know/not sure --- (SKIP TO 408)

178 [ ]

404. How much time does it take to get from your home to this place?

____Hours ____Minutes

998 Don't know/not sure

179 [ ][ ][ ]

405. How would you (your husband) get there?

1 Walk
2 Use public transportation
3 Use private transportation
4 Don't know/not sure

182 [ ]

406. Is it difficult or easy to get there?

1 Difficult/sometimes difficult
2 Easy .....
3 Don't know/not sure .....} --- (SKIP TO 408)

183 ☐

407. Why is it difficult to get there?

1 Lack of transportation
2 Distance great
3 Bad road
4 Traffic is bad
5 Other _____
(Specify)
6 Don't know/not sure

184 ☐

408. CIRCLE THE CODE BELOW FOR THE METHOD CIRCLED IN COLUMN [D] OF TABLE I AND THEN FOLLOW THE INSTRUCTIONS.

01 Pill
02 Condom
03 Vaginal Method } --- (SKIP TO 409)
04 Injection
05 IUD ---------- (SKIP TO 416)
06 Female Sterilization
07 Male Sterilization } --- (SKIP TO SECTION V)

185 ☐☐

409. What time of the day is most convenient to obtain your family planning method?

1 Morning
2 Mid-day
3 Late afternoon
4 Evening
5 No preference
8 Don't know/not sure

187 ☐

410. What day of the week would be most convenient for you to get family planning services?

01 Monday
02 Tuesday
03 Wednesday
04 Thursday
05 Friday
06 Saturday
07 Sunday
08 No preference
98 Don't know/not sure

188 ☐☐

411. Is the source for your method open at a time that you consider most convenient for you?

1 Yes .....
2 No ..... } --- (SKIP TO 416)
8 Don't know/not sure

190 ☐

412. What time of the day is best for the family planning worker to visit you at home?

1 Morning
2 Mid-day
3 Late afternoon
4 Evening
5 No preference
8 Don't know/not sure

191 ☐

413. What day of the week would be best for you to be visited by the family planning worker?

01 Monday
02 Tuesday
03 Wednesday
04 Thursday
05 Friday
06 Saturday
07 Sunday
08 No preference
98 Don't know/not sure

192 ☐☐

414. Have you always been able to get your method from the family planning worker?

1 Yes --- (SKIP TO 416)
2 No
3 Don't know/not sure --- (SKIP TO 416)

194 ☐

415. What did you do when you couldn't obtain your method from the family planning worker? 19

1 Obtained method from another source
2 Used another method
3 Did not use family planning 195 ☐
4 Other _____ (Specify)

416. CROSS OUT CODE (X) IN THE FIRST COLUMN OF TABLE II:
1 IF CODE 3 IN COLUMN [B] OF TABLE I WAS CIRCLED FOR THAT METHOD.
2 IF CODE FOR THAT METHOD IN COLUMN [D] OF TABLE I WAS CIRCLED.

IF ALL METHODS ARE CROSSED OUT SKIP TO SECTION V.

Now we are going to ask you some questions about sources for family planning.

FOR EACH METHOD NOT CROSSED OUT ASK:

From where would you obtain _____ (Method)

CIRCLE THE APPROPRIATE CODE FOR THE RESPONSE ABOUT EACH METHOD IN TABLE II.

TABLE II

| METHOD | SOURCE | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 01. Pill | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 196 ☐ |
| 02. Condom | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 197 ☐ |
| 03. Vaginal Method | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 198 ☐ |
| 04. Injection | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 199 ☐ |
| 05. IUD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 200 ☐ |
| 06. Female Sterilization | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 201 ☐ |
| 07. Male Sterilization | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 202 ☐ |
| 08. Abortion | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 203 ☐ |

1 Hospital/maternity hospital
2 FP clinic/health center
3 FP post/subclinic/local FP official
4 Mobile FP team
5 Pharmacy (dispensary)
6 Private practice physician
7 Private midwife
8 Home visit by local FP official
9 Don't know

IF NO CODE FOR ANY SOURCES (CODE 1-8) IS CIRCLED GO TO SECTION V.

CIRCLE THE CODE FOR EACH SOURCE MENTIONED IN TABLE II IN THE FIRST ROW OF TABLE III.

SEE QUESTION 403. CROSS OUT THE CODE FOR THE SOURCE NAMED IN QUESTION 403 AT THE TOP OF TABLE III.
IF NO OTHER CODE FOR SOURCES IS CIRCLED IN TABLE III GO TO SECTION V

ASK QUESTIONS 417-421 FOR EVERY SOURCE (CODED 1-8) CIRCLED BUT NOT CROSSED OUT IN TABLE III.

TABLE III

| You mentioned _____ Source | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|---|---|---|---|---|---|---|---|---|---|
| 417. How long does it take to reach this place? (RECORD HOURS & MINUTES) | hours min. 998 D/K | hours min. 998 D/K | hours min. 998 D/K | hours min. 998 D/K | hours min. 998 D/K | hours min. 998 D/K | hours min. 998 D/K | GO TO NEXT INSTRUCTIONS. | 204 ☐☐☐ 279 ☐☐☐ 207 ☐☐☐ 222 ☐☐☐ 210 ☐☐☐ 213 ☐☐☐ 216 ☐☐☐ |
| 418. By what means of transportation do you visit that place? | | | | | | | | | |
| 1. walk | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 225 ☐ 226 ☐ 227 ☐ |
| 2. use vehicle | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | 228 ☐ 229 ☐ 231 ☐ |
| 8. don't know / not sure | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 230 ☐ |
| 419. Is it easy or difficult to get there? | | | | | | | | | |
| 1. difficult/ sometimes difficult | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 232 ☐ 233 ☐ 234 ☐ |
| 2. easy | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | 235 ☐ 236 ☐ |
| 8. don't know/not sure | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 237 ☐ 238 ☐ |
| 420. Why is it difficult? | | | | | | | | | |
| 1 No Transportation | | | | | | | | | 239 ☐ |
| 2 Distance Great | | | | | | | | | 240 ☐ |
| 3 Bad Road | | | | | | | | | 241 ☐ 242 ☐ |
| 4 Traffic Jam | | | | | | | | | 243 ☐ |
| 5 Other _____ Specify | | | | | | | | | 244 ☐ |
| 8 Don't know/not sure | | | | | | | | | 245 ☐ |
| 421. Have you ever obtained information or services in that place? | | | | | | | | | |
| 1 Yes | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 246 ☐ 247 ☐ 248 ☐ 249 ☐ 250 ☐ |
| 2 No | 2 | 2 | 2 | 2 | 2 | 2 | 2 | | 251 ☐ |
| 8 Don't know/not sure | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 252 ☐ |

GO TO QUESTION 417 FOR THE NEXT SOURCE OF SERVICES, AFTER THE LAST SOURCE OF SERVICES, GO TO THE NEXT INSTRUCTION.

IF CODE 8 IS CIRCLED BUT NOT CROSSED OUT IN TABLE III, GO TO QUESTION 422. IF CODE 8 IS NOT CIRCLED BUT CROSSED OUT, GO TO SECTION V.

422. Now I want to ask you about the family planning worker's visit. Has he/she ever visited you? 253 ☐

1 Yes
2 No --- (SKIP TO 424)

423. Did he/she visit you in the last three months? 254 ☐

1 Yes
2 No
8 Don't know/not sure

424. In your opinion, when is the best time for the family planning worker to visit? 255 ☐

1 Morning
2 Mid-day
3 Late afternoon
4 Evening
5 No preference
8 Don't know/not sure

425. What is the best day for you to be visited by the family planning worker? 256 ☐☐

01 Monday
02 Tuesday
03 Wednesday
04 Thursday
05 Friday
06 Saturday
07 Sunday
08 No preference
98 Don't know/not sure

## SECTION V. MARITAL STATUS

22

501. As far as you know, is it physically possible for you and your husband to have a baby if both of you want a child?

1 Yes
2 No --- (SKIP TO 503)
3 Don't know/not sure

258 ☐

502. Now we want to ask you some questions about your husband. In your opinion, does your husband want to have any more children?

1 Yes
2 No
3 Don't know/not sure

259 ☐

503. In your opinion, does your husband approve or disapprove of using family planning methods?

1 Approve
2 Disapprove
3 Depends on situation
4 Doesn't care
8 Dont' know/hesitated-not sure

260 ☐

504. What is the highest level of education that your husband reached and what is the highest grade that he completed?

| LEVEL | GRADE | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 Never attended school | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2 Elementary | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3 Junior high school | | 1 | 2 | 3 | 4 | | |
| 4 Senior high school | | 1 | 2 | 3 | 4 | | |
| 5 University/academy | | 1 | 2 | 3 | 4+ | | |
| 6 Don't know | | | | | | | |

261 ☐☐

505. In what month and year did you marry for the first time?

MONTH _____ YEAR 19____

M Y
263 ☐☐☐☐

PROBE: IF RESPONDENT CANNOT GIVE MONTH AND YEAR ACCURATELY, ASK THE FOLLOWING QUESTION.

506. How old were you at the time when you married for the first time?

____Age In Years

267 ☐☐

THANK YOU

# SURVEI PREVALENSI KONTRASEPSI INDONESIA 1983

# DAFTAR PERTANYAAN

**RESPONDEN ADALAH ISTRI PASANGAN USIA SUBUR 15 – 49 TAHUN**

Issue Number : ☐☐☐☐☐

Questionnaire Number . 1 ☐☐☐☐☐

1. Nama Responden : _____
2. Nama suami : _____
3. Alamat : _____

4. Kota : 1. Jakarta 3. Surabaya 5. Medan 2. Semarang 4. Ujung Pandang — 6 ☐
5. Wilayah : 1. Pusat 3. Barat 5. Selatan 2. Timur 4. Utara — 7 ☐
6. Kecamatan : _____ — 8 ☐☐
7. Desa/Kelurahan : _____ — 10 ☐
8. Nomor urut Rumah Tangga : _____ — 11 ☐☐
9. Nomor Responden : _____ — 13 ☐☐

| CATATAN KUNJUNGAN | Kunjungan | | |
|---|---|---|---|
| | I | II | III |
| Tanggal | | | |
| Jam berkunjung | | | |
| Kode Supervisor | | | |
| Kode Pewawancara | | | |
| Jam mulai wawancara | | | |
| Jam akhir wawancara | | | |
| Lama wawancara | | | |
| Hasil * | | | |

Jumlah Kunjungan 15 ☐

Kunjungan Akhir 16 ☐☐ Bulan 18 ☐☐ Tahun

Lama Wawancara 20 ☐☐

* Kode hasil . 1 Selesai 2. Selesai sebagian 3 Ditangguhkan 4. Responden tidak dirumah 5. Menolak 6. Lainnya _____

Hasil Kunjungan Akhir 22 ☐

OBSERVASI _____

Kode Pewawancara 23 ☐☐

| | Diedit oleh | Dikode oleh | Di "punch" oleh | Diperiksa oleh |
|---|---|---|---|---|
| Nama | | | | |
| Tanggal | | | | |

## BAGIAN I: KARAKTERISTIK RESPONDEN

101. **Kami ingin tahu secara tepat umur Ibu. Berapakah umur Ibu sekarang ?**

UMUR _____ TAHUN 25 [ ][ ]

102. **Bulan dan tahun berapa Ibu dilahirkan ?**

BULAN ..... TAHUN 19 ..... 27 [ ][ ] 29 [ ][ ]

> SETELAH MEMERIKSA JAWABAN PERTANYAAN 101 DAN 102 SECARA TELITI, TULISLAH UMUR RESPONDEN PADA TEMPAT YANG DISEDIAKAN DI BAWAH INI. APABILA UMUR TIDAK DAPAT DITENTUKAN DENGAN CARA "PROBING", PERKIRAKAN UMUR RESPONDEN.

UMUR ..... TAHUN 31 [ ][ ]

103 **Lingkari kode berikut sesuai dengan apa yang saudara lakukan dalam menentukan umur responden.** 33 [ ]

1. P-101 dan P-102 keduanya dijawab. Kedua jawaban konsisten.
2. P-101 dan P-102 keduanya dijawab. Kedua jawaban saling tidak konsisten dan umur ditentukan dengan probing.
3. Satu atau dua pertanyaan tersebut mula-mula tidak dijawab. Umur ditentukan secara probing.
4. Tidak ada jawaban terhadap pertanyaan umur. Umur diperkirakan, karena tidak dapat diperoleh dengan probing.

> APABILA RESPONDEN SAAT INI BERUMUR DI BAWAH 15 TAHUN ATAU DI ATAS 49 TAHUN, WAWANCARA DIHENTIKAN. UCAPKAN TERIMA KASIH KEPADA RESPONDEN ATAS WAKTU YANG DIBERIKAN DAN SELANJUTNYA IKUTI INSTRUKSI-INSTRUKSI UNTUK WAWANCARA KEPADA RESPONDEN BERIKUTNYA.

104 **Apakah status perkawinan Ibu ? Apakah saat ini berstatus kawin, janda, cerai, berpisah atau belum kawin ?** 34 [ ]

1. Kawin
2. Berpisah
3. Cerai
4. Janda
5. Belum kawin

> APABILA RESPONDEN SAAT INI DALAM STATUS TIDAK KAWIN, WAWANCARA DIHENTIKAN. UCAPKAN TERIMA KASIH KEPADA RESPONDEN ATAS WAKTU YANG DIBERIKAN DAN SELANJUTNYA IKUTI INSTRUKSI-INSTRUKSI UNTUK WAWANCARA KEPADA RESPONDEN BERIKUTNYA.

105 **Jenjang pendidikan apa yang pernah Ibu capai dan sampai tingkat berapa pada jenjang tersebut yang Ibu tamatkan.** 35 [ ][ ]

| JENJANG | TINGKAT | |
|---|---|---|
| 1. Tidak pernah sekolah | | |
| 2. Sekolah Dasar | 0 1 2 3 4 5 6 | |
| 3. Sekolah Lanjutan Pertama | 1 2 3 | → *LANJUTKAN KE P-109* |
| 4. Sekolah Lanjutan Atas | 1 2 3 | |
| 5. Universitas/Akademi | 1 2 3 4 + | |

106. **Apakah ibu dapat berbahasa Indonesia ?** 37 ☐
1. Ya → *LANJUTKAN KE P-108*
2. Tidak

107. **Bahasa apa yang ibu pakai sehari-harinya ?** 38 ☐
1. Bahasa Jawa
2. Bahasa Sunda
3. Bahasa Tapanuli (Batak)
4. Bahasa Padang
5. Bahasa Makasar
6. Bahasa Bugis
7. Bahasa Medan
8. Bahasa Madura
9. Lainnya _____ (Sebutkan)

108. **Apakah ibu bisa membaca dan menulis ?** 39 ☐
1. Bisa membaca dan bisa menulis huruf latin
2. Bisa membaca, tapi tidak bisa menulis huruf latin
3. Tidak bisa membaca dan tidak bisa menulis huruf latin, tetapi bisa membaca dan bisa menulis huruf lain
4. Tidak bisa membaca dan tidak bisa menulis huruf apapun

109. **Apakah ibu bekerja untuk memperoleh penghasilan ?** 40 ☐
1. Ya → *LANJUTKAN KE P-112*
2. Tidak

110. **Mengapa ibu tidak bekerja ?** 41 ☐
1. Merawat rumah tangga dan anak-anak
2. Suami tidak menginjinkan
3. Merasa sudah tua
4. Cacat
5. Lainnya
(Sebutkan)

111. **Apakah dulu ibu pernah bekerja untuk memperoleh penghasilan ?** 42 ☐
1. Ya . . .
2. Tidak . } → *LANJUTKAN KE P 118*

112. **Apakah ibu bekerja di sektor pemerintah ?** 43 ☐
1. Ya
2. Tidak

113. **Apakah pekerjaan utama ibu ?** _____ (tuliskan) 44 ☐
1. Pegawai tinggi/Pemilik Perusahaan/ Manager/Perwira Militer atau Polisi/Profesional
2. Pembantu Pimpinan (Kepala Bagian, orang-orang yang mempunyai tanggung jawab penting tapi bukan manager).
3. Pegawai biasa (Staf Administrasi, Juru Tik)
4. Pengusaha
5. Tukang yang terlatih (tukang kayu, Montir, Supir, dll.)
6. Buruh Kasar (Bukan petani)
7. Petani/nelayan
8. Mahasiswa/Pelajar
9. Tidak menjawab

114. **Dimanakah lokasi ibu bekerja ?** 45 ☐
1. Di dalam rumah tangga
2. Di luar rumah tangga

115. **Berapa orang jumlah pekerja di tempat ibu bekerja ?** 46 ☐
   1. Kurang dari 5 orang
   2. 5 — 10 orang
   3. 11 — 20 orang
   4. Lebih dari 20 orang
   5. Tidak tahu

116. **Berapa hari secara rata-rata ibu bekerja dalam satu minggu ?** 47 ☐
   ..... hari

117. **Berapa jam secara rata-rata ibu bekerja dalam satu hari ?** 48 ☐☐
   ..... jam

118. **Menurut ibu, apakah seorang ibu yang bekerja di luar rumah dapat menimbulkan masalah rumah tangga ?** 50 ☐
   1. Ya
   2. Tidak
   3. Tidak tahu/Tidak menjawab

119. **Apakah suami ibu bekerja untuk memperoleh penghasilan ?** 51 ☐
   1. Ya
   2. Tidak → *LANJUTKAN KE P.123*

120. **Apakah suami ibu bekerja di sektor pemerintah ?** 52 ☐
   1. Ya
   2. Tidak

121. **Apakah pekerjaan utama suami ibu ?** _____ (tuliskan) 53 ☐
   1. Pegawai tinggi/Pemilik Perusahaan/ Manager/Perwira Militer atau Polisi/Profesional
   2. Pembantu Pimpinan (Kepala Bagian,orang-orang yang mempunyai tanggung jawab penting tapi bukan manager)
   3. Pegawai Biasa (Staf Administrasi, Juru Tik)
   4. Pengusaha
   5. Tukang yang terlatih (Tukang kayu, montir, sopir, dll.)
   6. Buruh Kasar (bukan petani)
   7. Petani/nelayan
   8. Mahasiswa/pelajar
   9. Tidak menjawab

122. **Berapa orang jumlah pekerja di tempat suami ibu bekerja ?** 54 ☐
   1. Kurang dari 5 orang
   2. 5 — 10 orang
   3. 11 — 20 orang
   4. Lebih dari 20 orang
   5. Tidak tahu

123. **Apakah ibu saat ini mengikuti/menjadi anggota perkumpulan ?**
   *(Lingkari Kode yang sesuai)*

| | | | | |
|---|---|---|---|---|
| a. Paguyuban/Kelompok KB | 1 | 2 | 3 | 55 ☐ |
| b. Paguyuban/Kelompok Adat | 1 | 2 | 3 | 56 ☐ |
| c. Keagamaan | 1 | 2 | 3 | 57 ☐ |
| d. Ketrampilan/Kewanitaan | 1 | 2 | 3 | 58 ☐ |
| e. Arisan | 1 | 2 | 3 | 59 ☐ |
| f. Koperasi | 1 | 2 | 3 | 60 ☐ |
| g. Olah raga | 1 | 2 | 3 | 61 ☐ |

*Keterangan Kode:*
1. Ya, dan teratur
2. Ya, tapi tidak teratur
3. Tidak ikut

124. **Berapa hari dalam satu minggu terakhir ini ibu menonton televisi ?** 62 ☐
_____ hari

125. **Berapa hari dalam satu minggu terakhir ini ibu mendengarkan siaran radio ?** 63 ☐
_____ hari

126 **Berapa hari dalam satu minggu terakhir ini ibu membaca koran/majalah ?** 64 ☐
_____ hari

## BAGIAN II: FERTILITAS

201 **Sekarang saya ingin menanyakan beberapa pertanyaan yang berhubungan dengan kehamilan dan persalinan.** 65 ☐
**Kapankah ibu mendapatkan haid yang terakhir ?**
1 Kurang dari satu bulan yang lalu → *LANJUTKAN KE P-203*
2 30 sampai kurang 60 hari yang lalu
3 2 sampai kurang 3 bulan yang lalu
4 3 sampai kurang 4 bulan yang lalu
5 4 sampai kurang 5 bulan yang lalu
6 5 sampai kurang 6 bulan yang lalu
7 6 sampai kurang 7 bulan yang lalu
8 sama atau lebih dari 7 bulan yang lalu

202 **Apakah ibu sekarang hamil ?** 66 ☐
1 Ya → *LANJUTKAN KE P-204*
2 Tidak
3 Tidak tahu / Tidak yakin

203 **Apakah ibu pernah hamil ?** 67 ☐
1 Ya
2 Tidak → *LANJUTKAN KE P-224*

204 **Berapa kali ibu pernah hamil ?** *(TERMASUK KEHAMILAN SEKARANG, KALAU SEDANG HAMIL).* 68 ☐☐
_____ KALI

205 **Apakah ibu pernah melahirkan ?** 70 ☐
1 Ya
2 Tidak → *LANJUTKAN KE P-223*

206 **Berapa kali ibu pernah melahirkan anak ? Jangan lupa termasuk semua anak yang pernah dilahirkan, walaupun sebagian anak tersebut hanya hidup sebentar.** 71 ☐☐
JUMLAH _____

207 **Berapa jumlah anak yang sekarang masih hidup ?** 73 ☐☐
JUMLAH _____

**Jangan lupa memasukkan semua anak yang masih hidup, termasuk anak yang tinggal di luar rumah.**

> APABILA RESPONDEN TIDAK MEMPUNYAI ANAK YANG MASIH HIDUP, TULIS 00 PADA P-207 DAN LANJUTKAN KE P-209
> BILA MEMPUNYAI ANAK YANG MASIH HIDUP, LANJUTKAN KE P-208

208. **Berapa banyak anak laki-laki dan berapa banyak anak perempuan ?**

LAKI-LAKI _____ 75 [ ][ ]

PEREMPUAN _____ 77 [ ][ ]

JUMLAHKAN ANAK LAKI-LAKI DAN ANAK PEREMPUAN TERSEBUT, DAN PERIKSA APAKAH KONSISTEN DENGAN JAWABAN P-207

209. **Kapan terakhir kali ibu melahirkan ?** 79 [ ][ ] 81 [ ][ ]

BULAN _____ TAHUN 19 ____

APABILA TANGGAL TIDAK DISEBUTKAN, PROBE

210. **Sudah berapa lama kelahiran yang paling akhir tersebut terjadi ?** 83 [ ][ ] 85 [ ][ ]

_____ TAHUN _____ BULAN

APABILA KELAHIRAN TERAKHIR TERJADI SESUDAH AGUSTUS 1980 (SEBELUM TIGA TAHUN YANG LALU), *LANJUTKAN KE P-211*

APABILA KELAHIRAN TERAKHIR TERSEBUT TERJADI SEBELUM AGUSTUS - 1980, *LANJUTKAN KE P-223*

211. **Dimanakah terakhir kali ibu melahirkan ?** 87 [ ]

1. Rumah Sakit Umum
2. Rumah Bersalin
3. Puskesmas
4. Rumah Sendiri
5. Rumah orang lain

212. **Siapakah yang menolong ibu sewaktu ibu terakhir kali melahirkan ?** 88 [ ]

1. Dokter Kebidanan
2. Dokter Umum
3. Bidan
4. Perawat
5. Dukun bayi
6. Lain-lain _____ (Sebutkan)

213. **Apakah di tempat terakhir kali ibu melahirkan, ibu mendapatkan informasi tentang Keluarga Berencana (lisan atau tertulis) ?** 89 [ ]

1. Ya
2. Tidak
3. Tidak tahu / Tidak menjawab

214. **Apakah anak yang terakhir kali dilahirkan tersebut saat ini masih hidup ?** 90 [ ]

1. Ya  2. Tidak → *LANJUTKAN KE P-223*

215. **Apakah saat ini ibu masih menyusui anak terakhir tersebut ?** 91 [ ]

1. Ya → *LANJUTKAN KE P-220*
2. Tidak

216. **Apakah ibu pernah menyusui anak terakhir tersebut ?** 92 [ ]

1. Ya → *LANJUTKAN KE P-218*
2. Tidak

217. **Mengapa ibu tidak pernah menyusui anak paling akhir tersebut ?** 93 ☐

1. Terlalu sibuk/bekerja . . . . . .
2. Air susu tidak keluar/sedikit
3. Alasan kesehatan
4. Lain-lain _____ (Sebutkan)

→ *LANJUTKAN KE P-223*

218 **Berapa lamakah ibu menyusui anak terakhir tersebut ?** 94 ☐☐

_____ BULAN

219 **Mengapa ibu sekarang tidak menyusui ?** 96 ☐

1 Terlalu sibuk bekerja
2 Air susu sudah berkurang / keluar sedikit
3 Alasan kesehatan
4 Anak sudah besar
5 Lain-lain _____ (Sebutkan)

220 **Pada waktu anak terakhir tersebut ibu susui, apakah diberi makanan lain ?** 97 ☐

1 Ya
2 Tidak . . . . . .
3 Tidak tahu / Tidak yakin (Karena anak diberi makan oleh orang lain) . . . . . .

→ *LANJUTKAN KE P-223*

221 **Makanan tambahan apa yang diberikan kepada anak yang paling akhir ?** *(DAPAT LEBIH DARI SATU JAWABAN)* 98 ☐☐

1 Susu bubuk bayi
2 Susu kental manis
3 Buah / sayur
4 Nasi / Nasi tim
5 Biskuit / Roti
6 Bubur nasi
7 Makanan bayi dalam kaleng/botol
8 Telur/daging/hati/ikan
9 Lainnya _____ (Sebutkan)

222 **Berapa minggu usia anak terakhir sewaktu makanan tambahan mulai diberikan ?** 100 ☐☐

_____ MINGGU

223 **Apakah ibu masih ingin memperoleh anak ? (Bagi yang hamil tidak termasuk anak yang sekarang ini dalam kandungan)** 102 ☐

1 Ya → *LANJUTKAN KE P-225*
2 Tidak . . . . . .
3 Tidak tahu / Tidak yakin . → *LANJUTKAN KE P-227*

224 **Apakah ibu ingin memperoleh anak ?** 103 ☐

1 Ya
2 Tidak . . . . . .
3 Tidak tahu / Tidak yakin . → *(LANJUTKAN KE BAGIAN III)*

225 **Berapa banyak anak (lagi) yang ibu inginkan ?** 104 ☐☐

JUMLAH _____ ORANG

226. **Apabila semuanya tergantung pada ibu, kapan ibu ingin memperoleh anak yang berikutnya (bayi pertama, bagi yang belum punya anak) ?** 106 ☐

1. Kalau mungkin secepatnya . . . . . .
2. Dalam satu tahun ini (ingin hamil sekarang ini)
3. Dalam dua tahun
4. Setelah dua tahun
5. Kapan saja terjadi / apabila Tuhan menginginkan
6. Tergantung pada kondisi ekonomi
7. Lain-lain _____ (Sebutkan)
8. Tidak tahu / Tidak yakin . . . . . .

→ *LANJUTKAN KE BAGIAN III)*

227. **Sebelum ibu hamil terakhir kalinya, apakah ibu pada waktu itu menginginkan anak/anak lagi ?** 107 ☐

1. Ya
2. Tidak
3. Tidak tahu / Tidak yakin

228. **Apabila ibu dapat memperoleh sejumlah anak seperti yang ibu inginkan, berapa jumlah anak yang ibu inginkan ?** 108 ☐☐

JUMLAH _____ ORANG

## BAGIAN III: PENGATURAN FERTILITAS

PERHATIAN : PEWAWANCARA TIDAK BOLEH MENJELASKAN ARTI KELUARGA BERENCANA

301. **Apakah Ibu pernah mendengar Keluarga Berencana ?** 110 ☐
1 Ya
2 Tidak → *LANJUTKAN KE P-303*

302. **Jika "Ya" dapatkah Ibu menyebutkan tujuan atau maksud Keluarga Berencana ?** *(JAWABAN BISA LEBIH DARI SATU)* 111 ☐
1 Penundaan/Penjarangan kelahiran
2 Pembatasan kelahiran
4 Kesejahteraan keluarga / Kebahagiaan keluarga
9 Tidak tahu

303 **Terdapat berbagai cara bagi suatu pasangan untuk menunda kehamilan atau membatasi kelahiran apabila mereka menginginkannya. Cara-cara tersebut dikenal sebagai cara-cara keluarga Berencana (cara-cara KB).** 112 ☐
**Apakah Ibu mengetahui atau pernah mendengar cara-cara Keluarga Berencana tersebut ?**
1 Ya
2 Tidak → *LANJUTKAN KE P-305*

CATAT JAWABAN P-304 – 306 PADA TABEL 1 BERIKUT

304 **Cara-cara KB apa yang Ibu ketahui ?**
**PROBE : Apakah ada yang lain ?**

LINGKARI KODE 1 (YA) PADA KOLOM [A] UNTUK SETIAP CARA YANG DISEBUTKAN RESPONDEN

305 UNTUK SETIAP CARA YANG TIDAK DILINGKARI PADA KOLOM [A] TANYAKAN :

**Untuk lebih yakin, apakah Ibu pernah mendengar ..... ?**
**(cara)**

LINGKARI JAWABAN RESPONDEN PADA KOLOM [B]

306. UNTUK SETIAP CARA YANG KODE "YA" PADA KOLOM [A] ATAU KOLOM [B] DILINGKARI :

**Apakah Ibu (atau suami Ibu) pernah pakai ..... tersebut ?**
**(cara)**

LINGKARI JAWABAN P-306 PADA KOLOM [C]

**TABEL I**

| CARA | A Pengetahuan (Tidak dijajagi) P-304 | B Pengetahuan (Dijajagi) P-305 | C Pernah pakai P-306 | D Sekarang memakai P-308 atau P-309 | A—B | C |
|---|---|---|---|---|---|---|
| Pil | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 01. Pil | 113 | 114 |
| Kondom * | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 02. Kondom | 115 | 116 |
| Obat Vagina | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 03. Obat vagina | 117 | 118 |
| Suntikan | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 04. Suntikan | 119 | 120 |
| IUD | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 05. IUD | 121 | 122 |
| Sterilisasi wanita | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 06. Sterilisasi Wanita | 123 | 124 |
| Sterilisasi Pria | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 07. Sterilisasi Pria | 125 | 126 |
| Abortus disengaja | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | | 127 | 128 |
| Pantang berkala | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 09. Pantang berkala | 129 | 130 |
| Senggama terputus * | 1. Ya | 2. Ya 3. Tidak | 1. Ya 2. Tidak | 10. Senggama terputus | 131 | 132 |
| Lainnya | 1. Ya | | 1. Ya 2. Tidak | 11. Cara lain | 133 | 134 |
| | | | | 90. Tidak memakai | | |

D

35 [ ][ ]

APABILA RESPONDEN TIDAK TAHU CARA APAPUN (TIDAK ADA LINGKARAN PADA KODE YA PADA KOLOM A ATAUPUN B ), LINGKARI KODE 90 PADA KOLOM D DAN LANJUTKAN KE BAGIAN V

307. **Apakah ibu atau suami ibu saat ini menggunakan cara KB atau melakukan sesuatu hal yang mencegah kehamilan ?** 137 [ ]
   1. Ya → *LANJUTKAN KE P-309*
   2. Belum pernah pakai cara apapun → *LANJUTKAN KE P-320*
   3. Tidak, tapi pernah pakai

308. **Apakah ibu atau suami ibu menggunakan sesuatu cara KB pada satu bulan terakhir ini ?** 138 [ ]
   1. Ya
   2. Tidak → *(LINGKARI KODE 90 (tidak pakai) PADA KOLOM D DAN LANJUTKAN KE P-317)*
   3. Tidak, tapi pernah pakai

309. **Cara apakah yang dipakai ?** 139 [ ][ ]

CARA _____

APABILA CARA 06 ATAU 07 PADA KOLOM D TABEL TERSEBUT DILINGKARI, LANJUTKAN KE P-314.
KALAU KODE TERSEBUT TIDAK DILINGKARI MAKA LANJUTKAN KE P-310

310. **Apabila semuanya terserah pada ibu, cara apa yang sebenarnya ibu inginkan untuk dipakai pada saat ini -- cara yang sekarang dipakai atau cara yang lain ?** 141 ☐

1. Cara yang sekarang dipakai . . . .
2. Tidak ada cara yang disukai . . . .
3. Cara yang lain

→ *LANJUTKAN KE P.313*

311. **Cara lain apa yang sebenarnya ingin ibu pakai ?** 142 ☐☐

01 Pil
02 Kondom
03 Obat vagina
04 Suntikan
05 IUD
06 Sterilisasi Wanita
07 Sterilisasi Pria
08 Abortus
09 Pantang berkala
10 Senggama terputus
11 Lainnya _____
(Sebutkan)

12 Tidak ada
98 Tidak tahu/ Tidak yakin

→ *LANJUTKAN KE P.313*

312 **Mengapa sekarang ini ibu tidak menggunakan cara tersebut ?** 144 ☐☐
*(DAPAT SAMPAI DUA JAWABAN)* 146 ☐☐

01 Gejala sampingan
02 Masalah kesehatan
03 Kecemasan/gugup/tidak bisa tidur
04 Ingin menggunakan cara yang lebih efektif
05 Takut ada kelainan atau sakit, misal : kanker
06 Tidak mengenakkan (masalah penggunaan)
07 Tidak mengenakkan (masalah memperoleh/pelayanan)
08 Dokter menganjurkan cara yang baru
09 Suami tidak menginkannya
10 Masih ingin punya anak
11 Lainnya _____
99 Tidak ada alasan / Tidak ada jawaban

313 **Sejak ibu menggunakan cara yang sekarang ini dipakai, apakah ibu pernah berhenti menggunakannya lebih dari satu bulan ?** 148 ☐

1 Ya → *(PROBE : MENGAPA ?)*
2 Tidak
3 Tidak tahu / Tidak yakin

149 ☐☐

1. Gejala sampingan
2. Sakit
3. Nasehat dokter
4. Ibu/Suami ibu tidak suka
5. Persediaan alat kontrasepsi tidak ada
6. Menggunakan cara lebih dari satu jenis
7. Lupa
8. Pisah (tidak berhubungan)
9. Ingin punya anak
10. Lainnya_____ (sebutkan)

99. Tidak tahu/Tidak yakin

314. **Sudah berapa lama ibu menggunakan cara yang sekarang ini dipakai (tanpa berhenti) ?** 151 [ ][ ][ ][ ]

_____ TAHUN ___ _____ BULAN

315. **Apakah ibu mempunyai masalah atau kesulitan dengan cara yang sekarang ini dipakai ?** 155 [ ]

1. Ya
2. Tidak → *(LANJUTKAN KE BAGIAN IV)*

316 **Masalah apa yang ibu alami ?** 156 [ ][ ]

1. Perdarahan . . . . . .
2. Haid tidak teratur (terganggu)
3. Keputihan
4. Sakit pinggang/pegal-pegal
5. Sakit kepala / Pusing
6. Emosional
7. Khawatir hamil
8. Kelainan/gangguan dalam kehidupan seksual
9. Lainnya
99. Tidak tahu / Tidak yakin atau tidak ada jawaban

→ *(LANJUTKAN KE BAGIAN IV)*

P.317 SAMPAI P.319 DITUJUKAN UNTUK MEREKA YANG PERNAH PAKAI CARA KB, TETAPI SAAT INI / SATU BULAN YANG LALU TIDAK PAKAI CARA KB (SALAH SATU ATAU LEBIH KODE "YA" PADA KOLOM [C] TABEL I DILINGKARI DAN KODE 90 PADA KOLOM [D] TABEL I JUGA DILINGKARI).

317 **Cara KB apa yang terakhir kali ibu pakai ?** 158 [ ][ ]

CARA . . . . . .
(sebutkan)

318 **Kapan ibu berhenti memakai cara KB tersebut ?** 160 [ ][ ][ ][ ]

BULAN _____ TAHUN 19 ____

319. **Mengapa ibu berhenti memakai cara KB tersebut ?** 164 ☐

1. Hamil/baru saja melahirkan/baru saja keguguran
2. Nasehat dokter
3. Ingin punya anak
4. Menopause (sudah tidak haid lagi)
5. Ada gejala sampingan
6. Suami tidak mengijinkan
7. Pisah (tidak hubungan kelamin).
8. Lainnya _____
9. Tidak tahu / Tidak yakin

P-320 SAMPAI P-323 DITUJUKAN UNTUK MEREKA YANG SAAT INI TIDAK PAKAI, YANG PADA KOLOM [D] TABEL 1 KODE 90 DI LINGKARI

320. **Apakah alasan utamanya ibu tidak memakai cara KB untuk mencegah atau menunda kehamilan ?** 165 ☐☐

1. Hamil/baru saja melahirkan/baru saja keguguran
2. Nasehat dokter
3. Sukar bisa punya anak
4. Tidak bisa punya anak
5. Kandungan sudah diangkat
6. Menopause (sudah tidak haid lagi)
7. Takut gejala sampingan
8. Suami tidak mengijinkan
9. Teman atau saudara menentangnya
10. Tidak aktif secara seksual
11. Pisah dengan suami
12. Ingin hamil
13. Tidak suka mengikuti KB
14. Lainnya _____
99. Tidak tahu/Tidak yakin

321. **Apakah ada alasan lain ?** 167 ☐☐

1. Hamil/baru saja melahirkan/baru saja keguguran
2. Nasehat dokter
3. Sukar bisa punya anak
4. Tidak bisa punya anak
5. Kandungan sudah diangkat
6. Menopause (sudah tidak haid lagi)
7. Takut gejala sampingan
8. Suami tidak mengijinkan
9. Teman atau saudara menentangnya
10. Tidak aktif secara seksual
11. Pisah dengan suami
12. Ingin hamil
13. Tidak suka mengikuti KB
14. Lainnya _____
15. Tidak ada
99. Tidak tahu / Tidak yakin

322. **Seandainya ibu harus menggunakan suatu cara KB, cara mana yang akan ibu pilih ?** 169 [ ][ ]

01. Pil
02. Kondom
03. Obat vagina
04. Suntikan
05. IUD
06. Sterilisasi wanita
07. Sterilisasi pria
08. Abortus
09. Pantang berkala
10. Senggama terputus
11. Lainnya _____
(sebutkan)
12. Tidak ada / Tidak pakai → *(LANJUTKAN KE BAGIAN IV)*
98. Tidak pasti / Tidak tahu

323. **Kapankah waktu yang paling baik bagi ibu untuk mendapatkan pelayanan Keluarga Berencana ?** 171 [ ]

1. Pagi
2. Siang
3. Sore
4. Malam
5. Tidak ada pilihan
8. Tidak tahu / Tidak yakin

324. **Kapankah hari yang paling baik bagi ibu untuk mendapatkan pelayanan Keluarga Berencana ?** 172 [ ][ ]

01. Senin
02. Selasa
03. Rabu
04. Kamis
05. Jum'at
06. Sabtu
07. Minggu
08. Tidak ada pilihan
98. Tidak tahu / Tidak yakin

325. **Secara umum, apakah ibu setuju atau tidak setuju dengan pasangan yang menggunakan cara KB ?** 174 [ ]

1. Setuju
2. Tidak setuju, alasan _____
3. Tergantung _____
4. Tidak tahu / Tidak yakin

## BAGIAN IV : PERSEDIAAN

401. LINGKARILAH CARA DI BAWAH INI YANG PADA KOLOM [D] TABEL I JUGA DILINGKARI, DAN SELANJUTNYA LIHAT INSTRUKSI

175 [ ][ ]

01. Pil
02. Kondom
03. Obat vagina

04. Suntikan .....
05. IUD
06. Sterilisasi wanita
07. Sterilisasi pria.....

→ *LANJUTKAN KE P-403*

09. Pantang berkala .....
10. Senggama terputus
11. Lainnya _____
90. Tidak memakai .....

→ *LANJUTKAN KE P-416*

402. **Siapa yang biasanya mengambil/membeli alat KB yang ibu pakai ?** 177 [ ]

1. Responden
2. Suami
3. Lainnya _____
(sebutkan)

403. **Dari mana ibu/suami ibu mendapatkan cara/metode tersebut ?** 178 [ ]

1. Rumah Sakit / Rumah Sakit Bersalin
2. Klinik KB / Puskesmas
3. Pos KB / Sub Klinik / PPKBD
4. TKBK / TMK
5. Apotik/Rumah Obat
6. Dokter Praktek Swasta
7. Bidan Praktek Swasta
8. Diantar Petugas Klinik/PLKB/PPKBD ke rumah → *LANJUTKAN KE P-412*
9. Tidak tahu

404. **Berapa lama waktu yang diperlukan dari rumah untuk mencapai tempat tersebut ?** 179 [ ][ ][ ]

_____ JAM _____ MENIT

998. Tidak tahu , Tidak yakin

405. **Dengan cara apakah ibu (suami ibu) mencapai tempat pelayanan tersebut ?** 182 [ ]

1. Jalan kaki
2. Menggunakan kendaraan umum
3. Menggunakan kendaraan sendiri
4. Tidak tahu / Tidak yakin

406. **Apakah sukar atau mudah untuk sampai ke sana ?** 183 ☐
1. Sukar/Kadang-kadang sukar
2. Mudah . . . . . .
3. Tidak tahu/Tidak yakin

→ *LANJUTKAN KE P-408*

407. **Mengapa sukar sampai ke tempat tersebut ?** 184 ☐
1. Sarana transportasi kurang
2. Jarak jauh
3. Jalan rusak/jelek
4. Jalan macet
5. Lainnya _____ (sebutkan)
6. Tidak tahu

408. LINGKARI KODE DI BAWAH INI YANG PADA KOLOM [D] TABEL I JUGA DILINGKARI, KEMUDIAN IKUTI INSTRUKSI

185 ☐☐

01. Pil . . . . . .
02. Kondom
03. Obat vagina
04. Suntikan. . .

→ *LANJUTKAN KE P-409*

05. IUD → *LANJUTKAN KE P-416*

06 Sterilisasi Wanita
07. Sterilisasi pria . .

→ *(LANJUTKAN KE BAGIAN V)*

409. **Kapankah waktu yang paling baik bagi ibu untuk pergi memperoleh cara KB ?** 187 ☐
1. Pagi
2. Siang
3. Sore
4 Malam
5. Tidak ada pilihan
8. Tidak tahu / Tidak yakin

410. **Kapankah hari yang paling baik bagi ibu untuk pergi memperoleh cara KB ?** 188 ☐☐
01. Senin
02. Selasa
03. Rabu
04. Kamis
05. Jum'at
06. Sabtu
07. Minggu
08. Tidak ada pilihan
98. Tidak tahu / Tidak yakin

411. **Apakah tempat memperoleh alat KB yang saat ini ibu pakai jam bukanya sesuai dengan waktu yang paling baik bagi ibu ?** 190 ☐
1. Ya . . . . . .
2. Tidak
8. Tidak tahu / Tidak yakin

→ *LANJUTKAN KE P-414*

412. **Kapankah waktu yang paling baik bagi Ibu untuk dikunjungi petugas KB ?** 191 ☐

1. Pagi
2. Siang
3. Sore
4. Malam
5. Tidak ada pilihan
8. Tidak tahu / Tidak yakin

413. **Hari apa yang paling baik bagi Ibu untuk dikunjungi petugas KB ?** 192 ☐☐

01. Senin
02. Selasa
03. Rabu
04. Kamis
05. Jum'at
06. Sabtu
07. Minggu
08. Tidak ada pilihan
98. Tidak tahu / Tidak yakin

414. **Apakah Ibu selalu dapat memperoleh alat KB yang Ibu gunakan melalui kunjungan petugas KB tersebut ?** 194 ☐

1. Ya → *LANJUTKAN KE P-416*
2. Tidak
3. Tidak tahu / Tidak yakin → *LANJUTKAN KE P-416*

415. **Apakah yang Ibu lakukan apabila Ibu tidak memperoleh alat KB dari kunjungan petugas KB ?** 195 ☐

1. Memperoleh alat KB dan tempat lain
2. Menggunakan cara KB yang lain
3. Tidak melakukan Keluarga Berencana
4. Lainnya _____ _____
(sebutkan)

416. BERI TANDA SILANG (X) PADA KODE CARA DI KOLOM PERTAMA TABEL II :
1. APABILA KODE 3 PADA KOLOM [B] TABEL I UNTUK CARA TERSEBUT DILINGKARI
2. APABILA KODE UNTUK CARA TERSEBUT PADA KOLOM [D] TABEL I DILINGKARI

APABILA SEMUA CARA DIBERI TANDA SILANG, LANJUTKAN KE BAGIAN V

**Sekarang kami akan menanyakan beberapa pertanyaan tentang tempat pelayanan Keluarga Berencana**

UNTUK SETIAP CARA YANG TIDAK DIBERI TANDA SILANG, TANYAKAN :

**Dari mana Ibu akan memperoleh _____ tersebut ?**
**(cara)**

LINGKARI KODE JAWABAN YANG SESUAI PADA TABEL II

**TABEL II**

| CARA | Tempat Pelayanan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 01. Pil | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 196 |
| 02. Kondom | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 197 |
| 03. Obat vagina | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 198 |
| 04. Suntikan | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 199 |
| 05. I U D | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 200 |
| 06. Sterilisasi Wanita | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 201 |
| 07. Sterilisasi Pria | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 202 |
| 08. Abortus | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 203 |

Kode :
1 Rumah Sakit / Rumah Sakit Bersalin
2 Klinik KB / Puskesmas
3 Pos KB/Sub klinik/PPKBD
4 TKBK/TMK
5 Apotik/Rumah Obat
6 Dokter praktek swasta
7 Bidan praktek swasta
8 Diantar petugas klinik/PLKB/PPKBD ke rumah
9 Tidak tahu

APABILA KODE TEMPAT PELAYANAN (KODE 1 SAMPAI 8) TIDAK ADA YANG DILINGKARI, LANJUTKAN KE BAGIAN V

LINGKARI SETIAP KODE TEMPAT PELAYANAN PADA BARIS PERTAMA TABEL III YANG PADA TABEL II DISEBUT OLEH RESPONDEN

LIHAT P-403. BERI TANDA SILANG (X) PADA KODE TEMPAT PELAYANAN DI BARIS ATAS TABEL III SESUAI DENGAN KODE TEMPAT PELAYANAN YANG DILINGKARI PADA P-403.

APABILA TIDAK ADA KODE TEMPAT PELAYANAN YANG DI LINGKARI PADA TABEL III, LANJUTKAN KE BAGIAN V

TANYAKAN P-417 SAMPAI P-421 UNTUK SETIAP KODE TEMPAT-PELAYANAN (1 SAMPAI 8) PADA TABEL III YANG DILINGKARI TAPI TIDAK DIBERI TANDA SILANG

**TABEL III**

| | TEMPAT PELAYANAN | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 417. Ibu menyebutkan<br>Berapa lama waktu yang dipergunakan untuk mencapai tempat tersebut ?<br>(TULIS JAM DAN MENIT) | jam<br>menit<br>998tt | jam<br>menit<br>998tt | jam<br>menit<br>998tt | jam<br>menit<br>998tt | jam<br>menit<br>998tt | jam<br>menit<br>998tt | jam<br>menit<br>998tt | LANJUTKAN KE INSTRUKSI BERIKUTNYA | 204 ☐☐☐<br>207 ☐☐☐<br>210 ☐☐☐<br>213 ☐☐☐<br>216 ☐☐☐<br>219 ☐☐☐<br>222 ☐☐☐ |
| 418. Dengan cara apa ibu mengunjungi tempat pelayanan tersebut ?<br>1. jalan kaki<br>2. menggunakan kendaraan<br>8. Tidak tahu/ Tidak yakin | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | | 225 ☐ 226 ☐<br>227 ☐ 228 ☐<br>229 ☐ 230 ☐<br>231 ☐ |
| 419. Mudahkah atau sukarkah untuk mencapai tempat pelayanan tersebut ?<br>1. Sukar/kadang-kadang sukar<br>2. Mudah<br>8. Tidak tahu | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | 1<br>2<br>8 | | 232 ☐ 233 ☐<br>234 ☐ 235 ☐<br>236 ☐ 237 ☐<br>238 ☐ |
| 420. Mengapa sukar ?<br>1. Sarana transportasi kurang<br>2. Jarak jauh<br>3. Jalan rusak/jelek<br>4. Jalan macet<br>5. Lainnya<br>8. Tidak tahu | 1<br>2<br>3<br>4<br>5<br>8 | 1<br>2<br>3<br>4<br>5<br>8 | 1<br>2<br>3<br>4<br>5<br>8 | 1<br>2<br>3<br>4<br>5<br>8 | 1<br>2<br>3<br>4<br>5<br>8 | 1<br>2<br>3<br>4<br>5<br>8 | 1<br>2<br>3<br>4<br>5<br>8 | | 239 ☐ 240 ☐<br>241 ☐ 242 ☐<br>243 ☐ 244 ☐<br>245 ☐ |
| 421. Pernahkah ibu memperoleh informasi atau pelayanan KB di sana ?<br>1. Ya<br>2. Tidak | 1<br>2 | 1<br>2 | 1<br>2 | 1<br>2 | 1<br>2 | 1<br>2 | 1<br>2 | | 246 ☐ 247 ☐<br>248 ☐ 249 ☐<br>250 ☐ 251 ☐<br>252 ☐ |

LANJUTKAN KE P-417 UNTUK TEMPAT PELAYANAN BERIKUTNYA.
SETELAH TEMPAT PELAYANAN TERAKHIR LANJUTKAN KE INSTRUKSI BERIKUT.

APABILA KODE 8 DI TABEL III DILINGKARI DAN TIDAK DISILANG, LANJUTKAN KE P-422.

APABILA KODE 8 TERSEBUT DISILANG ATAU TIDAK DILINGKARI, LANJUTKAN KE BAGIAN V.

422. **Sekarang saya ingin menanyakan tentang kunjungan Petugas Keluarga Berencana.**
**Apakah ia pernah mengunjungi ibu ?** 253 ☐
1. Ya
2. Tidak → *LANJUTKAN KE P-424*

423. **Apakah ia mengunjungi ibu dalam tiga bulan terakhir ?** 254 ☐
1. Ya
2. Tidak
8. Tidak tahu / Tidak yakin

424. **Menurut ibu, kapankah waktu yang paling baik bagi ibu untuk dikunjungi petugas KB ?** 255 ☐
1. Pagi
2. Siang
3. Sore
4. Malam
5. Tidak ada pilihan
8. Tidak tahu / Tidak yakin

425. **Kapankah hari yang paling baik bagi ibu untuk pergi memperoleh cara KB ?** 256 ☐☐
01. Senin
02. Selasa
03. Rabu
04. Kamis
05. Jum'at
06. Sabtu
07. Minggu
08. Tidak ada pilihan
98. Tidak tahu / Tidak yakin

## BAGIAN V : STATUS PERKAWINAN

501. **Menurut sepengetahuan ibu, apakah mungkin bagi ibu dan suami ibu secara fisik mampu mempunyai anak apabila ibu berdua menginginkannya ?** 258 ☐
1. Ya
2. Tidak → *LANJUTKAN KE P-503*
3. Tidak tahu / Tidak yakin

502. **Sekarang kami ingin mengajukan beberapa pertanyaan tentang suami ibu. Menurut ibu apakah suami ibu masih menginginkan anak lagi ?** 259 ☐

1. Ya
2. Tidak
3. Tidak tahu

503. **Menurut ibu, apakah suami ibu akan menyetujui atau melarang penggunaan cara Keluarga Berencana (KB) ?** 260 ☐

1. Menyetujui
2. Tidak menyetujui
3. Tergantung situasi
4. Masa bodoh
8. Tidak tahu / meragukan

504. **Jenjang pendidikan tertinggi apa yang pernah dicapai oleh suami ibu dan sampai tingkat berapa pada jenjang tersebut yang ditamatkan oleh suami ibu ?** 261 ☐☐

| JENJANG | TINGKAT |
|---|---|
| 1. Tidak pernah sekolah | |
| 2. Sekolah Dasar | 0 1 2 3 4 5 6 |
| 3. Sekolah Lanjutan Pertama | 1 2 3 |
| 4. Sekolah Lanjutan Atas | 1 2 3 |
| 5. Universitas/Akademi | 1 2 3 4+ |
| 6. Tidak tahu | |

505. **Bulan dan tahun berapa ibu menikah pertama kali ?** 263 ☐☐☐☐

Bulan _____ Tahun 19 ____

506. **Berapa umur ibu pada saat menikah pertama kali ?** 267 ☐☐

UMUR _____ TAHUN

**TERIMA KASIH**